

Management of the Internal Communication in Hospitals: Conceptual Framework and Implementation Model

Pablo Medina Aguerrebere
School of Communication Sciences
International University of Catalonia (Spain)
pablomedina@hotmail.fr

Abstract

Hospitals are increasingly showing interest in internal and external corporate communication: corporate magazines, leaflets, and social networks. In recent years, internal communication has become important due to the types of services that hospitals offer patients, the increasing importance of doctor-patient communication, and the organizational performance of the hospital (collaboration between departments to provide comprehensive services). A review of the literature reveals the corporate, interpersonal, and internal communication performed in hospitals and the proposed strategic management model of hospital internal communication. Three conclusions emerge. First, a hospital needs an independent department of internal communication that operates in a strategic and protocolized manner. Second, internal communication is responsible for disseminating intangibles (brand architecture and communication principles) that positively affect patient perception and the corporate reputation of a hospital. Third, internal communication should improve organizational performance by promoting internal dialogue and teamwork.

Key Words: Hospital, corporate communication, internal communication, management model, employees

Introduction

Communication has become a strategic element capable of positively influencing the medical services provided to patients. Hospitals undertake different communication actions: online communication, marketing, and events. However, the types of medical services provided to patients and the high number of workers employed by these organizations, who have direct contact with patients, transform internal corporate communication into the most important communication initiative for a hospital. Internal communication has different objectives, is divided into different types, uses multiple tools, reflects different strategies, and is based on a respect for ethics. The increasing importance of internal communication combined with the limited communication traditionally demonstrated by hospitals justifies the analysis of organizational performance and its impact. The aim of this literature review is to assess how internal communication should operate in a hospital. First, interpersonal and corporate communication in a hospital is analyzed; second, internal communication in a hospital is investigated; and, third, a model of professional management of internal hospital communication is proposed.

From interpersonal communication to corporate communication

Health is a basic human need (Pérez Caballero, 2006), a right recognized by international organizations (United Nations, 1976), and a source of concern for many people (Fisac, 2006). Although the promotion of health issues and healthy habits begins in the home environment (Nowicki, 2004), five organizations responsible for promoting health can be identified: hospitals, health authorities, pharmaceutical companies, insurance companies, and patient associations (Medina, 2012). A notable example is the hospital, whose primary functions include patient care, teaching, research, collaboration with other hospitals, job creation, and social functions (McKee, Healy, 2002a). The management of these organizations is challenging (Ladrón de Guevara Portugal, 2005) because they are composed of various interrelated departments that coordinate to achieve their primary organizational mission: improving patient health (Expósito Hernández et al. 2002). As a result, a hospital considers several aspects, such as the design of hospital facilities (McKee and Healy, 2002b), the influence of this design on doctor-patient communication (Murray-Johnson and McGrew, 2005), and the communication skills of hospital employees (Wright, Sparks and O'Hair, 2008).

The main players in interpersonal communi-

cation in a hospital consist of medical staff, nursing staff, patients, the families of patients, health executives, and employees who perform various administrative or maintenance duties (Medina, 2011). From a communicative standpoint, the medical staff assumes significant responsibilities because they must use interpersonal communication to understand the pathology, needs, and expectations of patients and assist patients with reducing stress, improving adherence to treatment, and exercising self-control (Edgar, Satterfield and Whaley, 2005). Nursing staff are critical to hospital communication because the patient frequently expresses a greater trust in nurses than in other medical staff (Berry, 2007). As the recipient of the majority of communicative acts, the patient is the main player in hospital communication (Buckley, 2008). Because a patient's family can influence their decisions about treatment, excellent communication between families of patients and the medical and nursing staff is crucial (Sommer, Gache and Golay, 2005). Health executives assume transverse responsibilities in areas such as coordination, employee motivation, and distribution of information within the organization (Asenjo, 2002). Administrative and maintenance employees also influence hospital communication (Medina, 2011), especially employees who are involved in the final contact with the patient, which is common in this type of organization (Errasti Goenaga, 1997).

Of all the groups cited, the medical staff and the patient are significant. Their relationship is determined by their communication skills (Wright, Sparks and O'Hair, 2008; Richard and Lussier, 2005; and Parsons, 2001). Verbal and nonverbal communication skills facilitate the medical staff in successfully managing the conditions of their patients (Berry, 2007; Gwyn, 2002). According to Berry (2007), the medical staff interacts with seven types of patients: the elderly, children and their parents, adolescents, patients from cultures that differ from the cultures of the medical staff, patients who have difficulty reading and writing, timid patients, and aggressive patients. With each of these types of patients, the medical staff must adapt their communication approach: spend more time with the elderly (Wright, Sparks and O'Hair, 2008), enhance the value of "normal" when speaking with young patients (Kopfman, Berlin Ray, 2005), reassure adolescents (Girard et al. 2005), consider the cultures of patients from other countries (McKee and Healy, 2002a: Snehendu, Alcalay and Shana, 2001), provide repetitive information until patients with reading or writing problems understand their medical conditions (Berry, 2007), encourage shy patients to communicate, and rapidly identify and calm aggressive patients (Long,

ledema and Bonne Lee, 2007). The family of the patient can be added to these groups because they help the patient to understand medical information (Wright, Sparks and O'hair, 2008) and influence their motivation to continue treatment (Sommer, Gache and Golay, 2005). The medical staff conveys necessary information and provides emotional support to patients and their families (Richard, Lussier and Gerard, 2005). Doctor-patient communication is determined by three aspects: information asymmetry and a lack of specific informative elements (McKee and Healy, 2002b; Berry, 2007); social and familial support for the patient (Wright, Sparks, O'Hair, 2008); and cultural adaptation of the physician to each patient (Angelelli, Geist-Martin, 2005; Green, Betancourt and Carillo, 2003; Aiken, Sloane, 2002). If the interaction between the patient and the doctor is acceptable, the patient can more adequately control their medical situation, is more involved in consultation, and is more accepting of the support of the medical staff. (Ouschan, Sweeney and Johnson, 2006). Therefore, the doctor should ask questions and encourage the patient to adhere to treatment (Sharf, Haidet and Kroll, 2005).

The development of a corporate communication culture should be based on the strategic use of internal and interpersonal communication (Décaudin, Igalens and Waller, 2006; Barret, 2003; and Parsons, 2001). This action requires that the hospital have a communications department that is primarily responsible for defining the brand architecture of the hospital, i.e., identity, values, mission, vision, culture, and image (Medina, 2011). Corporate identity is related to the image and vision of a company (Costa, 2001; Van Riel, Fombrun, 2007) and is defined as the principles that differentiate an institution from its competition, i.e., the *raison d'être* of an organization (Nieto, 2006). Identity influences every aspect of a company (Costa, 2011) and serves to connect these aspects (Barret, 2003). To define identity, we must investigate the external image of an organization (Costa, 2001) and identify attributes that society uses to describe the organization (Van Riel, Fombrun, 2007). An organization should outsource its identity to generate cohesion between the employees and the organization and must measure three variables: organizational performance, communication actions, and symbols (Van Riel and Fombrun, 2007). In addition to identity, the hospital defines its corporate values; according to Barrett (2003), corporate values are shared by the employees of an organization and are used to build trust and foster communities. Organizations should create, disseminate, and maintain these values to unite their corporate communicative actions (Mucchielli, 2005).

The second corporate element is the mission.

Organizations are developed to achieve economic, social, or community objectives, which comprise their mission in society (Nieto, 2006). By defining its mission, the hospital can improve three aspects of corporate communication: a) knowledge of the target audience, b) priorities of the organization, and c) definition of the communicative tone (Parsons, 2011). The third corporate element is vision; according to Barret (2003) and Nieto (2006), vision represents a more profound level of motivation than the mission because it describes long-term goals of the organization. Vision determines the communicative actions by an institution (Argenti, 2003) and guides the work of their employees, especially their directors (Barret, 2003). The fourth corporate element is institutional culture. This element refers to the set of values, attitudes, behaviors and personality of an organization (Nieto, 2006). Culture must be reflected in the values of the employees of an institution (Barret, 2003). As a result, it is essential that an organization implement corporate communicative actions (Parsons, 2001; Wright, Sparks, O'Hair, 2008). The fifth corporate element is image. According to Van Riel (1998: 95), "personal impressions, interpersonal communication and mass media combine to produce a mixture of real and parallel impression which forms the whole picture". This image reflects the opinions of the population toward an organization and its activities (Nieto, 2006); the image of a hospital is built on trust, which patients manifest toward the institution (Hoon Kim et al. 2008). According to Costa (2001), brand image fulfills fifteen different functions: highlighting identity, defining culture, building personality, reinforcing teamwork, attracting workers, encouraging investors, preventing crises, encouraging new products, generating favorable public opinion, reducing involuntary messages, optimizing investments in communication, building reputation, attracting clients, and inventing the future.

Hospitals define their policy of corporate communication by brand architecture. Van Riel and Fombrun (2007: 25) define this concept as "the set of activities involved in managing and orchestrating all internal and external communications aimed at creating favorable starting points with stakeholders on which the company depends". The implementation of a corporate communication policy is a priority for every hospital (Medina, 2011). Communication exerts its greatest impact when it is based on a previous strategy (Morel, 2005) and is managed from an integrated perspective (Costa, 2011) or from a circular perspective that considers multiple interactions of internal and external participants (Almenara Aloy, Romeo and Roca Pérez Delgado, 2005). Professional management of corporate communication helps employees establish social bonds

(Décaudin, Igalens and Waller, 2006) and prevent internal conflicts (Ongallo, 2007). Communication surpasses the simple dissemination of information and influences the performance of an organization (Condit, 2005). For example, the type of interpersonal communication established between the medical staff and the patients in hospitals can influence physical and psychological outcomes of the patients and prevent medical errors and professional malpractice (Wright, Sparks, O'Hair, 2008; Berry, 2007). According to Cornelissen (2008), professional management of corporate communication can help a hospital improve its corporate reputation, which is evaluated by interest groups.

In addition to corporate communication policy, some hospitals perform healthcare marketing initiatives, which are actions designed to educate patients on issues that add value to hospital services (Buckley, 2007). Although it is less accepted in hospitals (Thomas, Calhoun, 2007) and criticized for not being consistent with some hospital management objectives (Simonet, 2007), the concept of marketing can be employed to improve the economic and healthcare outcomes of an organization (Bruhn, Georgi, 2006), improve the management of patient data by hospitals (Hillestad and Berkowitz, 2004), develop brand recognition, enhance the visibility of a hospital, attract medical staff, and influence patient decisions (Thomas, Calhoun, 2007). The substantial weight that hospital management professionals acquire positively influences the promotion of marketing activities (Thomas, 2005).

Internal communication

Organizations are produced from communication and the exchange of information, which ensures the success of an institution (Henriet, Boneu, 1990). Internal communication surpasses the barriers of interpersonal communication and becomes a key activity for the smooth functioning of an organization, especially for organizations in which the client is offered an intangible service (Decaudin, Igalens, Waller, 2006). Companies have advanced from considering internal communication as a secondary measure to integrating it in their operations to ensure cohesion between the actions and communications of an institution (Vélaz, 1998). Several reasons justify the importance of internal communication in a hospital: it facilitates the implementation of communication strategies that benefit the organization (Smith, 2005); it establishes two-way and transverse communication (Del Pozo Lite, 2000; Parsons, 2001) that encompasses the entire organization (Costa, 2001); it supports the base service of the hospital, i.e., patient care (Errasti Goenaga, 1997); it

positively impacts the economic performance of the organization (Thomson, Rodríguez Tarodo, 2000); and it helps the organization to adapt to change (Eliás and Mascaray, 1998).

According to Del Pozo Lite (1997), the main functions of internal communication are to investigate, coordinate, guide, inform, organize, and train. Duterme (2007) suggests that these activities are aimed at achieving four main objectives: generate and manage the internal image of a company, support strategic campaigns promoted by a company, provide support for general information, and evaluate the results of communication actions. Dolphin (2000) proposes a new goal: improve the competitiveness of the organization. Regardless of internal communication objectives, this activity must be consistent with external communication initiatives to facilitate the corporate strategic process (Argenti, 2003). Although many people do not understand the need for internal communication in a hospital (Wright, Sparks, O'Hair, 2008; Buckley, 2007), it is crucial that these organizations have specialized communication departments. The members of this department should possess the skills of a scientific journalist: scientific outreach capability and the ability to understand health issues from different points of views (Martínez Solana, 2006).

Internal communication has several implications for employees, managers, patients, and the entire hospital institution (Medina, 2011). Employees are a key group of any organization: their knowledge of the brand and organization determines the performance of the organization (Drake, Gulman, Roberts, 2005). It is important that employees are aware of the strategies of an organization so that these strategies can be performed (Quirke, 2000). They should also acquire the required information to effectively perform their work and achieve their professional goals (Baron, 2006). One of the objectives of internal communication is helping people to adequately perform their job (Smith, 2005; Mayer, Cates, 2004), which includes training them in different fields, such as fields related to the economic management of an organization (Davenport, 2000). Because training employees positively influences the productivity of an organization (Martin Martin, 2006), employees responsible for internal communication should promote employee training of different professional skills (La Porte, 2001). In addition to training, internal communication is also important for removing existing antagonisms between employees (Dupuy, Devers and Raynaud, 1988). The employee must be provided honest, necessary, and sufficient information that is based on transparency (De Mateo, 2007). A satisfactory work environment positively

influences the motivation of workers (Conrad, Scott Poole, 2005). Internal communication enables employees to adequately adapt to constant change in the organization (Eliás, Mascaray, 1998). Change is a strategic issue for internal communication professionals; many internal communication campaigns are frequently implemented to respond to internal changes, such as departmental reorganizations and the implementation of new modes of operation (Duterme, 2007). Internal communication positively affects employees because it helps them to integrate into the organization (Molina, 2002), which is especially important for contact personnel (Dufour and Maisonnas, 2006) whose behavior determines perceptions by patients about the hospital and its employees.

Internal communication assists hospital managers in four different ways: a) to build satisfying relationships with employees (Dolphin, 2005); b) as a source of daily information about the organization (Eggl, 2002; Gonzalo Molina, 1989); c) to promote a culture of responsibility, which is essential in any hospital (Halley, 2007); and d) to achieve organizational objectives through various initiatives, such as rigorously defining the objectives of each department or contributing knowledge about the reality experienced by an employee (Molina, 2002). Internal communication is a strategic activity for managers (Mucchielli, 2005) that allows them to inform employees about the purpose of the organization, coordinate various departments (Ongallo, 2007), and increase employee commitment to achieving the objectives of the organization (Molina, 2002). In addition to employees and management, internal communication has several implications for patients. The main implication is that it comprises part of the medical services provided to the patient (Medina, 2011), patient-physician communication influences satisfaction of the physician (Berry, 2007, (Wright, Sparks and O'Hair, 2008), helps build trust in the patient (Halle, 2007), and helps improve the efficiency of the functions performed by the medical staff (Buckley, 2008).

Internal communication also has several implications for the hospital. It enables a hospital to better understand the expectations, clinical needs, and personal needs of its patients (Halley, 2007), which prevents medical errors (Euster, 2003). Although the medical staff are more comfortable with treating a patient from a clinical perspective (Mayer, Cates, 2004), they should adopt a holistic approach that ranges from treating the patient to satisfying their needs (Sauquet et al. 2003). After interacting with the patient, the medical staff can identify a patient's needs (Cohn, Wise, Bellhouse, 2005) and explain the reasons for their

decisions (Varet, 2006). In addition to providing information about the patient, internal communication helps an organization satisfy its organizational objectives by facilitating the conversion of strategies to specific actions for employees, according to Quirke (2000). In addition to revitalizing and energizing an organization (Whitworth, 2006; Corrado, 1994), internal communication enables the dissemination of brand values and increases the commitment of these employees to an organization (Argenti, 2003). The employee plays a key role in internally promoting the brand (Thomson and Rodríguez Tarodo, 2000); enabling the organization to recognize, attract, and retain the best employees; and promoting a positive organizational culture (Drake, Gulman and Roberts, 2005). The image of the organization relies on internal communication to convey to all employees the four major aspects of its rationale: culture, mission, management, and ambition (Ongallo, 2007). The management of brand image is a major concern of any company (Morel, 2005; Costa, 2001) because superior management adds value to the entire organization (Van Riel, Fombrun, 2007).

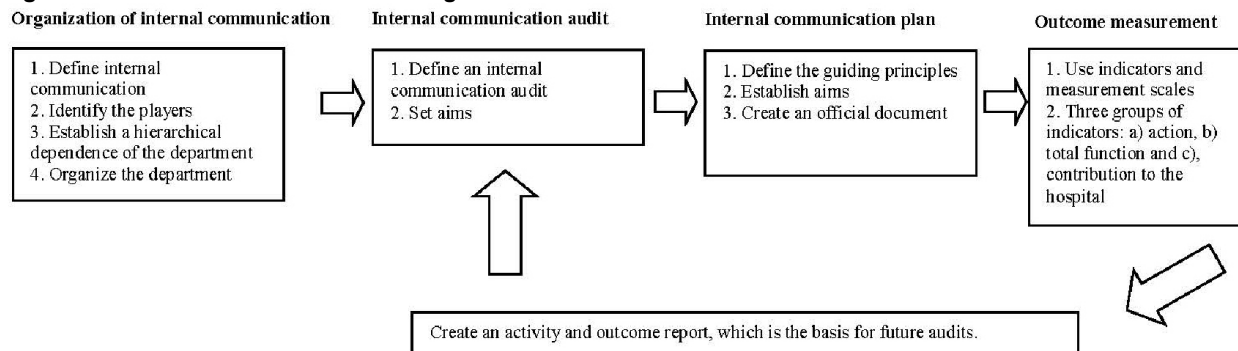
Corporate communication that is based on a previous strategic approach can achieve a high level of performance (Mora, 2009; Kalla, 2005). Authentic internal communication is accurate, honest, understandable, timely, and strategic (Farrant, 2003). However, it encounters various problems of downstream communication—information saturation (Thomson and Rodríguez Tarodo, 2000), contradictory information, lack of clarity,

and lack of communicative returns (Lucas Marín, 1997); upstream communication—excessive control by management, hostile management due to offensive messages, lack of responsiveness by managers, and channel failure (Lucas Marín, 1997); and horizontal communication—rivalry and distrust, functional specialization of departments, and lack of motivation (Beacon Aloy, Romeo and Roca Pérez Delgado, 2005). A primary problem of internal communication involves rumors in climates of uncertainty (Lucas Marín, 1997), in which the lack of information (Dupuy, Devers and Raynaud, 1988), the lack of motivation, insecurity in the workplace, or the existence of conflicts between departments (Del Pozo Lite, 2000) are manifested. Internal communication professionals in hospitals attempt to solve these problems due to a scrupulous respect of ethics, which exists in all forms of health communication, according to Guttman (2003).

Internal Hospital Communication Model

The strategic nature of the professional role of internal communication (Morel, 2005; Smith, 2005; Elías and Mascaray, 1998) requires that a hospital consider four aspects when managing this activity: a) organization, b) previous audit, c) internal communication plan, and d) outcome measurement. *Figure 1. Internal communication management model* illustrates the internal hospital communication that is proposed in this model.

Figure 1 Internal Communication Management Model



Source: A explanation

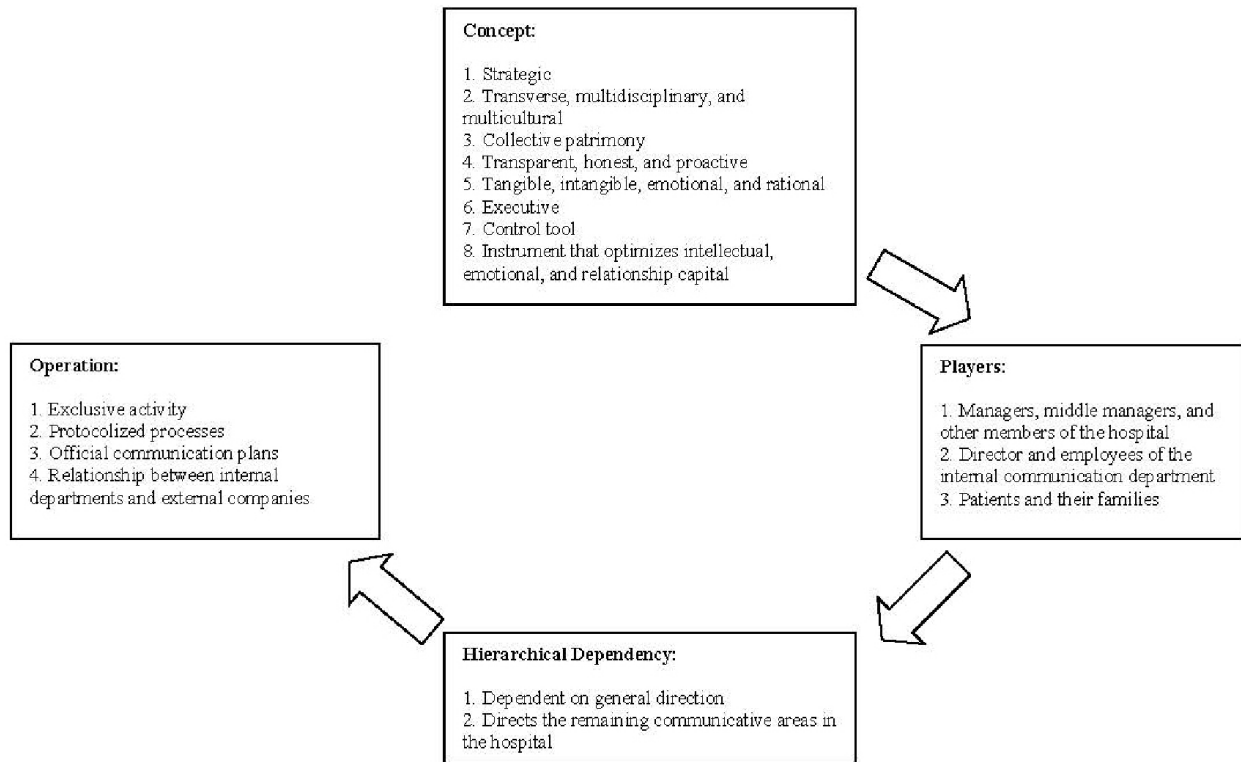
Organization. Because internal communication has communicative, scientific, medical, and managerial implications, hospitals should organize this activity in a professional manner (refer to *Figure 2. Organization of internal communication function*). Internal communication comprises eight main principles: a) strategic—it positively influences the performance of the hospital

(Wright, Sparks and O’Hair, 2008; Berry, 2007; Gallo Vallejo, 2002) b) transverse (Costa, 2001; Henriët, Boneu, 1990)—multicultural (Snehendu, Alcalay and Shana, 2001; Dawson-Sheperd, 1997) and multidisciplinary; c) the relationships of all employees but not a particular department; d) based on the criteria of transparency, honesty, and proactivity; e) adopts an

integrated approach that includes rational and emotional communication, such as a transfer of tangible and intangible elements (Losada Vázquez, 2004); f) requires the adoption of an executive approach that is translated into the allocation of pre-defined functions (Décaudin, Igalens and Waller, 2006; Quirke, 2000; Del Pozo Lite, 1997); g) monitors the control of ascending, descending,

and horizontal communication flows (De Mateo, 2007; Ongallo, 2007; Dupuy, Devers and Raynaud, 1988), such as formal and informal communication (Almenara Aloy, Romeo Delgado and Roca Pérez, 2005); and h) helps to optimize the intellectual, emotional and relationship capital of employees.

Figure 2 Organization of the internal communication function



Source: Author's explanation

These eight characteristics determine the performance of internal communication in a hospital. The main players of this activity include a) managers, who are frequently responsible for initiating internal communication (Mucchielli, 2005; Beal and Lestocart, 2003; Farrant, 2003); b) directors of internal communication departments, who serve as liaisons between hospital executives and employees (Del Pozo Lite, 2000); c) middle managers, who become spokespersons for internal communication disseminated in different departments and units of the organization (Muller and Minnaert, 2004; Pinillos, 1998); d) employees of the internal communication department, who show a special capacity for continued learning (Argenti, 2003); e) hospital employees, who are the primary recipients of internal communication initiatives

(Beal, Lestocart, 2003), especially initiatives that pertain to interpersonal communication (Wright, Sparks and O'Hair, 2008; Richard and Lussier, 2005; Parsons, 2001); and f) patients and families who actively participate in internal communication (Côté and Hudon, 2005; Prosser and King, 2009) and the healthcare decision process (Prosser and King, 2009).

Despite the large number of participants, the professional management of this activity is achieved by the department of internal communication, which services the remainder of the departments and managers (Duterme, 2007; Morel, 2005; Lucas Marín, 1997). Strategic action undertaken by this department justifies direct dependence on the general director's office and the participation by other communicative areas, such as marketing. This department operates

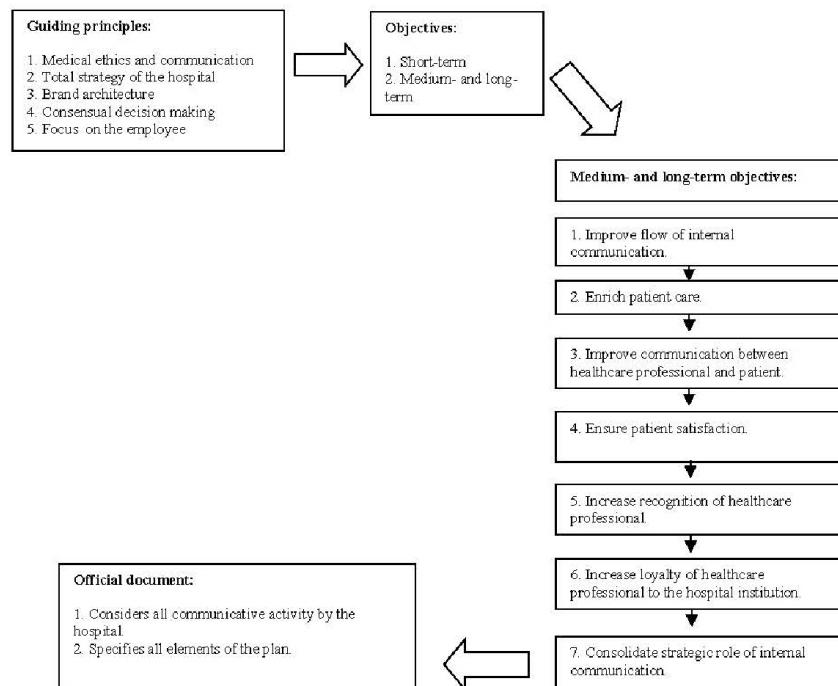
autonomously but closely with other departments in the organization (Ongallo, 2007; Beal and Lestocart, 2003; Elías and Mascaray, 1998); its performance is based on the implementation of official communication plans and protocolized processes.

Previous audit. Once the hospital has structured its internal communication function, it must perform an audit to measure the current state of this activity. The internal communication audit determines the remainder of the internal communication and involves the creation of accurate goals for this activity (García Mestanza, Ruiz Molina and Ventura Fernández, 1999). Measurement of the current state of internal communication enables the identification of priority areas and the assessment of the state of public opinion. The creation of the internal image and communication is considered to be a basic strategy, which management can use to add value to the organization (García Jiménez, 1998)

Internal communication plan. To develop this plan, follow Figure 3. In the *internal communication plan: phases and goals*, hospitals must identify guiding principles for internal communication; establish short-, medium-, and long-term objectives for each activity; and create a formal document that details the internal communication plan. The guiding principles are as follows: respect for ethics, consistency with corporate

communication, respect for brand architecture, guidance for consensual decision making, and priority of the employee as a communication target. The short-term goals relate to the goals of the annual communication plan. The medium- and long-term objectives are as follows: a) improve the flow of internal communication, b) enrich patient care, c) improve doctor-patient communication d) improve patient satisfaction with medical treatment, e) increase recognition as healthcare professionals through patient satisfaction, f) intensify the sense of belonging to a hospital by healthcare professionals, and g) integrate the internal communication culture with the workplace culture of a healthcare professional. These objectives are included in the official internal communication plan, which consists of the following elements: guiding principles; strategic positioning, objectives, policy actions, tactics, public objectives, targeting criteria for groups, objectives by groups, messages and creative strategy, actions and communication channels, calendar, human and financial resources, implementation plan, delegation of responsibility for projects and subprojects, monitoring policies after plan implementation, adjustment and correction mechanisms, methods to measure outcomes, and final report.

Figure 3 The internal communication plan: phases and objectives

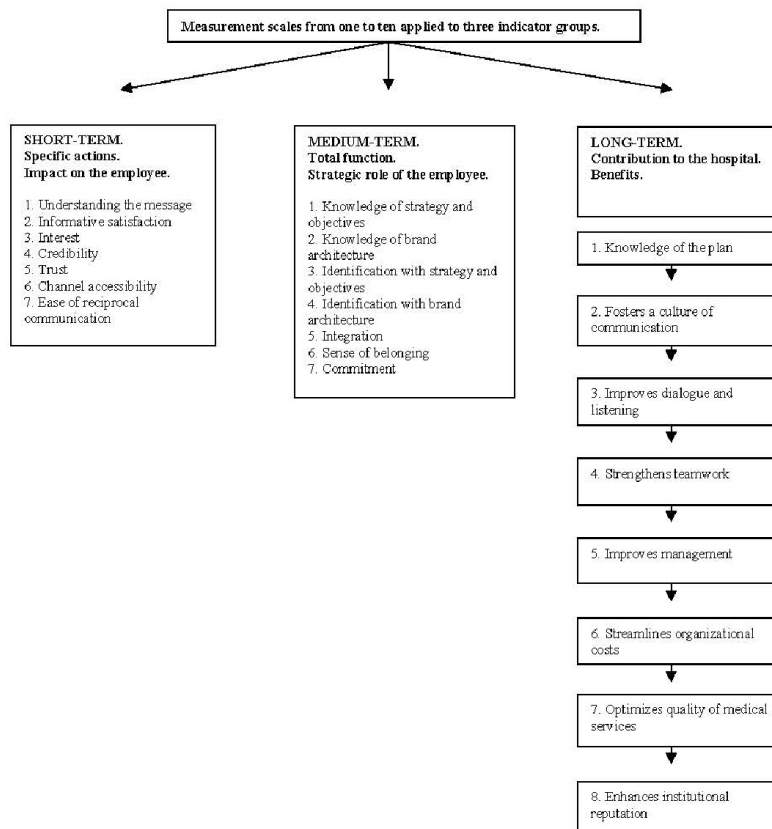


Source: author's explanation

Outcome measurement. Despite the significant difficulty of measuring outcomes from an internal communication plan (Del Pozo Lite, 2000), organizations conduct various initiatives to attempt to quantify these outcomes (Décaudin, Igalens and Waller, 2006; Morel, 2005; La Porte, 2001). A hospital uses indicators and measurement scales to assess whether it has achieved its short-, medium-, and long-term objectives (refer to *Figure 4. Measurement of internal communication: indicators and levels*). In the short-term (annual communication plan), the impact of internal hospital communication on the employee is measured daily using seven indicators: a) comprehension of message, b) satisfaction with information requirements, c) interest generated by the information, d) credibility raised by the information, e) trust generated by the information, f) accessibility of the internal communication channel, and g) ease of reciprocal communication. In the medium-term (total performance of internal communication), the following indicators are used to assess the employee's relationship with internal communication: a) knowledge

of the strategy and objectives of the hospital, b) knowledge of the brand architecture, c) identification with the brand architecture, e) integration in the hospital, f) sense of belonging to the institution, and g) commitment to the hospital. In the long-term (contribution of internal communication to the hospital), eight indicators are used to analyze the knowledge that the employee possesses about benefits of this activity: a) knowledge of the internal communication plan; b) association of internal communication with the promotion of a communicative culture in the hospital; c) association of this activity with improved dialogue with employees; d) association of this activity with improved healthcare management; f) consideration as an initiative that improves optimization by the use of diagnostic tests to rationalize costs; g) acceptance of the strategic role of this activity to improve the quality of medical services provided to the patient; and h) assumption that the existing internal communication culture in the hospital positively influences its corporate reputation.

Figure 4 Measurement of internal communication: indicators and levels

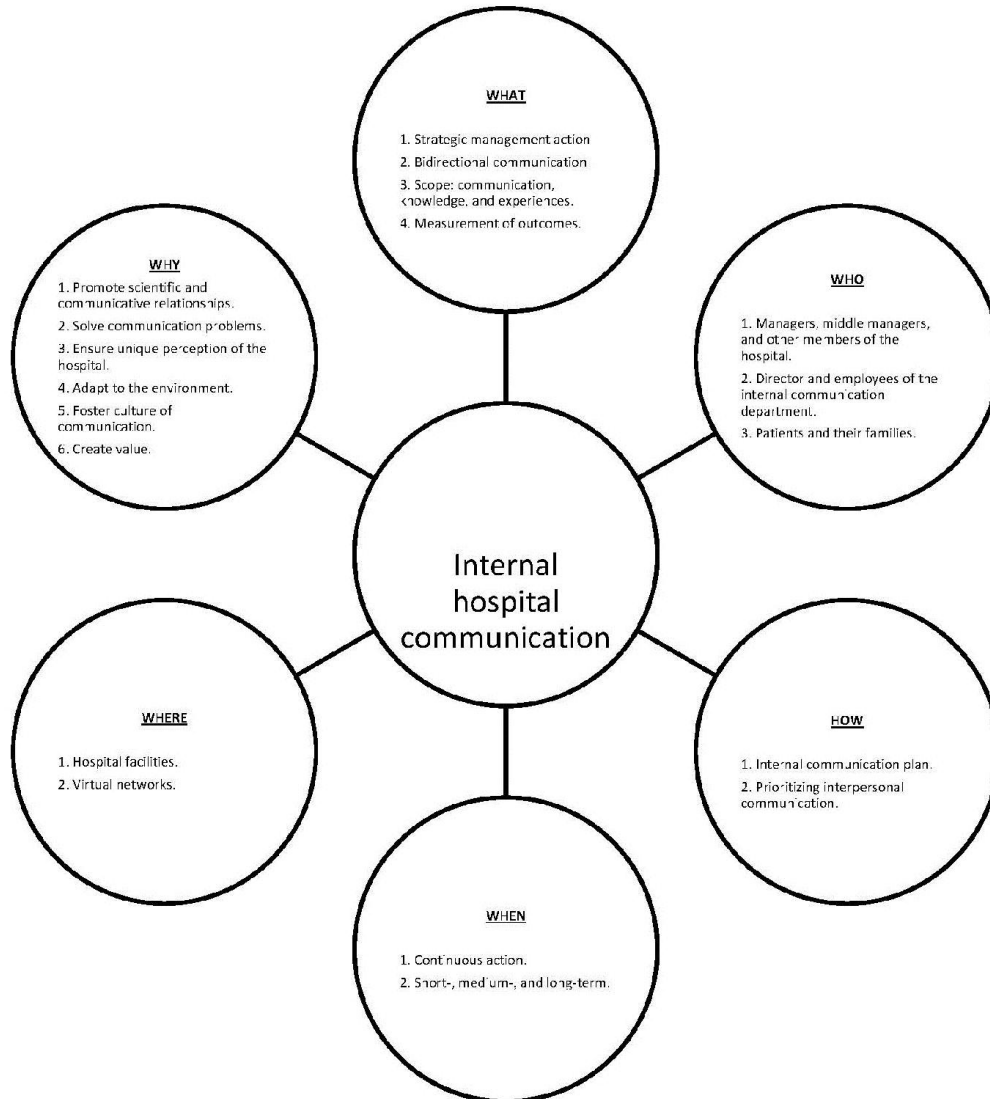


Source: author's explanation

Internal hospital communication has undeniable strategic value. Its correct application requires all involved (medical staff, nurses, and managers) to be precisely cognizant of what constitutes this activity. A definition of internal hospital communication is provided: "Internal communication is a strategic communication process, planned and systematic that covers the main

groups of the hospital and aims to create organizational dialogue and as such optimization of all knowledge generated in the institution" (Medina, 2011). The main elements that comprise internal hospital communication are displayed in *Figure 5*.

Figure 5 Conceptual framework of internal hospital communication



Source: author's explanation

Conclusion

The professional management of internal communication has become a priority for all hospital organizations that want to improve the medical services

provided to the patient and to obtain different communication benefits, such as improved corporate reputation. This commitment to internal communication should be translated to three strategic decisions. First, the hospital must implement an internal communication

department that manages this activity in a strategic, autonomous, and protocolized manner and reports directly to the general director. The main function of this department is to solve various communication issues that affect hospital operation. Second, internal communication professionals should promote actions designed to convey intangibles that positively affect the perception of the hospital by their various stakeholders (patients and employees). Among the intangibles, the brand architecture of the hospital is highlighted (identity, values, mission, vision, culture, and brand image), which is critical for the hospital to build its corporate reputation.

Third, the hospital should incorporate internal communication in the service of organizational performance. Promoting dialogue and teamwork between employees, improving professional relationships among employees, increasing the mutual understanding between employees and departments, and improving internal work processes are some of the goals that must be addressed by the internal communication department of a hospital.

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