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Making space work: Staff socio-spatial practices in a paediatric outpatient department

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ABSTRACT

Studies of the characteristics of therapeutic landscapes have become common in medical geography. However, there is limited analysis of how therapeutic landscapes are produced. Based upon the qualitative theoretical thematic analysis of focus group data, this study examined the spatial work carried out by healthcare practitioners in a paediatric outpatients' department, turning unsatisfactory space into a therapeutic place. The study highlights the spatial strategies employed by staff to mitigate socio-spatial deficiencies in the healthcare environment. Staff perceived the task of making space work as an integral part of their duty of care to patients and an important facet of their professional identity. This study concludes that many of the spatial aspects of health care practice are often taken for granted. However this may hide the crucial role that health professionals have in producing places that heal.

1. Introduction

The notion of 'place' and its significance to health care environments has been analysed over a variety of settings reflecting a 'spatial turn' that has taken place in the social sciences research (Bondi, 2005; Kearns and Moon, 2002; Martin et al., 2015; May and Thrift, 2001). The 'spatial turn' can be traced from conventional assumptions of place as stable with fixed boundaries, content and time, through to a relational view of place as fluid, dynamic, temporal and therapeutic (Andrews, 2016). References to 'therapeutic landscapes' in the literature of medical geography have become so numerous as to be almost ubiquitous (Smyth, 2005; Williams, 2007). However, less attention has been given to how these therapeutic spaces are *produced* in health care settings. The socio-spatial nature of the work done by health professionals to construct therapeutic environments is an area of research and practice that warrants further attention. This paper examines the productive aspect of the relationship between people, health and space, by focusing upon the spatial practices of staff in a busy outpatients' department of a children's hospital. It is argued that the creation of therapeutic spaces is a constant process of production and reproduction by staff, as they attempt to mitigate the undesirable effects of poor spatial design upon patient experiences. This is achieved through a range of apparently mundane but significant spatial practices which contribute to making space work.

1.1. Spatial practices of health professionals

The critical analysis of these health professionals' spatial practices rests on the proposition that place is constituted by, and is constitutive of, social relations. As Kearns and Moon (2002) note, traditional medical geography tended to regard place as an unproblematized container where activity occurred. By contrast, the well-established approaches of health geography emphasise the constructed meanings and the experiential aspects of place (Kearns and Joseph, 1993). Bondi (2005) describes place as 'social relations stretched over space'. Kearns and Joseph (1993) suggest that it is space that will shape the character of places as 'experienced' or 'socio-spatial'. Space has an active role in the production of meaning and identity; not as "a 'frame' or 'container' for lived experience but…a 'tool of thought and action' through which individuals 'give expression to themselves'" (Halford and Leonard, 2003, p. 202). At the same time as being part of the production of meaning, space itself is regarded as produced through action and interaction (Gilmour, 2006). Because space is not a neutral backdrop, it therefore follows that constructions of space can uphold dominant cultural discourses, social divisions and inequalities in medicine. Within this understanding, the spaces in which health care occurs no longer disappear into the background, but are foregrounded as an essential part of the construction of health care. As Martin et al. (2015) note, "hospital buildings are more than mere backdrops to medico-

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social relations, they are discourses complicit in the constructions of medical objects and bodies, both patients and professionals" (p. 1012).

The main focus of this study is the range of spatial practices used by health professionals to construct their working environments. The philosopher Henri Lefebvre described the relationship between spatial practice and space as a "dialectical interaction" where each contributes to the creation of the other (Lefebvre, 1991, p. 33). Lefebvre also identified spatial practice as having a close association with daily reality and routine. This definition is significant to this study, because of its focus upon the mundane actions and routines that nevertheless constitute a major part of how places of work are reproduced.

1.2. Therapeutic landscapes

In conjunction with the focus upon spatial practices, the concept of therapeutic landscapes serves as a useful framework for this study. A sizable body of work has been constructed in the last twenty years which draws upon the idea of therapeutic landscapes. First developed by Gesler (1992) as a way of analysing how certain environments contribute to health and well-being, the concept has become one of the key contributions made by health geography to the social sciences in general (Williams, 2007). Subsequent researchers have used therapeutic landscapes as a framework for understanding the interactions between the physical, social and symbolic settings of health care and how these contribute to the development and maintenance of health and well-being (Crooks and Evans, 2007; Curtis et al., 2007; Gesler, 1992; Williams, 2007; Zhou and Grady, 2016). Smyth (2005) notes that while early studies of therapeutic landscapes focussed upon physical sites that had reputations for healing, such as shrines and spas, later studies focussed less upon extraordinary places with reputations for deep or spiritual healing and more upon every day health care spaces. This led to the analysis of healthcare institutions such as hospitals and clinics as therapeutic landscapes with an increased focus upon the social and material forms of healing rather than spiritual healing. Grady and Wadhwa (2015) note the push into new or freshly interpreted sites of inquiry in the last decade, into what they term the 'satellite spaces' of care and healing. Outpatient clinics can be included in this category of 'satellite spaces', as they occupy an intermediary space between the hospital and community health sites. There has been very little analysis of outpatient facilities in the health geography literature, a fact noted by Heath et al. (2015) who suggest this reflects the low profile of outpatient services in comparison to other areas of clinical practice.

One of the criticisms of the therapeutic landscape framework is that the focus upon identifying the key features of therapeutic landscapes has resulted in the potentially negative dimensions of health care environments being underplayed (Andrews et al., 2012). Yet, the concept of therapeutic landscapes is also valuable in examining the elements of places intended as therapeutic which may be counter-productive to health and well-being. As Cutchin (2007) notes, therapeutic landscapes almost always contain unhealthy dimensions, and these must also be recognised and included in analysis. Wakefield and McMullan (2005) argue it is possible for places "to simultaneously hurt *and* heal" (p. 299). For example, Curtis et al. (2013) analysis of a mental health institution as a form of therapeutic landscape includes discussion of the aspects that were regarded by users as detrimental to health such as design features in the ward that impeded staff's ability to observe the patients and therefore ensure their safety. Likewise, Zhou and Grady (2016) use the framework of therapeutic landscapes to analyse the spatial aspects of hospitals in China that contribute towards doctor-patient conflict, including the lack of demarcation between public and professional areas, which undermined doctors' professional authority. Cutchin (2007) analysis of assisted living centres for older adults highlights the commodification, liminality and ambiguities of these landscapes, which he argues has problematic implications for their therapeutic aspects.

Another criticism of the therapeutic landscape framework is that there has been less consideration of processes of production. The focus in studies of therapeutic landscapes is often upon perceptions of their therapeutic qualities, as separate from the actual work that takes place within them. This undervalues the constant physical work of production and reproduction that goes into making a space a therapeutic place. Space within many studies of therapeutic landscapes is thus conceived of as a static entity rather than a dynamic process put into effect by the work of people. More recent work such as Foley (2011) on holy wells and Gorman's (2017) on care farm assemblages has emphasised the performative and productive interactions between a person and the environment.

1.3. Spatial practices within therapeutic landscapes

Turning to the spatial practices within health care environments Rapport et al. (2007) explore the conceptualisation of work spaces by general practitioners, and the effect this has on their medical practice. Likewise, their study of community pharmacies highlights the importance of studying spatial practices within the work space, as way to gain crucial insights into healthcare practices and the effects of public health policies (Rapport et al., 2007). Halford and Leonard (2003) discuss the role of hospital space in shaping nursing work and identity, noting that "hospitals are comprised of multiple and distinctive spaces within which nursing is practised and nursing identities are constructed and performed" (pp. 201–202). Their study plays close attention to the movement of bodies in space, noting that nurses use particular movements or ways of being in space to communicate power and authority. Curtis et al. (2007) and Curtis et al. (2013) studies of the therapeutic landscapes of mental health institutions also pay attention to spatial practices in the work place as described by both patients and hospital staff.

In a series of articles on the significance of geographical approaches for nursing research, Gavin Andrews has called for a greater focus upon the geographies of health care work. He argues that health geography has focussed on the consumption of health care, to the detriment of an understanding of its production (Andrews, 2002, 2004, 2006; Andrews and Evans, 2008; Andrews and Moon, 2005; Andrews and Shaw, 2008). In examining the issue of how nurses use and manipulate space in their everyday nursing practice, Andrews and Shaw (2008) note the diverse spatial practices that nurses engaged in, concluding that these subtle socio-spatial behaviours are an important element in nursing agency, and that such agency can be regarded as part of the creation of therapeutic landscapes, "purposefully facilitated by health care workers as part of their caring/therapeutic practice" (p. 471). This agency also applies to the spatial practices of other health workers, including physicians, specialists, and administrators. These practices are both in response to, and constitutive of, their work places. These frameworks and insights provide the basis for a critical analysis of socio-spatial environments that highlights the importance of everyday spatial practices in the production of therapeutic space. From this, the following analysis focusses upon identifying what is it that health professionals and administration staff believe they have do to make the spaces of the outpatients' department work for them and their patients.

2. Methods

2.1. Setting

This study took place in a large publically funded urban paediatric outpatient department in New Zealand. In the year ending 30 June 2016, there were 46,409 outpatient appointments in the outpatients' department, with patients attending clinics run by health professionals from a variety of medical specialities, including orthopaedics, Ear Nose and Throat, audiology and renal, as well as administrative and allied support staff. The data which this analysis is based upon was produced

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