

The sociomateriality of care

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What do I mean by care?

- Many different meanings
- Focus on medical care in acute settings
 - Specifically in “Intensive Care”
 - Ongoing study of introduction of Clinical Information System in cardiac intensive care unit
 - Since 2006
 - Observation (+ video)
 - Interviews
 - Documentation
 - User Group



The sociomateriality of [medical] care

- A strong case?
 - Seen as intrinsically human
 - Seen to have a significant affective aspect
 - Seen as involving bodily interaction
- Antithetical to technology?





Technology in intensive care

monitoring vital signs

- heartrate
- breathing
- blood pressure
- oxygen saturation
- temperature
- cardiac output

putting things in

- drugs
- blood
- fluid
- food
- air

taking things out

- haemo filtration

creating electronic traces

+ lots of other activities generating additional data e.g.

- blood gases
- microbiology
- biochemistry
- measuring urine output



Electronic traces inform ...

- Treatment decisions
 - Ward rounds
 - Review records
 - Ongoing care
- Treatment practices
 - Alarms
 - Response to treatment



But lots of other artefacts that are also involved in care

- devices in the body
 - pacemakers
 - stents
- syringes
 - “lines”
- beds
 - mattresses
- fridges/cupboards
 - trollies
- writing surfaces
 - whiteboards
- building services
 - cooling/heating/lighting
 - plug sockets





Sociomateriality of care

- (Almost) all care practices mediated by technology
- Technology constitutes an apparatus that performs particular representations of the body that are material to care practices
- But care is more than these representations
 - Knowing the patient
 - Knowing what has happened
 - “Being unable to see [what has happened] and to ascertain the quality of care, what is best for the patient ... is causing a huge amount of stress
 - Bodily interaction
 - “ I make a deliberate attempt when I am on [the ICU] to actually go and shake the patient's hand or feel the patient”



Technology and the practice of care

- how might we describe the way that technology contributes to care practices?
- 3 orders of claims
 - 1) Technology cares per se
 - 2) Carrying out of care practices is distributed between diverse set of heterogeneous actors
 - are all actors equal?
 - 3) Care is done on and through machines, but not by them
 - What do we mean by “by”?

