

on how positions regarding the 'social policies' of political parties are actually perceived and interpreted by vulnerable workers. In my opinion, in-depth interviews with different kinds of temporary workers could focus on these perceptions and could provide us with a deeper understanding of the associations found in survey research. In my own in-depth interviews with temporary agency workers about the quality of their employment and the relation with health and well-being [Bosmans et al. 2015], political issues and frustrations regarding the government and the legislation emerged without explicitly being inquired into. I think this is an indication that interviewing temporary workers about their political views and behaviour could yield interesting results. Such interviews can unravel differences between several groups of temporary workers and can inspire theoretical reasoning as to why some associations are (not) found in survey research.

Finally, as mentioned by Marx, voting decisions are the result of complex socio-psychological processes and are influenced by a myriad of factors idiosyncratic to the context of a specific election (p. 119). One can wonder to which extent temporary workers' employment status has an influence on their voting behaviour. Many people will for example vote for green parties because of their environmental position and not because of the labour market policies proposed by these parties. Marx controls for statements regarding the environment and gay rights in his analyses, which is a well-considered idea. Nevertheless, other aspects might also be important. Here too, qualitative research can offer some more insights. In sum, qualitative research would be very useful to understand the pathways linking temporary employment to political views and behaviour.

All in all, I recommend this book because it presents the reader with interesting new insights on a growing group of

workers in Western labour markets and the implications this could have on political behaviour and democracy. Moreover, temporary employment may possibly grow further due to the neoliberal discourse in many European countries, which makes the results of the book even more important.

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Morten Knudsen and Werner Vogd (eds): *Systems Theory and the Sociology of Health and Illness: Observing Healthcare*

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Health care and illness operate in a world of interacting systems, each with their own individual functional purpose and with overlapping and unique elements. At first glance, it would seem that the primary purpose of a hospital, for example, is to practice medicine. However, hospitals have economic and legal systems, among others, that are interacting with medical staff which enable them to practice medicine in mod-

ern health-care systems. The relationships between different interacting systems in health-care easily create conflict. Consider the example of national health-care budget cuts (perhaps politically motivated) requiring hospital management to tighten its belt, which then clashes with medical staff in their treatment of patients. There are many interacting variables here, each one a system of its own. This book studies this world using sociological systems theory.

Divided into four parts, the book first grounds the reader in the system concepts that are woven through the chapters of this book: polycontextuality and polyphony; using examples of drugs and the human body. It then explores how polycontextuality and polyphony/heterophony play out on the societal level with the example of personal responsibility in the Swedish and Danish context. Systems theory concepts are further explored on the organisational level, with contributing authors investigating the relationships between interacting systems within health-care organisations. Finally, the book provides some reflections centred on ethics and the concept of leadership.

One of many offshoots of general systems theory, sociological systems theory understands systems as self-referential operations that influence their environment. A fundamental concept in this relationship is functional differentiation. Through the lens of functional differentiation, the world is seen as many coexisting operationally closed, autonomous, communicative systems, each with their own specific functional purpose. Examples of these societal systems include: law, the economy, politics, art, education, science, religion, love, medicine, and mass media. In addition, modern society is seen to be polycontextual. Social systems have many unique, overlapping functional logics and are influenced by their own historical evolution. These contextures develop, adapt, and change, and a major part of their evolution is the

communication between different contextures. Each system mentioned above (law, economy, etc.) is monocontextual and views the world according to its own binary code. These systems overlap and interact and form a polycontextual society.

An example of a polycontextual construction is the changing perception of drugs. The notion of drugs, as a structural entity in a functionally differentiated society, has changed with the development of society. The human body also helps illustrate the concept of polycontextuality. The body can be seen as a chorus of voices, each singing its own wants and needs. These voices in the elderly body may require a nursing home and interact with many other systems, as they depend on their wants and needs being fulfilled through the help of nursing home staff. Viewing the human body in this way, we can begin to see how polycontextuality plays out on the societal level; for example, with the concept of personal responsibility for health in a society and its relationship to the health-care system and national health-care policy.

This brings in the concept of polyphonic organisations. Polyphony, also referred to as heterophony, refers to the fluidity of the relationships/links between the function systems. On the organisational level, many function systems interact, and the interaction between these systems is not static. In health-care organisations, with legal, economic, medical, scientific, and ethical systems (among others) interacting, the relationships between them evolve constantly. Positions in health-care organisations, especially those at the interface of different function systems, are most subject to this; as illustrated by the role of the clinical director in a hospital, operating between the medical and economic functions systems. Related to this is the role of ethics. When organisations have internally different functions, ethical guidelines are incredibly challenging to develop and im-

plement. By their nature, polyphonic organisations present unique challenges for management, which has led to new meanings of leadership and higher requirements in terms of management education for health-care administrators.

By investigating health care and illness with a systems approach, concepts developed in other system disciplines are fleshed out in a sociological context in this book; for example, in sustainability and network theory. With the exception of chapter seven, this book stays tightly within the confines of sociological systems theory and does not mention the existence of other systems theories. Research silos are nothing new in academia, and the study of systems is no different. Most disciplines include a systems approach in their toolbox, and in addition to this, there are entire fields dedicated to the study of systems, such as system dynamics and systems engineering. All disciplines stand to benefit from interdisciplinary cooperation; however, this concept gets little traction on the ground because of the independent evolution of concepts. Very often, however, systems research in many different disciplines overlaps.

This is not a criticism of this book; merely an illustration of a wider problem. This book uses and develops many system concepts that are not dissimilar from concepts found in other system disciplines. The concept of feedback in system dynamics is a good example. This book is based on sociological systems theory as developed by Niklas Luhmann, where communication is a core element. Feedback is how system elements influence each other within and between systems [Sterman 2000]. Communication between different contexts in a polycontextural society is fundamentally the same. The concept of functional differentiation in turn is often explained in other disciplines as system purpose or the system goal.

By examining polycontextuality in many different health-care situations, struc-

tural complexity is very well illustrated in this book, which can be helpful in other system disciplines. Mathematical approaches to analysing systems are commonly criticised because of their gross simplifications of reality. In systems modelling, increasing structural complexity often renders system behaviour incomprehensible. To resolve this, models are specifically made as simplifications of reality. If systems modelling in health-care studies applied the concept of polycontextuality in health care and illness as a framework for discussing the output of their models, it could help alleviate this criticism.

There are two key system concepts that are not well-developed in this book: system structure versus system behaviour, and the concept of delay. System structure includes structural units and the relationships between them. System behaviour is what the system structure determines over time. System structure determines system behaviour, but behaviour can also change the underlying system structure [Davidsen 1992]. This book dances around this concept in many chapters without formalising it, though the book has a much greater focus on system structure in general. For example, chapter two explains drugs as a structural entity. The second concept, delay, is touched upon infrequently. Feedback delay, or the delay in communication between structural units in a system, is important because of how it influences system behaviour. The history of development of different function systems is affected by this, for example, as well as the relationship between policy structure and the desired behaviour the policy is meant to deliver.

An important aspect of this book, which makes it useful also for system researchers from other disciplines, is that it focuses often on a systemic problem. Part three in particular provides an easy point of entry, with the exploration of conflict between economic and medical considera-

tions in health-care organisations. Rising costs and declining patient well-being are problems that system modellers frequently investigate. Though viewed through two different lenses, this specific example shows how this book could help to bridge sub-disciplines of systems research. For those interested in polycontextuality and polyphony in general, health care is a perfect example in which to investigate these concepts. It is easy for the general reader to see that health-care organisations contain many different function systems, which makes understanding systems theory concepts easier as well. The threshold for those attempting to read this book from outside sociology is moderate. The book is jargon-filled, but the authors, especially the editors in the introduction, do an excellent job of explaining discipline-specific concepts. The title of this book is a bit of a misnomer, however, as the book draws only on a very specific part of systems theory.

The ethics chapters are arguably the most important for those in other disciplines of systems research. Ethical conversations and reflections are sparse in many system science/engineering disciplines and sub-disciplines. The chapters that concern ethics are a valuable and much needed addition to the ethics literature concerning systems in general, and I highly recommend further development of the ethical concepts applied in this book by all types of system scientists and engineers. Though the chapters on ethics specifically explore issues regarding prioritisation in health care and medical research, they raise ethical issues regarding the plurality of system goals where one normative goal is achieved at the expense of another, all within the same organisational unit under one common management.

I recommend this book to those researching health care in any field and from any approach, especially those from outside of sociology, for example, system dynamics and systems engineering, because

of the potential for bridging aspects of the systems research divide. This book provides an abstract exploration of health-care systems with concrete examples on and between the individual, organisational, and societal level. This is a well-motivated book because of the continuing challenges with health-care systems. By helping to make sense of these complex challenges, it is a welcome addition to the literature.

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Vic Satzewich: *Points of Entry*

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'Maria enters the interview booth with a broad, confident smile.' The book opens with the vignette capturing an applicant's interview for a family class spousal visa to Canada. The book is a valuable ethnography of gatekeepers based on research on the decision-making of Canadian visa officers. Officers work in a complex bureaucratic environment that has specific rules, policies, processing manuals, and criteria they need to follow when making decisions about visa applicants. However, there are many other factors influencing the process and the final visa refusal or issuance. Discretion plays an important role in the decision-making process. The focus of the book is on how visa officers exercise discretion, how they constitute risk and credibility,