You walk into the health center and behind the sliding glass window you see a young woman talking to someone on a headset. She smiles, nods briefly, and you know to wait patiently in line and she will help you soon. In the next minute you notice the woman type into her computer while talking out loud. Then, while still talking on her headset, she gets up from her chair, walks to a filing cabinet, pulls out some paper, and returns to her desk. You notice her nod at you again as she opens the sliding glass window. She says, “May I help you?”

**Keywords:** Multicommunicating, patient-facing work, normalized practice, communication technology use

**Purpose:** One of the biggest changes in healthcare during the past decade has been the infusion of multiple information and communication technologies, necessitating technology-proficient healthcare workers. Front line staff, like Medical Admitting Clerks (MACs), play a pivotal role in patient experiences and they are often the same workers who have to juggle multiple conversations happening through different modalities (e.g., telephone, emails, and face-to-face). The juggling of these communicative practices is called “multicommunicating,” defined as engaging in two or more overlapping, synchronous conversations (Reinsch, Turner & Tinsley, 2008). In this study, we investigated the multicommunicating practices of MACs—typically the first health center contact person for patients and their families. Here, we share the results of a qualitative study consisting of observations, interviews, and focus groups conducted in CommUnityCare, a Federally Qualified Health Center (FQHC). From our findings we elaborate our theoretical contribution and the practical implications relevant for healthcare organizations faced with these new technology communication challenges.

**RQ1:** How do MACs communicatively construct the meaning of multicommunicating practices?  
**RQ2:** What are the reasons underlying MACs’ multicommunicating practices?  
**RQ3:** What strategies do MACs use for managing multicommunicating practices?

**Background and Rationale**

The healthcare experience starts the first time a patient calls to schedule an appointment, the first time they are seen in the physician's office, or on their first visit to a hospital (Scott, 2001). In
these healthcare settings, medical admitting clerks (MACs) typically make the first contact with patients and their families. These workers screen phone calls, schedule appointments, and organize patient charts (Greco, Francis, Buckley, Brownlea, & McGovern, 1998; Greco, Spike, Powell, & Brownlea, 2002). Their tasks are supplemented with other interaction-intensive activities such as managing patients and resolving complaints. MACs are required to have excellent communication skills—both speaking and listening—to make the admittance process less stressful for patients and families (Hewitt, McGloughan, & McKinstry, 2009). Unlike healthcare professionals, whose service to patients is constituted from a combination of discursive, physical, and technical resources, MACs accomplish their work with patients exclusively through spoken and written means (Gerdin, 2007).

MACs often juggle multiple conversations with patients and providers while using many communication technologies (e.g., telephone, face-to-face). For example, a MAC can cycle between several conversations while opening an email and responding to his or her supervisor on a phone. These communicative practices are called “multicommunicating,” which are defined as managing multiple conversations, using nearly synchronous media (e.g., face-to-face conversation, telephone calls, text messaging, email, etc.; Reinsch, Turner, & Tinsley, 2008). Multicommunicating entails “the micro-transitions among roles and sub-roles, the on-going pursuit of an appropriate set of instrumental and relational objectives within each conversation, the monitoring and interpretation of responses to one’s actions, and the concomitant ceding to each of several others some level of control over one’s own behaviors” (p. 10). In the literature, multicommunicating is not only clearly distinguished from related concepts (e.g., multitasking and polychronicity), but it is also more difficult to perform as a practice (Reinsch et al., 2008).

Previous studies have examined multicommunicating in contexts such as collaborative decision making (Dennis, Renecker, & Hansen, 2010), and under conditions of message equivocality (Turner & Reinsch, 2007), subject to social influences (Stephens & Davis, 2009), and impacting relational outcomes (Cameron & Webster, 2010; Turner & Reinsch, 2010). Whereas researchers generally perceive multicommunicating as a workplace strategy (Dennis et al., 2010; Stephens, 2012), under the direct control of communicators, few scholars have moved beyond that assumption. Our study problematizes the prevailing view that multicommunicating is always strategic and instead looks at how this practice is accomplished by employees who are in constant contact with customers. These are the research questions we asked: (1) How do MACs communicatively construct the meaning of multicommunicating practices? (2) What are the reasons underlying MACs’ multicommunicating practices? and (3) What strategies do MACs use for managing multicommunicating practices?

**Method and Analysis**

Our UT research team partnered with a local Austin/Travis County Federally Qualified Health Center, CommUnityCare, which operates over 20 different health center sites ranging in size from one provider to over 50 providers in a single location. Our team attended new employee orientation, engaged in participant observations, and conducted formal and informal interviews as well as focus groups during a six week time-period in 2016. Attendance at two different four-hour new employee orientation sessions generated 33 pages of single-spaced field notes. Next, we conducted 78 hours of participant observations in four different clinics, which yielded 76 pages of single-spaced field notes, 62 photos, and 3 sketches of workspace layouts. Our observations occurred during multiple shifts and working schedules (e.g., morning vs afternoon, weekday vs weekend).
There were 23 MACs and five MAC supervisors who voluntarily participated in interviews and focus groups. The interviews were brief and happened during our observations and included a total of 14 MACs. We also ran three focus groups, one specifically for supervisors, and those included the remaining 9 MACs. These data were recorded and transcribed resulting in 70 pages of double-spaced text. We analyzed all our data by following constructivist grounded theory (Charmaz, 2006; Glaser & Strauss, 1967), where data collection and analysis occurred iteratively. We met in a series of team meetings to code, identify, and discuss the emerging themes. The first step of our analysis generated over 100 open codes that were associated with multicommunicating. In the ensuing step, we began to “separate, sort, and synthesize...data through qualitative coding” (Charmaz, 2006, p. 3), followed by a constant comparison (Glaser & Strauss, 1967), where each category was organized based on its theoretical and practical similarity to the other categories. The conceptual categories were generated inductively and followed Owen’s (1984) criteria of recurrence, repetition, and forcefulness. This iterative process resulted in four main categories and 18 subcategories that together addressed our three research questions. Among the codes that emerged in these categories, 55% were generated from observations—including new employee orientation—and 45% came from both formal focus groups and informal interviews.

**Results and Discussion of Findings**

**RQ1: How do MACs communicatively construct the meaning of multicommunicating practices?** To address this question, we combined the data from new employee orientation and the daily work practices observed in the health center sites. Orientation was an opportunity for MACs to learn about their job in a focused, single-tasking environment. Here, there was minimal discussion concerning how they would conduct and manage their work; the focus was on learning about the organization, its funding sources, their prized customer-service attitude, and it ended with intensive training on using the Electronic Health Records system. The MACs’ job description did set their expectation of working in a customer-facing job, but the pace of their work was absent from the conversations.

In the health center sites, it was obvious that successful MACs adapted quickly to the fast-paced, intense customer-interaction environment. One MAC trainer said that they know within a week if a MAC has the ability to manage this intense environment. One MAC explained her job: “[We are] just very busy at all times. We are very very busy, there is always something to do, rescheduling, you know, calling patients, verifying. A MAC’s role is very very busy. Because always somebody walks in up to a MAC, [and says,] ‘do this and do that.’”

MACs perceived multicommunicating as a practice that balanced accuracy with service. They needed to simultaneously create accurate medical appointments, converse with providers (e.g., doctors, nurse practitioners, and medical assistants), coordinate their own work flow, and be available for patients. Their responses indicated that they were often shifting workplace roles, from a front desk registrar, to a departmental representative, a coworker, a subordinate and a team member. As the frequency of their shifting roles and the pace of their work increased, they viewed multicommunicating as more intense, error-prone, and stressful.

**RQ2: Reasons for Multicommunicating.** Digging deeper into our findings, we identified three main reasons that MACs engaged in constant multicommunicating: many conversations, access to myriad technologies, and the configuration of their workspace. A fundamental part of MACs’ work is their communication with others—including patients, coworkers, medical assistants, doctors, and supervisors—and MACs are constantly accessible. Their technology-enabled working
environment made it easy for them to engage in two or more overlapping, synchronous conversations. In addition to face-to-face communication, the specific communication technologies involved were: phone calls, instant messaging, text messaging, email, fax, scanners, and multiple communication functions accessed in the EHR system.

The configuration of their working spaces enabled multicomunicating in diverse ways. Even though each clinic had a slightly different configuration, in all cases, patients approached MACs from the front, often with a window partition. Coworkers, including other MACs, supervisors, providers, and visitors approached MACs from behind, and occasionally from their side. Figure 1 illustrates a typical open-design arrangement of a MAC’s working space.

--- Insert Figure 1 here ---

**RQ3: Strategies for managing multicomunicating.** While it was common for MACs to have multiple, communicative demands on their time at work, they managed these demand by releasing both the physical and mental burden of multicomunicating. One MAC explained, “The job is all about multitasking. Gotta multitask... We’re here to take care of the patients. But at the same time, it’s like we’ve got to take care of ourselves too. I try not to get burned out.” Another management strategy was normalizing multicomunicating behaviors as necessary to do their job. For many MACs, they realized quickly they had to be good at multitasking and multicomunicating to do their job; therefore, they viewed learning how to multicomunicate as the first step in learning their job. One MAC explained: “You come, you learn it, you learn it as you go, you start learning how to shuffle, work around, and how to put things to the pending, to the side, and get to it before the day is over. It all comes with the job. Once you learn it, you start to know how to do things easier.”

**Discussion & Practical Implications**

This study investigated multicomunicating practices in a new context—customer-facing work—with the goal of extending current theoretical understanding of this complex practice. Our major contribution to this literature is that multicomunicating does not have to be a strategic practice, rather it can become normalized and almost invisible. While MACs do not necessarily walk in the door ready to be a multicomunicator, if they cannot adapt to this defining characteristic of their work, they cannot be successful in their job.

In addition to our theoretical contributions, this study sets the groundwork for healthcare organizations to better understand how to recruit and train new MACs. Unless a MAC has had prior experience working in a fast-paced, technology-intensive, emotionally sensitive environment, learning how to effectively multicomunicate can be difficult. This might explain the high turnover rate in many new MACs. However, once a MAC learns to balance accuracy with service, they can seamlessly switch between conversations occurring through different technologies. This is the point where the practice becomes the norm. Many MACs are completely unaware that they are bouncing between roles and conversations, yet they are aware that they are stressed. To cope with these stressors, MACs reframed the normalized practice of multicomunicating in terms of productivity and efficiency at work or as something that comes “naturally.” However, our data suggest that the normalization of multicomunicating practices takes time to develop, and there is currently a gap between the training received and the type of work MACs do on a daily basis. Our findings suggest these practical contributions: (1) informing the design and implementation of more realistic workplace training, and (2) generating awareness that multicomunicating is such an integral part of a MACs work, which fundamentally influence their stress and overall work experience.
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References


Figure 1. A sketch showing the space arrangement of MACs’ working space