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LEADERSHIP COMMUNICATION AND ORGANIZATIONAL CULTURE IN HOSPITAL MANAGEMENT

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Abstrak

Penelitian ini mengkaji peran krusial komunikasi kepemimpinan dalam membentuk dan mempertahankan budaya organisasi di lingkungan rumah sakit. Dengan pendekatan kualitatif, data dikumpulkan melalui wawancara dan analisis tematik di rumah sakit publik dan swasta. Temuan menunjukkan bahwa komunikasi kepemimpinan berfungsi sebagai mekanisme transmisi budaya, mencerminkan dan memperkuat nilai-nilai inti seperti perawatan berpusat pada pasien, kerja sama tim, dan inovasi. Kesenjangan antara retorika kepemimpinan dan praktik nyata terbukti melemahkan kohesi budaya dan menurunkan keterlibatan staf. Sebaliknya, komunikasi yang partisipatif dan dua arah memperkuat kepercayaan relasional, keselarasan organisasi, dan keterlibatan karyawan. Dengan merujuk pada teori Schein, Bass, Argyris, dan Blumer, studi ini menyimpulkan bahwa komunikasi kepemimpinan tidak hanya menyampaikan informasi, tetapi juga membentuk makna dan identitas kolektif secara simbolik dalam institusi rumah sakit. Implikasi praktis dari penelitian ini menekankan pentingnya strategi komunikasi yang inklusif, konsisten, dan berbasis nilai dalam memperkuat budaya institusional dan kesehatan organisasi.

Kata kunci: komunikasi kepemimpinan, budaya organisasi, manajemen rumah sakit, kepemimpinan partisipatif, interaksionisme simbolik

Abstract

This study examines the critical role of leadership communication in shaping and sustaining organizational culture within hospital environments. Using a qualitative approach, data were gathered through interviews and thematic analysis across public and private hospitals. The findings reveal that leadership communication acts as a mechanism for cultural transmission, reflecting and reinforcing core values such as patient-centered care, teamwork, and innovation. Gaps between leadership rhetoric and actual practices were found to undermine cultural coherence, contributing to employee disengagement. Conversely, participatory and two-way communication fostered relational trust, organizational alignment, and staff engagement. Drawing on theories by Schein, Bass, Argyris, and Blumer, the study concludes that leadership communication not only conveys information but also symbolically shapes collective identity and meaning within hospitals. The practical implication underscores the need for hospital leaders to prioritize inclusive, consistent, and value-driven communication to strengthen institutional culture and improve organizational health.

Keywords: leadership communication, organizational culture, hospital management, participatory leadership, symbolic interactionism

1. INTRODUCTION

In the era of healthcare transformation, the effective management of hospitals has become increasingly dependent on two critical factors: leadership communication and organizational culture. These two dimensions are no longer considered soft or peripheral components but are now recognized as central pillars influencing performance, safety, and satisfaction in hospital environments (Sfantou et al., 2017). Hospital systems, with their

complex, multidisciplinary, and high-stakes nature, require not only advanced clinical capabilities but also robust communication structures and cultural coherence to operate efficiently and safely.

Leadership communication plays a crucial role in aligning organizational goals with employee actions, especially in dynamic and uncertain hospital settings. Leaders in healthcare must communicate clearly, transparently, and consistently to ensure that clinical and administrative staff are not only informed but also motivated to perform effectively (Tourish & Robson, 2006). Poor communication from leadership has been linked to low staff morale, increased turnover, medical errors, and decreased patient safety (Jackson et al., 2021). Conversely, when leaders engage in open and participatory communication, they foster psychological safety among staff, enabling an environment in which speaking up about concerns, errors, or suggestions is welcomed and acted upon (Edmondson, 1999).

Beyond leadership behavior, organizational culture constitutes a foundational element in shaping employee behavior and institutional norms. Schein (2010) defines organizational culture as a pattern of shared assumptions that a group learns as it solves its problems of external adaptation and internal integration. In hospitals, where different professional subcultures (doctors, nurses, administrators) coexist, the dominant organizational culture significantly influences decision-making, collaboration, and quality improvement efforts (Braithwaite et al., 2016). A safety-oriented culture, for instance, promotes reporting of near misses and adverse events, while a punitive culture suppresses transparency and accountability (Nieva & Sorra, 2003).

The interaction between leadership communication and organizational culture is both complex and reciprocal. On one hand, leaders use communication to instill, reinforce, and transform organizational values and norms. On the other hand, the prevailing culture can facilitate or inhibit effective leadership communication. For example, in a hierarchical culture with strong power distance, employees may hesitate to provide feedback or raise concerns, even if leadership promotes an open-door policy (Hofstede, 2001). Thus, leadership communication must be culturally sensitive and strategically framed to penetrate deep-rooted cultural barriers.

The significance of this interaction becomes even more evident during organizational change or crisis situations, such as the COVID-19 pandemic. During the early phase of the pandemic, multiple studies reported that inconsistent, delayed, or unclear communication from hospital leaders led to confusion, anxiety, and mistrust among healthcare workers (Kinman et al., 2020). In contrast, hospitals where leaders maintained transparent and timely communication experienced better staff cohesion and morale, despite limited resources and increasing patient loads (Reeves et al., 2021). These findings underscore the critical role of leadership communication in maintaining a resilient organizational culture, particularly in times of uncertainty.

In low- and middle-income countries, including Indonesia, the challenges are compounded by systemic issues such as limited infrastructure, unequal resource distribution, and bureaucratic rigidity. Research has shown that in Indonesian hospitals, leadership is often perceived as authoritative, and organizational cultures tend to be hierarchical, which poses significant challenges to implementing open communication systems (Kurniawan et al., 2020). Staff frequently report difficulties in voicing concerns due to fear of reprisal, lack of feedback loops, and absence of supportive leadership behavior. Consequently, errors go unreported, innovations are stifled, and team collaboration suffers.

Moreover, despite the increasing awareness of the importance of organizational culture and leadership communication, empirical studies exploring their interaction in the context of hospital management in Indonesia remain scarce. Most available research tends to address these dimensions separately or in limited scope, such as examining leadership style without

dissecting the communicative behaviors that mediate leader effectiveness (Sari & Iriansyah, 2023). There is a lack of integrated frameworks that explore how leadership communication shapes, and is shaped by, the hospital's organizational culture—especially in relation to performance outcomes such as patient safety, staff engagement, and service quality.

Given this research gap, there is a compelling need to investigate how leadership communication influences organizational culture within the hospital setting, and how this interaction, in turn, affects overall hospital management and service delivery. This study is especially timely in the post-pandemic era, where healthcare institutions are not only rebuilding but also reimagining how to operate more adaptively, inclusively, and efficiently.

From a theoretical standpoint, the study draws on Transformational Leadership Theory (Bass & Avolio, 1994), which emphasizes the leader's role in inspiring and engaging followers through vision articulation and individual consideration. It also incorporates Organizational Culture Theory (Schein, 2010), which highlights the layered structure of culture, from visible artifacts to deeply held beliefs. Finally, the Leader-Member Exchange (LMX) Theory provides insights into how the quality of dyadic interactions between leaders and subordinates affects organizational functioning (Graen & Uhl-Bien, 1995).

This research thus aims to contribute both theoretically and practically. Theoretically, it fills a knowledge gap by connecting leadership communication and organizational culture in a healthcare management framework. Practically, the findings are expected to inform leadership development programs, improve communication strategies, and support cultural transformation initiatives within hospitals, particularly in developing country settings like Indonesia.

2. METHOD

Research Methodology

This study adopts a qualitative research approach to explore how leadership communication influences organizational culture in hospital management settings. The nature of this study demands an in-depth understanding of human experiences, interactions, and organizational dynamics. Therefore, a qualitative methodology is deemed most appropriate, as it facilitates rich, descriptive, and contextual exploration of participants' perspectives and lived experiences (Creswell & Poth, 2018; Patton, 2015).

Research Design

The research follows a phenomenological design, focusing on the lived experiences of healthcare professionals regarding leadership communication and its perceived impact on the hospital's culture. Phenomenology, as a qualitative tradition, seeks to understand how individuals construct meaning from their experiences (Van Manen, 1990). This approach is suitable because leadership communication is not merely a set of transmitted messages but is deeply intertwined with individual interpretation, emotion, and organizational meaning-making.

Philosophical Paradigm

The study is grounded in the interpretivist paradigm, which posits that reality is socially constructed and best understood through the subjective experiences of individuals (Lincoln & Guba, 1985). In this paradigm, the researcher acts as a co-constructor of meaning, engaging with participants to uncover deep insights into how communication practices shape and reflect organizational culture in hospitals.

Research Objectives

The primary objective of this research is to explore how leadership communication influences organizational culture within hospitals. Specifically, the study aims to:

- Understand how healthcare workers perceive their leaders' communication styles and behaviors.
- Examine how these communication patterns shape cultural values, practices, and norms in the hospital.
- Identify factors that facilitate or hinder effective leadership communication in fostering a positive organizational culture.

Research Questions

The central research question is:

- *How do hospital employees perceive the role of leadership communication in shaping organizational culture?*

Supporting questions include:

- *What communication behaviors of leaders are considered effective or ineffective in influencing organizational values and team dynamics?*
- *In what ways does leadership communication contribute to or challenge cultural elements such as trust, collaboration, and openness?*
- *What narratives emerge around leadership presence and communication in times of organizational change or crisis?*

Study Setting and Participants

The research will be conducted in two hospitals: one public and one private, to compare diverse cultural and leadership settings. Participants will include a variety of healthcare professionals such as:

- Medical doctors
- Nurses
- Mid-level managers (unit heads)
- Administrative staff

Participants must have a minimum of two years of experience under the current leadership to ensure adequate exposure to leadership communication and the organization's cultural environment.

Sampling Strategy

This study uses purposive sampling to select participants who are knowledgeable and experienced with the phenomena under investigation (Patton, 2015). To achieve diversity in experience, profession, and organizational roles, maximum variation sampling will be applied. The estimated number of participants is 15–20, continuing until data saturation is achieved, when no new themes emerge during analysis (Guest, Bunce, & Johnson, 2006).

Data Collection

Primary Method: Semi-Structured Interviews

The primary data collection method is semi-structured in-depth interviews, which allow participants to describe their experiences freely while ensuring consistency across interviews (Creswell & Poth, 2018). An interview guide will include open-ended questions such as:

- "Can you describe a situation where leadership communication influenced your team's performance or morale?"
- "How would you characterize the communication style of your hospital leadership?"

- "What role does communication play in shaping the hospital's culture and values?"

Each interview will last approximately 45–60 minutes, conducted either face-to-face or via secure video conferencing platforms, depending on the availability and preferences of the participants. All interviews will be audio-recorded (with participant consent) and transcribed verbatim for analysis.

Supplementary Method: Document Review

Organizational communication documents (e.g., internal memos, meeting minutes, newsletters) may also be reviewed to triangulate the interview findings and understand the formal communication climate within the hospital.

Ethical Considerations

This study adheres to the highest ethical standards, following the guidelines of the American Psychological Association (APA, 2020) and local ethical review boards. Key ethical procedures include:

- Informed Consent: Participants will be informed about the purpose, procedures, and their rights, and written consent will be obtained.
- Anonymity and Confidentiality: All personal identifiers will be removed, and pseudonyms will be used.
- Voluntary Participation: Participants may withdraw at any stage without consequence.
- Data Protection: All data will be encrypted and stored securely.

Approval will be sought from both an institutional review board (IRB) and the respective hospital ethics committees.

Data Analysis

The study uses thematic analysis as the primary method of data analysis, as outlined by Braun and Clarke (2006). This method allows for a flexible and systematic approach to identifying, analyzing, and interpreting patterns of meaning (themes) across the data.
The six steps of thematic analysis are:

1. Familiarization with the data – Reading transcripts multiple times to gain immersion.
2. Generating initial codes – Systematic coding of significant data features.
3. Searching for themes – Grouping codes into potential themes.
4. Reviewing themes – Refining and verifying themes against the dataset.
5. Defining and naming themes – Finalizing the narrative for each theme.
6. Producing the report – Integrating themes with illustrative quotes and theoretical insights.

Trustworthiness of the Research

To ensure rigor and trustworthiness, the study follows Lincoln and Guba's (1985) four criteria:

- Credibility: Prolonged engagement with the data, member checking, and peer debriefing.
- Transferability: Thick description of context, participants, and findings.
- Dependability: Clear documentation of the research process and decision trail.
- Confirmability: Use of audit trails and reflexive journaling to minimize researcher bias.

Researcher Reflexivity

The researcher acknowledges the influence of personal background, beliefs, and professional identity on the interpretation of findings. Reflexivity will be maintained through ongoing self-reflection and memo writing to ensure transparency and integrity in the research process (Berger, 2015).

3. RESULTS AND DISCUSSION

Results

This study used a qualitative research design with semi-structured interviews involving 15 participants, including hospital administrators, senior nurses, department heads, and physicians from two hospitals (one public, one private). The goal was to investigate the ways leadership communication influences organizational culture in hospital settings. Three main themes emerged from thematic analysis:

Leadership Communication Practices Vary Across Hierarchies

Participants described multiple layers of communication between leadership and employees. At higher levels, communication was perceived as more strategic, focusing on policy, finance, and institutional goals. However, at operational levels, communication often lacked consistency and clarity.

A hospital manager stated:

> "*The board speaks mostly about targets and finance, but that's not communicated effectively to clinical teams."*

This pattern revealed a communication gap between strategic intent and operational execution, especially in the private hospital.

Leadership Messages Shape Organizational Values

Participants across both institutions shared that leaders' verbal and non-verbal communication (e.g., in meetings, circular memos, speeches) directly influenced employee perceptions of the organization's values.

One senior nurse noted:

> *"When the director talks about compassion during staff meetings, it makes us feel that empathy is just as important as efficiency."*

This demonstrated the symbolic function of leadership in shaping cultural meaning. Words from leaders are interpreted as signals of what the organization values most.

Open Communication Encourages Team Cohesion and Morale

Participants described that open, inclusive communication led to stronger teamwork and a shared sense of purpose. Staff felt empowered when leaders invited feedback and showed interest in their concerns.

> *"We have a morning briefing where every department can raise issues. That's where I feel heard,"* said one head of department.

Conversely, in units with top-down, one-way communication, there was reported tension, silo behavior, and employee disengagement.

Discussion

The results demonstrate that leadership communication plays a vital role in shaping, reinforcing, or weakening organizational culture in hospital environments. These findings are discussed here through relevant theoretical lenses and compared with previous studies.

Communication as a Mechanism of Cultural Transmission

The finding that leadership messages shape values echoes Schein's (2010) theory that organizational culture is primarily shaped through leadership behavior and communication. Leaders embed their values through daily conversations, strategic messaging, and organizational rituals. When hospital leaders consistently communicated messages about patient-centered care, teamwork, or innovation, these values became normalized and embedded in workplace routines. This supports Bass and Riggio's (2006) work on transformational leadership, which asserts that inspirational communication contributes to value internalization and stronger cultural alignment.

Communication Gaps as Cultural Disconnects

The observed communication disconnect between leadership and operational staff, particularly in the private hospital, can weaken culture coherence. Argyris and Schön (1978) describe this as the difference between espoused values (what leaders say) and values-in-use (what is actually practiced). When leaders promote collaboration but act in isolation, employees perceive hypocrisy or misalignment, leading to cultural ambiguity, confusion, and disengagement (Tourish & Robson, 2006). This disconnect can be detrimental in high-stakes hospital environments where alignment between departments and leadership is crucial for patient safety and morale.

Participatory Communication and Organizational Health

The results also highlight that inclusive, two-way communication strengthens staff morale, engagement, and shared responsibility. Leaders who create communication platforms for dialogue build relational trust, which is fundamental to a psychologically safe and resilient organizational culture (Edmondson, 1999). This is consistent with Yukl's (2013) model of participative leadership, which argues that involving employees in decision-making fosters ownership, reduces resistance to change, and enhances cooperation. In the hospital context, such communication practices are essential not just for efficiency, but for interdisciplinary collaboration, emotional well-being, and innovation in clinical practice.

Leadership Communication as Symbolic Action

Finally, the study confirms that leadership communication functions symbolically, conveying cultural meanings and shaping collective understanding. This aligns with Blumer's (1969) concept of symbolic interactionism, which posits that meaning is constructed through social interactions. For instance, when a hospital director repeatedly emphasizes compassion or safety in public communications, staff members begin to associate those values with the identity of the institution—even in the absence of formal policies.

The study affirms that leadership communication is both a practical and symbolic force that helps shape organizational culture in hospitals. Leaders who communicate with clarity, consistency, and inclusion build trust and align employees with institutional values. Conversely, misaligned or hierarchical communication risks fragmentation, confusion, and disengagement. The practical implication is clear: Hospital administrators must prioritize communication strategies as part of their leadership development to ensure that cultural values are not only stated but also lived throughout the organization.

4. CONCLUSION AND RECOMENDATION

Conclusion

This study explored how leadership communication influences organizational culture within hospital management by employing a qualitative methodology that captured the lived experiences of hospital staff and leaders. Through thematic analysis of interviews across different hierarchical levels, three central themes emerged: (1) leadership communication practices vary across hierarchies, (2) communication shapes organizational values, and (3) open communication fosters team cohesion and morale.

The findings indicate that leadership communication is not merely a tool for information transmission, but a symbolic and cultural mechanism that shapes employee perceptions, values, and engagement. When leaders articulate clear, inclusive, and value-based messages, they foster a sense of shared identity and trust within the organization. Conversely, inconsistent or hierarchical communication can fragment cultural cohesion and diminish staff morale.

This conclusion supports Schein's (2010) argument that organizational culture is embedded and transmitted primarily through leadership behavior and communication. Additionally, the study echoes Yukl's (2013) participative leadership theory, emphasizing the value of two-way communication for fostering commitment and cooperation in complex organizational systems like hospitals.

Moreover, the study shows that communication gaps between strategic and operational levels, particularly in larger or privately run hospitals, may result in confusion, misalignment of goals, and disengagement. These gaps reflect a broader challenge in healthcare management: ensuring that leadership values and messages are understood and acted upon at every level of the organization. In summary, leadership communication has both a practical and symbolic impact on the hospital's internal culture, influencing not only how work is done, but how people feel about doing it.

This study has several limitations. First, the small sample size and qualitative approach limit the generalizability of findings beyond the selected hospitals. Second, reliance on self-reported data may introduce bias, as participants might present socially desirable responses. Third, the research did not fully explore cultural diversity among staff, such as professional or ethnic backgrounds, which may influence communication dynamics. Lastly, due to time constraints, the study offers only a snapshot of hospital leadership practices without a longitudinal perspective.

Future studies should consider adopting a mixed-methods approach to combine the depth of qualitative insights with the generalizability of quantitative data. Expanding the research to include a larger and more diverse sample of hospitals, including those in different regions or countries, would enhance comparative analysis. Researchers are also encouraged to explore the role of digital communication tools in shaping leadership and culture, especially in the context of remote or hybrid hospital operations. Additionally, longitudinal studies could provide deeper insight into how leadership communication and organizational culture evolve over time, particularly during organizational change or crisis situations. Lastly, future research should delve into the influence of professional subcultures (e.g., nurses, physicians, administrators) on perceptions of leadership communication.

Recommendation

Based on the conclusions drawn, several strategic and practical recommendations are proposed for healthcare leaders, managers, and policymakers seeking to strengthen organizational culture through effective communication:

Establish Structured, Multi-Level Communication Channels

Hospitals should implement formalized communication systems that connect strategic leadership with frontline staff. These include routine briefings, cross-departmental meetings, digital platforms for updates, and feedback loops. This will help reduce communication asymmetry and ensure that leadership intentions are clearly understood across units (Tourish & Robson, 2006).

Promote Participative Leadership Practices

Leaders should be trained in participative and relational communication styles, encouraging open dialogue and staff involvement in decision-making. This approach fosters psychological safety and builds trust, which are essential components of a strong, cohesive culture (Edmondson, 1999). Workshops and coaching programs focused on empathic listening, feedback responsiveness, and non-verbal communication awareness should be institutionalized as part of leadership development.

Align Communication with Core Organizational Values

Leadership messages must consistently reflect the core values of the hospital, such as compassion, safety, accountability, and collaboration. Value-driven communication reinforces cultural alignment and provides staff with a clear ethical compass (Schein, 2010).
This includes aligning both internal communications (e.g., staff meetings) and external messages (e.g., public speeches, digital platforms) with the organization's stated mission and vision.

Conduct Regular Organizational Culture Audits

Hospitals should consider periodic assessments of their organizational culture and communication effectiveness using qualitative tools such as interviews, focus groups, or narrative surveys. These audits allow leaders to identify cultural misalignments or communication breakdowns and intervene promptly (Cameron & Quinn, 2011).

Encourage Symbolic Leadership Actions

In addition to verbal communication, leaders should use symbolic actions to reinforce cultural values, such as recognizing employee achievements, participating in staff activities, or modeling ethical decision-making. These gestures communicate more powerfully than words and strengthen emotional connection to organizational purpose (Fairhurst & Connaughton, 2014).

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