Pattern in Variety: How Individual Habit and Organizational Routine are Expressed in Meeting the Unique Requirements of Intensive Care Patients.

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Abstract

A fundamental problem in the study of organization is to determine the distinctive properties of recurring organizational action patterns. We study these issues using labels such as ‘routine’, ‘practice’, ‘genre of action’, ‘patterns of organizational culture’, ‘features of organizational identity’, and others. Their properties are crucial in distinguishing organizational action from individual choice behavior.

What we can directly observe, of course, are not the patterns, but rather instances of action in organizational contexts. Of necessity each such instance is unique, with particular features that adapt it to the context of its occurrence. Our imputation of an underlying pattern is natural and plausible. We say, that a purchasing process was routine, or that asking this question was our usual practice in job interviews, or that the voting procedure in the meeting was an instance of an action genre, or, of two businesses trying to merge, that their differing ways of doing cost accounting are parts of their – now clashing – organizational cultures. Our social science develops properties of the patterns, and would be worth little if the patterns did not shape the occurring instances. But how do the patterns arise and change, and how exactly do they give form to individual action episodes?

I have begun work on a wonderful collection of video data that allows me to investigate the way individual action patterns (habits or skills) and collective patterns (routines, practices, cultural forms) are blended together in organizational action. With colleagues at the Intensive Care Unit of the Kingston Ontario General Hospital we have developed the “Handoff Video Data Bank”, an extensive collection of video recordings of ICU attending physicians meeting at week’s end to transfer responsibility for the unit’s patients.

In each of 21 videos, a pair of senior experts in intensive care briefly review about ten patients, their trajectories in the week past and probable needs in the days to come. Patients in an ICU are incredibly complex, and each case has many unique features. But the transfer of patients (called a handover in Canada, or a handoff in the US) must be brief, a few minutes per patient, and therefore must conform to shared expectations about the form of the action.

I am in the process of analyzing the video materials. Some key event types have been double-coded. Specific episodes are being selected for transcription and detailed analysis of gesture and movement. I would hope to present findings on how recurring organizational action patterns and individual skills interact in generating action in this setting, with also has large implications for patient safety.