

Design/health: exploring tensions in design and health for more effective trans-disciplinary collaborations

CRAIG, Claire <<http://orcid.org/0000-0002-3475-3292>>, REAY, Stephen and NAKARADA-KORDIC, Ivana

Available from Sheffield Hallam University Research Archive (SHURA) at:

<http://shura.shu.ac.uk/24416/>

This document is the author deposited version. You are advised to consult the publisher's version if you wish to cite from it.

Published version

CRAIG, Claire, REAY, Stephen and NAKARADA-KORDIC, Ivana (2019). Design/health: exploring tensions in design and health for more effective trans-disciplinary collaborations. Design Journal, 2215-2219.

Copyright and re-use policy

See <http://shura.shu.ac.uk/information.html>

Design/health: Exploring tensions in design and health for more effective trans-disciplinary collaborations

Claire Craig^{a*}, Stephen Reay^b, Ivana Nakarada-Kordic^c

^aLab4Living, Sheffield Hallam University

^bGood Health Design, Auckland University of Technology

^cGood Health Design, Auckland University of Technology

*Corresponding author e-mail: c.craig@shu.ac.uk

Abstract:

The academic disciplines and practices of design and health currently operate within different spaces and draw on disparate paradigms relating to how knowledge is created and disseminated (Reay et al 2017). Whilst the value of bringing design and health together is increasingly being recognised the reality is that this can be fraught with complexity (Harris and Lyon, 2014). Within design for instance, disruption and risk are regarded as creative catalysts, which can lead to the generation of new insights. Within healthcare risk is frequently seen as a negative force and to be avoided at all costs. This interactive workshop based around a series of crafted challenges offers participants the opportunity to explore these tensions and to work together to identify different routes and ways forwards.

Keywords: Design, Health, Risk, Collaboration, Values

1. Context of Workshop

The last decade has witnessed an exponential growth in the number of designers working in health-care contexts (Chamberlain and Craig 2017). In part, this has occurred as a consequence of global ageing, shifting expectations, and of rapid advances in health-care technologies (Greenhalgh 2017). However, a key contributor is the recognition of the need for new ways of thinking and working to meet the changing contexts of where and how health-care is delivered.

Whilst medicine is a material culture and is enacted through objects (surgical instruments, assistive technologies, clothing, furniture), (Cavello 2018) the disciplines of design and health have developed and existed largely in parallel (Chamberlain and Craig, 2017). In many ways the academic discipline of design for health is still in its infancy. With this comes an emerging diversity of approaches and perspectives as to what might be most appropriate or successful when aspiring to make impact in a healthcare environment. Coupled with a divergence around the use of co-design or co-creation from healthcare, means there remains a tentativeness relating to the design and health field. This is not

just in relation to the paradigms and methods designers and health-practitioners utilize, but extends to more fundamental questions (Reay et al 2016). These include what is the role of design and design research in the context of health? How and when should designers be involved? How do the value systems underpinning the disciplines interact and how can the mechanics of working in complex multi-disciplinary teams be managed? (Chamberlain and Craig, 2017)

2. Planned Activities and Expected Outcomes

This workshop offers delegates the opportunity to explore these questions in a highly engaging and stimulating/enjoyable way through an interactive game developed by the workshop leaders named Initiate:Collaborate.

Delegates will journey together through crafted 'challenges' to collectively explore a series of meta themes including values and value systems, definitions of success. Ethical questions and issues are addressed at each point in this process. This journey is designed to delight, at times frustrate, challenge and enable participants to gain new insights as to how their personal value systems (and those inherent within design) interact with broader paradigms of health. Themes of risk and riskiness are particularly explored within a series of fauxjects (fake projects) where participants are able to apply their developing insights to crafted scenarios. The game ends with the creation of a manifesto for trans-disciplinary working across design and health which directly feeds into a broader ethical framework.

By the end of the session delegates will:

- Gain greater understanding of the paradigms and value systems that operate across design and health
- Recognize the importance of their own value systems and assumptions
- Consider how creativity and innovation interact with notions of risk and vulnerability
- Interrogate notions of success and measurement for different contexts
- Reflect on the possibilities this space offers

Our premise: For the academic discipline of design for health to realize its potential it is necessary to openly explore underlying assumptions that to date have remained largely unspoken. This stimulating and interactive workshop will begin this process and create a foundation on which participants can build.

The workshop organisers commit to producing a short, illustrated report on the results of the workshop for the EAD website and to including a participant information sheet for individuals engaging in the workshop.

3. Intended Audience

This workshop will be well suited to any delegate at the conference who has an interest in working in trans-disciplinary teams particularly those that bring together design and health. The workshop will

appeal to designers and researchers at all stages of their career. We welcome particularly PhD students. The workshop can accommodate up to 20 participants.

4. Length of Workshop

The activities that form the basis of the Initiate: Collaborate interactive game, are designed to be undertaken over a 90 minute time-period.

5. Space and Equipment Required

The session is designed for up to 20 people. Two tables are required (sufficiently large to accommodate 10 participants per table, depending on number of attendees) and sufficient wall space to hang two A0 posters. The workshop would be well suited to a studio-like space although would equally work well in a community venue providing that table space is available.

6. Potential Outputs

We anticipate that the workshop will promote discussion and importantly offer a framework to guide delegates as they embark on future trans-disciplinary research collaborations.

References

Cavallo, S. (2018) *The material culture of medicine*. Oxford. Berg

Chamberlain, P. and Craig, C. (2017) Design for Health: reflections from the editors. *Design for health*, 1 (1), 3-7

Greenhalgh, T. Wherton, J. et al. (2018) Beyond adoption: a new framework for theorizing and evaluating nonadoption, abandonment and challenges to the scale up, spread and sustainability of health and care technologies. *Journal of Medical Internet Research*. (Nov) 19 (11)

Harris F and Lyon, F (2014) *Transdisciplinary research: a review of approaches to knowledge co-production*. Oxford. SPRU.

Reay, S. Collier, G. Kennedy-Good, J. Old, A. Douglas R. & Bill, A. (2016): Designing the future of healthcare together: prototyping a hospital co- design space, *CoDesign*, DOI: 10.1080/15710882.2016.1160127

Reay, S. Collier, G. Douglas, R. Hayes, N. Nakarada- Kordic, I. Nair, A. & Kennedy-Good, J. (2017): Prototyping collaborative relationships between design and healthcare experts: mapping the patient journey, *Design for Health*, DOI: 10.1080/24735132.2017.1294845

About the Organisers:

Claire Craig is Co-director of Lab4Living, a trans-disciplinary research cluster at Sheffield Hallam University that brings together design, creative practice and health. Claire is co-founder and editor of the Design for Health Journal published by Taylor and Francis.

Stephen Reay is Associate Professor, and director of Good Health Design, a collaborative design studio at Auckland University of Technology. He is one of a multidisciplinary team whose aim is to develop better health and wellbeing experiences.

Ivana Nakarada-Kordic is a qualitative researcher with a background in human factors and health psychology. Her work at the Good Health Design studio focuses on user experiences in the health care context. She is currently involved in various co-design projects involving patients, designers, researchers and clinicians in the Auckland area.