Chapter 32

No Entry:
Prohibitions and Violations in Organizational Spaces Across the Patient–Staff Interface in Hospital

Livia Bruscaglioni
University of Florence, Italy

ABSTRACT

The chapter investigates the dynamic of encounters between staff and patients in two case studies on hospital organisation, taking special account of the emotional and psychological aspects associated with practices in the use of organisational space. By drawing on two empirical cases set in different hospital contexts (the waiting rooms of two outpatients wards and an emergency unit), analysis is made of two examples of practices which represent express violations of the rules on the use of space by patients and their relatives. Violations that could be analysed as demand of engagement - by patients and relatives - in the process of care. In these empirical cases the governance defensive reaction strategies used by hospital staff in their interaction with waiting patients is shown in light of the rules that define the behaviour acceptable for patients and relatives. The study is based on a qualitative methodological approach using the techniques of observation and in-depth interviews with hospital staff, patients and relatives.

INTRODUCTION

The objective of the chapter is to analyse the spatial elements of hospital setting that hinder or foster patient engagement. Through the analysis of two empirical cases set in different hospital contexts, examples are provided of how both hospital's configuration and hospital's norms on use of spaces may influence the dynamic of encounters between staff, patients and relatives. The research takes into account the patient's perspective, in particular considering one of the components of the development of patient engagement, that is to say the importance of building a trusted relationship between patient and health staff (Graffigna, Barello, Riva, & Bosio, 2014). In the paper we take into account the relational aspects in using organizational space in the first phase of the process of care, that is to say when the patient

and his/her relatives enter the hospital. We highlight two cases in which practices of non-compliance with hospital norms on use of spaces are observed. The paper presents a reflection upon the interaction between the individual and the relational dimensions of patient engagement, in particular the relation patient-health providers and patient-caregivers. The study takes into account the role of spatial elements in the patient's perception of access and continuity of care process, looking at the patient as a subject involved into a relational context. We take into account not only the perspective of the patient but also the point of view of the caregiver, considering the dyad patient-care giver as representing the consumer in the service offered by the hospital organization. The perspective of health staff (in particular of front office nurses) is analysed as well.

BACKGROUND

Space in Organisation Studies and Territoriality

Organizational space is becoming everyday more an object of analysis in organization studies, so that several scholars have talked about a "spatial turn" (Hernes, 2004; Clegg & Kornberger, 2006; Taylor & Spicer, 2007; Dale & Burrell, 2008; Warf & Arias, 2009; Van Marrewijk & Yanow, 2012).

The lack of attention at spatial setting in previous organization studies was linked to a vision of organizations as decorporealized and dematerialised entities. In the past decades many organization theories focused on cognitive aspects and on dynamic character and time, rather than on space (Clegg & Kornberger, 2006), while now that organising is connected with spatial organization we can reintroduce its materialization and embodiment. Space and architecture are taken into account in organisation as *social object creating social space whose forms provide implicit answer to crucial question of power, order, classification, control and function, while simultaneously implying theories of aesthetic, creativity innovation and freedom* (Clegg & Kornberger, 2006, p. 12)

According to Chanlat (2006) organisational space *is best thought as simultaneously divided, controlled, imposed and hierarchical, productive, personalised, symbolic and social* (p. 18). Organisation space is a social space where different people are organized in a social system where the division of labour and power relations between social actors structure space configuration. Spatial division through *physical boundaries* is also personalised by territorial limit*:* workers and employees invest the work place with personal meaning through a process of appropriation.

Partially inspired by Lefebvre (1991), Taylor and Spicer (2007) propose an integrated framework for studies on space in organization and management approaches, by conceptualizing space as a *pattern of distance which is interpreted by actors within materialization of the relation of power* (p. 341).

Organisation space could be seen like a socio-material, performative process (Hernes, 2004; Beyes & Steyaert, 2012). The "recursive view" of space is an analytical framework that studies how space emerges, evolves and transforms. While *space is what shapes action and interaction it is reshaped by action and interaction in turn* (Hernes, 2004, p. 44), space is a basic concept to understand the stabilisation and change processes occurring in organisation. *Stabilisation takes place through space formation and reproduction* (Hernes, 2004, p. 46).

The socio-spatial conceptualization of space distinguishes between "place", meant as an orthodox geometric view of space, an arrangement of formal elements (Kearn & Joseph, 1993; Liberati et al., 2015), and "place" meant as both experienced and re-produced by organisational actors.

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