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Association Page

Creating a Formal Partnership between EACH and the International Communication Association (ICA)

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Over the last year, researchers who have been members of EACH: International Association for Communication in Healthcare but whose primary affiliation is the International Communication Association (ICA) worked with leaders of EACH to create a formal partnership between the two organizations. This new partnership should be of interest to readers of PEC for a number of reasons including offering opportunities for readers of PEC to be involved in both EACH and ICA and to become involved in the discussion and potential collaboration opportunities through networking and mentoring and public forums at conferences and online webinars. This could be the partnership that you have been looking for to advance your own research. At the collective level, we are looking to expand our international networks to do research across country and disciplinary boundaries. The robust, theoretically-based work that is a foundation of ICA members, and the expertise in healthcare communication of EACH members, provides a cornerstone for the future. Beyond the next few years of conference connections, we hope to see shared writing and fruitful partnerships over time.

In these PEC pages, we describe our foundations and opportunities to support collaborative research and conversation. Our goal in the partnership is to recognize and demonstrate added value of multimethod and/or multilevel research within and across countries and professional disciplines that is enhanced by the partnership. Our primary question as we begin this partnership focuses on how we can learn from each other.

The initial partnership working group includes members from the Health Communication Division of ICA and members of EACH who are listed as co-authors on this article. In spring 2021, the working group presented symposia at both virtual EACH and ICA conferences. EACH has chosen to become an affiliate organization to ICA to leverage commonalities and unique perspectives and make connections across the expertise of members in each of these organizations, further advancing best practices in communication in healthcare. Readers of PEC are welcome to get involved. The working group is also committed to building opportunities for relationships that extend beyond formal membership benefits.

1. Learning from each other

To begin, our partnership conversations started dis-entangling some fundamental assumptions, strengths, and limitations of communication theory and methods as understood by members from the Health Communication Division of ICA and to connect those strengths to EACH. From a practical perspective, ICA members are Communication scholars and students who most often work in departments of Communication or Media, within Colleges of Arts, Humanities, and Social Sciences. In contrast, while some EACH members work in these same settings and come from a Communication background, many EACH members work primarily in healthcare practice and research settings and healthcare professional educational institutions and represent a broad variety of social science and health professional disciplines.

While many ICA members do applied work through partnerships or joint appointments with health professional organizations and educational programs, there is interest in expanding work with others in communication in healthcare related to research, education, and practice. ICA-based individuals are trained in a wide range
of theories and quantitative and qualitative methods. Often the expertise of an ICA-based scholar is reflected in their ability to apply and develop theory that helps explain what occurs in healthcare interactions, as well as advance theory-driven research design and measures to capture and analyze those interactions. This dialogue between ICA and EACH is intended to broaden our understanding and application of the intersection between theory, measurement, and practice in the study of communication in healthcare.

Spring 2021 symposia examined the EACH and ICA missions, organizational structures, membership, and experience working with other organizations. The different perspectives represented among our EACH and ICA members regarding the definition of health communication, the range of theoretical and methodological approaches employed, as well as the variety of modes of conducting fieldwork can allow for potentially fruitful partnerships over time. Partnerships can inform health communication in everyday healthcare practice as well as policy. In the symposia, we shared examples of current pairings and dialogues between ICA and EACH members to show how different approaches give insight into important health communication topics. Initial topics included shared decision-making, communication skills training, misinformation and COVID-19, and methods and data sharing. These topics serve as cornerstones for this partnership moving forward.

The goal of this working group is to invite EACH and ICA members to discuss opportunities to build collaborative research, teaching, and advocacy. Our initial symposia and other activities are designed to build formal structures and processes for sharing between the organizations and among scholars, clinicians, and practitioners for years to come. EACH members and PEC readers who would like to become EACH members are invited to join the conversation by participating in a conference session to be included at EACH and ICA conferences. The contact email is listed at the end of this article.

2. Relational benefits of the partnership

Overall, we think the partnership between EACH and ICA will be beneficial to members of both organizations. EACH is a global organization dedicated to exploring and improving the ways in which healthcare professionals, patients, and family members communicate with one another. And while EACH focuses on many of the health communication issues that people in ICA examine, including public health communication, patients’ experiences with illness, shared decision-making, personalized health communication technologies, and other topics, a primary focus for many EACH members is grounded in the interaction between health care providers or clinicians and patients and families. EACH focus tends to be very applied, although we build ideas relevant to core communication research. Our EACH membership is made up of representatives from more than 40 different countries and includes social scientists, clinicians, and policy makers all focused on the aim of exploring and enhancing healthcare communication. The way that we work together within EACH is by sharing expertise and evidence related to communication and health care. We also share resources related to research, teaching, and policy and encourage networking among our members so we can all move forward together. The members of EACH often have access to health care settings and work in health care settings that may be less available to some ICA members. Equally, ICA can bring different core competencies to EACH members, especially with the emphasis on communication theory-building, which could help move forward the theoretical grounding of EACH members’ work.

3. Partnering opportunities at conferences

Mark your calendars and look for a call for a co-sponsored panel to be included at the annual ICA conference in Paris in May 2022. The panel will focus on making connections for research partnerships. Beyond that, look for ongoing future opportunities on both organizations’ websites and your inbox.

Also, the ICA Health Communication Division has adopted EACH’s Pairing with Colleagues Mentoring Program and we hope this partnership will strengthen opportunities for graduate students and early career scholars with research networking and entrée into healthcare settings while providing potential collaborators to assist with EACH member research and vice versa.

4. Organizational benefits of the partnership

As mentioned, EACH has chosen to become an affiliate organization to ICA to leverage common interests, perspectives, and expertise in communication in healthcare. At this point, formalizing the relationship translates into panel presentations at annual meetings shared across the organizations. Yet, we are working on how this formal relationship can be institutionalized in additional ways such that members benefit from membership in both organizations. Moreover, we are in conversation about benefits such as discounted memberships and conference registration to conferences for ICA and EACH including offering a 20% membership discount to ICA members wanting to join EACH https://each.international/membership/. We are also working on access to members’ areas of the websites and online resources, networking and mentoring opportunities.

In short, we intend to encourage this ongoing relationship and partnership. We expect significant value gained for both ICA Health Communication Division members and EACH in creating and formalizing this relationship. If you are interested in learning more about this partnership or becoming involved in further discussions, please feel free to contact us at icaeach@each.international.