



East African Journal of Interdisciplinary Studies

eajis.eanso.org

Volume 8, Issue 1, 2025

Print ISSN: 2707-529X | Online ISSN: 2707-5303

Title DOI: <https://doi.org/10.37284/2707-5303>

ENSO

EAST AFRICAN
NATURE &
SCIENCE
ORGANIZATION

Original Article

Analysing the Impact of Ineffective Internal Communication on Healthcare Delivery in Tanzanian Health Institutions

Michael Emmanuel Kakale^{1*}, Paschal Charles Mdukula, PhD¹ & Theresia R. Dominic, PhD¹

¹ University of Dar es Salaam, P. O. Box 35091, Dar es Salaam, Tanzania.

*Author's ORCID ID; <https://orcid.org/0009-0007-7830-7343>; Email: kakalemichael@yahoo.com

Article DOI: <https://doi.org/10.37284/eajis.8.1.2773>

Date Published: **ABSTRACT**

14 March 2025

Keywords:

*Internal
Communication,
Ineffective
Communication,
Managers,
Employees,
Health institutions.*

Efficiency in health care delivery depends largely on the effectiveness of internal communication. Similar to the lifeblood in the human body, internal communication controls all the input, and output processes within healthcare systems. Even with the clear importance of internal communication, many healthcare institutions continue to struggle with inefficiencies in the sharing of information. However, in Tanzania, little is known about the impacts of various communication blockades within health institutions. Thus, this study analysed the impacts of ineffective internal communication in the delivery of healthcare services. This study was carried out in five hospitals; involving a mix of both government and private health institutions in Dar es Salaam-Tanzania. The study administered semi-structured interviews to 20 respondents, targeting managers and employees to gather detailed attitudes and experiences related to workplace communication. Data generated from interviews were transcribed and coded using NVivo 15 software. A document review was also conducted to support the analysis, and themes were formed to address the potential gaps in the study. The research findings revealed that ineffective communication practices led to delays of services, conflicts, discouragement of workers' ambitions, frustrations of workers, false accusations and wrong decisions, poor work performance, employee turnover, and loss of money within healthcare institutions. Recognising these facts, the findings highlight the essence of reciprocity in information sharing, and establishing responsive behaviour to cultivate a smooth flow of information in health institutions.

APA CITATION

Kakale, M. E., Mdukula, P. C. & Theresia, D. R. (2025). Analysing the Impact of Ineffective Internal Communication on Healthcare Delivery in Tanzanian Health Institutions. *East African Journal of Interdisciplinary Studies*, 8(1), 120-134. <https://doi.org/10.37284/eajis.8.1.2773>.

CHICAGO CITATION

Kakale, Michael Emmanuel, Paschal Charles Mdukula & Dominic R. Theresia. 2025. "Analysing the Impact of Ineffective Internal Communication on Healthcare Delivery in Tanzanian Health Institutions". *East African Journal of Interdisciplinary Studies* 8 (1), 120-134. <https://doi.org/10.37284/eajis.8.1.2773>.

HARVARD CITATION

Kakale, M. E., Mdukula, P. C. & Theresia, D. R. (2025) "Analysing the Impact of Ineffective Internal Communication on Healthcare Delivery in Tanzanian Health Institutions", *East African Journal of Interdisciplinary Studies*, 8(1), pp. 120-134. doi: 10.37284/eajis.8.1.2773.

IEEE CITATION

M. E., Kakale, P. C., Mdukula & D. R., Theresia "Analysing the Impact of Ineffective Internal Communication on Healthcare Delivery in Tanzanian Health Institutions", *EAJIS*, vol. 8, no. 1, pp. 120-134, Mar. 2025.

MLA CITATION

Kakale, Michael Emmanuel, Paschal Charles Mdukula & Dominic R. Theresia. "Analysing the Impact of Ineffective Internal Communication on Healthcare Delivery in Tanzanian Health Institutions". *East African Journal of Interdisciplinary Studies*, Vol. 8, no. 1, Mar. 2025, pp. 120-134, doi:10.37284/eajis.8.1.2773.

INTRODUCTION

Internal communication is broadly recognised as an essential element in the development and success of an organization (Alshawabkeh et al., 2018). In healthcare settings, its significance is amplified due to the nature of the services provided and the sensitivity of the operations involved (Wagner et al., 2015). Health institutions, which serve diverse populations, are complex organisations that depend on a wide range of professionals. Their decisions often require immediate action, and they operate under numerous regulations while managing vast amounts of complex information. To maintain high standards of care and ensure the smooth delivery of services, effective internal communication is even more essential (Kottayi et al., 2011). Succinctly effective workplace communication plays a fundamental role in harmonizing individuals' expectations with the institution's best will to attain common goals.

Kalla (2005) defines internal communication as conversational acts that involve both formal and informal information flow at all levels of an organisation. Internal communication is a multidisciplinary concept that spans around; organizational communication, marketing, human resource management, public relations, and corporate communication. Lee and Yue (2020) also describe it as procedural management of interactions and relationships among stakeholders through communication processes. The processes in business, management, organisational, and strategic communication are designed to line up internal

stakeholders for the achievement of organizational objectives.

Regarding healthcare institutions, internal communication encompasses the sharing of information, ideas, and messages among healthcare professionals, departments, and units. The growing interest in effective internal communication within health institutions is driven by its potential benefits. Research has shown that internal communication can significantly enhance employee satisfaction, engagement, and performance (Wagner et al., 2015; Magatef & Ahmad Momani, 2016). The benefits of efficient communication include improved employee motivation, smoother daily operations, a collaborative workplace culture, enhanced physical and psychological well-being, and, ultimately, better organisational performance and sustainability (Monica & Josphat, 2021). These advantages have impelled organisations to continuously explore new communicative strategies to improve their operations.

Despite the clear importance of internal communication, many healthcare institutions continue to struggle with inefficiencies in the sharing of information. Scholars have consistently reported instances of ineffective communication that hinder organisational performance (Wagner et al., 2015; Popa, 2020). Poor communication practices can result in delays in treatment, misdiagnosis, medication errors, workplace conflicts, employee turnover, and other sentinel events, in health institutions (Kwateng et al., 2014; Swere, 2016; Rahim, 2021). These negative impacts

undermine the efficiency of internal communication, creating an unstable environment that threatens organisational survival.

In an attempt to address the issue of ineffective communication Spiridonov (2017), identified factors such as interpersonal inequalities, wage disparities, inadequate resources, and poor management practices all of which contributed to poor internal communication in health institutions. Furthermore, Ikiseh (2020), highlights issues such as the lack of staff meetings, reluctance to engage in open communication, and insufficient feedback mechanisms as common barriers to effective communication in organizations.

While much has been done to understand the factors affecting internal communication, less attention has been paid to the practical consequences of ineffective workplace communication from a holistic perspective. Despite the preference for communication problems in hospitals (Leshabari et al., 2008), there is a gap in the literature regarding the impacts of internal communication in a comprehensive view. The segmentation of variables of communication provides an incomplete picture, failing to capture the holistic perspective that systematises internal communication. Therefore, this research aims to address this gap by examining the impacts of ineffective internal communication from a comprehensive perspective, considering factors such as communication policy, media, networks, and organizational structure. This approach provides a more comprehensive understanding of the impacts of some internal communication blockades and the devised remedies for improvement.

LITERATURE REVIEW

System Theory

The current study used System Theory to enlighten the major concern and express the emergent outcomes of ineffective internal communication in health institutions. The ideas of System Theory were made famous by the influence of Boulding

Bertalanffy and Rapoport (Bertalanffy, 2015), during the classical management era. The main assumptions underpinning the theory are; that the whole is other than the sum of the parts, and that the whole defines the nature of the parts (Skyttner, 2005).

The assumptions are summarised into potential constructs such as interconnectedness, feedback loops, holistic perspective, and emergent properties (Lai & Lin, 2011; Jones, 2014). The mentioned attributes provide a framework for understanding what conspires to effective internal communication. In other words, effective internal communication aligns with the delineated justifiers while non-observance creates ripples that affect information flow in the organisation. In particular, the concept of interconnectedness emphasizes that organisations function as complex systems with the interrelatedness of parts, whereas effective internal communication requires wide coordination (Mbhele & De Beer, 2022). This means communication breakdown between doctors and nurses as representatives of subsystems can disrupt the entire system, creating adverse effects in healthcare settings. Also, the System Theory emphasizes feedback as a crucial element for maintaining a balance between input and output in the organisation (Lee & Kim, 2021). This has the potential to maintain reciprocity and a smooth flow of information in workplace communication. However, failure to adopt this attribute in the system of communication creates ripples in information flow and allows issues to escalate. Furthermore, a holistic perspective helps to visualize constituents as well as all the interactions as webs constituting the main system that functions as a unit (Skyttner, 2005). When applied to internal communications, effective communication draws inferences to both formal and informal networks because humble neglect may result in negative impacts on healthcare systems.

Finally, emergent properties suggest that a system's components, behaviour, and properties or output are

not simply the sum of its parts; because organisations with similar properties may end up producing different results (Lai & Lin, 2011). In communication, the networks of communication among internal practitioners may be the same but yield different outcomes reflecting the nature of interaction. Therefore, this study contextualises the emergent outcomes regarding communication blockades in health institutions.

RESEARCH METHODS

To address the objective of this study, a qualitative research approach was employed with a multiple case study design. Through this approach, a thorough analysis of participants' attitudes, behaviours, and experiences was essential for gaining a comprehensive understanding of the challenges associated with ineffective internal communication in healthcare settings (Creswell & Creswell, 2018). By adopting this methodology, the study was able to identify the emergent outcomes resulting from communication breakdowns.

The study sample consisted of 5 managers and 15 employees, selected through purposive and snowball sampling techniques. Purposive sampling was employed to identify information-rich participants who could provide deep insights into the topic (Patton, 2015). Snowball sampling was on

the other hand used to expand the participant pool by asking initial respondents to recommend others, ensuring a diversity of experiences across different professional roles (Whaley, 2014).

Semi-structured interviews were conducted involving 10 male and 10 female participants from the five health institutions. The interviews were transcribed verbatim and then analysed using NVivo 15 software, a tool that allowed systematic coding and organisation of the data. The coding processes involved identifying recurring themes and patterns about the impacts of ineffective internal communication. To enhance the credibility of the findings, interview data were triangulated with reviewed documents such as organizational charts and relevant reports to provide additional context and depth to the analysis.

RESULTS

The analysis of the data from managers and employees identified themes such as; demographic information and the impacts of ineffective internal communication. Each of these themes was described in detail, with tables illustrating demographic information and quotes supporting the findings on the impacts of ineffective internal communication in health institutions.

Demographic Information

Table 1. Participants Allocation

Name of the institutions	Status	Total
Mloganzila National Hospital	National	4
Aga Khan Hospital	Zonal	4
Temeke Regional Referral Hospital	Regional	4
St. Michaud Health Centre	Health centre	4
Kunduchi Dispensary	Dispensary	4

Table 1 above indicates the participants for this study from a mix of private and government health institutions in Dar es Salaam-Tanzania. The respondents were selected from five health facilities namely; Mloganzila National Hospital, Temeke Regional Referral Hospital, Kunduchi Dispensary, Aga Khan Hospital, and St. Michaud based on

organisational levels. This approach ensured that the data captured a diverse range of experiences.

Table 2: Participants profile

Attributes	Scales	Frequency
Gender	Male	10
	Female	10
Education level	Certificate	2
	Diploma	8
	Bachelor	10
Departments	Pharmacy	2
	Out Patient	2
	Nursing	4
	Administration	5
	Radiology	1
	Clinical	1
	ICT	1
	Histopathology	1
	Surgical ICU	1
	Surgery ward	1
	Laboratory	1
	Managers	5
Positions	Employees	15
Years of experience	1-5	4
	6-10	9
	11-15	5
	16+	2

From Table 2 above, the respondents from the selected cases displayed diverse characteristics, including gender, education level, department, years of experience, and job position. In terms of gender, the sample was proportionately balanced between males and females. Regarding education qualifications 10 respondents held a bachelor's degree, 8 had a diploma, and 2 had certificates indicating that all respondents had professional qualifications. Participants were obtained from a variety of departments including the Outpatient Department (OPD), Nursing, Radiology, Pharmacy, Accounting, Clinical, Administration, ICT, Histopathology, Surgical ICU, Laboratory, Surgery Ward, and Health Records Management. In terms of job position, 15 participants held various roles in their departments under the supervisor, while 5

occupied managerial positions. The respondents' years of experience varied, with the majority having between 6 and 10 years of professional experience. The attributes were critical for capturing a broad spectrum of behaviours, attitudes, and experiences that contributed valuable insights that enriched the depth and breadth of the findings.

Impacts of Ineffective Communication in Health Institutions

The results show several emergent outcomes cultivated by cases of ineffective internal communication in health institutions. The factors for ineffective internal communication were linked to several challenges discussed by managers and employees in health institutions. These impacts are summarised in the table 3 below:

Table 3. Respondents' Feedback on the Impacts of Ineffective Internal Communication Cases in Health Institutions

Themes	Sample of illustrative quotes
Delay in services	“Delay of information is a big challenge because in time of need, if you fail to get in touch with a person in need, then you may miss equipment for use thus patients delay or fail to get service in the hospital”
Conflicts	“Yeah! For sure, conflict is usually caused by misunderstandings between the sender and receiver of the information. For example, a leader may have information to share with the employee, but the way he or she expresses may sound trivial, or sometimes the receiver may negatively judge the message and in the end, it leads to conflicts”
Discourage worker's ambitions.	“Communication problems like a delay of information and misplacement of documents interrupt the worker's ambition and institution”
Worker's frustration	“Not someone, my general understanding is that not only employees who get confused due to problems in communication but managers also. When proceedings in the communication do not work as it was planned, most of us get angry and confused”
False accusations and wrong decisions	“I was accused of attending to the job when I travelled to attend to family. But the issue is the delay in giving feedback, so if you wait, you will not solve your issue”
Poor work performance	“These conflicts caused by poor communication may lead to poor work performance. For example in our department we are four only when it happens that two don't see each other we can be overwhelmed because of not helping each other”
Employee turnover	“Poor communication especially between managers and employees has made employees quit the job”
Financial losses	“Some complications normally occur such as delay and misplacement of documents and have caused losses of income as I told you in my arrears”

Delay in services

Findings from interviews with managers and employees revealed that delays in services for both workers and patients were the most prominent issue caused by ineffective communication in health institutions. Participants reported on the issue of prolonged hierarchies and delays in securing feedback as the controversy interfered with the efficiency of service delivery. In particular, letters and reports had to remain in the backlog waiting to be addressed without regard for timeliness. For example, one employee had these to say:

For me, I do argue that internal communication is mainly affected by delays of information at every stage the information goes through. The longest bureaucracy and lack of accountability among managers and individuals attending to the files like letters and reports causes a delay

in feedback, thus affecting service delivery (P 09, 2024).

Delayed feedback cultivated by prolonged hierarchies and lack of accountability severally instigated delays in service delivery. The prolonged hierarchy and lack of timely feedback suggest that the organography slows down the feedback loops because information must pass through multiple levels of authority before reaching the relevant individuals. The prevalence of these obstructions that are sometimes caused by individual negligence may lead to delays in making critical decisions, thus affecting the efficiency of service provision in hospitals.

Conflicts

The findings from the interviews indicated the occurrence of conflicts which was the result of failure of communication in the health institutions.

Participants described the way delay of information, and misplacement of documents contributed to the occurrence of internal grievances and disputes among workers. In advance, individual differences that manifested in strikes and physical outbreaks of violence were also the results of unclarified information that seemed to pervade the cases selected. During the interview one of the respondents reported that:

Delay in information may result in conflict. Considering my case, I wrote a letter for study leave, and then the one who was given a letter didn't do anything and dumped my letter at the desk. When I visited the office, I was surprised to see the letter I sent a couple of months ago on top of the desk. And when I asked, she said 'I had just forgotten. This situation caused misunderstanding among us and I was demotivated to do my job (P 08, 2024).

In addition, one of the managers also narrated:

Miscommunication sometimes has resulted in strikes and not following leaders' instructions. For example, at some point it happened people were reluctant to contribute to social and welfare groups that support workers' social events like burials and weddings. After a thorough investigation, it was found that employees were confused by an unclarified announcement from the administration. Inadequate clarification resulted in misunderstandings and strikes, some internal demonstrations, and even not wanting to abide by directives from leaders (P 10, 2024).

The quotes above highlight the critical role of information delays, document misplacement, and lack of clarity of information in escalating individual differences, that were manifested in strikes and conflicts among workers. These issues suggest on lack of streamlined communication and an imperfect flow of information in the health institutions. Apart from creating indifferences among workers, ineffective communication cases to

a great extent compromise the efficiency in the provision of quality healthcare services.

Discourage Worker's Ambitions

After conducting different interview sessions, the researcher found that communication failure interfered with workers' ambitions. Participants reported communication problems such as lack of timely feedback, and misplacement of documents, be the factors that discouraged career development. The worker requests have been declined due to failure to abide by deadlines, a scenario in most cases caused by irresponsible leaders along hierarchies of communication. In an interview one of the participants expressed her mowl after the dream being cut off by difficulty in securing feedback on time:

We all know that applications have deadlines. However, it has been very difficult to secure feedback even after requesting a study leave. This happened severely, and we missed a chance to go to school. So, what you dreamt ends in vain because of delay of information, misplacement of documents, and leaders' irresponsibility. These discourage our ambitions so much (P 08, 2024).

The above quotation implies that the worker's ambition to pursue their career had declined because of irresponsible leaders along hierarchies, delays in feedback, and misplacement of documents, which all are indicators of ineffective communication. This not only suggests the discouragement of workers' ambition and decreased morale but also affects the entire organization's plan resulting in stagnation and failure to improve efficiency in service delivery in health institutions.

Worker's Frustration

Respondents described the way they have been infuriated and frustrated due to communication breakdowns. During interviews, participants reported the issues of poor feedback mechanisms

have led them to despair. During the interview, the respondent explained:

It was also last year when I met a certain girl who was making follow-ups for the letters after she had been preparing to go to school. Just a few days before going to school, she was surprised by the refusal letter, which was replied to a long time ago, and she was not given a copy. This frustrated her; she was unstable, and she could not do her work properly (P 16, 2024).

The reference made supports the notion that delayed feedback and lack of responsible leaders were the key factors that contributed to worker frustration. Uncertainty in the flow of information, difficulty in following up thorough communication, and irresponsibility among managers had made employees feel disrespected, being frustrated thus disrupting workers' performance and the overall achievement of organizational goals.

False Accusations and Wrong Decisions

Reports from the findings indicated the prevalence of false accusations and wrong decisions instigated by cases of internal communication failure. Participants explained the way delay of feedback affected workers, especially on urgent requests, such as permission to attend a funeral and other related social issues. Respondents explained that they do not receive responses on time. Some delays make them take some actions without being given a confirmation letter, and they end up being wrongly judged. The excerpts below give more detail.

Some people may be considered disobedient, but if you look closely, the issue is often a failure of communication. For example, if you have requested permission to travel for some issues when you delay getting the permission and decide to go after you are back, you might find a rejection. This may sometimes cause a problem for workers being named as not obeying the leaders. This ruins workers' image

in some ways, but it is because of the delay of information (P 10, 2024).

At the same time, another employee narrated:

Another impact of delay of information can cause leaders and workers to make a wrong decision like giving a warning letter, which ends up creating rumours along the corridor and raising tension and instability in the organisation (P 14, 2024).

The excerpts above highlight the prevalence of delays in receiving feedback, which in turn prompt employees to take matters into their own hands. These delays not only affected employees they also prompted managers to make wrong decisions. As for employees, they were sometimes labelled disobedient and given warning letters, which according to the findings, has caused tension and unrest among workers. Such unjust decisions and labelling create an instability state in the organisation and suggest a breakdown of unity that disrupts the alignment of individual actions with the organisational goals.

Poor Work Performance

The respondents commented on the lack of streamlined communication which stole time that could be used to focus on important matters. During the interview, participants described the way communication needed follow-up to monitor the progress of some issues handled through files along levels of hierarchies to secure responses.

The prolonged visiting of offices, seeking feedback and some clarifications also consumes time, and I think it is the work of HR. If they could have been responsible, workers could have used their time wisely to do their jobs. To some extent, the movements have affected workers' performance in our institution (P 13, 2024).

The prolonged visits indicated in the quote point out a lack of a smooth flow of information in the

selected hospitals. With employee uncertain, whether their issues were being addressed, the only option was to make a follow-up through the levels of communication. This communication breakdown shifted workers' focus from their core responsibilities to navigating administrative problems, ultimately impairing their performance and hindering the overall quality of service delivery.

Employee Turnover

Employee turnover was also reported in this study, and it was found to be driven by ineffective workplace communication. According to the participants, limited knowledge especially on the scheme of services was one of the barriers that made employees make wrong decisions. Without being informed about the schemes of services, some workers went to schools hoping to be promoted. But when it occurred otherwise, they were confused and decided to look for another area. This was explained by one of the nurses:

It sometimes happened that when a nurse went to school, and after submission of the certificate, she was not promoted. Even if you ask for clarification, each leader could give different clarifications. So, to avoid further disturbances, workers choose to move to another institution or resign to secure another job in the private sector (P 07, 2024).

The quote above highlights how poor internal communication caused workers to either move from one institution to another or resign. Limited knowledge about the schemes of services which prompted workers to make wrong decisions suggests deficiencies in downward communication. This is because management is responsible for equipping employees with essential information about company policies and schemes of services. The lack of awareness regarding the scheme of services points to inadequacy and imperfect flow of information, which causes frustration, leading to workers either shifting institutions or resigning.

Financial Losses

The findings highlighted financial losses as a significant impact of ineffective communication instigated by misplacement of documents, delay, and inaccuracy of information in healthcare settings. For workers, the misplacement of payment documents resulted in lost earnings as explained by one of the participants.

I remember the case of losing money due to misplacement of arrears letters and forms. We filled in the forms for arrears, but after a year, we were not paid after noticing that workers who were employed after us had already been paid their money. Then after a follow-up, it was realised that our letters were nowhere to be found (P 07, 2024).

Similarly, institutions faced financial setbacks caused by mismanagement and errors that occurred during communication as pointed out in the excerpts below.

To tell you what I experienced in my work, there was a communication breakdown among three employees; one was responsible for collecting money, then an accountant and the third person was a manager who oversaw what was taking place. Then when an accountant came to the matron who was collecting money and asked how much she had, she just mentioned the figure. Without confirming the receipt, an accountant accepted. Unfortunately, the receipt was not correctly worded; instead of 400,000, it was written 300,000. Despite one of the members noticing the error, they ignored it, hoping to correct it later. Then the money was lost because of misinformation in the receipt (P 09, 2024).

In addition, participants confirmed accepting bribes because their claims were not handled as planned and were subjected to delays.

Also, there is a decline in income, especially when a patient comes with an amount he wants

to pay, and they meet an employee who has not been paid for some time and has debts following some expenses. The employee could be tempted to avoid the system payment; thus, it is very easy for the hospital to lose its income because of bribes because workers do not have hope (P 20, 2024).

The mishandling of documents, inaccuracies in information, and delays in sharing information have led to financial losses for workers and organisations at large. Apart from ineffective communication being associated with employee financial losses, it has also instilled distrustful behaviour among employees. Alarming, it has become a common occurrence, especially among government employees, to personally collect payments from patients due to grievances instigated by delays of the payments in the pile of files. This incident has contributed to financial instability in many health institutions.

DISCUSSION

The findings from the study reported that delay of services was one of the significant impacts caused by ineffective internal communication in health institutions. The participants reported cases such as lack of timely feedback and lack of leader's commitment to be the dominant factors that resulted in piles of files in hierarchies, resulting in delays of services for both workers and patients. This result corresponds with the finding by Swere, et al (2007), who also found that deficit communication and delays in information transfer affected discharge and patient care in hospitals. Durbin et al. (2012) also added that ineffective communication caused by types of delay such as consultation response and acceptance of referral affected diagnosis and treatments, the common services in health institutions. Consequently, the internal practitioner's welfare and the patient's safety may be compromised, suggesting health institutions' instability, which may lead to the futile implementation of organisational goals.

This study pointed to conflicts arising from ineffective communication cases such as delayed feedback, misplaced documents, and unclear messaging. This corresponds to the statements by Pramita et al. (2022) who argued that poor communication factors could lead to misunderstanding among the parties involved, hence creating conflicts. Participants reported that delays in feedback caused grievances among workers, showing indifference that employees' issues were taken for granted. Similarly, misplacement of payment sheets and study leave documents were found to cause misunderstandings among internal practitioners resulting in blame-shifting among staff members. Additionally, unclear communication caused staff to spend extra time seeking clarification, eventually contributing to worker tensions and strikes. The delays, misplacements, and misconceptions were undeniable facets that insinuated organisational conflicts. (Afolabi et al., 2018; Suklun, 2019). This suggests that communication breakdowns contribute to operational inefficiencies and strained professional relationships that seem to affect teamwork and patient safety, thus underscoring the need for structured internal communication strategies to prevent their occurrences.

Discouragement of workers' ambition was another key concern raised by participants caused by cases of ineffective communication in health institutions. The fact that communication plays a crucial role in guiding, informing, and motivating employees (Dupe, 2015), any disruption in this process can lead to poor decision-making (Otamiri et al., 2023), which may affect workers in one way or another. Currently, respondents highlighted issues such as delays in receiving feedback and the misplacement of important documents as major barriers to their career development. Specifically, employees reported that they were unable to receive timely feedback on their study leave requests, which in turn hindered their ability to meet institutional eligibility. As a result, employees felt unsupported and overlooked by their organizations (Chipeta et

al., 2016), leading to a loss of hope in advancing their careers. The sense of neglect not only affected the morale and professional growth of individuals but also had broader implications for the organization's overall performance.

Furthermore, poor workers' performance was found to be another significant emergent outcome of internal communication blockades. The systems of communication were reported to be unstreamlined and required individual follow-up, especially in setbacks. Employees were to leave their jobs seeking feedback and clarification during the controversy. This resulted in a waste of time as employees were to leave their delineated duties for handling administrative issues. These incidents affected workers' performance. The findings coincide with Atambo and Momanyi's (2016) statement that ineffective communication can be detrimental to internal practitioners since it can lead to poor performance. Additionally, studies have shown that when communication flows are disrupted, healthcare teams struggle to collaborate effectively, resulting in lower-quality care. (Magatef & Ahmad Momani, 2016; Monica & Josphat, 2021). Therefore, Effective internal communication systems are essential for ensuring clarity and streamlining workflow for high performance in healthcare settings.

Additionally, participants reported incidents of false accusations and poor decision-making halting from ineffective communication. Respondents indicated concerns about being perceived as disobedient because of communication breakdowns. It was noted that delayed information led some employees to undertake unreported trips, creating ambiguity for leaders and resulting in accusations of noncompliance with institutional rules. This is supported by Arora et al. (2005), who state that communication failure creates uncertainty in decision-making. The findings further indicated that uncertainties were sometimes handed with wrong decisions, such as giving warning letters, which downhearted workers in some ways. In the absence

of reliable and timely information, wrong decisions are evident (Otamiri et al., 2023), resulting in workers' mowl, thus creating negative impressions of the decisions in the institutions. This, therefore, suggests a loss of trust, an indicator that disrupts team collaboration, which can compromise efficiency in the provision of health care services.

The study also pointed to a significant link between ineffective communication and employee turnover. This finding aligns with Branham's (2012) research that poor communication between management and employees as well as between departments is the key factor contributing to employees quitting their jobs. The study revealed that the flow of information was imperfect which was manifested through limited knowledge regarding schemes of services, suggesting inefficiency in a downward network of communication. Because of limited knowledge of the schemes of services, some workers were admitted to school hoping to be promoted. However, it was impossible as their pursuit did not align with their specific scheme of services. Limited knowledge about on-the-hand tips information according to the study was the reason for employees undertaking wrong decisions, which deeply demonstrated weakness in downward communication, which is the function of management. This dilemma creates tension and frustration to the extent that employees decide to shift institutions or resign. Concerning this issue, Al-Kinani as cited in Iqbal (2010) found that a lack of effective communication by managers has led many employees to look elsewhere for the information they needed. Arguably, communication failure instigated by unclarified information makes workers frustrated and lose interest in being part of the organisation. This situation deteriorates efficiency in the workplace and increases recruitment costs in the organisation.

Ineffective communication which was manifested through lack of timely feedback has been shown to significantly contribute to stress and frustration among workers. This is consistent with the findings

of Walters et al. (2011), which identified poor communication between management and employees as a common source of workplace stress. In addition, a lack of effective communication fosters frustration, distrust, and stress, which ultimately disrupts efficiency and compromises service quality (Kunjukunju & Ahmad, 2019). It is therefore essential for organisations to carefully align communication strategies to evoke employee positive attitudes for promoting quality service delivery in health institutions.

Lastly, ineffective communication within health institutions has been associated with financial losses for employees and organizations at large. In this study, misleading information, document misplacement, and delayed feedback were the communication blockades that led to a loss of money. Respondents described the way they were deprived of their rightful payments due to delays and misplacement of arrears documents. As for the entire organisation, the lack of timely feedback and streamlined communication created grievances among workers and instilled dishonest behaviour. Because of grievances, it was noted that some employees collected patients' payments for their personal use. These incidences resulted in financial waste for the organizations. The scenarios resonated with the findings by Agarwal et al. (2010), which emphasise that communication inefficiency negatively affects the financial stability of healthcare providers and so does the entire organisation. These financial losses shed light on the potential role of effective internal communication in maintaining the financial well-being of individuals and healthcare institutions.

Limitations

The findings of this study are framed under the following interpretation. First, the research focused on internal communication, limited to aspects such as communication policy, organizational structure, networks of communication, and channels of communication which in the system theory are considered as the totality of the conversation acts

taking place in the workplace. Second, the study was also restricted to only 5 facilities representing national, regional, district, health institutions and dispensaries in Dar es Salaam-Tanzania. Additionally, the total sample was limited and it was based on the achievement of the core purpose of the study, with saturation being a key determinant during data analysis. Finally, the study focused on analysing the implication of ineffective communication, the issue which can further be substantiated by quantifying the contribution of each attribute in affecting the effectiveness of service delivery in health institutions.

CONCLUSION

This study analysed the impact of ineffective internal communication within health institutions, employing a qualitative approach and a case study design. The approach was framed within a holistic perspective, considering organizational policy, structure, communication networks, and channels as key components of workplace communication. Through thematic analysis, the findings identified eight emergent outcomes of communication breakdown which were delays in service delivery, conflicts, discouragement of workers ambitions, worker frustrations, false accusations, wrong decisions, poor work performance, employee turnover, and financial losses.

Practice Implications

Based on the findings the outlined impacts shed light on the major issues that seemed to disrupt the efficiency of workplace communication. Specifically, lack of timely feedback, inaccuracy of information, misplacement of documents, untrustful information, lack of accountability, and failure to abide by the structured system of communication were recurring themes in most of the interviewee's conversations. The study therefore encourages promoting responsive behaviour to promote the reciprocity culture. To even improve the feedback mechanism the research recommends adopting a dedicated feedback management system, or team to

improve practitioners' service delivery. Also, the facilities should be influxes with adequate information, especially the hand tip information, and monitored by a well-structured communication policy that stipulates etiquette for using a given strategy. Lastly, apart from conducting regular auditing of various internal communication strategies, communication skills training should be encouraged to build capacity and educate practitioners on the role of internal communication in ensuring the provision of quality services in health institutions.

REFERENCES

- Afolabi, A., Fernando, S., & Bottiglieri, T. (2018). The effect of organisational factors in motivating healthcare employees: A systematic review. *British Journal of Healthcare Management*, 24(12), 603–610. <https://doi.org/10.12968/bjhc.2018.24.12.603>
- Agarwal, R., Sands, D., & Schneider, J. D. (2010). Quantifying the economic impact of communication inefficiencies in U.S. hospitals. *Journal of Healthcare Management*. <https://doi.org/http://dx.doi.org/10.1097/00115514-201007000-00007>
- Alshawabkeh, A., Razmak, J., Qasim, A., & Kharbat, F. F. (2018). Enhancing internal communication in organisations using enterprise social networking. *International Journal of Economics and Business Research*, 15(1), 72–86. <https://doi.org/10.1504/IJEER.2018.088522>
- Arora, V., Johnson, J., Lovinger, D., Humphrey, H. J., & Meltzer, D. O. (2005). Communication failures in patient sign-out and suggestions for improvement: a critical incident analysis. *Qualitysafety.Bmj.Com, Appendix 1*, 401–407. <https://doi.org/10.1136/qshc.2005.015107>
- Atambo, W., & Momanyi, D. (2016). Effects of internal communication on employee Performance : A case study of Kenya Power and Lighting Company, South Nyanza Region, Kenya. *Imperial Journal of Interdisciplinary Research (IJIR)*, 2(5), 328–340.
- Bertalanffy, L. (2015). *General system theory: Foundations, development, applications*. George Braziller, Incorporated.
- Branham, L. (2012). *The 7 hidden reasons employees leave; How to recognize the subtle signs and act before it's too late*. Amacom.
- Chipeta, E., Bradley, S., Chimwaza-Manda, W., & McAuliffe, E. (2016). Working relationships between obstetric care staff and their managers: A critical incident analysis. *BMC Health Services Research*, 16(1), 1–9. <https://doi.org/10.1186/s12913-016-1694-x>
- Creswell, J., & Creswell, D. (2018). *Research design: qualitative, qualitative, and mixed approaches* (5th ed.). Sage Publication.
- Dupe, A. A. (2015). Organisational communication, the panacea for improved labour relations. *Studies in Business and Economics*, 10(2), 5–16. <https://doi.org/10.1515/sbe-2015-0016>
- Durbin, J., Barnsley, J., Finlayson, B., Jaakkimainen, L., Lin, E., Berta, W., & McMurray, J. (2012). Quality of communication between primary health care and mental health care: An examination of referral and discharge letters. *Journal of Behavioral Health Services and Research*, 39(4), 445–461. <https://doi.org/10.1007/s11414-012-9288-9>
- Ikiseh, B. N. (2020). The internal communication barriers: A communication audit report of a nonprofit organization. *Global Journal of Management and Business Research: A Administration and Management*, 20(6).
- Iqbal, A. (2010). Employee turnover: Causes, consequences and retention strategies in the Saudi organizations. *The Business Review, Cambridge*, 16(2), 275–282.

- Jones, P. (2014). Systemic design principles for complex social systems. *Translational Systems Science Series, Springer Verlag, 1*, 91–128. https://doi.org/10.1007/978-4-431-54478-4_4
- Kalla, H. K. (2005). Integrated internal communications: A multidisciplinary perspective. *Corporate Communications, 10*(4), 302–314. <https://doi.org/10.1108/13563280510630106>
- Kottayi, A., Sharma, N., Chaturvedi, V., Mhaske, K., & Pandirkar, A. (2011). *Business communication*. Educreation Publishing.
- Kunjukunju, A., & Ahmad, A. (2019). Effective communication among doctors and nurses: Barriers as perceived by doctors. *Malaysian Journal of Nursing, 11*(2), 3–11. <https://doi.org/10.31674/mjn.2019.v11i02.001>
- Kwateng, K. O., Osei, H. V., & Ekowabban, E. (2014). Organizational communication in public health institutions. *International Journal of Business and Management, 9*(11), 1833–8119. <https://doi.org/10.5539/ijbm.v9n11p179>
- Lai, C., & Lin, S. (2011). Systems Theory. *International Encyclopedia of Housing and Home*, 134–137. <https://doi.org/10.1016/B978-0-08-047163-1.00689-5>
- Lee, Y., & Kim, J. (2021). Cultivating employee creativity through strategic internal communication: The role of leadership, symmetry, and feedback seeking behaviors. *Public Relations Review, 47*(1), 101998. <https://doi.org/10.1016/j.pubrev.2020.101998>
- Lee, Y., & Yue, C. A. (2020). Status of internal communication research in public relations: An analysis of published articles in nine scholarly journals from 1970 to 2019. *Public Relations Review, 46*(3), 101906. <https://doi.org/10.1016/j.pubrev.2020.101906>
- Leshabari, M., Muhondwa, E., Mwangi, M., & Mbembati, N. (2008). Motivation of health care workers in Tanzania: A case study of Muhimbili National Hospital. *East African Journal of Public Health, 5*(1), 32–37. <https://doi.org/10.4314/eajph.v5i1.38974>
- Magatef, S. G., & Momani, R. A. (2016). The impact of internal marketing on employees' performance in private Jordanian Hospitals Sector. *International Journal of Business and Management, 11*(3), 129. <https://doi.org/10.5539/ijbm.v11n3p129>
- Mbhele, S., & De Beer, E. (2022). Achieving employee engagement through effective internal communication. *Communicare: Journal for Communication Sciences in Southern Africa, 40*(2), 153–182. <https://doi.org/10.36615/jcssa.v40i2.1315>
- Monica, N. J., & Josphat, K. (2021). Effect of effective communication on sustainable performance of private hospitals. *International Journal of Strategic Management, 3*(1), 179–189, 2021.
- Otamiri, S., Chux-Nyeche, G., & Nwenenda, T. (2023). Poor communication and information managers job performance in state owned universities in Niger Delta Region. *Advanced Journal of Educational Research and Development Treatment, 10*(3), 1–11.
- Patton, M. (2015). *Qualitative research and evaluation methods: Integrating theory and practice* (4th illust). SAGE Publications.
- Popa, F. (2020). Internal communication during the crisis: Case Study - Suceava County Hospital. *European Integration - Realities and Perspectives.*, 296–303. <http://proceedings.univ-danubius.ro/index.php/eirp/article/view/2025/2086>
- Pramita, K., Ramadhini, C., & Manafe, L. A. (2022). The leader effective communication in solving employee conflict; REACH analysis.

- International Journal of Economics Development Research (IJEDR)*, 3(2), 172–188. <https://doi.org/10.37385/ijedr.v3i2.555>
- Rahim, M. (2021). Using Lean Six Sigma (LSS) and total quality management (TQM), how to improve ineffective communication among care providers, which leads to medication errors in hospital settings – a review. *Journal of Leukemia Research*.
- Skyttner, L. (2005). *General systems theory: Problems, perspectives, practice* (2nd ed.). World Scientific Publishing Co. Pte. Ltd.
- Spiridonov, S. I. (2017). Causes for ineffective communication between Medical Specialists. *Journal of IMAB - Annual Proceeding (Scientific Papers)*, 23(3), 1623–1626. <https://doi.org/10.5272/jimab.2017233.1623>
- Suklun, H. (2019). A case study: do misconceptions lead to intergroup conflicts at workplace? *Business & Management Studies: An International Journal*, 7(1), 42–57. <https://doi.org/http://dx.doi.org/10.15295/bmij.v7i1.1040> A
- Swere, S., LeFevre, F., Phillips, C. O., Williams, M. V., Basaviah, P., & Baker, D. W. (2007). Deficits in communication and information transfer between hospital-based and primary care physicians: Implications for patient safety and continuity of care. *American Medical Association*, 297(8), 831–841. <https://doi.org/10.1001/jama.297.8.831>
- Swere, K. M. R. (2016). Challenges hindering the accessibility of Tanzania’s health service: A literature review. *International Journal of Economics and Finance*, 8(8), 242. <https://doi.org/10.5539/ijef.v8n8p242>
- Wagner, J. D., Bezuidenhout, M. C., & Roos, J. H. (2015). Communication satisfaction of professional nurses working in public hospitals. *Journal of Nursing Management*, 23(8), 974–982. <https://doi.org/10.1111/jonm.12243>
- Walters, D., Wadsworth, K., Davies, R., Lloyd, W., & Hugh and Marsh, K. (2011). *Analysis of the findings of the European Survey of Enterprises on New and Emerging Risks on the effectiveness and support for worker representation and consultation on health and safety*. European Agency for Safety and Health at Work.
- Whaley, B. (2014). *Research methods in health communication; Principles and application*. Routledge.