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Internal Communication as an Engagement and Networking Tool
In Lääkärikeskus Aava

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In this study the role and quality of Lääkärikeskus Aava's (Aava) internal communication was studied in relation to work engagement and networking of physicians (N = 8), who have had theirs doctor's office in Aava less than one year. In addition to the interviews, the physicians answered the shortened Utrecht Work Engagement Scale (UWES – 9) online. The study analyzed the role of the internal communication through three research questions: 1. What is the current state of the work engagement and networking of the physicians? 2. What is the quality of internal communication and how does it support networking and work engagement? 3. What kinds of internal communication tools are used and what kinds of improvements are needed?

The findings show internal communication plays a great role in networking and work engagement. In this practice-based study, Aava's internal communication was noted to be inadequate to foster its physicians professional or non-professional networking, even though the physicians appreciate networking high and their desire to network was strong with the exception of one interviewee. Because of the low level of internal communication and internal advertising quality, the physicians did not know each other well and their colleagues' specialties. This had a negative impact on part of the physicians patient volume and thus also for their work engagement. The work engagement was measured to be very high by UWES - 9, but the interviews didn´t fully support this result, by giving an image of only average-level of work engagement.

To support otherwise positive and warm communication climate, internal communication administration and tools should be modernized to meet the needs of expanded organization and high competence professionals. Modernization would require more dynamic internal communication approaches starting from effective internal advertising, transition to electronic data transfer and communication together with functioning electronic internal communication tools instead of usage of paper.

This study offers good starting points, when seeking ways to engage workers to organization through improved internal communication. However the study with a larger number interviewees, would give more generalized data to use in different organizations.

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1   Introduction

Health care is a growing business and the competition intensifies both in private and public sector, while the medical professionals have more possibilities to practice their profession, often in several places simultaneously. Especially private medical companies have to improve and even regenerate their competitiveness and strategy to maintain and attract the high-qualified physicians and other health care professionals.

Furthermore social and health care reform as well as fusions of some private medical companies affects greatly to the intensified competition. The competition of the largest number of patients means the competition of the best physicians, and the question is not how to get them, but how to keep and engage them. An employee engagement study, done by Harvard Business Review Analytic Services (2013) indicates, that major success factors in an organization are high level of customer service, effective communications and high level of employee engagement. The factors behind the organizational success can be read from the table 1. (Harvard Business Review 2013.)

High level of customer service	80 %
Effective communications	73 %
High level of employee engagement	71 %
Strong executive leadership	71 %
Efficient productivity	68 %
Continuous quality improvement	59 %
Ability to innovate	59 %
Strong sales and marketing capabilities	58 %

Table 1 Which factors are the most likely to bring success in the organization? (Harvard Business Review 2013.)

Though employee engagement is known to be crucial in companies' success, it is only infrequently researched. According to the Harvard Business Review (2013) employee engagement is in successful organizations continually researched by asking "pointed, clear questions that go beyond measuring satisfaction". Employee engagement is possible to measure by studying employees' vigor, dedication and absorption to their work, with the Utrecht Work Engagement Scale (UWES) designed to measure work

engagement. When knowing the level and quality of work engagement, the necessary improvement actions can be done efficiently.

Since employees work engagement and effective communications are one of the most important factors in organizational success, they are researched in this study. Also, because networking is known to support engagement, the status of networking is studied in relation to engagement and communication. The study is done to Lääkärikeskus Aava with the purpose to offer important information and tools to maintain as an attractive employer in intensified competition landscape of customers and best professionals. With the help of this study Aava is able to better target actions in the area of work engagement, internal communication and networking of the physicians of Aava.

1.1 Case Company: Lääkärikeskus Aava

This study was carried out to the Medical Center Lääkärikeskus Aava, which is a 50 years old family company, whose experts represent almost every medical specialty. Eila Aho, Matti Aho, Eero Vaheri and Juhani Aho founded the family company, and first letters of the founders last names formed name Aava, which was introduced as company's new name in 2012. Previously company was called Helsingin Lääkärikeskus. .

Aava is one of the largest private medical center networks in Finland. Through Aava's service network they offer a wide range of specialist and occupational health care services in Espoo, Helsinki, Hyvinkää, Järvenpää, Kerava, Oulu, Tampere, Tuusula, Turku and Vantaa. Aava's specialty clinics are orthopedic clinic, medical imaging clinics, fertility clinic, pregnancy clinic, wellbeing and sports clinic, gynecological clinic, travel clinic, MBS and diabetes clinic and gastroenterological clinic. Aava Terveyspalvelut group includes sister companies, Uudenmaan Seniorikodit as well as the affiliate companies Pikkujätti lasten- ja nuorten lääkäriasema and Docrates Cancer Center. (Aava 2016)

1.2 Research Problem

Many physicians of Aava are working simultaneously in several medical centers or hospitals in addition to Aava. The research problem is, that physicians having very little communication with co-workers and with the company, results to the fact that the phy-

sicians do not know each other well, i.e. are not networked, which leads to a poor work engagement. This study aims to discover a solution to the research problem by finding answers to the following three research questions:

1. What is the current state of the work engagement and networking of the physicians?
2. What is the quality of internal communication and how does it support networking and work engagement?
3. What kinds of internal communication tools are used and what kinds of improvements are needed?

This study aims to find out possible development areas in above-mentioned themes and provide important information to enable Aava to implement the necessary improvements. Consequently study aims to support Aava to retain and attract high competence professionals that are engaged to the company.

1.3 Thesis process

The study is divided into five chapters. In the first chapter subject, background and research questions are presented. The second chapter is literature review, that presents existing knowledge of work engagement, networking and internal communication. In the third chapter methodology of this study is viewed and the validity of the research method and the results are evaluated. Also the data collection and analysis can be found from chapter three. The fourth chapter presents the findings i.e. current state of Aava´s physicians´ work engagement, networking and the internal communication. Conclusions and suggestions can be found from the fifth chapter, which closes this thesis.

2   Existing Knowledge

This chapter is an overview of an existing literature and research of internal communication, networking and engagement. Chapter builds foundation for the study and introduces some of the key concepts in the areas of the study. This chapter consists of three subchapters, which are built around the three main themes. The first subchapter introduces the substance of work engagement and the three dimensions of it, which are used when measuring the level of work engagement. The second subchapter presents the literature review of networking and the effects of it in working life. The third and last subchapter portrays internal communication, especially from organizational point of view.

2.1   Work Engagement

> Employee engagement enables an adult, two-way relationship between leaders and managers, and employees, where challenges can be met, and goals achieved, whether it be improved patient care, higher quality, or more satisfied customers.
> (David MacLeod & Nita Clarke 2009)

Times have changed in the area of occupational health psychology from the time before the start of this century. Before the concern was in "ill-health and unwell-being", like for example cardiovascular disease, repetitive strain injury, and burnout, rather than the positive aspects. The positive organizational psychology took root in the beginning of this century, by focusing on the strengths of a worker and how the performance could be as optimal as possible (Bakker, Salanova & Schaufeli 2006). One element of this positive organizational psychology is the work engagement. Bakker, Salanova and Schaufeli (2006) have defined work engagement as "a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption". As MacLeod and Clarke (2009) define engagement, it is about creating opportunities for employees to connect with their colleagues, managers and organization. It makes people to do their best at work and creates more innovation. According to Bakker, Salanova and Schaufeli (2006) engaged workers "have a sense of energetic and effective connection with their work activities" and they know that they can handle their work. They also predicate, that "rather than a momentary and specific state, engagement

refs to a more persistent and pervasive affective-cognitive state that is not focused on any particular object, event, individual, or behavior."

When speaking about work engagement, its negative opposite – burnout – must be taken into account also. Work engagement has been said to be "the antipode of burn-out", by Bakker, Salanova and Schaufeli (2006) though it doesn´t mean that the employee is engaged if she / he is not suffering burnout. And vice versa, employee might not be engaged even if she / he is having burnout. According to Aakanksha, Renu et.al. (2013), engaged employee has a "high level of energy and strong identification with one´s work", while employee suffering from burnout feels exactly the opposite: low level of energy and low identification with one´s work. Workaholic is negative opposite to a work-engaged employee. Working is important for both of them, but workaholic doesn´t enjoy working. Bakker, Salanova and Schaufeli (2006) state, that because burnout and work engagement are two separate notions, they should be evaluated separately.

When looking at the effects of work engagement to employees' personal life, Bakker, Salanova and Schaufeli (2006) have found positive correlation between work engagement and self-efficacy. This phenomenon can be described as an "upward spiral", where self-efficacy feeds work engagement and work engagement strengthens ones self-efficacy. (Bakker, Salanova and Schaufeli 2006.) It has been also noted, that engaged employee is more pleased to her / his personal life and other roles in it.

In a working life, work engagement leads to higher productivity, fewer conflicts, lower employee turnover, lower accident rates and reduced sickness rates. Employees must feel respected, involved, heard, well led and valued by those they work for and with. Also the working environment influences to the employees so that they are motivated to connect with their work and really care about doing a good job (MacLeod and Clarke, 2009). According to Asplund and Brim (2009), employees need a feeling of belongingness to something bigger, which creates positive emotions, such as compassion and joy. That might explain the fact, that engaged employees suffer less of stress and they have "low levels of depression" (Aakanksha, Renu et.al. 2013). Engaged employees have also said to perform better and stay longer in the organization because of their investing and dedication to work. Engaged employees affects also by increasing customer satisfaction (Aakanksha, Renu et.al. 2013) (Asplund and Brim 2009), which is, according Harvard Business Review (2013), the most important factor behind suc-

cessful organization. Engaged employees often does personal initiatives more and their learning motivation is high (Aakanksha, Renu et.al. 2013), in addition they feel empowered, involved, emotionally attached and dedicated to the organization, and excited and proud about being a part of it (Mishra, Boynton & Mishra 2014).

Work engagement is essential for well-functioning organization and it should be developed continually. Employee engagement decreases withdrawals, saves costs of separation, replacement and training, improves loyalty towards the organization, and increases organizations success and competitiveness (MacLeod & Clarke 2009, Kataria et al 2013). Engagement has also been proved to foster emerge of innovations. Even 59 % of engage employees said, that their work encourages them to be more innovative, when in the group of disengaged employees only 3 % said to be creative in their work (MacLeod & Clarke 2009). Overall it can be argued that engaged personnel is one of the most valuable asset an organization can have.

An employee-opinion research study carried out by MacLeod and Clarke (2009) shows that the most important thing of organizational engagement was, that employees felt their senior management had a sincere interest in their wellbeing. Manager's attitude towards employees is researched to affect greatly on their level of engagement. Asplund and Brim (2009) stated based on the survey made by Gallup in U.S. (2009), that employees that were "ignored" by their managers were actively disengaged to their organization. In fact, employees whose managers concentrated on their weaknesses were less (22%) actively disengaged than those, who were completely ignored (40 % actively disengaged). As a comparison, employees whose managers concentrated to their strengths and positive characteristics, the active disengaged percentage was 1 %. The results are explained by the fact that employees want to matter. Employees want to be seen and heard and they want the feel of social cohesion. Those employees who were ignored, felt that they didn´t matter, as if they were just machines. When employees feel that they don´t play a great role, they suffer which, by the time, starts to show in organizations success. As the Gallup´s research proves, "customers suffer when they are served by disengaged employees" (Asplund & Brim 2009).

Building engagement starts from day one and the early experiences in a new working environment build the base. How the employee feels that she / he is part of the organizations working community effects how she / he has courage to communicate, both in

professional and non-professional ways. Internal communication is like glue that enables employee to engage to the organization and to network with others. One of the most important enablers of work engagement in addition to dynamic internal communication, are the managers of the organization. According to Cowardin-Lee & Soyalp (2011) rewarding which leads to employees work engagement is not economical, but psychological: "sense of meaningfulness, a sense of choice that represents opportunity, and a sense of competence and progress that are accomplishment rewards".

> Measuring satisfaction or morale per se does not tell you how employees are behaving – measuring engagement can go a long way towards doing so
> (MacLeod & Clarke 2009)

Though work engagement is not science (MacLeod & Clarke 2009) and it is versatile subject, it can be measured. Indicators to engagement are to measure sick days, statistics of injuries at work, turnover, customer satisfaction questionnaires and customer feedback (Ahonen & Otala 2005). One of the widely – both in Finland and abroad – used meters is the Utrecht Work Engagement Scale (UWES) invented by Wilmar Schaufeli. UWES measures employee's vigor, dedication, and absorption of work by multiple-choice questionnaire. Vigor stands in the UWES to evaluate workers energy, zest and stamina and is defined by Bakker, Salanova and Schaufeli as "high levels of energy and resilience, the willingness to invest effort, not being easily fatigued, and persistence in the face of difficulties". In addition to vigor, Bakker, Salanova and Schaufeli define dedication as a "sense of significance from one's work, feeling enthusiastic and proud about one's job, and feeling inspired and challenged." By measuring dedication of a worker, crucial information is provided about how worker identifies with her / his work in order to experience it meaningful, inspiring, and challenging. Dedication is also workers high level of enthusiastic and proudness about her / his work. In addition to vigor and dedication, the last definition in the area of work engagement is absorption. When a worker is "totally and happily immersed in one's work and having difficulties detaching oneself from it so that time passes quickly and one forgets everything else that is around", her / his absorption levels are high. (Bakker, Salanova & Schaufeli 2006)

2.2   Networking

> It's not what you know, it's who you know.
> (Buckley, Gibson et.al. 2013)

Aakanksha, Renu et.al (2013) indicate, that engaged employees are more willing to network in a working place. Also, networking increases the amount of engagement, so it can be said to be a valuable asset to an organization to invest on its workers' possibilities to network. Networking doesn´t work only on individual level by bringing a good self-esteem, increased visibility, increased power, career success, and salary progression (Buckley, Gibson et.al. 2013). It also creates success in an organizational level, operating among global environmental challenges. Companies should be able to create togetherness among the employees, so that the right people can be found more easily inside the company (Mustalahti 2012).

Nature of the work and profession defines whether the job is done individually or in a group. Often it is a combination of those two. For example physicians are working mostly alone on their own doctors' offices, but when doing a surgery, there are many professions involved i.e. a multiprofessional team. Networking with colleagues and other professions, makes the actual co-working easier and the possibilities to success increases. It can be argued, that networking in a working place is no longer an addition, but inevitable (Eve 2016), especially for physicians, when doing a medical care to a patient. There is more knowledge in a team and sharing it requires networks.

In addition to working together and by that increasing the chance of success, professional relationships increases job satisfaction (Casciaro, Gino et.al. 2016) and when job satisfaction increases, engagement strengthens. Society for Human Resource Management (2016) claims relationships with co-workers i.e. networking to be the most important conditions (77%) for engagement together with opportunities to use skills and abilities (77%) and feel meaningfulness of their job (76%). When an employee feels being a part of a working community, togetherness, she / he is more willing to invest more to the organization.

In many organizations the nature of the work, on the other hand, has become more independent; employees are able to do their job alone in their working places or even at home. Working shoulder-to-shoulder, face-to-face has decreased because of working remotely. This kind of a working style has increased the feeling of isolation and loneliness for many employees and increased the need of active networking. That´s why the natural need to belong to a community and decreased feeling of isolation has driven for example start-up organizations to gather under one roof. For example Finland has many these kinds of start-up- communities and the biggest can be found in Helsinki, the former Marian Sairaala. In Startup Maria operates currently 61 startup companies and 150 companies are on a line waiting completion of facilities (Kauppalehti 2016). Isolation can be seen as an opposite for networking. Impacts of isolation and feeling of loneliness have studied to even harm ones health, for example to the brain and cardiovascular system. Loneliness has also said to lower immune system (Goleman 1988). Loneliness decreases by increasing the amount of social contacts in one's network and by increasing the interaction in areas of emotional and social support (de Jong Gierveld, van Tilburg et. al 2006). Thus, to decrease the feeling of isolation, employees should be able to network consciously by participating in different social events and by communicating both professionally and non-professionally in and outside of the organization. Organizations, where the employees continually work isolated, should invest to offer forums where to network, for example education events, possibilities to introduce oneself to a bigger audience of colleagues, common breakfast-, lunch-, or coffee breaks, workshops, different kind of presentation etc.

Networking enables information exchanging and the professional knowledge widens as the information flows "between cross-functional, hierarchical and geographic boundaries" (Akhter, Siddique et.al. 2011). To enable employees to network without any impediment and through this engage more to the organization, organizations internal communication should work flawlessly. By understanding the important role of the internal communication both in employees work engagement and networking, the next subchapter explores it more deeply.

2.3 Internal Communication

> Internal communication has two main roles: spanning provision of information and creating of a sense of community within organizations.
> Karanges, E. et al. 2015

Due to the expansion of organizations, both nationally and internationally, the role of internal communication has increased and is required to work better and more dynamic. Employees no longer see each other as often around coffee- or lunch tables, yet the need to communicate and network exists. Also the nature of many professions needs integrated internal communication for information flow and cooperation, and obviously the need is even more significant for new employees, who are strongly dependent on internal communication and the information flow. Many health care professionals are working private and often at the same time in several medical centers. Working for several organizations gains versatile knowhow and expertise, of which organizations should take advantage. Efficient internal communication is one key element to obtain full capacity of professionals in use as soon as they enter an organization. In order to get all the benefits in use, internal communication should be versatile, dynamic and based on openness, trust and transparency. In such supportive internal communicational environment employees are able to network, engage and focus on their core work.

There are fewer challenges in internal communication flow, when working shoulder-to-shoulder. People can share silent know-how and thus continuous learning and engagement is supported (Sitra 2014). In health-care organizations physicians are often working in separate locations, in their own practice-rooms, which usually are in a number of different corridors on several floors. For people working primarily in separate locations, internal communication in it´s all forms is especially important for sharing, learning (Bobrow, Daniel & Whalen 2002) networking and engaging. Well-functioning internal communication is crucial especially for newcomers: silent information – know how - which a newcomer cannot find from a manual, is enabled by fluent internal communication (Sitra 2014).

Internal communication is an essential part of organized and well-operating organization. It creates and maintains social relations, multi-professional groups and teamwork and work-based learning. Information sharing and creating new knowledge is not possible without effective communication (Huotari, Hurme & Valkonen 2005). Though it is

known, how important transparent and fluent internal communication is in all levels of the organization, it is often taken for granted. As Keyton (2005) argues, internal communication is often lauded as an enabler for achieving organizational goals and on the other hand blamed as the root cause of various organizational problems. According to Hargie & Tourish (2009), when communication channels are open, individuals can articulate their needs, reduce uncertainty by getting more information, develop opportunities to influence the decision making process and satisfy the fundamental human need to make a difference. When communication flows fluently in an organization, professional and non-professional networking increases. Internal communication is all kind of interaction, occurring within the organization e.g. social media, intranet, phone, sharing silent know-how via "doorway discussion" and at coffee break, where different professional groups are sitting around the same table.

Various e-communication tools begin to be widely applied by contemporary organizations for interacting and sharing information. Researchers uncovered in an experiment with social media an interesting and unexpected outcome: "Employees were asked if using an internal social network had helped them learn about co-workers' skills, they all said "No". (Leonardi 2014)" Still they knew better, who co-worker could help them in different projects. The internal communication tool helped them to learn about co-workers workmanship in the process of professional or non-professional communication without them even noticing it. Their performance also improved (Leonardi 2014).

Regardless of the means of communication, the main purpose of internal communications is to engage and encourage the motivation and commitment of employees by ensuring an understanding of the company's objectives and goals (Quirke, 2008). Internal communication is important for building a culture of togetherness between management and employees, and it can engage employees in the organization's priorities. When employees get comprehensive information about organization's business, they feel more engaged than if they are only performing their own area, with "blinkers".

In this chapter the existing knowledge of the three main theme of the study has been presented. The literature review of work engagement, networking and internal communication serves a foundation to the next chapter, where the methodology and materials of the study will be presented.

3 Method and materials

The third chapter presents the research method and design of this study. The chapter consists of five subchapters. The chosen research design and methods are presented in the first subsection. The second subchapter includes the interviews design and interviewee selection. Also the questionnaires, measures and meters used in this study are presented in this subchapter. The third subchapter presents how the data was collected and in the fourth subchapter is viewed how the data was analyzed. The fifth subchapter evaluates the validity and reliability of the UWES - 9, of which scales were used as the measures of this study and the validation of the results gained from both UWES – 9 and from the interviews closes this chapter.

3.1 Research Strategy and Method

This practice-based study seeks a new kind of information of "practice and the outcomes of that practice" (Candy 2006), meaning, what happens in practice when policies are certain types? The aim in practice-based researches is to find "operational significance for that practice" that is researched (Candy 2006). As in this study, the question is to find more information about e.g. internal communications impact on the physicians' daily work.

To get as diverse information as possible and to use the strengths of both quantitative and qualitative methods, this study utilizes mixed methods. Quantitative method is used in a questionnaire, to get numerological data about the work engagement, which qualitative interviews support and explain, i.e. the cold quantitative data is warmed by qualitative interviews. Typical characteristics for quantitative research are e.g. the earlier knowledge of the theory, hypotheses, and the definitions of the terms. (Hirsjärvi et al. 2009) The Utrecht Work Engagement Scale (UWES), which scales are used in this study as a meter and forms the quantitative part of this study, offers numerological data, which is possible to compare to the data from earlier work engagement researches.

Interviews together with the Utrecht Work Engagement Scale – 9 as the chosen methodology, enables to obtain sufficient amount of relevant data and to keep quality rather high for analysis and to draw conclusions. With the chosen method, the intention is to find out detailed information regarding Aava's physicians work engagement, networking

and internal communication and thus to find possible improvement areas and to formulate straight development ideas. Qualitative interview questions enable measuring more abstract phenomenon e.g. work engagement, networking and internal communication between physicians and in the organization overall. Also, by interviewing, deepening the information (Hirsjärvi et al. 2009) gathered during the interview is possible, in according to get descriptive kind of information about feelings, attitudes and experiences, to develop ideas for necessary improvements actions (Higgs et al. 2011). The relation between work engagement, networking and internal communication is rather little studied, which justifies qualitative interview as a research method (Hirsjärvi et al. 2009).

According to Weiss (1994), qualitative interview allows us to create a picture of how the system works or doesn´t work. It gives us different points of views, because different people experience things in different ways. According to Taylor (2016) people do and say different things because they have different experiences and they "have learned different social meanings" (Taylor 2016). Take the example of a young physician who has graduated from Oulu University few years ago and has built her / his professional and social network in northern Finland area. Then she / he moves to the Capital area to start her / his own practice in a medical center with no existing professional network. She / he might feel, act and speak in a different way, than a physician with 30 years career worked in a big hospital simultaneously with the medical center, whose professional network covers nearly all the capital's physicians. In addition, according to Taylor (2016), race, gender and class play roles in how to experience things as well as interpretation and how to size up situations.

When doing a research with mixed methods, subjectivity exists always because of the qualitative method, and it can be seen both as a negative and positive aspect: when doing a research that should be generalizable, as little as possible subjectivity should exist. But according to Higgs et al. (2011), subjective experience offers "valuable insights", so it can be seen as an advantage. The researcher should be aware of this fact, for not to manipulate research results and in turn not to be afraid to be creative. In addition to chosen research strategy, positive and negative aspects occur in data collection also. Although there are many positive characters in doing a data collection by interviews and questionnaires, many challenges occurs also. These challenges are considered in a subchapter 3.5 Validity and Reliability.

There are four different interview-channels: face-to-face, telephone, email and the Internet of which telephone interview was chosen as a research method because of its character of rapid access to information. Also the long geographical distance between the interviewer and interviewees influenced to choose telephone interview. Although telephone interview is dynamic way to communicate, it allows only acoustic information to the interviewer and nonverbal information often passes unnoticed. That's why the interviewer has to be extremely sensitive about what to say and how to say it. Also the interviewer has to pay attention to what lefts unsaid by the interviewee, as well as tone of voice which to clarify if needed.

3.2   Interview Design and Interviewee selection

The interviewees were selected with the leading senior physician and senior physician of the specialist physicians of Lääkärikeskus Aava, at the first face-to-face workshop on 8.3.2016. In the workshop the current state of Aava's internal communication, physicians work engagement and networking was discussed and assumptions on behalf of Aava's management were performed. After the face-to-face workshop some discussion regarding the physicians' orientation phase and possible development measures in area of internal communication tools was communicated via email.

The focus group was chosen to consist of physicians, who have kept the doctor's office less than one year in Lääkärikeskus Aava and are medical professionals from various fields. Twelve (12) contacts of competent interviewees were received from Aava, of which eight (8) agreed to be interviewed. The variables were physicians' age, sex, specialization, length of career and the number of simultaneous receptions in different medical organizations. More variables were assumed to provide a wider view to the research questions. In addition, the focus group was thought to still have in a fresh memory the orientation phase, from which Aava needed also feedback. The phone interview questions were designed relying on the existing knowledge of internal communication, networking and work engagement.

Standardized, open-ended interview questions (Appendix 1) were planned together with senior physicians in a workshop and tested on co-students and the supervisor. The questions were focused by email with senior physicians after the face to face-

workshop. Also the answers gotten by phone interviewing Aava's former physician (11.3.2016) influenced to the final interview questions. Former physician's answers are not included to this study, but were given to the managers of Aava as complementary development ideas. The interview questions were modified slightly after the first interview. The aim was to get information about the work engagement and internal communication culture and climate, both in horizontal and in vertical directions, in addition to the influence and importance of networking among physicians.

Interviewee's identification number:

Duration of the interview:

Day- or evening physician:

How often she / he keeps the office in Aava:

1. Do you have a doctor's office elsewhere in addition to Aava? Can you compare the internal communication in these different locations?

2. How do you think about the internal communication of Aava? How could the flow of information be improved?

3. How do you feel your ideas are listened, and with whom would you like to communicate about them? How regularly?

4. Why do you want to keep the doctor´s office in Aava? Positive things / things to be improved?

5. How do you feel you were welcomed in Aava, and how did you network in the beginning?

6. Do you feel the need to network with your colleagues? Do you have ideas on how it should be done?

7. Would you like to get systematic feedback about your work and how? Do you need some kind of assistive device from Aava?

8. Where do you see yourself working after five years? Further in Ava? Why / Why not?

9. Finally, is there something you would like to add, ideas etc. which I didn´t ask?

Appendix 1 Interview Base

The interview consisted of nine (9) standardized, open-ended qualitative questions. The relation between internal communication, networking and work engagement of the physicians were interviewed with the help of questions 1. to 8. and finally with the help of question 9. the physicians were able to give improvement ideas and suggestions to Aava's management. The level of work engagement was interviewed and complemented with shortened online Utrecht Work Engagement Scale (UWES - 9), to get the comprehensive and more detailed picture about the level of physicians' work engagement. The Utrecht Work Engagement Scale – 9 was used to supplement the information gathered from the interviews and to define physicians work engagement through measuring their vigor, dedication as well as their absorption of their work.

The Utrecht Work Engagement Scale is primarily intended for research use and it is widely used both in abroad and in The Netherlands, where it was discovered in 1999. The original UWES contained 24 questions, which was designed as the opposite, i.e. positively rephrased scoring to Maslach Burnout Inventory (MBI; Maslach, Jackson & Leiter, 1996) and it included vigor aspects with 9 questions and dedication with 8 questions (Bakker, Salanova and Schaufeli 2006). Seven questions out of original 24 were found to be unsure after psychometric evaluation, so they were deleted and 17 questions remained: 6 vigor questions, 5 dedication questions and 6 absorption questions. This UWES – 17 is still in use although subsequent psychometric analyses uncovered two more questions unsure of this scale. So now also UWES – 15 has been used in some latest studies (Bakker, Salanova & Schaufeli 2006). Later the Utrecht Work Engagement Scale was shortened to contain 9 questions, three questions from each three characters. This shortened version has been proven to be even more reliable than the original, since the structure remains the same at different times and in different groups (Bakker, Salanova & Schaufeli 2006). It is also easier to engage employees to answer to the shortened questionnaire, because it takes only 2 - 4 minutes.

In this study, the UWES - 9 (Appendix 2) was entered in online web page Survey-Monkey® in Finnish by the researcher. After that the invitations were sent to the physicians' emails, to answer an online UWES – 9 in SurveyMonkey®. The link to the survey was in the invitation email. The survey was presented and the instructions to fill the UWES - 9 were in the invitation email and in SurveyMonkey®s web page. Each participant answered questions anonymously online.

Work & Well-being Survey (UWES) ©

The following 9 statements are about how you feel at work. Please read each statement carefully and decide if you ever feel this way about your job. If you have never had this feeling, cross the "0" (zero) in the space after the statement. If you have had this feeling, indicate how often you feel it by crossing the number (from 1 to 6) that best describes how frequently you feel that way.

0	Almost never 1	Rarely 2	Sometimes 3	Often 4	Very often 5	Always 6
Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Everyday

1. _____ At my work, I feel bursting with energy
2. _____ At my job, I feel strong and vigorous
3. _____ I am enthusiastic about my job
4. _____ My job inspires me
5. _____ When I get up in the morning, I feel like going to work
6. _____ I feel happy when I am working intensely
7. _____ I am proud of the work that I do
8. _____ I am immersed in my work
9. _____ I get carried away when I´m working

Appendix 2 UWES - 9

Many studies have been made about the validity of the Utrecht Work Engagement Scale, both in Finland and abroad. The validity of UWES - 9 is considered in the subchapter 3.5 Validity and Reliability of the Meter and the Research.

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3.3   Data Collection

The data for this study was collected between March and June 2016. The physicians were informed twice before the telephone interview: first the management of Lääkärikeskus Aava informed them by email- and paper notes, and the second time the interviewees received an e-mail from the researcher, with the suggestion to the interview time and the interview questions to read through. This was done in order to ease the start of the interview and orientate the interviewees to the subject. The actual telephone interviews started on 10.5.2016 with a short introduction of the participants and the research theme, in order to provide an open and confidential communication flow. The last interview was made on 8.6.2016. The interviews were done in Finnish.

To keep the interview conditions as identical as possible, the questions were presented to all interviewees as they were written and possible additional questions were presented after the interviewee was ready with the original questions. Physicians interview circumstances varied greatly. Some interviewees had reserved an hour of her / his time for the interview without distractions. Others were answering in a hurry or tired after working day, or in a car on her / his way to a surgery. The interviews lasted from 10 minutes to 45 minutes. The answers were written down on the computer contemporaneously, as word for word as possible. The names of the interviewees were changed to identification numbers and the names were removed as a privacy policy. Also physicians' specializations were not noted.

Substantive aspects of the data collection are collected on the Table 2 below. The data collections via Utrecht Work Engagement Scale (UWES - 9) are included to the table. Interviewees answered to the UWES - 9 mostly in May, and two more responses were received after sending the reminder invitation on June. More about the UWES – 9 can be read after the Table 2 Substantive aspects of the data collection. The management of Aava got the responses regarding to the interviews on 7.9.2016 via email, in order to make the necessary acts as soon as possible.

Data Round	Data Type	Data Source	Date & Approach	Recording
Data 1	Workshop	Leading Senior Physician & Senior Physician of the	08/03/2016 Face2Face 10/03/2016 Email	80 mins: Notes
Current state analysis	Interview	Former Physician	11/03/2016	57 mins: Notes
Current state analysis	Interview	Focus Group	10/05/2016 Tel 17/05/2016 Tel 17/05/2016 Tel 27/05/2016 Tel 31/05/2016 Tel 01/06/2016 Tel 07/06/2016 Tel 08/06/2016 Tel	40 mins: Notes 20 mins: Notes 30 mins: Notes 45 mins: Notes 30 mins: Notes 20 mins: Notes 10 mins: Notes 15 mins: Notes
Data 2	Invitation to the online UWES - 9 Reminder invitation sent of the UWES- 9	Focus Group Focus Group	09/05/2016 20/06/2016	
Informing about the results	Email	Leading Senior Physician & Senior Physician of the Specialist Physicians	07/09/2016	

Table 2 Substantive aspects of the data collection

3.4   Data Analysis

The data was analyzed by reading the interview- and Utrecht Work Engagement Scale (UWES - 9) answers through several times to get a holistic picture. Also the time the physicians had used to answer the questions was observed, though it was noted to be impossible to create generally applicable correlation between the times spent to answer to the questions and the quality of the answers. Thus the times spent to answer the UWES - 9 were ignored in the actual data analysis. After constructing the holistic picture of the answers, the data was organized i.e. coded (Hirsjärvi et al. 2009), to make it possibly to analyze. Meaningful words were picked from the interview- and UWES - 9 answers and they were evaluated and compared to the research questions. Answers that were not answering or containing same words than the research question, were not paid attention or just left to support the appropriate answers. All the answers were taken into account when searching suggestions for improvement. To protect the interviewees' identity, the information about the physicians working hours and whether they had their doctors office on day- or evening time, were eliminated.

3.5   Validity and Reliability of the measures and the Research

The validity and reliability forms the core of the research in question. In this chapter, the validity and reliability both of the meter used and the whole research is considered. First the validity and reliability of the UWES - 9 is reviewed. The evaluation of trustworthiness of the whole research closes method and materials – chapter.

According to Hakanen (2009), when evaluating Utrecht Work Engagement Scale´s internal consistency and persistence, the coherence between the work engagement dimensions is noted to be good both in the original 17 questions questionnaire and in shortened 9 questions version. Cronbach´s alpha seems to be roughly as good in both versions. The shorter version, which is used in this study, has been found to be even more reliable than the original, because it remained same all the time at different times and in different groups. (Hakanen, 2009)

According to the research data (N = 16335) of Institute of Occupational Health in Finland (Hakanen 2009), the internal cohesion of the UWES – 9 scales was in Cronbach`s alpha over 0,8 i.e. good. Alphas were to vigor 0,83, dedication 0,85 and absorption

0,79. The sum of the variable of the whole work engagement was 0,91 in Cronbach`s alpha. Also the repeat measurement reliability has been good both in international and Finnish researches. According to many international researches, work engagement can be seen to be fairly permanent status, though there emerges small daily or weekly fluctuations (Hakanen 2009). In research done in Finland for three years, work engagement dimensions persistence correlation was good: 0,67 – 0,71.

In this study the usage of the UWES - 9 could have been misleading for two reasons. Firstly, the researcher was not present while the physicians answered the online Utrecht Work Engagement Scale - 9 in non-controlled conditions. The physicians were instructed how to fulfill the scale both by e-mail and in the beginning of the online Utrecht Work Engagement Scale. However, it was not possible to the researcher to ensure, that everyone paid the full attention to answer to the questions. Secondly, one significant instruction was left to given: to answer only in relation to Aava. Almost everyone was having their doctor´s office simultaneously elsewhere in addition to Aava, so the answers were potentially given in generally, practicing the medical profession and not especially in Aava. This might have affected the answers.

Validity and reliability of the research is crucial so that the research is repeatable. However, as Morrow (2005) claims, qualitative researches cannot be repeatable in its "conventional sense". The researcher bias is always presence starting from the data collection. Trustworthiness in qualitative study depends mostly of the workmanship of the researcher (Hirsjärvi & Hurme, 2008), which in this mixed methods- case is partly confirmed with the numbers, as in quantitative researches. In addition to emphasized role of the researcher in this study, limitations to the repeatable and generalizability creates the data analysis (chapter 3.4). In the data analysis the emphasis might be in the areas, which the researcher finds interesting and important, although the aspiration in qualitative researches is always to be as objective as possible. Also, translation of the answers from Finnish to English can be seen to have an impact to the trustworthiness, as the right kind of words and shades of them varies, depending on language.

Some challenges occurred in the actual interview situations, because all the physicians' didn´t have the same interview settings. Some interviewed physicians had reserved an hour for a telephone interview, so there was no interruptions or interferences and the atmosphere was calm. Few physicians gave the interview in a car on her / his

way to a surgery, thus their concentration was perhaps not fully focused on the interview.

This chapter has portrayed the methodology used in this study. The strategy of the research has been justified and the interview set explained. The data collection and analysis were brought out and the trustworthiness of the study was presented and reflected. The method and materials chapter outlines the next chapter, where in the findings will be presented.

4   Findings

This chapter presents the current state, i.e. findings from the interviews and UWES - 9. The findings are divided into three subchapters by the themes of this study. The first subchapter focuses on the physicians' level of the work engagement. Here the answers are assembled from the interviews and online UWES - 9. The second subchapter elaborates on the relation between internal communication and networking. Also the networking culture and the interest of the physicians to network are discussed. The third subchapter discusses about physicians experiences about Aava's internal communications quality in order to support physicians' daily work. This discussion centralizes to the internal communication tools and generally to the atmosphere of internal communication. The answers to the research questions are found in the summary of this chapter. The themes are partially dependent on each other, so even though findings are presented separately, some repetition and overlapping occurs.

4.1   Current State of Physicians´ Work Engagement

According to physicians' interview, the level of physicians' work engagement seems to be moderate. Many physicians praised the social atmosphere of Aava. Half of the respondents would see themselves working in Aava, when asked where you see yourself working in five years.

> The atmosphere is friendly and deferential. Not a single bad experience with anyone. Centres are in good locations.
> Still in Aava, no need to go to competitors. (When asking, where do you see yourself working after five years?)

> I see a lot of potential in Ava and opportunities to expand operations.

On the other hand, three of the respondents answered to the same question, that they would stay in Aava, if they would not get a better offer from some other medical center of hospital. One respondent answered, that she / he would stay in Aava only, if the patient volume rises.

> Aava's patient volume is very low and I am now starting reception also in organization X. Unsure to continue reception in Aava when there are no customers…however, there is very much interest of this specialty in organization X and the internal advertising there has already started.

> If everything goes smoothly and there are patients, then I am staying, but if the public side offered something (social- and health care reform), changes can always occur.

The general atmosphere of the interviews was positive and some kind of an expectant shade towards what Aava has to offer was also noticeable. Next the work engagement findings are viewed by the results of UWES - 9.

Utrecht Work Engagement Scale's (UWES - 9) results are indicative, because of the small volume of respondents. Six (6) out of eight (8) interviewed physicians answered to the UWES – 9. The results gained from the online UWES survey, are shown in table 3. All the nine (9) questions can be viewed separately and the physicians' answers to the multiple selection questions are gathered together and weighted average is calculated. The table 3 is from the web site, where the physicians answered anonymously (https://www.surveymonkey.com).

	Never	A few times a year or less	Once a month or less	A few times a month	Once a week	A few times a week	Everyday	Total	Weighted Average
At my work, I feel bursting with energy	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 3	50.00% 3	6	5.50
At my job, I feel strong and vigorous	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	50.00% 3	50.00% 3	6	5.50
I am enthusiastic about my job	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16.67% 1	83.33% 5	6	5.83
My job inspires me	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	33.33% 2	66.67% 4	6	5.67
When I get up in the morning, I feel like going to work	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16.67% 1	83.33% 5	6	5.83
I feel happy when I am working intensely	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16.67% 1	83.33% 5	6	5.83
I am proud of the work that I do	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16.67% 1	83.33% 5	6	5.83
I am immersed in my work.	0.00% 0	0.00% 0	0.00% 0	0.00% 0	16.67% 1	16.67% 1	66.67% 4	6	5.50
I get carried away when I´m working	0.00% 0	0.00% 0	0.00% 0	0.00% 0	0.00% 0	33.33% 2	66.67% 4	6	5.67

Table 3 The Work Engagement of Aava's Physicians

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As it can be seen from the table 3, the weighted averages are very high. Calculating the average values together and dividing it by the number of questions, resulting it 5,68, obtained the average of Aava's physicians work engagement. Emphases of the answers are on "Everyday" and on "Few times a week". Only one response is on "Once a week" and that is the lowest response in any sector.

The data gained from Aava's physicians' answers, was compared to the norm scores of Bakker, Salanova & Schaufeli (2006) on the table 4 (Norm scores and Aava's scores). Aava's physicians answers were compared also to the data gained from a relatively larger amount of respondents (N = 36), which are the results from four different UWES- surveys, collected by the University of Jyväskylä, from the health care organization´s physicians (Table 5 Data comparing). When taking a closer look at the physicians' answers on the table 4, it can be seen that the results are in every engagement factor "high" or "very high". Norm scores to "high" vigor are 4.81 – 5.65, while Aava's physicians' vigor is 5.61. In dedication norm scores to "very high" are equal or more than 5.70 and in that factor Aava's physicians got 5.77. Norm scores in "very high" absorption are equal or more than 5.34 and Aava's scores are 5.66. Aava's total score in work engagement is 5.68 when the norm scores in that area is equal or more than 5.51. On the table 4 is compared three different work engagement factors: vigor, dedication and absorption between the norm scores and Aava's scores.

	Norm Scores: Vigor	Aavas Scores: Vigor	Norm Scores: Dedication	Aavas Scores: Dedication	Norm Scores: Absorption	Aavas Scores: Absorption	Total score	Aavas Total Score
Very low	≤ 2.00		≤ 1.33		≤ 1.17		≤ 1.77	
Low	2.01 – 3.25		1.34 – 2.90		118 – 2.33		1.78 – 2.88	
Average	3.26 – 4.80		2.91 – 4.70		2,34 – 4.20		2.89 – 4.66	
High	4.81 – 5.65	**5.61**	4.71 – 5.69		4.21 – 5.33		4.67 – 5.50	
Very high	≥ 5.66		≥ 5.70	**5.77**	≥ 5.34	**5.66**	≥ 5.51	**5,68**

Table 4 Norm Scores and Aava's Scores

When comparing on the table 5 the data gained from Aava's physicians' answers to the data Jyväskylä University collected from physicians, it is noticeable that Aava's scores are higher in every work engagement –factor. The differential between Jyväskylä and Aava N – number must be taken into account when viewing the table 5.

Data	N	Vigor	Dedication	Absorption	Total
Jyväskylä	36	4.68	5.07	4.50	4.73
Aava	8	5.61	5.77	5.66	5.68

Table 5 Data comparing

As a conclusion it can be argued, that the work engagement of the Aava's physicians seems to be relatively high according to the UWES - 9, but only moderate, when viewing the interview answers. The low patient volumes and interesting offers elsewhere affect negatively to the physicians decisions to stay in Aava. Because networking influences also to the work engagement, the level and status of networking is reviewed in the next subchapter.

4.2   Current State of Networking in Aava

> It would be better and patient's benefit, if there would be more consulting. Also, it is good to learn to know one better, in order to dare to consult.

Networking was discovered to be "first-rate important" to almost all. Many physicians hoped Aava to organize more networking opportunities, for example training and presentation events and meetings. Seven out of eight physicians said, that they need more social interaction with colleagues. It was claimed, that when the physicians need to consult or they need help from assistance personnel, all of them don´t know who to turn to. It was also stated, that physician's don´t know who are working in the organization and what their specialty is. Physicians not knowing each other drive them to send patients to other medical centers or hospitals for follow-up care instead of Aava's own specialists. This partially drives insufficiency of patient volume among Aava's own specialists.

> In x, y, and z –organizations the internal advertising works well, but in Aava they are not advertising specialists or other physicians at all.

> Networking events could be organized in connection with medicine-presentations.

Many of the interviewed physicians actively seek opportunities to network with other physicians. Strong feeling of being alone in a doctor's office was noted from many interviews. Many had already thought ideas to foster networking possibilities in Aava, which were discussed in the interview. Common lunch was said to be a good networking channel, although not everybody had possibility to join common lunches. Often the reason was the challenges in timing, because many interviewed physicians had their doctors' office in the evening. Coffee room was said to be a good place to meet other practitioners and network, though there was the same timing challenge than with common lunches. Some physicians were sorry that in the evening the coffee room was empty and possibilities to network non-existing.

> I've networked in the coffee room well and I feel that Aava has a friendlier climate than the other (medical centres I´m working in). New practitioners are greeted very warmly.

Some physicians appreciate wide professional network so high, that they organize networking events in their own private time.

As a summary it can be stated that the strong need to network exists among the physicians, however at the moment Aava doesn´t actively support its physicians networking. Networking could be seen as a supportive element to the internal communication and vice versa. Currently networking leans to the physicians' own spontaneity and efforts. Networking forum, where positive communicational atmosphere could be used to foster engagement and internal communication both professionally and informally, together with reducing the feeling of loneliness, is needed.

4.3 Current State of the Quality of Internal Communication

Horizontal communication limps, vertical works well.

Internal communication plays a great role in everyday work of Aava's physicians. The nature of the work requires fluency and a high quality of internal communication: it should work immediately when needed, in consulting or in assistance actions. According to the interviews internal communication culture in general is open and positive, but the communication tools have a lot of room for improvement. The poor quality of internal communication tools and poor usage of them affects negatively to job satisfaction and thereby also to work engagement and networking.

Communication culture in Aava was said to be open, warm and natural with "positive, supportive atmosphere", even the best they have experienced compared to other medical centers or hospitals. The threshold to contact other physicians was said to be low. Some of the interviewees said that they feel it easy to consult the physician next room, by knocking on the door, so that the patient can be treated as far as possible in-house. The nurses got a lot of positive feedback, what comes to internal communication and promotion the new physicians. Nurses often help finding missing medical devices, help to find the right physicians whom to send a referral and "they know everything about everything in the house" (interviewed physician).

The nurses have courage to correct the physician, if she / he is making a mistake, and the physicians feels also easy to give feedback to the nurses.

I need closer interaction with the staff. It feels distant, they sitting in receptions glass booths.

Aava's internal communication tools (phone-, email-, and intranet) were discovered to be rather old fashioned with paper phone- and e-mail directories, which are not up to date. Therefore some of the interviewed physicians end up calling to several different numbers before getting help or even seeking assistance from the corridors, leaving a patient alone in the consulting room.

Sometimes I have to wait for a long time for someone to answer the phone and I have to call many different numbers before I get the answer I need.

Telephone communication is challenging for not knowing whom to contact.

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Challenges in Aava's e-mail system have caused problems to all interviewees. Some have not been on mailing lists and some did not even have e-mail addresses in the beginning, so a lot of important information was missed. Some of the interviewees' don´t use e-mail at all.

> I asked many times to get to mailing lists, and only now (5 months after starting in Aava) I'm in all those lists where I should be.

> Access to e-mail lists; it took half a year, which is why a lot of information has passed. I did not even know of the existence of groups.

Also Aava's intranet is not in active use by half of the respondents. It turned out that many of the interviewees' didn´t even open the intranet during the whole day. Then again, some of the interviewees hoped Aava to inform more via intranet and advertise new physicians and theirs specialty. Also information about Aava's meetings, medicine-presentation etc. were hoped to be informed in intranet and not via paper notes on notice board.

> I need more information on intranet. If I don´t remember to go downstairs and check the notice board, whether there is a medicinal product-presentation etc., the opportunity will pass.

> I don´t use Aava intranet, because I don´t remember it exists. Communication via paper is not modern way of working.

Also Aava's internal advertising of physicians' workmanship seems to be inadequate. New physicians are presented in Aava's own internal paper-magazine and in the orientation walk around. Those at practices were seen inadequate. Many specialists are now suffering from a lack of customers, because other physicians' don´t know what kind of specialists exist in Aava. Some physicians had already thought development ideas on the internal communication and how to improve internal advertising in order to get the high workmanship of specialists utilized and increase practitioners sitting in their offices alone. Nurses were praised for their active role in area of internal advertising, informing about new physicians and their workmanship.

> I'd rather use the time I spend on call, in the operating room using my specialization.

> It would be a good idea (in area of internal advertising) to put for example links to the videos, where the physicians perform operations etc.

> I would have liked more systematic way on orientating.
>
> Proposal to Aava, would be a push button or a program in the computer, as a quick call for a help or assistance.

The climate and atmosphere of internal communication culture in Aava is good, but the lack of dynamic internal communication tools prevents the internal communication flow to operate to the fullest. The lack of dynamic internal communication leads to a poor internal advertising of the new physicians and theirs specializations. This is particularly worrying, because if the practitioners' can´t use their full workmanship, their work engagement decreases and they start to look job opportunities outside Aava.

As a summary and as an answer to the research questions it can be argued, that there are challenges in Aava's work engagement, networking and internal communication. Networking has been found to be a significant factor of work engagement, but according to the interviews, possibilities to network in Aava are weak and networking seems to lean on the physician's activity, without active support from Aava. The physicians are arranging networking possibilities and events themselves. Though various kinds of events or internal advertising of the new practitioners and their specialty would enable physicians networking, active efforts for this have not been done. The fact that physicians don´t know each other's, increases the loss of customers. The inadequate amount of patients seems to lead to a low level of work engagement and the poor quality of internal communication further weakens the low level of work engagement and networking. The communication climate is positive, but it cannot be fully utilized, because of the poor quality or lack of functioning communication tools. Phone and papers as a communication tools were noted to be not functioning nor modernity.

This chapter has presented the findings of the research and the improvement ideas for work engagement, networking and internal communication are presented in the next chapter. The next chapter aggregates the results and concludes the study and highlights a few improvement ideas to Aava.

5   Conclusions

The last chapter consists of two subchapters. The first subchapter presents and discusses the main findings based on the interviews and the UWES – 9. The second subchapter seeks to find improvement suggestions collected from the physicians as well as concluded by the researcher.

5.1   Main Findings

The research was conducted to find out the current state of Aava's physicians work engagement and networking, in addition to how the internal communication works and supports them. Also the physician's opinions about the internal communication tools and the functionality of internal communication were studied. This chapter presents and discusses the level of physicians work engagement and networking. According to the study, the quality of the internal communication affects strongly to the level of the work engagement, and is one of the determining factors in networking, which is why dealing of the themes partially overlaps. Finally the conclusions are drawn in the area of internal communication quality and tools.

According to the UWES - 9, the physicians work engagement level is very high, even better than average. However, as in the chapter 3.5 "Validity and Reliability of the measures and the Research" was discussed, the physicians might have answered to the UWES – 9 based on their general work engagement on practicing the medical professional, instead of work engagement towards Aava. This might explain, why all the physicians' weren´t as strongly engaged to Aava when interviewing them, as the UWES –results showed. Some of the interviewed physicians said straight, that they are very satisfied on Aava, while some of the physicians were very dissatisfied with the amount of patients, which effected negatively on their work engagement in Aava. Some of the physicians were also ready to move theirs doctor's office to another medical center, if a better offer occurs.

Most of the physicians claimed both the poor internal communication and internal advertising to be a significant reason for a low amount of patients. The internal communication is not actively used to advertise physicians' specialization or to advertise new physicians over all, so the physicians' don´t know their colleagues. The internal adver-

tising is mainly handled in the Aava's own internal paper magazine and in the orientation walk-around in the building, where physicians are having their doctor's office. This practice was felt insufficient by most of the physicians. Overall the whole orientation procedure got negative feedback, for being too short, perfunctory, having a lack of IT-support or training of the new programs and having no dynamic approach in advertising new physicians or other practitioners. The nurses promoting new physicians was highlighted, though it should be complemented with dynamic or modern ways.

The physicians poorly knowing each other, affects negatively at least in two ways. Firstly, physicians don't get referrals from another physicians. If a specialist doesn´t get referrals because others do not know her / him, she / he will leave soon to a hospital or other medical center, wherein at least a reasonable amount of patients and income is secured by a functioning internal advertisement. This leads Aava to lose its diversity in physicians. Furthermore, when physicians do not know Aava's own specialists, they are forced to send patients to other medical centers. Referrals going outside Aava, to hospitals or to a colleague physicians known in another medical center, results Aava to lose their patients and eventually also physicians too.

Secondly, if physicians don´t know their colleagues or other practitioners, they do not know whom to consult. Consultation is a tool to improve the quality of the care by increasing the right diagnosis and designing the right kind of a care path to a patient. If consulting is difficult or even prevented, a patient doesn´t get the high quality medical care and might be forced for several visits instead of she / he is treated as far as possible during the same visit. A positive example of this is one interviewed physician, who consults the physician next door, to secure as pleasant and complete visit to the patient as possible. On the other hand, some of the physicians end up wondering to the aisle seeking for help, when not having a proper network or at least elementary telephone directory.

According to the interviews, physicians find networking – both professional and non-professional - very important and they try to network actively on their lunch- and coffee breaks. Physicians see networking for example as a way to lower the threshold to consult. Physicians often mentioned in the interviews, that when the physician knows her / his colleagues, consultation gets easier. In addition, networking increases job satisfaction, which is related to work engagement, so it should be prioritized as one of the most

important internal resource for the organization. According to the interviews, the physicians need to network hasn´t been taken into account nor actively supported by Aava, and organized networking events are not arranged on behalf of Aava. To support physicians networking in many ways could be seen as a sustainable development also in work engagement. By only relying on the physicians' own initiative when networking, ignores those physicians who are not skilled in making social connections and network, yet their urge to do a high-quality medical work – which professional networking and consultation supports - exists.

Finally, the quality of internal communication tools seems not to be up-to-date or they are inadequate used. Starting from the paper phone-book which is distributed in the orientation procedure, was claimed to be not updated and was even missing concerned physicians information. Partly related to the orientation, connecting to the e-mail groups failed in case of every interviewed physician. Physicians were forced to request and remind several times, that they still are not in the groups they should be and are missing important information because of that. In some cases even after six months relevant activities were done. Also the usage of paper as a communication tool, was claimed not to be contemporary. Often the meetings are informed by a paper note on a notetice-board, which some interviewed claimed to be a bit strange, for if a physician didn´t pass the notice board every day, information left unnoticed. For example pharmaceutical presentations are often informed only on the notice-board. Usage of Aavas own intranet would also seem to be deficient and many physicians were hoping to have more information via intranet instead of paper notes. On the other hand, many physician didn´t even open the intranet during their doctor's office.

Lääkärikeskus Aava seems to have the same kind of a strategy in networking practices and internal communication, as have been when the organization was smaller, under the one roof. While the organization has expanded over the last 50 years, the organizations internal strategy is dragging behind and has to elaborate, to meet the needs of the practitioners and to engage them to the organization. The role of private medical center is not anymore to be a passive platform to physicians to do their medical work, but actively support them in any ways to do their best, engage and build their network so that both physicians and the organization benefits.

This chapter has discussed the results of the study to elaborate a clear picture of the current state, from where to make improvement ideas and suggestions. Suggestions, made by the physicians and the researcher, are presented in the next subchapter.

5.2   Suggestions for Development

This chapter presents the improvement ideas based on the results gained from the research. According to the literature review and the researches done in the study, internal communication, work engagement and networking seem to have a strong connection to each other and if one of the three factors is not working successfully, it effects negatively for the other two factors. Therefore it can be argued, that improvements done in the one factor, enhances the quality of others. The fact, that physicians in Aava feel uncomfortable, when seeking assistance or consult, indicates that imrovements should be done as soon as possible. As Mustalahti (2012) stated, companies should be able to create togetherness among the employees, so that the right people can be found more easily inside the company. Because of networking and work engagement dependency on communication, improvements should be started from there.

Firstly, starting from the internal communication tools, which should be modernized. The medical profession is very patient orientated and the internal communication tools should support the work flow and not to come in between of patient and the physician as it seems to be now. The best practices applied by other companies in health business sector or even other sectors, might be applicable to Aava. For example in Sitra is simultaneously running over hundred projects and they have start using tools to share good practices (an effectiveness bank "VAPA" and internal blog) and to improve their internal communication. As a result different teams are able to use effectively others know-how in various areas. Furthermore spreading information of good practices and successful outcomes gets easier. (Halenius 2014) Another example of a modern internal communication is multi-functional applications, such as Skype for Business, which is used for instant messaging, audio and video calling and online meetings, or Yammer, which is an enterprise social networking service and also in use in Sitra. (Halenius 2014) These kinds of tools would support actively internal advertising and raise the communication possibilities even for them, who are having their doctors' office evening time, when the coffee rooms are empty.

As an improvement idea to Aava, one of these or similar kind of a tool would be introduced as a part of the intranet, to support the internal communication, networking and internal advertisement of a new physicians and other practitioners workmanship and specialty. This tool would already contain other physicians and supportive staff and other practitioners contact information. This application would be also linked to a physicians' mobile phone, to have it there even when not sitting in her / his consulting room. Intention is not to get as many internal communication tools as possible, but only few that would be used effectively and to have a forum for open communication and interaction. In general such tools can bring many direct advantages e.g. consultation might increase, which expands networking both professionally and non-professionally. In addition when the physicians and other practitioners in general communicate more, they don´t feel so isolated in their own consulting rooms. Recently started physicians and practitioners might even feel more comfortable to discuss professionally and consult first via social media. When internal communication gets easier, practitioners consult more, which affects positively on the quality of medical work and in the end customer satisfaction. Communication increases networking and when practitioners are networked, the work engagement strengthens.

Secondly, in addition to quality of communication tools, the orientation procedure got quite much feedback. The physicians hoped to have more time, quality and more systematic approach for orientating in the first days at Aava. Starting from certain kind of a slowness that comes to administrating phone- and email- functions. It should self-evidently become more dynamic and those basic – level communication tools should be working suitably right from the first day including connecting to necessary email-groups etc. In the process, the contact information of the new physician – or any practitioner – would be added to Aava's intranet, wherein all the phone- and email- contacts would be, including the information of the physicians' specializations etc. with the picture of the physician.

This would require firstly a new, dynamic practice of the IT- professionals, who should work closely together with the person responsible of the orientation phase, before and during the physicians' orientation. Secondly, more time is needed to go thoroughly through the necessary IT- programs and others practicalities, including internal advertising and networking events. When this step is done correctly right from the be-

ginning, the physicians know immediately, what to do and who to contact, when the need for assistance or consulting occurs. An interviewed physician said, that in another private medical company this kind of an IT- related orientation event is obligatory for all new practitioners and is held in a company's own IT- class. To maintain the quality of Aava's services, the suggestion is to invest to this highly important orientation procedure, for it is the first step to start engaging the new practitioners actively.

Thirdly about work engagement and networking improvements. As stated earlier, internal communication enables physicians networking and it effects strongly to work engagement also. By upgrading the level and quality of internal communication, both networking and work engagement strengthen. In addition to that, physicians hoped to have more consulting time and meetings were hoped to be arranged more often and on different times, to support physicians networking. For example morning and evening meetings and informing about them via intranet would reach more diverse physicians. Attending to common events strengthens physicians work engagement, by obtaining them to feel a sense of belonging. To engage its physicians, Aava should offer the feeling of belonging, even if they are having doctors' offices only in couple evenings a week.

As the implementation suggestion to Aava's management, the physicians should be trained to use these kinds of modern communication tools to support their daily work. The tools would be implemented gradually in Aava by the IT- support and by having training sessions to the physicians. These sessions would then be held in different times in various days, in order to enable the largest possible number of physician participation. This is the practice in other private medical organizations also and according to the interviews, it is working well. The new physicians would get a decent training of the tools as early as in the orientation phase. Learning the new IT- programs takes time and the physicians should not be left alone with a new program to learn over the time.

As the final summary it can be stated, that the management level seems to appreciate high the physicians, but at the same time, there seem to be a risk to be too cautious to actively support their daily work, in order not to waste expensive reception time of the physicians. There is a risk of falling in to a lazy management, which does not satisfy practitioners or the entire organization. In fact, physicians seem to need an active

approach in area of internal affairs strategy, starting from the orientation phase. Aava's should support its workers by investing to physicians and other practitioners by showing that the organization is not only a passive platform wherein to do medical profession, but also a community of a lean management, where active dialogue – both horizontal and vertical - flows fluently supporting its practitioners medical profession, networking and that way engage them to Aava.

The influence of internal communication on networking and work engagement is interesting because of its diverse characteristic. When seeking new ways to engage workers to organization, this study offers a few good starting points. Still study with a larger number of subjects, would give a more generalized data to use in different organizations.

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