

The interplay of argumentative dialogues and work observations in collective reflection for work transformation. Cross self-confrontations in a Public Health Institution

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Introduction

Based on an intervention in cross self-confrontation, recently conducted in a French Public Health Institution hosting dependant older people and disabled adults, this paper will show what kind of professional argumentations were held in this process, showing in particular the role of the careful observation of details of the work activity through the collaborative process of work co-analysis in the development of the argumentation, dialogue, and shared reflection. We will first present the context of this collaborative intervention, which aimed at «putting into debate complex questions related to work activity, health at work and work organisation, through discussing the question of the quality of the work». We will then present the methodology of cross self-confrontation implemented in this institution to pursue this goal. Afterwards, we will comment a sequence of dialogue showing how a detail of the activity, observed on the film, opened an argumentative and controversial discussion among a group of professionals (assistants) taking part to the research. We will conclude by reporting how the experiences of the participants to this dialogical framework impacted the types of professional dialogues that were usual and possible within the institution, at all levels: among the working groups of professional assistants participating to the research, within the direction of the institution, and between the first-line workers and the direction of the institution.

Dialogue as a way to articulate collective reflection and work transformation

From a practical, methodological and theoretical point of view, this research focuses on the interrelations of two questions: the question of individual and collective elaboration, and the question of work transformation. Both questions set the topic of the relationships between talk and action – or discourse and practical activity. Various articulations between talk and action can be observed at work (Boutet, 1995; Falzon, 1989; Fillietaz & Bronckart, 2005; Grosjean & Lacoste, 1999; Kostulski, 2012). In some work activities, talk and action seem to merge, as action gets accomplished mostly through situated talk: teaching, preaching, conducting a psychoanalytical session, are examples of social activities dominantly performed through speech. They can be named symbolic activities, as they request a massive use of symbolic resources, first of all language, in their accomplishment (Kostulski, 2011). In other activities, talk supports coordination of actions, which are primarily directed at transforming the material world (for example, operational language during surgery). In other activities, talk is loosely connected to the performance. The heterogeneity (Fillietaz, 2002) of the forms of talk and dialogue at work is noticeable.

The activity of reflecting collectively on one's practices, which had long been discreetly and informally performed by professionals in existing teams or interpersonal networks, emerged in many professional activities in the last decades as a visible and valuable activity, which needs to be supported and structured. Various methodologies claim to transform this reflective activity, which professionals used to perform «like Mr. Jourdain», almost without noticing it, into a structured analysis of practices – and to systematize its use. This analysis of practices is inspired by various theoretical frames (for example, Schön, 1983), and may serve different purposes: life-long training, safety improvement, professional development, selection of «best practices» and «harmonization» of professional practices. This latter trend is the most widespread and problematic one. Professional action is complex, characterized by a constant, tight and innovative adaptation to local and personal circumstances, including professional goals and organizational constraints. It is also mediated by a repertoire of personal and collective routines defining efficient ways of doing in most situations. The best practice approach fails to support the need of the professionals for a thorough understanding of this complexity and claims to replace it by standard procedures. The best practice approach is so strong that dialogue itself may be considered as a best practice to follow, putting it at risk of being, as written by Alexander about the field of teaching, «jargonised before it is even understood, let alone simply implemented» (Alexander, 2004). Therefore, our research had to doubly counter this widespread approach.

Dialogical approaches to organizational transformations have been developed in the last decades (Engeström, 1987/2014; Gherardi & Nicolini, 2000; Clot, 1995, 2006; Mastrogiacomo et al., 2014). The question is not only the connection of analysis to conceptual change and implementation, but also the question of managing conflictual views on the work activity and organisation. Interestingly, studies of the argumentation processes cross here studies on controversy (Crawshay-Williams, 1957; Dascal, 1998, 2001). According to Dascal (1998, p. 17), in controversies, «entrenched beliefs, data, methods, interpretations, and procedures, can be challenged – which paves the way for the possibility of radical innovation» - thus connecting directly controversy to organizational change. However, in Dascal's understanding, controversies oppose contenders with conflictual perspectives which they defend in an argumentative mode (Dascal, 2001). This model, exemplified in scientific or political controversies, does not fit nicely the professional controversies at stake in a work environment, nor in our methodology. In these professional controversies, we observe how arguments get adopted and picked up by various interlocutors, who so doing construct an individual and collective reflection. This is what we will try to show later in this chapter.

Context and goals of the research project

This research project has been run by a team directed by Prof. Yves Clot¹, CNAM, and gathering a research assistant (Mylene Zittoun) and the author, from September 2014 to January 2016. The whole project was initiated by a phone call from the Director of a big French Public Departmental Health Institution (with around 500 residents and 450 employees), in charge of older dependant people and disabled adults. The Director of this Public Health Institution asked Prof. Clot whether the team Clinic of Activity would be interested in performing an intervention on the topic of Psycho-Social Risks. One team in particular was experiencing interpersonal conflicts at work, conflicts with their manager, as well as difficult working conditions, and the ARS (Agence Régionale de Santé – the network of French regional governmental agencies, created in 2010, in charge of coordinating and piloting the public offer in terms of health at the regional level) was urging the Direction to take action.

¹ All researchers were part at that time of the team Clinique de l'Activité, Chaire de Psychologie du travail, CNAM, Paris.

A former survey run in 2012 within the institution was dedicated to identifying the Psycho-Social Risks at work. It identified some work-related health issues (like Work-Related Muskulo-Squelettal Disorders) and psycho-social risks. Among the factors contributing to this situation were factors linked to the social climate (relations with the management) and working conditions (intensive rhythm, associated to physical and subjective intensity of work). This survey also highlighted the difficulties of dealing with everyday violence of some patients or with delicate relations with some families.

Interestingly, this Public sector health institution has undergone major transformations in the last decades. Both departments, the department for older dependant people and the department for disabled adults, evolved historically. In the department for older dependant people, the population of residents continuously evolved towards older and more dependent patients with multiple diseases. In the department for disabled adults, units dedicated to specific pathologies were created, especially one for people with autistic spectrum disorders. Here the newcomers are younger and more active, requiring increased stimulation. The sociology of the residents has also been changing, from mostly isolated people for whom only the public institution was taking care or local people whose families had been knowing the institution for years, to well-connected patients from larger geographical areas, whose family is looking for a good, specialized place to care for them, without being able to be present on a frequent basis. Therefore, both the type of the residents and the external pressure from families and from the general public has changed recently. In parallel to these evolutions of the medical condition and social situation of the patients, this Public sector Health Institution experiences structural constraints on its budget, which is fixed by the ARS (the funding and control State agency) following complex legal tarifications that strictly limit the number of employees taking care of the residents to the official ratio according to the type of residents. In this research, we focused on the work of the assistants who perform all everyday care, including supporting the residents for their toilet, dressing, meals, going to bed, medical surveillance and medicine distribution in collaboration with the nurses, as well as organizing activities.

During six months, the research team met the different partners and negotiated the intervention request with the Direction, the two syndicates, and the ARS which was financing the research. The outcome of this patient work on the initial request was a research contract between the Public Institution and the CNAM, whose introduction is written as follows: « (...) *The Departmental Public Institution wishes to start up a project centered on the relations between health, work activity and work organisation, and on the working conditions in which*

the employees can develop their feeling of performing a work of good quality, for and with the resident. The goal is to consolidate the psychological and social resources of the institution, and in so doing, to contribute to maintaining the health of all employees (first-line actors and managers). In order to complete the 2012 process², the Public Departmental Institution and the CNAM wish to create a framework of development of the psychosocial resources supporting health and performance at work. In this context, the CNAM constructs with volunteer employees and their managers frameworks for work analysis, which aim at putting into debate within the work groups and with the managers the complex questions of the relations between work activity, health at work and work organisation, through discussing the question of the quality of the work»³.

«Putting into debate complex questions related to work activity, health at work and work organisation, through discussing the question of the quality of the work», is therefore the central goal of this project. After describing the research methodology that we have been adopting in this research to pursue this goal, we will show in the paper what kind of professional argumentations were held in this process, showing in particular the role of the careful observation of details of the work activity through the collaborative process of work co-analysis in the development of the argumentation, dialogue, and shared reflection. We will conclude by reporting how putting into debate the questions listed above in our specific dialogical framework impacted the types of professional dialogues that were usual and possible within the institution, at all levels: among the working groups of professional assistants participating to the research, within the direction of the institution, and between the first-line workers and the direction of the institution.

² Here, they refer to the quantitative survey on psycho-social risks run two years before our intervention.

³ Original French version: «(...) l'établissement public départemental souhaite engager une démarche centrée sur les rapports entre santé, travail et organisation, et sur les conditions du travail dans lesquelles les personnels peuvent développer le sentiment d'un «travail bien fait», conduit pour et avec le résident. L'objectif est d'aboutir à une consolidation des ressources psychologiques et sociales de l'établissement public, et ainsi de contribuer à préserver la santé de tous les personnels (agents et cadres). Afin de compléter l'approche menée en 2012, l'établissement public départemental et le CNAM souhaitent mettre en place un dispositif de développement des ressources psychosociales favorables à la santé et à l'efficacité au travail. Dans ce cadre, le CNAM construit avec les personnels et cadres volontaires des dispositifs d'analyse du travail pour mettre en débat au sein des collectifs de métier et avec les hiérarchies, les questions complexes des rapports entre travail, santé et organisation à travers la question de la qualité au travail».

Research methodology

In order to support these debates among the professionals, we adopted a methodology which supports an exploration by the professionals themselves of their work activity: the Cross Self-Confrontations methodology (CSC, see in French: Clot, Faïta et al., 2000; Clot, 2006; in English: Clot, 2009; Kloetzer, 2013; Kostulski & Kloetzer, 2014; Kloetzer, Quillerou-Grivot & Clot, 2015).

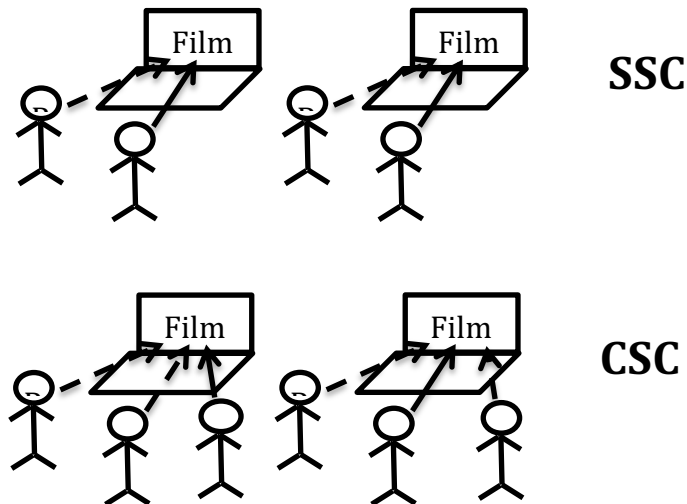
The cross self-confrontations methodology is an interventionist methodology which aims at supporting the collective reflection and development of their work activity by the participants to the research (professionals volunteering for the analysis of their work, syndicates, managers of the volunteers, direction). The methodology is based on a concrete, reflexive and developmental approach: concrete, because it focuses on the details of the situated, everyday work activity; reflexive, because it aims at triggering thought processes within and between the professionals (the dialogical and argumentative interpersonal processes organized within the methodology support the subjective elaboration of the participants in various ways, as well as collective rethinking – some examples will be provided later in the paper); developmental, because it aims at personal, collective and organisational transformations.

The cross self-confrontation methodology interweaves two dialogical frameworks to create a “conflictual collaboration” (Trentin, 2012). The first one gathers a group of volunteers (first-line actors) who form the collaborative working group⁴, gathering professionals being to the same trade, also called «associated research group», inspired by the functioning of the «small scientific communities of a new type» (Oddone et al., 1977/1981), which redefine the relationships of experts and researchers in a collaborative way. The researchers perform observations of the work activities to get a better understanding of what is going on. During these initial observations, workers interact with researchers at the workplace. With their questions and way of observing, the researchers attempt to place the workers in the position to observe their own activity. At a later stage, some workers engage themselves formally in the research, and come to discuss their activity in a structured way. They collectively choose relevant work sequences to analyze, which are subsequently filmed in the workplace. The analysis is conducted through repeatedly confronting the workers with these video clips, which they comment on during simple (SSC) and cross (CSC) self-

⁴ Called in French: «collectifs métier».

confrontations interviews. Simple and cross self-confrontation interviews focus on the comparison of individual ways of performing tasks. With special focus on their variations, they open the door to new questions and reflections.

Figure 1: Simple and Cross Self Confrontations.



The second dialogical framework is constituted by the creation and animation of a «comité de pilotage», steering committee, gathering the direction, the syndicates, the managers of the volunteer participants, and a few experts (for example, the work doctor, and some managers from transversal support services). Films composed with sequences of everyday work activities and sequences of discussions in Cross-Self-Confrontations of these work activities are prepared by the researchers, discussed by the working group, and then shown with their full approval in the steering committee. This triggers comments and reactions, as we will see later in the paper.

This intervention has interwoven these two dialogical frameworks in the following way:

Figure 2: Interplay of steering committees and working groups in the cross self-confrontation methodology.

(See figure 2 in joint document)

At the end of the intervention, the researchers and volunteers jointly select video clips of the activity and of the interviews featuring debates about important aspects and conflicts of the work. These videos are arranged in a final form, a film-based multi-voiced report, which

is presented to a wider audience consisting of the steering committee as well as their colleagues.

In the present research, the co-analysis methodology was deployed over 18 months with two working groups of assistants (assistant nurses or medical-psychological assistants⁵) in two «houses» of the main departments of the Institution (Alzheimer unit and Disabled Adults unit). We did:

- information meetings in the two houses (for all assistant nurses, medical-psychological assistants, and nurses); initial phase of observations (day and night teams, with pen and paper) to lead the participants to perceive their ways of operating when alone or in relation with others (3 months);
- creation of two (one per house) mixed groups of professional assistant nurses or medical-psychological assistants volunteering for the analysis of their activity; selection of sequences of work activity which are relevant for the analysis; recordings of these activities on the field (3 months);
- 16 simple self-confrontations (between 1 and 1,5 hour each - each participant discovers and comments her own work activity with the researcher), all video-recorded;
- 9 cross self-confrontations (between 2,5 and 3 hours each - two participants discover the work activity of their colleague, in a work sequence which is as similar as possible to the one they have been filmed in), all video-recorded;
- 12 meetings with the working groups (3 hours each), in which a film prepared by the researchers with selected sequences of the work activity and the related discussions in cross self-confrontation is presented to trigger collective discussions. Some of these sequences are selected by the working groups to be shown to the steering committee;
- 6 steering committees, in which video clips were presented and discussed. Participants of the working groups were invited in the final phases;
- at the end of the research, the researchers synthesized the elements of work analysis in a 41 minutes film (around 20 minutes on each unit); this film was shown to the steering committee, to the ARS and to all workers of the two houses involved.

The data analyzed in this paper have been collected in the unit for Disabled Adults. The sequence selected is part of the discussion among the working group (or associated research group) of medical-psychological assistants. They discuss ways of serving lunch based on filmed activities and cross self-confrontations of two professionals working in a subunit,

⁵ In French: «aides-soignantes» (AS) and «aides médico-psychologiques» (AMP).

hosting disabled adults with various ages, pathologies and dependencies. Based on this sequence, we will analyze the type of argumentation going on and highlight the role of work observation in its development. More precisely, we will show the interplay of work observation and argumentative dialogues in the development of professional reflection within a group of peers.

The interplay of work observations and argumentative dialogues for the development of professional reflection: the «lunch discussion»

The selected sequence shows how the activity of serving and supervising lunch, in a specific unit of disabled adults with multiple pathologies, has been discussed among the working group of professionals participating to the research. The meeting has not been recorded, therefore the text is reconstructed as faithfully as possible (and according to the researchers, with good results) by comparing the very complete written notes of the two researchers. Eight professionals from the working group were present, six are participating in the «lunch discussion». This discussion follows the presentation of video clips selected by the researchers, showing sequences of work activity of two professionals of the same sub-unit during lunch time, as well as their following discussions in cross self-confrontation interviews.

In this discussion, P1-P6 are professional assistants participating to the working group of the Disabled Adults unit. P2, P3, P4 and P5 are working on a regular basis in the sub-unit filmed here, called in this paper UNIT1. On the contrary, P1 and P6 are working in another subunit, called in this paper UNIT2, dedicated to a different population of disabled adults, people with Autistic Spectrum Disorders. They are therefore able to compare different practices across sub-units on a very specific topic: the variation in speed of eating for different residents, and how to balance the need for a common time required for safety reasons with the respect of their individual rhythms and sociability issues. R1, R2 and R3 are names of three residents whom they talk about in the exchange. Rea1 and Rea2 refer to the two researchers present during the discussion. The original French version can be found at the end of this chapter in the annex section.

The discussion is initiated by one observation from the video clip showing the work activity of the assistants during lunch time. A participant observes a detail of the work activity: the fact that the assistants prepare plate after plate on a separate table and thereafter bring them out one after another to put them on the table in front of each resident. The

residents then have to wait until everyone gets his plate before they are allowed to begin their lunch. This is repeated for each dish: starter, main course, cheese, dessert. As the assistants have to cut the food in small pieces and prepare each plate carefully, these waiting times may be long, taking around 5-10 minutes. One of the members of the working group reacts to this situation, in which the residents have to wait in front of their full plates for a substantial period of time, by asking:

1. P1. They [the researchers] really push you to reflect, it's good. It [the film] is well done... there's a little sequence which strikes⁶ me. I would like to say something about [residents] having to wait for their meals. What's the point for the residents? Is it just a question of being polite?
2. P2. So that they can all eat at the same time.
3. P1. Why is it important that they all eat at the same time?
4. P2. We're trying to make sure that they all eat at once...
5. P3. It's also more sociable.
6. P4. To curb R1 and R2's impatience, so that they don't get revved up. If we give a full plate of food to each resident, some will eat it all in 5 minutes. Those who are finished could disturb the other residents.
7. P1. All the same, you're keeping a very collective spirit.
8. P4. It's also to keep the peace.
9. P5. One of the goals for meal time is for it to take place as calmly as possible. Two residents eat slowly, the others eat faster.
10. P1. Somewhere along the line, you change the speed of each resident so that everyone can eat at the same time.
11. P5. If you don't stick to a tempo, there could be vomiting or regurgitating, and that just leads to more problems. Respecting the timing allows you to keep an eye on all that. There's a tempo which ensures sociability, security and each one's rhythm. As for me, I keep my ears to the ground, I'm able to have my back turned yet know who's coughing. I pay good visual and auditory attention – you can see it in the film in the

⁶ We discuss here our translation choice for this term as it will become important in the following sequence and analysis. The expression used in French here is «ça m'interpelle», which could be translated as «it raises questions for me». The expression «it strikes me» would seem stronger in English. However, we decided to use it to translate the surprise which is present in this French expression, and that the expression «it raises questions» does not seem to translate properly.

moment where R3 coughs. I know that that sound isn't good. You have to be really vigilant like that.

12. P2. If everyone were to eat at different times, it wouldn't be possible to be so vigilant. R3 is always in a hurry, which sets a tempo for the others. We have to adapt, it's part of communal living.

The initial question drives the whole sequence: what are the goals of a visible, video-recorded, action of these colleagues for the residents, «what is the point for the residents?» The assistant who asks this question immediately suggests an hypothesis: it may be «a question of being polite». The first answer provided by the assistant whose activity was displayed in the video clip, «so that they all eat at the same time», is considered insufficient, as the same participant repeats her question, insisting on the why: «Why is it important that they all eat at the same time?» This opens a discussion in which three team members provide complementary answers to the initial question of their colleague. The repetition by P2 of her first answer “we are trying to make sure that they all eat at once” might reflect her internal thinking on the insistent question of her colleague. A detail of their activity, which is a shared practice in her team, becomes an object of reflection through the eyes of her colleague, for whom this way of proceeding is surprising: putting full plates in front of hungry residents and simultaneously forbidding them to eat until everybody is served. This way of proceeding did not appear as a problem in the simple and cross self-confrontation interviews. Only the specific look and surprise of a colleague here in this working group triggers some individual and collective thinking. The argumentative discussion, which is formally more a collective reflection than a debate, is initiated by the observation of a “detail” in the video-recorded activity. In speech turns 5 and 6, two other colleagues, also active in the same unit, add to the exchange. We may hypothesize that P3 accepts the explanation suggested earlier, that it may a question of being polite, reframing it more precisely as “being sociable” – i.e., the collective feeling of being together, materialized by a common tempo. But P4 adds a specific explanation, based on their common knowledge of the residents: this practice would aim at avoiding fast, agitated residents to disturb the general lunch process. This practice is supposed to curb the impatience of some residents, who eat fast and would be keen to disturbing the lunch process of their fellow residents. The underlying, hidden assumption is that substantial waiting times will not increase the impatience of these potentially agitated residents, as they will keep calm until they have been able to eat, by fear of being punished and to see their plates confiscated (a practice, confiscating plates, that is not happening in this unit, but that

may be present to the memory of some residents from their past lives). Although this first explanation is not fully convincing, as it will appear latter in the exchange, this is the first step into analyzing what they do as a professional gesture to handle the different eating pace of the residents and to keep a quiet atmosphere during lunch. As it will appear later, this quietness is a key requirement in this unit not only for sociability and comfort reasons, but also for safety reasons. In speech turn 7, P1 summarizes her impression: “you’re keeping a very collective spirit”. P4 answers by going one step further in her explanations which began in speech turn 6: “It’s also to keep the peace”. Another participant then enters the discussion, P5, who also works in this unit on a regular basis. Her answers bring together two different things: the goal of keeping a calm atmosphere during lunch, and the diverse pace of eating of the residents: “one of the goals for meal time is for it to take place as calmly as possible. Two residents eat slowly, the others eat faster”. The underlying logical connection seems to be that these diverse paces are perceived as a difficult reality which makes keeping the meal quiet complex.

P1, who plays a leading role in the development of this collective argumentation, then issues a rather provocative statement, which is a logical conclusion to this covered argumentation of her colleague: “Somewhere along the line, you change the speed of each resident so that everyone can eat at the same time”. “You change the speed of each resident” might be interpreted as a critics, as all professionals strive to maintain as much autonomy and freedom of the residents as possible. However, thanks to the good functioning of the dialogical framework constructed so far by the researchers and the participants through the joint analysis work, this critical statement is issued in a very quiet, non aggressive way. The conjunction of this thought-provoking statement with a non aggressive way of expressing it, which supports collective inquiry, might explain that P5 engages in the following speech turn into a sophisticated, detailed account of the importance of installing a tempo for the whole group during lunch time. According to her, sticking to a tempo is important for two reasons: firstly, it prevents fast eaters to get themselves into trouble (vomiting or regurgitating). The underlying reasoning here is that these fast eaters may diminish their speed if somebody controls them, which is only possible if the plate distribution is over and the assistants are able to provide their full attention to the supervision of the meal. And secondly, the quiet atmosphere of the meal is a safety requirement, as the assistants are attending to all potential difficulties not only by looking at what is happening around (as is visible in the film) but also by listening to all unusual or worrying noises: “I know that that sound isn’t good”.

P2, who was the first interlocutor of P1 in this exchange, issues a conclusive statement, which unfolds the implicit dimension of P5’s intervention, relating vigilance and the need for

a common tempo: “if everyone were to eat at different times, it wouldn’t be possible to be so vigilant”. She also reinforces her assertion regarding R3. She therefore agrees with all that her colleague just explained. P2’s intervention closes this discursive sequence, which is fully dedicated to answering P1’s initial question on “the goals” of their surprising way of distributing lunch, which induces substantial waiting times for the residents. At that step, the need to keep a common tempo has been strongly reinforced: beyond desire of being polite and sociable, this common tempo fulfils mostly the need to have a calm and quiet atmosphere during lunchtime, which both helps the more agitated residents to eat slowly (and therefore avoid regurgitation or order problems), and allows the professionals to dedicate their full attention and senses to the supervision of this delicate lunch time. We may hypothesize that the discussion on this topic would stop here, without the intervention of the researchers, as the case seems to be solved: substantial waiting times in front of tempting full plates answer to the need to keep a common tempo for safety reasons.

However, the researchers fuel the discussion by asking P1, who works in another unit, how things happen in her unit. The goal of the researchers is to support the collective reflection of the professionals one step further. According to the process of cross self-confrontation, the researchers stimulate the “other” in order to better investigate the “object”. They invite P1 to explain a different way of doing, in her own unit, which grounds her surprise regarding the way of doing demonstrated in the videorecording of UNIT1. They therefore invite her to explicate the background of her initial question, explicating what she had in mind when she asked it. Interestingly, P1 immediately explains how they proceed in her unit in order “not to make them wait”.

13. Rea1. How does it work with you?

14. P1. At [UNIT2], we don’t make them wait. There may be some differences among the residents. We serve those who eat slower first, and those who eat the fastest we serve last. What we do to make them more patient is to place empty plates in front of them. If they don’t have their plates, they worry that they won’t get to eat. All the residents are like that, except the new ones, even if they’ve never not had something to eat before...

15. P6. They’ve got their plates and they’re served directly at the table. Bringing out the plates like that, strikes me.

16. Px. It’s possible for you because they’ve got the ability to cut their food themselves!

17. P1. Yesterday I was with you, we didn't know the techniques that you do, we served them one at a time, we had the plates on the table and served plate after plate. In the end, everyone finished eating at more or less the same time and didn't need to wait. What strikes me a little coming from the outside and seeing you do that, is "I'm frustrating you by trying to keep a rhythm," it's a little bit frustrating, I'm frustrating you to control the timing...
18. Real (to P6.) Earlier you were saying that this way of proceeding was striking you you?
19. P6. When we talk about sociability, for me it's about having the table laid and serving everyone sitting down at the table, you see, it's funny to think about it like that... the idea of bringing out each plate is strange for me to think about. I see it negatively. I have my career behind me ... at the same time, maybe only having two people for meal times just isn't enough. Maybe we have some thinking to do around the evolution of the residents. If I was in the resident's shoes, having 3 meals a day served like that throughout the year...I'd prefer to be served differently.
20. Real: How would you prefer to be served?
21. P6. Have the dish brought out, shown, the plates served at the table, and the food cut up in front of them.
22. P5. The problem we have is having to cut up everyone's food. And having to make sure that the meal stays warm.
23. P6. We can feel and see your fear that the food gets swallowed the wrong way.
24. P5. R3 has a speed, a temperature. If we tried to do that sort of thing, it'll disturb them.
25. P2. It's true that for the new ones we could change the way of doing things. We have residents who have a little bit more autonomy when it comes to meal times. We could have a separate table for the more independent ones.... when I see us doing it, I wonder at the same time if we're not making those who are independent regress? R4, R5, those are residents who could eat by themselves, can serve themselves alone.
26. P6. Your unit is so complicated!
27. P4. There are residents between 20 and 60 years old!

P1 describes their way of proceeding as table service: to handle different eating pace, they "serve those who eat slower first, and those who eat the fastest last". Moreover, to curb impatience of the residents, they "place empty plates in front of them", which ensure them

that they will eat. In her intervention, P1 describes an alternative way of proceeding, while showing that she shares the concerns of the other assistants, regarding how to handle different eating pace and how to curb impatience. P1's colleague, P6, who had not commented so far, joins the discussion, supporting her colleague in a brief description of how things are going on during lunchtime in their unit, and re-using a word of her colleague P1 in her first sentence, "ça m'interpelle" – "it strikes me".

One of the assistants from UNIT1 then issues an objection to P1 and P6 proposal, implicitly denying the feasibility of their way of proceeding for UNIT2, because it would not be adapted to people who can not cut their food by their own. This intervention also shows that, although this assistant is not convinced by the proposal of her colleagues, she is thinking about the situation under discussion.

In speech turn 17, P1 then offers a counter-argument to the objection, based on her personal experience in UNIT1. Assistants may be called to work in any sub-unit in case of need. She uses her own recent experience, explaining how they proceeded, without knowing the usual way in UNIT1: they distributed the lunch meals in UNIT2 usual way, serving plate after plate directly on the table (let's call this the "table service" way). The counter-argument here functions as "yes, it is possible to do it in your unit, because we did it". Legitimated by this personal experience, she then expresses the true feelings generated by the practice of her colleagues from UNIT2: "What strikes me a little coming from the outside and seeing you do that, is "I'm frustrating you by trying to keep a rhythm," it's a little bit frustrating, I'm frustrating you to control the timing..." Although she tries to mitigate her sentence by using the expression "a little", "what strikes me a little coming from the outside", this is a direct criticism on the way of proceeding of her colleagues in UNIT1. So direct that it may be impossible for them to answer it.

The researchers then use the same trick as before to enable the group to think. They ask the other participant, P6, who only briefly commented, to explain what she meant behind her expression: "Earlier you were saying that this way of proceeding was striking you?" The same expression "striking", initially introduced by P1, expressing surprise and questioning, was used by P6 and picked up by the researchers to elicit explanations.

P6 then links together four elements in her answer: her own understanding of sociability for meal times, which is related to a representation of family meals, all sitting and eating together with "table service"; the negative feelings associated with the service "plate after plate" in her professional history (P6 has a long professional history, she has been working here for more than 30 years, and experienced strong organizational changes); the changing

health status of the residents through time; and to conclude, she adopts the perspective of the residents, by saying “If I was in the resident’s shoes, I’d prefer to be served differently”. These elements are not explicitly connected in her answer, leaving the impression that she might not have said all that she could say. The researchers then request an explanation: “How would you prefer to be served?” which allows a description of what she means by table service.

P5, who already commented extensively in the former discussion, offers two counter-arguments, introduced by “the problem we have”. So doing, she does not deny that P6’s proposal is an ideal solution, but she denies that it is feasible in UNIT1, because they have to cut the food of almost all residents, which takes time, and would prevent the meal to stay hot. P6 then issues a comment which is not primarily continuing the discussion on how the food should get distributed, but reflects what she perceives of the attitude of her colleagues: “We can feel and see your fear that the food gets swallowed the wrong way.” She makes her understanding that safety issues, reinforced by traumatic remembering of accidents among the staff, drive the whole process of food distribution in UNIT1, explicit. In the following exchange, while P5 sticks to an argument she already used to dismiss P6’s alternative way of doing, the discussion opens or re-opens a space of thinking for P2, who wonders whether their way of doing is adapted to all residents, especially the new, more independent ones. She suggests that they “could have a separate table for the more independent ones”. This suggestion is a kind of thought experience, tested in this group of fellow professionals. She adds a question, that might be primarily addressed to herself, but that will trigger strong reactions from her colleagues in the last part of the discussion: “when I see us doing it, I wonder at the same time if we’re not making those who are independent regress?” The term regression is not picked up yet by the other participants, on the contrary, this second part of the collective discussion around food distribution at lunch times is closed softly by a shared acknowledgement of the complexity of UNIT1, due to the variety of health status of its residents.

The researchers then fuel the discussion once more by asking a question typical in the cross self-confrontation process, in which the researchers try to support the thinking of the participants of their work activity thanks to the observations and comments of their peers: addressing her question to the two group members whose video-recorded activity and dialogue in cross self-confrontation triggered the whole discussion, the researcher asks them: “which thoughts do these comments inspire you?” Four participants take part to the following discussion.

28. Rea1. P5, P2, Which thoughts do these comments inspire you?
29. P5. Due to the fact that there's a big difference among the residents in terms of their autonomy, we have to find the right balance, we need to come up with a solution and try it.
30. P4. It's just that our unit is so complicated!
31. P5. Afterwards, like P2 said about the regression... it's maybe a little bit of an exaggeration. There are so many activities throughout the day. It's not only during meal times. We could make up for the lack of stimulation during meal times with other activities during the day. We could take one, stimulate them, then another, stimulate them... it's more difficult during meal times.
32. P3. I don't feel comfortable with using the word regression, it's strong, it's a bit too much of a strong term, to speak about regression in general is an exaggeration.
33. Rea1. I didn't hear your colleague talking about 'regression' in general... after all, it's not the same thing to provide individual stimulation and to make use of meal times to encourage independence.
34. P5. After all, I don't think, about the autonomy during meal times, that we would make them regress.
35. P4. I don't think that we make them regress over meal times. It's a complicated unit, with big differences.
36. P5. After that, could that maybe be a way to go, to have small groups following the cooking activities?
37. P2. Therapeutic meals, those are the best. We eat with the residents, who can imitate us. It's really sociable. Everyone naturally eats together. We have some residents who were used to eating from their own plates. We have 11 different residents, we would need to find a compromise. We need to be able to offer more possibilities to the younger residents, while still respecting those who have been there for a long time with their anxiety.
38. P4. Ideally, we would have two services. But it's unmanageable, impossible, we don't have the time. There are only two of us, sometimes even one.
39. P5. Sometimes (our boss) let's us know many times over that we're unable to manage a meal time by ourselves.
40. P4. But it's not a problem for her, it's only about giving people food.

The reactions of the participants reflect that they are engaged in a collective reflection. P5, supported by P4, answers by saying that they have to come up with a solution that accommodates the diversity of the residents. But then an interesting discussion happens around the term «regression» mentioned by P2 as a risk, in her earlier proposal of adapting their ways of doing for the more independent residents. The term regression is considered to be “a little bit of an exaggeration” by P5, but at the same time, P5 considers how additional stimulations outside the lunch times could prevent regression, which shows that she does not contest completely that their way of doing generate risks of regression for some residents. P3 contests the term more strongly, saying that “to speak about regression in general is an exaggeration”. The researcher then intervenes to correct the wording: “I didn’t hear your colleague talking about regression in general”, and also to refocus the dialogue on the issue of potential regressions *during the meal times*. Turning back to the topic of potential regressions during the meal times, two UNIT1 team members conclude that they don’t make residents regress. In the last part of the discussion, P5 picks up an idea suggested by P2 earlier, about having small groups. P2 immediately asserts her enthusiasm for so-called “therapeutic meals”, which are prepared and shared with a sub-group of residents. She concludes by re-asserting the high diversity of residents of UNIT1 and the need for compromise: “We have 11 different residents, we would need to find a compromise. We need to be able to offer more possibilities to the younger residents, while still respecting those who have been there for a long time with their anxiety.” The problem of food distribution appears at the end of this sequence in all its complexity. Through P4’s proposal of ideal organization, in which she suggests to have two services to accommodate different types of residents, some organizational issues appear. They include the lack of employees (due to the fixed ratios mostly) and representations of their management as what counts as a valuable activity for the residents. According to them, their management thinks than the meals are a simple nutritional distribution process, and forget all its other dimensions: that it be a space of pleasure and autonomy for the residents; that it requests a strong involvement of the professionals into cutting and preparing the food to allow for an agreeable and safe experience for the residents. These organizational topics will not be discussed longer, as the working group is not an appropriated space to change the work organization at this level, but it will be re-enacted in the steering committee.

Through the detailed analysis of this sequence of collaborative co-analysis of the concrete work activity in a cross self-confrontation process, we see how the individual and collective reflection is expanding through the dialogue, which shows an interplay of the argumentative,

even controversy, processes, and of observations of details of the videorecorded work activities.

Conclusion: The research process as a «true dialogue», opening spaces for identification and resolution of conflictual perspectives on work objects

At the end of the meeting partially analyzed in this paper, the participants concluded in the following way: «Fun to see how from small details, we draw big discussions! It seems to be a really enriching experience to see oneself on the screen. You remained true to yourself, it was you»⁷.

«What is significant in this work, is that we are in the simple dialogue. I don't know how to say it differently, with our management it is never simple, we are not allowed to disagree. (...) In everyday work, we are not in the simple exchange on the residents, we are not allowed to».⁸

«We want to exchange on what we can do to improve the situation for the residents!»⁹

Therefore, what is noticeable from the perspective of the participants to this work is the possibility to have a true dialogue on aspects of their work activity which have an important impact on the life of the resident. This true dialogue is allowed, and even, as we analyzed earlier, actively supported by the researchers in the cross self-confrontation dialogical framework, but forbidden in everyday work activity. The analysis above shows that if the dialogue is based on concrete details of their work activity, the professional assistants engage with great energy in a demanding dialogue on their daily work activity and work organization. So doing, they demonstrate both their high daily commitment to the well being of the residents, as well as their critical thinking and important insights regarding the current work organization and possibilities for improvements. They show that they are experts regarding their work organization. This has two main consequences, which appear when selected pieces of their dialogues are presented and then discussed with them in the steering committee: their

⁷ In French: «C'est marrant comme à partir de petits détails, on tire des grandes discussions! Ça a l'air très enrichissant de vous voir devant la caméra. Vous êtes restées fidèles à vous-même. C'était vous».

⁸ In French: «Ce qui est appréciable dans ce travail, c'est qu'on est dans le dialogue simple. Je ne sais pas dire autrement, avec la hiérarchie ce n'est jamais simple, on n'a pas le droit de ne pas être d'accord. (...) Dans le quotidien, on n'est pas dans l'échange simple sur les résidents, on n'a pas le droit».

⁹ In French: «On a envie d'échanger sur ce qu'on peut faire pour améliorer la situation pour les résidents!».

reflections based on observations and argumentations may fuel the reflection process of the stakeholders represented in the steering committee, and trigger creative solutions for the future. But the richness of these reflections has another major impact: it established the professional assistants as valuable and reliable interlocutors in the organizational redesign, and experts of their own daily work organisation. Their place in the institutional process of organizational redesign has changed.

These new, «almost revolutionary» possibilities, appear in the following comment from the Director of this Public Health Institution reflecting on the cross self-confrontation process within its institution in the last phases of the research: “The interesting point in your methodology is that we are in a bottom-up process, it makes us take things in the reverse way; this is already very good. It is almost revolutionary. It is like the Copernic effect, it makes us change our perspective. This is already a lot...”¹⁰.

Therefore, putting into debate the questions listed above in our specific cross self-confrontation dialogical framework impacted the types of professional dialogues that were usual and possible within the institution, at all levels: among the working groups of professional assistants participating to the research, and within the steering committee between these participants and the management of the institution.

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¹⁰ In French: «Ce qui est intéressant avec votre démarche c’est qu’on est dans un mouvement ascendant, ça fait prendre les choses à rebrousse poil; rien que ça, déjà, c’est bien... C’est presque révolutionnaire. C’est comme l’effet Copernic, ça fait changer de perspective; c’est déjà beaucoup...».

References

- Alexander, (2004). Talking to learn. *Times Education Supplement*. 30 janvier 2004, 12-13.
- Boutet, J. (1995). Le travail et son dire. *Paroles au travail*, 247-267.
- Clot, Y. (1995). *Le travail sans l'homme? Pour une psychologie des milieux de travail et de vie*. Paris : La Découverte.
- Clot, Y. (2006). *La fonction psychologique du travail*. Paris: Presses Universitaires de France.
- Clot, Y. (2009). Clinic of activity: the dialogue as instrument. *Learning and expanding with activity theory*, 286-302.
- Clot, Y., Faïta, D., Fernandez, G., & Scheller, L. (2000). Entretiens en autoconfrontation croisée: une méthode en clinique de l'activité. *Perspectives interdisciplinaires sur le travail et la santé*, (2-1).
- Crawshay-Williams, R. (1957/2014). *Methods and criteria of reasoning: An inquiry into the structure of controversy*. London : Routledge.
- Dascal, M. (1998). *Types of polemics and types of polemical moves*. In S. Cmejrkova et al. (Eds). *Dialogue Analysis VI*, Vol. 1. Tübingen: Niemeyer, 1533.
- Dascal, M. (2001). How rational can a polemic across the analytic-continental 'divide' be? *International Journal of Philosophical Studies* 9(3), 313-339.
- Engeström, Y. (2014). *Learning by expanding*. Cambridge University Press.
- Falzon, P. (1989). *Ergonomie cognitive du dialogue*. Presses Universitaires de Grenoble.
- Filliettaz, L. (2002). *La parole en action. Eléments de pragmatique psycho-sociale*. Québec: Editions Nota Bene.
- Filliettaz, L., & Bronckart, J. P. (2005). *L'analyse des actions et des discours en situation de travail: concepts, méthodes et applications* (Vol. 115). Peeters Publishers.
- Gherardi, S., & Nicolini, D. (2000). To transfer is to transform: The circulation of safety knowledge. *Organization*, 7(2), 329-348.
- Grosjean, M., & Lacoste, M. (1999). *Communication et intelligence collective: le travail à l'hôpital*. Presses Universitaires de France-PUF.
- Kloetzer, L. (2013). Development of Professional Concepts Through Work Analysis: Tech Diving Under the Loop of Activity Clinic. *Mind, Culture, and Activity*, 20(4), 318-337.
- Kostulski, K., & Kloetzer, L. (2014). Controversy as a developmental tool in Cross Self-Confrontation Analysis. *Outlines. Critical Practice Studies*, 15(2), 54-73.
- Kloetzer, L., Clot, Y., & Quillerou-Grivot, E. (2015). Stimulating dialogue at work: The activity clinic approach to learning and development. In *Francophone Perspectives of Learning Through Work* (pp. 49-70). Springer International Publishing.

Kostulski, K. (2011). Formes et fonctions psychologiques des réalisations langagières: Vers une psychologie concrète du langage. Note en vue de l'Habilitation à Diriger des Recherches, Paris.

Kostulski, K. (2012). La diversité fonctionnelle du langage: usages et conflictualités dans l'activité. *Vygotski maintenant*, 237-255.

Mastrogiacomio, S., Missonier, S., & Bonazzi, R. (2014). Talk Before It's Too Late: Reconsidering the Role of Conversation in Information Systems Project Management. *Journal of Management Information Systems*, 31(1), 47-78.

Oddone, I., Re, A., Briante, G., & Clot, Y. (1981). *Redécouvrir l'expérience ouvrière: vers une autre psychologie du travail ?* Editions sociales.

Schön, D. A. (1983). The reflective practitioner: How professionals think in action (Vol. 5126). New York: Basic books.

Trentin, B. (2012). *La cité du travail: la gauche et la crise du fordisme*. Fayard.

Annex: French original version of the selected sequence

1. P1. Elles [the researchers] vous poussent à la réflexion, c'est bien. C'est [le film] bien fait... Il y a une petite séquence qui m'interpelle. Je voulais intervenir face à l'attente [des résidents] face aux assiettes. Quels sont les objectifs pour les résidents? C'est une question de politesse?
2. P2. Pour qu'ils mangent tous en même temps.
3. P1. Pourquoi c'est important qu'ils mangent tous en même temps?
4. P2. On essaye de maintenir qu'ils mangent tous au même rythme...
5. P3. C'est pour la convivialité aussi
6. P4. Pour canaliser R1 et R2, son impatience, pour éviter qu'ils montent dans les tours. Si on donne un plateau entier à chaque résident, certains vont manger en 5 minutes. Ceux qui ont fini peuvent perturber les autres.
7. P1. Vous gardez quand même un côté très collectif.
8. P4. Pour garder le calme aussi.
9. P5. Un des objectifs des repas c'est que ça se passe le plus calmement possible. Deux résidents mangent lentement, les autres plus vite
10. P1. Quelque part au moment du repas vous cassez le rythme de chaque résident pour que tout le monde soit au même rythme.
11. P5. Si tu ne crées pas un tempo, il pourrait y avoir des vomissements, des régurgitations, et ça créerait d'autres phénomènes. Donner un temps ça permet de garder un œil sur tous. Il y a un tempo qui correspond à une convivialité, à la sécurité

et au rythme de chacun. Moi mes oreilles sont grandes ouvertes, je suis capable d'être dos à tout le monde et de savoir qui tousse. J'ai une attention visuelle et auditive, on le voit dans le film au moment de la toux de R3. Je sais que ce son là il n'est pas bon. Il y a plein de vigilance comme ça à avoir.

12. P2. Si chacun mangeait à des rythmes différents, ça ne serait pas jouable d'avoir ces vigilances là. R3 est toujours dans l'anticipation, ça oblige à un tempo pour les autres. On est obligées de s'adapter, c'est de la vie de groupe.
13. Rea1. Comment ça se passe chez vous?
14. P1. Chez nous, on ne fait pas attendre. Il peut y avoir un peu de disparité entre les résidents. On sert les plus lents en premier, les plus rapides en dernier. Ce qu'on fait pour plus les faire patienter, c'est poser l'assiette vide devant eux. S'ils n'ont pas leur assiette, ils craignent de ne pas manger. C'est des résidents, sauf les nouveaux, même s'ils n'ont pas manqué...
15. P6. Ils ont une assiette et on sert au plat. Amener l'assiette comme ça, ça m'interpelle.
16. Px. C'est jouable pour vous parce qu'ils ont l'autonomie de couper!
17. P1. Hier j'étais chez vous, on n'avait pas la technique que vous avez, on a servi au fur et à mesure, on avait les assiettes sur les tables et on remplissait assiette après assiette, au final tout le monde a fini à peu près en même temps et ils n'ont pas attendu. Moi ce qui m'interpelle un petit peu de l'extérieur quand on vous voit faire ça fait «je vous frustre pour garder un rythme» c'est un peu la frustration, je te frustre pour garder un rythme...
18. Rea1 (à P6.) tout à l'heure vous disiez que ça vous interpellait cette façon de faire?
19. P6. Quand on parle de convivialité pour moi la convivialité c'est une table dressée et servir à table, voir ça, ça me fait un drôle de reflet... Amener l'assiette, ça me fait des reflets bizarres. Négatifs. J'ai ma carrière derrière... En même temps deux personnes pour un repas c'est peut-être trop juste. Peut-être qu'il y a une réflexion à faire par rapport au changement de résidents. Si j'étais à la place du résident, trois repas par jour toute l'année servis comme ça... Je préférerais être servie autrement.
20. Rea1 : Comment préféreriez-vous être servie?
21. P6. Amener le plat, le montrer, couper à table, les servir tous ensemble et couper devant eux.
22. P5. Le souci qu'on a c'est qu'il faut couper à tous. Et qu'ils mangent chauds.
23. P6. On sent, on voit bien que la crainte c'est la fausse route.
24. P5. R3 a un tempo, une température. Si on fait ce genre de choses, ça va le perturber.

25. P2. C'est vrai qu'avec les nouveaux on pourrait changer de fonctionnement faire autrement. On accueille des résidents qui ont un peu plus d'autonomie au niveau des repas. On pourrait faire une table pour les autonomes... Quand je nous vois faire, je me demande en même temps est-ce qu'on ne fait pas régresser ceux qui ont plus d'autonomie au niveau des repas? R4, R5, ce sont des résidents qui mangeaient tout seuls, se servaient tout seul en self...
26. P6. Il est compliqué votre module!
27. P4. Il y a des résidents de 20 à 60 ans!
28. Rea1. P5, P2, qu'est-ce que ça vous inspire les réflexions qu'on vous fait là?
29. P5. Du fait de la disparité des résidents et de leur autonomie, il faudrait trouver un juste milieu (inaudible) il faudrait trouver une solution et l'essayer
30. P4. C'est juste que c'est compliqué notre unité!
31. P5. Après, ce qu'a dit P2 sur la régression... C'est peut-être exagéré. Il y a tellement d'autres activités dans la journée. Ce n'est que le temps du repas. On pourrait compenser ce manque de stimulation pendant le repas par d'autres activités pendant la journée. On pourrait prendre l'un, le stimuler, puis l'autre, le stimuler... Au repas c'est plus difficile.
32. P3. Ce qui me gêne c'est parler de régression, c'est fort, c'est un terme un peu fort, parler de régression globale c'est exagéré!
33. Rea1. Je n'ai pas entendu votre collègue parler de régression globale... Après ce n'est pas la même chose de stimuler individuellement et de profiter d'un moment de repas pour encourager l'autonomie
34. P5. Après, l'autonomie au repas, je trouve qu'on ne les fait pas régresser...
35. P4. Moi je trouve qu'on ne les fait pas régresser au niveau du repas. C'est un module compliqué, avec d'énormes disparités.
36. P5. Après est-ce que ça peut être une piste, les petits groupes, dans la continuité de l'activité culinaire?
37. P2. Les repas thérapeutiques, c'est le top. On mange avec les résidents, qui peuvent prendre modèle sur nous. C'est vraiment convivial. Tout le monde mange ensemble naturellement. On a des résidents qui étaient habitués à manger au plateau. Onze résidents, tous différents, il faut qu'on trouve un compromis. Il faut qu'on puisse offrir aux résidents qui sont plus jeunes plus de possibilités, tout en respectant ceux qui sont là depuis longtemps avec leurs angoisses (inaudible)

38. P4. L'idéal, ce serait deux services. Mais c'est ingérable, impossible, on n'a pas le temps. On est deux, voire un par repas
39. P5. Parfois on nous fait comprendre à plusieurs reprises qu'on pourrait gérer un repas toute seule.
40. P4. Mais pour elle il n'y a pas de problème, c'est seulement donner à manger.