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Political Discourse in the Hospital Heterotopia

Abstract

Abstract

To what extent do we pay attention to the text and images that cover our hospital walls and do we offer any critique either as professionals or service users? In the past we might have expected to see functional or helpful instructions about where to go (or not to go) and in more well-endowed buildings, perhaps we would see some works of art, sculpture, stained glass even, with the intention to encourage, distract or even forewarn us. However, it is now common in UK hospitals, for wall space to be used as a portal for a range of institutional political messages, that convey information about everything from its own values, behaviours to advertisements for products and services to requirements for rule following. Michel Foucault's ideas about Heterotopic space can help us to see that hospitals tend to fall (awkwardly) between being a public and personal health care space, and this is a possible explanation for the confused material culture and messages that are shared there. This paper draws on ethnographic methods to reflect on personal experience in order to offer a critique of the contemporary political discourse which has become 'literally' written onto our hospital walls.

Introduction

The value of a clean and welcoming hospital environment has not gone unnoticed by patients, clinicians, or social theorists, both in terms of its effect on health outcomes through the use of sound, smell and taste but also in the use of objects and images or in its affect (Street 2012, Street and Coleman 2012, Sullivan 2012, Cork 2016). This article argues that these environments and their internal fabric, act as a vehicle for the institution's discourse. Given the intense political heat around failings in care, we are exposed to both overt and subversive messages and this activity is made possible because of its heterotopic nature (Foucault and Miskowlic 1986).

If we pause and observe the hospital space we can see it as both landscape, ritual and social practice. A place where power relations are made visible through the architecture, the use of text and image, the ordering of things, and the social relations that exist between the public and health care professionals. Our understanding of what makes a place a hospital or clinic even, comes from the surroundings, the nature of the objects that occupy the space and the way that they are encoded and the way in which we decode them (Baudrillard 1988). Being mindful of the space itself,

and seeing through a Foucauldian lens, this space could be said to be heterotopic. It is place of transience, it doesn't appear to belong to anyone and as such this leaves it open for political utility, a readymade vehicle for the projection of institutional instructions, commands, expectations and aspirations.

As I become older, I find myself spending more time, both as a user and carer, in health care settings. I cannot help but see the institution from another perspective and move about or sit waiting, and taking it all in. There is, I suggest, a certain amount of wonderment about what even the most casual observation of the internal fabric of hospital buildings can tell us about the health and well-being of the organisation. I also find myself wanting to appraise the nature of the space, after all, I have been visiting them for work and (dis) pleasure for nearly 60 years and given their significance it seems worthwhile to pause and take it all in.

Background

From a political point of view, hospitals, over and above the care provided by the institution, are the materialisation of human and political endeavour. From medieval times to the current day they have tried to represent the civilising and altruistic or philanthropic intentions of society. They are spaces where, architecture, art, science and medicine have been promoted through visual display; painting, sculpture, ceramics and also through text: philosophical, spiritual and the political. We should not, by the way, ignore the role of institutional or benefactor wealth in the amount and quality of the work commissioned and displayed and this tells us something about changing values or attitudes to public art over time and in different settings. Having said that, the history of art in the hospital space tells us that visual display has, in general, been orientated towards particular cultures and ideologies. It has utilised classical and religious iconography, to comfort, frighten and distract the patient, as in medieval and renaissance hospitals. Some works are perhaps educative in their intention; a lesson about the effects or treatment of illness or injury at that time, whilst others are stigmatising, alarmist and frightening as in the case of 17th Century sculptures made for the grand buildings designed to contain those with mental illness (Cork 2012). If we look further afield we can

recognise art that is overtly politically motivated as in the work of the Mexican artist Diego Riviera in Mexico City in the last century. There is no doubt in the intention of this kind of art, to inform or remind the user and professional of the important role that the state has in improving your health (Cork 2012).

This article however, is focussed on the English NHS which has, regardless of the political party in power, become an influential government brand as well as a highly public and well recognised benchmark for any government's compassionate concern for the public and its health. The NHS however, has a difficult heritage when it comes to the standards for health care we yearn for. The UK's Francis Inquiry Report into care failings at the Mid Staffordshire Hospitals NHS Trust (Francis 2013) along with so many other reports highlight negligent and otherwise poor institutional care (Kennedy 2001, Flynn 2012, The Report of the Gosport Independent Panel 2018). But the most obvious response has been the visible and textualised efforts to 'reassure' the public that care quality, standards and values are being upheld. After the publications of these reports on care failings there is always a call for a change of culture where, in this future, professional behaviours and practices will change for the better. What appears to follow in consequence, is a plethora of ideas and aspirations for change materialised into a professional political, and public discourse about change through corporate (and other kinds of) text and talk. This we understand, by and large, is manifest in an increased ordering of the systems of care through standardising processes, enhanced regulation and through information and communication about such processes of standardisation, regulation and communication and general rule following.

This institutional discourse, translated from politically motivated ideas into text-based materials, is received and interpreted through press releases, media outlets, social media and policy documents and for those with direct access, directives to organisations and professional groups. This is an exploration of the idea of hospital's as heterotopia and the way that this status contributes to or enables the use of this space for political means; by which I mean) acting on the power relations

that exist in that social space. Further to this we can reflect upon the impact of these discourses as a service user or patient, from the site of its audience (Rose 2016). The paper includes observations of and reflections on practices and environments occurring in the recent course of my role as lay carer and visiting relative, and draws on social theory and ethnographic methods to make sense of this.

Foucault's Lens

Heterotopia

Foucault and Miskowiec (1986), in their paper; *Of Other Spaces*, argue that some settings are places or spaces specifically designated for acting out life's crises or periods of escape from life's usual routine. As such, hospitals and clinics are unusual cultural spaces. They designate these as Heterotopias They cite care homes, brothels, prisons, even fair grounds as places of transience. They are places where we wait about and live (or play) alongside others who we do not know. Hospitals are a space between normal and deviant or unproductive life. It is where we go when our behaviours or symptoms are unmanageable in the other world or threaten to shorten our lives. In Foucault's analysis, a garden is also heterotopic because (as with the hospital) within this space, all species and landscapes can be collected, curated and gazed at. In the hospital, it is patients who gather together as the specimens whereas in the garden, it is the collected, nurtured and curated plant life and garden objects located there. For similar reasons, Foucault also describes the cemetery and even museums as heterotopias. This may seem too generic a term but their distinguishing feature is that they are closed and separate from other spaces as much defined by the 'particular slices of time' (page 26) that they occupy or evoke, as by their boundaries and the cultural context that defines them. We enter them for a specific time period and for the duration of our stay, we follow the time systems and rules that are set by that space. Unlike our homes or workplaces, we are not in control of that time, neither do we plan or orchestrate events, but rather we wait (as patiently as we can), for the rituals and routines that signify that time is passing.

The Reverse Panopticon

Foucault's use of Bentham's idea (Foucault 1991) of the prison Panopticon or 'Inspection House' illustrated the way in which, through a novel architectural design, the institution, or its instruments, keep prisoners under surveillance (Schofield 2009). Now however, we see this working in reverse, through the contemporary use of hospital wall space, we, the public, survey the institution's declared achievements, philosophy, aspirations and mission and also receive its detailed instructions about how to behave and respond. Through its fabric, wall space and (very revealingly) notice boards, we see the system of power-relations of the political and the local institution and in this space our identity as patient or visitor is formed or reformed. This leads me to the question as to who's living (and dying) space this is. As a place of temporary transitory (human crisis), it is heterotopic and this leaves the door open so to speak for its' appropriation through text and images to assert the political identity and role of the institution, rather than to communicate with, distract or comfort its inhabitants. In this environment, the fabric (ceilings walls and floors) occupies the space between the institution and the people that inhabit it. It is the institution's canvas, the surface where its ideas, vision, preoccupations, priorities, hopes and fears can be freely expressed. It is for this reason, I suggest, that the hospital makes such an interesting case study through which to view the organisations power relations and its political discourses The NHS is as much today about space, location and community (Hammond et al 2017), as it is about buildings and professionals. In general, we move through communities, indoor and outdoor space and we are only with health care professionals for a short time. Whilst we wait, our identities in that space, are reformed through the social relations (with other people, the objects and environment) that exist there (Massey 2004).

Towards an Empirical Understanding

For most, visits to healthcare institutions are a confusing experience but using an ethnographical approach (Smith 2005, 2006) can help us to observe, analyse and evaluate aspects of the culture of

a health care institution. For example we can make observations of the use of information to turn talk about a practice and political intention, into material form within health care institutions. Marie Campbell (2006), through her study of a *Service Quality Initiative* in a care home, further emphasises the role that personal experience plays in ethnography particularly for those who find themselves or their lives as subject to ruling relations, and this is very much the starting point for my reflections here. You may find a surprisingly high number of messages for you to read on the walls of wards, waiting rooms, corridors, toilet doors and wonder what they are all for? Further to this I would encourage nurses and others to stop and look. We can, through observation, analyse the impact of the power relationships that exist within the health care space; which, even as an exercise, can be revealing.

It would seem that in the same way as government tries to move contentious political issues of the health service away from the tangible spaces of buildings to the more intangible spaces of community or locality (Hammond et al 2017) so do our local institutions shift its awkward or hard to deliver messages from professional/patient dialogue to text and image on its wall spaces. This represents a separation of the corporate role of the institution from the practice of care giving. It is also representing a world where the nurse becomes distanced from the practices that humanise care: listening, talking, explaining and providing safe care and, where essential talk has been replaced by what at first glance could be seen to be thoughtless and meaningless text. My argument is that this, from a particular point of view, is heavily laden with meaning and is intentional and has a direct impact on my identity and experience in that space. I am mindful of my own taste in this critical approach to this form of discourse. I am, as Bourdieu (1986) points out liable to make a distinction between what I think is acceptable and unacceptable textual information or imagery and make my own interpretation of this according to the system of classification I use based on my

culture, my capital, and my experience. However, this reminds me once again that those who make the decision to communicate in this way, are not making any distinction about the state of mind, the time of life, the emotional and physical state of those who pass into and out of its space; the message is there for everyone. Titscher et al (2000) explain that an understanding of the political and contextual conditions that give rise to the publishing of specific text and language are the focus of the critical discourse analysis. So, I must own that my wise observer position (Hill Collins 1986) may perhaps be the reason for my noticing this text in the first place. Perhaps I only notice it because by virtue of my experience I recognise the politics. Perhaps if I didn't have this insight, I wouldn't notice it at all, it would have been unrecognisable or left unread (and a waste of money).

A Typology As a lay observer (albeit a wise one) I have confined my (personally collected) examples to spaces I have viewed whilst acting as a visitor to public hospitals and I have organised these into five types of political institutional communication strategies as follows. The clinic and ward space as:

- Classroom
- Public health notification space.
- Information about behaviour and penalties (the rules)
- Institutional Vision and Values
- Art gallery and museum

If we accept that the NHS is an organisation with politically driven aims, then we have to recognise the power relations that its language, imagery and signs bring to the space. I have observed them as both subtle and overtly clumsy, often acting as a one-way stream of information that is at best irrelevant and at worst an assault on the already heightened senses of the audience.

It provokes the question: what is the hospital, whose space is it and to what extent has the organisation planned, manipulated or controlled the environment for its own political ends? Why this choice of information and always: whose space is it? In normal life, as ocular-centric beings, we are used to and perhaps even expect to be saturated with text and images wherever we go (Rose

2016), but I suggest that because of the nature of this particular space, this can and should be subject to critique by patients, their visitors, nurses and other health care professionals.

Wall Space as Classroom

I classify this example as classroom because in my reading (or decoding) it evokes the classroom display. My relative is in the last single room at the end of the ward (next stop is the car park). Just outside my relative's room is a desk where staff sit to write, and use the computer. Behind it on the wall is a notice board with words and images about *Dementia Friendly*. The frame of the board is decorated with some hand stitched fabric bunting. A hand crafted, domesticated, mixed media evocation of the Alzheimer's Disease Society's campaign message (2018). It is not clear to me as to whether the pupil is the patient or visitor or the staff working there? The images appear to have been cut from leaflets/magazines, the words say things like 'listening', 'respect', 'dignity'. It is part mind-map and part class room 'show and tell' exercise. I wonder about its audience – is it educating the passer-by about the ward staff being 'dementia friendly' or is it an illustration of the concept or campaign? Has it been placed there to remind staff to be dementia friendly or to reassure patients and staff that they are? Is it for professional development 'on the go' or is it to reassure those with dementia or perhaps their visiting family that the ward staff/the hospital or the world in general is dementia friendly (not dementia hostile)? Although a fan of craft activism, I feel it is a distraction; a light-hearted homespun commentary on one of the worse health crises that millions of people have to face. I wonder about removing one of the leaflets to read it but worry about spoiling the display.

Public Information about care quality

Corporate information is heavily branded with the *Compassion in Practice* (DH 2012) and NHS insignia. This branding justifies its scale, it implies it is meant to be read from a distance. The monthly statistics on falls and hospital acquired infection are filled in with a dry wipe marker. I am asking again about the audience, on this ward it's near to the nurse's station; is that intentional? A handy ready reckoner (look how well we are doing) for the busy nurse perhaps or a salutary warning (look what a failure you are) it's not clear what. Is the audience the patient or their visitors? Again I

am confused. Is this good information or bad? Should I be confident or discouraged? My nursing background enables me at least to get the gist of the content but the person I am here to visit is oblivious. I am left wondering whether these boards just arrived and were installed by the facilities team. Were the intentions and purpose discussed with the ward team? Is there evidence to say that this sort of information will improve practice in handwashing or preventing falls or something else? Does the team stand around the board when it is updated and discuss the results and implications? My impression is that the information strategy is designed to distract me from observing whether the comfort and attentiveness I or my relative would really like to experience is present or absent. I can be reassured to read that there hasn't been a 'fall' in this ward space for at least a month and only 3 cases of an acquired hospital infection.

Rule Following

In my short walk from the main entrance to my relative's bedside I notice a number of institutional professionally prepared framed posters (about A3 size) that remind me of the institutions zero tolerance of abuse and violence towards staff. The picture shows a man in handcuffs surrounded by hospital professionals and police officers (or models posing perhaps). I am aware of Department of Health statements on 'zero tolerance' and I am the last one to downplay the impact of violence and aggression on health staff, but reading and seeing examples of this poster in this space, has a very different effect on me (it confounds my identity). I find myself anxious about giving the wrong impression, I have been deeply dissatisfied when observing care in the ward environment but this poster makes me think that I'd be minded to keep my emotions under control and not complain. On one day I did ask if it would be possible for someone to come and assist my thirsty relative to reach her drink of water at night and was told quite directly by the Registered Nurse in charge that they 'were very busy'. There was no sensible answer to this, I felt they should be busy ensuring all patients remaining hydrated and not thirsty (a very easy task overall) the nurse's defensive response implied to me that my question must have been aggressive or otherwise confronting.

I am left wondering how the NHS' development of a policy to protect staff from violence and abuse is served through its poster campaign. It is a mark of a significant change in a relationship between care providers and consumers which is complex and nuanced and I am left with the impression that the use of wall space for its message is more about giving the impression that the institution is doing something about it than actually considering and acting on the cause of such behaviour. This might include information about waiting times in the emergency room, this always interests me; is it a deterrent to the worried well, or 'timewaster' or to encourage or discourage you to stay or go? The glowing red digital sign implies you are in a queue, where of course you are not, you have been triaged, and this sign is really about the whole department meeting its prescribed target. But the overall impression is to convey that there is a coordinated, measured, planned and quantified strategy in place. That there is some order in a 'holding' environment that is highly disordered. I have accompanied both the worried well and the obviously sick passed the 'red sign', but have never understood whether it is helpful to anyone. Just like the TV in the corner, we stare at it because it is there and, after all, we don't want to look at anyone else in the room or to be stared at in return.

The other posters that grab my attention have texts that read:

NHS healthcare is not free for everyone You may be asked to prove where you live...

and

EHIC: get it, bring it use it...

The messages in these posters are deeply encoded and the latter evokes an earlier flu campaign 'catch it, bin it, kill it! The former is hostile and makes me anxious. I am aware that they are overt responses to an ongoing political debate in England at least about entitlement to NHS care (Silver 2017), but overall, are perhaps more about reassuring (someone) that they are taking so called 'health tourism' seriously. The health infrastructure to gate-keep emergency care in the UK would be

very expensive but a poster to deter women not ordinarily resident from waddling into an NHS hospital for assistance to give birth is a relatively simple way to show you are implementing policy.

Vision and Values

Perhaps because of a loss of confidence in the motives of professionals the institution finds it necessary to set these out in text and images to remind the service user and others (its own staff perhaps) that caring is at the heart of what we do or words to that effect. However, I find that this does not restore trust. I find myself looking to the image of the smiling nurse and doctor for reassurance rather than the one who is checking my details on her form or listening to my heart sounds. It suggests that the health service institution is publicising their dystopian condition by the use of notices in public and private spaces to a range of readers and passers-by rather than accepting and trusting its employees to live out the values and motivations that are supposed to define their professional practice. It is the usual practice for organisations to create a list of values-based discourse to inspire and encourage themselves to behave better. The Compassion in Practice (2012) campaign and the '6 Cs' is a good example of an attempt to materialise intentions through words and slogans. But there is no compelling evidence (so far) that these textualised efforts have redirected or changes the motivations or behaviours of nurses. The Trust I was visiting publicised the 6 C's and had synonymous words on posters in the corridors to explain the values that guided its provision. My personal experience would lead me to say that staff behaviour and conduct matched the written aspiration some of the time. But I was left wondering if my hopes had been raised to an unrealistic expectation of hospitality and care. When what we really needed was a bit of kindness and a safe space.

The Wall Space as Museum and Art Gallery

There is a long tradition in this country and in Europe of public art exhibited in hospital spaces. In my local hospital I can walk down the public corridor on my way to an appointment and enjoy a 'gallery' that includes a number of etchings of photographs of (male) surgeons and physicians who have worked there. There is also a reproduced image of an 18th century local actress in her period dress.

Alongside this is an aerial photograph of the 'old hospital' and an architectural drawing of the 'new' building. Next to this is a framed poster reminding us to have our flu vaccination. And a tall free-standing poster stretching from floor to ceiling which says something along the lines of flu vaccination not being dangerous. Art is widely understood as political in some way or another and hospitals have used their wall space for display of art to evoke purpose, atmosphere and virtue for as long as the buildings have stood. On one level this can be seen as sensory stimulation with the art acting as comfort, distraction or as a humanizing element to a clinical space. In general, the objects are commissioned (creating a new identity for the space) or donated (the power of science, medicine and the professions) and sometimes arise out of community engagement activities (murals and memorials). Overall I was left with needing more of this type and less of the other.

Case Example

When my relative progresses from the hospital to a hospice, this I suggest still qualifies as an heterotopic space but I note a dramatic change in the information and wall art. There is some public information 'leaflet racks' – I read the one about 'how people die'. But most other signage is purely functional – 'way out', 'visitor toilet', 'lounge' and so on. Each ward area or room has a sign to tell you the name rather than the number of the room. My relative notes that she is going to die in the same room as one of her friends had done (comforting thought). She has a notice board that she can see from her bed complete with drawing pins and we set about some occupational therapy in arranging her many cards and letters to best advantage, again an act of personalisation to claim this heterotopic space as a temporary bedroom.

We have a 'series' of images of local views to enjoy but given that the building is surrounded by gardens and a beautiful view, the watching eye is drawn there so the wall art doesn't make a great impression. The only objects in her room are a handmade box of objects for 'spiritual care' the label says. My relative has felt hot and claustrophobic in the hospital room and asks for the bi-fold garden doors to be opened and her bed pushed as near to the garden as the mattress pump will allow. The first thing we see is a bird feeder being visited by a cluster of finches, the second thing we see is a

sparrow hawk on the ground with its talons pressed firmly on a young pigeon's neck, who, flapping in vain is going nowhere; my relative gives me a knowing look.

Conclusions

It is interesting that the national priorities of a government department are now played out so overtly in this heterotopic and panoptic space. The hospital wall begins with a blank space and has been variously used over time to varying degrees of strategic intent and aesthetic or other success. Hospitals, hospices, clinics and care homes remain the place where most of us will have to endure our respective cradle to grave health crises. We might expect to enter these spaces without an expectation of political affect and even anticipate a politically mute engagement with the space and those who move within it. Seeing the hospital (or clinic) as a heterotopic space in the Foucauldian sense, I suggest, goes some way to help with the interpretation of how and why, the English hospitals I have recently visited, at least, feel entitled to use the wall and other space to speak its political messaging. There appears to be an institutional compulsion to enact its quasi-political role which is in part to deliver messages about the rules of access, to rehabilitate and recover its virtuous image and in various other ways to explain and account for itself.

My argument is therefore, that you can read and interpret the political 'health' of an organisation by the nature of what it writes/shares on its walls. In some environments this has a corporate context specially constructed boards of information, sharing information about their priorities and progress towards targets. This happens without discrimination or consideration for the viewer, in general this messaging is about asking the viewer to engage with the institution's priorities and preoccupations rather than to accommodate, include, distract or stimulate the occupier.

It is not unusual that public wall space is used in this way, after all other public spaces (railway stations, airports) do the same thing. But one aspect of our idea of a hospital is that it is where the public and the private sense of space meet and contend with each other.

Texts and images don't just arrive on the wall of hospital, there was a time when the idea was thought up and discussed, refined, tested even and for this reason alone those that work and use this space should offer a critique of what is shared there. An organisation the scale of The NHS can call upon the finest communications and marketing skills in the industry. Our interest and consumption is assumed and I am concerned that the object cannot discriminate or evaluate the information provided and there is no right to question or reply.

The overt use of the interior of the building as a platform for a political discourse about the nature of the institution and its intentions is a worthy subject for a more systematic and scientific critique, but as it is, it goes unchallenged. It is the heterotopic nature of the space that perhaps creates an ambivalence about ownership and a confusion about the hospital's role in hospitality – we can easily recognise the state of a hotel by the nature of its 'notices', the best will always have the least need to signal their concerns and preoccupations. Utopian or even better institutions will be recognised by the functional rather than political use of text and images. If the concept of heterotopia is useful; and these are spaces in which we must wait, some basic consideration should be given to the inhabitants, their experience, their preoccupations and dispositions by those who manage or curate them.

The continuous failings and inadequacies of our health system are explained away, though dystopian and dangerous at times, and moves towards an improvement in this, would (I would argue) arise from paying more attention to the interpersonal relations of the real players in the hospital drama; a real demonstration of care rather than a written notice about an intention to address this. It's almost as if the very need to write a message or put up a poster about something usually means it's not happening. One of the most interesting examples of this was a handmade notice stuck with tape to a bedside locker which read:

'If you want to speak to the nurse please speak to the nurse.'

In an organisation with its users at the centre of everything they do will surely communicate voluntarily with you by discerning what you need, listening and trying to understand; it doesn't put up a notice to tell you about it.

One of the key problems arising from the health care failings we have experienced over the past few years is that the institution fails to change. I would suggest that making the wall spaces useful, calming or enjoyable might be quite a good starting place and make it a more pleasant environment to wait and to work in. To achieve this, it must first be depoliticised, the institution must stop signalling or signing its politically driven intentions and expectations by writing on the wall.

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