IN THE EYE OF THE STORM

A QUALITATIVE STUDY ON CHANGING INFORMATION FLOWS' EFFECT ON INTERNAL CRISIS COMMUNICATION IN SWEDISH HOSPITALS

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In the Eye of the Storm

Abstract:

Internal crisis communication is an under-researched area crucial to understand. At the same time, digital development provides new means for organisational communication and information. This study examines how changing information flows, caused by digital media and the digital age, affect internal crisis communication. The paper studies the question by investigating the healthcare industry during the Covid-19 pandemic due to its adverse impact on the industry. A qualitative study on 12 healthcare workers in Swedish hospitals provided the basis for the analysis. Kotler's communication model and an integrated framework combining internal crisis communication and sensemaking were used to understand and analyse the interaction and functionality of information flows during crisis. Findings from the cross-sectional study present several effects on internal crisis communication caused by information flows: changing information does not affect types of media used, management does not adapt the communication at the same rate as the information flow changes; increasing information flows create a feeling of distance when the relative part of personal interaction is reduced; changing information flows put more responsibility on the worker to actively seek out information, which often seems to be from external sources not controlled by management; increasing number of information sources and flow indicates a higher degree of information and hinders the process for shared meaning. This thesis helps managers to further understand the importance of internal crisis communication, the significance of involving employees in the communication process, and the implications changing information flows have on internal crisis communication. The results aids in increasing the understanding of what aspects are necessary to focus on when digital channels disrupt traditional crisis communication theories, as a guide to what measures are needed to facilitate an effective crisis response.

Keywords:

Internal crisis communication, information flow, healthcare, sensemaking, digital channels

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Lots of love,

Daniel and Johanna

Definitions and Abbreviations

Concept	Definition
Organisational crisis	An unexpected event with high priority, complex solution, and a restricted amount of time to respond (Hermann, 1963) that affects multiple levels of the organisation (Bundy et al. 2017)
Digital Channels	Services such as Facebook & Twitter, where people can interact using digital tools such as smartphone, computer, tablets (Lindgren, 2017)
Abbreviation	**Definition**
HCW	Healthcare Worker
ICC	Internal Crisis Communication

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1. Introduction

1.1. Background

Few organisations are spared organisational crises. With the frequency increasing (PwC, 2019) and the range of implications that a crisis can result in, the study of crisis management continues to be of importance (Bundy et al., 2017). One key factor in crisis management is crisis communication, used to interact with stakeholders, both external and internal (Nicotera, 2020). The internal stakeholders are some of the most important actors in times of crisis. (Van der Meer et al., 2017). Despite internal stakeholders being key actors in an organisation's daily operations, even more so during crisis, most research and management have historically focused on external crisis communication. Employees often perceive the internal crisis communication as lacking and insufficient (Heide & Simonsson, 2015; Mazzei & Ravazzani, 2011; Strandberg & Vigsø, 2016), which can be detrimental to an organisation's crisis response (Shraagen & van de Ven, 2011).

At the same time, digital development creates a new informational landscape (Lindgren, 2017). Digital media distribution and the internet allow employees to access new and more widespread sources of information, and social media allows employees to organise and communicate in ways that traditional communication theories have not considered (Gruber et al., 2015; Roshan et al., 2016). Existing research points towards collected and structured communication to be beneficial in times of crisis (Comfort, 2007; Mallender, 2016), so what is the effect now when information comes from all directions?

An apparent, and at the publication of this thesis ongoing, event that has functioned as an externally caused crisis is the COVID-19 pandemic. With most industries being greatly affected (Statista Research Department, 2021), the global pandemic has further stressed the need for organisations to prepare for a crisis. One sector that has been heavily affected is the Swedish healthcare industry.

1.2. Research Gap

Crisis communication researchers have mainly focused on external dimensions between organisations and their external stakeholders, while ICC on a micro-level has received less focus (Frandsen & Johansen, 2011; Mazzei et al., 2012). Only in recent years has the role of internal stakeholders in crisis and ICC received more attention, and the need for further research on ICC has been highlighted by many (Adamu Abbas & Bahtiar, 2019; Frandsen & Johansen; Heide & Simonsson, 2014; Ravazzani, 2016; van der Meer,. et al., 2017).

The research on crisis communication has mainly focused on how organisations handle reputational and financial consequences of a crisis and less so on the internal processes regarding team collaboration and informational flow during a crisis (Bundy et al., 2017; Ravazzani, 2016; Welch & Jackson, 2007; Welch, 2012). This could be due to most literature studying internally caused crises (e.g. fraud and safety) instead of externally caused crises (e.g. environmental**)** (Bundy et al., 2017).

Some studies have been made on social media and digital channels' effect on crisis communication, although the focus has primarily been on external communication and reputation (Capurro et al., 2014; Gruber et al., 2015; Jin et al., 2014; Moorhead et al., 2013).

Those that study digital channels and internal communication mainly focus on employees' preferences and satisfaction (Friedl & Verčič, 2011; Roshan et al., 2016; Tkalac Verčič & Špoljarić, 2020). With employees' ability to function as both senders and receivers in the communication process (Frandsen & Johansen, 2011), it is surprising that research, to the authors' knowledge, is still lacking regarding changing information flows' influence on ICC.

1.3. Purpose and Research Question

The previous sections introduced the importance of ICC as well as the existing research gap in this field. In addition, as the digital age is changing our way of communicating, it is also a significant factor to consider when studying modern ICC. The purpose of this study is to contribute to the field of crisis management by further understanding ICC. The research question is thus as follow:

How do changing information flows affect internal crisis communication?

1.4. Focus and Delimitation

This study focuses on the employee perspective of crisis communication during mid-crisis, due to management often believing that the ICC is sufficient, while employees indicate the opposite (as presented in 1.1). As employees are the enablers of managerial decisions and organisations' daily operations, and information flows are such a significant factor for employee sensemaking (Comfort, 2007), it is essential to explore employees' perception of ICC functions.

Furthermore, this study is delimited to the healthcare industry in Sweden (specifically Swedish hospitals). Organisational communication is, in its essence, a social process to organise and achieving and completing tasks. (Nicotera, 2020). In other words, organisational communication correlates with maintaining organisations' daily operations. While the Covid-19 pandemic has proven to be a crisis for many industries (Craven et al., 2021), there is a higher urgency in hospitals as the daily operations concern human lives, compared to other vulnerable industries such as tourism. For this reason, health centres will not be included in the report but limit it to different departments in hospitals, where patients are dependent on HCW's performance round-the-clock.

The study will not consider international differences due to possible variations in organisational structures between countries. Different regions in Sweden will be included as the organisational structures across regions are similar, and to identify general trends in the industry.

The interviews will focus on individuals who have experience working during the COVID-19 pandemic, which the authors of this project believe has been an evident crisis for the healthcare sector.

2. Literature Review

2.1. Crisis Management

To study crisis communication, we must first briefly look at crisis management. Hermann (1963) was one of the first to define an organisational crisis as an unexpected event with high priority and a restricted amount of time to respond (Hermann, 1963). Mitroff later developed a crisis management model divided into three phases: pre-crisis, mid-crisis, and post-crisis. (Mitroff, 1988). Later literature includes terms such as disaster management and emergency (Hodgkinson & Stewart, 1991; Schmid & Pawlowsky, 2018). While there is no one definition for organisational crisis (Bundy et al. 2017), it can be summarised as an unanticipated event and abnormal situation that disrupt multiple parts of an organisation, and requires immediate attention, consisting of three phases.

Three essential factors in effective crisis response are, establishing a common operating picture of the situation; information symmetry amongst all organisational levels; and equal access to information (Mallender, 2016). To enable these factors, it is common to talk about the four Cs of crisis management, *Cognition, Communication, Coordination* and *Control* (Comfort, 2007). While all four relate to each other and play a crucial part together, this study focuses on *Communicatio*n.

2.2. Crisis Communication

There have been multiple attempts to define crisis communication. Coombs & Holladay (2002) was one of the first to attempt this, developing the Situational Crisis Communication Theory (SCCT), which is a set of principles to guide managers and organisations in crisis to select a proper response system for reputational protection (Coombs & Holladay, 2002). Organisations' relationship with various stakeholders is usually strained during crisis; most existing literature focuses on the mid-crisis and post-crisis stage, studying strategies that nurture, restore, or protect the organisations' image and reputation among its stakeholders, most commonly external stakeholders (Johansen et al., 2012; van der Meer,. et al., 2017). Internal stakeholders, in this study's case, the employees, have unique properties in the sense that they can equally act as both senders of information, as well as receivers (Frandsen & Johansen, 2011; Heide & Simonsson, 2011; Mazzei et al., 2012). Early studies recognised this and thus focused on monitoring employees' communication with external parties to gain more control over the external communication (Johansen et al., 2012. However, employees' role as both senders and receivers can affect the internal communication and managements' control over the crisis communication (Frandsen & Johansen, 2011).

2.2.1. Internal Crisis Communication

Internal crisis communication serves the purpose to increase coordination and instruct information to create a shared perception to act upon (Comfort, 2007; Heide & Simonsson, 2020; Mazzei et al., 2012). In its essence, this is for management to gain control over the organisational crisis, which can be facilitated if management has

control over information and the communication in the organisation (Frandsen & Johansen, 2017).

Although there is an increased necessity for functioning internal communication and for employees to have access to information during a crisis (Comfort, 2007), management tends to use the same communication methods to both their external stakeholders as well as internal. However, a successful external crisis communication does not equal a successful internal one (Strandberg & Vigsø Orla, 2016). Ergo, there is usually a discrepancy between how much communication management believes that employees need, and how much communication employees perceive they need and receive. Management believes their communication is clear and purposeful, while employees find it inadequate and uncredible, leading to employees feeling neglect and lack of information (Heide & Simonsson, 2015; Mazzei & Ravazzani, 2011; Strandberg & Vigsø Orla, 2016). In addition to access, employees have a higher demand for updated information, requiring a need for high frequency in internal communication, especially so that it precedes external communication (Frandsen & Johansen, 2011).

In crises, lack of information tends to be detrimental to employees' trust toward management (Adamu Abbas & Bahtiar, 2019). A lack of trust and troubled relationship with management affects employees' perception of the quality of internal crisis communication (Mazzei & Ravazzani, 2011) and increases the risk that employees reject or misinterpret information communicated by management (Mazzei & Ravazzani, 2011; Adamu Abbas & Bahtiar, 2019).

The consequences of employees perceiving a lack of communication and information are that they often seek external sources to fill in information gaps, which is often seen as quicker and more accessible. In such cases, there is an even higher need for increased communication from management **(**Falkheimer & Heide, 2010; Heide & Simonsson, 2014; Strandberg & Vigsø Orla, 2016).

2.2.2. Internal crisis communication in hospital settings

Swedish hospitals are large and complex organisations, usually with several levels of management (Vetenskapsrådet, 2016). Such structures can provide barriers, with internal communication across organisational levels tending to be poor. The employees depend on managers at each level of the organisation to communicate across the organisation, which, during crisis, provide a slow, unreliable, and inadequate flow of information (Heide & Simonsson, 2015). Not invalidating centralised structures, but there is an increased necessity for decentralised structures for optimised crisis communication during crisis (Heide & Simonsson, 2015). Research in ICC in hospital settings is otherwise scarce due to the gap in ICC research overall.

2.3. Digital channels

2.3.1. Digital and social media

The technological development and growing online services present both risks and opportunities for organisations' crisis communication. Digital tools and media provide

a growing source of information for its users and can be used to spread information quicker and more efficiently (Lindgren, 2017). At the same time, users of social media and online communication channels tend to disregard the possible information overload effects. With little to no control over the sources, false information can spread amongst actors in the organisation (Gruber et al., 2015; Koroleva & Bolufé Röhler, 2012; Roshan et al., 2016; Sommariva et al., 2018). Information overload effects from social media have shown to cause both emotional and physical stress, which negatively affects how one's health is perceived (Koroleva & Bolufé Röhler, 2012; Misra & Stokols, 2012; Swar et al., 2017).

2.3.2. Management systems

Despite the benefits, many organisations tend to not use digital platforms to their full potential (Roshan et al., 2016). As described above, the mere quantity or complexity of information can present an issue for the receiver. In addition to this, regarding the use of management information systems, organisational data platforms and databases might further create adverse effects for the users, making it harder for the receiver to prioritise and sort valuable information. This could also provide access barriers if the user does not have enough knowledge (Erikson, 2017; Farhoomand & Drury, 2002). Furthermore, as part of the technological development and use of internal systems, oral communication has reduced, depending on the type of information, this can be perceived as unfavourable (further developed in section 3.1.1.1). On the other hand, the advantage of using these systems is to handle, store, and administrate larger quantities of information. This puts more responsibility on the receiver to actively stay informed (Mackenzie, 2010; Roetzel, 2019).

3. Theory

3.1. Communication

3.1.1. Kotler's Communication Model

One of the most cited models on communication, functioning as a basis for what to deem as functioning and effective communication, is a model developed by Kotler, based on previous work by Shannon and Weaver. (Shannon & Weaver, 1964). Kotler's model presents nine key parameters to consider for effective communication: the two parties (sender and receiver), the two communication tools (the message itself and the medium of choice, four aspects of communication (respective party's interpretation, response from the receiver and feedback), and one parameter for disturbance (noise) (See figure 3.2.) (Kotler & Keller, 2015; Shannon & Weaver, 1964).

3.1.1.1 Choice of Medium

Daft & Lengel's media Richness theory presents how different communication channels differ in their functionality relating to the transmission of different categorisations of information. Equivocal information is better suited to be transmitted through richer mediums and less equivocal information through leaner mediums. (Daft & Lengel, 1983). Carlson & Zmud included subjectivity in the media choice, with the individuals' experience of the medium and the social influence also affect the functionality (Carlson & Zmud, 1999). Employees have shown to have a varying preference for the medium depending on the information presented (Woodall, 2006), and intra-team communication performance has shown to be improved when equivocal tasks have been communicated through richer mediums (Dennis et al., 1999).

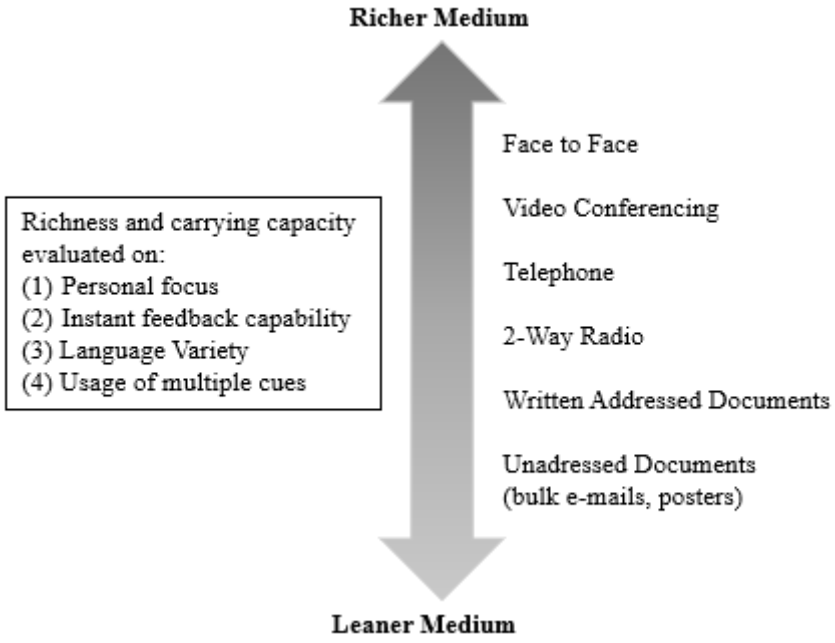

Figure 3.1. Overview of Media Richness (Daft & Lengel, 1983; Za & Braccini, 2012*), edited by Johannesson and Li, 2021*

3.1.1.2. The Two Parties

With the model inclusion of the two parties' interpretation in the communication process, the parties' respective personal feelings, values, and perception of the social context can influence the interpretation of the message (Kotler & Keller, 2015). The relationship between the two parties can affect the sender's interpretation of the message, depending on (1) the influence that the sender has over the receiver and (2) The receiver's view of the sender. If the sender is deemed to be part of a socially accepted group, the message is more likely to be accepted. (Kotler & Keller, 2015)

3.1.1.3. Disturbances and Noise

Anything that affects the intended message from sender to receiver can be described as a *disturbance* or the more general *noise.* That includes anything that clutter information, creates conflicting messages, or risks inconsistency in the message (Kotler & Keller, 2015).

3.1.1.4. One-Way vs Two-Way Communication

If the communication is only conducted in one direction without any form of feedback or information looping back in the process, it can be categorised as one-way communication. The element of expected responses back-and-forth between the parties involved is typical for two-way communication. Usage of two-way communication minimises the risk for misunderstandings and can create a stronger feeling of involvement (Dahlkwist, 2012). In Kotler's presented model, the element of *response & feedback* represents the possibility of two-way communication.

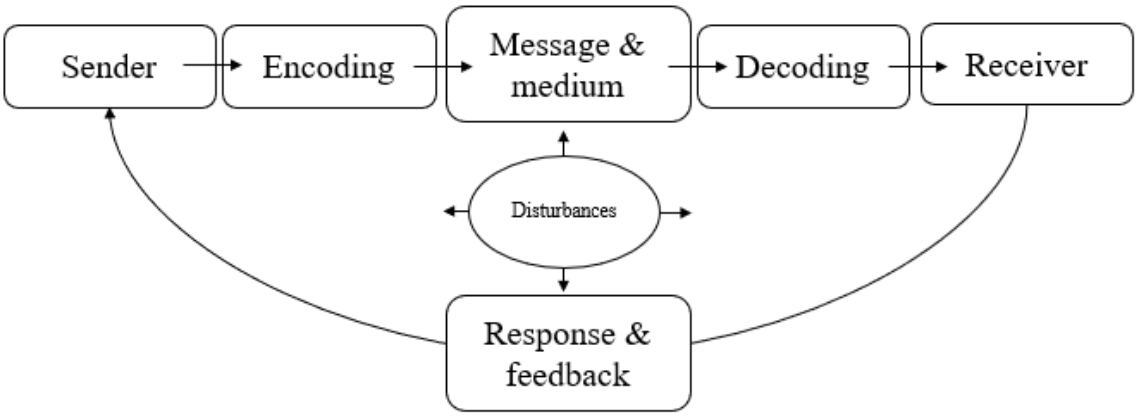

Figure 3.2. Kotler's Communication Model (Kotler & Keller, 2015), edited by Johannesson & Li, 2021

3.2. Information Processing

3.2.1. Sensemaking in Organisations

Sensemaking is the process through which "people work to understand issues or events that are novel, ambiguous, confusing, or in some way violate expectations" (Maitlis & Christianson, 2014, s.57). Clarity is then sought by "extracting and interpreting cues from the environment as a basis for a plausible account that provides order and "makes sense" (Maitlis & Christianson, 2014, s.58). The field of sensemaking has been studied through many different perspectives, and there is no single theory for sensemaking. Sensemaking is often considered a process. In general, it can be said that sensemaking is (1) triggered by an event/situation that disrupts people's understanding of a process and/or reality, causing discrepancies between expectation and outcome and uncertainty in how to act, and (2) accumulate cues to make sense and create a new meaning and perception of the given situation to then act upon (Maitlis & Christianson, 2014).

3.2.2. Sensemaking in Organisational Crises

As sensemaking is described as triggered by uncertainty and unexpectedness, the theory has, to a large extent, been used when studying organisational crises (Maitlis & Sonenshein, 2010). As noted in section 2.2.1., there is a need for shared meaning in times of crisis, which sensemaking enables. The responsibility for enabling shared crisis sensemaking and collective crisis response boils down to the information managers. The role of information managers, or "senders", is to collect and compile information sources and data, encode a message aligned with the organisations' goal and crisis response plan, and communicate symmetrical information to the organisation and employees, which alleviate the sensemaking process (Comfort, 2007; Mallender, 2016). When all employees in an organisation have access to the same information, it sets the prerequisites to create a "common frame of reference" to act upon. The more engaged management is in the process, the better the employees are at enacting managements' intended goals (Schraagen & van de Ven, 2011).

For this study, *cues* presented in sensemaking is equated to *information* and *information managers* are *hospital management, management,* or *supervisors*.

3.2.3. Sensemaking and Internal Crisis Communication

The role of Communication in crisis management is "to create a shared meaning amongst individuals, organisations, and groups". The need for sensemaking arises when employees' expectation/idea of reality gets disrupted and there is a need for new meaning; sensemaking itself is the process of creating new meaning. Due to their similarity, sensemaking is thus a suitable theory to study ICC. Based on previous research on crisis communication presented in section 2.2. above, the authors present key aspects for both ICC and sensemaking in figure 3.3. below.

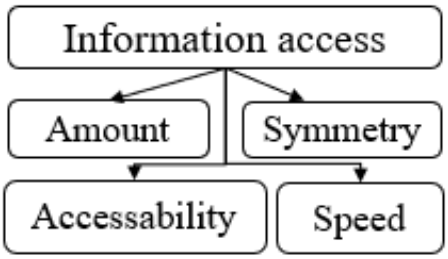

Figure 3.3. Important Aspects of ICC, Edited by Johannesson & Li, 2021.

3.2.4. Concept of Information Overload

Information overload can be defined as a level of information exceeding the level that the receiver can process (Eppler & Mengis, 2004). Technological development leads to both an increasing amount of and higher accessibility to existing information. Thus, information overload happens when the amount of information increases at a higher rate than the receiver's ability to process it (Levitin, 2014). The present effects of information load are shown to be "killing productivity, dampening creativity, and making us unhappy" (Dean & Webb, 2011).

More factors affecting overload than the quantity itself can be insufficient resources (e.g. time and budget), creating an obstacle to sort between important and non-important information (Roetzel, 2019). The cognitive ability of the receiver only allows for the processing of a certain amount of information. In the case of information overload, it can stop the acquisition of information, and the receivers move forward based on the information received up until that point. (Simon, 1955).

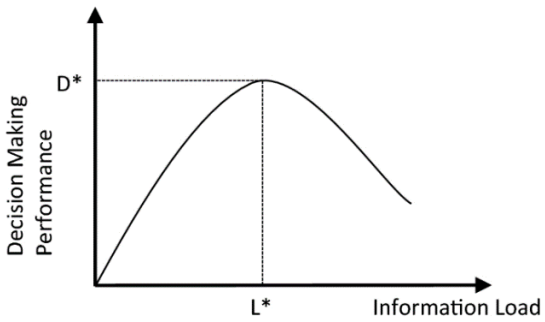

Figure 3.4. Information Overload (Roetzel, 2019)

3.3. Theory Discussion

The chosen theories and previous research are relevant for this field due to the points made in section 3.1.-3.2. As the field of ICC is limited, the authors have created an integrated framework that serves as a foundation to guide the study. However, we acknowledge that combining different theories into an integrated framework may induce a risk that makes it not entirely applicable for the study. As there is no fully developed framework for this field, all key aspects may not be covered by the framework. Most previous research has focused on internally caused crises such as accounting fraud, employee misconduct, or work-related accidents. As the setting is an externally caused crisis (pandemic) in this study, the organisational focus may

differ from preserving image and reputation, as it often is during internally caused crises. Thus, the concepts regarding crisis communication integrated above might not be directly applicable to the context of the study. The complexity of collective sensemaking has been debated with some scholars argue that shared meaning is difficult to achieve due to subjectivity and individual interpretations of information (Mallender, 2016). Other scholars, however, argue that the shared meaning is less important if the action response is similar. The role of sensemaking could thus be contested depending on how well the ICC functions. (Maitlis & Sonenshein, 2010).

3.4. Use of Theory and Framework

With the purpose of the study being the changing outlooks of information flows affecting ICC, Kotler's model of communication functions as an outlook of how the flow itself function between two parties. The model's parameters are presented above in-depth as an adaption to the rapid development of modern communication channels, focusing on the ICC key aspects that have been deemed functional in previous research. By presenting these two areas together in reflection of the research question, the framework poses as guidance for 1*) how the perceived interaction functions, i.e., how the information flows changes* and, 2*) how the functionality of communication regarding processing changes* in the chosen setting.

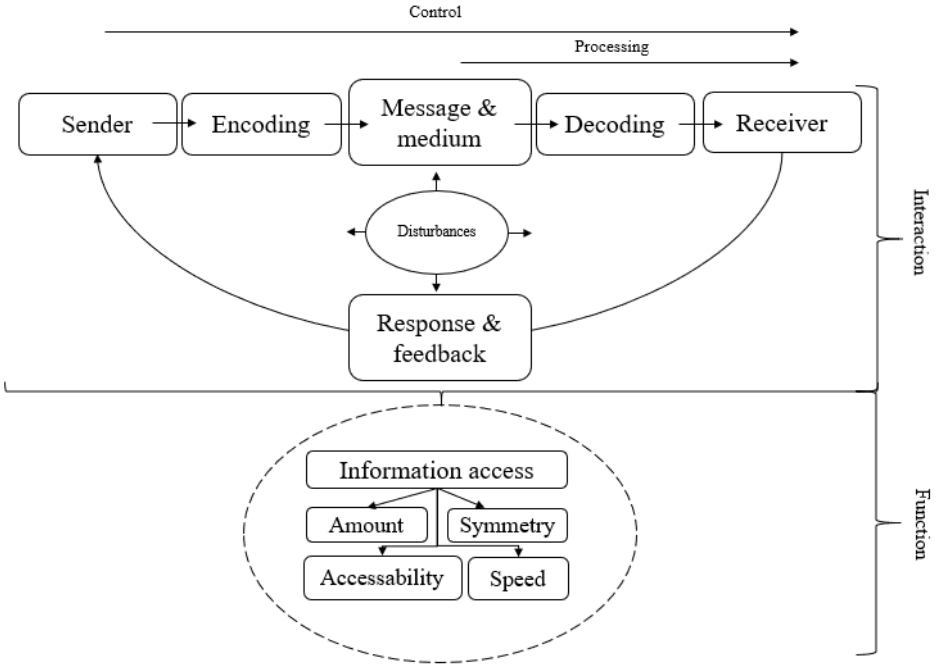

Figure 3.5. Two-part Framework Consisting of Kotler's Communication Model and Key Aspects from ICC. Edited by Johannesson & Li, 2021.

4. Method

4.1. Method of Choice

4.1.2. A Qualitative Method

With the focus of the study being to investigate how changing information affect internal communication during a time of crisis, the authors chose to conduct the study with a qualitative method through semi-structured interviews. A qualitative study is appropriate when the focus of the study is on aspects that are not quantifiable and demands more interpretation, which suits this study's subject when studying individual experiences and trying to understand their view of reality. This is unlike a quantitative method which is suited for quantifiable issues, often viewing the social world as an absolute, existing independently of social actors' influence. (Bell et al., 2019).

4.1.3. An Abductive Approach

Throughout the qualitative study and the conducted interviews, an increased understanding of the subject studied helped focusing the outlook on what parts of the presented theories were more relevant, consistent with the abductive approach. This allows for an adaptation of the theoretical framework alongside thematic findings from the interviews, while at the same time open for other findings not stemming from theory. Theory and data have thus been allowed to form and develop alongside each other continuously during the study when interviews and analysis have been performed (Bell et al., 2019).

4.2. Research Design

4.2.1. Constructivism and Interpretivism

The study is based on a constructivist view of the world, viewing the social reality as changeable, constantly created through interaction by social actors. The actors assign meaning to the world around them, and the world around them affect their perception of the world. As the study concerns social interactions between individuals, communication channels created and interpreted by humans in the healthcare setting, a constructivist view is suitable (Bell et al., 2019). This means that both the author and the individuals interviewed are part of the creation of social reality, leading to the need for the authors to actively interpret the respondent's experiences, with the interpretation also affecting the result of the study. (Bell et al., 2019).

With the study focusing on the social world and understanding human behaviour relating to crisis communication, the subjective meaning behind it, and the authors interpreting the interviews conducted, the epistemology is interpretivism. The epistemology of interpretivism is suitable when the goal is the understand the how and why of social interactions, which is in line with this study's focus (Bell et al., 2019)

4.2.2. Cross-Sectional Design

With the intent of a varied set of data through the conducted interviews, a cross-sectional study design is used in terms of both interviewees and workplace. The study's cross-sectional design can be recognised in the study with observations of different cases at a limited period, which is typical for the design. Focusing on one single healthcare institution would risk not showing the full effect, with ways of working and communication possible varying between institutions.

4.3. Sample

The basis of the study is interviews with 12 HCW active in the direct operations close to patients. The authors started by contacting individuals responsible for staffing at several large Swedish hospitals to reach relevant subjects, which was done through the official SSE student emails (see appendix 1). Furthermore, the authors posted forms for registration of interest in enclosed Facebook groups directed towards healthcare personnel (see appendix 2). The groups had a collective number of more than 60 000 participants from multiple healthcare institutions across Sweden, giving access to a varied range of individuals. In total, 32 individuals showed interest in participating in the study. After eight interviews, it was discussed if empirical saturation was reached. To achieve a fuller set of empirics, an additional six interviews were booked of which two were cancelled on the authors´ initiative.

Part of the interviewee selection was to attain a varied set of data based on the information available to the authors before selection (age, place of work, experience, and gender). Despite the effort to obtain an even gender distribution among the respondents, only one was male. This is likely due to the uneven gender distribution among workers in the Swedish healthcare industry, with nurses in Sweden having a distribution of 88/12 female/ male (Socialstyrelsen, 2019).

Table 4.1. Overview of Respondents

No.	Name*[1]	Position	Gender
1	Anna	Nurse	Female
2	Beatrice	Nurse	Female
3	Caroline	Nurse	Female
4	Diana	Nurse	Female
5	Evelyn	Nurse	Female
6	Felicia	Assistant nurse	Female
7	Gabriel	Assistant nurse	Male
8	Hanna	Assistant nurse	Female
9	Ingrid	Assistant nurse	Female
10	Julia	Doctor	Female
11	Katarina	Doctor	Female
12	Linn	Doctor	Female

[1] Fictive names have been created for the articipants' anonymity

4.4. Data Collection

4.4.1. Semi-Structured Interviews

With the goal of attaining rich data studying individuals' interpretation of reality and with the qualitative method in mind, in-depth interviews were deemed fitting to the purpose of the study. Specifically, semi-structured in-depth interviews were chosen, giving the interview subjects more room to reflect upon different interpretations and experiences based on their belief on what is relevant, which can be advantageous compared to structured interviews. Although, as the different interviewees have room to share different experiences, it might be harder to compare the collected data (Bell et al., 2019).

The semi-structured interviews are based on a pre-developed set of questions (see appendix 3), allowing for follow-up questions from the authors without limiting the interviewees from bringing up subjects not directly covered by the pre-developed topics with underlying questions. The creation of a guide benefits the comparability between interviews (Bell et al., 2019). Table 4.2. below provides an overview of the topics covered in the interview guide. The pre-developed questions were designed relating to the adapting theoretical framework focusing on various aspects of communication and divided into themes stemming from the research questions and factors shown in previous research. Some of the questions were tweaked after the first conducted interviews to avoid leading questions and ensure that the respondents fully understood the questions.

Table 4.2. Topics in Interview Guide

Introduction	Background Crisis experience
Workplace	Interaction Crisis communication Information flows
Media	Digital channels Social Media

4.4.2. Interview Process

All 12 interviews were conducted through a platform for video communication and recorded with consent from the interviewees. All but one was conducted with sound and video active for all parties during the interview. The one exception was conducted only with sound active for the interviewee due to technical difficulties. Both authors of the study were present at all conducted interviews except for one where only one author was present. To avoid the authors interrupting each other, one of the authors was chosen to work as the primary interviewer for each interview. The length of the interview varied between 46 and 79 minutes with an average of 60 minutes (see appendix 4 for detailed information regarding the interviews).

The choice of not conducting any interviews in person stemmed from the restrictions related to Covid-19 (avoiding physical interaction when possible) at the time of the

study. The interviewees were geographically spread across Sweden; even in the absence of restrictions, it could have proven to be hard meeting in person.

4.4.3. Data Analysis and Presentation

All individuals working within Swedish healthcare are Swedish speakers (regulated by law). Therefore, the interviews were conducted in Swedish to not limit anyone from expressing themselves due to language barriers. All interviews were transcribed and analysed through both voice and text in Swedish, meaning the English quotes presented in the empirics section below have been translated. While the authors have tried to keep true to the original meaning of the quotes, variations in language and idiomatic expressions can affect the original meaning as part of the translation. To lower the impact, the authors have tried to be true to the quotes by implementing some flexibility in translations (Wong & Poon, 2010).

Following the thematic analysis, the material was analysed by looking for patterns such as repetitions, metaphors, or similarities and differences (Ryan & Bernard, 2003). The identified concepts were coded and sorted into the second-order themes presented under the overarching topics, as seen in table 4.3 below, and presented in section 5.

Table 4.3. Empirical Overview

Overarching	Second-order
Healthcare during crisis	Experience of crisis Workplace interaction
Digital communication trends	Social networks creating opportunities. Social media as a peer-to-peer platform Generational differences
Organisational communication	Drowning in information Internal channels Circular communication

4.5. Method Discussion

4.5.1. Method Criticism

For assessing the quality of qualitative research, Guba and Lincoln presents four criteria; credibility, transferability, dependability, and confirmability (Bell et al., 2019).

The cross-sectional method and the study's context and focus (time, industry, setting) are problematic regarding transferability. To ease transferability and credibility, detailed information in line with Bell et al. (2019) has been provided in terms of the setting to provide a thick description (without adventuring anonymity). The authors have strived to attain a diverse sample to further ease transferability to a broader healthcare context and the degree of dependability. Even though there was diversity in terms of experience and geographic setting, the unequal gender distribution could be

problematic. Due to the interpretivist standpoint, results might be hard to transfer to a context different from the one for the study. With the context of ICC being understudied, there is no previous research that can confirm that the application of the theories functions as a good adaptation, which could negatively affect credibility. Concerning confirmability, although none of the authors worked within the healthcare industry, one had professional experience in a similar setting, and both had close relatives working within healthcare. In line with suggestions from Bell et al. (2019), reflexivity, meaning discussion of the authors' personal connection to the study and their personal influence, has been important as part of the method. The degree to which personal influences have affected the result is hard to tell. During the project, all records of the research process have been stored and audited by the supervisor and peers. Discussions regarding chosen procedures and theoretical inference have been conducted, which has believed to increased dependability as well as part of establishing confirmability (Bell et al., 2019).

4.5.2. Ethical Reflection

In Sweden, the healthcare industry is regulated by law regarding patients' safety and personal information. This means that all individuals interviewed are under a strict confidentiality. Since the interviewees are professionals in the industry, they are thus aware of this regulation. Hence, the interviewees may be careful regarding what information they have shared, which creates significant importance for the authors to anonymise the participants. The interviewees were promised anonymity, place of work, and any identifiable personal details prior to the interviews. Informing all participants of the process of keeping them anonymous as part of the data collection has also been a step to reaching as truthful answers from the interviewees as possible.

In line with the General Data Protection law (GDPR), a consent form informing about the handling and processing of personal information was filled in by the interviewees before each interview. The interviewees were further ensured that all recordings (video and sound), transcriptions, and all material apart from the finished thesis would be erased after completion.

5. Empirics

5.1. Healthcare During Crisis

5.1.1. Experience of Crisis

All the interviewees have experienced a higher amount of pressure and stress during the pandemic. “There has been so much to do, and it is a quite strange situation, with all the sick people, and in the beginning, we did not know anything, and people died right and left”, says Gabriel. “Young people who seemed fine just died suddenly; we did not know what to do. It was very stressful”. says Linn when sharing her experience from working during to Covid-19 outbreak. Anna describes it as “Incredibly stressful and intense”, and Beatrice as “Chaotic”.

All the respondents explain that there is a shortage of staff. Caroline expresses, “We do not have enough employees, and there are too many patients per team. We cannot give our patients what they need, we do not have the time”. Diana expresses that due to the shortage, “[The hospitals] accept a much lower quality on our work”. Many interviewees highlight that, although the pandemic has worsened the situation, the staff shortage has always been a problem.

A majority mentions that many of their colleagues have quit since the pandemic. According to Lina, “Almost 80% of our staff have resigned, and the hospitals hire a lot of newly graduated nurses to replace them, but since they are so inexperienced, there is additional pressure and responsibility on experienced nurses. It increases uncertainty with so many new employees”.

5.1.2. Workplace Interaction

There is a spread of experiences regarding interacting and communicating with colleagues. The majority states that the teamwork has increased, which they appreciate. For some, it includes all professions. Beatrice says that “In terms of colleagues, we are all on the same track, and we think the same and that everything should be fair. There is no such thing as a nurse vs assistant nurse. We all work together”. Others find that there is a division, especially with doctors, where both Caroline and Evelyn say that the communication is good between nurses, but that they wish that the doctors should talk to the nurses more since they know the patients best. Anna also says, “I miss having the doctors accessible when questions arise”.

Both Gabriel and Beatrice describe the communication with colleagues as “an open climate” where Gabriel says, “Everyone can freely say their thoughts people listen. If someone brings up important aspects, it does not matter if that person is an anaesthesiologist or a cleaner”.

Anna mentions that the interaction and collaboration with colleagues have become much better during the pandemic, “You see each other on another level, you are much quicker now to ask if someone needs help, and we have gotten a better understanding of what each person does”. In addition, a few of the interviewees highlight their belief that “the more acute, the more one listens”.

The main way to communicate with colleagues on the same hierarchical level is verbal. Diana says that “We nurses constantly talk to each other throughout the day since we work so close”. Many find this effective in quickly sharing knowledge and discussing work-related topics; Ingrid says, “In the beginning [when there were no clear guidelines], we were able to discuss how to protect ourselves with the knowledge we had”. Beatrice says, “Whenever I need information about something I look it up or ask my colleagues”. Anna says, “If I read or find something new, I share and discuss it with my colleagues”. However, many also report various risks. As Hanna points out “There is a lot of oral communication, meaning information that people need to remember, which I think is quite dangerous”.

As for how the discussion affects HCW’s work, Ingrid points out, “I think people do what they feel is right. Some people do the same, and others do it their way. Even if we discuss with each other, we end up doing it our own way, if some people think we should use this tool in this way even if the guidelines say something else”.

5.2. Media Trends

5.2.1. Social Network Opportunities

Diana talks about how her and her colleagues’ work during the Covid-19 pandemic could be seen as an “ongoing research” as there was no formal research paper. She also says that social media became an essential part of this. “Information spreads faster through Twitter and Facebook than the time it takes to collect information for a scientific paper”, she says and continues, “Everyone with medical management responsibility takes part of information from all different channels and writes recommendations for treatments based on available information. Much of the information stemming from other countries who had more experience working with Covid-19, we primarily got through social media”.

Gabriel mentions similar things as Diana, “It was mostly from social media that we got new methods regarding how to treat patients. In addition, some doctors had a broad network all over the world and talked to international colleagues. Authorities tend to always be a bit behind; they are not effective enough. It is much faster to send a text or message someone over Facebook and get a direct answer from a doctor abroad”. He mentions a specific case helping their practical work with Covid-19 patients, “We gave blood thinning medication and cortisone. At first, some doctor heard from someone that they had tried to double the cortisone dose in Italy, and when we tried it, we saw fast improvements among our patients. A few days later, it came out in medical journals, but then we had already done it for 3-4 days. A very long time when it concerns lives”.

Katarina and Diana talked about how the loss of smell and taste as symptoms came up early in Facebook groups, where she later said, “Much of what we could know and do early on, it was because you followed people on Twitter who were advisors in Italy. I, as a caregiver in Sweden, could have a head start and read about experiences from far away, reading about the loss of smell and taste long before it was a criterion thanks to information spreading faster on Facebook compared to compiling a scientific article”. Ingrid also mentions that she got the information faster through media “The hospital

eventually released detailed instructions about specific [hygiene routines]. But I was a little ahead of them".

Caroline presented an opposing view, "We usually get information before the media, and a lot of what they report is incorrect, so I have not gotten any new information from media except maybe other nurses' experiences at other hospitals".

5.2.2. Social Media as a Peer-to-Peer Platform

Regarding understaffing, many mention they try to cover shifts through social media, "We have a Facebook group where we can ask for additional staffing support when needed", says Ingrid. She also brings up the possibility to discuss with colleagues outside of the organisation through social media, "We discuss for example which medications are active, different diseases, how others in Sweden treat corona. People discuss how to give the vaccination, and if there is something that sounds good, I use it". Evelyn describes a similar experience, "There is a lot of information in a group for nurses, where we discuss best practices and experiences. We learn a lot from each other".

Hanna talks about the aspect of wanting to keep social media and the work separate. She says, "It is easy that it becomes a bit too private, but if you have a good relationship with your colleagues, Facebook and messenger could work well. Something like a chat is faster than email communication".

5.2.3. Generational Differences

"Despite the positive parts of using digital media, there is an inherent resistance to digitalisation among the older generation... That generation is on its way out, but they have valuable experience that cannot be replaced with anything, so they are important", says Katarina. Ingrid brings up that those who do not have Facebook will be excluded. Hanna says, "There are many of the older generations who are not as digitalised as we are, and do not know that [communication channels] could work better than what it does. Maybe it will change with the new generation. […] I think the problem is that there is a lack of knowledge among those who use the communication channels".

Felicia mentions the factor regarding source criticism and the influence of social media, "I think that those who are a little older are not very source-critical when they look at social media and the information that comes out there. Many do not want to take the vaccine because social media says it is bad".

5.3. Organisational Communication

5.3.1. Drowning in Information

Most respondents experienced an information overflow at the beginning of the crisis. Beatrice says, "The information has been too much. Especially the corona information, it has swelled over so you feel like you do not know what you are reading". Hanna also says, "It has been too much at once. It would have been beneficial for management to structure it up a bit to make it easier to process".

Evelyn, however, states that, “Information should reach us differently because we do not get information, enough information, at the right time”.

Regarding the reaction to getting too much information, there were mixed responses. Some people tried to keep up with the information, but as Gabriel states, “You collect everything you can, but you lose a lot of information and then, unfortunately, it can be important information that gets lost”, he also adds that “Since the information changed daily there was a problem with everyone doing and saying different things because not everyone kept up with the information”. In addition, Evelyn said, “I think our way of communicating and receiving information is time-consuming. Me searching for information about obvious things takes unnecessary time from my work, and people find information from different sources so there is no coherence in our work”.

Despite the majority experiencing an abundance of information, many interviewees found the information relevant “Most of the information we receive is relevant to our work”, according to Anna. She adds, “[Management] is better at giving us the information we need faster, instead of spending time on compiling everything into one”. Other respondents had more mixed feelings, Julia says, “There is never too much information, but management could do a better job at sorting it. Now they just forward emails without reading them. I mean, we do not have unlimited time to read emails and do our work”. Some respondents were more critical, Diana says that “Eventually I just muted, I do not need to know how many have died in covid for me to do my job. If I want that information, I can look it up”.

5.3.2. Internal Channels

During the interviews it became clear that all hospitals use internal systems and email to spread information. Beatrice says, “Everything reaches us through email. Maybe if a colleague read the email before me, I get the information from them instead”. Similarly, Diana says, “Information from supervisors, management etc. is sent via email, but then you hear something from your colleague who says, ‘now it is like this instead’”, she also says, “It is good that we get it on email, but we have to have the time to read it too”.

In addition to email, all hospitals also use internal systems to various extents. Caroline mentions it as, “Information reaches us through email, but it is up to everyone to read it. We also have an internal website where you can look whenever there is time”. Linn says that “There is an internal website for the hospital with updated information. But it does not work well for me because it is not specific enough, it is more general for everyone in the hospital”. Linn continues with, “I never check there because it is so messy, it is not possible to find anything”.

Many interviewees are, however, content with the communication channels. Beatrice says, “I think [our communication channels] are good. I know that what is work-related and important is on the email, and if I want to know more, I can find it on the intranet”. Some of the respondents also mention their supervisor or shift leader mediating information to the employees. Caroline says, “Since the supervisors know

that we do not read the email, they have started [since the pandemic] to compile the most important news and update us every morning".

5.3.3. Circular Communication

The communication and relationship between the employees and their supervisors have been mixed, and the majority experience that decision-making is out of their supervisors' control. Evelyn says, "We floor-employees are very frustrated over the hierarchy. Our closest supervisor cannot really do anything. They get the budget they get, and even if they see that we are falling apart, their supervisors do not [see to us employees], they are looking upwards". Caroline says, "My supervisor may be great at listening, but it does not matter because she does not have much power. She has a supervisor, who has a supervisor, and it is someone up there whom I have never met who decides everything".

Most respondents experienced that top management and decision makers seldom consider employees' opinions. Anna says, "There are too many steps [in the organisation]. Top management need to come closer to the floor, not just sit at the other side of the city and believe they know how things work. They really have no idea; they only see us as numbers on paper and miss the big picture". Beatrice says, "We are not included in [the decision-making process] at all. We get the information when the decision has been made".

A lot of the respondents felt a disconnect from top management overall. Either personal disconnect as Linn says, "They are very quiet, it is like they do not exist and that we [employees] are working completely separated from them", or lack of support, "I can come to my supervisor about anything, but there is a lack of feedback, I do not know what I am doing well or anything about how I am doing my job. It is like working in a vacuum".

6. Analysis

Based on the framework, the analysis will examine the *interaction*, i.e., the information flow in ICC, and further review the implications for the *function* and what this means for ICC.

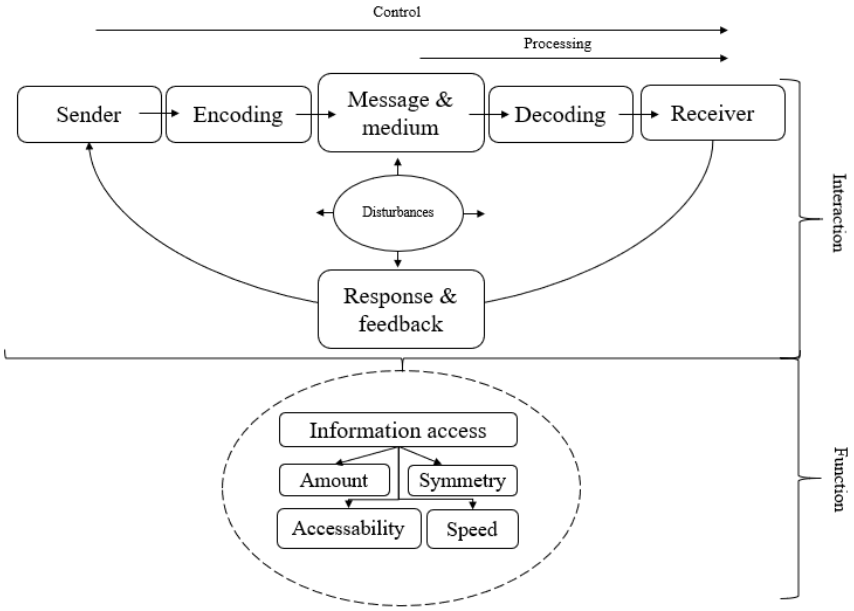

Figure 3.5. Presented again.

6.1. Interaction

The empirical data presents changes in information flows and, as an effect, how the end receiver (in this case, HCWs) possibly process and decode that information.

6.1.1. Sender and Receiver

The findings present a picture of one-way communication (See 5.2.3.), where HCW are left out of the decision-making process, and inadequate ways of bringing feedback back to management. The results support that the crisis at hand seems to have made management less accessible, which, with the recognition of healthcare institutions having a clear hierarchy, puts the source of information further away from HCW.

6.1.2. Choice of Medium

The empirical data shows that management primarily communicates with employees through digital channels such as email or internal platforms. In line with the empirics presented, this does not seem to have changed during the crisis, but the frequency and amount that management communicates have. While the empirical data shows that HCW's are, to some extent, unsatisfied with the communication from management during the crisis, most are content with the mediums used. The communicated information has changed (which, according to theory, proposes a change in medium, see section 3.1.1.1), nevertheless, HCW do not experience changes in the channels that management uses. In theory, using intranets to communicate the information

reduces the risk of the message being alternated due to encoding/decoding, thus minimising communication steps.

According to empirics, the function of internal digital systems seems to have provided workers with a kind of safety in the communication process, knowing that information is available if they feel the need for it. At the same time, it is apparent that many do not take part of the information through the organisation´s digital channels and rely on colleagues or the closest responsible person to mediate the information orally instead.

6.1.3. Disturbances

Basing on the empirics and relating to *disturbances* (section 3.1.1.3) and that means of communication are many, the empirics show that it becomes harder to know what message is the "right one". Thus, information accessible in the organisation at large might not align with what the HCW come to process for the following reasons:

1. Multiple channels creating confusion.

The information is communicated as seemingly planned from the end of the sender (management) through the internal digital channels. With a range of different channel in place, it becomes harder to know which one contains the latest information, which, based on the empirics, imply that workers at the same workplace have different kinds of information.

2. Conflicting information affecting decoding.

There are indicators that it is possible that the intended information reaches the HCW. However, information from other sources that conflict with the intended, or focuses on other aspects, can create doubt regarding the correctness of the original message.

3. Taking part of the "wrong" message in full

Previous research shows that with digital media, there is a risk for false information to disrupt or negatively affect an organisation's crisis communication (see section 2.3.1.). The empirics show that most employees perceived themselves as not susceptible to non-scientific based sources of information (although they observe this among others). A deviation from this seems to be information shared amongst colleagues, as few seem to be critical to experiences of information shared with each other.

4. Lacking relationship causing low receptivity of information

Empirics show some instances of lacking relationship with management and middle management. Previous research shows that a troubled relationship and lack of trust causes employees to reject or misinterpret information from management (see section 2.2.1.). Thus, HCW may perceive communication to be worse than it is, and thus turn toward external sources for information.

6.2. Function

6.2.1. Information Access

6.2.1.1. Amount

The empirical data shows that, contrary to the literature (see section 2.2.1.), HCW have received extensive amounts of information from hospital management during the crisis. While the HCW deem the information relevant to understand the crisis, the information provided has not always been relevant for their daily work. In some cases where HCW have experienced a lack of information, or lack of relevant information, empirics show that many have resolved to finding the information elsewhere, most commonly from digital media, but sometimes also by contacting other HCW in the organisation or around the world.

6.2.1.2. Accessibility

The majority of HCWs do not experience any barriers to access the information that the organisation sends out. Additionally, much like presented in previous research (see section 2.3.1.), any additional information has also been accessible through digital channels. However, due to the inaccessibility of other HCW outside of outside the direct department, verbally communicated information has been less accessible. This could partially be explained by the complex organisational structure and employees' dependency on floor managers to communicate. Nevertheless, digital channels have been used when the internal communication in the organisation has been perceived as inadequate.

The multiple unstructured communication channels contribute to perceived inaccessibility to information. Information may also be less accessible to certain demographic groups, for example digital channels and the older generation, however, more data is necessary to make further comments.

6.2.1.3. Information Speed

The empirics show that, overall, the speed at which information has reached HCW has increased during the pandemic. Instead of compiling information, middle managers send out information as soon as it is received from top management, attending to an increased demand for updated information. Due to time constraints, the information does not always reach the HCW and is instead communicated through colleagues, which is a slower means of accessing information.

Empirics show that some still perceived social media as a quicker and better source of relevant information than the organisation, although noting that the credibility of the information was lesser**.** Digital and social channels also provided an easier way to navigate sources of information even when the perceived speed from hospital management was sufficient.

6.2.2. Information Processing and Crisis Sensemaking

The prerequisites for functioning ICC seem sufficient due to high quantities of information, accessibility, and speed, with digital channels strengthening those

factors. However, the abundance of information both internally and from digital channels are, according to Eppler & Mengis (2004), factors for information overload (see section 3.2.4.). HCWs' ability to process the information is thus harmed.

The empiric evidence on insecure relationships with middle management and lack of time also creates a perceived lack of sufficient information and accessibility. Information is thus sought through external sources. In hospitals where the communication is deemed more functional, external sources have been used to a lesser extent.

When management sends out information at a higher speed, the encoding process is omitted. With the addition of external channels, management has less control over the information and crisis communication, and a higher level of information asymmetry is present. Thus, while the abundance of information and information sources provide the prerequisites for individual sensemaking, the lack of control and information asymmetry harms the process for a shared organisational sensemaking.

7. Conclusion and Discussion

7.1. Answer to the Research Question

Changing information flows caused by the digital age creates new implications for crisis communication and organisational communication at large. Digital channels especially affect access to information; this thesis thus sought out to answer the following research question:

How do changing information flows affect internal crisis communication?

Our findings confirm that information flows and information sources have increased. According to existing theory, management must thus have more control over the information and communication in organisations. However, our findings show that management does not adapt the communication at the same rate as the information flows change. The presence of crisis deters employees' receptivity to information. With organisations not adapting to the increased information flows, there is an increased responsibility on the employees to actively seek out information, which often seems to be from external sources to save time. This creates asymmetrical information amongst the employees in the organisation, which inhibits the process to create shared meaning to act upon, hindering what crisis communication fundamentally aims to achieve.

Basing on the analysis in section 6 above, the following propositions suffice as an answer:

1. Changing forms of information does not seem to affect the types of media used in ICC (although a preference change among receivers is indicated).
2. Increasing information flows creates a feeling of distance when the relative part of personal interaction is reduced.
3. Changing information flows put more responsibility on the worker to actively seek out information, which often seems to be from external sources not controlled by management.
4. The increasing number of information sources and flow indicate a higher degree of information, hindering the process for shared meaning.

7.2. Discussion and Implication

In relation to previous research showing employees find information to be lacking (Heide & Simonsson, 2015; Mazzei & Ravazzani, 2011; Strandberg & Vigsø Orla, 2016), this study has found the opposite. This could potentially be due to differences in externally vs. internally created crises as there may be added incentives for management to withhold information during internally created crises. In line with earlier studies (Lindgren, 2017; Roshan et al., 2016), this study finds digital channels to present opportunities for ICC, where this study presents the need for management needing to oversee and control both external and internal channels. Further, the inclusion of digital channels provides insights into the implications that new means of communication have on ICC, which open for future research (see section 7.4 below).

With previous research in crisis communication mainly focusing on managements' interaction with external stakeholders, and showing employees to often be neglected, this study complements previous research with the internal perspective. With employees constituting close to 90% in Swedish organisations (Ledarna, 2016), management needs to understand how changes in crisis communication affect employees. Since the number of crises are increasing (PwC, 2019), this becomes even more important with the risk that even the best crisis plan could fail to fill its purpose if not communicated correctly.

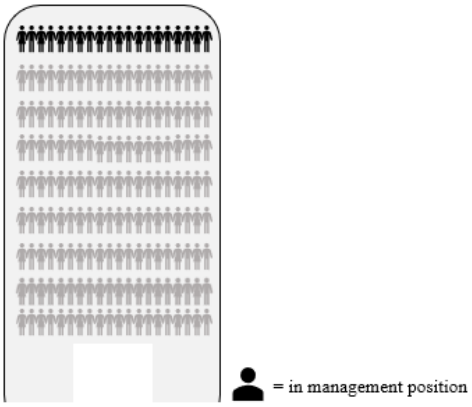

Figure 7.1. Management share in Swedish organisations (Ledarna, 2016). Edited by Johannesson & Li, 2021.

With the results allowing for a closer understanding of how and why HCW act in the crisis communication process, managers can, to a higher degree, be prepared of how to communicate information in a way that is more adapted to HCWs needs, thus increasing the likelihood of successfully handling future crises.

7.3. Limitations

Some limitations can be presented with this study. Due to the chosen ontological and epistemological approach, the results and study are dependent on the authors' ability to analyse and identify themes in the data and present them correctly and fairly. Furthermore, due to the adaptation of the theory, the theoretical framework may not include or accurately describe certain key factors for the study. The data is also skewed towards the employees' perspective and may not be fully representative of internal crisis communication. In addition, the empirical data may be fragmentary as HCW may not be fully aware of to what extent they are influenced and consume information from digital sources and social media.

The empirics is limited to Swedish healthcare institutions. With the healthcare sectors in other geographies functioning differently, the results are unlikely to represent the sector at large. The context of Covid-19 provided the setting of crises for the research question. Although the general definition of crisis might be consistent, no crisis will be the other alike, and thus near impossible to evaluate to what degree the results will be helpful for managers.

7.4. Proposal for Future Research

This study presents a relevant answer to the research question. The focus has been to create an understanding of the communication processes, where more research is needed to create a complete picture. The shaping of communication shows some tendencies that there could be practical effects on the work. Further research using quantitive methods in a crisis setting could provide a deeper understanding of the direct impact information flows have on crisis management. Especially interesting in the setting of healthcare is how information design interacts with factors such as employee satisfaction and staff turnover (the latter which has been a prominent issue in Swedish healthcare overall). With the empirics further showing lack communication affecting perceived work quality, this factor would also be interesting to study.

A way of developing this study is to explore how information design affects the immediate decision-making processes and managerial crisis response. As some of the empirics show that management tends to disregard employees' perspectives with a crisis plan deviating from reality, the weight of two-way communication and feedback loops could be explored further. As this study is skewed towards employees' perspectives, additional research could be done with the same focus but in the managements' perspective, exploring correlations between ICC, information design, internal processes, and crisis management.

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Appendix

Appendix 1. Email to Hospital HR

Hej [namn]

Jag och [andre författare förnamn] är kandidatstudenter på Handelshögskolan i Stockholm och skriver nu under våren kandidatuppsats, där vi vill fokusera på sjukvården och kommunikationsprocesser.

Vi vänder oss därför till er på [sjukhus x] i förhoppning om att komma i kontakt med personal (Undersköterskor, sjuksköterskor och läkare) som hade varit intresserade av att ställa upp på intervju. Intervjuerna hålls i första hand digitalt med tid i överenskommelse med personen under de kommande veckorna.

Både ni som organisation och de anställda som ställer upp på intervju kommer naturligtvis att hållas anonyma och personuppgifter hanteras enligt GDPR. Vår förhoppnings är att vårt arbete kan komma att bidra med nya insikter i hur kommunikationen fungerar i perioder av hög stress. Vi är oerhört tacksamma om någon medarbetare hos er hade kunnat ställa upp på en intervju.

Tack på förhand!

Vänligen,

Daniel Johannesson & Johanna Li

Appendix 2. Post for Social Media

Hur har Covid-19 påverkat kommunikationen?

Vi är två kandidatstudenter på Handelshögskolan i Stockholm som i vår kandidatuppsats fokuserar på sjukvårdens processer i en högstress miljö, med fokus på kommunikation. Vi letar efter dig som jobbar på sjukhus - undersköterska, sjuksköterska eller läkare. Du kommer få vara med på en digital intervju en tid som passar dig. All data vi samlar in kommer vara anonym och endast användas till vårt arbete och raderas därefter.

Vi är oerhört tacksamma om du vill ta dig tiden för en intervju. Fyll i formuläret i länken om du är intresserad av att veta mer eller vill delta, du är inte bunden till något om du fyller i formuläret

[Länk till formulär]

Tack på förhand!

Vänligen,

Daniel Johannesson & Johanna Li

Appendix 3. Interview Guide (Swedish)

Etiska aspekter

1. Ditt deltagande i den här akademiska studien är frivilligt.
2. I kandidatuppsatsen kommer ditt och organisationens namn att anonymiseras
3. Du kan när som helst avbryta intervjun utan vidare förklaring.
4. För att kunna transkribera intervjun och på ett mer tillgängligt sätt kunna analysera datan spelar vi gärna in intervjun - har vi ditt tillstånd att göra det?[2]
5. Har du några frågor till oss innan vi börjar

Bakgrund

1. Berätta gärna lite om dig själv och din resa till där du är idag i yrkeslivet?
2. Hur länge har du jobbat där du är nu? Vad har du gjort tidigare?
3. Vad fick dig att söka dig till ett jobb inom vården?
4. Vad är din roll idag? Vad består dina uppgifter av?
- Hur ser en normal dag ut på din arbetsplats?

Upplevelse av kris

1. Hur skulle du beskriva din upplevelse av att arbeta inom sjukvården under det gångna året?
2. Vad har du tyckt varit jobbigast med ditt arbete under denna period? Varför?
3. Vad har du uppskattat med ditt arbete under denna period? Varför?
4. Upplever du att ni gör annorlunda än andra sjukhus? Hur?

Teamet/arbetsplatsen

1. Hur ser organisationsstrukturen ut på er arbetsplats? Hur upplever du den strukturen?
2. Hur ser teamstrukturen ut? Arbetar du med samma kollegor?
3. Hur är elationen med dina kollegor? Din chef? Andra på din arbetsplats?
4. Hur sker den dagliga interaktionen tillsammans med dina kollegor?
5. Har ert arbetssätt kommit att förändras under det senaste året? Om ja; Hur?

Kriskommunikation

1. Hur har kommunikationen under det senaste året sett ut på er arbetsplats?
2. Vilka kommunikationskanaler använder ni på arbetsplatsen? Utanför arbetsplatsen? Hur upplever du att dem fungerar? Varför det?
3. Tror du att dina kollegor upplever det på liknande sätt som du gör?

Informationsflöden

1. När det kommit ny information som kan vara aktuellt för dig i din yrkesroll, hur har det kommunicerats ut i organisationen?
2. Hur upplever du mängden information du har fått ta del av? Om ej tillräcklig; Har du försökt tillskaffa dig den informationen på annat sätt? Hur?

[2] All interviewees filled in a consent form before the interview, this worked question functioned as reinsurance

3. Hur upplever du relevansen av informationen du får ta del av?
4. Hade du velat att kommunikationen såg ut på ett annat sätt? Hur?
5. Påverkar utformningen av kommunikation ditt arbete? Hur?
6. Har kommunikationen kommit att förändras under det senaste året? (Vad gäller aspekter som ex. kanal, mängd, kvalité/ relevans, struktur)
7. Varför tror du att kommunikationen sker på det sätt som det gör nu?
8. Har du varit med om en situation där du önskar att kommunikationen mot dig hade sett annorlunda ut? Om ja, hur då?

Kommunikationskanaler/ media

1. Hur ofta uppskattar du att tar del av information via olika mediekanaler? Om ja; vilka?
2. Om sociala medier: Vilken funktion fyller (sociala) medier för dig?
3. Finns det någon kommunikationskanal som du använder kopplat till ditt yrke? Interagerar du i kommunikationskanaler som är kopplade till din yrkesgrupp?
4. Om ja ovan: Får du information i dessa kanaler som du inte kan ta del av på annat håll? Om ja; vilken typ av information? Hur använder du dig av den informationen?
5. Kommunicerar du utåt i olika kommunikationskanaler? (media, sociala media) Om ja; På vilket sätt? Kan du dela med dig av ett exempel?
6. Har ser du på hur mediekanaler har porträtterat sjukvården/ert arbete det senaste året? Skiljer det sig från hur du upplever det? Vad har du för tankar kring det?

Avslutning

1. Är det någonting som du upplever att du inte haft utrymme att förmedla som du skulle vilja lägga till?
2. Är det något du sagt som du skulle vilja ändra?
3. Känner du någon som vi kan få komma i kontakt med?

Tacka för intervjun

Appendix 4. Interview Information

No.	Codename	Position	Gender	Format	Time	Date
1	Anna	Nurse	Female	Sound	1:08:28	2021-04-09
2	Beatrice	Nurse	Female	Video	1:18:50	2021-04-01
3	Caroline	Nurse	Female	Video	1:07:01	2021-04-05
4	Diana	Nurse	Female	Video	1:10:57	2021-04-13
5	Evelyn	Nurse	Female	Video	58:16	2012-04-14
6	Felicia	Assistant nurse	Female	Video	48:38	2021-04-02
7	Gabriel	Assistant nurse	Male	Video	1:01:53	2021-03-23
8	Hanna	Assistant nurse	Female	Video	45:48	2021-04-11
9	Ingrid	Assistant nurse	Female	Video	54:50	2021-03-12
10	Julia	Doctor	Female	Video	46:17	2021-03-26
11	Katarina	Doctor	Female	Video	1:01:47	2021-04-13
12	Linn	Doctor	Female	Video	52:34	2021-04-18
Minimum	**45:48**					
Maximum	**1:10:57**					
Average	**59:37**					
Median	**60:01**					