# The thin social space of organisations and its importance to the redesign of health care systems

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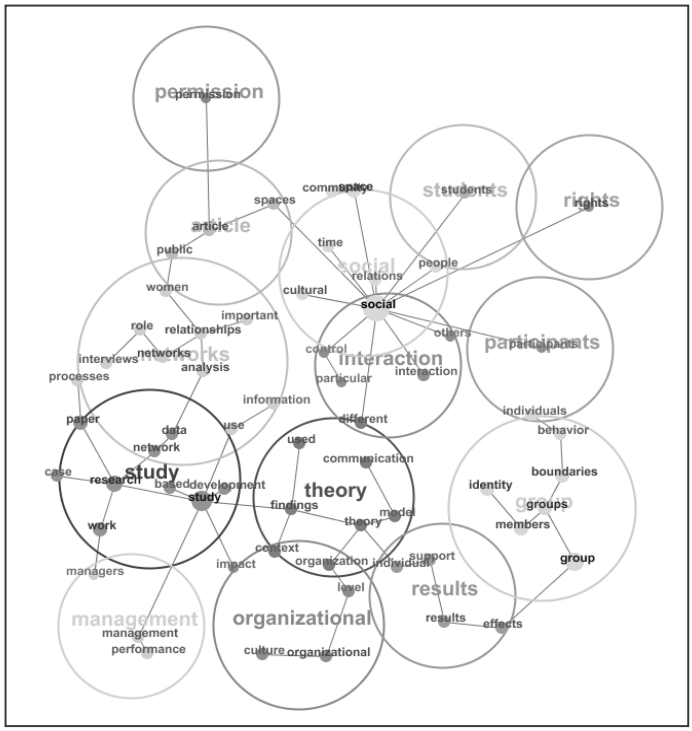
**Objective:**
To investigate a mostly unnoticed aspect of health care settings: the thin social space. This is the area of low density in organisations – the edges of clinical groups and the gaps in between them, contrasted with the socially crowded spaces of teams, departments and workgroups, which receive much attention.

**Methods:**
A systematic review of literature on social space and related terms in several databases including Medline yielded almost 6,000 references which were then screened to 606 relevant contributions. These were analysed to create a map of the literature using Leximancer 3.0, a data mining tool.[1]

**Results:**
Mostly the literature concentrates on within-group dynamics and social inter-relationships rather than group edges or the spaces between them (Figure 1). *Networks, social, interaction, groups,* and *participants* are amongst the core concepts. Taken together, this research calls for a better understanding of thinly populated parts of health care organisations.

**Figure 1: Map of the key concepts in the literature on organisational social spaces, networks and boundaries**




**Conclusions:**
The stakes are high: it is across workgroups and the professions where much important transmission of information and interaction needs to take place. Within many acute settings, the divides separating doctors, nurses and allied health professionals are considerable, and the links between clinicians and managers, and between managers and policymakers, need strengthening.[2, 3] How knowledge, ideas and communication bridge the gaps across the thinly populated spaces at the edges of different groups is a key issue. We can hypothesise that individual boundary-riders are crucial, with names such as mavens, weak ties and opinion leaders. Social mechanisms may also play a key role: social movements theory, the way sub-cultures interact, and how ideas spread via knowledge diffusion processes are likely candidates for change. But because very few researchers study group edges and gaps, we have much to learn. Yet this phenomenon is critical: how to redesign health care with improved interaction and circulation of ideas and practices between workgroups, not just within them, is at issue.

**References:**
1. Braithwaite J, Debono D, Travaglia J. *Social space in organisational studies: a review of the literature*. Sydney: Centre for Clinical Governance Research, The University of New South Wales, 2009.
2. Braithwaite J, Westbrook M. Rethinking clinical organisational stuctures: an attitude survey of doctors, nurses and allied health staff in clinical directorates. *Journal of Health Services Research and Policy* 2005;10(1):10-17.
3. Braithwaite J, Westbrook M. A survey of staff attitudes and comparative managerial and non-managerial views in a clinical directorate. *Health Services Management Research* 2004;17:141-166.