

Striving for different opinions or seeking verification: the storylines of collaborative decision-making in workplace meetings in long-term care

Vilhelmiina Lehto-Niskala

Faculty of Social Sciences, University of Helsinki, Helsinki, Finland

Abstract

Purpose – Collaborative decision-making increases nursing professionals' work engagement and should therefore be the focus of all social and health care organisations. The aims of this study were to identify and analyse the interactional collaborative decision-making practices used in team meetings in long-term care facilities and to examine how nursing professionals and supervisors are positioned within the decision-making process.

Design/methodology/approach – The data, gathered during 2023, comprised video-recorded workplace meetings ($n = 10$) in four long-term care facilities. The analysis drew from discourse analysis and positioning theory.

Findings – Two storylines of collaborative decision-making were identified: striving for different opinions and seeking verification. Within these storylines, the nursing professionals were positioned as care work experts or proposal acceptors. The supervisors were positioned as facilitators or verifiers.

Practical implications – Supervisors could benefit from training programs in which they are invited to reflect on real-life examples of decision-making in staff meetings. Such training could help raise awareness of different decision-making styles and support the development of more inclusive and transparent collaborative practices.

Originality/value – Although the collaboration of healthcare professionals is a widely studied topic, little attention has been paid to how collaborative decision-making is practised on the interactional level within teams of nursing professionals and their supervisors.

Keywords Decision-making, Collaboration, Long-term care, Nursing professionals, Leadership, Meeting interaction

Paper type Research article

Introduction

Many countries around the world are facing shortages of nursing professionals (OECD, 2020). Moreover, many of these professionals have reported an intention to leave their jobs due to their burdensome working conditions (Van Aerschot *et al.*, 2022; ICN, 2021). This raises an urgent need to find solutions to promote the work-related well-being of social and healthcare professionals. Collaborative decision-making, also termed shared decision-making or shared governance, has the potential to increase nursing professionals' work engagement (Lal, 2023), which in turn can increase job satisfaction and retention (Kutney-Lee *et al.*, 2016; Slåtten *et al.*, 2022).

Research has shown that authoritative management styles and a lack of influence over how their work is planned reduce nursing professionals' work satisfaction (Ruotsalainen *et al.*, 2020; Tsapnidou *et al.*, 2025). Nursing professionals who have already left their jobs have



© Vilhelmiina Lehto-Niskala. Published by Emerald Publishing Limited. This article is published under the Creative Commons Attribution (CC BY 4.0) licence. Anyone may reproduce, distribute, translate and create derivative works of this article (for both commercial and non-commercial purposes), subject to full attribution to the original publication and authors. The full terms of this licence may be seen at [Link to the terms of the CC BY 4.0 licence](#).

Funding: This work was supported by the Kone Foundation (grant number 202104803) and The Finnish Work Environment Fund (grant number 230337). The funders had no involvement in study design, data collection and analysis, interpretations, or decision to publish.

reported that one reason for doing so is the lack of recognition and support from their supervisors (Ring *et al.*, 2024). Psychological, group and structural empowerment are organizational models that are recognized as important in supporting nursing professionals' engagement (Friend and Sieloff, 2018). Structural empowerment is also a key component in the Magnet hospital model, an example of a modern leadership structure in healthcare (ANNC, 2025). Indeed, health and social care workplaces could benefit from more collaborative workplace decision-making practices.

Collaborative decision-making means that professionals at all levels of the organisation can be part of the decision-making practices and processes related to their work. Although many studies have focused on healthcare professionals' collaboration (e.g. Shaqura *et al.*, 2022; Väisänen *et al.*, 2024), less attention has been paid to how collaborative decision-making is practised at the interactional level in natural team interactions between nursing professionals and their supervisors. Hujala and Rissanen (2012) are among the very few who have studied interactions in team meetings in long-term care. They found that supervisors can foster staff participation and contribution by inviting them to take part in conversation through openings, turn taking, closings and supporting expressions (Hujala and Rissanen, 2012). However, their focus was on general management discourse. The current study contributes to this area of research by identifying different collaborative decision-making practices in team meetings in long-term care facilities.

The decision-making *process* can be differentiated from *making* the decision. This study focuses on the *process* of decision-making, understanding it as an incremental activity in which nursing professionals and their supervisors move on their agenda and construct a decision step by step (Huisman, 2001) during their team meetings. Meeting interaction differs from ordinary conversation in terms of topic progression and turn taking (Asmuß and Svennevig, 2009). The meeting participants have different interactional and discursive rights. The chair of a meeting has the formal authority to present new topics, move to a new topic, build consensus, make decisions and manage conflicts (Larsson, 2017). However, these interactional rights are not fixed; they are discursively constructed, contested and renegotiated.

The aims of this study were to identify and analyse the interactional practices of collaborative decision-making used in long-term care facilities' team meetings and to examine how nursing professionals and supervisors are positioned within the decision-making process.

Data

The data, gathered in 2023, comprised video-recorded workplace team meetings ($n = 10$) in four long-term care facilities. The facilities provided housing and care services for older people and were located in southern Finland. They all provided 24-h long-term care, but some also provided residential care with only daytime services. Each facility had some 40–60 residents.

The meetings were formal workplace meetings in which the supervisor acted as chair. The supervisors were trained healthcare professionals, usually registered nurses, with varying levels of additional management training. The other participants in the meetings were long-term care staff, mostly practical nurses but also registered nurses and assistant staff. The number of staff members in the meetings (those who had given consent to participate in this study) ranged from 7 to 11. The exact number of participants in one meeting was not available, as only audio data were received.

The meetings were long-term care facilities' weekly or monthly staff meetings, the topics of which covered various work practices in the care unit, the care of specific residents and general employment-related issues. Most of the facilities had some kind of arrangement for the staff to propose topics for the meetings. For instance, they could write their suggestions on a list in the staff office.

The staff in the participating care facilities were trained to use the video cameras provided by the researchers and to record the meetings independently. No researcher was present when

the recordings were made. This means that the participants could independently choose which meetings they wanted to record. The recordings lasted between 45 and 90 min and totalled about 11.5 h. All recordings were transcribed verbatim.

The study adhered to the ethical principles of the Finnish National Board on Research Integrity (TENK, 2019). The participants received written and oral information about the study and their rights as research participants before data collection began. It was emphasised that they had the right to withdraw from the study, that their participation was voluntary and that the researchers were committed to confidentiality. Informed written consent to take part in the study was obtained from each participant. If they did not give their consent, they could still take part in the meeting but were then instructed to position themselves so that they could not be seen in the video. Their talk was also omitted from all the data extracts.

Analysis

This study utilised discourse analysis, which is an umbrella term for a variety of methodological theoretical approaches for examining the meanings and realities that individuals construct through their use of language (Potter and Wetherell, 1987; Willig, 2015). This study drew specifically from positioning theory and the concept of *position* (Langenhove and Harré, 1999). Position can be defined as a “cluster of short-term disputable rights, obligations, and duties” (Harré, 2012, 193). Positioning thus refers to the active process during which these rights and duties are assigned in unfolding social episodes (Harré, 2012).

Positions differ from static roles in that they are dynamic constructs and can thus be affirmed, resisted, rejected or changed even within a single turn of talk (Langenhove and Harré, 1999). According to Harré (2012), positions are determined by *storylines*, which are discursive practices that make sense of our lives and events. Harré gives an example storyline of “nurse and patient”, where one has the duty of care and the other has the right to receive care. Positioning theory suggests that positions are always relational, so positioning someone as, for instance, a care receiver means that the other is positioned as a caregiver (Harré, 2012). Positioning theory is a suitable methodological tool for studying small group interactions such as decision-making, as it can demonstrate the dynamic nature of negotiating identities and the tacit rules of co-operation in a group (Hirvonen, 2013).

The first step of the analysis was to become familiar with the data. The researcher watched all the video recordings to obtain an overall picture of the data. The second step was to locate the collaborative decision-making sequences within the data by carefully reading the transcripts. Collaborative decision-making was defined as a decision-making sequence in which more than one person took part verbally in the discussion.

In the next step, the researcher scrutinised the decision-making sequences to understand what kinds of storylines they constructed in terms of collaborative decision-making. Attention was paid to the practices that the participants used to open the decision-making process, who responded to these openings and how. Another researcher familiar with the data commented on these preliminary findings. Two decision-making storylines were identified: *striving for different opinions* and *seeking verification* (Table 1). The storylines

Table 1. Storylines of collaborative decision-making

Storyline	Supervisor’s position	Nursing professional’s position
Striving for different opinions	Facilitator	Care work expert
Seeking verification	Verifier	Proposal acceptor

Source(s): Author’s own work

were examined to see how the nursing professionals and supervisors discursively positioned themselves and each other within them.

The analyses were conducted in the original language of the data, using the transcriptions of the meetings, but were later refined using the video recordings. The excerpts chosen for this paper were translated into English. All names are pseudonyms. Many decision-making situations were borderline cases (a borderline case is one in which multiple storylines co-occur or shift dynamically within a single interactional situation). Excerpts selected for this paper represent three typical decision-making practices and one borderline case. Extended excerpts are available from the author upon request.

Results

Striving for different opinions

When someone (most often the supervisor) presented a new topic for discussion, they often structured their turn of talk as an open question. Thus, they enabled collaborative decision-making by inviting others in the meeting to voice their opinions on the topic. This kind of interaction constructed the storyline of *striving for different opinions*.

Within this storyline, the nursing professionals were positioned as care work experts and the supervisor as facilitator. The following excerpt is taken from a discussion on care meetings that the staff organised annually for long-term care residents and their family members. Anna, who was also a team leader, asks how they should conduct the meetings with residents who had no family members.

Anna and Theresa: Nursing professionals

Lisa: Supervisor

Anna: How about [the residents] who have no family, so we've sometimes held [the care meeting] with only the resident.

Lisa: Yeah.

Anna: But I mean how do you want to do it now? [looks at the supervisor]

Lisa: What do you think? [looks around at the meeting participants] How have you arranged these so far?

Theresa: Only with the resident.

Lisa: Yeah. [nods]

Anna explicitly asks Lisa, the supervisor, what she would like them to do when a resident has no family members, and consequently positions Lisa as an expert with the right to answer the question. However, Lisa does not answer Anna but asks what "you" think and how the care meetings have been arranged so far. She thus enables collaborative decision-making by inviting other participants in the meeting to voice their opinions. She gives them the opportunity to voice their opinions and thus positions them as experts with knowledge of how the care meetings should be organised. At the same time, Lisa positions herself as a facilitator, actively seeking the participation and opinions of the staff members. She portrays herself as committed to ascertaining and respecting the staff members' views on the topic.

The previous example contained quite a simple question-and-answer sequence in which the supervisor positioned the nursing professionals as care work experts. Next is an example of a more complex conversation from the same meeting. Lisa has previously introduced a new topic to be discussed in the team meeting by saying that there has been some disagreement on work task distribution among the staff members and that they will now review its practicalities. She asks the staff to share their experiences of work task distribution. Some of the staff members begin describing a recent disagreement between some workers. Lisa then asks:

Lisa: But how would you like to do it [the work task distribution] then? You can, all by yourselves, or, or you can decide here and now how you want to do it. You don't have to necessarily wait for [the team leader to arrive]. It is then . . .

Anna: It would be nice if we could do it after the report, but we need to figure out what to do with the calendar, how to make it work so that people really read it. Because, for instance, after my leave the taxis weren't ordered and stuff like that. Like, what are the things that need to be taken care of. I, I wish the distribution of work tasks would be done straight after the night shift worker's report. That would be really good.

[Several professionals take part in the discussion as it continues about the placement of Anna in work groups, the use of digital systems and the experiences of work task distribution.]

In this extract, the supervisor enables collaborative decision-making and positions the nursing professionals as care work experts by allowing them to decide on the best practices ("how would you like to do it then? [. . .] you can decide here and now how you want to do it"). Lisa's turn implies that the nursing professionals have the knowledge and responsibility to come up with a solution. After this, the conversation continues with a long, multifaceted discussion on how to organise work task distribution (covering other side topics as well). Several nursing professionals participate in the conversation and actively offer their opinions. They do not contest the position of expert that their supervisor gave them. In the end, no clear decision is made on how to organise work task distribution, but the conversation continues with other topics.

Within this storyline, allowing the meeting participants to voice their opinions meant that it was sometimes difficult to come up with a decision (as in the previous data extract). These kinds of collaborative decision-making sequences often lacked a turn during which someone explicitly stated the final decision. Consequently, positioning nursing professionals as experts might sometimes risk side-tracking the decision-making process. This might be a pitfall in collaborative decision-making, especially if the goal is to reach a specific decision to which the meeting participants have contributed.

Seeking verification

The *seeking verification* storyline was initiated when someone proposed a decision that preferred simple agreement, as opposed to constructing the topic as one requiring discussion. In this storyline, someone (most often the supervisor) presents a proposal and the others (most often one or more of the nursing professionals) showed minimal agreement. The supervisor thus enabled collaborative decision-making, although the contribution from the nursing professionals was minimal.

Eliza, Taylor: Nursing professionals

Suzy: Supervisor

Suzy: But what do you think, should we make those care assistants' and nurses' job descriptions too, so that they would, like you could always refer to them. I was thinking should we make this room more like, like our break room. Because this, this is that kind of, room for staff members until COVID is over. Well, let's see, will it ever be over [laughs], over, and should we keep this as, as this like primarily for our meetings and breaks, and that kind of use. I mean if we tried to make this more like a break room. If we got like a bigger table, or, or something like that. And then they [the job descriptions] could be placed here somewhere, for instance, they could be made into some kind of posters.

Eliza: Uhhh, true.

Taylor: Good idea. And then you could see every day what is still to be done.

Suzy: Yes.

In the previous data extract, Suzy's decision proposals are constructed as preferring simple agreement. She uses wordings such as "should we" several times in her turn. She also uses declarative propositions ("they could be placed here"). The preferred response to these kinds of propositions is acceptance, especially when the one making the proposition is higher in the workplace hierarchy. Hence, the nursing professionals were positioned as proposal acceptors, whereas the supervisor was positioned as a verifier who had an interest in reaching a certain shared decision and who prioritised the acceptance of their proposal. The position of verifier implies that the supervisor has the required information and knowledge to propose a decision (as opposed to the *striving for different opinions* storyline).

This storyline was an effective, quick way to reach a decision. However, it did not further a discussion in which staff members were expected to voice their opinions on the topic. The proposal acceptor position was rarely contested, probably due to the institutional roles of the supervisor and the subordinates. The supervisors always acted as the chair in the meetings. Intervening and proposing another decision or showing disagreement would be interactionally difficult for the nursing professionals.

The *seeking verification* storyline was categorised as part of collaborative decision-making because accepting a proposition can be viewed as taking part in the decision-making. The nursing professionals also had the option of rejecting the proposition, at least in theory. In fact, sometimes they were able to position themselves as experts despite having already been positioned as proposal acceptors, as shown in the next excerpt.

The excerpt is taken from a team meeting in which the supervisor has just stated that they have received feedback from the family members of the care home residents that more communication is needed between the facility and the family members. She suggests that she will respond to the family members.

Maria: Nursing professional

Mathilda: Supervisor

Mathilda: If I put it that we would now like ask them [their preferences], because collaboration with the family members was emphasised . . . So, so like again that, that if we ask those who have not been asked yet. So, so like-

Maria: Well, they could, they could also present their wishes themselves, that "we would like that . . ."

Mathilda: They can, they can.

Maria: . . . "that you called us for an example once a week or twice a week."

Mathilda: Yes.

Maria: They could request that, that I wish to be informed how my mother is doing.

Mathilda: Uhhh, indeed, yes. Yes.

Maria: And some [residents] don't have that much family visiting them.

Mathilda: Yes, they don't.

Maria: . . . and who don't keep in touch at all . . .

Mathilda: Uhhh.

Maria: . . . or call to catch up.

Mathilda: Yes. [looking around at the other meeting participants] But if I put it in the email that we would now like ask them again, how often they would like us to contact them. [Continues describing the message and misunderstandings about which of the family members receive messages and then moves on to other topics.]

Mathilda's proposition turn ("If I put it . . .") constructs the *seeking verification* storyline that positions her as a verifier. Her turn of talk prefers simple agreement from the meeting participants, who can then take part in collaborative decision-making. However, Maria contests this storyline by making a counterproposal. Directly after Mathilda's suggestion, Maria implies that family members should ask themselves if they need more information from the facility. In doing so, she positions herself as someone with the knowledge and the right to offer a new point of view.

The supervisors can either strengthen the nursing professionals' positions or dismiss and re-position them. In the previous example, the supervisor's turns after the nursing professional's proposal show minimal agreement with the professional's suggestion ("Yes", "Uhhh"). These kinds of minimal answers can, in some cases, be regarded as inadequate for making a decision and can even be used to avoid addressing the actual problem (Siitonen and Wahlberg, 2015).

In the data extract, the supervisor finally repeats her initial proposal. This may indicate that she did not present her first proposal as something that should be discussed but as something that the care workers should merely agree on (and positioned the nursing professionals as proposal acceptors). Repeating her proposal also indicates that she does not treat Maria's turn as a suggestion that should be taken seriously.

Although Maria contests the position that Mathilda initially affords her, Mathilda's final turn once again positions her as a proposal acceptor. When Mathilda repeats her proposal, the nursing professionals do not position her as a verifier. By not reacting to the suggestion this time, they are treating the supervisor's turn as a decision and not a proposition. Consequently, this decision-making sequence was a borderline case of collaborative decision-making. Although the supervisor invited the nursing professionals to accept (or reject) her proposal, their failure to acknowledge Maria's counterproposal supports the argument that, ultimately, the decision-making was not collaborative.

Discussion

Collaborative decision-making is specifically important in social and health care because it increases nursing professionals' work engagement (Lal, 2023), which in turn increases job satisfaction and retention (Kutney-Lee *et al.*, 2016; Slåtten *et al.*, 2022). This study used discourse analysis (Potter and Wetherell, 1987) and positioning theory (Langenhove and Harré, 1999) to examine nursing professionals' and their supervisors' collaborative decision-making process. The aims of the study were to identify and analyse the interactional practices of collaborative decision-making and to examine how nursing professionals and supervisors are positioned within the decision-making process. Two collaborative decision-making storylines were identified: *striving for different opinions* and *seeking verification*.

Within the *striving for different opinions* storyline, the supervisors positioned the nursing professionals as experts with the right to take part in the decision-making and to communicate new insights. The supervisor stepped out of their formal role of director with the power to decide what to do and acted as more of a coach who encouraged and empowered staff members to take responsibility for the development of their work practices (also Lehto-Niskala *et al.*, 2025). The findings of this study suggest a pitfall of collaborative decision-making: allowing the meeting participants to voice their opinions means that it can be difficult to come to a shared decision (also Stevanovic, 2023). It is imperative that nursing professionals' voices be heard, but the pitfall is that decision-making may be sidetracked. In the data, this meant that the decision-making process took a great deal of time in the meeting and that the final decision made was often difficult to discern.

The *seeking verification* storyline comprised relatively fast decision-making. The supervisors positioned the nursing professionals as proposal acceptors and themselves as verifiers. The findings of this study highlighted that this kind of decision-making may not further a discussion in which staff members are expected to voice their opinions on the topic,

which can be detrimental to collaborative decision-making. That said, in the data, the nursing professionals could also reject their proposal acceptor position and present a counterproposal. The supervisors could either encourage or discourage the nursing professionals from taking part in the decision-making process, as they had the power to choose whether a topic would be considered for decision-making. Similarly, Hujala and Rissanen (2012) noticed that staff members' voices were inhibited by non-responses to conversation invitations. This is another pitfall of collaborative decision-making: by rejecting the care professionals' proposals, the supervisor bypasses their opinions.

Care professionals working with older people who report not receiving enough support from their supervisors are more likely to have intentions to leave their jobs than those who feel supported (Van Aerschot *et al.*, 2022). Acknowledging staff members' proposals and strengthening their expert positions could help nursing professionals feel supported by their supervisors, at least regarding work-related decision-making. Not all supervisors in long-term care are trained in leading effective, inclusive or collaborative meetings. They could benefit from training programs in which they are invited to reflect on real-life examples of decision-making in staff meetings. Such training could help raise awareness of different decision-making styles and support the development of more inclusive and transparent collaborative practices. Moreover, the supervisors always acted as chair in the meetings, which meant that they possessed the interactional rights to present new topics, move to a new topic and make decisions (Asmuß and Svennevig, 2009; Larsson, 2017). Stemming from this, some social and healthcare units might benefit if staff members sometimes act as chair. This could potentially strengthen their interactional rights to propose decisions and make counterproposals if that is what is expected of them.

This study highlights that positioning theory can help elucidate nursing professionals' dynamic positions that are constructed and negotiated during workplace interactions. In a recent nationally representative survey, more than 50% of Finnish facility and unit managers in long-term care *self-evaluated* themselves as being "very good" at engaging their staff members in the unit's decision-making (Olakivi and Lehto-Niskala, 2024). This study examined qualitative variations in how such engagement can take place in practice in four Finnish long-term care facilities, as well as the pitfalls and challenges such engagement may involve, whether noticeable to the managers themselves or not. This approach contributes to the research on leadership as a relational issue that is co-constructed in social interactions between leaders and followers (Fairhurst and Uhl-Bien, 2012). As the focus in healthcare organisations is moving towards shared, empowering leadership, these discussions are becoming more relevant.

Limitations

The workplaces that participated in this study represented only a fraction of long-term care facilities or healthcare in general. It is likely that the situations or relationships between the nursing staff and the supervisors were not very problematic. As they had the autonomy to choose which meetings they recorded and shared with the researchers, it is likely that the recorded meetings did not represent the most difficult interactional situations. Therefore, the results are not representative of decision-making situations in long-term care in general. Nevertheless, the results showed that there can also be challenges in successful interactional situations. All meetings included similar decision-making sequences. Thus, similar decision-making practices may also occur in other healthcare workplaces, at least in long-term care.

Workplace meetings can be understood as "naturally occurring data" (Silverman, 2014). However, the participants were aware that they were being recorded, which might have affected their meeting topics, use of words or other social practices. Yet one participant explicitly mentioned during the recording that they had forgotten about the cameras.

Although the results are not generalisable due to the small sample and specific context, the specific strength of this study was that it was able to show the subtle, often unnoticed

interactional practices and the qualitative variation of such practices that take place in decision-making situations. More research is needed to understand contextual factors influencing decision-making practices, such as organizational culture. In addition, research on decision-making practices from different contexts in the healthcare field is needed.

Conclusions

This study approached collaborative decision-making broadly as a decision-making process in which more than one person participates in the discussion. Using positioning theory, this study was able to show that nursing professionals' and supervisors' positions are not static during decision-making sequences and that they can be negotiated, strengthened or rejected. As collaborative leadership has become a growing expectation in healthcare and long-term care, it is essential to explore what this leadership truly entails, what types of interactional skills are expected of leaders and what kinds of support employees are hoping to receive from their supervisors. Supervisors should pay special attention to the subtle openings of their employees. Implementing democratic, collaborative decision-making practices in healthcare may enable nursing professionals to better express their concerns and perspectives and thus support their work satisfaction. Different interactional approaches in meetings between healthcare supervisors and nursing professionals may be needed for the success of collaborative decision-making.

Acknowledgments

I am grateful for all the staff members and their supervisors in the long-term care facilities who took their time and participated to this study. I would like to express my sincere thanks to Dr Antero Olakivi for their insightful comments to an earlier draft of this manuscript.

References

- ANNC (2025), "ANNC Magnet Recognition program®", available at: <https://www.nursingworld.org/organizational-programs/magnet/> (accessed 26 October 2025).
- Asmuß, B. and Svennevig, J. (2009), "Meeting talk: an introduction", *Journal of Business Communication*, Vol. 46 No. 1, pp. 3-22, doi: [10.1177/0021943608326761](https://doi.org/10.1177/0021943608326761).
- Fairhurst, G.T. and Uhl-Bien, M. (2012), "Organizational discourse analysis (ODA): examining leadership as a relational process", *Leadership Quarterly*, Vol. 23 No. 6, pp. 1043-1062, doi: [10.1016/j.leaqua.2012.10.005](https://doi.org/10.1016/j.leaqua.2012.10.005).
- Friend, M.L. and Sieloff, C.L. (2018), "Empowerment in nursing literature: an update and look to the future", *Nursing Science Quarterly*, Vol. 31 No. 4, pp. 355-361, doi: [10.1177/0894318418792887](https://doi.org/10.1177/0894318418792887).
- Harré, R. (2012), "Positioning theory: moral dimensions of social-cultural psychology", in Valsiner, J. (Ed.), *The Oxford Handbook of Culture and Psychology*, Oxford University Press, New York, pp. 191-206.
- Hirvonen, P. (2013), "Positioning in an inter-professional team meeting: examining positioning theory as a methodological tool for micro-cultural group studies", *Qualitative Sociology Review*, Vol. 9 No. 4, pp. 100-114, doi: [10.18778/1733-8077.9.4.05](https://doi.org/10.18778/1733-8077.9.4.05).
- Huisman, M. (2001), "Decision-making in meetings as talk-in-interaction", *International Studies of Management and Organization*, Vol. 31 No. 3, pp. 69-90, doi: [10.1080/00208825.2001.11656821](https://doi.org/10.1080/00208825.2001.11656821).
- Hujala, A. and Rissanen, S. (2012), "Discursive construction of polyphony in healthcare management", *Journal of Health Organization and Management*, Vol. 26 No. 1, pp. 118-136, doi: [10.1108/1477261211211124](https://doi.org/10.1108/1477261211211124).
- ICN (2021), "The global nursing shortage and nurse retention", International Council of Nurses Policy Brief.

- Kutney-Lee, A., Germack, H., Hatfield, L., Kelly, S., Maguire, P., Dierkes, A., Del Guidice, M. and Aiken, L.H. (2016), "Nurse engagement in shared governance and patient and nurse outcomes", *Journal of Nursing Administration*, Vol. 46 No. 11, pp. 605-612, doi: [10.1097/NNA.0000000000000412](https://doi.org/10.1097/NNA.0000000000000412).
- Lal, M.M. (2023), "Why shared decision making matters", *The Journal of Nursing Administration*, Vol. 53 No. 6, pp. 299-300, doi: [10.1111/jonm.13337.4](https://doi.org/10.1111/jonm.13337.4).
- Langenhove, L.V. and Harré, R. (1999), "Introducing positioning theory", in van Langenhove, L. and Harré, R. (Eds), *Positioning Theory: Moral Contexts of Intentional Action*, Blackwell, Oxford, pp. 15-31.
- Larsson, M. (2017), "Leadership in interaction", in Storey, J., Hartley, J.-L., Denis, P., Hart, P. and Urlich, D. (Eds), *The Routledge Companion to Leadership*, Routledge, New York, pp. 173-194, doi: [10.4324/9781315739854](https://doi.org/10.4324/9781315739854).
- Lehto-Niskala, V., Niska, M. and Olakivi, A. (2025), "Directors or coaches: supervisors' interactional practices when care workers voice their work-related concerns in care homes", *International Journal of Care and Caring*.
- OECD (2020), *Who Cares? Attracting and Retaining Care Workers for the Elderly*, OECD Health Policy Studies, OECD Publishing, Paris, doi: [10.1787/92c0ef68-en](https://doi.org/10.1787/92c0ef68-en).
- Olakivi, A. and Lehto-Niskala, V. (2024), "Ihmisten johtamista, käytäntöjen kehittämistä ja lainsäädännön tuntemusta: miten toimintayksiköiden esihenkilöt arvioivat johtamistaitojaan?", in Kehusmaa, S., Honkanen, S. and Saukkonen, P. (Eds), *Kehittyvät iäkkäiden palvelut Suomessa: Vanhuspalvelujen tila -seurannan tuloksia 2023*, Finnish Institute for Health and Welfare, Helsinki, pp. 136-149.
- Potter, J. and Wetherell, M. (1987), *Discourse and Social Psychology*, SAGE Publications, London.
- Ring, M., Ristolainen, H. and Tiilikainen, E. (2024), "From restricted resources to ethical burden — former home care workers' reasons for leaving their jobs", *Journal of Applied Gerontology*, Vol. 43 No. 8, pp. 1111-1119, doi: [10.1177/07334648241231404](https://doi.org/10.1177/07334648241231404).
- Ruotsalainen, S., Jantunen, S. and Sinervo, T. (2020), "Which factors are related to Finnish home care workers' job satisfaction, stress, psychological distress and perceived quality of care? - a mixed method study", *BMC Health Services Research*, Vol. 20 No. 1, pp. 1-13, doi: [10.1186/s12913-020-05733-1](https://doi.org/10.1186/s12913-020-05733-1).
- Shaqura, I.I., Baroud, R. and Sari, A.A. (2022), "Collaboration among healthcare professionals at the public hospitals in Gaza: a quantitative study", *Journal of Integrated Care*, Vol. 30 No. 1, pp. 106-119, doi: [10.1108/JICA-09-2020-0057](https://doi.org/10.1108/JICA-09-2020-0057).
- Siitonen, P. and Wahlberg, K.E. (2015), "Finnish particles mm, jaa and joo as responses to a proposal in negotiation activity", *Journal of Pragmatics*, Vol. 75, pp. 73-88, doi: [10.1016/j.pragma.2014.11.001](https://doi.org/10.1016/j.pragma.2014.11.001).
- Silverman, D. (2014), *Interpreting Qualitative Data*, 5th ed., SAGE Publications, Los Angeles.
- Slåtten, T., Lien, G. and Mutonyi, B.R. (2022), "Precursors and outcomes of work engagement among nursing professionals—a cross-sectional study", *BMC Health Services Research*, Vol. 22 No. 1, pp. 1-15, doi: [10.1186/s12913-021-07405-0](https://doi.org/10.1186/s12913-021-07405-0).
- Stevanovic, M. (2023), "Lopuksi: Tulevasta Toiminnasta Päättämisen Monet Muodot", in Stevanovic, M. (Ed.), *Yhdessä Päätetty: Kohti Tasa-Arvoista Vuorovaikutusta Ja Osallistumista*, Gaudeamus, Helsinki, pp. 221-239.
- TENK (2019), *The Ethical Principles of Research with Human Participants and Ethical Review in the Human Sciences in Finland. Finnish National Board on Research Integrity TENK Guidelines 2019*, Finnish National Board on Research Integrity TENK publications 3/2019.
- Tsapidou, E., Moudatsou, M., Katharakis, G., Koukouli, S., Rovithis, M., Kelesi, M. and Stavropoulou, A. (2025), "The Impact of toxic leadership on nurse retention: a scoping review", *Healthcare*, Vol. 13 No. 18, p. 2341, doi: [10.3390/healthcare13182341](https://doi.org/10.3390/healthcare13182341).
- Väisänen, V., Luke-Currier, A., Hietapakka, L., Elovainio, M. and Sinervo, T. (2024), "Collaboration and perceived job demands, job control and social support in primary care: a social network

approach”, *Journal of Integrated Care*, Vol. 32 No. 5, pp. 109-121, doi: [10.1108/JICA-06-2024-0030](https://doi.org/10.1108/JICA-06-2024-0030).

Van Aerschot, L., Puthenparambil, J.M., Olakivi, A. and Kröger, T. (2022), “Psychophysical burden and lack of support: reasons for care workers’ intentions to leave their work in the Nordic countries”, *International Journal of Social Welfare*, Vol. 31 No. 3, pp. 333-346, doi: [10.1111/ijsw.12520](https://doi.org/10.1111/ijsw.12520).

Willig, C. (2015), “Discourse analysis”, in Smith, J. (Ed.), *Qualitative Psychology: A Practical Guide to Research Methods*, 3rd ed., SAGE Publications, London, pp. 143-167.

Corresponding author

Vilhelmiina Lehto-Niskala can be contacted at: vilhelmiina.lehto-niskala@helsinki.fi