PLURALISTIC DIALOGUE: A GROUNDED THEORY OF INTERDISCIPLINARY PRACTICE

ANTOINETTE M. McCALLIN

A thesis presented in fulfilment of the requirements for the degree of
Doctor of Philosophy

Massey University
New Zealand

May 1999

Acknowledgements

Completion of this doctoral project marks the end of an absorbing, creative journey that has taken numerous twists and turns en route. Several people have travelled beside me, boosting my spirit, nourishing my soul, and restoring my flagging energy as needs arose. Firstly, my deepest thanks go to every participant who shared professional experiences so willingly with a stranger. Although many of us met but fleetingly, for a short moment in time, you have all stood here beside me during the analysis and the writing. I trust I have captured a glimpse of your world and its incessant paradox that you manage so profoundly.

Much of the motivation behind this project can be attributed to Dr Barney Glaser and his inspirational workshop in Christchurch, New Zealand in 1996. Barney's commitment and enthusiasm for the grounded theory method encouraged this student to proceed with a daunting task, minus methodological mentoring.

I thank also those scholars from Massey University who have assisted me to complete this doctoral process. I am grateful to Dr Julie Boddy for facilitating the final editing of this work when I was a very new staff member. Julie's collegial support was warmly welcomed and especially appreciated.

Ann Giles proffered inspiration and has constantly reminded me that dreams are worth nurturing in our hearts. I am privileged to know Margaret O'Sullivan and experience her kind, generous, and wise counsel. Similarly, I have been fortunate to encounter two very special healers. Women of integrity and deep insight, Judith Paterson and Bernadette Huapiri Carroll stand beside me as talented practitioners, attending to those physical needs perpetuated by modern computer technology, and nurturing my spiritual needs en route. Jude and Bernie are two extraordinary friends.

My family has a unique place here by my side. Michael provides long-distance personal and intellectual support, as he intuitively understands my ongoing fascination for the research process. Andrew and I have argued

amicably as we debated philosophical differences. Over time, each of us has learned to value different perspectives, and to respect individuality. My father, George Harvey, has observed his daughter's engrossment with interest. An original pathfinder himself, he understands the intrinsic meaning of freedom and independence although he appreciates the difficulties inherent in the realisation.

My sister Sue Harvey is an exceptional friend who constantly supports me. A thoughtful, perceptive listener, she is always ready, trans-Tasman, to tackle the awkward questions with me. Her intuitive warmth is forever present. Likewise, my mother Jean Stuart Harvey has walked beside me ensuring that her daughter continued to strive for best, and maintained her courage to "hold fast" amidst some difficult challenges.

My husband Brian has taken yet another distinctive role in our long-standing partnership. He has unfailingly provided uncommon wisdom and offered insightful debate and dialogue on demand. Deconstruction has very often been uncomfortable, resynthesis much warmer. Standing beside me in sunshine and shadow he is a rare man. I dedicate the following to him:

Learning through Life

After a while you learn the subtle difference between
holding a hand and sharing a life
and you learn that love doesn't mean possession
and company doesn't mean security
and loneliness is universal.
And you learn that kisses aren't contracts
and presents aren't promises.
And you begin to accept your defeats
with your head up and your eyes open
with the grace of an adult
not the grief of a child.
And you learn to build your hope on today
as the future has a way of falling apart in mid flight
because tomorrow's ground can be too uncertain for plans.
Yet each step taken in a new direction creates a path towards
the promise of a brighter dawn.
And you learn that even sunshine burns if you get too much.
So you plant your own garden and nourish your own soul
Instead of waiting for someone to bring you flowers.
And you learn that love, true love,
always has joys and sorrows,
seems ever present, yet is never quite the same,
becoming more than love and less than love, so difficult to define.
And you learn through it all you really can endure
that you really are strong, that you do have value,
and you learn and grow.
With every goodbye you learn. (Anon)

Abstract

This grounded theory study explains how health professionals work in interdisciplinary teams in health services where the call for new collaborations is intensifying. Forty-four participants from four teams in two major acute-care hospitals participated in the study. In total there were eighty hours of interviewing and eighty hours of participant observation. All data were constantly compared and analysed using Glaser's emergent approach to grounded theory. Underpinning the study are the premises of symbolic interactionism that are assumed to shape the focus of this study, team interactions, and collective action within an acute care setting.

It is argued that interdisciplinary team members express a concern for meeting service needs, and continually resolve that concern through the process of **pluralistic dialogue.** This is a means for discussing differences, that supports team members who are thinking through and constructing new ways of working together. It emerges as various health professionals integrate multiple perspectives, which contribute to the clinical and organisational management of the client service. **Pluralistic dialogue** has two complementary phases. These are *rethinking professional responsibilities* and *reframing team responsibilities*. Rethinking and reframing are theoretical processes that are underpinned by team learning, and, by new ways of managing changing service structures. Therefore, it is suggested that, in an interdisciplinary team, health professionals must *break stereotypical images* in order to meet service needs in a context where teams are constantly *grappling with different mind-sets*. Team members continually resolve their concern for meeting service needs by *negotiating service provision*. As a result, the health professionals are free to *engage in the dialogic culture*.

The process of **pluralistic dialogue** has the potential to challenge, to empower, to transform; or it can perpetuate mediocrity. The decision to dialogue mindfully with others is essentially individual. Any variation in an individual's commitment is covered by disciplinary associates but seldom challenged by colleagues from a different professional group. A person may

choose a non-involved response at any time, although someone must fulfil functional responsibilities in the team. Any variation in an individual's commitment is covered by disciplinary associates but seldom challenged by colleagues from a different professional group.

This study also highlighted several significant categories impacting on effective interdisciplinary practice. Competency, alternative world views, information exchange, accountability, personality differences, and leadership, all affected team processes and **pluralistic dialogue.** But, it was quite clear from the data that, interdisciplinary team members *can*, and *do* form synergistic relationships that benefit both clients and colleagues. Team success is dependent on the individual's courage to challenge the self and the humility to cooperate in collective learning experiences.

This substantive theory presents just a glimpse of the practical life of interprofessional people working in two busy city hospitals. The teams studied were unusual in that they each offered specialist care to a select group of clients. Perhaps they were unique and are non-representative of the average person who is a health professional today. So many of the health professionals were highly educated, well-respected specialist practitioners who stand out for their individual investment and dedication to improving the client's pathway through acute care. The study participants' patterns of behaviour would suggest that, when interdisciplinary practice is well established, an attitude of cooperative inquiry pervades joint actions and interactions that focus on meeting service needs.

Contents

TABLES

CHAPTER ONE
Introduction

This research began in 1995 with a general interest in examining nursing practice within a changing health care context. Informal discussions with registered nurses had revealed much reservation about service provision in acute care organisations that were being restructured. Nursing practice was strongly influenced by organisational change that, in turn, was shaped by health reform on a scale that was perhaps unprecedented in the history of health service delivery in New Zealand.

In order to understand better some of the contextual issues the researcher perused the national and international literature about recent health reforms. Some clarification of the common trends was sought. It quickly became obvious that the magnitude of health policy changes has been such that any structural reorganisation was by no means confined to nurses. Changing roles have influenced everyone working in the health sector. Therefore, it seemed unreasonable to isolate nursing practice from professional practice in general in such a volatile environment. The researcher became distinctly uneasy about scrutinising just one professional group. So, how could the research topic be refined to permit an exploration of professional practice in the changing health sector?

Bishop and Scudder's (1985) suggestion that "only minimal consideration has been given to the moral issues involved in the day-to-day health care and to the ongoing relationships of physicians, nurses, and patients" (p. 2) struck a chord with the researcher and helped her to clarify thinking. Their views were consistent with the public debate on health reform in which consumers, and health professionals, questioned current health restructuring. Englehardt's (1985) ideas were useful: