Abstract

It is common to find images displayed around the bedsides of sick children who are hospitalized for extended periods. We report a qualitative study of bedside displays that is based on photographs taken at the bedside, and interviews with eight female patients and seven mothers of young children in an Australian paediatric hospital. We found that a variety of people contributed to the displays in different ways, and that the displays served a wide variety of purposes. We offer a general explanation of hospital bedside displays based on our analysis of the data collected for this study, and we differentiate three related domains for further research into hospital bedside displays. We conclude that bedside displays accomplish much more than decoration alone, and should be understood as aesthetic interventions that serve a wide range of communicative purposes.

Keywords: communication; photography; art; hospitals; child; adolescent

1. Introduction

A 9-year-old girl is sitting up in a hospital bed. She is wearing a head scarf and she is attached to a drip. She clearly has Cushing’s syndrome. There is a laptop computer open in front of her and her gaze is fixed on the screen as she clicks through digital photographs stored on a CD ROM. She is smiling and appears relaxed and comfortable. High on the wall behind her are some colourful drawings of a pony, dolphins and a fairy. Below these, at an adult’s eye-level, is an enlarged photograph of a girl standing in water up to her waist with one hand resting on a real dolphin, her face beaming with excitement. Although it is not immediately evident, this is a photographic portrait of the same girl that is sitting on the bed, taken when she had a head of dark brown hair, a tan and a normal visage. Below the dolphin photograph is another snapshot of a small dog looking up at the camera as if it had just appeared at the front door to welcome the viewer home (Plate 1).

This is how we first encountered Annie, one of the study participants. Our attention was first drawn to the special significance of photographic portraits at the bedsides of hospitalized children by the case of a young boy who had sustained a disabling head injury. A report of the case (Lewis 2007) speculates about the purpose of a photographic portrait displayed in a prominent position by his bedside. Was it a memorial to the child’s former self? Was it there to keep vigil when the boy’s mother was away? The report entertains a series of possible explanations without foreclosing on any of them, and in doing so it raises a more general question: What is the purpose of photographs and other images that are commonly displayed around the bedsides of sick children in hospital?

There is little if any published empirical research that might tell us why such displays are mounted and whether they achieve their intended purpose. There is a literature on art therapy which attends to paediatric settings (e.g. Rollins 2005), but it focuses on the therapeutic value of the artistic process rather than display of the finished product. Studies that focus on the therapeutic value of art displayed in hospital settings tend to focus on ‘high’ art and overlook the ‘folk’ art of patients and their carers (e.g. Miles 1994). Recent studies have sought to establish what patients want from their hospital environment (e.g., Douglas and Douglas 2004, 2005; Hutton 2005), but none have asked how and why patients and carers actually intervene aesthetically in the hospital environment. One of the few literatures that says anything about...
hospital bedside displays is that of family-centred nursing, which suggests that parents should bring familiar objects from home into hospital, including photographs, to help their children adjust to separation (Hockenberry 2005: 652–654).

It is difficult to make sense of hospital bedside displays in terms of the literatures cited above because they all tend to assume that the purpose of ‘art’ in healthcare settings must be therapeutic. This assumption strongly reflects institutional goals which may or may not coincide with the goals of patients and their lay carers. The main aim of the study reported here is to describe such displays without foreclosing on the purposes for which they are mounted. We aim thereby to advance our understanding of how and why patients intervene aesthetically in the hospital environment, and to map out future directions for empirical research into this process. We anticipate that our findings will contribute to the research literatures mentioned above, and also to related bodies of research concerning the design of patient rooms to promote healing (Lorenz 2007) and the use of photography in nursing (Riley and Manias 2004).

We discuss the clinical utility of bedside displays elsewhere (Lewis et al. 2009), however, in order to focus here on the aims described above.

2. Methods

2.1. Methodological approach

This is a qualitative study that combines aspects of interpretivist and semiotic inquiry. Our approach is interpretivist in that we have assumed that hospital bedside displays are an instance of purposive, communicative behaviour – they are one of the ‘symbolizing activities that are constitutive of social life’ (Schwandt 1994). Our approach is semiotic in that we understand meaning-making as a process that is realized through choices in systems that are essentially conventional – that is, they have shared rules, given a particular cultural context (Kress and van Leeuwen 1996). While both approaches are
oriented to the meaning of social phenomena, there is potentially a tension between them when it comes to adducing evidence about the purpose of a display. An interpretivist approach refers us to the intentions of a creator whereas, according to a semiotic approach, the purpose of display can be inferred from its design without recourse to authorial intentions. The interpretivist impulse underpins our decision to interview children and parents at the bedside. The semiotic approach informs our decision to photograph the displays for further analysis. Combining these approaches has allowed us to approach our topic with more breadth than would have been possible had we adhered to a single methodological approach. We have privileged breadth over depth given the dearth of existing research into bedside displays.

2.2. Setting, design and eligibility

The study was conducted at Westmead Children's Hospital in Sydney, Australia, and was based on interviews with an opportunistic sample of eight paediatric patients and seven parents who were unrelated to the patients. Participants were recruited from adolescent, oncology and cardiac wards and so represent a range of conditions that were variably life-threatening, appearance-altering and chronic. Patients were eligible for the study if they were between 8 and 18 years old, if they had at least one personal photograph on display around their bedside, if in the opinion of the responsible ward nurse they were well enough to participate in an interview, and if their admission was expected to continue for at least 24 hours after they were initially approached to participate (to allow time to organize an interview). A sample of seven parents was recruited from the same three wards. Parents were eligible for the study if their child had at least one personal photograph on display. The study was approved by the human research ethics committee of Westmead Children's Hospital. Two participants granted us written consent to reproduce their photographs without de-identifying them.

2.3. Sampling, recruitment and data collection

Participants were sampled so as to obtain maximal variation in terms of the child's age (as a proxy for level of development), gender, and diagnosis (as a proxy for the degree to which the child's normal appearance had been altered by disease), on the assumption that each of these factors may have a bearing on the use of visual images. The interviewer (PL) personally visited the wards, selected potential participants with advice from the nursing staff, and gave them an age-appropriate information sheet about the study. Consent was also sought to digitally-record a face-to-face interview, to take digital photographs of the bedside display, and to photograph the child in his or her bedside environment. We interviewed eight female patients aged 9 to 18 (median age 16), who were admitted for one of the following conditions: anaemia, eating disorder, acute surgery, leukaemia, cystic fibrosis or Crohn's disease. We also interviewed seven mothers of patients aged 2 to 11 (median age 6) who were admitted for either cancer or heart disease. Half the patients were interviewed with a friend or relative present. All but one of the mothers were interviewed with their sick child present. On average, four photographs were taken of each bedside display. Three people declined to participate in the study. The interviews were conversational in style. The interviewer adopted the stance of a curious and interested viewer, and asked a mixture of spontaneous and prepared follow-up questions. The prepared questions were refined following a preliminary analysis of the interview data (Table 1). Interviews were professionally transcribed and the data was stored securely.

Table 1. Pre-prepared questions used in the interviews

<table>
<thead>
<tr>
<th>Initial set of questions</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tell me about these photos.</td>
</tr>
<tr>
<td>Who are these photos of?</td>
</tr>
<tr>
<td>What is going on in the picture?</td>
</tr>
<tr>
<td>Who brought this photo to hospital?</td>
</tr>
<tr>
<td>Why did you/they bring these photos to hospital?</td>
</tr>
<tr>
<td>Why did you put these photos here?</td>
</tr>
<tr>
<td>Who took this photo?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Questions added after preliminary analysis of first three interviews</th>
</tr>
</thead>
<tbody>
<tr>
<td>Who notices/talks to you about the display?</td>
</tr>
<tr>
<td>How do you feel when you look at these photos?</td>
</tr>
<tr>
<td>How would you feel if none of these things were here?</td>
</tr>
<tr>
<td>What do you think the display says about you?</td>
</tr>
</tbody>
</table>
2.4. Data analysis

The research team developed a provisional coding scheme by independently studying the transcripts and photographs, compiling lists of observations, then comparing these lists in team meetings. This process generated a provisional coding scheme which was expanded as the data accumulated, until the team agreed that it was comprehensive enough to capture answers to the interview questions, to address both interpretative and semiotic angles of the study, and to accommodate information that was emerging unexpectedly from the data. This preliminary coding scheme was refined and expanded by the first author (CJ) who created a hierarchical coding scheme and used it to systematically code the interviews using NVivo (version 1.3).

3. Results

Our presentation of the results below is organized under headings that correspond to the main branches of our coding system.

3.1. Hospital bedside displays as social process: Participants and roles

The interviews revealed that a variety of people participate in the construction of hospital bedside displays, including parents and other relatives, teachers, friends, parents of friends, play therapists, professional photographers, clinicians, the sick child, and other children on the ward. Participants may assume one or more of four main roles: photographer (or artist), source, curator and viewer. Each role is distinct, as an image may be generated by one person (the photographer or artist), brought into the hospital ward by another (the source) and mounted for display by a third (the curator) for the benefit of another party (the viewer).

3.2. Hospital bedside displays as cultural product: Content, media and composition

Images in the displays commonly represented friends and family members as participants in special events. Displays by the bedsides of younger children were likely to represent members of the child’s immediate family, and various animals (notably family pets or bonding icons such as puppies, dolphins and ponies). Teenagers’ displays were likely to represent friends (especially as co-participants in rites of passage such as graduation celebrations), as well as boyfriends and media celebrities.

Most of the displays were multimedia displays in that they combined text, objects and two-dimensional images. Printed photographic images were stored and presented in albums, and also displayed as individual photos (framed or unframed), as part of a collage or photomontage, or on cards or posters (both custom-made and pre-printed). Images were also stored and viewed in digital form on CD-ROM or hard disk, on laptops that patients brought into the hospital as in the case of the patient shown in Plate 1. Digital means of storage and display made large numbers of images available for viewing and enabled patients to choose specific images for printing and display.

Curators evidently put some thought into composition of the displays, particularly with respect to which elements were featured or made prominent, given a particular viewpoint. The displays around younger children privileged the child’s viewpoint by concentrating images on the wall opposite the patient’s bed, with the central position reserved for images considered most important. Displays mounted by older children privileged the visitor's viewpoint by concentrating images behind the patient’s bed. Displays were elaborated through outward expansion from either of these central foci. Curators reported using size, theme, colour and variation as compositional principles. The size of an image sometimes indicated the importance of what it represented; images with similar content were grouped together; colour was used to engage the viewer’s attention, and the displays were varied over time to ‘refresh’ the viewer’s interest. Sometimes a particular person was constantly represented as a token of their importance to the patient. Height and contrast against background were also used to give prominence to particular images, as was framing. The choice to frame a photo implied permanence and a degree of formality. Frames were used as decorative objects in their own right but were often impractical due to lack of a means to hang them.

3.3. Factors that modify hospital bedside displays

Each of the wards evidently allowed patients to generate elaborate displays, and actively fostered the practice both informally, via suggestions and encouragement by nurses, and formally through the work of the play therapist who engaged patients in activities that provided materials for the displays, and who sometimes even initiated the displays (e.g. in the oncology ward). Hospitals also ‘passively’
encouraged displays through modifications to the built environment such as pinboards and chalkboard paint on cupboard doors. Pinboards tended to be located behind rather than opposite the bed, which made them less useful for younger children. When the built environment impeded curators, they used their ingenuity to find ways to mount images and objects on lockers, drip stands, lights, bedside tables, surrounding shelves and ledges, and the bed-surrounds (foot, head and rails).

The longer the duration of the stay, the more displays were likely to be elaborated. Several factors limited the degree of elaboration. One was relocation from one ward to another or from hospital to another institution. Curators who had experience of previous admissions knew when to expect this, and factored it into their decisions about when to bring display materials into the hospital, and when to ‘refresh’ the displays. Other limiting factors were: large distances between home and hospital (which made it difficult to transport materials); lack of time for preparation before admission (e.g. in the case of a rushed admission); perceived risk of infection (i.e. for children with compromised immunity), and sharing a room with other patients. Curators who exhibited in shared rooms had a strong sense of their ‘territory’ ended, and therefore of what might constitute an unacceptable incursion into space that ‘belonged’ to another patient.

3.4. Purposes of hospital bedside displays

Based on our analysis of the interview data, we found that bedside displays served at least nine distinct purposes, as set out below.

3.4.1. To facilitate spoken interaction

The most frequently reported purpose of the displays was to facilitate spoken interaction between patients and nurses. Other patients, visitors, medical students and doctors were also mentioned as interlocutors, although three interviewees reported that doctors ignored the visual displays. The interviews modelled typical spoken exchanges that the displays might have prompted on the wards. Photographs of special events tended to prompt recounts.2

Conversations triggered by the displays were seen to serve different ends. Several parents reported observing nurses using conversations about the displays to distract their child from a procedure or to get them to relax. One parent said that the displays provided a means for the child to interact with healthcare workers instead of the parent answering all of the questions. Two teenagers said that conversations provided a means for them to establish their identity, and one said that this was important so that the nurses felt more comfortable dealing with her. Another teenager said that the displays offered a means to continue conversations beyond mere pleasantries. One teenager said that she was indifferent as to whether anyone engaged her in a conversation about the display, as it was intended exclusively for her. In general, the displays were regarded as an invitation to spoken interaction – that is, there was no expectation that such interactions should occur, nor offence taken when the invitation was not taken up.

3.4.2. To influence the child’s emotional state

Another frequently reported purpose of the displays was to improve the quality of the patient’s experience during hospitalization by influencing his or her emotional state. Bedside displays were said to counter feelings of insecurity engendered by unpleasant procedures and an environment that was otherwise boring, isolating, strange or stark. Displays were also said to make the child happy, instil hope, and promote a feeling of security.

The participants entertained various explanations of how the displays influenced emotional states. These tended to complement rather than compete with each other. One frequently offered explanation was that the displays made the hospital spaces more like home. This was sometimes framed in terms of ‘personalising’ the space or making it more ‘individual’. For some parents, this was a means of increasing their own sense of security as well as the child’s. Some parents saw problems in making too strong a link between hospital and home. Transporting highly elaborated displays back home presented a practical problem, and the homey elements of the display might be ‘contaminated’ with painful memories of the hospital.

The displays were often said to help the child recall memories that engendered good feelings. This explanation was almost always associated with photographs. Happy memories were recalled in order to counter sadness and isolation in the present and also served to engender hope by holding up the promise of something good that would be restored in the future. The displays were also seen to influence emotion by diverting or distracting the child from unpleasant realities of hospitalization, and by reminding the child of everyday family life and so re-creating a degree of normalcy.

3.4.3. To connect patients with each other

The hospital actively encouraged bedside displays by organizing play groups that provided opportunities for creative activities which generated images...
and artefacts for the displays. These groups provide opportunities for patients to connect with each other. Such connections were also fostered ‘passively’ through design features of the built environment such as pinboards and chalkboard paint on locker doors. One teenager told how, on their own initiative, she and her two roommates decorated their chalkboards in a co-ordinated way. The practice of display was not always a communal activity, however.

3.4.4. To connect people involved in the child’s care
As well as connecting patients with each other, the displays sometimes served to connect the various people who were involved in the child’s care. One of the teenagers in the study said her bedside display made her professional carers aware of her lay support network. This effect was most evident in the interview with Mia, the mother of a 11 year-old boy (Christopher) who was intellectually handicapped. Because Christopher was largely non-verbal, his carers made extensive use of images for the purpose of communication, and Mia described sophisticated practices that linked herself, her son’s regular school teacher, his hospital school teacher, the play therapist and other clinical professionals.

Mia (mother) The thing that really got me going was when the teacher from his [i.e. Christopher’s] school outside brought him that poster. She’d drawn a figure of every child in the class and put the faces on velcro so you could take the faces off and put them on different bodies. It was like a game as well as a get well card. That got the play therapist and the hospital teacher really excited. It just started a whole personal relationship with them. Then I thought it really does help get to know people to have stuff like that up, for him and also for me it was really nice.

3.4.5. To brighten up the room
Unsurprisingly, four participants attributed an aesthetic function to bedside displays. The common theme was countering a ‘boring and dull’ aesthetic with a ‘bright and colourful’ one.

3.4.6. To provide the child with a means of expression
Only one participant referred to the displays as a means of self-expression. She was a teenager with a highly developed artistic sensibility. She recalled how she had displayed ‘depressing bands and depressing photos’ during an admission in which she was diagnosed with clinical depression, and she related plans ‘to get an old drip machine I can actually smash with a hammer (which will be fun) and put it on a canvas or something’.

3.4.7. To address the parents’ communicative needs and feelings
Bedside displays were seen to address the communicative needs and feelings of parents as well as those of children. They were said to express maternal love, maternal competence, and parental pride in a child’s work. Three mothers spoke of how the displays made them feel better. One spoke of how she vicariously shared her child’s enjoyment of the display. Another suggested that the display functioned as a hopeful reminder of what her children looked like when they were healthy. Another recounted how she, her husband and her daughter worked on the display before her daughter’s operation in order to relieve the stress they were under. This resonated with characterizations of the displays as a means of coping with hospitalization – for parents as well as patients.

3.4.8. To maintain existing social connections
According to several participants, the purpose of photographs in particular was to maintain existing social connections during extended periods of separation and isolation, and over the sometimes large distances that separated hospital and home. Because photographs represent the presence of an absence, they remedied separation in two complementary ways. Most commonly, photographs were used to represent members of the child’s social network at the bedside, where they were absent. Less commonly, photographs were also used to represent the child in his or her usual social settings, where the child was absent. The clearest example of this was again furnished by Mia, the mother of 11 year old Christopher, who explained why Christopher’s teacher in hospital emailed a photo of Christopher to his regular classroom teacher:

Mia (mother) We’ve been to school three times for an hour here and an hour there. They have a welcome circle every morning because a lot of the kids are non-verbal and the hospital teacher emailed a photo of Christopher as he looks now. His classroom teacher blew it up to A3 [size] and put his name on it and they say hello every morning. He got a kick out of seeing it as well. … So wherever he goes, everyone’s familiar before he gets there with what’s been happening. That’s good. The transitions from hospital to classroom are quite seamless for Christopher now. He’s been quite self conscious about the hair and not taking his school hat on in class and stuff, but he took his hat off the other day.

Thus not only are images used to represent Christopher’s absent classmates in hospital (see above), but an image of Christopher is used to represent him in class, in his absence. The images also function to
normalize Christopher’s appearance to himself and to others, and thereby facilitate his transitions between the two institutional environments. Strictly speaking, the latter strategy falls outside the ambit of this study because it concerns displays at locations other than the hospital bedside; but it does indicate that displays at the hospital bedside are linked to uses of images outside the hospital. We will return to this point in the discussion.

Photos sometimes represented objects whose value was shared with an absent friend or relative, and which thereby constituted a kind of visual metaphor for a close relationship (e.g. one child displayed a photo of her father’s red sports car).

3.4.9. To symbolically connect the bedside to socially significant sites outside the hospital

Photographs frequently represented places to which the patient had some important connection. One parent singled out the park near her house, and ‘our street’, these being places where her son played with his absent friends. Their representation in the display is not incidental (they are more than simply a background). They are represented because of the social activities that occur in them. Of all socially significant settings, the child’s bedroom was the most important, and was privileged over other sites in the family home. The connection between the hospital bedsapce and the child’s bedroom was maintained by making the hospital bedside more like the bedroom, and also by relocating elements of the hospital bedside display to the bedroom, after discharge from hospital. The latter practice falls outside the ambit of this study, but again reminds us that bedside displays are linked to visual practices outside of the hospital environment.

4. Discussion

This study is based on photographs of hospital bedside displays in paediatric wards, and interviews with small samples of patients and mothers of patients. We were unable to recruit male patients to the study as interviewees, and we did not recruit any fathers because we did not encounter any on the wards. Even though four of the seven mothers we interviewed were caring for male children, our study has a strong gender bias, and future research on this topic should therefore strive to investigate the perspectives of male informants, as fathers and male children may understand the purposes of the displays differently.

Using interviews to investigate visual practices relies on the ability of participants to give a spoken account of their design choices, and some participants managed this task better than others. It was a useful strategy to supplement these accounts with digital photographs of the displays, but observation of the construction and/or evolution of the displays over time would have strengthened the design further, as would inclusion of a group of participants who did not construct displays at the bedside. Nevertheless, empirical research into bedside displays is scarce, and as far as we can ascertain, no one as yet has conducted any systematic research into this phenomenon. Our study combines two methodological approaches which differ in terms of how they adduce evidence about purposes, but the results yielded by each approach complement rather than compete with each other. The interviews reveal the communicative intentions of those by whom such displays are mounted, and they also revealed facts that could not be ‘read off’ the displays, such as who participated in their construction. Analysis of photographs of the displays revealed clearly for whom the displays were mounted. This was assumed rather than made explicit in most of the interviews. Because each set of findings is consistent with the other, the findings reflect a degree of methodological triangulation. In the remainder of this discussion, we shall highlight what we take to be the main findings of this project, and propose a general, empirically-grounded explanation of bedside displays. We shall conclude by distinguishing three related domains of enquiry for ongoing research into the use of visual images by and for sick children.

While the content of the displays we observed was largely unsurprising, the use of digital means of storing, transmitting and reproducing images was notable. The interviews revealed that a variety of people contributed to the displays, and did so in different ways (i.e. in different roles). We have clearly differentiated these roles, and our study highlights the crucial role of the person who arranges the display for viewing (the ‘curator’). We also found that the displays served a wide variety of purposes. Stated formally, hospital bedside displays mobilize symbolic resources to achieve both social and subjective outcomes for the patient and those around her, in part by activating the child’s memory and attention. Focusing on the social outcomes, the displays function to maintain existing connections between the sick child and the social network from which she is separated. The displays also create new social connections – or at least the potential for new social connections – between the sick child and other patients, between the sick child and professional carers, and between people involved in the child’s care more generally. The
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Displays create the potential for new social connections by providing opportunities for spoken interactions in the hospital context, and by providing more mature children with a means of self-expression. The displays maintain existing social connections by representing members of the child’s social network in the hospital context where they are largely absent, and also by creating symbolic connections between the hospital and external sites which are focal points for social interaction (especially the child’s home). By representing the presence of absent people, and by symbolically connecting the hospital bed to the child’s bedroom, the displays prompt the recall of fond memories and they distract the child from unpleasant realities in the present. The subjective outcome for the individual patient (and often for her parent as well) lies in the domain of emotional experience during hospitalization – better coping, greater happiness and hope, and an enhanced sense of security (Figure 1).

The study of bedside displays can be usefully differentiated into three related domains. The first concerns the construction of bedside displays as an act of meaning; the second concerns the development of the sick child, and the third concerns the historical emergence of such displays as a cultural practice. We shall deal with each in turn.

Considering bedside displays as an act of meaning raises questions about how displays grow and evolve in the space around the child over the period of admission, what constrains and enables the choices of those who participate in them, and how we might

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**Figure 1. How bedside displays achieve social and subjective outcomes.**

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Institutional context

Organizational culture:
formal roles (e.g. play therapist) and processes
informal culture

Built environment

Social outcomes

Forging new social connections

Maintaining existing social connections

Symbolic means

by facilitating spoken interactions
by providing a means of expression
by representing members of the child’s social network where they are absent
by creating symbolic connections between places

Cognitive effects

To prompt the recall of fond memories
To distract the child from unpleasant realities

Affective outcomes

To influence emotional state during hospitalization
+ coping
+ happiness
+ hope
+ sense of security

Duration of stay
Relocation of patient
Prior experience of admission
Distance between home and hospital

Preparation time available before admission
Perceived risk of infection
Sharing of room

Contingencies associated with particular admission

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read the displays as a text. In this study, the displays around younger children tend to expand outwards from a focal point opposite the child over the period of admission. A range of factors constrained and enabled the choices of ‘curators’ including the built environment, the organizational culture of the hospital, distance between home and hospital, and contingencies associated with any particular admission (i.e. previous experience of admission; the degree of preparation that was possible; duration of stay; relocation within or between institutions, whether the room or ward is shared with other patients, and perceived risk of infection).

Bedside displays also refer us to the development of the child in terms of her competence in communicating by means of visual images. This study reflects a major developmental shift that occurs between early childhood and late adolescence. Displays around the bedsides of young children are largely curated by adults to influence the child, whereas displays around the bedsides of older adolescents are mounted by the child herself, at least partly to manage the impressions of other viewers. (This can be inferred from adolescents’ intensive use of the space behind the bed for displaying images.) In terms of the roles described above, as the child masters visual means of communication, she herself comes to play the role of curator, and the bedside displays thus reflect the degree to which the child has developed in this respect. The displays instantiate a set of design choices through which the child constructs an identity for herself. Confident adolescents will also use that identity to position themselves socially in their interactions with others (Plate 2):

**Table 2**

<table>
<thead>
<tr>
<th>Interviewer</th>
<th>Is there anything significant about what else you’ve put around those photos?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Carole</td>
<td>Yes, it’s mainly music I listen to because when I’m feeling upset I often relate my feelings to music. I’m a big music fan, I go to a lot of concerts with my friends. (...)</td>
</tr>
<tr>
<td>Interviewer</td>
<td>Which ones?</td>
</tr>
<tr>
<td>Carole</td>
<td>Those ones.</td>
</tr>
<tr>
<td>Interviewer</td>
<td>They’ve all got a similar look. What do you call that look?</td>
</tr>
<tr>
<td>Carole</td>
<td>I guess a lot of people would call it Goth. Among teenagers at the moment it’s called Emo, which is Emotionally-driven Goth. (...)</td>
</tr>
<tr>
<td>Interviewer</td>
<td>What do you like about that look?</td>
</tr>
<tr>
<td>Carole</td>
<td>I’m not sure. I guess it’s always applied to me ever since my transplant, when I was feeling really upset and annoyed I started liking this brand which is Emily the Strange. I guess it kind of relates to Panic at the Disco and Evanescence. You can see it’s all similar. (...)</td>
</tr>
<tr>
<td>Interviewer</td>
<td>What do you think the displays say about you?</td>
</tr>
<tr>
<td>Carole</td>
<td>It says I’ve got a good group of friends I’m pretty close to and that I like music and that I’m into the Gothic culture, kind of.</td>
</tr>
</tbody>
</table>

*Plate 2. A confident teenage girl using her bedside display to communicate a cultural identity.*
It is widely acknowledged that identity formation is the primary task of adolescence, and previous research has explored how adolescents carry out their identity work through interactions with media images that are commonly plastered all over their bedroom walls (Steele and Brown 1995). Hospital bedside displays can thus be considered the continuation of a visual practice that occurs at home.

Considering the historical emergence of hospital bedside displays as a cultural practice raises questions about the relationship between discourse of nursing and the practice environment. Photographs of C19th hospital wards reveal spaces that are notably devoid of patients’ personal effects (Royal Prince Alfred Hospital 2007). Both the photos and the interviews we collected for this study suggest that the display of personal effects at the hospital bedside has been institutionalized. Thus, over time, the spaces of clinical care have become less sharply differentiated from domestic environments. This reflects changing ideologies of nursing, and the emergence of ‘family-centred nursing’ in particular.

These three domains of inquiry can be related to each other as follows:

1. Hospitals are potentially fertile environments for the ongoing development of a child’s ability to communicate using visual images, and the visual images in bedside displays can be understood as a resource that can foster this aspect of a child’s ongoing development.
2. A child’s level of development provides the ‘local environment’ within which a bedside display is generated over the period of a hospital admission (e.g. the position and content of the display reflects a certain level of development).
3. The collective repertoire for visual communication will be enriched and expanded with each new cohort of children, and this will fuel the ongoing emergence of bedside displays as a cultural practice.

In the light of the first two inferences, we contend that hospital bedside displays should not be considered solely in terms of their therapeutic value. They raise the wider question of how healthcare institutions can support the broader goal of child development. The third inference serves to remind us that visual literacy of new generations is changing (Kress and van Leeuwen 1996), and young people are rapidly adopting digital online media that multiply the possibilities for generating, exchanging and interacting with and through visual images. As children’s social networks become increasingly ‘virtual’ (i.e. as they are increasingly inscribed in online environments, particularly through use of social networking software), children gain the means to achieve ongoing representation in social settings from which they are physically absent. For that reason, high-speed Internet connections may soon – and perhaps should soon – become an integral feature of the child’s hospital bedside environment.

Hospital bedside displays serve the obvious purpose of helping to brighten up a room. They also serve a clinical purpose by helping to relieve separation anxiety in younger children who are hospitalized for long periods. This is not the whole story, however. This study suggests that displays also function to maintain and extend communities of support; they function both as a means of communication in their own right, and as an invitation to communicate further by other means. They reflect and fuel a child’s development in a culture where visual communication is undergoing a quiet revolution. Those involved in the community of care around sick children may have much to learn by approaching these displays not as mere decoration, but as aesthetic interventions that realize a wide range of communicative purposes within a potentially wide social network.

Notes

1. All of the names in this paper are pseudonyms.
2. A recount is a particular story type that contrasts with narratives, anecdotes, exempla (‘moral tales’) and personal observations. For an explanation of different story types common in spoken English, with examples drawn from health-related discourse, see Jordens et al. (2001).
3. Our differentiation of these domains, and our later description of the relationships that hold between them, is based on the notion of semogenesis as developed by Halliday and Matthiessen (1999: 18–19).
4. Emily the Strange is a fashion label. Panic at the Disco and Evanescence are popular music bands.

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