



KEY POINT SUMMARY

OBJECTIVES

To describe the routines and monitoring practices that hospital staff members conduct as they walk through care unit corridors and between patient rooms.

Building Situation Awareness on the Move: Staff Monitoring Behavior in Clinic Corridors

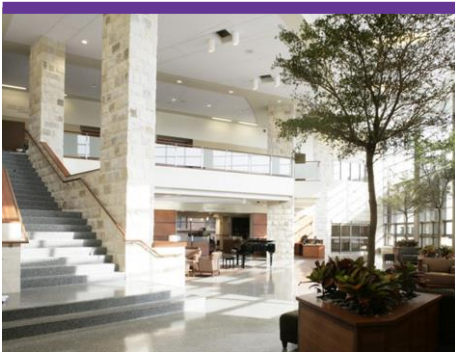
Gonzalez-Martinez, E., Bangarter, K., Le Van, K., 2017 | *Qualitative Health Research*, Volume 27, Issue 14, Pages 2244-2257

Key Concepts/Context

Hospital staff members are responsible for remaining continuously aware of a care unit's functioning while simultaneously performing individualized tasks in a deeply interconnected and unpredictable environment. Situational awareness (SA) is a personal process that involves perceiving relevant situational stimuli, comprehending their meaning in relation to certain objectives, and projection of this information in order to anticipate and prepare for future happenings. SA can be expanded into a social practice; if each staff member makes an effort to display or otherwise communicate relevant information to their colleagues, then overall staff awareness of a care unit's functioning may be enhanced. Previous studies have focused on how hospital staff members communicate in various situations and through various mediums; however, this study focuses specifically on the nature of "unscheduled mobile situations" or active hallway engagements between staff members, and how SA factors into these scenarios.

Methods

This study took place in a 56-bed acute-care hospital that offered walk-in healthcare services, including urgent care for non-life-threatening emergencies, outpatient treatments, orthopedic consultations, wound dressings, and general medicine. An average of 14 staff members worked during the weekdays, with reduced numbers over the weekends. The 22 rooms of the hospital featured two parallel corridors that were connected in the middle and at the ends by shorter corridors. With no nursing station, the break room occasionally functioned as the staff meeting room. Data collection involved three formal interviews with high-ranking stakeholders in the hospital, 40 informal interviews with the general staff, 56 hours of staff shadowing, and the analysis of 50 documents related to the hospital's workflows. Video and audio recordings then were taken from the



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corridors for seven consecutive days, 12 hours per day. The footage was analyzed and recurrent staff behaviors were organized into common descriptions.

Findings

Analysis of data gathered from hospital documents, employee shadowing, video footage, and audio recordings revealed a variety of ways in which hospital staff exhibited SA during mobile interactions. During routine patient room checks, which were sometimes accomplished in a swift, walk-by fashion, two staff members would walk by the same room before confirming their impressions with one another and planning future actions. In other instances, a staff member walking by a room would stop to engage with a colleague inside the room, displaying one aspect of SA that the authors call “opportunistic noticing.” The various situations and contexts through which the staff members engaged one another and exchanged important information clearly were shaped in large part by the design of the physical environment itself, as well as the placement of spaces in which the staff would periodically pass by or join one another.

Limitations

All data in this study were gathered from a single clinic; hospital staff from other environments may exhibit totally different behaviors in similar contexts. The authors note that they did not pay attention to professional status or relationships when assessing the staffs’ monitoring behaviors. Since corridor interactions with patients and other non-staff individuals were not included in the analysis, some of the diversity of staff behaviors may have gone unaccounted for. Staff member awareness of the video cameras may have affected their interactions during the study period.

Design Implications

Understanding how hospital staff members utilize mobile interactions to remain productive and aware of their surroundings could positively influence building designs and spatial arrangements overall. Visibility within hospital environments is a balancing act between privacy and awareness; adequate space for mobility within clinical settings can promote staff member communication while bridging the gap between privacy and awareness.

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