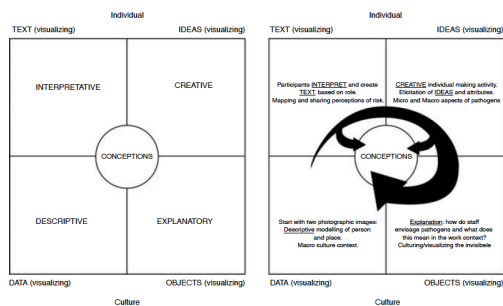


VisInVis Visualising the invisible

Using an arts-based methodology to explore healthcare workers' conceptions of pathogens in the context of healthcare associated infections

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Adaptation of Sullivan's Dimensions of Visualisation Framework used in our study.



Phase 1 people's perceptions of risk points Phase 1 exploring the mind's eye

Participant	Pathogen characteristics	Language	Key referents
Patient Representative (1)	fleas, legs, dark, spiky, very small, moving, Armadillo, hard shell like a walnut, eyes.	Germs, pathogens	Rich repertoire of micro animal images. House/own home
Nurse (1)	Readily and vividly, described colours (red, yellow, green), movement, spread, spores, Arms, legs, cylindrical, grains of rice. Slimy texture. But hard shell in the case of C diff.	Pathogens	Biological basis, influenced by textbooks in original training, and subsequent more specialist education. Strong laboratory referents. Clinical: body fluids when infected
Domestic Manager (1)	Little green monsters, ready to pounce, small, rough, wriggly shape, smell horrible, jumping about, thousands of them on touch sites	Germs, dirty.	MRSA and C diff models are different
Domestic (1)	Red or black, scary, danger, wee springy things, everywhere, same attributes as children's glitter – easily spread everywhere, sticky, maggots, squirming, gooey, smell, moving, angry, furry, neat army.	Bacteria, germs	On internet, labs in hospitals

Examples of attributes elicited from four participants during the making activity

Background and objective: The invisibility of pathogens under normal circumstances is a particular challenge for healthcare staff seeking to prevent and control infection in clinical areas. Within this context, very little is known about the extent to which these staff use the mind's eye to visualise pathogens and their relationship to healthcare associated infections. This poster reports on an initial study which addressed this knowledge deficit by exploring how healthcare workers envisage pathogens in the hospital context.

Methods: Ten hospital-based healthcare workers and two patient representatives participated in an in-depth workshop combining risk identification, making activities and in-depth interviews. This methodology was informed by Sullivan's Dimensions of Visualisation framework relating to data, text, ideas and objects. A descriptive cross case analysis approach was used to summarise and synthesise the data.

Findings: Participants described their respective roles and routines and indicated perceived loci and foci for pathogens and associated risks. Few of the participants actively visualised pathogens in their mind's eye during clinical practice. However, through the making activity, the study elicited mental images of pathogens from all participants and this yielded detailed insights into imagined pathogen characteristics. Conceptions appeared to be influenced primarily by microbiology and infection control campaigns.

Conclusion: Our adaptation of Sullivan's Dimensions of Visualisation framework proved useful in structuring this initial enquiry and merits wider application and evaluation by qualitative health researchers. Moreover, with increasing international interest in the role of mental models in influencing clinical IPC practice, further research on the nature and impact of visual representations is merited.

Ref: Macduff, C., Wood, F.K., Hackett, C., McGhee, J., Loudon, D., Macdonald, A.S., Dancer, S. & Karcher, A. (2013). Visualizing the invisible: applying an arts-based methodology to explore how healthcare workers and patient representatives envisage pathogens in the context of healthcare associated infections, *Arts & Health: An International Journal for Research, Policy and Practice*, 6(2): 117-131.

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