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Ways of ‘appealing to the institution’ in interprofessional rehabilitation team decision-making

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ABSTRACT

Making decisions in interprofessional team meetings about clients' employability and entitlements to welfare benefits is a balancing act between institutional resources and constraints on the one hand and professional expertise and responsibility on the other. Despite a growing focus, only a handful of discourse and communication oriented studies engage focally on decision-making processes involving different professionals. We specifically address the following research question: how do professionals appeal to the existing institutional norms and frameworks in a contingent manner while processing client cases to arrive at decisions? Our study context is the rehabilitation team meetings in the Danish social work setting. Based on 18 recordings of rehabilitation team meetings we adopt the framework of activity analysis to identify the distributional patterns of appeals to the institution vis-à-vis professional expertise and role-responsibility. Our findings suggest that appeals to the institution can be differentiated at the level of five sub-types depending on what is at stake, e.g. (i) the legal/institutional framework; (ii) the institutional criteria for eligibility; (iii) the institutional categories; (iv) the institutional procedures for case-processing; and (v) anticipating future institutional scenarios. Despite this differentiation, these sub-types of appeal to the institution are interwoven in any stretch of decisional team talk and point to an inherent tension between the so-called institutional order and (inter)professional order.

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1. Introduction: emergent tensions between institutional, professional and client frames

When clients come into contact with institutions and their representatives, according to Agar (1985), tensions arise between client frames and institutional frames. The imperative then is for institutional representatives – in some cases, professionals such as social workers – to fit clients' problems into the existing institutional frames, determining which institutional actions are relevant in dealing with clients' needs and expectations (Sarangi and Slembrouck, 1996). This is what we broadly refer to as ‘appeal to the institution’. We borrow the term ‘appeal’ from the tradition of rhetoric and argumentation where it is considered both a reasoning process and a persuasive act. In many settings institutional representatives do not simply apply the institutional frames to the clients' lived situations, but mediate between the two competing frames via their professional expertise/knowledge and their role-positioning (Sarangi and Roberts, 1999). Appeals to the institution thus make the otherwise invisible institutional norms and guidelines visible in the decision-making process within a given organizational context.

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The tensions between institutional, professional and client frames are further exacerbated when it involves an inter-professional team processing a case, as in the present study setting. Differences may emerge because of the different organizations that the professionals represent in the team and their individual levels of expertise vis-à-vis their responsibilities, as in the case of rehabilitation meetings. The distinction between institutional and professional frames is useful in addressing both interprofessional tensions as well as tensions between institutional and professional perspectives. While analytically distinguishable, the institutional and professional frames are closely linked in everyday practice in mutually legitimating and constitutive ways (Sarangi and Roberts, 1999). As Mäkitalo (2009) argues, the institutional procedures may place limits on what can be achieved by professionals, yet at the same time institutional procedures are resources that professionals actively draw upon to make decisions in their respective practices.

In this paper we examine how professionals appeal to the institution during the decision-making process and, more specifically, how, when and by whom the institutional framework is invoked. The paper first reviews existing discourse analytic studies on decision-making in team meetings (Section 2), before presenting the contextual background, methodological considerations and the analytical framework underpinning the study (Section 3). This is followed by data analysis (Section 4), which is divided into three sub-sections. Concerning the general patterns of appeals to the institution in the team meetings, we identify five sub-types of appeal to the institution as well as their intersection via two extended examples. Finally, we discuss our key finding concerning the interwoven nature of institutional and (inter)professional orders in team-based decision-making (Section 5) and offer some concluding remarks, including implications for professional practice (Section 6).

2. Literature review: decision-making processes in team meetings

An extensive and still growing body of studies has examined team meetings with a focus on the interactional dynamics (see Asmuss and Svennevig, 2009; Housley, 2003; Svennevig, 2012 for overviews). Far fewer studies engage with the theme of decision-making in interprofessional teams within people-processing institutions. In a systematic review of discourse-oriented studies of team decision-making, Halvorsen (2010) identifies a number of settings ranging from business organizations and education to social work and healthcare. She points out that only a few studies explicitly discuss the concept of decision-making, with the result that decision-making remains implicit when attending to specific interactional phenomena.

A key question concerns what counts as a decision. Huisman's (2001: 70) definition of decision as a 'commitment to future action' is a useful starting point. In the case of our rehabilitation teams, the future action is first and foremost to make a formal recommendation for a given entitlement, with other contingent actions along the way. It is worth noting that the commitment to future actions may be explicitly or implicitly formulated. Hitzler and Messmer (2010: 208), for example, attest the high degree of implicitness in group decision-making; for them, a decision is recognizable only insofar as it is interactively being treated as a decision. Moreover, a commitment to future actions, as we will illustrate with our data, will be framed variably with reference to the institutional, professional and client frames.

From among the studies which address the theme of decision-making, two distinct strands can be noticed. The first strand relates to the tensions between the institutional order and the professional order – to use the terminology suggested by Sarangi and Roberts (1999). In hospital-settings, Graham (2009) illustrates how competing hierarchies of institutional and expertise-based characteristics are manifest and managed at the interactional level, while Måseide (2006, 2016) demonstrates how doctors manage professional and institutional problems through discursive strategies that allow participants to move in and out of the institutional and professional orders. In team meetings concerning children with special needs, Mehan (1983) ties influential status in decision-making to one's professional role (as psychologist) as well as one's institutional role (as 'case carrier' speaking on behalf of the institution). Nielsen et al. (2012) have examined how the institution is interactionally invoked more generally – outside of team meetings and decision-making scenarios. This latter study illustrates how the procedure of invoking the institution brings about certain actions in talk, thus indexing the situated expertise embedded in professional roles and responsibilities.

The second strand relates to the tensions between institutional and professional orders on the one hand and the everyday lifeworld of the clients on the other. Studies such as Sarangi and Slembrouck (1996); Hjørne (2005); Hall and Slembrouck (2001); Hall, Slembrouck and Sarangi (2006); Hitzler and Messmer (2010) have focused on the interactional tensions between institutional, professional and client perspectives in decision-making – what Sarangi and Slembrouck (1996) metaphorically capture as an exercise in fitting square pegs into round holes. In different ways these authors illustrate how accounts/arguments endorsing the institutional order are treated as having greater authority than the accounts/arguments pertaining to the lifeworld of the client.

Across these two strands of studies, different researchers identify different linguistic, interactional and rhetorical devices for special attention (Wasson, 2000; Graham, 2009; Angouri and Bargiela-Chiappini, 2011; Angouri, 2012; Halvorsen, 2015; Halvorsen and Sarangi, 2015). An important interactional device is category work which is integral to invoking the institutional order, as demonstrated in the works of Griffiths (2001); Hall and Slembrouck (2001); Nikander (2003); Hall, Slembrouck and Sarangi (2006); Mäkitalo (2009); Messmer and Hitzler (2011). The key message is that professionals construct a client's case in institutionally informed ways so as to align with decisional affordances. Following the tradition of membership categorization analysis, Housley (1999, 2003) illustrates how professionals in interprofessional teams use categorization devices to accomplish their own professional roles. We will explore the aspect of category work in more detail when outlining our analytical framework.

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