

# Constructing interprofessional collaboration through intercultural narratives: A study of meetings of an interprofessional healthcare team

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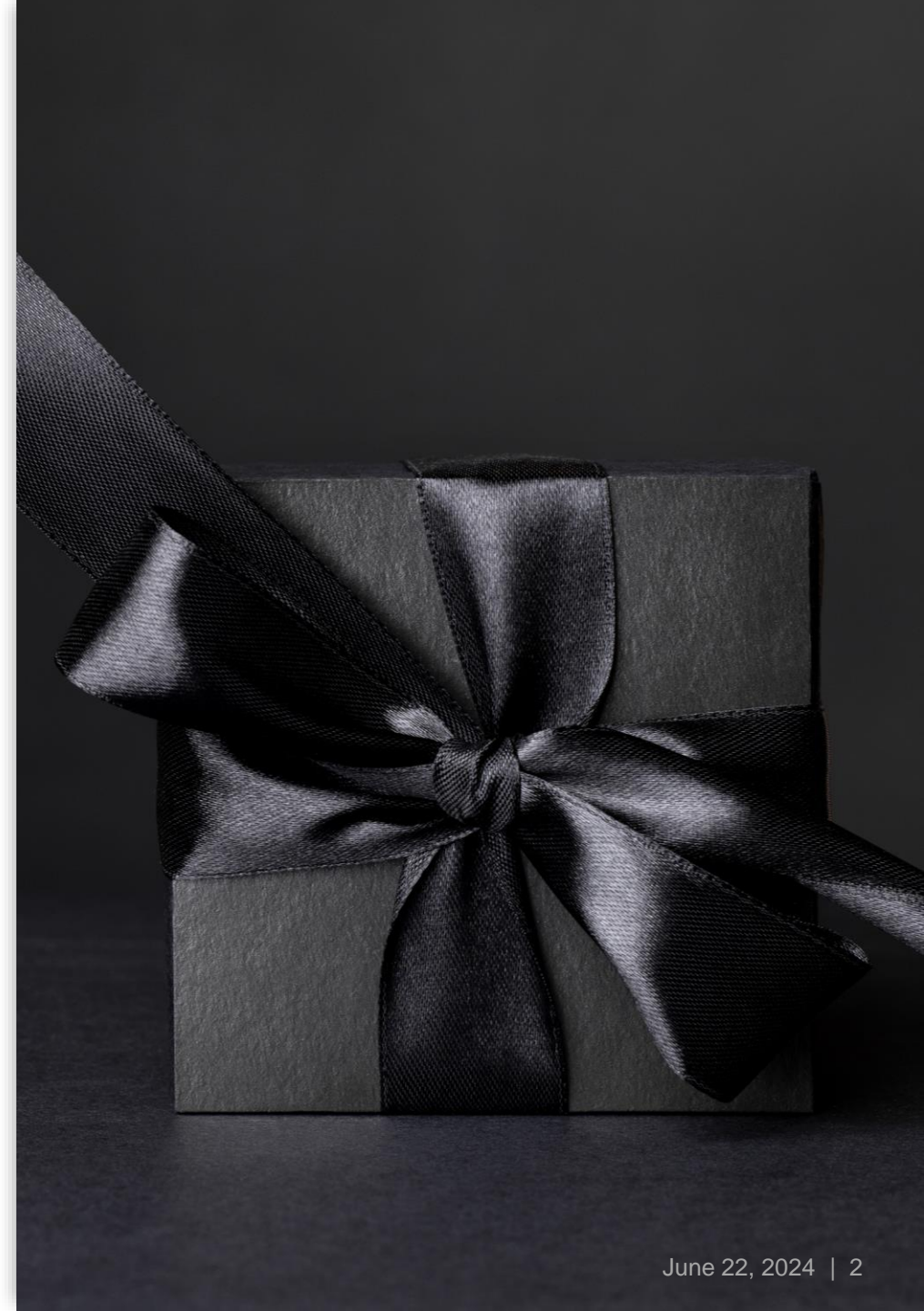
# The role of communication in interprofessional collaboration

- **Interpersonal communication is crucial** in achieving the IP collaboration goals of fostering patient-centered, comprehensive healthcare.

(e.g., Fox et al. 2021; Mulvale et al., 2016; San Martín-Rodríguez et al., 2005; VanWormer et al., 2012)

- However, **communication is often “black-boxed”** as the individual inputs and outcomes get emphasized over the actual communication processes.

(Careau et al., 2014)



# Approaching interprofessionalism as interculturality


- Interprofessionalism is founded on the idea of bringing together people with diverse professional identities → “interprofessionalism” as “interculturality”.
- **Interculturality may emerge in any social interaction**, regardless of backgrounds of the people who are interacting with each other (Holliday, 2013) as we are all diverse in diverse ways (Dervin, 2017).
- **Constitutive view on communication** (e.g., Braithwaite et al., 2022) → Professional cultures and identities are approached as **social constructs** whose meanings are fluid and constantly negotiated in social interaction.




# Small culture formation on the go (e.g., Holliday, 2016)

## Small culture

“The rules and identities necessary for being with people and getting on with things” (Holliday, 2016, p. 3), constructed by a small group of people as they interact with one another on a daily basis.

 **Block narratives** are built on a priori identity categories (eg., nationality or profession), highlight differences and construct cultural boundaries – *hindering the formation of joint small culture*

 **Thread narratives** are constructed of storylines that identify similarities, nurture connections, and resist ideologies that normalize power inequalities – *overcoming blocks*

 **Blocks and threads become visible in positionings**, communicative events in which people adjust and negotiate their stances in relation to others (Amadasi & Holliday, 2017; Holliday & Amadasi, 2020.)

# Aims of the research

The aim of this study is to understand

*how do thread and block narratives employed in interprofessional healthcare team's meetings inform the construction of interprofessional collaboration.*

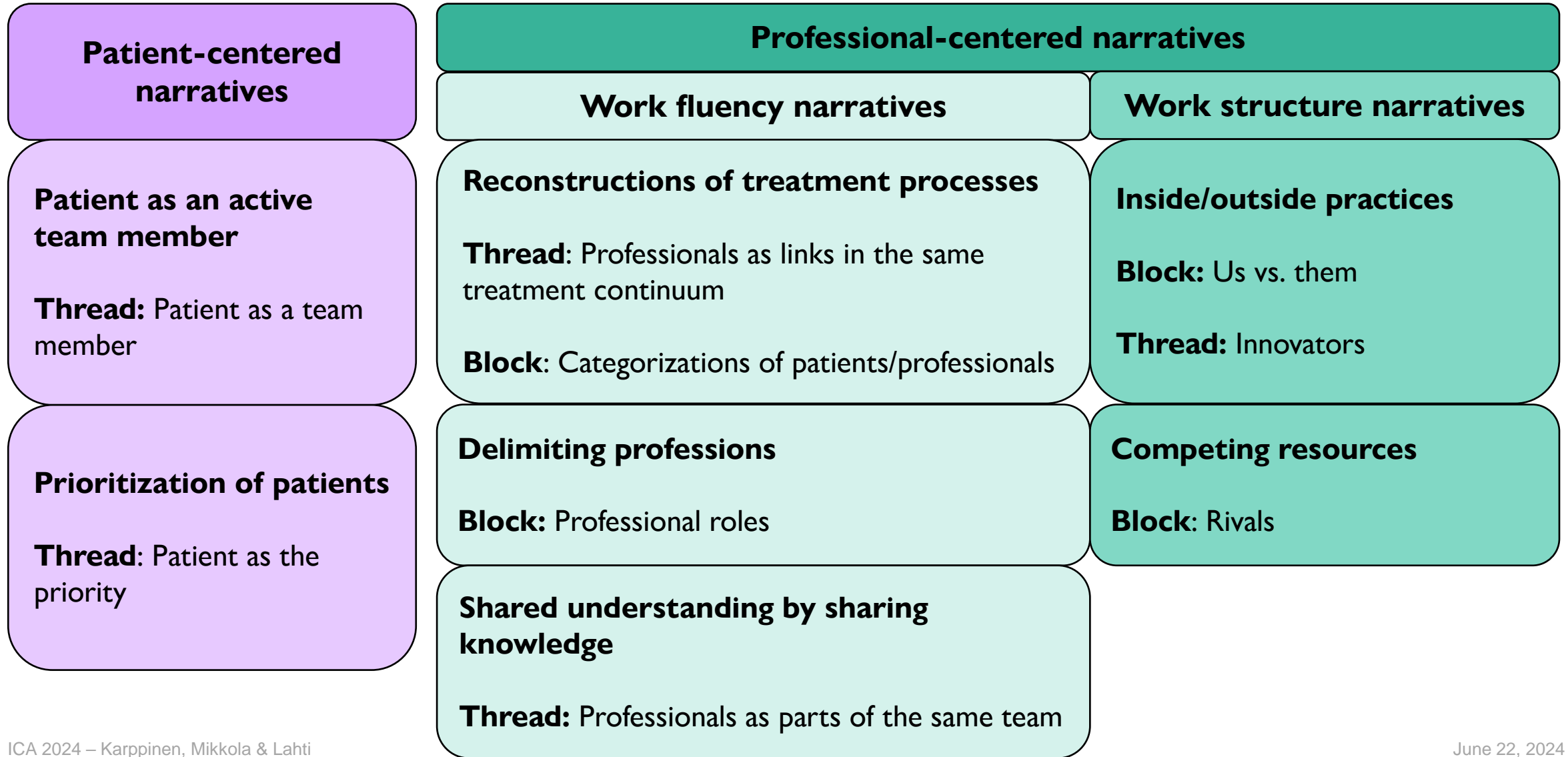
Research questions:

- 1) *How do interprofessional healthcare team members position themselves and others with block and thread narratives in their team meetings?*
- 2) *What do these narratives produce in terms of interprofessional collaboration?*

# Data & analysis

- Data consist of audio-recordings of 5 meetings of an interprofessional nursing team
  - Collected in an outpatient orthopedic clinic in a Finnish hospital in spring 2019
  - 7-9 participants: orthopedic nurses including team leaders, physiotherapists, ward secretaries
  - Duration from 55 mins to 1 h 40 mins
- Data analyzed inductively by adapting positioning analysis (see Kayi-Aydar, 2021) to reveal block and thread narratives by examining positionings resided in them
- and thematic analysis (Braun & Clarke, 2006) to identify larger overarching narratives the employed blocks and threads created

**RQ1: How do interprofessional healthcare team members position themselves and others with block and thread narratives?**



## ***RQ2: What do block and thread narratives produce in terms of interprofessional collaboration?***

### **Block narratives**

- **Bring out divisions** between team members and other professionals  
→ “others” and “us”
- **Organize collaboration and promote work fluency** by establishing and clarifying different professions’ responsibilities, duties, jurisdictions and operating areas

### **Thread narratives**

- **Implement patient-centeredness**
- **Establish team membership**
- **Construct shared understanding** of treatment processes, practices and joint goals



# Practical and theoretical implications

- **Patient-centered practices are constructed with threading**
  - It is worthwhile acknowledging how professionals position patients in their conversations
  - Considerable practical implications as one main goal of interprofessional collaboration is to foster patient-centered care (see e.g., WHO, 2010)
- **Constant movement between block and thread narratives**
  - Switching between organizing extensive treatment processes and zooming in on specific cases
- **Applying the framework of small culture formation on the go in the context of interprofessional care**
  - The original framework is normative: blocks are viewed as something to avoid
  - We argue that **block narratives can also be useful** and even needed sometimes for organizing and streamlining interprofessional collaboration

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**Thank you for  
your attention!**

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