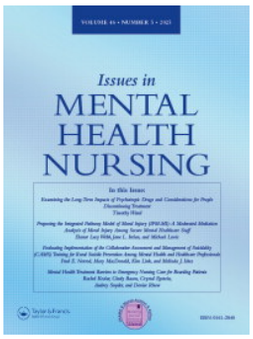

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The Role of Controversy in Interprofessional Learning in Mental Health Care: A Case Study

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ABSTRACT

An interprofessional team was commissioned to give their response to a law proposal in compulsory psychiatric care. In this work a controversy arose due to the opposing opinions within the team about the use of a restraining method. This study aimed to investigate how the team handled the controversy and how the strategies used had implications for interprofessional learning (IPL), which is the learning that arises from interactions between different professions. In this case study, interviews were conducted and a narrative analysis was used. The controversy was primarily managed through compromise. The findings reveal how IPL was negatively affected when the members projected expert dominance. The team used three problem-solving tactics: defining and arguing the problem as belonging to the own area of expertise, mobilization of external experts to bring new arguments for the own rational fact, and, a negotiated closure or a compromise. Consequently, the findings also showed that even if power dominance was exerted, social affective learning was possible. Constructive management of these controversies is crucial to improve the quality of mental health care. Controversial dilemmas often arise in complex mental health care; therefore, strengthening the capacity to respect and maximize diversity of expertise for patient-centered problem solving is recommended.

Introduction

Interprofessional learning (IPL) is the learning arising from the interaction between members of two or more professions (Freeth et al., 2005) when they exchange and reflect on different expertise, perceptions, and values (Centre for the Advancement of Interprofessional Education, 2024). IPL is a vital element to provide better patient care in an increasingly specialized and fragmented health care system (Ponzer et al., 2009).

In teamwork IPL can be stimulated by a conflict, which is a disagreement regarding interests, ideas, or opinions (Esquivel & Kleiner, 1996). Conflicts are expected in a team when members with divergent professional perspectives, knowledge, and experiences, disagree on the desired outcome of the team's involvement with a patient (Broukhim et al., 2019). When the members of teams handle conflict in open discussions, IPL can occur (Drinka & Clark, 2016). The experiences of exchanging different views and arguments can bring new knowledge and perspectives to members in teamwork.

In interprofessional teamwork, however, the learning can be complicated in a controversy. Opposing opinions are expressed in situations where members project expert dominance (Brante & Elzinga, 1990), which is the same as what Gieryn (1983) calls jurisdiction over the problem when professions claim authority to protect or demarcate professional boundaries, which is also known as boundary work. Then, different professions use a social strategy to determine who the real expert is, while a cognitive strategy is used to define the problem as belonging to their own area of expertise. Boundary work limits the usefulness of the entire team's contributions. The present study concerns such a case.

The context for this study was the requirement for an interprofessional team to respond to a law proposal in the field of compulsory psychiatric care. The Compulsory Mental Care Act [Lag om psykiatrisk tvångsvård, LPT] (SFS 1991:1128) describes the legal ramifications for compulsory psychiatric care in Sweden and in § 3 states that the requirements for using compulsory care are: that the person is suffering from a serious mental disorder, that there is an unequivocal need for hospital treatment around the clock, and that the person either opposes the care or that it can be assumed that care cannot be given with the patients consent. Only physicians can make these decisions. One example of an ethically problematic intervention within compulsory care is the use of constraining belts. LPT (SFS 1991:1128) in paragraph 19, states that in the case of immediate danger such as a patient harming themselves or another, belts or a similar device can temporarily be used to restrain the patient.

Decisions relating to compulsory care can give rise to ethical dilemmas for the caregiver, where the freedom of the

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patient must be constrained for the purpose of protecting the patient or others from harm. During the team discussion relating to the law proposal, the members had opposing professional opinions regarding the use of mobile belts (a kind of waist belt). This belt was used by fastening it on the wrist, so the arms were not free to be able to move. The legs could also be fastened against each other. The mobile belt was not a fixed method, such as the belt bed, which according to the National Supervisory Authority was the only legal method to constrain patients. To decide what was best for the patients became difficult due to the members' opposite standpoints to the use of mobile belts that led to a competition of expertise. In accordance with controversy studies, the members were projected expert dominance (Brante & Elzinga, 1990). This controversy needed to be managed by the team.

Team members, including both professional and scientific experts, finally reached a collective agreement resulting in a recommendation. In this study, the members' opinions were assumed to reflect their professional knowledge that, by being part of a team's skills mix, was expected to be used in the consultation response work. However, reaching an outcome based on IPL turned to be a challenge. As controversies often concern what is best for the patients in the context of interprofessional teamwork, it is important to understand the social affective learning needed to resolve these conflicts. Therefore, this study explored how the team handled the controversy and the implications of the strategies used for IPL. How did the team handle the controversy about the use of mobile belts? And what were the implications of the team's strategies for IPL?

IPL, conflicts and controversies

Drinka and Clark (2016) pointed out how in interprofessional health care teams conflicts can lead to transformation in knowledge, skills, and attitudes for enhanced learning. Conflicts should be embraced using constructive confrontations, where members, due to trust to one another, share their perspectives across disciplinary boundaries; IPL occurs by learning from mistakes. Vandergoot et al. (2018) showed how well-motivated students toward IPL also tended to achieve higher levels of skills in conflict resolution. Ros and Grossen (2020) used ideas from cultural - historical activity theory (CHAT; Engeström & Sannino, 2011) to capture discursive manifestations of contradictions[1] in activity systems in interprofessional team meetings. Ros and Grossen (2020) showed how teams identified conflicts in meetings and then collectively coped with them discursively, referring to the dilemmas as problems for the organization. In the meetings, when the members took a reflexive stance based on their own professional practices, a transformational learning was achieved. Another socio-cultural study by Mäkitalo (2012) described how different professionals using the strategy of defining the problem, that resulted to different categorizations, gap-bridged boundaries and led to professional learning.

A constructive controversy, defined in social psychological studies, exists when "one person's ideas, information, conclusions, theories, or opinions are incompatible with those of another person, and the two seek to reach an agreement. The conflict resides in the two people's attempt to resolve their disagreement" (Johnson & Johnson, 1979, p. 53). In these constructive controversies, discussions start from opposite standpoints and lead to learning by using strategies such as open discussions, during which team members defend their own views and encourage the others to share their views and opinions without personal judgment or insults (Tjosvold, 1995). According to Lidskog (2009), controversies present optimal situations in which to achieve IPL on a municipal training ward, where learners are given opportunities to seek out constructive ways of handling disagreements.

According to Johnson et al. (2000), however, a procedure of a constructive controversy differs from a "controversial issue" (p. 30). This "is one for which society has not found consensus, and that is considered so significant that each proposed way of dealing with it has ardent supporters and adamant opponents" (p. 30). The actors find it difficult—or impossible—to state what is true or false in the controversy (Brante & Norman, 1995). In this situation, incompatible theories, perspectives, and interpretations arise where both sides act rationally from their respective criteria. These scientific controversies are in a broader sense "a question of science-based controversies in society, and an analysis of them has to take cognizance of a double contingency, one relating to knowledge claims and the other to power claims" (Brante & Elzinga, 1990, p. 36). Besides scientific arguments, moral and legal ones are used to defend opposite standpoints (Brante, 2014).

The context and the team

Team members made diverse interpretations of the Compulsory Psychiatric Care Act (LPT; 1991:1128) that led to a controversy concerning the use of mobile belts. The emergence of a controversy was not coincidental, as there was a public debate at that time with both proponents and opponents of using mobile belts. The mobile belts had been used in compulsory psychiatric care, but the National Supervisory Authority stated that their use was not legally allowed. The controversy arose during the team's work on their consultation response to a law proposal. This work was secondary to the original mission of the team, which was set up by the Swedish Psychiatric Association (SPF) to develop clinical guidelines for compulsory psychiatric care. Both missions had two important starting points; (a) the LPT was a starting point in discussions about how medical professionals *should* practise compulsory care, and (b) SPF's directive about creating products based on "ethical questions and a practical clinical perspective" (Mp1a). These issues created the controversies within the team.

The team consisted of 10 members. One member declined to take part in the study. The members represented five professions[2] with different expertise. See Table 1 below.

The team's work on the guidelines for psychiatric compulsory care was carried out from 2010 to 2013. The

Table 1. The team members' profession and expertise.

Profession	Expertise
Physician 1	Medicine
Scientist	Research on compulsory care
Physician 2	Medicine
Ethics coordinator	Ethics in medicine
Nurse 1	Nursing
Occupational therapist	Occupational therapy
Physician 3	Medicine
Physician 4	Medicine
Physician 5	Medicine
Nurse 2	Nursing

consultation response work was carried out during a few months in 2010 and 2011.

Ethical discussion

The Swedish Research Councils ethical principles for scientific research were followed (Vetenskapsrådet, 2002) as the demands for information, agreement, confidentiality and use of information were accomplished. For this study no other ethical approval was required as the study did not include sensitive personal data.[3]

Method

Case study design

A case study design was used which described a phenomenon that can be difficult to separate from its context (Yin, 1994). The case consisted of the team's work with the guidelines for compulsory care and how the team resolved controversies related to the use of restraint belts. The study specifically explored how the controversy was handled, and how the use of strategies has implications for IPL. In a case study many different types of data can be used.

The data collection

In 2013 the research team received working materials related to the legal consultation. Data consisted in total of minutes from 18 meetings, 358 email communications, 109 documents and 11 media reports. All team members, except one, gave their informed consent and agreed to individual interviews.

The study conduct

Personal interviews with the team members were conducted from October through December 2013. The time and place were chosen by the informant, each interview lasting 1 to 2 hours. The overarching purpose of the interviews was to explore the individual participant's experiences of, and thoughts about, their work with the guidelines, with an interest in IPL. All interview material was used but the most relevant interview questions for the analysis presented in this article were: Tell me, how has it been to participate in the work with the guidelines? Tell me, were there any problems working with the guidelines? Which? If and when you got a problem, what did you do then? Interviews were audio recorded and transcribed verbatim. In one interview the authors noted a team member's statement regarding the handling of a controversy: "… it was this controversy for a while when it was a little bit tense … around these belts [mobile belts] … but it [the controversy] was solved fairly well …" (Interview 2.23).

This statement roused the authors' interest in investigating how the controversy around the use of the mobile belts was managed and how the strategies used had implications for IPL.

Data analysis. The first author, who conducted the interviews, also collected the data and performed the analysis of the data. All material from the team's work related to the controversy has been used. Data, which in some way concerned the mobile belts, were selected. Data for the analysis regarding the controversy consisted of nine interviews (Int), 17 min from meetings (Mp), 13 email communications (Ec), eight documents (D), and four media reports (M). Below the different types of data are detailed:

- Minutes from meetings contain notes from physical work meetings where the mobile belts were discussed. These notes describe the team's mutual exploration of the issue.
- Email communication consists of mailings from any of the team members to the team and/or to the team and external experts (from Supervisory Authority and compulsory psychiatric care, where the latter once emailed to the former), providing additional information about what the team jointly discussed about mobile belts.
- Assorted documents consisting of: public reports from the National Supervisory Authority stating that the use of mobile belts is prohibited in compulsory psychiatric care, a debate article on reducing the use of coercive methods, where training on reducing coercion includes a section on the use of mobile belts (written by some team members), research based documents about the use of mobile belts in compulsory psychiatric care (written or co-written by some team members), and a document that is critical of the use of mobile belts (written by a user/patient association).
- Media reports as journals and newspapers about the use of the mobile belts.

Processing the material. In order to structure all the material initially a case description, based on the team's discussion of mobile belts, was made by the first author. This first stage aimed to create an overarching picture of how the issue of mobile belts was brought up, and how the discussion played out, which was then analyzed in the shape of a timeline.

The second stage consisted of analysis of the individual interviews that took place after the team's work was finished, where the team members' different opinions about discussions in the group and personal standpoints emerged. The first author analyzed the interviews as stories according to

Czarniawska's (1998) definition of a narrative made up of three parts or episodes: "(1) An original state of affairs, (2) an action or an event, and (3) the consequent state of affairs" (p. 2). In the analysis focus was on what and how the different members talked about the controversy. In this study the three significant episodes were: (1) the controversy that arose in the consultation response work regarding the use of mobile belts, (2) how the controversy was handled, and (3) how the controversy ended. These episodes were a chronological narrative, by which the controversy became a plot (Polkinghorne, 1988) which transformed a listing of events into a schematic whole by recognizing the contribution some events made to the development and outcome of the controversy. In the story, based on the plot (c.f. White, 1987, in Czarniawska-Joerges, 2004) three characters were identified by their different meaning making. These characters appear in the present study as Proponents, Opponent, and Neutrals regarding the use of mobile belts. These characters were team members from different professions, which were pro or con (only one member was analyzed as Opponent) or neutral regarding the use of mobile belts.

In the third stage the first author compared the interviews with the case description, resulting in ideas of *how* the team's characters (Proponents, Opponent, and Neutrals) handled the controversy. This part of the analysis was critically scrutinized by the coauthors.

Then, ideas from sociocultural learning theory and controversy studies were applied. Influenced by Gieryn's (1983) thoughts, Brante and Elzinga (1990) described the typical procedure of a controversy: when controversies emerge, a boundary work arises. In this procedure experts with different specialties project expert dominance by using power strategies. The first power strategy, a cognitive strategy, is to *define the problem and argue that the problem belongs to one's own area of expertise*. The second power strategy, a social strategy, is to *mobilize other experts to contribute new arguments supporting the rational (scientific) fact* in order to legitimate their standpoints. In the termination phase of the controversy, experts used social affective strategies to reach resolution. In this instance meaning bring to a conclusion (Engelhardt & Caplan, 1987), for example by a *negotiation closure* that is a possible *compromise* (Beauchamp, 1987). Also ideas from a socio-cultural approach were applied which is relevant to IPL (Hean et al., 2009). The approach is grounded in social constructivism and emphasizes how we learn together with others and how the environment in which we work affects learning. Learners are expected, from their positions and standpoints, to engage actively with the roles, beliefs, and values of other professionals. The professionals, with diverse social practices, make different categorizations that can lead to conflicts, and it becomes necessary to coordinate perspectives and actions in interactions where texts are used and produced (Mäkitalo, 2012). These texts become mediating tools, which, by coordinating and gap-bridging actions, contribute to professional learning. Mäkitalo's (2012) examples of textual mediation and Brante and Elzinga's (1990) ideas of a controversy and use of strategies were applied and helped to shape the data in the process.

Findings

Three themes were identified. Some quotes were edited for clarity. The themes illustrate how the controversy was handled by the team using different strategies and how these challenged and stimulated IPL in the teamwork.

1. Divergent thinking

At a meeting in 2010 it was noted in the minutes that the use of mobile belts, a new method, had been discussed. Thus the controversy about the use of mobile belts was actualized in the consultation response work, where the team's professional differences lead to opposite standpoints. Proponents, scholars with a professional background in medicine and nursing representing compulsory psychiatric care, advocated the method from the standpoint of new knowledge. The Opponent, with professional background in medicine, representing the Supervisory Authority, rejected the same method on legal grounds. In this situation, paragraph 19 of the relevant law, Compulsory Psychiatric Care Act (SFS 1991:1128), that limits the use of coercion, became central for the team's understanding and handling of the controversy. The paragraph states that the patient can "… be briefly constrained by means of a belt or similar device …". This resulted in opposite interpretations by the team members. All upcoming quotes are examples of how the team, through this specific law text (§19) expressed different meanings in discussions regarding the belts.

Initially, both the Proponents and the Opponent, used the power strategy of *defining and arguing the problem as belonging to the own area of expertise.* By using legal arguments the Proponents insisted that the phrase "similar device" in §19 could be interpreted to allow the use of mobile belts, which was a portable technique. The Opponent, with expertise in both medicine and law, argued, on the other hand, that the same paragraph, forbade the use of portable methods as the law only intended the use of techniques with fixed belt beds. One Proponent explained that the National Supervisory Authority interpreted the law as forbidding the use of mobile belts: … the Supervisory Authority [the state authority] … did not interpret the law the way as we interpreted the law … (Interview 3.28).

In the discussions, team members exchanged opinions regarding the problem. The team members agreed that the problem was whether the use of a portable method was legal or not. Thereby, despite the use of expert dominance, which perceived as interference actually became an enabling factor for IPL when the team, by *making a joint problem formulation,* exchanged different opinions of the problem. This was indicated by a member's reflections on how they thought differently, about the use of mobile belts, and how the team approached this problem:

> … this also became some kind of learning, I think, that conflicts have that [function] and … this was one of the more infected, that we think differently and that it is a common job to try to resolve this conflict. One way is to put them [the different views] on the table … (Interview 3.36).

For this team member, the conflict was intense and provoked one Proponent so much that this team member was doubtful about remaining in the group. Whilst a Neutral was critical of the discussion as it focused too much on the technical details of the belts, instead of considering the principles, such as how to prevent the need for decision-making in compulsory psychiatric care. This opinion was an illustration of a different aspect, grounded in the Neutral's expertise in medicine. This example illustrates a "neutral" opinion that was silent in the team's discussion.

Overall, the theme shows how both Proponents and the Opponent used the power strategy of defining and arguing the problem as belonging to the own expertise. Further, how in the discussions, despite a power strategy, the team, by making a joint problem formulation, exchanged different opinions of the problem that supported IPL.

2. Seeking validation

Then, in 2011, the team members used the power strategy of *mobilizing external experts to bring new arguments for the rational fact*. The Opponent informed the team that he had contacted the National Supervisory Authority. Their official standpoint was that the use of mobile belts was illegal. This included information that the mobile belt was not included in "a similar device" in accordance with paragraph 19. The statement from the Opponent that the mobile belts were forbidden led to a lively discussion in the group as represented in the minutes "Which is the correct legal interpretation?" (Minutes 3a).

A Proponent informed that, before introducing mobile belts in Sweden, a regional Supervisory Authority in 2007 had said *yes* to the use of these belts, as paragraph 19 was interpreted to allow use of the portable coercion technique that was a new method. The Proponent, with expertise in nursing, had also presented ethical arguments that mobile belts protected patients:

> … Mobile belts can be used to increase the safety and dignity in the restraint situation … The Bergen model[4] advocates downsizing - and restraint techniques that hold the patient fixed on the floor in side position in some bent position. Thus it increases the patient's feeling of protecting her/himself … (Document 2; research based document)

The Proponent also argued that the new technique could benefit patient integrity and increase patient safety in compulsory psychiatric care. The same Proponent presented the guidelines which stated the ethical aspects of how the belts, occasionally, could be used: "In cases when a patient is fixed in a bed belt for a longer time: By using mobile belts the doctor can judge that the patient, for example, can go to the toilet and to shower safe" (Document 3; research based document).

The Opponent, argued that the method could be risky, and referred to documented risks in supervisory reports of injured patients and "… death in situations of restraint and that there have been elements of incompetence, lack of knowledge there" (Interview 7.24). The Opponent also argued that the patients' integrity should be protected from a perfunctory use of mobile belts; the belts had been used for the wrong reasons in psychiatric care. Sometimes the method had been used when the patients were showered: "… well, the patient had showered, and yes, there are all possible variants …" (Interview 7.28).

Thereby, Proponents and Opponent presented conflicting views of the use of mobile belts. Proponents, using ethical arguments, promoted the use of belts to ensure shower safety. Ensuring shower safety by using portable belts can also be seen as a way to preserve the patient's autonomy. Opponent, also using ethical arguments, aimed to protect patients from the use of belts during showers. Preventing the use of portable belts on patients in the shower is to protect integrity and prevent harm. By making these arguments explicit in the conversations, the team members *reviewed each other's arguments* when judging risks using the belts. Subsequently, despite the use of expert dominance, which seemingly interfered with IPL, in turn, enabled discussions that led to exchange and reflection on members' various values and knowledge. Such learning was exemplified by this member (Scientist) who acknowledged the Opponent's contributions in the team: "… Q from the Supervisory Authority was very interested in joining [in the consultation work], so Q contributed a lot of knowledge …" (Interview 2.20). Another member (Ethics coordinator) expressed how one Proponent, due to asking questions about the use of mobile belts, made the Opponent to reflect on another option: "… If the Proponent [a nurse] had not been on site and asked these questions, this other person [Opponent and physician] would not even have reflected that it could make sense …" (Interview 6.31).

Moreover, using the strategy of *mobilizing external experts to bring new arguments* to the discussions, the two contradictory interpretations of law text were confirmed as rational fact by the respective allied experts. Both standpoints thus became legitimized. This legitimization of two opposite standpoints enhanced the team's uncertainty of the rational knowledge regarding the use of mobile belts. This resulted in the team formulating a neutral statement in the consultation response work: "… The group agree of expressing their concern over the situation. The group doesn't take a stand on this issue …" (Minutes 3b).

Consequently, the Swedish Psychiatry Association received a "neutral" statement on the use of mobile belts, a decision which a Neutral commented was a decision from the Supervisory Authority: "… That was not something we could … We sent [an answer] that we couldn't take a stand of if this is a good method or not …" (Interview 2.24). Through this statement the Neutral, with expertise in research on involuntary psychiatric care, acknowledged the profession-specific positions and responsibilities of those handling the controversy. Also, one Proponent expressed an understanding of the Opponent's arguments as a representative for Supervisory Authority following the regulations of law, concerning an ethical dilemma:

> I understand Q:s arguments mainly from a legal context and I perceive that Q understands my (and many others in this

> agency) arguments from a more nursing care, humanitarian context. I would like to describe all this as a quite classical ethical dilemma, which must be handled. (Email 18)

Thereby, law text, interpreted and leading to a neutral statement, in point of fact, was based on a statement (from the National Supervisory Authority) that the method was not allowed to be used on legal grounds. Thereby, the team's neutral decision could be perceived as a legitimization of belt bed as the rational method.

In October 2011, an official statement announced the National Supervisory Authority's judgment on mobile belts questioning what the wording "constrained by means of a belt or similar device" in the regulation means. The statement referred to law text, and stated that the use of the mobile belts was not legal: "… Supervisory Authority considers that this regulation doesn't include use of mobile belts to, for example, move, medicate or shower patients …" (Document 40ba; public report).

However, a Proponent had earlier visited the law investigator which later resulted in a suggestion that mobile belts should be noted in the proposal of a *new* law. This was possible because of the team's earlier decision to let the Proponent present pro arguments to the law investigator. The suggestion to include the method in the law proposal, thereby legitimated mobile belts as a rational method.

This knowledge, that the mobile belts were a safe method, was based on empirical results revealed in a dissertation in nursing. In the dissertation, where the mobile belt (in the context of the Bergen-model) was studied, improvement regarding the staff's perception of the use of violent measures was shown.

Overall, the theme shows how both Proponents and the Opponent used the power strategy of mobilizing external experts to bring new arguments for the rational fact. Also, how despite use of power strategy, by making these arguments explicit in the conversations, the team members reviewed each other's argument. Thereby, exchanged opinions and reflections of different values and knowledge that promoted IPL.

3. Convergent thinking

Consequently the controversy was ended by the use of a power strategy of a *negotiated closure or a compromise* by two decisions; (a) give a neutral recommendation about the use of mobile belts in the consultation response work, (b) let one Proponent present the pro use of mobile belts arguments to the law investigator. This was a compromise or a "good deal", as one Neutral stated it (Interview 2.21).

However, despite the use of expert dominance, IPL was enabled rather than hindered due to the team's ability to negotiate varying perspectives. In the opposite categorizations, the underlying arguments were as follows: (a) the use of mobile belts increases patient safety in compulsory psychiatric care (nurse), and (b) the use of mobile belts reduces patient safety in compulsory psychiatric care (physician). The team negotiated the categorizations as (a) the team formulated a "neutral" recommendation to the Swedish Psychiatric Association. This formulation was based on the physician's legal fact that the *use of mobile belts was illegal* in accordance with current law. (b) The team let the nurse meet the law investigators group to present arguments based on scientific fact that the *use of mobile belts was safe.* Thereby, the team through the law text produced two decisions, based on two different rational facts:

> … We can say that the arguments against this actually just became that, as in the law, it was interpreted that there was no legal support in the law. In some way, it doesn't have to be wrong with mobile belts, but it's not allowed … (Interview 3.30)

The law text gave direction, bridged gaps, and gave fuel for the IPL. Such learning was indicated by this member who explained how they exchanged their perspectives on mobile belts, which, by being accepted or rejected, led to reformulations in the consultation response work:

> I remember it [controversy about the use of mobile belts] more as a discussion … Not so much that you went against each other, but that you filled up. A kind of … you added and then confirmed or questioned and changed a bit and that's how it went (Interview 7.25).

Overall, the theme shows how the team used the power strategy of negotiated closure or a compromise that also ended the controversy. Also, how, by negotiating the categorizations of different views, the opposite categorizations were negotiated through the law text that facilitated IPL.

Discussion

This study showed how a team handled a controversy mainly through a compromise. The study also showed how despite use of power strategies, IPL was possible.

IPL potential despite use of power strategies

The members used power strategies, in accordance with controversy studies (Brante & Elzinga, 1990). The controversy concerned an ethical dilemma regarding different judgements of the risks using a mobile/fixed method to constrain patients, and conflicting interpretations of the law regulating this method. Due to claims of knowledge precedence, team members with different expertise used power strategies.

The findings revealed how the team, due to the different hierarchical levels of a nurse and a physician, may have limited the utilization of the team members' contributions of knowledge, perspectives, and values in the decision-making due to power strategies. The fact that the team was divided into two sides with similar claims on expert dominance, tended to override the benefits of interprofessional teamwork. As in the present study, there were both a conflict of law and an ethical dilemma, the Supervisory Authority's role became judicial. A judicial standpoint made it difficult for the team to take advantage of a member's contribution of knowledge, based on scientific results in nursing, about a controversial method.

However, by applying ideas from the sociocultural approach, the study showed how textual mediation (Mäkitalo, 2012) probably lead to IPL when the law text by mediation

became a tool, linking together the members from different professions to discuss jointly and share their knowledge, perspectives and values in the procedure. Firstly, the team *made a joint problem formulation* by jointly formulating whether the use of a portable method was legal or illegal. By exchanging and reflecting on different perspectives the team, by the problem formulation using law text, made meaning and created knowledge, sharing different opinions on the use of mobile belts; the belts are legal/illegal. The law text led to formulation of a problem due to two conflicting standpoints, use of mobile belts is legal/illegal, which were based on a nurse's and a physician's understandings from different professional viewpoints: A physician, with expertise in medicine, who judged the belts as illegal, and a nurse (a scholar) with expertise in nursing, judged the belts as legal. Secondly, the members *reviewed each other's arguments*. The team could do this, as the arguments were expressed in the conversations. The team in the interactions, by treating law text, jointly exchanged and reflected on various values and knowledge represented by legal and ethical arguments. In the discussion of legal arguments, by the paragraph of law, different judgments of the law were revealed. In the discussion of the ethical arguments, the methods were judged by the risks related to technical aspects in compulsory psychiatric care, and the patients. By reviewing each other's ethically based arguments, the members exchanged their different views; the Proponents promoted the use of mobile belts when the patients showered, while the Opponent rejected the same idea to protect the patients' integrity from a perfunctory use of the belts. This example also shows how technical arguments regarding which construction was most practical to use were brought up indirectly. A physician and a nurse presented the arguments that were used to justify opposite standpoints, based on different expertise. Thirdly, the team, by *negotiating the categorizations of different views* through the law text came to two decisions, based on two different rational facts. The use of mobile belts was both safe *and* illegal. In the controversy, a law text mediated IPL. Thereby, in this procedure learning strategies were also used. See the procedure in Figure 1 below.

Lidskog (2009), in a municipal training ward, points out the benefits of constructive controversies. Engaging in constructive management of disagreements is an effective way to support IPL. The present study contributes with new knowledge of how in a science-based controversy, despite use of power strategies, also IPL can be facilitated. Furthermore, by exemplifying the learning potential even when power strategies were used by both a nurse and a physician, this study provides new insights into mental health nursing.

To conclude, the findings show the challenges and practical implications for interprofessional teamwork and learning when handling a controversy about a controversial issue. Even if power strategies are used in a science-based controversy, also IPL can occur. Therefore, staff needs to be aware of the IPL potential in these controversies that often concern the patient care. This insight can raise the quality of mental health care.

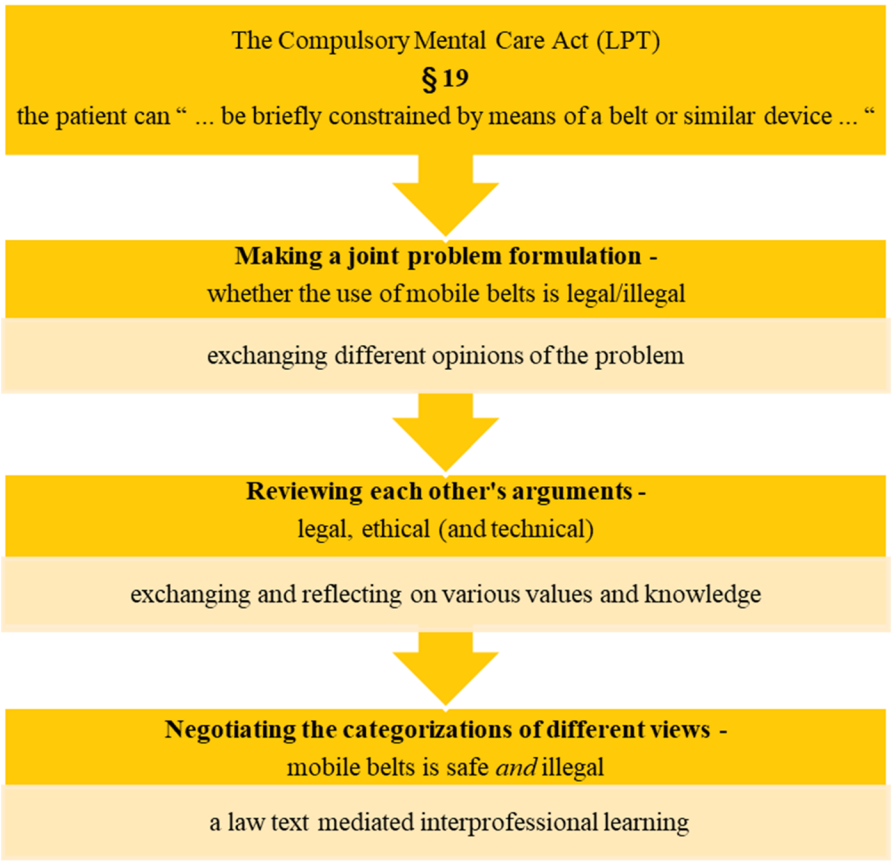

Figure 1. Textually mediated interprofessional learning.

Limitations

The major limitation is that the consultation response work was in 2010–2011, which is a long time ago. The Compulsory Psychiatric Care Act remains largely unchanged because it was decided not to replace the law with a new one. The use of mobile belts is still illegal in compulsory psychiatric care. The research work was limited by the authors' pre-understanding and choice of perspective, which means that other perspectives were excluded (Forsman, 2004). By this limitation, the results should be scrutinized as one of several alternative versions. Claims for validity or trustworthiness are in Riessman's (2008) words related to how carefully the process that was used to collect and interpret data was documented. Although the data collection was made some years before the analysis, the findings are still relevant.

Notes

1. Contradictions are systemic and historically rooted, and therefore cannot be observed directly. Instead, they need to be identified through their manifestations in discursive processes, such as conflicts or dilemmas.
2. Profession is used as a designation that relates to particular competencies, rather than applying educational and regulatory criteria. In line with Barr et al. (2005, p. xxiv), this definition is applied: "Profession is treated throughout as a term of self-ascription, thereby avoiding the need to apply educational and regulatory criteria which may differ for the same 'profession´ between countries." Therefore, the term "profession" is used as a designation, meaning that titles such as ethics coordinator are considered professions. The concept of "profession" does not relate to "discipline", which can refer to an academic field, such as psychology, or subspecialties, such as anesthesia (Barr et al., 2005). Two physicians and a nurse, who were practicing in their respective fields, were not considered scientists despite their qualifications. Similarly, the ethics coordinator, who was practicing as such, was not considered a scientist even though this member was a PhD student. Only one profession was considered to be a scientist because this member worked exclusively with scientific work.
3. Swedish Ethical Review Authority states that this is information about: "Racial or ethnic origin, Political opinions, Religious or philosophical belief, Membership in a trade union, Health, Sexual life or sexual orientation. In addition, genetic and biometric data are covered" (Etikprövningsmyndigheten).
4. Bergen model was a training that aimed to prevent violent actions and reduce the use of coercion methods in compulsory psychiatric care (Stockholms läns landsting, 2011) bergenmodellen.pdf (sll.se).

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