

Epistemic management in the material world of workplace: A study of nursing shift handovers at a Japanese Geriatric Healthcare Facility



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Abstract

This study investigates how nurses working at a Japanese geriatric healthcare facility report, confirm and reconstruct information concerning care receivers during routine handover meetings. Through a sequential and multimodal analysis of the video-recorded handovers, the study investigates how the participants manage the intricate balance between their obligation to sustain the accuracy of records and their orientation toward respective situated identities as reporters and report recipients, by tactfully using linguistic and other semiotic resources. Our analysis demonstrates how the participants incorporate various evidential markers as a resource to present different kinds and levels of access they have to particular pieces of information and to indicate their epistemic stance. Further, it uncovers how the presence of documents that contain information regarding care receivers, available for inspection during the interaction, impact the ways in which outgoing nurses construct their reports, as well as the ways in which incoming nurses initiate repair. The study thus contributes to a growing body of research that investigates epistemic management in institutional settings, as well as to the advancement of our understanding regarding Japanese evidential markers in use.

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1. Introduction

Over the last few decades, a growing number of interdisciplinary studies, informed by conversation analysis (CA), have investigated contingent, locally produced, and yet normatively accountable actions occurring in various types of institutional settings (e.g., Suchman, 1987, 1996; Drew and Heritage, 1992; Goodwin, 1994, 1995, 1996, 2013; Heritage and Clayman, 2010; Antaki, 2011; Heath and Luff, 2013; Streeck et al., 2011 to name a few). These studies examine moment-by-moment coordination of talk and other semiotic resources vis-à-vis the sequential context of consecutive utterances and the physical configuration of the material world surrounding them. Through the examination, the studies have explored how the institutional goals and constraints, as well as the institutional roles assumed for different parties, are reflexively indexed through participants' conduct. Following this strand of research, the current study undertakes a sequential and multimodal analysis of how nurses and other healthcare workers at a geriatric healthcare facility (*kaigo*

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rōjin hoken shisetsu)¹ in Japan participate in shift handover meetings. In particular, the study focuses on how the participants report, confirm and reconstruct information concerning care receivers during this institutional routine.

For healthcare providers, how the knowledge about care receivers' conditions is distributed, co-constructed, and recorded is indeed a major practical concern. As suggested by the term *handover*, *mooshi-okuri*, whose literal meaning is "reporting and sending," this routine activity assumes a pre-allocated speech exchange system in which a member of the outgoing shift conveys the latest information about care receivers² to the incoming shift. As such, incoming shift members typically produce minimum tokens of continuers, news-receipts, or acknowledgments, while listening to an outgoing nurse's report and taking notes. On occasion, however, a member of the incoming shift initiates a repair, begins to consult with written records, or offers independent information based on their own experience with the care receiver in question. These interactive exchanges are often valued in the existing literature on handovers, as they likely contribute to the reduction of errors and to the establishment of more robust shared knowledge (e.g., Grosjean, 2004; Nagai, 2007a,b; Patterson et al., 2007; Patterson and Wears, 2010; Bangerter et al., 2011; Mayor et al., 2012).

Previous studies also acknowledge, however, that questions, suggestions, disagreements and read-back were relatively rare (e.g., Buus, 2006; Horwitz et al., 2009), in part due to the fact that these actions of challenging or questioning the report's reliability or effectiveness can be viewed as disaffiliative. In other words, these are the moments when the ownership of, and responsibility for, the knowledge likely become a salient issue among the participants. As shall be shown, the current data indeed demonstrates the intricate work that is demanded from the participants as they strive to improve professional practices while maintaining social relationships among one another.

While the basic features of handovers discussed above are common across different medical institutions and wards, as reported by Mayor et al. (2012), resource allocation, communication content, and functions of handover may vary among them. The facility where our data was collected, for instance, accommodates the elderly who need nursing, with the eventual goal of helping them transition into home care. Thus, residents in this facility tend to have long-lasting, but relatively stable conditions, which require care more than a cure. This tendency contrasts with wards that face acute and rapidly-changing conditions on a more frequent basis, and affects the nature of handovers conducted. Namely, while an outgoing nurse serving as the primary reporter is presumed to have more knowledge about what happened during the latest shift than incoming shift members, it is often the case that incoming shift members also have some knowledge about the residents' history and underlining conditions because of their prior experience with them. Further, there are multiple documents of the residents' conditions, made available for review at the nursing station where these handovers take place. These states of affairs are implicated in the outgoing nurses' design of their reports, as well as that of the recipients' responses. This study thus considers how the participants navigate the delicate balance between their obligation for sustaining the accuracy of records and their orientation toward respective situated identities as reporters and report recipients.

The organization of this paper is as follows: Section 2 provides a concise review of relevant literature on epistemics, Japanese evidential markers, and workplace studies that inform our analysis. Subsequently, Section 3 describes the facility where our data were collected and the basic arrangement of the routine handover meetings to be analyzed. Section 4 offers an overview of the workings of evidential markers most frequently observed in the current data, and Section 5 introduces a detailed analysis of three excerpts that demonstrate different ways in which the participants work toward the confirmation of accurate information regarding care receivers. Finally, Section 6 summarizes the findings and discusses implications and possible future directions.

2. Epistemics, evidential markers, and the material world

2.1. Epistemics in social interaction

The management of ownership and distribution of knowledge accomplished in and through social interaction has been one of the key objects of inquiry for CA researchers (e.g., Raymond and Heritage, 2006; Stivers et al., 2011; Hayano, 2011, 2013; Heritage, 2012a, b, 2013; Hayashi, 2012; Hayashi and Kushida, 2013, to name a few recent studies). Be it telling a story, delivering news, or making an assessment of events, objects, or people, knowledge displays and negotiations are omnipresent in a variety of everyday activities. As they design their own talk and action, or attend to the others', interactional participants constantly demonstrate their understanding of "who knows what," "who has a *right* to know what," "who knows *more* about what," and "who is *responsible* for knowing what" (Stivers et al., 2011: 18).

¹ *Kaigo rōjin hoken shisetsu* is one of several different types of geriatric healthcare facilities that exist in Japan. Medical care services available at the facility focus on occupational therapy and physical therapy, with the aim of enabling the residents to participate in the activities of daily life.

² Depending on the type of institution, care receivers may be called "patients," "residents," or "users." The current study adopts the term "residents" at times because the data involve short-term residents of the facility who require care rather than cure.

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