Informings as recruitment in nurses' intrahospital telephone calls

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A B S T R A C T

We have conducted conversational analysis of intrahospital telephone calls in which a recovery room nurse notifies the wards that, having concluded their treatment, a patient is ready for transfer. The article contributes to the understanding of recruitment as the outcome of interactional methods securing involvement - assistance, cooperation or contribution - in the realisation of courses of action. It shows that: a) informings conveyed by brief factual declaratives can act as a recruitment method even in the absence of any reference to a need, want or trouble; b) informing others of a state of affairs can act as a prompt for them to take responsive action under their own responsibility; c) informings as recruitment can be part of an organisational routine and instrumental in bringing forth remote professional action. Contrary to the common assumption that indirect forms of recruitment are normatively less constraining, we suggest that factual informings are actually an effective way of prompting a co-worker to act on their responsibilities. The data are audio-recordings of telephone calls made in an acute-care hospital in the French-speaking part of Switzerland.
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1. Introduction

Building on conversation analysis and interactional linguistics, this article contributes to our understanding of recruitment (Drew and Couper-Kuhlen, 2014; Floyd et al., 2020; Heritage, 2016; Kendrick, 2021; Kendrick and Drew, 2016) as the outcome of interactional methods securing involvement - assistance, cooperation or contribution - in the realisation of a course of action, even in the absence of a need, want or trouble. The context for this study is nurses' telephone calls in an acute-care hospital in the French-speaking part of Switzerland. Previous studies have already shown that the nurses recruit co-workers through various linguistic formats and vehicle actions (González-Martínez, 2017; Sterie, 2017; Sterie and González-Martínez, 2017). For instance, surgery nurses (thereafter referred to as SNs) systematically convey requests to porters through inquiring as to their ability to carry out a specific transporting action (Curl and Drew, 2008). They rely on an interrogative in which the initial "Can/could you" formula refers to the porter and explicitly mentions the projected action requested of him, as in Excerpt 1.[1]

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[1] The research protocol was accepted by the hospital's board of directors and all participants consented to have their calls recorded for research purposes. We have replaced the original names of persons and care units with fictitious ones, transcribed the calls following the conventions developed by Jefferson (2004) and provided, beneath the original French talk, a translation into English in line with its organisation yet as natural as possible.

Excerpt 1: C179 (Lea is the SN, Leo the porter)

```
1  Lea:   °<oui salut Leandra en U quatre <est-ce que tu peux
               yes hi Leandra in U four can you
2          venir chercher monsieur Ferrari au vingt-trois fenêtre
               come collect Mr Ferrari in twenty-three window
3          pour l'amener en: radio s'il te ↑plaît
               to take him to X-ray please
4          (0.4)
5  Leo:   tu me le prépares ↓j'arri[ve ]
               you get him ready for me I'm coming
```

By contrast with explicit requests, SNs sometimes recruit doctors through an extended telling consisting of a report on a problematic situation involving a patient (Kendrick and Drew, 2016), without necessarily mentioning what could be done to address the problem or who could do it, as in Excerpt 2.

Excerpt 2: C69 (May is the SN, Fab the doctor)

```
1   May:   euh: ↑moi j't'appelle pour madame Carlot.
               uh I I'm calling you about Ms Carlot
2   May:   ·hhh [parce] qu'elle se plaint que:: au niveau d'sa cicatrice=
               because she complains that in regard to her scar
3   Fab:        [oui  ]
                  yes
4   May:   =c'est dur comme du béton: qu'ça y fait mal, ·hh [et pis ]=
               it's hard as concrete that it hurts and then
5   Fab:                                               [(ouais)]=
                                                          yeah
6   May:   =que: sa jambe gau:che elle a va- pas mal de douleurs: (pis)
               that her left leg she has va quite a lot of pain and
7          elle a d'la peine à la bouger [toute seule.]
               she has trouble moving it by herself
8   (Fab:)                                [(°↓d'accord°)]
                                             all right
9          (0.7)
10  Fab:   d'accord ↓euh:m: ben écoute on va venir la voir: (...)
               all right uhm well listen we/someone will come see her
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However, in this study we focus on another recruitment method observed when recovery room nurses (thereafter referred to as RNs) call their surgery colleagues about a patient who, their treatment having been concluded, can now be taken back to their room. Their informings (Heritage, 1984b; Thompson et al., 2015) typically consist of a brief factual declarative (Rossi, 2018), as in Excerpt 3.

Excerpt 3: C252 (Mae is the RN, Lea the SN)

```
1  Mae:   =·h madame Arola peut monter. h=
               Ms Arola can go up
2  Lea:   =ouais (.) j'viens la chercher dès qu'i' r'viennent
               yeah I come collect her as soon as they return
3          de pause hein? (.) [j'a↓rrive ]
               from the break huh I'm coming
```

Our analysis in this paper shows that: a) the recovery room recruits surgery for them to collect the patient; b) the default recruitment method is a brief factual declarative, conveying an informing, that does not state a problem, a need or a want; c) the utterance moves the processing of the patients along, as part of an organisational routine, by conveying information necessary for the next relevant professional to take remote action under their own responsibility. Recruitment between co-workers in the studied settings thus goes beyond immediate assistance or collaboration with simple concerns at hand, in situations of trouble or common projects (Kendrick and Drew, 2016; Zinken and Rossi, 2016).

This study opens a window onto nurses' professional interactions with hospital co-workers - a domain of activity understudied within the field of language and social interaction research - focusing on brief, unplanned exchanges that constitute the warp and weft of care coordination (Burm et al., 2018; Clarke, 2010; González-Martínez et al., 2016, 2018). The analysis of nurses' recruitment sequences is set against a background of issues regarding healthcare professionals' orientation to and interactive enactment of the hospital's institutional setting (Drew and Heritage, 1992). The reciprocal constitutive relationship between the situated organisation of action in interaction and associated social structural formations - such as professional roles, status, division of labour, asymmetries of power, knowledge, duties and responsibilities - is a basic assumption of an ethnomethodological informed (Garfinkel, 1967; Bittner, 1965) conversation analytical approach. Nevertheless, the observation, for instance, that nurses deploy an array of recruitment methods - including open requests and informings - when calling doctors invites us to eschew lay and sociological theorising about the talk/institution nexus based on hasty comparisons of the data; for a similar argument see also Curl and Drew (2008). Our focus thus remains the study of a

specific practice of talk and its significance - informings as recruitment - grounded on detailed and systematic empirical analysis (Schegloff, 1992).

2. Mobilising others: informings as recruitment

Previous studies have examined recruitment practices related to assistance with resolving troubles in realising courses of action in the here-and-now (Drew and Couper-Kuhlen, 2014; Heritage, 2016; Kendrick, 2021; Kendrick and Drew, 2016). Zinken and Rossi (2016) foreground activities oriented towards cooperation concerning a more comprehensive project to which participants have already committed, and which entails responsibilities in terms of actions to be taken. Betz et al. (2020) deal with recruitment in connection with interactional methods that mobilise others' assistance, cooperation or contribution in the realisation of activities or courses of action larger than two-part sequences; see also Floyd et al. (2020).

The literature has also underscored the diversity of the linguistic formats and actions designed to mobilise someone or which result in the recruitment of someone (Couper-Kuhlen, 2014; Curl and Drew, 2008; Fox and Heinemann, 2016; Raymond et al., 2020; Rossi, 2012; Wootton, 1997; Zinken, 2016). The grammatical form of a request turn indexes, for instance, the speaker's entitlement to make the request and awareness of possible contingencies associated with its granting (Curl and Drew, 2008). It may also be related to the recipient's displayed or presumed disposition toward granting the request (Raymond et al., 2020). Kendrick and Drew (2016) identify five methods for recruitment in cases of trouble depending on whether the initiating move is an utterance or an embodied action, whether or not it formulates the nature of the difficulty itself and a possible solution to it, and whether or not it establishes a normative obligation for the other to assist; see also Kendrick and Drew (2014).

When producing an informing (Heritage, 1984b), the speaker adopts a K+ position relative to their recipient (Heritage, 2012). Morphosyntactically, informings are mostly channelled through a single brief declarative utterance that is the sole or main constituent of the speaker's initial turn (Heritage, 1984b; Thompson et al., 2015). Informings make relevant next some form of information receipt and acknowledgement (Jefferson, 1981; Heritage, 1984b). Newsmarks deal with the informing as conveying news for the recipient and promote further talk on the topic (Heritage, 1984b; Jefferson, 1981; Maynard, 2003). Thompson et al. (2015) have proposed a typology of responsive turns to informings based on their morphosyntactic and prosodic form. Depending on the specific type, such responses receipt and acknowledge the informing, make relevant a reformulation of the informing or part of it, ask the informer to verify or confirm the informing, or draw an inference from the informing that goes beyond its substance.

Conversation analytic studies have previously examined troubles tellings as vehicle actions oriented towards recruitment. For instance, telling actions like reports, descriptions and narratives vehicle indirect requests in telephone calls to emergency services (Zimmerman, 1992a; see also Drew and Walker, 2010), medical consultations (Gill et al., 2001) and nurses' interactions with doctors (Caronia et al., 2020; Sterie and González-Martínez, 2017); see also Fox and Heinemann (2021) on declaratives of trouble as requests in service encounters. Nevertheless, Rossi (2018) has shown that simple factual declaratives do not necessarily refer to a need, want or trouble in order to act as request vehicles. In such cases considered in the research literature, tellings leave it to recipients "to see what the upshot is" (Drew, 1984: 130), in terms of what action they should take next. Relying on a telling as a form of recruitment is an alternative to going on record to ask someone to do something. The telling establishes weaker normative obligations to take a position in respect to the grantability of any particular action (Kendrick and Drew, 2016) and is instrumental in "avoiding intruding on another's plans, commitments, or routines." (Drew, 1984: 147). The speaker "is officially responsible only for the reporting, and not for what is made from (detected in) that. Determining what a reporting amounts to (…) is managed as a recipient's work/responsibility." (Drew, 1984: 137). Such practices leave open the option of dealing with the telling solely in terms of "information value". Nevertheless, when the recipient does not respond to the action implication of a telling, an "absence of action can be recognizable as a withholding (…) or as resisting a possible upshot." (Drew, 1984: 137). In the framework of a common interactional project, unresponsiveness may imply falling short on prior commitments "to bring about a particular future state of affairs" (Couper-Kuhlen, 2014: 624) and avoiding responsibility (Zinken, 2016; Zinken and Rossi, 2016).

In what follows, we examine the role that informings by RNs in their calls to SNs play in recruiting them to come to collect patients whose treatment is completed and who are ready to be returned to the relevant unit.

3. Telephone calls between recovery room and surgery nurses

The NTH-3 corpus is composed of 374 audio-recorded intrahospital telephone calls between SNs and 14 different departments collected in a middle-sized acute-care hospital in the French-speaking part of Switzerland; these recordings are supplemented by ethnographic data (González-Martínez et al., 2018). For this study, we have examined calls between surgery and the recovery room (41 in total) and systematically analysed the central sequence of those (16 in total) in which a RN calls a SNs' station about a patient who is ready to go up to their room in the surgery care unit.

These calls are part of the fast-moving process of taking care of patients having surgery at the hospital. The surgery care units are on the third floor, while the recovery room is on the hospital's first floor next to the operating room. Usually, the patient is hospitalised in the surgery care unit, then has surgery in the operating room, following which they are kept in the recovery room to recuperate from the anaesthesia. As soon as the patient's condition permits, the recovery room calls the surgery care unit. A SN goes down to the recovery room, the trip taking between 3 and 5 min, and there is a brief handover that includes transferring information about the patient's condition and necessary care. Then the SN, usually accompanied by a porter, transports the patient to the care unit. At this point, the patient is conscious but unable to walk.

These calls are therefore part of an organisational routine, a step in a pre-established chain of highly projectable ordered activities: [recovery treatment completion]>[notification to surgery Unit + commitment to collecting action]>[patient collection]. One activity sets in motion subsequent one(s), involving functionally different professionals who coordinate to carry out their action in the necessary chain of activities. A patient's readiness for removal is "a callable-to-surgery about" (Sacks, 1992). It is surgery's job to collect the patient and move them (back) to their room, after which their treatment will be surgery's responsibility. Far from a matter of choice or preference, surgery's collecting of the patient immediately following the recovery call acknowledges and responds to the "organizational imperative" (Hart and Scott, 1975) of expedient behaviour from hospital personnel in the interest of institutional ends, namely efficiently processing medical cases. The organisationally prescribed character of these "cargo" removals (Jefferson and Lee, 1992[1981]) thus involves a distribution and communality of responsibilities that create normative expectations for accomplishing certain tasks, as well as a "pattern of inference" (Heritage and Clayman, 2010) for interpreting whatever is being done and said. What otherwise might be considered as occasions for requesting assistance with a task specific to recovery, or soliciting collaboration for a common project, such as attending to patients, is in fact framed as prompting surgery to come and take up the baton, not as a response to trouble but as part of an organisational routine.

These calls are brief and have a very similar structure and turns-at-talk suggesting a highly routinised activity. They last 44 s on average, including the telephone tones. They are instrumentally oriented calls that have reduced opening sequences allowing for rapid entry into the business of the call. The RN self-identifies by first name and institutional affiliation and, usually in the same turn-at-talk, introduces the reason for the call. The utterance is the first part of the central sequence, in which the interlocutors very rapidly accomplish a single main activity; upon the SN's response to the initiating utterance, the interlocutors move to closure. The brevity of the calls accords with an activity that should be produced rapidly, since time spent on the phone delays the actual response on the ground.

4. The informing-as-recruitment sequence

The RN initiates the central sequence of the calls with a brief affirmative declarative that enacts an informing (Heritage, 1984b; Thompson et al., 2015). The informing asserts a state of affairs without reference to a need, want or trouble (Rossi, 2018). Even if highly routinised, the formats of informings may vary depending on the degree to which the RN hints at something that the SN or their care unit could do. The most common declarative asserts a state of affairs consisting of the status of a patient, who is said to be in a condition to move to the surgery department ("Ms Arola can go up"); see Section 4.1. The RN can also produce a declarative that, while remaining focused on the patient's readiness for transfer, points to some 'collecting' action by an undisclosed party ("Ms Perrin is ready to be brought back up"); see Section 4.2. In a few calls, the informing foregrounds the collecting action by the SN or their care unit ("You can collect Mr Argentil"); see Section 4.3. In any case, the informings formally differ from the methods that Zimmerman (1992a) and Kendrick and Drew (2016) call reports: they do not refer to trouble or categorise it as such; they are brief and neither part of nor followed by descriptions, narratives or accounts. Irrespective of the specific design of recovery's initial declarative, the SN's response conveys that the informing establishes a normative obligation for the recipient to act on it. Rather than offering to collect the patient, the response implements the recipient's commitment to engaging in the collecting action. The SN commits to collecting the patient personally or to arranging for someone else in the surgery unit to do it.

The following analytical sections examine the informings in their conversational environment in order to show how recruitment, even if routine, is achieved by the interlocutors, on the spot and in real time.

4.1. A factual declarative asserting a patient's status

In most calls, the RN initiates the central sequence with a brief declarative about the status of a patient who is ready to be moved to the surgery department. The precise phrasing varies, but in all cases the focus is on the patient who, portrayed as an agent, is said to be able to do the action mentioned ("go up" for instance). The verb "*pouvoir*" (to be able to) is in the present tense, conveying that this status is immediate and not subject to contingencies. Nevertheless, the patients are known to not be in a condition to walk to the wards by themselves as they have just had surgery. They therefore cannot move unaccompanied and can be transferred to a care unit only after a proper handover procedure.

Excerpt 4: C252[2]

```
1  Mae:   =·h madame Arola peut monter. h=
          Ms Arola can go up
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Excerpt 5: C86

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1  Jul:   =[t'as un mon]sieur <Tavernier> qui peut mon↓ter.
          you have a Mr Tavernier who can go up
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[2] We have reproduced the informing of call no C252 in Excerpts 3 and 8 as well.

Excerpt 6: C229

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1  Mae:  =monsieur Neri il peut monter:
          Mr Neri he can go up
```

These are highly standardised informings, delivered almost as if the speaker were a transmitter relying on a pre-established format. The informings are always brief and sometimes have a very simple subject + verb form, as in Excerpt 4, but more often they have rather complex phrasings, as in Excerpts 5 and 6. The initiating utterance commonly has two components in a through-produced single turn-constructional unit (TCU) (Thompson et al., 2015); for instance, a presentational clause followed by a predicative relative clause or a lexical construction followed by a predicative clause, as in Excerpt 6. The former introduces, in turn-initial position, the name of the patient, which is the key information. This initial reference is implemented through a minimal recognitional element (honorifics + surname) (Schegloff, 1996). The second component predicates the status of the patient, the referent of the personal or relative pronouns (see Lambrecht, 1986, 2001, and Pekarek Doehler, 2011 on presentational cleft constructions in French). In terms of prosody, these informings convey "business as usual" (Goodwin, 1996) and sometimes have conclusive intonation emphasising the factual character of the informing. In these informings, the verb "*pouvoir*" (to be able to) does not correspond to the patient's actual ability to do something or to permission given to them to do something. Neither does the verb refer to an action that the speaker or the recipient can do, like in requests for permission "Can I" (Thompson et al., 2015) or the recipient-oriented requests "Can/could you" (Kendrick and Drew, 2016). In some of these calls, the RN conveys that the informing is relevant to the SN/unit ("you have a", Excerpt 5; "come back to you", Excerpts 7 and 9). Nevertheless, the RN notifies the SN of the patient's status and leaves it to the SN to identify the implications of the informing in terms of the next relevant professional action.

In Excerpt 7, the RN moves to the business of the call (line 4),[3] launching the main activity with a preface token, "listen" (Sidnell, 2007), after which she informs the SN about the patient's readiness for transfer (4–5).

Excerpt 7: C87 (Mel is the RN, Tim the SN)

```
1  Mel:  c'est Melissa en salle de rév[eil      ]
          it's Melissa in the recovery room
2  Tim:                                [&sa↓lut&]
                                        hi
3        (0.3)
4  Mel:  écoute c'est un m'sieur ↑Siegel qui peut
          listen it's a Mr Siegel who can
5        r'venir chez vous
          come back to you
6  Tim:  ↑ça joue j'a↓rrive.=
          that works I'm coming
7  Mel:  =ça ↑joue à tout d'su[ite  ]
          that works see you very soon
8  Tim:                       [ouais] à: toute.
                               yeah see you
```

As in similar calls, the RN relies on an affirmative factual declarative that has a two-part construction - a presentational clause followed by a predicative relative clause - in a single TCU (4-5). The emphasis on the patient's name marks it as the most relevant information of the first component ("it's a Mister Siegel", 4). The phrasing of the initial form of reference (Schegloff, 1996) conveys that the RN has not previously dealt with the SN about this patient, and perhaps that the RN has limited acquaintance with him (see Jefferson and Lee (1992[1981]) on callers' and dispatchers' references to patients' names, in calls to ambulance emergency services). In contrast, the formulation "come back to you" (5) (second-person plural in French) marks that the patient "belongs" to surgery, which justifies calling this specific care unit in the first place and a nurse coming to collect the patient. The verb "*pouvoir*" (to be able to) is in the present tense, suggesting that the patient's readiness to return to his room is not subject to contingencies. The response comes without delay. In line 6, Tim treats the informing as complete and legitimately actionable, as is. His turn at talk is made up of two brief components, the first of which ("that works") receipts the informing and suggests that whatever it implies is unproblematic; the second ("I'm coming") draws the practical implications of the informing and announces responsive professional action that is appropriate to the patient's status, Tim's immediate arrival in recovery. This highly inferential response portrays Tim as a member of the surgery care unit, highly agentive (Thompson et al., 2015) in matters concerning it. Through his response, Tim displays that the informing is consistent with his own commitments in the transfer of patients from recovery back to the wards and enacts his responsibility on it (Zinken, 2016). Mirroring the informing, the response though leaves unsaid what exactly the SN will do upon his arrival in the recovery room. Both elements of the central sequence are thus based on a taken-for-granted understanding of the practical implications of the call. The interlocutors deal with the upcoming transportation action by surgery, which is what the nurse is supposed to do within the particular work routine, as an obvious matter that does not require explicit mention, much less the production of an open request. Mel's sequence closing third in line 7 ratifies Tim's understanding of the informing: she treats his announced upcoming arrival as fitting, thus contributing to bring about the rapid pace of the

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[3] Thereafter, in the analysis section, the numbers in parentheses refer to the lines of the excerpt.

procedure. She also produces a temporally appropriate terminal greeting ("see you very soon", 7) to which Tim reciprocates in an abridged form (8) before hanging up the phone. The elliptic nature of the talk and fast tempo of the call convey that these are informings to be made and responded to as soon as possible, based on a common understanding of the particular work situation, with no need for further elaboration; the call is thus shaped by this understanding which it simultaneously, and reflexively, reaffirms (Drew and Heritage, 1992).

In Excerpt 8, the RN produces in the reason for the call position an informing about the patient's status, conveyed by a declarative with a subject + verb form (3). The final intonation suggests that nothing else has to be said and even that the informing is legitimately actionable as is, without further elaboration.

Excerpt 8: C252 (Mae is the RN, Lea the SN)

```
1  Mae:  =oui: salut c'est Maeva au ré[↓veil .hh]=
          yes hi it's Maeva in recovery
2  Lea:                               [˚salut˚  ]=
                                       hi
3  Mae:  =·h madame Arola peut monter. h=
          Ms Arola can go up
4  Lea:  =ouais (.) j'viens la chercher dès qu'i' r'viennent
          yeah I'll come pick her up as soon as they come back
5        de pause hein? (.) [j'a↓rrive ]
          from their break huh I'm coming
6  Mae:                     [d'a↑cco:rd]
                             all right
7        (0.3)
8  Mae:  mer[ci:]
          thank you
```

The SN provides immediate uptake, latched with the RN's exhalation following the informing. The response (4–5) is formed of three components with brief pauses between them. First, Lea receipts the informing with a "yeah" token (4), which may already hint at potential trouble providing a fully suitable response on the ground. Then, she articulates a response based on an inference regarding the meaning of the informing. She explicitly commits to collecting action, in regard to the patient, and accounts for its delay, which amounts to acknowledging the expected responsive action. The response presumes common knowledge of the functioning - the make-up of the team, the fill-in system, the length of a break - of the care unit. Lea acknowledges normative obligation to act on the informing and displays a very agentive stance in respect to it, which includes setting the terms of the response on the ground. She prompts Mae's agreement with this arrangement in line 5, conveying obviousness ("huh" token with rising intonation). Mae concurs (6) as Lea, in overlap, finally indicates that her coming to recovery will not take long ("I'm coming", 5). The sequence shows that the informing conveys a call for immediate collecting action, which is normative in character. Surgery should warn recovery of any expected delay, try to reduce it, and ensure that it is manageable for the department holding the patient. In line 8, Mae produces an appreciative responsive to Lea's positive response (and maybe to her committing to securing a rapid transfer despite the circumstances), which sanctions the closure of the central activity (Rossi, 2012) and moves the call to closure.

In Excerpt 9, the central sequence also starts with a declarative about the patient's status. The RN produces the informing in line 3, which is again implemented by an affirmative factual declarative with a two-part construction. The first component, the presentational clause, starts with the formula "there is", which conveys immediacy, and carries emphasis on the patient's name, which is the central information. The second component predicates the patient's readiness to rejoin the surgery care unit. A second informing, about the patient's treatment, follows in line 4.

Excerpt 9: C194 (Mel is the RN, Tim the SN)

```
1  Mel:  c'est Melissa en salle de ré[veil   ]
          it's Melissa in the recovery room
2  Tim:                              [&salut&]
                                      hi
3  Mel:  ·h 'y a m'sieur Jones qui peut r'venir chez vous
          there's Mr Jones who can come back to you
4        c'est un monsieur qui a des ↑lavages
          it's a gentleman who has lavages
5  Tim:  >oui<
          yes
6        (0.5)
7  Tim:  [(j'vais:)]
          I'll
8  Mel:  [   ça ↑ma]rche?
          does that work
9  Tim:  (je:) viens l'cher↓cher=
          I come collect him
10 Mel:  =oké merci:
          okay thank you
```

The SN takes the floor following the informing, without delay, for a response coming in several parts. First, he produces only minimal uptake ("yes", 5), which is a sequentially weak response, even if the prosody conveys decisiveness, to an informing that is heavy with implications for surgery (Davidson, 1984; Thompson et al., 2015). The silence that follows could imply some sort of trouble involved in dealing with the informing, possibly related to the implications of the details about the patient's treatment. The silence provides Mel with a monitor space (Davidson, 1984) on Tim's handling of the informing. As Tim is about to announce some future action (7), Mel produces a check ("does that work?", 8) that seeks confirmation that the prospective collecting action is trouble-free but without referring to it. Mel indeed treats the implications of the informing as self-evident, without any need to make explicit what exactly is expected from Tim and/or his care unit. The check is an acknowledgment though of possible contingencies associated with the transfer and a pursuit of a full committing response. In line 7, Tim self-interrupts and, at the conclusion of the check, deals with it through a highly inferential unrelated clausal response (Thompson et al., 2015). He explicitly commits to picking the patient up himself (9), which may be responsive to the slight uncertainty cast by the check. Mel immediately registers the response and produces an appreciation (10) that moves the call to closure.

In these calls, the RNs do not inquire as to surgery's ability to carry out any specific action. They do not request assistance with a problem or ask surgery to come to the recovery room. The initiating utterance is very often focused on the patient's status, which is known to the speaker but not to the recipient. The business of the calls is notifying the care unit that the patient is ready for transfer and, in response to this informing, setting in motion appropriate professional action that quickly moves the processing of the patient forward. The informing acts as a prompt for action, to collect a patient, but the SN is left to make that inference themself. As a result, the RN maintains the assumption that their colleague knows what needs to be done next and the SN can assert a high degree of agency (Thompson et al., 2015). The exchange relies on and renews common knowledge about the functioning of both units and their processing of patients. The sequence results in recruitment for a remote action that is to be performed after the call. Rather than committing to providing assistance to the RN or to contributing to a common project, the SN commits to an action which is their responsibility to undertake.

4.2. A declarative pointing to collecting action by an undisclosed third party

We have shown that in most calls the RN leaves it to the SN to identify the implications of the informing in terms of the next relevant professional action. In a few calls, however, the informings point to the expected responsive action. For instance, in Excerpt 10, the RN has dialled the surgery unit and Lea answers the phone. The sequence-initiating utterance is still an affirmative declarative asserting the patient's status (3), but RN does not say that the patient herself can go up. Rather, the informing focuses on the patient's readiness ("*prête*") to be transported back to the surgery wards, without referring specifically to the party who will carry out the projected action. The orientation towards contingencies that could possibly impede the transport is minimal since the verb "*être*" (to be) is in the present tense, conveying that the nominated action can be performed unproblematically.

Excerpt 10: C321 (Pab is the RN, Lea the SN)

```
1  Pab:   ·hh oui salut Pablo en salle de rév↓ei:l,
           yes hi Pablo in the recovery room
2  Lea:   &sa[↑lut:&]
           hi
3  Pab:      [ c- ma]dame Perrin est prête à être remon↓tée. h
              Ms Perrin is ready to be brought back up
4          (0.2)
5  Lea:   >↑d'accord< j'trans↑mets (.) [mer↓ci    ]
           all right I'll pass it on thank you
6  Pab:                                [merci beau]coup ciao.=
                                        thank you very much bye
```

In the previous excerpts, the SN commits, immediately or without significant delay, to engaging in collecting action, immediately or after some limited delay. In Excerpt 10, as in other calls, the SN deals with the initiating action as an informing that is to be passed on. This may be because they are not the nurse in charge of the patient in question and/or are not available to collect them. As usual, the response (5) to the informing comes rapidly, in the form of two components. The first component ("all right") receipts the informing and may already signal surgery's acceptance of involvement in collecting action, while the second component ("I'll pass it on") manages a practical implication of the initiating utterance. Lea's response indicates that the informing cannot just be registered but should acted upon, in this case that it should reach someone in a position to deal with its full implications. Nevertheless, the exact identity of the person in the unit that will fulfil the duty of collecting the patient is not a relevant detail to convey to the RN, as SNs are interchangeable when it comes to collecting patients. The response evidences situational circumstances, the nature of which is not specified, that prevent Lea from taking on this role. The response thus actualises that "transacting the 'business' of the call is contingent upon the availability of not just any answerer, but upon a recipient prepared to receive and to deal with that business." (Zimmerman, 1992b: 50). Following a brief silence, first Lea (5) and then Pab (6) produce appreciation tokens in partial overlap that function as sequence-closing thirds and project imminent closure of the call.

Excerpt 10 highlights the advantage of producing informings that focus on the status of the patient or an action that someone may do, versus an action that the recipient could do. Had the RN said, "you can come collect patient X", the SN would have had to say that she was not going to do the transfer and to explain why. Moreover, the RN's not saying who should do the prospective transfer shows sensitivity to the collective nature of work in the hospital care units. Indeed, the SN taking the call is not necessarily the one in charge of the patient or in a position to come to collect them. Following the same logic, the response "I'll pass it on" gives notice that the RN should expect a nurse other than the recipient to collect the patient. Besides, producing an informing centred on the patient's status allows the recipient to determine their own response to the situation (Kendrick and Drew, 2014). The informings thus emerge as a practical solution "to the problem of targeting communication to co-workers (…) yet not plac[ing] undue demands on them." (Goodwin, 1996: 456). When the informing does not fit with the SNs' availability, they nevertheless volunteer to take a replacement responsive action - passing the information on - that is still in line with their commitments. They do it on the grounds of not being the person directly responsible for the prospective transfer, but a member of the team responsible for the appropriate handling of surgery patients.

4.3. A declarative centred on collecting action by the recipient/care unit

In this last section, we turn to a few calls in which the first recruitment move is more explicit than in those examined so far. In these calls, the RNs produce an initial declarative that focuses not on the patient's status but on the projected agent of the collecting action. In some calls, they refer to a collective agent, the subject of "*vous*", the second-person plural in French, to which the SN belongs (Excerpt 11). In others, the RNs refer to the SN, the subject of "*tu*", the informal second-person singular in French (Excerpts 12 and 13).

Excerpt 11: C301

```
1  Noe:    =vous pourriez- sa↑lu:t- ↑vous pouvez chercher madame- (0.3)
           you could hi you can come collect Ms
2          ↓monsieur Martinello
           Mr Martinello
```

The phrasing of these informings differs from the one of the previously examined excerpts by virtue of a basic subject + verb + complement structure. The subject refers to the recipient, or their care unit, and the object to the patient, whose name is thus uttered in final position. In these calls, the verb "*pouvoir*" (to be able to) does not refer to an action that the recipient has or may have the permission or the temporal/manual/professional ability to take, but to one that the nurse or the care unit can take because the practical possibility is now open to them. Moreover, the orientation towards contingencies that could possibly impede the transfer is minimal since the verb "*pouvoir*" is often in the present tense (see the repair from conditional to present in line 1, Excerpt 11). The speaker thus conveys that the nominated action can be performed unproblematically.

In Excerpt 12, the RN launches the main activity calling for the SN's attention ("listen", 3). She then produces a declarative that informs her that she can collect a patient (3–4).

Excerpt 12: C10 (Yas is the RN, Lea the SN)

```
1  Yas:    [oui:    ] c'est Yasmina en salle de réveil=
           yes it's Yasmina in the recovery room
2  Lea:    =sal[ut]
           hi
3  Yas:       [sa]lut: ·hh é↑coute tu peux venir chercher
           hi listen you can come collect
4          monsieur Figuot
           Mr Figuot
5          (0.4)
6  Lea:    monsieur Figuot ↓oui [ j'arri]ve=
           Mr Figuot yes I'm coming
7  Yas:                         [>ouais<]
                                 yeah
8  Lea:    =dans cinq mi↓nutes
           in five minutes
9  Yas:    <d'accord ça ↓marche [merci:  ]
           all right that works thank you
```

Following a brief silence, Lea produces her response in a brief turn-at-talk made of three components uttered in a row (6, 8). First, she repeats the last element of the informing, the honorifics + name of the patient, which together with her "yes" seems to be an acknowledgement. Nevertheless, Yas treats the repeat as a request to confirm the patient's identity, which she does in overlap (7) although Lea is in the course of confirming that she will be in the recovery room in 5 min. The response implies that Lea will collect the patient herself and displays her understanding that the informing is a prompt for immediate action, like the ones analysed in the previous sections that focused on a patient's readiness for transfer. Even if arriving in recovery in 5 min can hardly be considered as a delay, this is how Yas treats it when she accepts the response ("all right", 9) and marks that the arrangement is trouble-free ("that works", 9). In this call again, the interlocutors thus orient to and

actualise the institutional modus operandi of transferring patients from recovery to the wards, its ordinariness and specific temporal organisation and division of labour.

In Excerpt 13, the RN produces in the reason to the call position a declarative that again informs the SN that she can collect a patient.

Excerpt 13: C351 (Noe is the RN, May the SN)

```
1  Noe:   salut Amaryse c'est Noémie [en salle de réve:il]=
          hi Amaryse it's Noémie in the recovery room
2  May:                             [oui salut: h        ]=
                                     yes hi
3  Noe:   =tu peux chercher monsieur ArgenTIL
          you can collect Mr Argentil
4  May:   <↑oui (.) d'a↓ccord [&ça ↓marche& h]=
          yes all right that works
5  Noe:                       [&mer:ci:&     ]=
                               thank you
```

Again, the response (4) follows the informing without significant delay and is brief even if comprising several components. As usual, the SN starts by receipting the informing ("yes", 4). Following a micro-pause, she then produces an "all right" token (4) conveying that she agrees to carry out the implied collecting action. This is advanced by the informing stating explicitly the action expected from the SN. Noe treats the token precisely as implying acceptance by producing, right after, an appreciator (5) with a smiling voice. In overlap and a similar tone of voice, May conveys that collecting action is doable ("that works", 4). She nevertheless does not say explicitly what she will do to act on the informing, whether she will come to recovery herself or arrange for someone else in the surgery unit to do it, which again portrays surgery as keeping control over its own actions. The appreciator treats the response as appropriate and sufficient, sanctions closure of the recruitment sequence and projects imminent closure of the call.

In these excerpts, the RN's initiating utterance conveys information about a collecting action that is now open to the surgery unit. The nurse thereby recruits surgery for the next step in processing the patient. In these excerpts, the SN does not have to infer from the informing what is expected from them and their unit. The informing indeed explicitly mentions the projected collecting action and its agent. The SN's degree of agency is lower: they accept rather than commit to self-determined action following an informing decoded in its practical implications. The SN still retains a measure of control over their actions and the unit's operations: they transact the terms of the granting (Excerpt 12) and convey that the pickup is doable, but without specifying its terms (Excerpt 13).

Throughout the corpus, the initiating action remains an informing due to the declarative format and the absence of initial interrogative formulas/pronouns, subject-verb inversion or rising intonation. The RN never produces an overt form of request like the "*est-ce que tu peux x?*" (can you x?) that is recurrent in calls to porters (see Excerpt 1). Irrespective of their form, the informings examined in this article are always treated as sufficient to trigger responsive action, without a need for further developments or accounts. The sequence conveys and recurrently establishes that committing to immediate collecting action is the appropriate response to the informing, consistent with the temporal requirements and the division of labour specific to the organisational routine of transferring patients from recovery to the wards.

5. Discussion and conclusion

This article has focused on a specific type of routine calls between two hospital departments: a nurse from the recovery room calls a surgery care unit about a patient whose treatment they have completed and who can now be transferred to the wards. The RN conveys the reason for the call with a brief declarative affirmative utterance. In most cases, they produce an informing that stresses the patient's readiness to return to the wards and leaves it to the SN to infer the practical implications in terms of subsequent action on their part. The RN acts as if they had fulfilled their professional obligations by informing the SN that "their" patient was ready. Indeed, the recovery room is a place for transient stays, whether the patient stays in surgery for a few days or several weeks. The patient is only briefly the "recovery room's patient" and responsibility for them is about to return to or be taken over by the surgery care unit at the time of the call. The central sequence of the call is thus neither framed as involving or requiring assistance nor as soliciting collaboration in or a contribution to a common general project, such as attending to patients. The activity prompts surgery to come in and take up the baton, thus moving the process of tending the patient to the next phase, under surgery's responsibility.

This article contributes to our understanding of recruitment (Drew and Couper-Kuhlen, 2014; Floyd et al., 2020; Heritage, 2016; Kendrick, 2021; Kendrick and Drew, 2016) by defining it as the outcome of interactional methods securing involvement - assistance, cooperation or contribution - in the realisation of a course of action, even in the absence of a need, want or trouble. The literature has already shown that Self can recruit Other when requiring assistance with their own course of action and when soliciting Other's collaboration in a common project (Kendrick and Drew, 2016; Zinken and Rossi, 2016). This article argues that recruitment can also be at work when Self informs Other of a state of affairs as a prompt for Other to take action

under their own responsibility. Moreover, we consider the informings not as methods of getting co-workers to do something but as vehicles through which work coordination is tacitly achieved.[4] Kendrick and Drew (2016) have shown that recruitment intervenes on the face of displayed or anticipated trouble and difficulties. This article proposes that recruitment can also operate in response to an organisational routine, as a step in a series of preestablished activities under the responsibility of different players. So far, the literature has focused on recruitment in face-to-face interactions for simple material issues to be solved here-and-now (Kendrick and Drew, 2016; Floyd et al., 2020; Heritage, 2016). The article shows that recruitment occurs also in telephone communication, for professional action to be produced after the call. Finally, the article provides insight on the interconnections between inference, implication and indirectness (Drew, 2018) when recruiting others. Traditionally, indirect requests, phrased as declaratives without clear reference to what is to be done and who will do it are considered less coercive (Brown and Levinson, 1987). In contrast, this article shows that an informing without reference to any projected action may be an effective way of calling someone to their responsibilities. The article thus invites research to reconsider established correspondences between form and function, and to acknowledge the part of the recipient in action formation (Schegloff, 2007).

Kendrick and Drew (2016: 15–16) argue that the connection between recruitment methods and benefactives (Clayman and Heritage, 2014; Couper-Kuhlen, 2014) is difficult to establish. To start with, it may be difficult to determine who benefits from a recruitment and who does not. In some cases, the question itself may not be relevant to the participants. As a consequence, Kendrick and Drew (2016) do not tie the incidence of the recruitment forms they identified to specific distributions of costs and benefits. In respect to our data, the central sequence of the examined telephone calls, consisting of the informing and the recipient's response, does not systematically convey that there is a beneficiary and a benefactor of the collecting action, or who they are (Clayman and Heritage, 2014; Couper-Kuhlen, 2014). If anywhere, the nurses construct themselves and their interlocutors in terms of benefactives in the closing phase of the call, when they produce appreciation tokens and respond to them. In theory, both the departments and the patient benefit from the call and the subsequent transfer. The fact that the RN volunteers gratitude more often than the SN may reflect the latter being 'inconvenienced' (i.e. will have to stop what they are doing, go down to the recovery room and bring the patient up to the care unit). The informing may be a method for recovery to recruit surgery on the basis of the care unit's responsibilities, without emerging as a requestor, leaving for the closing phase an appreciation that the positive response is not taken as a given (Zinken et al., 2020). Identifying a relationship between benefactives and forms of recruitment will nevertheless require systematic comparative analysis exceeding the scope of this article.

Finally, the article contributes to a new field of research on how professionals secure involvement among themselves within working settings (Licoppe et al., 2014; Risberg and Lymer, 2020). We have focused on a unit of hospital "organisational activity" (Zimmerman, 1992a: 458): telephone calls centred on recruiting a co-worker to come in and take next relevant professional action. The examined organisation of the calls is interconnected with the temporal organisation of the processing of the patients from the recovery to the wards. The calls are brief, the informing and the response are produced in quick succession, and closure follows straight away. The response announces immediate responsive action and accounts for any slightest delay, which is treated as relevant by the recipient. The examined talk practices thus orient to and construct the transfer as a matter demanding immediate action, on the ground. The organisation of the calls is also interconnected with the organisation of this hospital work routine in terms of professional responsibility and division of labour. The processing of patients is constructed as a chain of routine activities, each under the responsibility of a different department, that do not require introduction or major negotiation. Recovery room notifies surgery that a patient is ready (for collection), and surgery comes to collect them and transfer them to the wards. The linguistic form of the informing and the response by leaving unsaid the collecting action itself establish what is expected of and by the members. Through detailed methodical conversational analysis of recruitment sequences, the article thus touches on institutional structures shaping and being shaped by talk-in-interaction (Heritage, 1984a; Drew and Heritage, 1992).

Credit author statement

Esther González-Martínez: conceptualization; funding acquisition; data collection and curation; investigation; formal analysis; writing original draft; writing, review and editing. Paul Drew: conceptualization; funding acquisition; investigation; formal analysis; writing original draft; writing, review and editing.

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Declaration of competing interest

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