

'standard' OECD definition as it includes aspects of activation (benefit conditionality, sanctions, and so on), and it explains why the 1990s saw a shift towards activation and how activation contributed to both unemployment benefit homogenisation and risk re-categorisation.

In sum, the edited volume represents an important contribution to the study of unemployment protection systems and activation more generally. The book's strength lies in its excellent overview of institutional developments in the risk regulation of unemployment in twelve European countries. It thus serves as a rich and valuable source of reference, which will be of great interest for social science scholars. The cross-country chapters nicely complement the overall argument of the book, while the Caseload Annex will certainly become an extremely sought-after source for 'data mining'.

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- Conversation analysis (CA) made an important contribution during the last decades for investigating how ordinary conversations occur in everyday contexts and how interactional sequences rely on specific socially oriented procedures of human reasoning and action. Beyond epistemological and theoretical issues concerning its status (i.e. whether it is possible to consider it a well-formed, autonomous discipline or just a general research paradigm), it is clear that, since its foundation in the mid-1960s, CA has deeply contributed to changing investigation assumptions in communication research, in accordance with a more general, renewed *Zeitgeist* that also led to the 'cognitive revolution' from a behaviourist approach to cognitivism, and the paradigm shift in linguistics and semiotics from analyses based on minimal units to text-oriented research. Through audio- and videotape recordings of natural conversations, CA researchers investigate procedures through which participants constrain each one in talking, particularly in relation to the organisation of actions and the understanding in interaction between subjects. Applications of CA have been conducted in many different fields, including health-care contexts for studying interactions between professionals (i.e. doctors and nurses) and patients. In the last three decades, a good amount of literature in this sector helped to enlighten such conversations, which can be considered delicate ones because of their intrinsic contents: discussions about health and illness, symptoms and diagnoses, diseases and therapies.
- The challenge of overcoming already established results in the field and addressing new (or at least under-investigated) is-

issues is tackled by *Communication in Health-care Settings*. Previously published as a special issue of the journal *Sociology of Health and Illness*, this volume is a collection of eight studies, each one focused on specific care contexts and communication participants; all of them are completely based on CA methodology (and complementary ethnomethodology) for both data collection and analysis. The added value of such research lies in the attempt to show the peculiarities of certain kinds of interactions, quite different from classic examples concerning medical doctors and patients—i.e. medical consultations and acute care visits.

In this regard, Chapter 1 serves as a brief introduction to the core issues treated by the single studies, presenting a general overview of findings from the application of CA to medical encounters and current under-investigated issues considered in the study collection and for future research. In particular, the editors indicate and describe three major under-investigated issues: (1) practical problems in practitioner-patient interaction in those communication contexts related to treatment delivery and where a combination of tasks is required to be performed in the encounter, as well as when the characteristics of specific cohorts of patients influence professionals' behaviour; (2) interaction between health-care practitioners in relation to communication between health-care teams in meetings, treatment delivery and training; and (3) new technologies and health-care interaction, intending 'technologies' both as communication channels between actors (e.g. telephone helplines) and technical devices used by the practitioner during the encounter (e.g. screening technologies).

Following these general research topics, successive chapters constitute single studies which concentrate on a kind of interaction. The first research (Chapter 2) concerns the role of a call centre which employs family support co-ordinators (FSCs)

for contacting family members of deceased persons in order to solicit them on the donation of human tissues. In this respect, T. Elizabeth Weathersbee and Douglas W. Maynard draw on the communication strategy underpinning FSCs' action and possible improvements on the basis of gained evidence.

Chapter 3 investigates interactions occurring through a telephone-based service: on the one hand, callers are users that ask for medical advice, misunderstanding the real scope of the helpline; on the other hand, nurses can only provide support and information because they are forbidden by regulations to give any medical advice. Carly W. Butler, Susan Danby, Michael Em-mison and Karen Thorpe examine this communication paradox and the resources spent by nurses to match users' requests, regulations and their expertise. Concerning the participation issue, an interesting experience is analysed in Chapter 4. Practitioners and patients take part in a neurological physiotherapy session: this work focuses on the practical aspects of physiotherapists' 'accounts for the treatment actions they instigate and conduct, and proposals they make' (p. 48). Thus, Ruth Parry studies how professionals are able to balance authority and accountability in order to carry on a satisfactory communication for both parts. Chapter 5 similarly studies the way subjects participate in the conversation, in particular in an obesity-related medical consultation between a medical doctor and a patient. Helena Webb figures out what response patterns patients use in these situations, especially in relation to moral issues of responsibility.

Unlike the vast majority of studies in the field (based on dyad interactions), Chapter 6 presents a peculiar situation in which three actors are involved in the communication situation: a paediatrician, a child and a parent. As Ignasi Clemente suggests, the analysis of their conversation cannot be limited to two actors. There is a

need to consider all interactions occurring between the three of them at the same time in order to understand how they work, particularly in relation to children's behaviour in this context. Another important, but still under-investigated, situation concerns the interactions between medical staff working during surgical operations. Chapter 7 provides an analysis of a couple of these multi-party encounters which have two main functions: to carry on the surgical operation and to train young staff members about medical procedures in such cases. Marcus Sanchez Svensson, Christian Heath and Paul Luff summarise the way conversations lead trainees to accessible and intelligible knowledge and how the mix of demonstration and instruction is fundamental for training interactions.

In Chapter 8, Aled Jones examines how the introduction of paper-based or electronic patient records has influenced the conversation in admission processes, i.e. between nurses and patients during episodes of acute hospital care. As technologies to be used by participants, both of them have a practical impact on nurses and patients who are bound by such constraints. Finally, the last part of the book is dedicated to the automatic transcription of medical records (Chapter 9). Tested as a sort of replacement of medical transcriptionists (MTs), these machines automatically record vocal doctors' reports. Gary C. David, Angela Cora Garcia, Anne Warfield Rawls and Donald Chand deeply investigate the role of MTs and the impact of automation and information technology: as the authors suggest, machines can improve and complement transcriptionists' work, but they cannot replace MTs *in toto*.

Even if the studies collected here come from a limited set of countries—the United Kingdom, the United States and Austral-

ia—the collection presents valuable research findings that can be generalised to some extent to other national contexts. However, the real added value of the book concerns two relevant aspects that strictly concern the CA paradigm and which are interrelated: (1) the focus on certain research niches currently missing or under-investigated in available literature, which enable the identification of practices and conversation procedures of certain professional-user interactions in specific settings; and (2) the clarification of methodological issues to face in these contexts for adequately applying CA to such types of interactions. Of course, the book cannot be considered a systematic exercise for pointing out, describing and addressing major gaps in current communication research in health-care settings. Neither does it describe the state-of-the-art in the field. According to the editors, this volume underlines 'the utility of taking a conversation analytic approach' in such contexts for demonstrating how the 'smallest details of the way in which participants talk to one other can have sizeable impacts on the eventual outcomes' (p. 11). In the end, it can be argued that the overall work is conceived as a tool for researchers in health communication (intended in a broad, interdisciplinary sense) who wish to gain knowledge on innovative topics and to understand what the benefits of adopting CA are. In addition, the book provides some useful guidelines and recommendations for practitioners, who can easily find them in the single studies and try to implement in their practice and interactions with users.

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