

ORIGINAL ARTICLE

Listening within structural barriers and relational potential in public health communication

Escuchar hacia adentro barreras estructurales y potencial relacional en la comunicación de salud pública

Yanara Aróstica 

Received: 10 March 2025 / Accepted: 06 June 2025 / Published online: 31 July 2025

© The Author(s) 2025

Abstract Internal communication in public health institutions is a key operational axis and an essential space for the production and circulation of organizational knowledge. This study, from a critical organizational perspective, diagnosed the internal communication dynamics within a Cuban healthcare institution, identifying strengths, weaknesses, and opportunities for structural improvement. Using a qualitative, non-experimental, and descriptive design, participant observation, semi-structured interviews, and document analysis were conducted, with thematic coding performed using Atlas.ti. A hierarchical structure was observed, characterized by limited feedback, strong reliance on informal channels, and a lack of strategic planning in communication management. These conditions hinder transparency, demotivate staff, and limit the institution's responsiveness. However, spontaneous collaborative practices and a willingness for interpersonal dialogue were also noted, representing valuable resources for bottom-up institutional transformation. It is necessary to professionalize internal communication, institutionalize protocols, and democratize information flows. Communication should be addressed as a transversal component of public management, constitutive of both power and organizational knowledge. The study provides conceptual and practical tools for rethinking the relationship between communication, institutional authority, and organizational epistemologies in the field of public health.

Keywords organizational communication, public health, internal communication, structural barriers, institutional culture.

Resumen La comunicación interna en las instituciones de salud pública es un eje operativo clave y un espacio esencial para la producción y circulación del conocimiento organizacional. Este estudio diagnóstico, desde una perspectiva organizacional crítica, las dinámicas comunicativas internas en una institución sanitaria cubana, identificando fortalezas, debilidades y oportunidades de mejora estructural. Mediante un diseño cualitativo, no experimental y descriptivo, se aplicaron observación participante, entrevistas semiestructuradas y análisis documental, utilizando Atlas.ti para la codificación temática. Se observó una estructura jerárquica con escasa retroalimentación, fuerte dependencia de canales informales y ausencia de planificación estratégica en la gestión comunicacional. Estas condiciones afectan la transparencia, desmotivan al personal y limitan la capacidad de respuesta institucional. No obstante, se observaron prácticas colaborativas espontáneas y disposición al diálogo interpersonal, consideradas recursos valiosos para una transformación institucional ascendente. Es necesario profesionalizar la comunicación interna, institucionalizar protocolos y democratizar los flujos informativos. La comunicación debe abordarse como un componente transversal de la gestión pública, constitutivo del poder y del conocimiento organizacional. El estudio aporta herramientas conceptuales y prácticas para repensar la relación entre comunicación, autoridad institucional y epistemologías organizativas en el ámbito de la salud pública.

Palabras clave comunicación organizacional, salud pública, comunicación interna, barreras estructurales, cultura institucional.

How to cite

Aróstica, Y. (2025). Listening within structural barriers and relational potential in public health communication. *Journal of Law and Epistemic Studies*, 3(2), 1-6. <https://doi.org/10.5281/zenodo.15905774>



Yanara Aróstica
yanara@suss.co.cu

Universidad de Sancti Spiritus "Jose Marti Perez", Cuba.

Introduction

In the field of public health, internal communication has evolved from being a functional tool to becoming a complex organizational phenomenon with epistemic and political implications. It is now acknowledged that communicative practices not only enable the circulation of information, but also structure hierarchies, shape power relations, and configure institutional knowledge (Felt, 2023). This epistemological shift implies understanding communication as a constitutive dimension of public institutions, especially in sectors such as healthcare, where organizational effectiveness and institutional legitimacy largely depend on how decisions, norms, and knowledge are communicated.

Recent research demonstrates that the quality of internal communication is directly related to organizational well-being, staff motivation, and the perception of institutional justice. For example, Edmondson and Lei (2021) emphasize that the presence of psychologically safe environments in public institutions largely depends on the availability of open feedback channels, horizontal dynamics, and a culture of dialogue. In their study, they identify that when communication is authoritarian or fragmented, levels of stress, distrust, and employee turnover increase. This is especially problematic in healthcare contexts, where decisions must be shared, agreed upon, and understood by multiple actors in real-time.

Likewise, the bibliometric analysis conducted by Puigvert-Santoro, Arimany-Serrat, and Tarrats-Pons (2025) indicates that after the COVID-19 pandemic, a significant transformation occurred in the dynamics of internal communication within public organizations. A clear trend emerged toward information decentralization and a renewed appreciation for informal channels of communication. Their study, based on more than 200 scientific publications, reveals that institutions with bidirectional communication strategies and a participatory approach achieved higher levels of cohesion, adaptability, and legitimacy. In this regard, the pandemic acted as a catalyst that exposed both the structural weaknesses and the opportunities for innovation in institutional communication systems.

In Latin America, studies consistently highlight the persistence of structural barriers, including hierarchical verticality, informality in information flows, and inadequate strategic planning of internal communication (Dollard & Bailey, 2021). However, emerging processes of communicative democratization are also identified, driven from the grassroots by actors committed to organizational improvement. These tensions between structural rigidity and spontaneous innovation define a dynamic scenario in which institutional power and access to knowledge are configured.

In the context of public organizations, internal communication is structured as a key component that directly influences the production, legitimation, and dissemination of

organizational knowledge. This perspective emphasizes that communication should not be viewed solely as a management tool, but as a critical dimension of institutional power.

In the specific field of public health, this dimension acquires particular relevance due to its impact on service quality, organizational climate, and strategic decision-making. Recent literature has emphasized that deficiencies in communicative processes can generate adverse effects, including staff demotivation, the breakdown of formal channels, and institutional inefficiency (Flick, 2022).

The Pan American Health Organization (PAHO, 2022) warns that the absence of communication protocols in Latin American healthcare institutions limits the capacity to implement effective public policies, especially in emergency contexts. These communication deficits result in a loss of institutional trust, failures in interdepartmental coordination, and difficulties in maintaining collaborative and sustainable practices.

In the Latin American context, persistent structural barriers have been documented that affect communicative effectiveness, such as hierarchical rigidity, limited formalization of internal channels, and dependence on informal networks (Creswell & Poth, 2018). Far from being circumstantial, these conditions stem from historical patterns that reproduce inequalities in access to information and the capacity of influence among different organizational levels.

In Cuba, these barriers are further complicated by an additional layer of complexity: the coexistence of highly centralized regulations and informal mechanisms that compensate for institutional gaps. According to Morales and Landa (2022), this duality generates tensions that affect both strategic planning and operational execution, while granting informal communication an ambivalent role—it is simultaneously an obstacle and a solution.

These tension-laden dynamics compel a reevaluation of traditional analytical frameworks and the incorporation of perspectives that recognize communication as a field of symbolic struggle, where organizational hierarchies, identities, and knowledge are constructed and negotiated.

This article aims to analyze, from a critical qualitative approach, how internal communication processes are configured within a Cuban public health institution. In particular, it examines how formal and informal channels are structured, their impact on organizational management, and their influence on the legitimacy of institutional knowledge.

It is based on the premise that every public institution also operates as an epistemic community, in which communicative practices do not merely transmit information but act as devices for meaning-making, power legitimation, and knowledge distribution. Through this lens, the study seeks to

provide empirical evidence and critical reflection that contribute to the design of more inclusive, strategic, and contextually grounded communication policies within the Cuban healthcare system.

Methodology

This study employs a qualitative, interpretive methodology to understand the deep and symbolic dynamics of internal communication within the Cuban institutional healthcare context. The choice of this approach is based on the need to grasp the meanings that individuals attribute to their communicative experiences, as well as the power structures and systems of meaning that emerge from such practices (Flick, 2022).

A non-experimental, cross-sectional design was employed, allowing for a situational diagnosis without manipulating variables. The unit of analysis was a public health institution located in central Cuba, selected based on criteria of accessibility, strategic relevance, and willingness to collaborate. The methodological process was structured into three phases: (1) empirical data collection, (2) thematic coding and analysis, and (3) interpretive triangulation.

The data collection techniques included participant observation, semi-structured interviews, and document analysis. Observations were conducted over a continuous four-week period, with structured sessions in various institutional spaces, including planning meetings, informal settings (such as hallways and waiting rooms), and official events. This technique enabled the identification of relevant communicative situations, implicit information flows, institutionalized silences, and symbolic modes of interaction.

The interviews were conducted with 12 key informants, selected through theoretical sampling, who represented managerial, technical, administrative, and operational levels. A flexible thematic guide was used, based on the emerging categories of the conceptual framework, addressing dimensions such as communicative leadership, information channels, informal practices, perceptions of effectiveness, institutional legitimacy, and organizational culture. The interviews were fully recorded and transcribed, adhering to ethical standards of informed consent and participant anonymity. Data processing was carried out using ATLAS.ti version 23, following an open, axial, and selective coding protocol (Saldaña, 2021).

Results and discussion

The document analysis encompassed internal regulations, procedural protocols, institutional reports, meeting minutes, administrative guidelines, and official communications from management. This technique enabled the contrasting of the normative dimension of institutional discourse with the em-

pirical communicative practices observed and reported by the participants. Additionally, the analysis was supported by the thematic analysis framework of Braun and Clarke (2021), which enabled the organization of findings across six phases: familiarization with the data, initial coding, theme identification, theme review, theme definition and naming, and drafting of the analytical report.

Methodological triangulation was used as a validation strategy, combining data from interviews, observations, and documents. This triangulation was complemented by an intersubjective category review conducted among peer researchers, which helped refine interpretive biases. Furthermore, a partial feedback technique was applied with the institutional actors themselves, aimed at validating preliminary interpretations and promoting co-construction of knowledge.

From an ethical standpoint, the principles of the Committee on Publication Ethics (COPE, 2022) were adopted, ensuring respect for participants' rights, data confidentiality, responsible use of sensitive material, and the right to voluntary withdrawal at any stage of the process.

It is essential to emphasize that this methodological design aimed not only to describe the functioning of internal communication but also to analyze it in its structural dimension: as a device for organizing power, producing meaning, and legitimizing institutions. In this sense, internal communication is approached as a transversal process that shapes organizational identities, defines symbolic hierarchies, and structures the relationship between knowledge, authority, and public action (Creswell & Poth, 2018).

This methodology enabled the construction of a critical, situated, and empirically grounded perspective on institutional communicative processes within the Cuban context, thereby contributing to academic and technical debates on the contemporary challenges of public health management.

The qualitative analysis enabled the identification of six key emerging categories that reflect both the weaknesses and the potential of internal communication within the institution under study. These categories were ranked according to their frequency of occurrence in interviews and observations, as illustrated in the Figure 1.

The graph shows a strong concentration of references around downward communication and the use of informal channels, reinforcing the perception that the communicative structure is hierarchical and poorly planned. However, significant levels of willingness for dialogue and participation in collective spaces were also recorded, suggesting that conditions exist for an organizational transformation oriented toward strengthening internal communication.

Most of the interviewed workers indicated that communication flows unidirectionally from managerial levels to operational staff. Vertical directives and announcements are pri-

oritized, without systematic spaces for feedback or debate. This practice reflects a verticalist institutional culture, which hinders innovation, shared responsibility, and work motivation (González & Moreno, 2021). Testimonies revealed that even important decisions are communicated without justification or prior consultation, generating frustration and a sense of detachment.

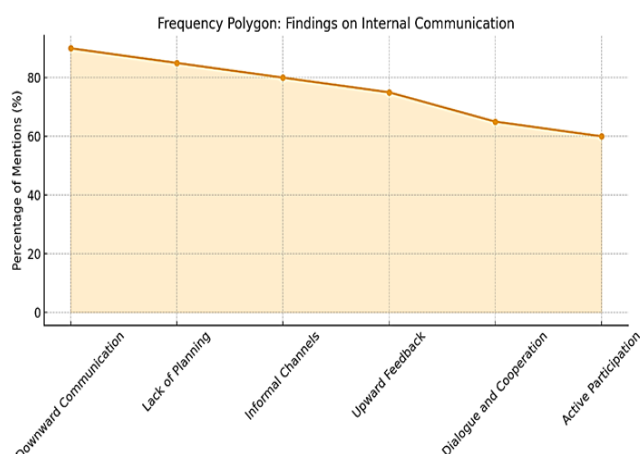


Figure 1. Frequency Polygon: Findings on Internal Communication in the Public Health Institution. Own elaboration.

The document-based diagnosis confirmed the absence of formal plans or guidelines for managing internal communication. No institutional communication objectives or evaluation indicators were identified. According to Menéndez and Suárez (2023), this strategic void has a negative impact on operational coherence and staff perceptions of transparency. The lack of planning hinders interdepartmental coordination, weakens institutional identity, and exacerbates internal conflicts.

It was found that a significant portion of the information circulates through unofficial channels, including spontaneous conversations, verbal announcements, and informal peer communications. While these channels compensate for specific gaps, they also generate asymmetries in access to information, rumors, and distortions (Bartoli, 2019). This reliance on informal communication highlights a lack of trust in formal channels and reflects a culture that is more reactive than proactive.

Operational staff reported feeling excluded from decision-making processes. The lack of spaces to express opinions, suggestions, or criticisms reduces their sense of belonging and hinders continuous improvement. According to Pérez-Díaz et al. (2023), upward institutional feedback is a key factor in building psychologically safe environments. The absence of such mechanisms reinforces the distance be-

tween management and frontline staff.

Despite the predominance of rigid structures, a favorable relational culture among workers was identified. Teamwork, mutual support, and interpersonal relationships based on trust are highly valued. This symbolic capital constitutes an internal strength that could be harnessed to build more participatory and horizontal communicative environments (PAHO, 2022). Peer recognition serves as a buffer against the wear and tear of institutional pressures.

Although in a limited manner, there are collective practices in which workers engage in dialogue about their experiences, concerns, and proposals. Periodic meetings, celebrations, and community spaces serve as venues for symbolic and emotional expression, although their connection to formal institutional management remains weak (Morales & Landa, 2022). These practices show transformative potential if integrated into genuine deliberative processes.

The results reveal a communicative paradox: while the institutional structure privileges hierarchical and unidirectional practices, spontaneous practices of collaboration, listening, and participation emerge, which could be systematized and strengthened. From a critical perspective, these tensions reflect struggles over the control of meaning, authority, and knowledge within the organization.

In line with Puigvert Santoro et al. (2025), it is proposed that improving internal communication requires a comprehensive approach that combines technical tools (protocols, plans, indicators) with cultural processes aimed at communicative democratization. According to PAHO (2022), strengthening institutional communication not only improves organizational efficiency but is also a strategic component for ensuring rights, equity, and legitimacy in public health systems.

The critical analysis of internal communication in the examined public health institution revealed that it does not function merely as an operational mechanism, but instead constitutes a structuring dimension of organizational life. The findings indicate that, in public health contexts, internal communication operates as a transversal axis that directly influences strategic management, staff well-being, knowledge circulation, and institutional legitimacy.

A vertical and unidirectional organizational culture was identified, characterized by predominant top-down communication and a lack of formal spaces for feedback and active staff participation. This communicative structure reinforces rigid hierarchies and limits collective learning, institutional innovation, and the development of organizational trust. Furthermore, the absence of an internal communication policy was evident, reflected in the lack of strategic planning and the high degree of informality in information flows. These conditions undermine functional efficiency, weaken employ-

ees' sense of belonging, and reduce institutional cohesion.

Despite these limitations, the study identified emerging communicative practices with potential for democratization. Informal cooperation networks, a willingness for interpersonal dialogue, and non-institutionalized collective spaces were observed. Although marginal, these practices serve as symbolic mechanisms of resistance to authoritarian management styles, opening possibilities for the development of a more horizontal and participatory communication culture.

From an epistemic perspective, internal communication not only transmits information but also structures meaning, produces institutional legitimacy, and configures power relations. The way an organization communicates—or remains silent—shapes the construction of valid knowledge, legitimizes certain discourses, and marginalizes others. In this sense, communication is positioned as a normative space that shapes the organization's symbolic architecture.

The results suggest the need to implement comprehensive strategies that frame communication as an institutional right rather than a concession. Developing structured internal communication plans, fostering leadership attuned to dialogue, and institutionalizing participatory spaces emerge as fundamental actions to strengthen symbolic governance, ensure communicative justice, and advance toward more inclusive and context-sensitive organizational epistemologies in the health sector.

Conclusions

The study highlights internal communication in public health institutions as a core organizational dimension that shapes strategy, staff well-being, knowledge flow, and legitimacy. It reveals a dominant vertical communication model that limits feedback and trust, alongside a lack of structured communication policies, which weakens cohesion and efficiency. However, informal networks and dialogical spaces emerge as resilient, democratizing forces pushing toward more participatory cultures. Communication is shown to be a political and epistemic process that constructs meaning and power relations, challenging traditional management views. Practically, the study calls for comprehensive communication plans, participatory leadership, and institutionalized dialogue, rather than merely symbolic gestures. It positions communication as a fundamental institutional right and contributes to critical public management scholarship by advocating for context-sensitive, inclusive organizational epistemologies in Latin America's health sector.

References

- Bağ, D., & Bağ, S. (2024). Change management in healthcare – a scoping literature review. *e-mentor*, 2(104), 23–33. <https://doi.org/10.15219/em104.1652>
- Bartoli, C. (2020). *La comunicación interna en las organizaciones 2.0: Prácticas informales y desafíos estratégicos*. Editorial UOC. https://www.editorialuoc.com/la-comunicacion-interna-en-las-organizaciones-20_1
- Braun, V., & Clarke, V. (2021). *Thematic analysis: A practical guide*. SAGE Publications. <https://uk.sagepub.com/en-gb/eur/thematic-analysis/book248481>
- Contreras, J., & Pinto, R. (2022). Participación, comunicación y salud en contextos de precariedad institucional. *Salud Colectiva*, 18, e4102. <https://doi.org/10.18294/sc.2022.4102>
- Creswell, J. W., & Poth, C. N. (2018). *Qualitative inquiry and research design: Choosing among five approaches* (4th ed.). SAGE Publications. <https://collegepublishing.sagepub.com/products/qualitative-inquiry-and-research-design-4-246896>
- Dollard, M. F., & Bailey, T. S. (2021). Building a Psychosocial Safety Climate in Turbulent Times: The Case of COVID-19. *Journal of Applied Psychology*, 106(4), 508–520. <https://doi.org/10.1037/apl0000883>
- Edmondson, A. C., & Lei, Z. (2021, April). What psychological safety looks like in a hybrid workplace. *Harvard Business Review*. <https://hbr.org/2021/04/what-psychological-safety-looks-like-in-a-hybrid-workplace>
- Fahmi, L. (2024). Internal communication and well-being: Organizational challenge. *Unpublished manuscript*. https://www.researchgate.net/publication/381145057_Internal_Communication_and_Well_being_Organizational_Challenge
- Flick, U. (2022). *An introduction to qualitative research* (7th ed.). SAGE Publications. <https://uk.sagepub.com/en-gb/eur/an-introduction-to-qualitative-research/book278983>
- Fox, A., Law, J. R., & Baker, K. (2022). The case for megatagovernance: The promises and pitfalls of multisectoral nutrition service delivery structures in low- and middle-income countries. *Public Administration and Development*, 42(2), 128–141. <https://doi.org/10.1002/pad.1974>
- Fronzetti, A., Grippa, F., Broccatelli, C., Mauren, C., McKinsey, S., Kattan, J., Sutton, E. S. J., Satlin, L., & Bucuvalas, J. (2023). Boosting advice and knowledge sharing among healthcare professionals. *arXiv*. <https://arxiv.org/abs/2310.15102>
- Lee, Y., & Yue, C. A. (2023). The state of internal communication in Latin America: An international Delphi study. *Public Relations Review*. Advance online publication. <https://doi.org/10.1016/j.pubrev.2022.102262>
- Louart, S., Bonnet, E., & Ridde, V. (2021). Is patient navigation a solution to the problem of “leaving no one behind”? A scoping review of evidence from low-income countries. *Health Policy and Planning*, 36(1), 101–116. <https://doi.org/10.1093/heapol/czaa093>
- Pattiasina, P. J., Aziz, F. R., & Kowiyanto. (2024). The role of internal communication in building a positive corporate

culture. *International Journal of Social and Education (INJOSEDU)*, 1(3), 595–607. https://www.researchgate.net/publication/382240925_THE_ROLE_OF_INTERNAL_COMMUNICATION_IN_BUILDING_A_POSITIVE_CORPORATE_CULTURE

Touraine, A. (2020). *El sujeto y el poder: Nuevas dinámicas sociales en tiempos de incertidumbre*. Siglo XXI Editores. <https://sigloxxieditores.com.mx/autor-a/alain-touraine/>

Whetsell, T. A., Kroll, A., & DeHart Davis, L. (2020). Formal hierarchies and informal networks: How organizational structure shapes information search in local government. *arXiv*. <https://arxiv.org/abs/2006.08019>

Zuzul, T., Cox Pahnke, E., Larson, J., Bourke, P., Caurvina, N., Parikh Shah, N., Amini, F., Weston, J., Park, Y., Vogelstein, J., White, C., & Priebe, C. E. (2021). Dynamic silos: Increased modularity in intra-organizational communication networks during the Covid-19 pandemic. *arXiv*. <https://arxiv.org/abs/2104.00641>

Conflicts of interest

The author declares that she has no conflicts of interest.

Author contributions

Yanara Aróstica: Conceptualization, data curation, formal analysis, investigation, methodology, supervision, validation, visualization, drafting the original manuscript and writing, review, and editing.

Data availability statement

The datasets used and/or analyzed during the current study are available from the corresponding author on reasonable request.

Statement on the use of AI

The author acknowledges the use of generative AI and AI-assisted technologies to improve the readability and clarity of the article.

Disclaimer/Editor's note

The statements, opinions, and data contained in all publications are solely those of the individual authors and contributors and not of *Journal of Law and Epistemic Studies*.

Journal of Law and Epistemic Studies and/or the editors disclaim any responsibility for any injury to people or property resulting from any ideas, methods, instructions, or products mentioned in the content.