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The Sociological Practitioner as a Change Agent in a Hospital Setting: Applications of Phenomenological Theory and Social Construction of Reality Theory

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ABSTRACT

This article contains a discussion and a rationale for the use of phenomenological theory and social construction of reality theory in sociological practice. It also presents examples of the application of these theories via sociological practice in a hospital setting, and describes the role of a sociological practitioner in this setting.

In a paper on cultural relativity as a counseling paradigm in clinical sociology, Black and Enos (1982) emphasize the role of the clinical sociologist in individual counseling. In the process of justifying that role, they also present considerable support for the role of the clinical sociologist as a change agent within groups. Glassner and Freedman posit that groups are the focus of all clinical sociology. It is their contention that when the sociologist, as clinician, works with individuals, it is with the end of developing "effective strategies for group living" (1979:288). In a discussion of the clinical sociologist on the micro level, Lee

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details the use of "first-hand observation and interviews to investigate and assess the significance of social influences on small group activities," as well as on personal development and actions (1979:490). Black and Enos (1980) underscore the importance of the latter. Glass designates the group as the focal point in counseling, even when the client is an individual: "Individuals as clients are seen sociologically in a group context as engaged in social interaction with others" (1979:514). He describes the role of the clinical sociologist as "a social therapist whose clients are individuals seen as part of some social system. Relationship and social structure become the focus of scrutiny and the locus of change" (514).

This article illustrates the role of the sociological practitioner in what Capelle refers to as "changing human systems" (1979:37). The example used is a hospital bureaucracy. The sociological practice model described in this article draws heavily upon the work of Black and Enos (1980, 1981, 1982; Enos and Black, 1983) on the utility of phenomenological theory and social construction of reality theory in clinical work.

The unifying factors for these theories are two-fold. First, both focus on perceptions of reality. Phenomenology focuses on the meaning of an act for the actor, that is, the individual perception of reality. Social construction of reality analyzes the involvement of the individual and the group in the development of perceptions of reality. Second, both models are consistent with the clinical sociological perspective as articulated by the major practitioners in this field (Black and Enos, 1982). They lend themselves to goals which are humanistic, holistic, and multidisciplinary. Both theories posit the significance of the individual in understanding human social interaction. Both are historically grounded in a concern for the value of the human being. Each theory considers the total person in an attempt to understand human behavior. This includes recognition of such factors as biology, environment, socialization, and psychology.

The sociological practice discussed here was an attempt at interpretation and understanding of inner meanings (or *verstehen*) and life perceptions (or social constructions of reality) of the clients. Its main goal was the idea that all members of the group (including the sociological practitioner) would "come to know themselves, and in process, come to know the other group members" (Martindale, 1960:269). In addition, the intervention was designed to reveal the process of reality construction, its effect on knowing self and others, and the creation of perceptions of self and others.

The purpose of the paper is two-fold: First, to demonstrate the utility of two different models in sociological practice and, second, to describe the role of the sociological practitioner in a specific setting. The article is divided into two parts: a general and systematic presentation of the two theoretical paradigms; and a case example and analysis of the work of a sociological practitioner in a hospital bureaucracy.

THEORETICAL PARADIGMS

The sociological practice outlined here, and the evaluation of that change process, were based upon phenomenological theory. The phenomenological perspective advances the idea that human behavior can only be comprehended from the vantage point of the perceptions of the actors. Further, these perceptions are composed of an inner personal dimension in behavior as well as an inner personal dimension in the observation of behavior (Matson, 1966:238). Phenomenology is also a method of introspection for "controlled examination of awareness itself" and "for the downward reduction of experience through successive stages toward what is most directly experienced as social reality" (Martindale, 1960:269, 277). The phenomenological perspective was used as "a method for obtaining insight about society and its component parts through inspection" (Martindale, 1960: 269; Black and Enos, 1981:35). Using these perspectives from phenomenology, the intervention sought to elicit interpretations and understandings of inner meanings *(verstehen)* and life perceptions (the process of social constructions), to the end of self-knowledge and knowledge of other group members.

A second model used in the intervention drew from the social construction of reality. Berger and Luckmann (1966) define reality construction as a dialectical process involving three phases: externalization, objectivation, and internalization. The emphasis on one phase to the exclusion of others will result in a distortion of the actual reality (Freeman, 1980; Black and Enos, 1982). This distortion of reality frequently creates problems for specific groups and individuals, and in this case, led to seeking help from the sociological practitioner. The practitioner, in turn, needed to create a process which helped the client understand how reality was constructed.

A sociological practice model based on social construction of reality posits that: understanding the process by which the social realities of societies, cultures, institutions, organizations, groups, roles, and statuses are constructed better equips the individual and the individual group members to interact within the confines of these social realities. Specifically, it enables them to resolve the critical issues necessary for survival as individuals, as individuals as members within specific groups, and as individuals who are members of various groups. The purpose of this model is, therefore, to help persons become aware of the process of constructing social reality and socialization (Enos and Black, 1983:11).

The method derived from this theoretical perspective is best characterized as a dialogue, discussion, or debate which involves the sociological practitioner and the person(s)-in-situation(s) in an ongoing, teaching-learning process, focused on helping the client(s) understand how reality is constructed (Enos and Black, 1983:12). It includes providing information, questioning, directing, supporting, reflecting, and confronting, as appropriate.

Enos and Black (1983:14) cite several specific treatment objectives for the social construction of reality. These include aiding the individual and individuals as members of a specific group:

1. To see and understand the process of reality construction;
2. To comprehend the process by which a person defines objects and situations;
3. To understand her/his(their) own explanation(s) for behavior;
4. To see and understand her/his(their) role in constructing her/his(their) collective enactment of it;
5. To define, understand, and select the games s/he(they) are playing.

Two key concepts in this theoretical perspective are: imitation and experimentation. Life experiences are utilized as opportunities for selective modeling and imitation. Experiences drawn upon and utilized in the sociological practice can be from other societies, cultures, and subcultures. The experiences can be personal (practitioners or client) or vicarious. Such experiences provide the basis for transmitting information about social structures, institutions, organizations, groups, statuses, and roles. Finally, they can be utilized for critical evaluation of behavior options. In this sense, they represent experimentation and practice problem solving.

The concept of reinforcement also shapes the techniques of this work. The practitioner and the client(s) are viewed as the most important elements in the sociological practice process, as opposed to the ideas, information, or other content generated within or outside the practice encounter, or any other construction of reality. Reinforcement may occur in the practitioner's use of techniques grounded in the notion that client self-direction, self-management, and the acquisition of information for individual and group survival provide reinforcement and learning. Other elements of the client-practitioner relationship, such as support, encouragement, acceptance, reassurance, and a positive evaluation, may also provide reinforcement.

The concept of incorporation (internalization) also influences and shapes sociological practice techniques. Experiments in constructing social reality and problem solving within everyday individual and group reality are utilized. Success in these can also provide reinforcement. Self-direction, self-management, and the ability to apply essential information for survival in society by individuals, and the individuals as members of a specific group, are considered evidence of incorporation. Also, such behaviors are considered to be, by themselves, potential reinforcements.

CASE EXAMPLES

The examples used to illustrate the usefulness of the two theoretical approaches to practice are taken from an intervention with a hospital. The hospital board

of trustees saw difficulties in the administrative process of the hospital, as exemplified by interpersonal communication problems between the hospital administrator and staff. The trustees' solution was to engage the sociological practitioner to teach a formal course in human relations. All department heads and supervisors would be required to attend this course. This a priori definition of the problem and its solution is not uncommon in industrial and service organizations.

The definition of the problem and its intended solution presented problems for the practitioner. It is a basic tenent of clinical sociological practice that the clinician or practitioner and the clients jointly have the freedom to define the problem and to initiate the appropriate intervention. Furthermore the board's decision to require attendance of all department heads and supervisors is at odds with the clinical norm of client self-determination. The practitioner negotiated with the board of trustees so that the full range of administrative and communication problems could be explored. In addition, it was agreed that staff participation in the treatment program would be voluntary.

A total of 22 department heads and supervisors was included in the intervention process. A final written report of the entire process was prepared in consultation with group members and the administrator and presented to the board of trustees. Much of the material in the present study comes from that final report.

The specific sessions reported here are taken from both the initial 12-week intensive phase, which involved weekly meetings, and the less intensive 5-month follow-up phase, in which the groups met twice monthly. The first sessions included the mechanics of the process, the establishing of rapport, and the development of trust. Examples are taken from the first, second, and fourth sessions. The eighth session is used as an example of the middle stage, while the final two sessions demonstrate the work of the final stage.

The sessions in the follow-up phase are similar to those in the intensive phase. Hence, they are summarized with regard to structure, process, goals, and outcomes. Particular emphasis is given to the agenda developed by the supervisors and department heads, the success of the administrator in dealing with these agenda, and the evaluation of the administrator in following through on the agenda set by the group. The materials selected for presentation are representative of the work done in these stages; they are illustrative rather than exhaustive.

Session 1

The first session drew heavily upon the phenomenological paradigm for direction. The intent of the session was to initiate the processes of understanding: 1) the perception(s) of the actor(s); 2) the inner personal dimensions of the actors' behavior; 3) the inner personal dimensions in the actors' observation of others'

behavior; 4) that which was most directly experienced as social reality; and 5) the inner meanings of that social reality for the actors. In other words, the goal of this session was predicated upon the phenomenological goal of knowing self and others, and understanding the meaning of experience, power, forces, and facts of social life. The method was phenomenological in its use of introspection and inspection. Social construction of reality was also utilized as a paradigm in the first session. The goal was to begin to teach and learn the process of reality construction. The session drew upon the everyday group life settings of the clients. Dialogue and discourse were used to help members construct their social realities. The practitioner provided role modeling in his self-evaluation and revelation, and through his acceptance of evaluation by group members. Reinforcement was also used in analyzing potential strengths of individuals and the group.

As a technique, each member of the group was asked to write one or two questions about the course or the sociological practitioner. The purpose of this exercise was to provide an anonymous means of expressing their perceptions of the meaning of the program. After discussing their written questions, suggestions for the practice work were invited. This discussion elicited strong feelings on the part of the participants, both in support of and in opposition to the purpose of the program.

These techniques provided an opportunity for the clients to better understand the goals of the instruction. They also demonstrated the process of evaluating oneself in order to understand others and, thus, better understand oneself.

Session 2

The goal of this session was to give group members an opportunity to come to know the practitioner better and, in the process, to know themselves better. Drawing upon both paradigms, the session used techniques to expose the clients to the phenomenological method of introspection and inspection of meaning as a method of knowing or understanding. The personal experiences of the clients were used in designing an appropriate behavior for the practitioner, which could also serve them later in their own group interaction. These techniques were designed to provide experimentation and problem solving in the everyday reality of group life.

This session began with the sociologist communicating to the group his perceptions of what they meant by their critical ideas, suggestions, and emotional responses in the prior session. The group then discussed the practitioner's emotional responses to and his intellectual perceptions, observations, and meanings of the situation. The individual members of the group attempted to understand the meaning of the situation for the sociologist in order to come to better understand him. In the process, they learned something about themselves in a similar kind of situation. Later, they could draw upon his experience vicariously

or imitate his behavior. Both of these techniques are consistent with social construction of reality.

Each member of the group was then asked to describe a situation in which they had an experience and perceptions of meaning similar to those described by the sociological practitioner, and to indicate how they responded in that situation. It is possible that both experiential and insight learning could occur, since members of the group might become aware of the fact that solutions used elsewhere might be applicable here, and that the role-played solutions might be of use in the future. This use of teaching and learning by role-playing and insight and experience is based upon a social construction of reality model for sociological practice.

As a conclusion to this session, an outline for the continuing practice work, incorporating critical ideas and suggestions of the group from session 1, was presented. Several options for participation in the group and for evaluation of the process were provided. This emphasis upon self-direction and self-management is based upon the teaching-learning model in the social construction of reality paradigm and, in particular, upon reinforcement and incorporation. In addition, it demonstrated problem solving and construction of social reality by the group in their everyday group reality.

Session 4

Session 4 was designed to teach about the social construction of bureaucracies and, in particular, the bureaucratic structure of the clients' own hospital. An attempt was made to elicit both helpful and hindering elements of the organizational structure of the hospital. One example of the learning that occurred came in the discussion of informal structure. There was an identification of certain behaviors in the hospital that indicated that a status differential existed (for the most part an informal development) with respect to the departments. Housekeeping and laundry indicated that their personnel seemed to be at the bottom of the status hierarchy. Employees in these departments found that the reality of this social fact resulted in a variety of forms of discrimination, including how they were treated in the halls by personnel from other departments. The nursing staff were considered the most serious offenders. The negative effects of this type of interaction were discussed along with potential solutions.

Session 8

Communication, a key consideration in phenomenological theory, was the focus of this session. What is communicated and how it is communicated is important. The communication of meaning and the importance of understanding the meaning of action and behavior for the individual are given a position of prominence.

A specific model for communication and listening was outlined. The nature and significance of feedback and listening was considered. Group members used their own group position in the hospital as a reference for selecting some important communication. They then experimented with new communication. For example, the head of maintenance used this as an opportunity to communicate to other department heads some of the specific problems they created for him in refurbishing or remodeling situations. Not only was this an opportunity to learn about communication, imitate the skills of others, role-play, and use personal experience but, as indicated, it also drew upon situations of everyday reality of group life for problem solving. These techniques were based upon the social construction of reality paradigm.

The sociologist provided feedback on his observation that, on the whole, the group appeared to be more successful in communicating about their own situations and experiences than they did in listening and providing feedback to others. This phase of the communication process continued to be a focus in a later session.

Session 11

One purpose of this session was to teach something about the nature of group characteristics which affect group interaction. This has added significance when one analyzes one's own group in this manner. Lippitt (1961:32–34) listed 10 characteristics of groups: 1) background; 2) participation patterns; 3) communication patterns; 4) cohesion; 5) subgroups; 6) atmosphere; 7) standards; 8) procedures; 9) leadership; and 10) member behavior. He discussed the significance of each of these in group interaction. Each of these characteristics was used as a vehicle for analyzing and working with this group of department heads and supervisors.

The specific characteristic used to demonstrate this technique is what Lippitt (1961) labels "member behavior." In discussing this characteristic of groups, he notes, "To get genuine group thinking and group action there must be shared responsibility on the part of the members. Members of the group must want to contribute to the task of reaching the set goals" (34). The sociological practitioner focused the group upon their own behavior with regard to attaining the goals of the group. Goals for the group were arrived at unilaterally by the administrator and/or one or two other individuals. Goals were not always clear. The individual group members could articulate some general goals of the hospital, as could the administrator, but when asked for specific application, they could not articulate these goals. There was no annual goal setting in which group members and the administrator discussed goals, set priorities, communicated departmental needs, and engaged in setting specific goals. Thus, it was often not clear to members of the group how specific goals set by the administrator or others related to the

overall goals of the hospital. For example, the position of Inservice Education Director had been created and filled with no consultation with this group as to the nature or purpose of this position. The administrator indicated to the sociologist in his individual sessions that his method of operation was that the less communicated the better for his supervisory personnel. The group, however, expressed the need for sessions in which they could communicate their own departmental or supervisory goals and needs, and could relate these to the needs and goals of other departments and to the total organization.

Session 12

In this session, use was made of self-direction, self-management, support, encouragement, and acceptance. The session drew extensively upon the social construction of reality theory techniques of reinforcement and incorporation. It also included incorporation in its use of experimentation, problem solving, and social construction in the reality of everyday group life. One goal in this session was teaching the process of constructing social reality.

This session included an evaluation of the group process up to this point. The members evaluated: how the group and the sociological practitioner had functioned; what processes had been most and least helpful; what had been omitted; and what should have been omitted. The group was also asked if they wanted to continue the last 10 sessions. The sociologist indicated that if they chose not to continue, it would be made clear to the administrator and trustees that this was an appropriate step. After evaluating the practice work and the practitioner, the group voted unanimously to continue the work. The structure for this decision provided group members with complete anonymity and secrecy.

Follow-up Sessions: 13–22

The follow-up sessions were basically given over to a continuation of and building upon earlier sessions. For the most part, the goals and outcomes of these sessions can be said to have culminated in three proposed agenda for department head/supervisor meetings and a final group evaluation of the administrator. The three agenda were prepared as examples of the type of meetings the department heads and supervisors wished the administrator would conduct. These agenda reflected and summarized the work the group had done with respect to the needs of the group and the administrator. The agenda were prepared by the sociologist under the direction and with input from the group members. The administrator was invited to deal with what the group had, thus, designated as critical issues. This was an attempt to both facilitate communication between the administrator and the group members, and to provide the administrator an opportunity to rehearse patterns of interaction designated by the group as helpful to their own

roles. The group and the administrator also assisted in preparing the final report to the board of trustees concerning an evaluation of the practice work.

Despite the use of the prepared agenda, the group members and the administrator still demonstrated several of their original patterns of interaction. The administrator did not explore the meanings of these issues for the members of the group. At the same time, group members were reluctant to communicate to the administrator both the perceptions they had about these issues and the meaning they attached to them.

In fact, the responses of the administrator and group members are not surprising. Berger and Luckmann (1966:47, 53) cite the significance of "institutionalization" and "habitualization" in the maintenance of socialized or learned behavior patterns. This issue is also treated by Enos and Black (1983:87). Although the actual clinical work had been completed, only eight months had passed since its inception. Expectation of total or drastic behavior change would have been premature. The administrator was still reluctant and, in private, expressed anxiety about giving the group much input in the administrative process. Group members resisted revealing their feelings and perceptions about their work, colleagues, and supervisors in the presence of certain colleagues and the administrator. They expressed concern over possible retaliation. It might have been helpful to provide some sessions in which group members role-played the position of the administrator and he, in turn, role-played some of their positions. This might have eliminated increased anxiety resulting from directly focusing on his work as administrator in front of the entire group. In this sense, he might have been able to concentrate more on alternative approaches. In addition, this would have provided some opportunity for imitation and modeling. Reinforcement and incorporation would also have been underlying components of this technique. Finally, it would have created a setting in which each individual might have gained a clearer understanding of the perceptions of other group members and the administrator.

SUMMARY AND CONCLUSIONS

The purpose of this paper was three-fold: to demonstrate the use of phenomenological theory and social construction of reality theory in sociological practice; to demonstrate the practice of sociology in a hospital setting; and to describe the role of the sociological practitioner in one specific setting. Actually, the summary of the sociological practice and any conclusions drawn from it are, to a great extent, embodied in the three agenda and the group evaluation of the administrator already referred to. The three agenda and the evaluation represented the successful efforts of the group to conceptualize and articulate the problems of the hospital, as they perceived them. The inability of the administrator to effectively conduct meetings in which the group sought to resolve expressed problems and

concerns reflected his failure at communicating with his administrative staff and in drawing upon their expertise. This failure was addressed in subsequent action taken by the board of trustees following the sociologist's final report.

The last intervention sessions resulted in the group articulating two critical issues which they felt needed to be resolved within the next year: 1) what the hospital, and specifically supervisors and department heads, could do to increase patient census; and 2) an assessment of the financial status of the hospital and its long-term stability. It was recommended to the administrator, by the group, that these two issues be treated as priority items for the department head/supervisor meetings for the next year.

Several other questions raised by the group and placed on the agenda reflect their perceptions of the hospital, its problems, and the administrator. The development of the agenda demonstrates the ability of the group to work together, to plan, and to identify problems and solutions. These questions did, in fact, reflect several key problems in the hospital. The group wanted the administrator to clarify how decisions were made in the hospital. Group members felt that the process was exclusive and that decisions were imposed rather than being, in any sense, mutually arrived at. The group wanted the administrator to clarify the importance of communication in the hospital. It was their perception that it was strictly from the top down and that they were not informed of important issues. A third question, related to the first two, dealt with the role of department head/supervisor meetings. They asked the administrator to specify the significance or function of these meetings since he made most decisions and did not communicate essential information at the meetings. A common theme throughout the practice work dealt with the feelings of the group that the administrator had never clarified the purpose of the sessions conducted by the practitioner.

The evaluation which the group made of the administrator was shared with him by the sociologist in the presence of the group. This served as the focus of the final session. The administrator was provided time and support to respond to this evaluation and to present his evaluation of the supervisory personnel as a group. In fact, the administrator was unwilling to provide any meaningful evaluation of the group. The group made the following evaluation of his administrative role:

1. That his efforts to be open and his desire to change his administrative style appeared to be genuine.
2. That he needed to initiate yearly planning (goal setting) in the department head/supervisor meetings. Each department head and supervisor should have an opportunity to present needs and goals of their own department to the group and to hear those of other departments. Discussion should occur here with respect to how all of these related to the overall picture of the hospital for the coming year. The group should then have an opportunity to prioritize

these needs and goals for the coming year. Ultimately, of course, the administrator would make the final decision.

3. That decisions related to the annual goal setting needed to be made explicit. Reasons why the final decision was reached should be clarified. This should include follow-up communication to the total group.
4. That, too often, it was assumed that a particular decision would not affect a specific department or individual. However, most decisions have far-reaching implications. In some cases, people perceive a decision affecting them even if it does not. It would be better to be more inclusive in considering who will be affected by a specific decision and consult and follow-up from this perspective.
5. That he needed to share as much information as possible, rather than as little as possible.
6. That department head/supervisor meetings should focus less on information dissemination and announcement of decisions already reached, and, instead, provide more opportunities for discussion and input into the administrative process.
7. That it might be helpful to implement democratic decision making, or to at least clarify how decisions for the group would be made.
8. That he needed to work hard at facilitating group discussion, ideas, suggestions, criticisms, questions, and comments.

The techniques used in these sessions were predicated upon imitation, modeling, reinforcement, and incorporation. It was the intent of the sociological practitioner to demonstrate, to the group, ways of interacting with the administrator with regard to his strengths and weaknesses in his role behavior. Likewise, the sessions were an attempt to model certain leadership and group interaction processes to the administrator. Positive responses for both the group and the administrator, and such responses from each, serve as reinforcers. It was, of course, anticipated that some of this learning would be incorporated by the group members and the administrator. All of these techniques were predicated upon the significance of group members and the administrator interpreting and understanding each other's inner meanings and life perceptions.

An additional phase of this sociological practice was the report to the board of trustees by the sociologist. This report was reviewed and clarified by him with both the group and the hospital administrator. This report resulted in two major observable actions. First, the board of trustees hired an assistant administrator who was charged with improving communication and planning. Second, the board of trustees initiated monthly meetings in which members of the board came to the hospital to communicate about the status of the hospital, goals, and decisions, and to get feedback from the staff, department heads and supervisors.

Finally, one year later, follow-up sessions were held with the group. The

group reported that they were working well together and that this enabled them to overcome some of the administrative deficiencies. In addition, the work of the assistant administrator had improved the situation considerably.

One aspect of the clinical process needs to be underscored. Much of what occurred in the group sessions was made possible or, at least, more productive by the one-to-one counseling which the sociological practitioner conducted with each group member and the administrator. In addition, the two theoretical perspectives used are appropriate in both individual and group work. Each also contributes to positive group atmosphere. Both had considerable utility for generating productive techniques in this hospital setting. Finally, both lend credibility to the validity of the role of the practicing sociologist in such settings.

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