

# **Knowing in Practice - a Tool in the Production of Intensive Care**

Akademisk avhandling

för avläggande av filosofie doktorsexamen  
vid Sahlgrenska Akademin vid Göteborgs Universitet.

Avhandlingen kommer att offentligen försvaras  
onsdagen den 23 maj 2007, kl. 09.00  
i hörsal 2118

Institutionen för Vårdvetenskap och Hälsa,  
Arvid Wallgrens Backe, hus 2

av

Ann-Charlott Wikström

Fakultetsopponent:  
Professor Maria Nyström  
Högskolan i Borås

Avhandlingen baseras på följande delarbeten:

- I. Patient on display- a study of everyday practice in intensive care.**  
Wikström, A-C., & Sätterlund Larsson, U.  
*Journal of Advanced Nursing* 43 (4), 376-383, 2003
- II. Technology- an actor in the ICU: a study in workplace research tradition.**  
Wikström, A-C., & Sätterlund Larsson, U.  
*Journal of Clinical Nursing*, 13, 555-561, 2004
- III. The meaning of technology in an intensive care unit- an interview study.**  
Wikström, A-C., Cederborg, A-C., & Johanson, M.  
*Intensive and Critical Care Nursing*. (in press).
- IV. Morality in discourse in an intensive care unit- a field study.**  
Wikström, A-C., Johanson, M., Plos, K., & Cederborg, A-C. (Submitted)



Sahlgrenska Akademin  
vid GÖTEBORGS UNIVERSITET  
Institutionen för vårdvetenskap och hälsa

## **Knowing in practice- a tool in the production of intensive care**

Ann-Charlott Wikström

Institute of Health and Care Sciences, The Sahlgrenska Academy at Göteborg University, Göteborg Sweden

### **Abstract**

Title: Knowing in practice- a tool in the production of intensive care

Language: English

Keywords: Accounting practices, competence, ethnography, human-human-machine, interaction, intensive care, meaning, morality, technology

The overall aim with the present thesis was to find out how intensive care is produced by focusing on the ICU staff's interaction with each other and the technological tools they use.

Theoretical perspective draws on socio cultural theory and the concepts accounting practices, morality in discourse and workplace research.

The method used is ethnography and the data has been collected through participant observations and interviews in an intensive care unit in Swedish health care.

The result is presented through four papers. The first paper shows that intensive care to a great extent is produced through routines. The division of labor is marked and taken for granted by the ICU staff. Verbal reports, visual displays and activities make the information available and shared understanding seems to make words redundant when the everyday practices are carried out. Further technology seems to be embedded in the caring of the patients. In the second paper the findings also show that technology intervenes in the division of labor and both challenges the ICU staff practical knowing and reformulates practice. The awareness of routine problems is connected to the ability to "see" and to the ICU staff members cultural/contextual knowing. Knowing in practice is transformed when new technology is introduced in the ICU environment. Problems are solved in concert often in a hierarchical way. The third paper in turn illuminates that the meaning of technology seems to be connected to the ICU staff's accounting practices, i.e. their experiences of intensive care, their education, how long they have worked in the ICU and their positions in the network. Accounting practices is also socially shaped by the interactions among the ICU staff. It is the knowing that has been developed over time and it is the knowing that new ICU staff members have to learn to become competent actors in the ICU environment. Furthermore it is found in the fourth paper that moral values are negotiated in assessments of patients, medical decisions, other professionals' competences and other institutions' activities. Thus it seems that moral values are embedded and intertwined in the ICU staff's everyday practices.

It is concluded that the ICU staff's competence i.e. knowing in situated activities could be seen as a tool to produce intensive care. And this knowing in practice could be described as situated and seems to be distributed between the humans and between the humans and the technological tools to make everyday practices flexible. The ICU staff do not solve problems solely through individual cognitive work rather staff members 'borrow' knowing from each other and solve problems in concert. Intensive care is produced here and now at the same time as the past is present in the everyday practices. The meaning is shaped in context and moral values are embedded in the intensive care discourse. In this sense intensive care could be described as a technically, cognitively and morally intense environment.