

An Ethnographic Study of Socio-communicative Enactments of Organizational Strategy in Healthcare Delivery to the Underserved



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Abstract

I anchor my thesis in two socio-communicative dimensions of organizational practice. One relates to the enactment of organizational strategy by frontline actors and the other facet explores the professional practices, identities, and nature of social relations associated with professional logics. I rely on techniques of intimate observation and engagement with organizational practices and professional logics for my thesis.

Employing ethnographic study of a healthcare organization (anonymized as Voluntary Service Organization, VSO) in Western India, I study the organizational practices in engaging with the community. It has been argued that technicized institutional practices in delivering health care have alienated marginal communities in India (High Level Committee Report, Government of India, 2014) and various modes of ameliorative engagement (state, market and charities) have not been effective in culturally bridging the gap. I deploy narratives to argue that engagement with marginal stakeholders may need cultural reconstitution of technical grammars in ways which require empathetic organizational enactments. Rationalities of frontline workers in engagement with tribal communities translate technicized clinical scripts into cultural frames. Such communicative actions can be strategic practices whose efficacy can transform organizational purposes into reality.

Thus my first research questions explore

How does efficacy of communicative action and deliberative rationality inform the work of frontline employees in enacting organizational strategy?

Frontline work has not received adequate attention in the enactment of organizational strategy. Strategy-as-practice approach emphasizing social practices broadens the agency of strategy work to include middle and frontline level employees (Smets et al, 2015; Vaara & Whittington, 2012). I adopt Habermas's (1984) 'Theory of Communicative Action' to understand how counselor's communicative craft can play an important role in enacting organizational strategy. Communicative action in the Habermasian sense is part of the larger linguistic turn of organizing (Habermas, 1979; Vaara & Whittington, 2012). Extensive observation (exceeding 100 hrs.),

informal interaction with counselors and clinical experts, shadowing the frontline workers at multiple sites in the clinic and community, focus group discussion informed the work on communicative enactment of the engagement with tribal community. The counselors engage in interactive craftsmanship to humanize the practice of care. We identify three elements of their craft of communicative action as *pedagogy*, *cultural camaraderie*, and *exegesis*. The craft of counselors creates deliberative spheres where medico-technical discourse is translated in to everyday language. Such cultural translation of clinical scripts, mobilization of reason and empathetic engagement deliberatively transforms the clinic in to a site of restoration and reparation. Such translation not only reduces alienation of the marginalized tribal subjects but also recrafts the temporal nurturing of bodies as a process of democratization rather than technical intervention. These routine practices of frontline work enact the organizational strategy of ‘centering the *dardi* in humanized ways’.

Professional logics (Thornton et al, 2012) are sustained through institutional work of experts that reflects power dynamics in organizational fields (Currie et al, 2012). Such models of professionalism arguably privilege specialist doctors (Batillana, 2011) in healthcare. However, elite professional logics may often be inadequate in marginal settings. In this backdrop, I specifically aimed to understand the strategic enactment of clinical and socio-relational practices of VSO. Thus my second research question explores

How do different elements of care logic structure health interventions and medical care of marginal subjects?

Towards understanding the interplay of community and professional logics, I engaged in ethnographic work to identify scripts in which practices are embedded. My ethnographic work involved observation of stakeholders’ engagement in multiple clinical sites accompanied by rich informal interaction with actors to build nuanced understanding of practices. I paid attention to the role and practices of actors and cultural foundations of their work. My observations led me to identify a large number of activities that were important in the environment. I wrote memos about these activities and interpreted them in my analysis. In the second stage of my analysis, I organized scripts in to conceptual categories. Comparison of these scripts across narratives with theoretical resources was done on a regular basis to make coherent sense of emergent data. The observation accounts were complemented by archival resources and formal interaction with

stakeholders in the VSO. I arrived at identifying four enactments of professional practices within the frame of community logic. These enactments lead to a re-institutionalization of health where the normality of professional medicine yields to counter-intuitive organizational routines. I define re-institutionalization as a conscious strategic attempt in recalibrating organizational practices, adaptation of professional identities by nurturing them in local contexts, with a view to create non-conflictual bridges between professional and community discourses and thus craft the organization as an enduring space enjoying widespread legitimacy. Narratives representing agency of the underserved and the resultant hermeneutic of health emerge as important professional practices.

The study extends the notion of frontline workers role in strategic enactment (Balogun et al, 2015) as narrative anchors of care who play an important role in translating discourses. The agency of frontline work in this sense is not that of peripheral agents but rather that of knowledge workers whose meaning making is important for strategic enactment. Institutional logics are seen as strategic resources (Berrone et al, 2016) and I find that cultural camaraderie of professional actors reinstitutionalize care in marginal spaces. The recalibration of clinical practices supports cultural adaptation as an organizational response in the practice of care where evidence outweighs other considerations.

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