

SUPPORTED USER PARTICIPATION: ALIGNMENT IN MULTIPARTY CROSS-INSTITUTIONAL CONVERSATIONS ABOUT WORK CAPACITY



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About the status meeting...

Instituted in 2003 as *a tool to assess work ability*

The status meeting involves at least three parties

The Swedish social insurance agency (SSIA) is obliged by the law to summon a *status meeting* when required

The sick-listed person has an obligation to attend

In addition to the SSIA and the sick-listed person, one or more of the following take part in the meeting:

- the employer

- the doctor/GP and/or someone else from the health care

- someone from the employment agency and/or someone from the social services

- a relative, friend or someone from the trade-union



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Roles and relations in the status meeting

Employer – **employee**

Sick-listed person –
SSIA officer

Patient – Doctor/GP

A task oriented
meeting across
institutional borders

In this presentation:
sick-listed person=user

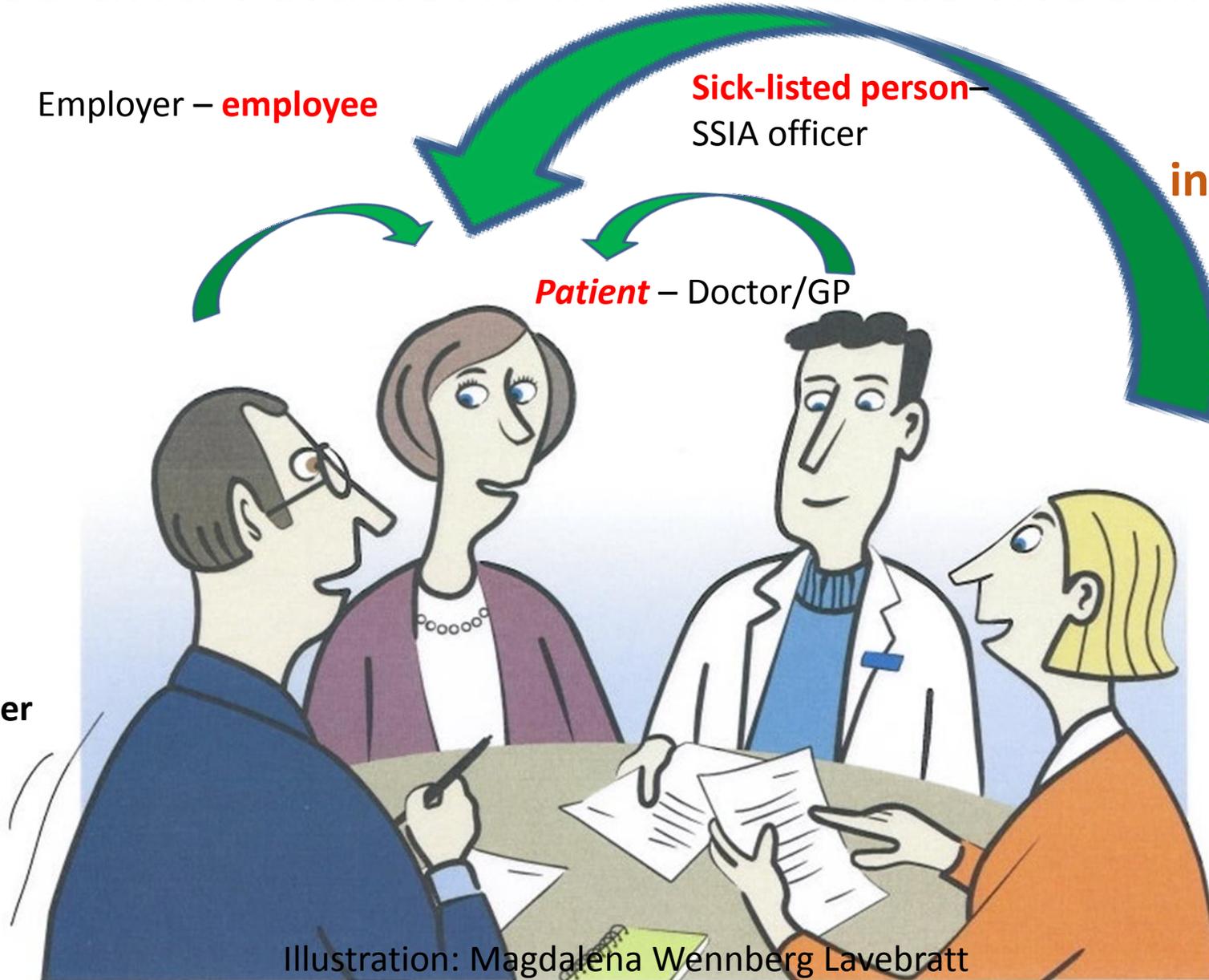


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About the study...

Aim of the study

to explore the communicative process in status meetings regarding the participation of the user and to investigate the user's perception of the meeting and the role taken/given in the meeting.

A follow-up study

Previous research on status meetings has shown that the insured person often felt detached from what was discussed at the meeting.

About collecting and analyzing data...



Method and material

Eight status meetings run according to the modified working method were observed and video-recorded. Additionally we conducted follow-up, individual interviews with each participant involved in the meeting.

The collected data were transcribed verbatim and the communicative space for each party was measured by counting the number of words uttered in the meeting. The communicative process was analysed using discourse analysis, conversation analysis and narrative analysis.



About the findings...

- All the users described a feeling of being the key-person in the meeting
- In three meetings the user used more than 50% of the communicative space according the number of words uttered
- In four meetings the user used between 20-35% of the communicative space and in one meeting the user used 9% of the communicative space
- In general, the user participation dominated the phases when their actual health and workability were discussed and when further rehabilitation actions were planned. In the decision-making phase, the users were less active.



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Example 1, part 1

Participants: Sick-listed person (SL), Swedish Social Insurance Agency (SSIA) officer, Doctor (D), Employer (E)

327 E what do you think about X ((SL)) having (.) now when
328 I looked back at his short-term absence I saw
329 that there have been 10 short-term absences since October.
330 even even though he only (.) works 25% and for me
331 is it (.) that he is not able to work 25%.

332 D no no

333 SSIA no

334 E so I almost think that you should prescribe a full-time sick-
335 leave for X.

336 D yeah

337 SSIA mm

338 E from now on. (.)and onwards.

339 (2s)

340 E because it it is too much. (1s) is one home so
341 often because one is too tired or one has ache
342 ache then (1s) *may I say that as an employer? hehe*

((E smiles innocently and looks at the SSIA first and then at the SL who is turned to E))

343 SSIA yes, you may. you may that and and X does apply for the full-time

344 E yeah

Example 1, part 2

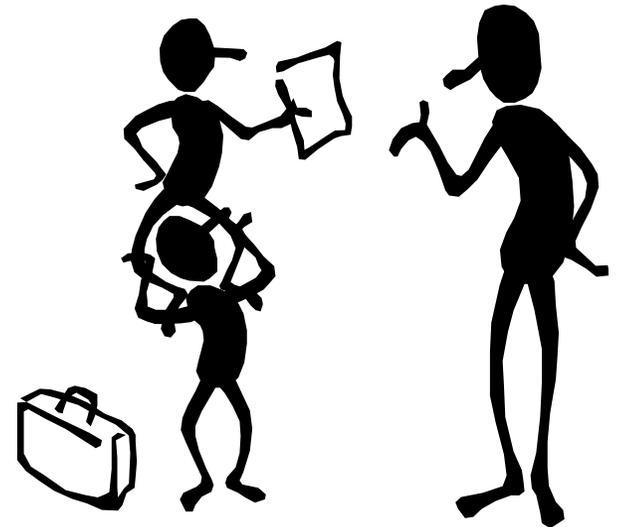
Participants: Sick-listed person (SL), Swedish Social Insurance Agency (SSIA) officer, Doctor (D), Employer (E)

345 SSIA and we are rather in agreement (.) pretty much (.) that
346 when we have seen how it works out at work that eh
347 SL mm ((nods towards the SSIA))
348 SSIA it is a full-time sick leave that you should have.
349 E because I feel I need to see that well
350 the whole situation and and X's part and and everything with
((lines 349-350, E looks at the SSIA and SL sequentially))
351 SL yeah, but I feel this way myself like I feel it
((nods repeatedly towards AG))
352 that I cannot manage. even those two hours.
353 E no and this
354 SL (xx)
354 E this I can see as well.
355 SL *it is good that I have you with me heh*
356 E yeah but I need to be honest.=
357 SSIA [yeah yeah (yeah but this is xx)
358 E =[that's I do not want anyone to stop working if
359 they do not [need but when I see that someone does not=
360 SSIA [no, it is not
361 E =cope.

About alignment...



- Building a team
- Creating an alliance
- Supporting or assisting someone else
- Metaphorically speaking:
 - "walking arm-in-arm"
 - "standing on someone's shoulders"



Telling-my-side: narrating the patient's story part 1

Participants: Sick-listed person (SL), occupational therapist (O), Swedish Social Insurance Agency (SSIA) officer, Employer1 (E), Employer2, GP and the rehabilitation co-ordinator (RC)

151 (2s)

152 RC *if I may to tell a bit how it was* here X ((to SL)) and
153 how we met.

154 SSIA mm

155 RC at that time, you were not active at all.do you remember? that you
156 could not manage and you were so sad and (.) and then started
157 we began with perhaps with contacting the psychologist. [first and=

158 SL [mm

159 RC =and then we started a stress-management group and somewhere
160 in the mid of you suddenly became (.) happy.

161 SL mm

162 RC I think it also thanks to medications we talked
163 about [about

164 D [we che-

165 SL [we changed [medications

166 D [we changed some medications and then yeah
167 also yeah.

168 RC yeah.

169 D mm

Telling-my-side: narrating the patient's story part 2

Participants: Sick-listed person (SL), occupational therapist (O), Swedish Social Insurance Agency (SSIA) officer, Employer1 (E), Employer2, GP and the rehabilitation coordinator (RC)

170 RC eh och (.) yeah the key if not the main thing was that
171 you were doing too much. Do you remember that we
172 slowed down? we talked about that
173 SL mm mm
174 RC that you realised you became I am too[energetic.
175 SL [yeah I know. mm
176 wanted too much [and (wanted be healthy quickly)]
177 RC [yeah. So it working with] to find a balance
178 between [activities (and rest)
179 SL [mm and this is what we have been working with
180 a lot but now I have also (.)realised that it (.) it does not
181 work like that so and we have also found a reason why.
182 HC yeah. You have worked so much with your self-image
183 SL yeah
184 HC fantastic.

Conclusion

- The sick-listed person was involved in the meeting through alignments with other participants.
- The alignments seem to be connected to the telling of “small stories” (such as fragments of stories, hypothetical stories), which originated from the relation behind the status meeting (patient-GP, employee-employer, sick-listed person-civil servant).
- Such small stories became shared knowledge in the whole group of participants and could be used for the decision making.
- This kind of alignment can illustrate examples of good practice.
- But alignment can also show professional power and asymmetry.

Thank you!



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