**Palgrave Studies in Professional and Organizational Discourse**

**Titles include:**

Rick Iedema (*editor*)
THE DISCOURSE OF HOSPITAL COMMUNICATION
Tracing Complexities in Contemporary Health Care Organizations

Keith Richards
LANGUAGE AND PROFESSIONAL IDENTITY

H. E. Sales
PROFESSIONAL COMMUNICATION IN ENGINEERING

**Forthcoming titles include:**

Edward Johnson & Mark Garner
OPERATIONAL COMMUNICATION

Cecilia E. Ford
WOMEN’S TALK IN THE PROFESSIONAL WORKPLACE
Also by Rick Iedema

DISCOURSES OF POST-BUREAUCRATIC ORGANIZATION
The Discourse of Hospital Communication

Tracing Complexities in Contemporary Health Care Organizations

Edited by

Rick Iedema
This book is dedicated to all the practitioners we have worked with over the years and who have taught us so much about the complex nature of hospital work.
# Contents

*List of Figures and Tables*  ix  
*Foreword by Jeffrey Braithwaite*  x  
*Notes on the Contributors*  xii  

1 Communicating Hospital Work  
*Rick Iedema*  1  

2 Institutional and Professional Orders of Ethics in the Discourse Practices of Research Recruitment in Oncology  
*Ellen Barton*  18  

3 The Communicative Functions of the Hospital Medical Chart  
*Pamela Hobbs*  39  

4 Governing the Operating Room List  
*Robin Riley and Elizabeth Manias*  67  

5 Dialogues for Negotiating Priorities in Unplanned Emergency Surgical Queues  
*Martin Lum and Anneke Fitzgerald*  90  

6 Personality Disorder in UK Mental Health Care: Language, Legitimation and the Psychodynamics of Organized Surveillance  
*B. J. Brown and Paul Crawford*  109  

7 Renegotiating Disjunctions in Interorganizationally Provided Care  
*Hannele Kerosuo*  138  

8 Anaesthetic Talk in Surgical Encounters  
*Catherine Pope, Maggie Mort, Dawn Goodwin and Andrew Smith*  161
9 Corridor Conversations: Clinical Communication in Casual Spaces 182
   Debbi Long, Rick Iedema and Bonsan Bonne Lee

10 The Role of Signs and Representations in the Organization of Medical Work: X-rays in Medical Problem Solving 201
   Per Måseide

11 Why Do Doctors Not Engage with the System? 222
   Christine Jorm, Jo Travaglia and Rick Iedema

12 Nursing through Time and Space: Some Challenges to the Construct of Community of Practice 244
   Sally Candlin and Christopher N. Candlin

Index 268
List of Figures and Tables

**Figures**

<table>
<thead>
<tr>
<th>Figure</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>9.1</td>
<td>Layout of outpatients clinic</td>
<td>186</td>
</tr>
<tr>
<td>12.1</td>
<td>Intersecting clinical–professional communities of practice</td>
<td>254</td>
</tr>
<tr>
<td>12.2</td>
<td>The different roles in nursing</td>
<td>261</td>
</tr>
</tbody>
</table>

**Tables**

<table>
<thead>
<tr>
<th>Table</th>
<th>Description</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>7.1</td>
<td>Description of the change laboratory data</td>
<td>147</td>
</tr>
<tr>
<td>7.2</td>
<td>Description of the patients participating in the intervention</td>
<td>148</td>
</tr>
<tr>
<td>9.1</td>
<td>Abbreviations and pseudonyms used for clinicians</td>
<td>187</td>
</tr>
</tbody>
</table>
If any academic work is recognized as a ‘good book’, by which I mean that it adds to the field it purports to speak about in original ways, it will allow space for the authors’ individual approaches to be expressed, but it will nevertheless coalesce around the chosen theme. If it is a really good book, it will deliver a state-of-the-art profile, achieving breakthroughs in analysis and understanding. It will engage its readers, and tantalize them with insights into the intriguing nature of its domain of study. This is such a book.

An academic work that is comprised of the contributions of multiple scholars and practitioners will embody great variety, and its challenge is to create coherence among the interests and concerns of those contributors. Such a work will provide glimpses of an intellectual journey on the part of each of the authors towards a common goal, and it will act as a bellwether of emergent strands thinking as a result. It will tell you a little of where the authors came from, and where they are now as a result of their shared project. The chapters in this volume do this, and it is a fascinating set of journeys and staging points, thanks to the variety of starting points and occupations involved. Read closely and you will discern how this group of researchers has developed penetrating research skills, wide-ranging theoretical understandings and a finely honed appreciation of modern hospitals, clinical practices and health care policy issues. In their own ways, the authors capitalize on their different disciplinary backgrounds, integrating medicine, nursing, anthropology, sociology, discourse analysis and policy analysis in the study of hospital communication and interaction. Together, these perspectives produce an important and innovative set of accounts about the complexity of the contemporary hospital.

As the book explains at a number of points, hospital communication is increasingly at the forefront of the concerns of policy makers, hospital managers, patients and their carers, and clinicians. Because hospital care is becoming more multifaceted thanks to new technologies and treatments, and with patients’ trajectories through hospital services becoming more complex as a result, communication is becoming more and more important to the work that people do in hospitals. To this already complicated picture you need to add the rise in social mobility on the part of not just health care workers but also their patients,
putting even more pressure on the need to communicate about how to coordinate treatments, professionals and patient trajectories across hospital services. You will not find it surprising in that regard that a recent report issued by a local health authority in Australia states that adequate communication is present less than 50 per cent of the time, the remainder resulting in serious hospital-caused errors of care (Patient Safety and Clinical Quality Programme, 2005).

I have been fortunate to observe the development of this book and the work that it contains. Its authors are driven by a common calling – to wonder about hospital-based clinical practice, reflect on its intricacies, and enquire into how it could work better. The work of these authors provides fascinating accounts of the relationships and communications between clinical professionals, a domain that has thus far not been adequately addressed in the social scientific, clinical professional, and health services literatures. It is for that reason that *The Discourse of Hospital Communication* constitutes an important and timely addition. Many constituent threads of how clinicians organize and negotiate aspects of their work are displayed, discussed, deconstructed, assessed, reviewed and laid bare in ways thus far not publicly recorded. Collectively, these chapters show that communicating hospital work is complex, important, fascinating and extremely rewarding to research and read about.

This volume will likely be one of those that we will read and reread, returning frequently for additional glimpses into the world of hospitals, to learn what happens ‘inside the black box’ of hospital care. If you are reading it for the first time, however, accept some advice. Set aside several sessions, for you will need them to do the work justice. Then settle down and enjoy the journey. It will prove to be one of the most intellectually rewarding readings you have ever done.

Reference


JEFFREY BRAITHWAITE
Notes on the Contributors

Ellen Barton is a Professor in the Linguistics Programme at Wayne State University (Detroit, USA). Her research interests in medical communication include end-of-life discussions, recruitment to clinical research, the discourse of specialty medical encounters, and, most recently, the emergence of ethical principles and deliberation in situated interactions like those above. Her work appears in the journals *Communication and Medicine, Qualitative Health Research, Discourse Studies, Discourse and Society, the Journal of Applied Linguistics, Narrative Inquiry, the Journal of Pragmatics* and TEXT.

Jeffrey Braithwaite is Associate Professor at the University of New South Wales in Sydney and is a leading health services organizational researcher with expertise in health service restructuring, the culture and structure of acute settings, and leadership, management and change in health sector organizations. He publishes his work in journals such as the *Journal of Health, Organisation and Management, Organisational Studies, Health Services Management Research, Social Science and Medicine, the British Medical Journal, The Lancet* and the *Journal of the Royal Society of Medicine*.

B. J. Brown is a Reader in Health Communication at De Montfort University and has published widely on the philosophies of human inquiry, the experience of people in the health care workforce and on social policy in relation to education.

Christopher N. Candlin is Senior Research Professor in Linguistics at Macquarie University, Sydney, and Leverhulme Visiting Research Professor in the Health Communication Research Centre at Cardiff University, UK. His research is in the analysis of professional/institutional discourse, particularly in the domains of health care and law. Recent research includes: the intercultural appraisal of quality of life among HIV+ patients; issues of compliance/concordance in doctor–patient interaction in the context of HIV/AIDS; risk and risk management in health care contexts; and, more generally, the relationship between communicative competence and professional expertise.
A current project with the Royal Australian College of General Practitioners explores expert communication in general practice.

**Sally Candlin** is an Adjunct Associate Professor at the University of Western Sydney, and Senior Research Fellow in the Department of Linguistics at Macquarie University, Sydney. She is a registered nurse, midwife and health visitor. Her academic qualifications include: BA (Hons) in Linguistics and Psychology, Lancaster University; MSc (Public Health), University of Hawaii; PhD in Linguistics, for her thesis ‘Towards Excellence in Nursing: an Analysis of the Discourse of Nurses and Patients in Assessment Situations’, from Lancaster University. She has taught in both undergraduate and postgraduate programmes in Nursing and Health in Australia and Hong Kong, as well as in postgraduate programmes in Communication in Professions and Organizations (Linguistics) at Macquarie University, Sydney. Her research and publications are primarily related to issues in health communication.

**Paul Crawford** is an Associate Professor in Health Language and Communication in Nottingham University’s School of Nursing. His interests span communication in health care settings, literature, medicine, and the philosophy of science. In his spare time he enjoys writing fiction and his debut novel *Nothing Purple, Nothing Black* was recently published by The Book Guild.

**Anneke Fitzgerald** is a Senior Lecturer and Research Studies Programme Coordinator for the College of Business at the University of Western Sydney. After many years as a health manager and educator she pursued an academic career in organization studies. Anneke is currently leading international research into professional identity influences on organizational decision-making comparing triage systems in The Netherlands and NSW, Australia. She also leads a large research project investigating the relationship between working in synch with natural drives and effects on personal well-being.

**Dawn Goodwin** is ESRC/MRC Post-Doctoral Research Fellow at the Institute for Health Research, Lancaster. Having previously worked as a nurse she undertook her PhD as part of the anaesthetic expertise project described in this chapter and is now developing her interest in Science and Technology Studies to research issues of professional accountability.
Pamela Hobbs is a Lecturer in Communication Studies at the University of California, Los Angeles, where she teaches classes on the First Amendment and language and gender. She received her PhD in Applied Linguistics from the University of California, Los Angeles and her J.D. from the University of Michigan. Her research interests include legal discourse, medical discourse, and language and gender.

Rick Iedema is Professor and Associate Dean (Research) at the University of Technology, Sydney. His research centres on clinical communication in hospitals, focusing on how doctors, nurses, allied health staff, managers and consumers communicate about the organization of hospital work. He publishes his research in journals that include Organization Studies and Social Science & Medicine.

Christine Jorm has worked as the Lead Medical Clinician for Quality at St George Hospital, Sydney after working for 15 years as full-time anaesthetist. In addition to a doctoral degree in medicine she is now doing a social scientific doctoral research degree into medical cultural identity and how it intersects with clinical quality and safety.

Hannele Kerosuo is a PhD candidate and a researcher at the Centre for Activity Theory and Developmental Work Research, University of Helsinki, Finland. Her doctoral dissertation investigates the boundary dynamics of development, learning and change in multi-organizational fields of health care. She has recently completed projects related to the development of ‘negotiated care’ and ‘knotworking’ in health care. Currently, she is doing research on stabilization and diffusion of innovative forms of working and learning in health care projects. Hannele Kerosuo has a professional background in the social and health care administration.

Bonsan Bonne Lee is a spinal injury and rehabilitation medicine specialist, who works as a staff specialist at the Prince of Wales Hospital in Sydney. He has postgraduate masters’ degrees in clinical epidemiology and health management, and a graduate certificate in information technology. He has developed innovative approaches to running clinics for his patients devising cross-traditional roles and responsibilities for clinicians, and which have produced successful clinical outcomes. He has an ongoing interest in the sustainability of innovative management interventions, in the changing roles of health care providers, and in the
blurring of boundaries which occur while interdisciplinary projects are successfully implemented.

**Debbi Long** is a medical anthropologist, currently working as a research fellow at the Centre for Clinical Governance Research, University of New South Wales. She has undertaken ethnographic research in a variety of hospital settings, including spinal, intensive care, maternity and pathology laboratory. Her current research involves video ethnography in multidisciplinary clinical teams. She is interested in the use of video as a tool for clinician reflexivity; in developing methodologies for hospital ethnography; and in the application of (video) ethnography for hospital infection control strategies.

**Martin Lum** is Senior Medical Advisor at the Access and Metropolitan Performance Branch, Metropolitan Health and Aged Care Services, Department of Human Services in Victoria, Australia. Martin has a background in anaesthetics and has special expertise in health organizational change management and clinical practice improvement.

**Elizabeth Manias** is a registered nurse and pharmacist, and is Associate Professor at the School of Nursing at the University of Melbourne. Her research endeavours include patient safety, interpersonal and organizational communication, and consumer participation. In particular, her work considers different individuals’ perspectives and the complexities of the dynamic environment in which communication takes place. Associate Professor Manias has extensive experience and expertise in undertaking hospital ethnographic research in diverse environments, including critical care, post-surgery and emergency care.

**Per Måseide** is Professor in Sociology at Bodø University College, School of Social Sciences, Norway. He is Director at the Centre of Disability Research, Nordland Research Institute, and teaches sociology of health and illness, social interaction, sociological theory and qualitative methodology. Per Måseide has extensive experience from fieldwork within psychiatric health care systems and somatic hospitals. Per’s research interests include doctor–patient interaction, multiprofessional collaboration, the social organization of medical work, medical decision-making and pragmatics.

**Maggie Mort** is Senior Lecturer in Health Research at the Institute for Health Research, University of Lancaster. Her research expertise is in
Science and Technology Studies and previous work includes studies of telemedicine and telecare; innovation in health science and technology; health policy and politics and health technology and social change.

**Catherine Pope** is Reader in the School of Nursing and Midwifery, University of Southampton. Her research interests include the evaluation of health services, the organization and delivery of health services, and the sociology of professional practice.

**Robin Riley** has worked as a clinical nurse for over 25 years. She recently completed her PhD, which involved a discourse analysis of operating room nursing. She has extensive experience in the specialty of operating room nursing, and has worked in public and private hospitals in Australia and internationally. She has published widely in peer-reviewed international journals in the areas of clinical governance and operating room practice. Her research areas of interest include patient safety and risk management.

**Andrew Smith** is Consultant Anaesthetist at Royal Lancaster Infirmary and Honorary Professor at the Institute for Health Research, Lancaster. His research interests include evidence in clinical practice (he is an Editor in the Cochrane Anaesthesia Review Group), and perceptions of risk and safety in professional practice.

**Jo Travaglia** is a Research Fellow at the Centre for Clinical Governance Research, the University of New South Wales. Jo has a professional background in social work and a research background in medical sociology, health care services research, diversity and equity issues and adult education. Jo’s current expertise is in the area of clinical quality and safety in which she is doing her doctoral research.