Interdepartmental communication at tertiary hospital campus in the Limpopo Province

TM Mothiba, M Cur
Lecturer, Department of Nursing, University of Limpopo, Sovenga

BL Dolamo, D Cur
Department of Nursing, University of Limpopo, Sovenga

ME Lekhuleni, M Cur
Department of Nursing, University of Limpopo, Sovenga

Correspondence address:
Tebogo Maria Mothiba
University of Limpopo
Private Bag X1106
Sovenga
0727

Tel : (015) 268-2384/3173
Fax : (015) 268-3080
E-mail : mariatm@ul.ac.za

Abstract: Curationis 31(4): 39-45

Interdepartmental communication in a hospital setting is fundamental to the provision of quality patient care. Effective communication modes are important because they result in the improvement of patient care (Tappen, 1995:181). Preliminary investigations into the main problems that underscore patients' dissatisfaction have identified, among others, the failure of health professionals to communicate effectively. In this study an attempt was made to describe experiences of health professionals with regard to inter-departmental communications , define inter-departmental communication in selected departments of a tertiary hospital campus in the Limpopo Province and lastly, to formulate inter-departmental communication guidelines for health professionals.

A qualitative, exploratory, descriptive and contextual research method was followed as a holistic approach in research for participants to describe their experiences regarding the phenomenon in question (Brink, 2006:113). Data were collected through individual unstructured interviews in all selected departments for each participant. The researchers employed the principles of Guba and Lincoln (1985) in De Vos (1998:331) relating to trustworthiness and adhered to the ethical standards as set by DENOSA (1998) to ensure the quality of the study.

Three themes and categories emerged from the data analysis using Tech's open coding approach (1990) as outlined in De Vos (1998:343), namely, existence versus non-existence of inter-departmental meetings, inter-departmental communication barriers and limited communication guidelines. The guidelines were developed using Ellis, Gates and Kenworthy's model of effective communication (1995:59) that includes the establishment of interdepartmental meetings, using effective communication modes, providing accurate and constant reporting, establishing staff development programmes, creating an effective communication environment and using skills for effective communication.

Introduction

Communication is one of the major cornerstones of health service delivery in institutions that provide care to patients. Effective communication modes are important amongst health professionals because they result in the improvement of patient care (Tappen, 1995:181). The Needs Analysis Report of Caduceus Hampstead University Hospital in the United States of America states that ineffective inter-departmental communication can result in poor integration of services. The findings of informal interviews conducted amongst doctors, nurses and laboratory personnel about the integration of services was that there is poor inter-departmental communication, a lack of co-operation and poor integration of duties amongst personnel (Hall,2002:23). Health professionals should promote a spirit of collegiality through communication as it is essential for the delivery of quality patient care (Northouse and Northouse,1992:162; Pagano and Ragan, 1992:42).

A study by Triolo (2002:331) found that a high level of patient satisfaction could be achieved through health professionals communicating effectively by giving one another feedback on the care given to patients. Health professionals seem to create limited opportunities for furnishing one another with reports on the interventions planned or given to patients. However, it is expected of health professionals to possess skills and knowledge on how to report. This concept has been appraised by Tappen (1995:190) who emphasized that health professionals should give feedback when providing care to patients. This will ensure an increase in awareness of intervention that has been given and what is relevant at that time and avoid to work on the basis of assumptions about interventions given by other health professionals to patients. The South Africa Western Cape Department of Health Policy (2002) outlined that all health professionals should establish effective communication strategies when rendering patient care; in order to maximize involvement in the care they offer to patients. According to the Northern Province Transformation and Batho Pele Standards Development and Assessment Protocol (Version 4: 1999 June 2003), investigations were conducted for a patient who was refused treatment because he did not pay his hospital fees. This could have been avoided if the health professionals had communicated first on measures that needed to be taken in order to solve the patient's problem. In this study, an attempt was made to describe experiences of health professionals with regard to inter-departmental communications and define inter-departmental communication in selected departments of a tertiary hospital campus. The study further developed inter-departmental communication guidelines that health professionals can adopt when rendering patient care. It is eminent that in order to ensure patient safety, the importance of collaboration, communication and teamwork should be adhered to in patient care practice (Ponte, 2003:596).

Problem Statement

The inter-departmental communication between health professionals in the tertiary hospital campus of the Limpopo Province is problematic. The problems result from the lack of proper report giving about the care given to patients, so that the next health professional can be able to provide relevant patient care informed by the report given.

Research Questions

The following research questions were used to guide the study:

- What are the experiences of health professionals with regard to inter-departmental communication in the selected departments of a tertiary hospital campus?
- What inter-departmental communication guidelines can be adopted by health professionals to improve care to patients?

Objectives of the Study

The objectives of this study were to:

- Describe experiences of health professionals with regard to inter-departmental communications in selected departments of a tertiary hospital campus in the Limpopo Province.
- Define inter-departmental communication in selected departments of a tertiary hospital campus in the Limpopo Province.
- Formulate inter-departmental communication guidelines that will be used by health professionals at one tertiary hospital campus in the Limpopo Province.

Definitions of concepts

Health Professional

Health professionals are persons working in the health care institution caring for patients who are admitted to hospitals Roussel (2006:381). In this study, health professionals refer to registered nurses, laboratory technicians, pharmacists and dieticians employed in a public tertiary hospital campus and are involved in the care of patients admitted in a tertiary hospital campus.

Inter-departmental communication

Inter-departmental communication is the process whereby professionals in different departments report to each other about care given to patients Roussel (2006:140). In this study, inter-departmental communication is the process in which health professionals, i.e. registered nurses, laboratory technicians, dieticians and pharmacists give each other written and / or verbal reports about care given to patients.

Tertiary hospital campus

A tertiary hospital campus is an advanced referral health care institution where relevant treatment is offered to patients Hawkins (2003:305). In this study, tertiary hospital campus refers to a state tertiary public hospital campus that provides patient care.

Research design and research method

A qualitative, descriptive, exploratory and contextual research design was used to explore and describe the experiences of health professionals with regard to inter-departmental communications in selected departments of a tertiary hospital campus. The participants were given the opportunity to describe their experiences regarding the phenomenon under study during unstructured in-depth interviews (Burns and Groove, 1993:27; Brink, 2006:11; Clifford, 1997:20).

Population and Sampling

The study population consisted of accessible health professionals who were working in a tertiary hospital campus in the following departments i.e. dispensary, kitchen, laboratory, medical and surgical units. Non-probability purposive sampling was used. Purposive sampling is used when participants included in the study have knowledge of the phenomenon under study. Participants were chosen based on their experience in their area of work. Four registered nurses; two working in medical and two surgical units, two laboratory technicians, two pharmacists and two dieticians were included in the study (Clifford, 1997:23; De Vos, 1998:198).

Inclusion Criteria

The participants met the following inclusion criteria:

- The participants were health professionals in the departments they were working.
- The participants worked directly or indirectly with the patients and other health professionals that were included in the study.
- The participants had two or more years working experience in the selected departments.

The inclusion criteria used were suitable for the study because only participants who satisfied the inclusion criteria would have communicated with other selected departments when providing patient care on several occasions.

Data Collection

Permission to conduct the study was granted by the Provincial Department of Health and Social Development and Tertiary Hospital Campus Management. The data collection entailed unstructured in-depth interviews with participants in the office within the selected departments away from distractions. The participants were interviewed alone for about thirty minutes. Central question was asked at the beginning of the interview sessions which was followed by follow-up questions. The health professionals were given a chance to describe inter-departmental communications modes they were using when offering patient care. The follow-up interview sessions were conducted.

Data Analysis

In this study the data analysis was done according to Tesch's open coding approach (1990) as outlined in De Vos (1998:343). All tape recordings were listened to and transcribed verbatim. Field notes taken during unstructured interviews were interpreted. The ideas that emerged from the interview sessions were then consolidated. A list of all the questions and their responses were drawn up and similar topics that arose from the responses were grouped in columns. Themes and categories were arranged in columns. The list of topics was compared with the original data. Codes were allocated to the data according to the topics identified. Data belonging to each category were grouped and analyzed and then the final remarks on the data analysis were completed (De Vos, 1998:343).

Literature control

Once data analysis was completed, the literature was reviewed to outline the findings within and the context of what was already known about the topic.

Trustworthiness

Trustworthiness was ensured by using Guba's (De Vos, 1998:348) model criteria as follows:

Credibility

Credibility was ensured through prolonged engagement with the participants to establish rapport, building a trusting relationship and to capture the realities of the study. Follow-up interview sessions and triangulation of methods were used, namely: unstructured interviews, field notes captured and tape recordings of all proceedings of the interview sessions. The field notes and tape recordings were given to an independent coder to allocate themes and categories. The researcher and the independent coder met and reached an agreement on the themes and categories identified independently from the collected data (De Vos, 1998:351).

Transferability

The detailed description of the research methodology was followed and the research context was explained (De Vos, 1998:351).

Confirmability

Confirmability was ensured by the involvement of the moderator and independent coder to avoid researchers' bias (De Vos, 1998:351).

Ethical considerations

The following Ethical Standards as outlined by DENOSA Position Statements (1998:232) were used: Informed consent was obtained from each participant before they could participate. The purpose of the study was explained to every participant before commencing with the interview sessions. Permission to involve the participants in interview sessions was obtained from the chief executive officer of the tertiary hospital campus because the Limpopo Department of Health had granted a written permission. The participants were made aware that they were not forced to answer any questions if they felt they were violating their rights of confidentiality. The participants were informed that field notes would be written and voice tape recorder would be used during interview sessions. Participants were allocated numbers and their real names were not used to ensure confidentiality and anonymity.

Discussion of results

Three themes and their categories (Table: 1) below were identified from the data analysis on the experiences of the health professionals with regard to inter-departmental communication while providing patient care.

Theme1: Existence versus Non-Existence of Inter-Departmental Meetings
Category 1.1: Inter-Departmental Meetings

There existed an idea that health professionals do not hold inter-departmental meetings. One participant stated that *"Professionals at functional level do not hold inter-departmental meetings, but the nurse manager holds meetings with other managers of different sections"*. The second participant supported that by stating that *"In this hospital campus they do not hold interdepartmental meetings, but they hold intra-departmental meetings"*. Inter-departmental meetings occurred when members from different departments were gathered together and continually responding to one another while exchanging verbal messages during their discussions. It is thus clear that such meetings build a working relationship towards a common purpose, prevent conflicts and promote supportive

Table 1: Identified Themes and Categories of Inter-Departmental Communication

Themes		Categories	
1.	Existence versus Non-Existence of Inter-Departmental Meetings	1.1 1.2 1.3 1.4 1.5 1.6	Inter-Departmental Meetings Intra-Departmental Meetings Conflict Management Meetings Informal Communication Lack of Report Giving versus Report Giving Plans in Process for Inter-Departmental Meetings
2.	Inter-Departmental Communication Barriers	2.1 2.2 2.3 2.4	Limited platform for Communication Communication Mode Positive versus Negative Feedback Lack of Awareness versus Awareness of Inter-Departmental Meetings
3.	Limited Communication Guidelines	3.1	Effective versus Non-Effective Communication Environment

communication, which encourage group involvement in discussions and decision making (Pearson and Spencer, 1997:170).

Category 1.2: Intra-Departmental Meetings
Intra-departmental meetings are held by members working in the same department to address issues that concern their working environment and relationship (Steinberg, 2002:78). To support this notion, one participant said "*We do have discussions with our supervisors on a daily basis, to check on daily problems that we are encountering*". Intradepartmental meetings are encouraged because they provide the foundation on which inter-departmental meetings are based and for communication to be effective with other departments, but one should first initiate and have meetings within one's own department.

Category 1.3: Conflict Management Meetings
The participants' responses reflected that, in case of conflicts amongst health professionals, meetings between the departments concerned were held, issues discussed and problems solved. To supports this, one participant said "*No! No! I cannot call them to a meeting as such, but if there is something from someone else in the ward, we sit down and discuss the issue*". Conflict can help people to communicate in order to reach an agreement to avoid the same conflict in future (Nel, 2002:145; Puth, 2002:157). Conflict tends to be viewed as a tool that

initiates communication in order to clear up misunderstandings and confusions amongst workers (Douglass, 1996:226).

Category 1.4: Informal Communication
The health professionals in selected departments experienced problems due to the lack of a platform to discuss issues concerning their working relationship. They thus engaged in informal conversations. Informal conversations do not have any impact on solving communication problems as the two parties who are communicating may not accept what was discussed as the solution to their problems (Steinberg, 2002:92). This was outlined by one participant who said "*Informal conversations are held with general assistants the time when they come to collect food, if there are any problems identified and this does not have an impact in solving experienced problems*".

Category 1.5: Lack of Report Giving versus Report Giving
The participants indicated that reports given of events that had occurred and meetings held to discuss such were not done on a regular basis. The participants pointed out that there was a lack of report giving which often resulted in misunderstandings. To support this, one participant said "*Yes! Meetings are held on monthly basis between the senior managers and other managers of other departments, but it is rare to get a full report*". Maddox, Wakefield and Bull (2001:8-13), in their study on patient

safety and the need for professional and educational changes, emphasize that to avoid health care errors, health professionals should report to one another on the care provided to patients.

Category 1.6: Plans in Process for Inter-Departmental Meetings
The participants explained that they have been planning to hold inter-departmental meetings which would provide the means and ways to communicate interdepartmentally. One participant said "*Mmm! We are busy planning to implement the drug and therapeutic committee in order to resolve all problems encountered in the distribution of drugs and sundries in all the wards*". In this regard, Johnson (1993:176) explains that a communication network amongst different departments is planned and partly grows up in response to the needs for specific kinds of communication. Marquis and Huston (1996:421) explain that planning is a function of managers so that personal and organizational needs and objectives can be met. It is also an opportunity to minimise uncertainties and direct attention to the objectives of the organization and provide the manager with a means of control.

Theme 2: Inter-Departmental Communication Barriers
Category 2.1: Limited Platform for Communication
A platform for communication means a given time for individuals to talk to one another (Steinberg, 2002:143). There is a

limited platform for communication in a tertiary hospital campus as most platforms for communication are for specific groups of managers. The participants pointed out during interview sessions that top hospital managers were holding meetings that often did not involve the members at functional level in the selected departments. This was supported by the participant who said *"Yes! Meetings are held monthly between the senior managers and other managers of other departments not including functional level staff"*.

Category 2.2: Communication Mode

Burke, Boal and Mitchell (2004: 40), in their study "Communicating for Better Care" outline that in improving inter-departmental communication the team should define communication modes to be used. In this study, it was clear from the participants' responses that the telephone was the most common mode of communication they are using. This was supported by the participant who said *"We usually use telephone to communicate with other departments because it is quick and easy for us"*. Some of the participants preferred communication modes such as: memoranda, face-to-face dialogues, letters, referral forms, circulars, reports, meetings and questionnaires.

Category 2.3: Positive versus Negative Feedback

In some cases, it appeared that health professionals in selected departments were giving feedback to others on duties performed. Positive feedback between participants helps to clarify misunderstanding (Ivancevich and Matteson, 1996: 497). Negative feedback was outlined by the participant who said

"Hee! There are a lot of problems with dispensary. After doctors' rounds, patients are discharged and when they want their TTO they tell us to wait for TTO box which will come late in the afternoon, which inconveniences the patients and relatives who are from far."
Positive feedback was outlined by the participant who said *"Doctors take blood, fill forms and send them to the laboratory. If laboratory personnel discover that wrong forms were filled, they phone and request for the correct forms to be filled. With emergency blood for transfusion, they phone so that we come and collect the blood"*.

Category 2.4: Lack of Awareness versus Awareness of Inter-Departmental Meetings

Awareness means having knowledge and realising what is happening in the environment one lives in, thus health professionals need to report to one another on the events that are taking place in the various divisions. Jooste (2003:221) mention that an agenda for a meeting should be closed a week prior to the meeting so that everyone who is going to participate should be notified in time about the time and venue of the meeting, while the minutes of the meeting should be given to colleagues to disseminate information. During interview sessions some of the participants were not aware of what was happening in their working environment. This was supported by the participant who said *"Yes! We hold meetings with dispensary only. Things we discuss are shortage of medications and delay for issuing TTO"*, while the other participant opposed by saying *"No, we don't hold inter-departmental meetings with dispensary"*.

Theme 3: Limited Communication Guidelines

Category 3.1 Effective versus Non-Effective Communication Environment

Huber (2000:73) mentions that effective communication is conversation that achieves desired results while non-effective communication occurs when the transferred information is not received as intended and does not convey the desired results. Participants emphasized some of the problems arising from non-effective communication as these lead to health professionals from selected departments engaging in informal conversations which are not conducive to solving their problems. *Participants explained that "If nurses can learn to communicate with our manager, they will be helped immediately when they have problems related to patient's meals, unlike coming to the kitchen to cause arguments with us that will not help patients at all"*.

Guidelines for effective communication

The guidelines for effective communication as outlined in the model of Ellis, Gates and Kenworthy (1995:59) could be used as a guide for effective inter-departmental communication. The model outlines the effective

communication skills that can overpower the interdepartmental communication problems experienced by health professionals in selected departments in relation to themes and categories which emerged during data analysis. These guidelines are:

Establishment of Effective Inter-Departmental Meetings

Health professionals can resolve communication problems by the establishment of scheduled inter-departmental meetings where health professionals from selected departments can discuss common and diverse issues that affect their work. According to Huber (2000:73), some meetings should be held in order to solve problems and they will help clarify, analyse and solve specific problems. Participants in this meeting should maintain a group participation mood as decision-making is espoused.

Conflict Management Meetings

Northouse and Northouse (1992:240) suggest that conflict management meetings should be encouraged because they help people to communicate to reach an agreement and avoid similar conflicts from resurfacing. Health professionals have an obligation to report to one another in a meaningful manner on what they do to patients because it encourages team spirit in the working environment (Schober & Hinchiff, 1995:243).

Creating a Platform for Inter-Departmental Communication

Health professionals should always have a chance to communicate in various ways. They can create report-giving moments in their selected departments to enable other members to know what is happening in their working environment. Hospital management should also create a platform where all health professionals will be able to communicate with them. These will help them to know the people they are managing and develop an understanding of their needs, and to plan appropriately.

Effective Communication Environment

It is incumbent upon hospital management to create an effective communication environment. Health professionals should be given an opportunity to use all communication modes available in the hospital. They

should be empowered with the skills and knowledge on how to use electronic mail, how to write a memorandum, given information on how to conduct different types of meetings, how to interpret circulars and policies for implementation and how to give effective report back. If health professionals are given information on how to communicate using all the possible communication modes, it can create an environment conducive to the free flowing of information.

Usage of Effective Communication Skills

Ellis, Gates and Kenworthy's communication guidelines (1995: 60) suggest that specific communication skills can be used by health professionals. These are outlined below:

Communication skills for health professionals

Increasing Self Awareness

For communication to be effective, health professionals should have self-awareness as this affects interactions with others. The personal factors that affect communication are attitudes, values, beliefs, feelings, and behaviours. Leernerts (2003:158) explains that an individual should be aware of self-feelings, thinking and sensation, as these influence interpersonal relationships and how one communicates with others. Personal knowledge reframes one's communication and interaction skills. Health professionals should know these factors in order to avoid misunderstandings with co-workers.

Systematic Interpersonal Skills Training

According to Ellis, Gates and Kenworthy (1995:61), nurses should learn how to communicate with other health professionals because it helps them to carry out clinical procedures competently. Systematic interpersonal skills training, if structured correctly, results in competent communicators who have integrated identified skills into their unique style of communication. Miller and Apker (2002:124), in their study "Professional Changes and Communication Dilemmas of Hospital Nurses" stated that it is necessary for an individual to develop self and others so that there can be ongoing information

sharing amongst nurses as these reduce role conflicts.

Clarity of Purpose

The effective communicator has a high success rate of making appropriate choices for the situations that are encountered because she/he is clear about the aims or purpose of each interaction. The effective communicator will always outline the purpose to co-workers and give them a platform to make inputs.

Effective Communication Modes

According to Ellis, Gates and Kenworthy (1995:70) several communication modes should be used to improve inter-departmental communication. The following can be used: face-to-face dialogue, therapeutic meetings, e-mails, referral systems, telephones and feedback from patients by using questionnaires.

Accurate and Constant Report Giving

The participants recommended that all health professionals should report to one another of the care given so as to allow one to proceed with the patient's care. Report giving should be both in verbal and written forms so that a record can be established for future reference. Report giving is important because it allows the participants concerned to know whether they have ascribed the same meaning to a message, while it also helps to clarify any misunderstandings.

Staff Development Programmes

To ensure that health professionals in selected departments are knowledgeable and competent in so far as the procedures to be followed when performing duties inter-departmentally are concerned, they must be kept up to date with current knowledge and trends in their respective field of care provision, and especially how to communicate these inter-departmentally. This can be ensured by providing in-service skills training with the primary purpose of keeping the employee's job knowledge and skills up to date (Gillies, 1994:321). In-service training programmes should be organized by health professionals of each division, stating the dates and topics in order to avoid time clashes and consolidate the program together.

Evaluation of In-Service Training

Programme

The presenter should evaluate the effectiveness of the in-service skills training programme in order to verify whether the aims and objectives of such have been achieved. The health professionals can be evaluated half yearly on their abilities to communicate effectively inter-departmentally when providing care to patients (Gillies, 1994:321).

Facilitation of Communication

Communication guidelines should ideally be available in each selected department to clarify how health professionals should communicate with other departments when offering patient care. Good communication skills are required from health professionals because they will help them to negotiate and communicate effectively inter-departmentally. Communication guidelines for all health professionals will help minimize communication problems and create a platform for improved communication and healthcare delivery.

Limitations of the study

The limitation in this study was that a tertiary hospital campus was used for this study because it is a referral hospital and the results are not generalised to all public hospitals.

Conclusions

It is clear that effective inter-departmental communication can have a positive impact on healthcare delivery. However, this goal can only be achieved through proper planning and a communication strategy development process. The planning process, together with the guidelines for effective communication, will provide the foundation for the entire health communication programme which may have broader implications and applications for the tertiary hospital campus and beyond.

Healthcare planning objectives should also inform the goals of inter-departmental communication. Moreover, effective communication among health professionals informs policies, service delivery, what is measurable in terms of feedback evaluation and what is most appropriate for achieving the best possible integration and modes of patient care.

References

BRINK, H 2006: Fundamentals of Research Methodology for Nurses. 2nd edition. Revised Cape Town: Juta.

BURKE, M; BOAL, J & MITCHELL, R. 2004: Communicating for Better Care, American Journal of Nursing, 104 (12): 40-48.

BURNS, N & GROVE, SK 1993: The Practice of Nursing Research: Conduct, Critique & Utilisation. 2nd edition. Philadelphia: W.B.Saunders CO.

CLIFFORD, C 1997: Qualitative Research Methodology in Nursing and Health Care. 1st edition. New York: Churchill Livingstone.

DENOSA, 1998: Position Statement. Pretoria: DENOSA

DE VOS, AS 1998: Research at Grass Roots: A Primer for the Caring Professions. Pretoria: Van Schaik.

DOUGLASS, LM 1996: The Effective Nurse Leader and Manager. 5th edition. London: Mosby.

ELLIS, RB; GATES, RJ & KENWORTHY, N 1995: Interpersonal Communication in Nursing. London: Churchill Livingston.

GILLIES, DA 1994: Nursing Management: A Systems Approach. Phildelphia: W B. Saunders.

HALL, J 2002: System Does Not Make Mistakes People Do, Journal of Nursing Administration, 4 (4): 23-38, December

HAWKINS, JM 2003: The South African Oxford School Dictionary. Cape Town: ABC Press.

HEIN, EC 1998: Contemporary Leadership Behaviour. 5th edition. New York. Lippincott.

HENDRICKS, W 1994: The Manager's Role as a Coach. USA: National Press Publications.

HUBER, NS 2000: Leading from Within: Developing Personal Direction. Malabar: Krieger.

IVANCEVICH, J M & MATTESON, MT 1996: Organizational Behaviour and Management. 4th edition. USA: Irwin.

JOHNSON, JD 1993: Organizational Communication Structure. Norwood, N. J: Ablex.

JOOSTE, K 2003: Leadership in Health Services Management. Lansdowne: Juta.

LEENERTS, MH 2003: Teaching Personal Knowledge as a Way of Knowing Self in Therapeutic Relationships. Nursing Outlook, 51(4): 158-164, August.

MARQUIS, BL & HUSTON, CJ 1996: Leadership Roles and Management Function in Nursing: Theory and Application. New York: Lippincott.

MADDOX, PJ; WAKEFIELD, M & BULL, J 2001: Patient Safety and the Need for Professional and Educational Change. Nursing Outlook, 49 (1): 8 – 13, February.

MILLER, KI & APKER, J 2002: Professional Changes and Communication Dilemmas of Hospital Nurses, Nursing Outlook, 50 (4): 154, August.

NEL, PS 2002: South African Employment Relations Theory and Practice. 4th edition. Pretoria: Van Shaik Publishers.

NORTHERN PROVINCE (SOUTH AFRICA) 1999: Transformation and Batho Pele Standards Development and Assessment Protocol, Version 4, 3 June. Pietersburg.

NORTHOUSE, PG & NORTHOUSE, LL 1992: Health Communication: Strategies for Health Professionals. 2nd edition. East Norwalk: Appleton & Lange.

PAGANO, MP & RAGAN, SL 1992: Communication Skills for Professional Nurses. USA: Sage Publications, Inc.

PEARSON, P & SPENCER, J 1997: Promoting Teamwork in Primary Care. London: Arnold.

PONTE, PR 2003: Collaboration among Nurse Executive in Complex Environment Fostering Administrative Best Practice. Journal of Nursing Administration, 33 (11): 596.

PUTH, G 2002: The Communicating Leader. 2nd edition. Pretoria: Van Schaik Publishers.

ROUSSEL, L 2006: Management and Leadership for Nurse Administrators. Sudbury: Jones & Bartlett Publishers.

SCHOBER, JE & HINCHLIFF, SM 1995: Towards Advanced Nursing Practice Key Concepts for Health Care. London: Arnold.

SOUTH AFRICA. 2002: Department of Health Communication Policy Western Cape. Western Cape.

STEINBERG, S 2002: Communication Studies: An Introduction. Cape Town: Juta & Company.

TAPPEN, RM 1995: Nursing Leadership and Management: Concepts and Practice. 3rd edition. Philadelphia: F.A. Davis Company.

TRIOLO, PK 2002: Improving Patient Satisfaction Through Multidisciplinary Performance Improvement Teams. Journal of Nursing Administration, 32 (9): 331.