

What do you think you are doing? The impact of material things on the day-to-day performance of status differences in the hospital world

**Paper proposal for The Politics of Meaning-making / Meaning-breaking; *The 8th Annual Liverpool Symposium on Current Developments in Ethnographic Research in the Social and Management Sciences***

VU University Amsterdam, 28<sup>th</sup> – 30<sup>th</sup> August 2013

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*When entering a hospital, a whole new world seems to open up. There are nurses running around with beds. There are doctors in white coats. Surgeons walk around, wearing surgical masks. Friendly women are sitting behind a desk. All of these actors are moving around in a complex choreography through an even more complex building. To the newcomer, a hospital could feel like a maze. However, the persons working in the hospital seem to have developed their specific routines in moving through space and time in their hospital building. They know the different spaces and places and they do seem to know how to handle them on a day-to-day basis. They also seem to be quite aware of how they are hierarchically framed.*

This paper relies on ethnographic fieldwork performed in a neurology department in a large city hospital in The Netherlands. It addresses the impact of the hospital building itself, and of everything material that is inside, on the day to day performance of the people present. The hospital is the product of a recent merger and it appears to have materialized this recent integration by moving from two buildings into one between the two fieldwork episodes that will be presented here. Accordingly, we followed the neurology department's moving house. Our original fieldwork report (Verbaas 2011) was primarily focused on the day to day work processes that were locally performed, and on the impact on these work processes, of the physical environment the hospital had on offer. It addresses a quite crucial question related to ethnographic field work in this specific field: How is one to confirm that one's visual observations do relate to the impact of physical things on people's day to day negotiations? Our current presentation is based on the same fieldwork material but is triggered by quite another question: How can it be that the status relationships between the different groups can even be observed from the fieldwork notes in the above caption, in which some people walk whereas others run. How can one make explicit the impact of buildings and material objects, on the status differences that people seem to always have in mind? .

Before presenting our data, however, we shall first relate how we had to adapt our fieldwork methods to the quite tacit impact of material objects on status differences that hardly ever mentioned aloud.

This for instance meant that amends had to be made for the obvious limitations of the more regular kind of sit down interviewing (see also Kusenbach 2003: 462). Accordingly, the 27 semi-structured interviews that were held with representatives of the various medical ranks that were locally involved,

and also with the local nurses and patient service personnel, and the local secretaries and manager, were used, first of all, to 'verify' the observations that were also made (see also Van der Haar 2007, 34). But secondly, there were also photographs put to use to encourage 'photo-elicitation' (Clark-Ibáñez 2004) in an attempt to 'get them talking about' the more tacit aspects of hospital life.

Moreover, the combination of talking and physical movement proved crucial to our research. These efforts are labeled walking interviews by Jones et al (2008, 8). Kusenbach (2003, 462-3) uses the term 'go-alongs', and discusses the obvious advantages of this method for the investigation of the often quite tacit impact of a physical environment. McDonald (2005, 457) even claims that the kind of 'running commentary' you elicit this way is important in health care, anyway, because there the spoken word is often directly related to the actual day to day work.

In literature organizational status effects are usually associated with how different 'kinds' of people are allotted different rooms, or with how symbolic objects seem to enhance their individual positions. In our data some of these local status effects were certainly there; they were even openly re-negotiated as a consequence of the moving house (Cf Visscher 2005). But our data seems to also suggest that some status effects could also be related to the 'freedom of movement' allotted to some and not to others, or to differences in how various parties experience the impact of a given 'physical distance'. These status differences seem to be directly related to their day to day responsibilities as local workers. They would never have been made visible without the walking interviews that were performed.