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Interdisciplinary promises versus practices in medicine: The decoupled experiences of social sciences and humanities scholars



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ABSTRACT

This paper explores social scientists' and humanities (SSH) scholars' integration within the academic medical research environment. Three questions guided our investigation: Do SSH scholars adapt to the medical research environment? How do they navigate their career within a culture that may be inconsistent with their own? What strategies do they use to gain legitimacy? The study builds on three concepts: decoupling, doxa, and epistemic habitus. Twenty-nine semi-structured interviews were conducted with SSH scholars working in 11 faculties of medicine across Canada. Participants were selected through purposeful and snowball sampling. The data were analyzed by thematic content analysis. For most of our participants, moving into medicine has been a challenging experience, as their research practices and views of academic excellence collided with those of medicine. In order to achieve some level of legitimacy more than half of our participants altered their research practices. This resulted in a dissonance between their internalized appreciation of academic excellence and their new, altered, research practices. Only six participants experienced no form of challenge or dissonance after moving into medicine, while three decided to break with their social science and humanities past and make the medical research community their new home. We conclude that the work environment for SSH scholars in faculties of medicine does not deliver on the promise of inclusiveness made by calls for interdisciplinarity in Canadian health research.

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A rich body of sociological scholarship has begun to document the challenges faced by researchers engaging in interdisciplinary research. As this literature has demonstrated, collaborating across traditional disciplinary boundaries does not necessarily result in better research (see Albert et al., 2008, 2009; Barry et al., 2008; Jacobs, 2014; Jacobs and Frickel, 2009; Moore, 2011). Whereas existing research has largely focused on small-group research settings (e.g., Jeffrey, 2003; Rhoten, 2003; Stokols et al., 2003), organisational and policy issues (e.g., Brint, 2005; Holley, 2009; Sà, 2008; Woelert and Millar, 2013), and interdisciplinary peer-review evaluation (e.g., Huutoniemi, 2012; Klein, 2008; Lamont, 2009; Mallard et al., 2009), in this paper we explore interdisciplinarity in highly structured academic organisations: faculties of medicine.

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Specifically, our study is concerned with social sciences and humanities (SSH) scholars' integration within the academic medical research environment. Three questions guided our investigation: Do SSH scholars adapt to the medical research environment? How do they navigate their careers within a culture and reward system that may be inconsistent with their own research practices and views on academic excellence? What strategies do they use to gain legitimacy in the eyes of their medical colleagues and advance through the academic ranks?

Our goal is to shed light on interdisciplinary relationships among the different scientific communities in medicine, and to understand the conditions under which interdisciplinarity can deliver on its promises. While academics have built distinctions between inter-, multi-, and trans-disciplinary research (e.g., Rosenfield, 1992), interdisciplinarity is the most frequently used term in health research (Paradis and Reeves, 2012), and is often used as an umbrella term that includes the other subtypes of collaborative research. Thus, we use interdisciplinary here to

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denote the broader, more inclusive version of cross-disciplinary interaction

1. The discourse of interdisciplinarity in Canadian health research policy and faculties of medicine

In 2000, the Canadian government replaced its Medical Research Council with the Canadian Institutes for Health Research (Government of Canada, 2000) to promote interdisciplinary research on a wide range of health issues and to broaden the understanding of disease from the merely biological. The Canadian Institutes of Health Research Act states: "The objective of the CIHR is to excel (...) in the creation of new knowledge and its translation into improved health for Canadians" by "encouraging interdisciplinary, integrative health research" including "bio-medical research, clinical research, research respecting health systems, health services, the health of populations, societal and cultural dimensions of health and environmental influences on health, and other research as required" (Government of Canada, 2000, p. 3-4). While the CIHR Act does not explicitly mention the "social sciences" and "humanities," the inclusion of the "societal and cultural dimensions of health" within CIHR's mandate has been interpreted to apply to all scholars who conduct health research, including those who trained in traditional SSH disciplines (see Graham et al., 2011; Plamondon, 2002). This also appears to be the interpretation of the CIHR Act by Canada's Social Science and Humanities Research Council (SSHRC), which stopped funding health-related research projects in 2009.

Echoing CIHR, Canadian faculties of medicine have also become fervent promoters of interdisciplinarity. Among the 17 faculties of medicine in Canada, 12 have firmly committed themselves to interdisciplinarity. Their current strategic plans abound with statements such as: "we foster intra- and inter-professional/ disciplinary collaboration and collegiality" (University of British Columbia, 2011); and "the foundation of the research enterprise must be [...] researchers capable of building and sustaining interdisciplinary research groups" (University of Saskatchewan, 2012). This call for interdisciplinarity is grounded in the assumption – verbalized by the National Institutes of Health (NIH), CIHR's American equivalent – that using multiple lenses to study problems will generate research capable of addressing "health challenges that have been resistant to traditional research approaches" (NIH, 2007) and is likely to lead to innovative and holistic solutions (see also National Academy of Science (2004); Hadorn et al., 2010; Hall et al., 2006). Another assumption is that researchers from all disciplines will equally contribute to the research enterprise, as "no single discipline can or should have a monopoly on the search for creative solutions" (Armstrong, 2006, p. 761), and "it is the amalgamation of disciplinary knowledge that adds the value" to the interdisciplinary approach (Canadian Academy of Health Sciences, 2005, p. 19).

This paper questions what we believe to be an embellished story. We argue that there are real barriers to the full and equal contribution of scholars across disciplines in health research. We focus on the story of SSH scholars in faculties of medicine to show how calls for interdisciplinarity have resulted in unidirectional change. These scholars had to adapt to the pre-existing rules, or doxa, of the medical research field. Meanwhile, the field did not adapt to include or incorporate their different research cultures, or epistemic habitus. To put it differently, SSH scholars' particular ways of doing research have mostly been misinterpreted and misrepresented rather than legitimated within the field. Building on previous findings on the structural obstacles to interdisciplinarity in health research (Albert and Paradis, 2014), this

paper uses data from interviews with SSH scholars to explore the realities of their everyday professional experiences.

A distinctive feature of our study is its environment: faculties of medicine. Several studies of interdisciplinarity have focused on emerging or temporary interdisciplinary teams, for example the creation and functioning of new teams or interdisciplinary research centres (e.g., Jeffrey, 2003; Rhoten, 2003; Stokols et al., 2003). Because of their short history, these environments are typically only partly institutionalized. Power relations among disciplines, while present (MacMynowski, 2007; Williams et al., 2002), have nevertheless not fully been cemented into an established social order. In contrast, faculties of medicine are highly institutionalized, hierarchical organizations. The social order within them is maintained through various structural mechanisms such as standardized evaluation criteria, explicit expectations to engage in collaborative research and write multi-authored articles with colleagues and students. Social science and humanities researchers who join faculties of medicine thus enter symbolic and material spaces that were structured prior to their entry and that are foreign to, if not dissonant with, their research cultures. Consequently, the interdisciplinarity-related challenges these scholars face are likely to be different from those they would face in emerging or transient contexts. To our knowledge, this study, in which we ask if a symbolic and organizational structure that has been historically dominated by one group can accommodate another group, is the first to examine interdisciplinarity from the perspective of SSH scholars in medicine.

2. Theoretical framework

To make sense of the gap between the inclusive discourse on interdisciplinarity and the challenges faced by SSH scholars working in faculties of medicine, we turn to several concepts: the neoinstitutional concept of decoupling, Pierre Bourdieu's concept of doxa, and our Bourdieu-inspired concept of epistemic habitus (Albert and Paradis, 2014).

Neo-institutional theories stress that formal organizations respond to both legal and normative external pressures in their attempts to be seen as legitimate organizations (Bromley and Powell, 2012; Ramirez, 2006, 2010). Universities, as formal organizations, adapt to their environment through the adoption of policies and practices that align with the imperatives of the broader discourse in which they are embedded. Decoupling or loose coupling happens when the connection between policies, practices and outcomes is nonexistent or weak. It can occur when the course of action dictated by policies clashes with pre-existing practices or has no clear causal link to outcomes (Bromley and Powell, 2012).

In the case of interdisciplinarity, we see "policy" as the initiatives of governments, funding agencies and faculties of medicine to promote interdisciplinarity as well as the content of these policies, which frames interdisciplinarity as a privileged way of finding solutions to "real-world" problems; "practices" as the daily enactment of interdisciplinarity (collaborative research/problemsolving, multi-disciplinary evaluation of research activities, etc.); and "outcomes" as the putative increased knowledge production and research leading to innovative or more holistic solutions. The data presented here support the existence of decoupling in interdisciplinary research – a gap between the discourse of inclusiveness characteristic of interdisciplinarity policy and the actual experiences of SSH scholars in medicine – raising questions about the connection between the policies and practices of interdisciplinarity, and between these practices and their purported outcomes.

While the concept of decoupling is useful in highlighting the discrepancy between the call for interdisciplinarity and its actual

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