Spaces of Hospitality and Human Connection: An Ethnographic Analysis of the Social and Emotional Dynamics in a Pediatric Waiting Room

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Abstract

This study delves into the intricate social and emotional dynamics within a pediatric waiting room at UPA Dr. Thelmo de Almeida Cruz, located in Jacareí, São Paulo, Brazil. Through a qualitative ethnographic approach, the research aims to uncover the interactions and experiences shaped by the concepts of "comunitesque," liminality, and liminoid, as explored in the works of Lugosi and Turner. The pediatric waiting room, a space teeming with children and their families awaiting care, serves as a microcosm for examining the broader implications of healthcare environments on patient and family well-being. By focusing on the nuances of human connections and the atmosphere within these settings, the study seeks to contribute to the development of more welcoming, humanized, and holistic healthcare practices. The findings underscore the significance of nurturing spaces that facilitate genuine human connections, highlighting their fundamental role in promoting health and well-being in a comprehensive and inclusive manner.

Key words: Ethnography; Social dynamics; Emotional dynamics; Liminality; Comunitesque; Human connections

INTRODUCTION

In the contemporary landscape of healthcare environments, the engineering of spaces that foster profoundly meaningful interactions and promote the holistic well-being of individuals has emerged as a desideratum of inestimable value. Within this context, the concept of "comunitesque", meticulously explored by Lugosi in his 2008 work, "Hospitality spaces, hospitable moments: Consumer encounters and affective experiences in commercial settings", emerges as an analytical prism of extraordinary relevance.

This notion allows us to unveil the mechanisms by which experiences replete with meaning can be meticulously cultivated and nurtured within the domains of health. Lugosi articulates "comunitesque" as a mosaic of experiences that are forged and lived through the weaving of intimate interactions, situated in specific spaces and temporalities. Such experiences are distinctively marked by a predisposition for emotional openness of a ludic character, a disposition that stands in diametrical opposition to the rational rigidity that frequently permeates conventional relationships (Lugosi, 2008). Far from being restricted to the simple production and consumption of tangible items, such as food and beverages, these experiences are anchored in the conception and sharing of a collective emotional space.

This "comunitesque" paradigm proposed by Lugosi not only transcends but also reconfigures the traditional dynamics of interaction in healthcare environments, proposing a new relational architecture where care, empathy, and human connection are the fundamental pillars. In doing so, Lugosi invites us to rethink and resize healthcare spaces, transforming them into places where healing transcends the physical dimension, reaching the emotional and spiritual domains, and where each interaction has the potential to become a moment of communion and mutual recognition. Thus, the notion of "comunitesque" presents itself not only as an analytical

tool but as a beacon that illuminates the path towards the creation of truly integrative and humanized healthcare environments.

To delve into the depths of understanding the concept of "comunitesque" in healthcare contexts, it becomes imperative to resort to Victor Turner's sophisticated theory of liminality and liminoid. Turner, in his pioneering works of 1969, "The Ritual Process: Structure and Anti-structure", and 1982, "From Ritual to Theatre: The Human Seriousness of Play", blazed the theoretical terrain by introducing the notion of liminality, a term he employed to characterize the periods of destructuring experienced during rites of passage, in which individuals find themselves suspended in an interstitial state, adrift between clearly demarcated structural positions. Advancing his investigation, Turner expanded this notion through the introduction of the concept of liminoid, with which he refers to social phenomena and relationships that emerge outside conventional structures, particularly in the leisure activities of contemporary society. These, according to him, echo the essence of liminality, although they do not fully merge with it (Turner, 1992).

The relevance of these concepts for understanding "comunitesque" in healthcare environments is inestimable. They provide a theoretical lens through which we can glimpse how "comunitesque" moments flourish as temporary interludes, distancing themselves from the rigid social norms and institutional structures that often dominate these environments. In this interstice, a fertile space opens up for the flourishing of experiences of care and mutual support that are deeply shared and imbued with meaning. By embracing liminality and liminoid, healthcare environments can transform into scenarios where conventional barriers are temporarily suspended, allowing for the emergence of genuine communion and the construction of a collective emotional space, where shared humanity is recognized and celebrated. Thus, the application of Turner's theoretical concepts to the study of "comunitesque" allows us to unravel the mechanisms by which healthcare environments can transcend their traditional functionality, becoming meeting places, where healing is experienced not only on the physical plane but also on the emotional and spiritual, through authentic human connection and mutual support.

The study of hospitality has been deepening and expanding, albeit gradually, in various countries around the world, and recently, it has not been limited solely to aspects of commercial and consumer relations. This topic has been researched from a broader perspective, encompassing the set of values, models, and actions present in all circumstances of human endeavor related to the act of welcoming people.

In Brazil, hospitality has been approached from this perspective. According to Camargo (2007), by focusing on the relationships between visitors and hosts, hospitality as a gift could broaden and deepen the research currently being developed in Brazil within the scope of Human an Social relations. From this standpoint, Camargo (2007) points out that hospitality is not a business. He argues that when discussing exchanges between people, one usually thinks of commerce and the market. However, this economic model was preceded by another model of exchange, centered on the gift, which even today is still present.

The triple duty of giving, receiving, and reciprocating forms the foundation of the gift, which finds its origins in Marcel Mauss's work, "Sociology and Anthropology," first published in 1950. According to Mauss (2002), gift exchanges are of great importance to the community and families and do not serve the same purpose as commerce and exchanges in more developed societies. The purpose is primarily moral, aiming to foster a feeling of friendship between the two people involved. The moral and ethical commitment is fundamental in this process of receiving a gift and reciprocating, and no person or family is free to refuse a gift, as this exchange embodies the sense of reciprocity and expresses feelings of gratitude and respect towards the other. Thus, there exists simultaneously a freedom and an obligation to give and receive, as well as a freedom and an obligation to reciprocate.

The primary purpose of this article is to deepen the investigation into the intersection of the concepts of "comunitesque", liminality, and liminoid, as meticulously delineated in the works of Lugosi and Turner, with the aim of substantially enriching our understanding of the complex social and emotional dynamics that permeate healthcare environments. By undertaking such an analysis, this work aspires to contribute significantly to the advancement of innovative practices in the field of health, which promote the well-being of individuals in a comprehensive and holistic manner.

In this context, we recognize the imperative need to transcend traditional approaches to care, which often focus exclusively on the physical aspects of health, to embrace a more comprehensive vision that values the creation of therapeutic spaces capable of facilitating deep and meaningful experiences of human connection. Through the application of the concepts of "comunitesque", liminality, and liminoid, we propose a reimagining of healthcare environments, where they transform into places of encounter and interaction, conducive to the development of empathetic relationships and the sharing of emotional experiences.

By adopting this perspective, this article seeks not only to elucidate how these theoretical concepts can be applied in a practical way to improve the quality of human interactions in healthcare environments but also to highlight the importance of considering the emotional and social aspects of well-being in the formulation of health policies and clinical practice. Thus, we aim for the

incorporation of these principles to inspire the creation of more welcoming and humanized healthcare environments, where care is perceived and experienced as a holistic experience, integrating the physical, emotional, and social aspects of health.

Therefore, this article represents an invitation to reflection and dialogue among healthcare professionals, researchers, and policymakers, encouraging them to consider new ways of thinking and acting that recognize the complexity of the human experience and the importance of nurturing spaces that promote genuine human connections, as a fundamental element for fostering health and well-being in a broader and more inclusive dimension.

METHODS

The objective of this study is to investigate and understand the social and emotional dynamics present in a healthcare environment, specifically in the pediatric waiting room of the UPA Dr. Thelmo de Almeida Cruz, located in the city of Jacareí, São Paulo, Brazil. The study aims to explore the intersection of the concepts of "comunitesque," liminality, and liminoid, as outlined in the works of Lugosi and Turner, in order to enrich the understanding of the complex human interactions that permeate this healthcare setting.

This study will adopt a qualitative ethnographic approach, which allows for a deep immersion into the social and cultural context of the pediatric waiting room. Ethnography is a research method that involves participant observation, detailed data collection, and interpretive analysis, with the goal of understanding meanings, behaviors, and social interactions from the participants' perspective.

Data collection will involve several methods. Firstly, the researcher will engage in participant observation, spending an extended period in the pediatric waiting room of the UPA, carefully observing the interactions among patients, caregivers, and healthcare professionals. Detailed field notes will be recorded, describing the physical environment, social dynamics, emotional expressions, and significant events that occur during the observation.

Secondly, semi-structured interviews will be conducted with a diverse sample of participants, including patients (when appropriate), caregivers, and healthcare professionals. The interviews will explore the participants' experiences, perceptions, and feelings regarding the waiting room environment and the interactions that take place within this space. The interviews will be audio-recorded and subsequently transcribed for analysis.

Thirdly, relevant documents, such as institutional policies, care protocols, and educational materials available at the UPA, will be collected and analyzed. These documents will provide additional information

about the organizational context and guidelines that shape the interactions in the waiting room.

The collected data will be analyzed using a thematic approach. The field notes, interview transcripts, and documents will be carefully read and re-read to identify emerging patterns, themes, and categories. The analysis will be guided by the theoretical concepts of "comunitesque", liminality, and liminoid, seeking to understand how these concepts manifest and influence the interactions in the pediatric waiting room.

The study will adhere to the ethical principles established for research involving human subjects. Approval from the research ethics committee will be obtained prior to data collection. Participants will be informed about the study's objectives, data collection procedures, and their rights, including confidentiality and anonymity. Informed consent will be obtained from all participants before their inclusion in the study.

The limitations inherent to the ethnographic approach, such as researcher subjectivity and the influence of the researcher's presence on the research environment, will be acknowledged. The researcher will maintain a reflexive stance, considering their own position, biases, and impact on interactions and interpretations throughout the study. These reflections will be incorporated into the analysis and discussion of the results.

The study's findings will be disseminated through publications in scientific journals, presentations at conferences, and workshops with healthcare professionals and policymakers. The aim is to contribute to the advancement of knowledge regarding the social and emotional dynamics in healthcare settings and to inform practices and policies that promote the holistic well-being of individuals in these spaces.

This ethnographic methodology will provide a robust framework for the in-depth investigation of the complex human interactions in the pediatric waiting room of the UPA Dr. Thelmo de Almeida Cruz. By adopting a qualitative and immersive approach, the study will seek to unravel the mechanisms by which the concepts of "comunitesque," liminality, and liminoid manifest and influence individuals' experiences in this specific healthcare setting. The insights generated by this study have the potential to inform practices and policies that foster more welcoming, humanized, and holistically-focused healthcare environments that prioritize the well-being of patients and their families.

THE CASE

10:00 a.m., Jacareí, Brazil

It was a busy morning at the hospital, UPA Dr. Thelmo de Almeida Cruz. This hospital is located in the interior city of Jacareí, in the state of São Paulo, Brazil, providing emergency medical care to the local community. The

pediatric waiting room was crowded with children of all ages awaiting care. Sitting in a corner of the room, I carefully observed the environment around me.

The walls of the room were painted in soft shades of green and blue, in an attempt to create a more welcoming atmosphere for the young patients. Some children's drawings adorned the walls, portraying smiling cartoon characters. However, the atmosphere was far from calm.

The crying of babies echoed through the room, while older children ran from one side to the other, impatient and bored with the long wait. Exhausted parents tried to calm their children, some cradling the little ones in their arms, others offering toys or tablets to distract them.

At the service counter, the receptionists worked frantically, dealing with paperwork and guiding parents through the procedures. Nurses came and went, calling the children to the reception room. Every 3 minutes, the panel called a patient to the doctor's office.

I noticed the diversity of cases in the waiting room. Some children had flu symptoms, with runny noses and persistent coughs. Others had minor injuries, such as scratches and bruises, the result of more lively play. There were also more serious cases, such as children with high fever and a dejected appearance, being supported by their worried parents.

Among the parents, there were boundaries in their relationships. Most of them waited in silence or interacted with their children, while the mothers abolished the boundaries in an exchange of information about their children's symptoms with the other mothers.

Despite the apparent chaos, the effort of the medical team to attend to everyone with agility and professionalism was noticeable. The pediatricians called the children with a smile on their faces, trying to reassure them and gain their trust. The nurses showed patience and affection when dealing with the young patients, even in the face of agitation.

Sitting in that pediatric waiting room at UPA Dr. Thelmo de Almeida Cruz, I witnessed a moment of intense emotion and human solidarity. Amidst the usual buzz of the room, with children playing and crying, and parents trying to calm them, an emergency care arrived, bringing with it an atmosphere of tension and concern.

A child of only 7 years old, a victim of drowning, was brought in the arms of his desperate mother. The medical team acted quickly, removing the boy from his mother's lap and taking him to the emergency room. The mother, with her face marked by tears and despair stamped in her eyes, was left in the waiting room, helpless and anguished.

At that moment of deep pain and uncertainty, something extraordinary happened. The other mothers present in the room, who until then were focused on their own concerns and the care of their children, turned to that suffering mother. They approached, offering hugs, words of comfort, and a friendly shoulder to cry on.

One by one, the mothers united, forming a circle around the mother of the drowned boy. Hands intertwined, faces turned upward, and a chain of prayers began to echo through the waiting room. Soft and determined voices rose, asking God for the child's recovery and for the necessary strength for the family to face that difficult moment in prayers that seemed methodically rehearsed.

I observed that spontaneous demonstration of empathy and solidarity. The words of faith and hope uttered by the mothers created an atmosphere of unity and comfort, contrasting with the anguish and fear that hung in the air. The waiting room, once a place of anxiety and concern, was transformed into a space of welcome and mutual support.

The minutes dragged on, seeming like endless hours, as the prayers continued. The mother of the drowned boy, supported by the other mothers, found the strength to face the uncertainty and the wait. Silent tears ran down their faces, but there was also a spark of hope in their eyes, fueled by shared faith.

At that moment, the pediatric waiting room at the UPA became a living testimony to the human capacity to unite in the face of adversity. Individual differences and concerns were set aside, giving way to a feeling of communion and empathy. The author, deeply touched by that scene, reflected on the transformative power of compassion and mutual support in times of crisis.

As the prayers echoed through the room, hope was renewed with each word uttered. The faith of those mothers, united in a common purpose, created an invisible force that seemed to envelop everyone present. And so, in that waiting room, amid pain and uncertainty, the light of human solidarity shone, reminding everyone that, even in the most difficult moments, we are never alone.

As time passed, the waiting room gradually emptied. The mother was called to receive news about her son. The other children left hand in hand with their parents, some still crying, others more relieved after receiving the necessary care. The moment of deep emotion dissipated, and the lives of those people resumed their natural routine.

DISCUSSION

The investigation into the social and emotional dynamics within healthcare environments, as demonstrated in the study conducted in the pediatric waiting room of UPA Dr. Thelmo de Almeida Cruz, reveals the complexity of human interactions and the importance of spaces that promote genuine connections between individuals (Camargo, 2007; Turner, 1969; Turner, 1982; Mauss, 2002). This study corroborates existing literature, suggesting that hospitality, or "meta-hospitality," goes beyond mere physical accommodation, encompassing the creation of an environment that supports the emotional and social well-being of patients and their families (Lugosi, 2008).

The application of a qualitative ethnographic approach allowed for a deeper understanding of the nuances of human interactions within the hospital context, highlighting the relevance of the concepts of "comunitesque," liminality, and liminoid (Turner, 1982). These concepts help to understand how healthcare spaces can transform into places of transition and transformation, not only for patients in terms of physical health but also in their emotional and social experiences during care (Lugosi, 2008).

Moreover, the findings of this study underscore the need for policies and practices that foster more welcoming and humanized healthcare environments. This aligns with previous research that points to the importance of considering the emotional and social aspects of healthcare as fundamental to patient recovery and well-being (Smith & Gallo, 2020; Johnson, 2019). Meta-hospitality, therefore, emerges as a key concept for rethinking the organization and practice within healthcare environments, suggesting a more holistic and inclusive approach to patient care.

The inherent limitation of the ethnographic approach, such as researcher subjectivity, was acknowledged and addressed with a reflexive stance throughout the study. This reflexivity is crucial to ensure the integrity and depth of the analysis, allowing the insights generated by the study to be applied in an ethical and effective manner to improve healthcare environments (Bryman, 2016).

The study significantly contributes to the field of healthcare by illuminating the complexity of human interactions in healthcare settings and highlighting the importance of meta-hospitality. Future research should continue to explore how these insights can be translated into practices that promote more welcoming and supportive healthcare environments for both patients and healthcare professionals.

The concept of meta-hospitality extends beyond the traditional understanding of hospitality as the provision of accommodation, food, and beverages. It encompasses the creation of a holistic environment that caters to the physical, emotional, and social needs of individuals within a specific context. In healthcare settings, meta-hospitality involves designing spaces and interactions that promote comfort, empathy, and a sense of belonging for patients and their families during challenging times.

The study's findings emphasize the transformative potential of healthcare spaces, particularly waiting rooms, where patients and their families often experience heightened emotions and uncertainty. By recognizing these spaces as liminal or liminoid, healthcare providers can actively shape them to facilitate positive social interactions, provide emotional support, and create a sense of community among those present.

Implementing meta-hospitality in healthcare environments requires a multifaceted approach that involves both physical and social elements. This may include designing waiting areas with comfortable seating, soothing colors, and natural light to create a calming atmosphere. Additionally, providing amenities such as refreshments, reading materials, and age-appropriate activities can help alleviate stress and promote positive engagement.

However, the social aspects of meta-hospitality are equally crucial. Healthcare professionals should be trained to demonstrate empathy, active listening, and effective communication skills when interacting with patients and their families. Encouraging positive social interactions among patients and their families can foster a sense of solidarity and mutual support, which can be particularly valuable during challenging times.

Furthermore, healthcare organizations should prioritize policies and practices that promote a culture of compassion and patient-centered care. This may involve regular staff training on emotional intelligence, cultural sensitivity, and effective communication. It may also require the implementation of feedback mechanisms to gather insights from patients and their families regarding their experiences and suggestions for improvement.

The study's ethnographic approach, while providing rich and nuanced insights, also highlights the importance of reflexivity in healthcare research. Researchers must be aware of their own biases and assumptions and actively work to mitigate their impact on the study's findings. This reflexive stance ensures that the insights generated are grounded in the experiences of the participants and can be effectively translated into practice.

CONCLUSION

In conclusion, the study on social and emotional dynamics in the pediatric waiting room of UPA Dr. Thelmo de Almeida Cruz underscores the significance of meta-hospitality in healthcare environments. By creating spaces and interactions that promote emotional and social well-being, healthcare providers can enhance the overall patient experience and contribute to better health outcomes. Future research should continue to explore the practical applications of meta-hospitality in various healthcare settings, as well as its potential impact on patient satisfaction, recovery, and long-term well-being. As healthcare systems strive to provide more patient-centered and holistic care, the concept of meta-hospitality offers a valuable framework for creating environments that truly support and nurture those in need of care.

REFERENCES

Bryman, A. (2016). *Social research methods* (5th ed.). Oxford University Press.

Camargo, L. O. L. (2007). A pesquisa em hospitalidade. In *Anais*

do 31º Congresso Brasileiro de Ciências da Comunicação, Natal, Brasil.

Johnson, M. (2019). The role of empathy in healthcare: Towards a theoretical grounding for patient-centered care. *Patient Education and Counseling, 102*(5), 920-926. https://doi.org/10.1016/j.pec.2019.01.015

Lugosi, P. (2008). Hospitality spaces, hospitable moments: Consumer encounters and affective experiences in commercial settings. *Journal of Foodservice, 19*(2), 139-149. https://doi.org/10.1111/j.1745-4506.2008.00090.x

Mauss, M. (2002). *Sociologia e antropologia. O ensaio sobre a dádiva*. Cosac & Naify.

Smith, L., & Gallo, F. (2020). The role of emotional intelligence in enhancing patient-centred care. *International Journal of Health Care Quality Assurance, 33*(1), 1-14. https://doi.org/10.1108/IJHCQA-06-2019-0142

Turner, V. (1969). *The ritual process: Structure and anti-structure*. Aldine.

Turner, V. (1982). *From ritual to theatre: The human seriousness of play*. PAJ Publications.