Finnish Institute of Occupational Health

HealthCare Professional's Perceptions of Shared Workspaces – Differences between Professional Groups

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Background

- The Finnish healthcare sector is modernizing both work processes and facilities
- Workplace design is changing from assigned personal rooms to shared workspaces
  - Shared consultation rooms (CRs)
  - Activity-based workspaces (ABWs)
- Research on the suitability of shared workspaces for healthcare work remains limited



Objective

To examine

- differences in physicians’, nurses’, and rehabilitation professionals’ perceptions of shared workspaces



Material and methods

- Five organizations providing outpatient care
- A total of 425 Healthcare professionals (HCPs) responded to the survey (response rate: 30%).
- Mean age: 47 years (range 21-67).
- The majority were women (86%).
- Respondents included nurses (n=285), rehabilitation professionals (RHPs, N=82) , physicians (N=58)
- Semi-structured Interviews (N=37)
- Kruskal–Wallis and Critchlow– Fligner tests, complemented by deductive content analysis



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Surveys and interviews

Survey items

Safety

Security

Ergonomics

Accessibility

Storage space

Overall lighting, natural light

Soundproofing

Disturbance of speech sounds

Perceived office support for

- individual work
- interaction and collaboration between teams/units
- Work tasks as a whole
- Work performance

(Sirola et al., 2024; modified from Ruohomäki et al., 2013).

Themes of the interviews

Interviews explored a more in-depth understanding for the survey themes:

Workspace quality (Safety, Security, Ergonomics, Accessibility, Storage space, Lighting, Soundproofing, Disturbace of speech sound)

Shared workspace use

Job content

The smoothness of work

Work performance

Perceptions of Shared Workspaces

Positive perceptions

Ergonomics and Accessibility

CR (59%) ABW (61%) CR (80%) ABW (61%)

Overall lighting

CR (78%) ABW (72%)

Safety

CR (75%)

Negative or varied perceptions

Storage space	CR (51%)	ABW (66%)
Natural light	CR (71%)	ABW (50%)
Soundproofing	CR (50%)	ABW (74%)
Security in ABWs		ABW (58%)
Disturbance of speech sounds		ABW (58%)
Perceived work performance	CR (39%)	ABW (39%)

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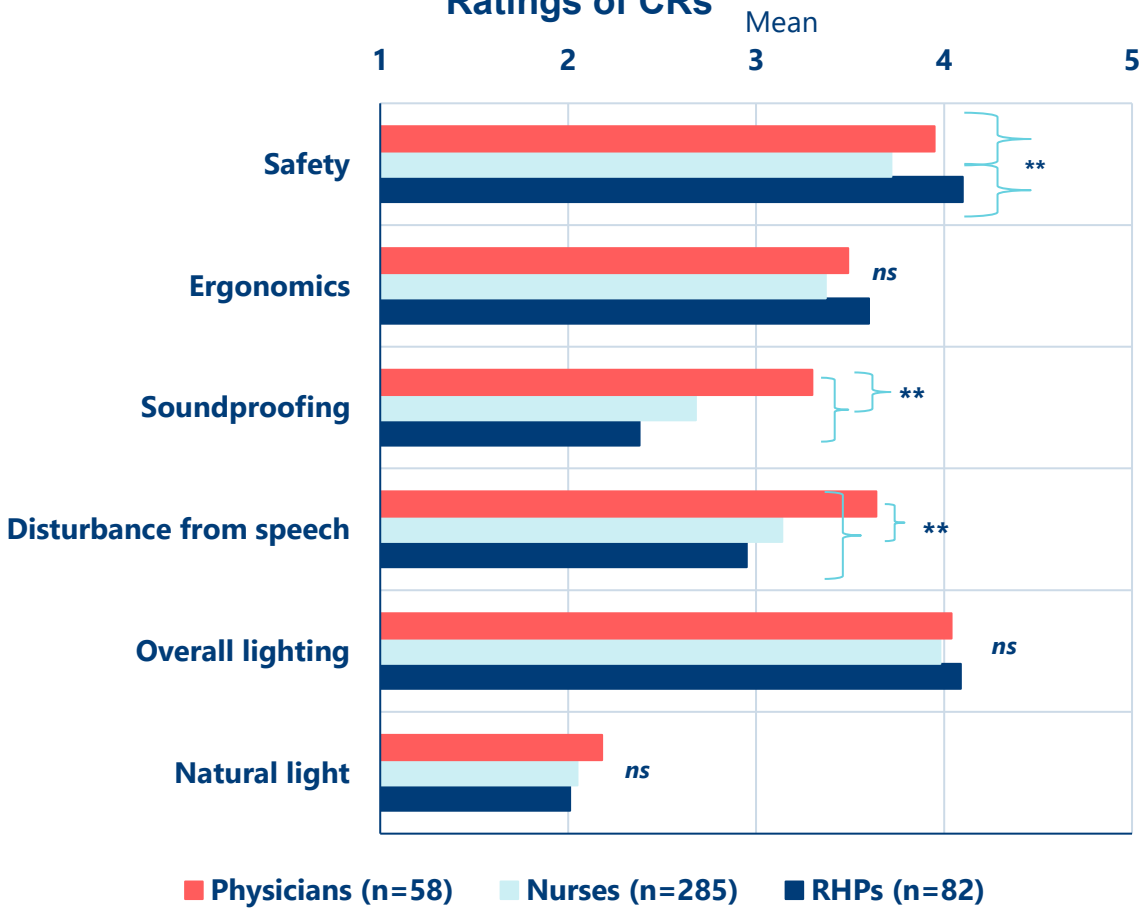
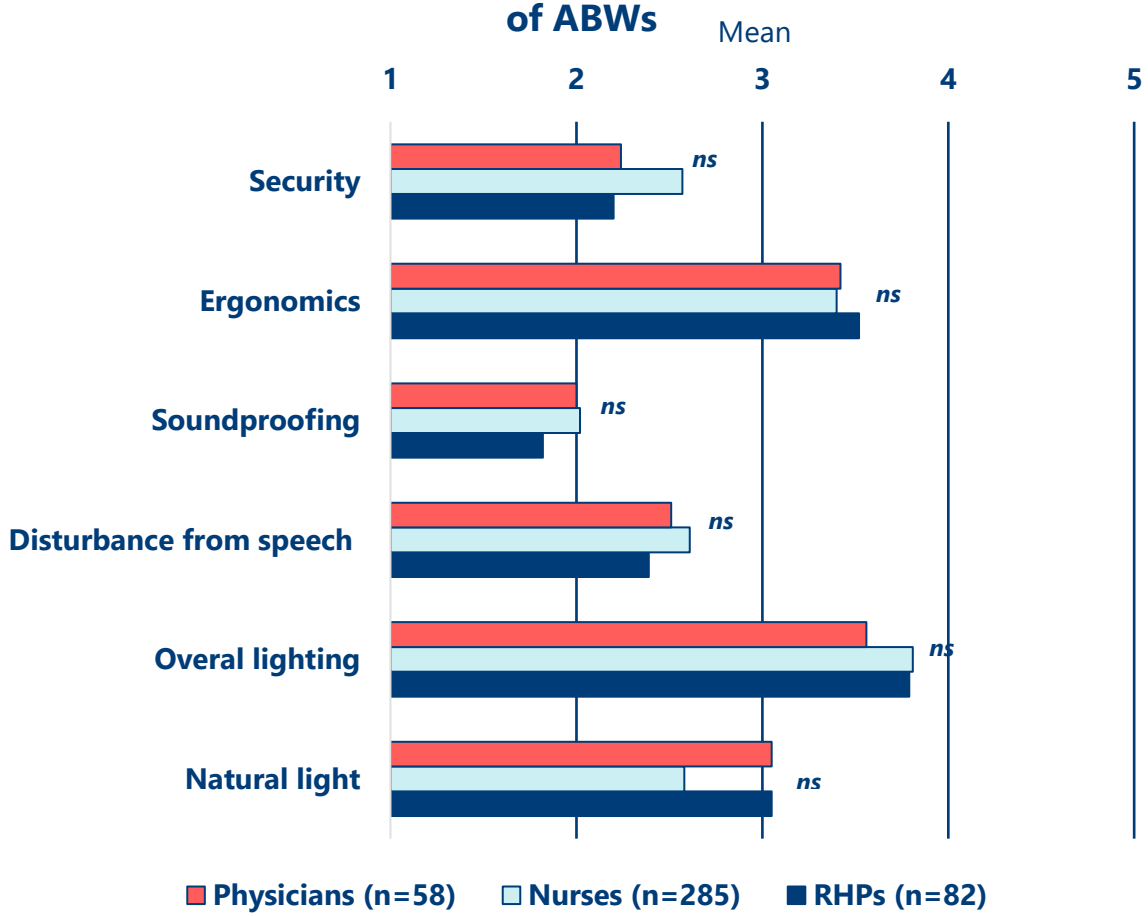
Differences Between Professional Groups in Ratings of CRs



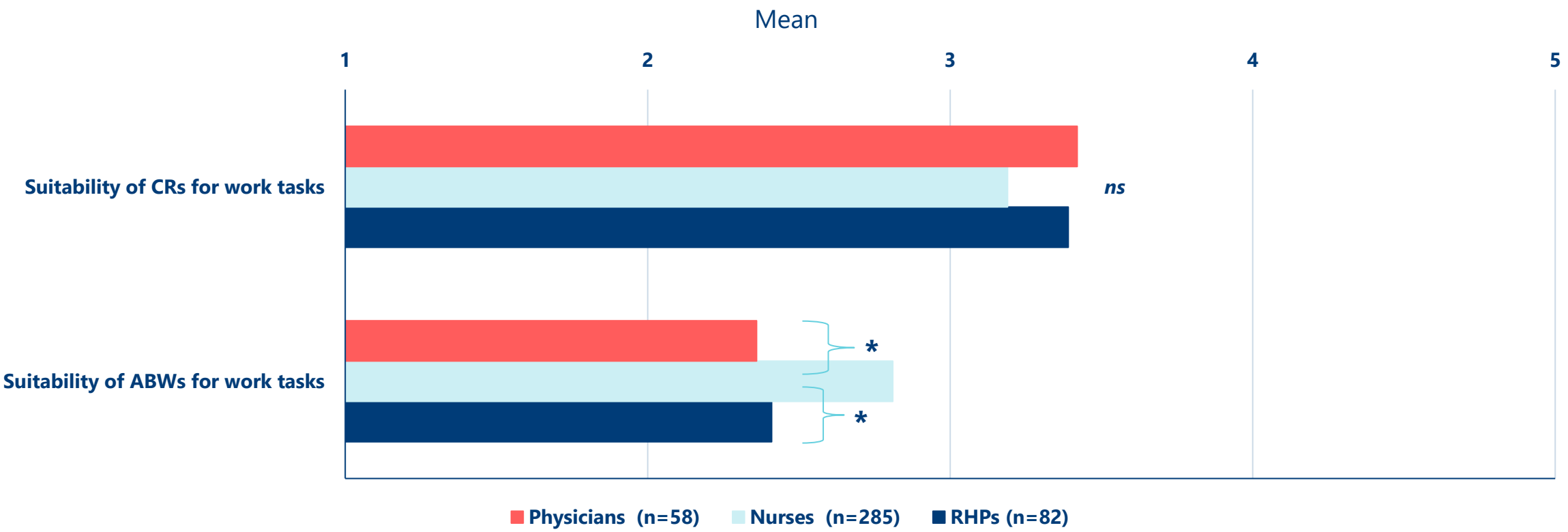
Differences Between Professional Groups in Ratings of ABWs



**p<0.05, **p<0.01, and ***p<0.001; ns = non-significant*

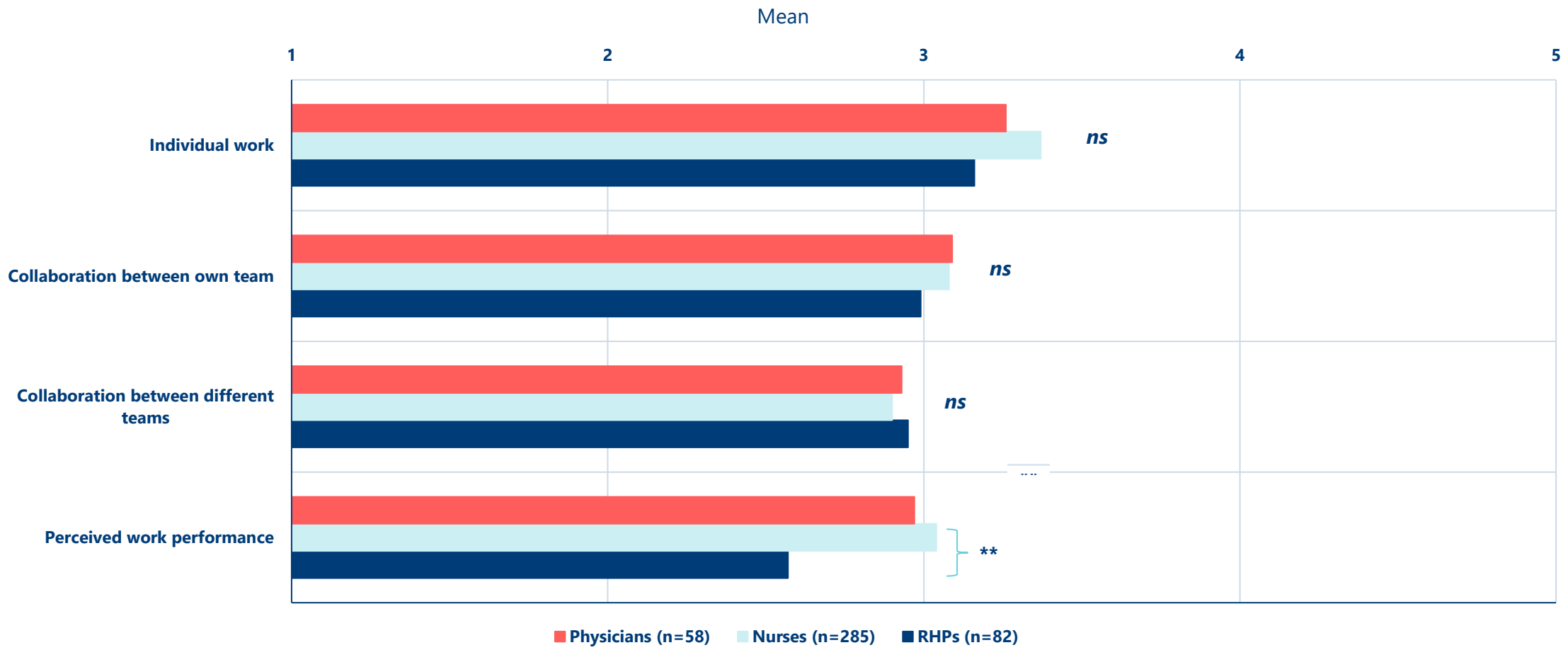
Scale: 1 Strongly disagree – 5 Strongly agree

Perceived office support: worktask as overall



*p<0.05, **p<0.01, and ***p<0.001; ns = non-significant
Scale: 1 Strongly disagree – 5 Strongly agree

Perceived office support for worktask and work performance



*p<0.05, **p<0.01, and ***p<0.001; ns = non-significant
Scale: 1 Strongly disagree – 5 Strongly agree

Results from the interviews (N=37)

Soundproofing in CRs (Nurses & RHPs)

Core work: Care coordination, phone consultations, therapeutic interaction, privacy-sensitive work
Impact: Poor soundproofing in CRs with escape doors disrupted concentration, care coordination and therapeutic encounters.

Speech noise (Nurses & RHPs)

Core work: Simultaneous communication, documentation, telephone work, continuous client interaction
Impact: Noise complicated documentation, communication and therapeutic encounters.

Safety (Nurses)

Core work: Lone working, immediate patient care, unpredictable situations
Impact: Safety depended on room location and easy escape routes.

ABW fit (Physicians & RHPs)

Core work: Workflow continuity, therapeutic continuity
Impact: Workspace switching conflicted with efficient clinical and therapeutic work.

Perceived work performance (RHPs)

Core work: Concentration-intensive and relationship-based therapeutic work
Impact: Interruptions, workspace changes and poor acoustics reduced effectiveness.

Shared spaces (All groups)

Core work: Confidentiality, concentration, uninterrupted work
Impact: Frequent workspace switching disrupted clinical workflows and reduced efficiency.

Conclusions

- Professional differences reflected both work tasks and spatial design.
- Shared CRs were perceived quite suitable, suggesting standardized rooms can support diverse users.
- However, frequent workspace switching reduced continuity of work, especially in tasks involving sensitive patient interactions or specialized equipment.
- Perceptions of acoustic privacy and safety were influenced not only by work tasks but also by spatial design features, such as escape doors.
- ABWs were perceived as less suitable, particularly by physicians and rehabilitation professionals.
- ABWs should be developed to improve acoustic conditions and support the alignment between tasks and workspaces.
- More mixed methods research and longitudinal studies are needed with larger participant groups to deepen the understanding of the findings.



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Thank you!

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