

## **Editorial. Let's work together**

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## Let's Work Together

Claire Craig, Kirsty Christer

Design for health is inherently collaborative. The strength of this field is the bringing together of different perspectives and skills; drawing on but also seeing beyond individual disciplinary perspectives to reimagine and create new possibilities. Collaboration and working together are themes which run through many of the papers in this issue of the journal.

Max Schoepen and colleagues in their paper *Prone Crawl Breast Couch* explore how design plays a role in the creation of devices to promote a more accurate and dignified process for individuals undergoing breast cancer radiotherapy. The conclusion is clear: the user centred iterative aspects of the approach they describe produce better end results. In part this is because of the multiple perspectives this offers. The authors are keen to highlight that among the strengths of the project were the opportunities that interdisciplinary working offered and the access the researchers were afforded to hospital settings, medical expertise, interaction with patients and clinical data.

Collaboration with end users is the central theme of the paper *User Involvement in Early-Stage Design of Medical Training Devices* by Ege, Auflem, Lilleløkken and Steiert. Their case study focuses on user involvement in the 'early-stage design of medical training devices, using a novel concept for abdominal palpation training' to exemplify the challenges and approaches for the design of medical training equipment. The research highlights the huge value of engaging with end users at an early stage of the design process and how these insights can inform the evolution of conceptual prototypes before any industrial development occurs. One of the strengths of the case study is the detail of the mixed-method approach to build these multiple perspectives.

Gillian Harvey and Katherine Bubric also describe a mixed methods approach in their paper '*Understanding Patient Experience in the Emergency Room Using Multiple Methods*'. Healthcare environments are complex spaces, fraught with confusion, and one of the challenges in the design of these spaces arises from a lack of understanding of what happens in them. Through engaging patients and clinicians in the research, the authors show how they were able to develop new insights and identify potential design opportunities. Their approach and these potential areas for future collaborations offer interesting future directions for design researchers working in these complex settings.

The papers by Ege et al., and Harvey and Bubric exemplify exceptionally rigorous approaches and the value of drawing on qualitative and statistical data as a way of building understanding. These methods offer one way of finding a shared language through which to communicate research. Caroline Claisse, Bakita Kasadha and Abigail Durrant take this a stage further. In their paper *Co-creative Visual Poetic Enquiry for Communicating Lived Experience of HIV Self-management and Self-care*, the authors introduce an innovative approach, drawing on poetic

and visual forms of enquiry. Through their case study they present and offer a detailed description of how visual poems, co-created between team members, offered a way of capturing and communicating insights arising through the project. One of the real strengths of the approach is the power of the poetry as a mechanism through which to communicate insights to broader audiences.

If this issue of Design For Health highlights the value of collaborative enquiry, and ways of achieving it, it also exemplifies some of the challenges. Across all the case studies and papers, the authors also openly share the complexities that arise when working in this space. For instance we hear of the obstacles relating to Intellectual Property, challenges of time, and challenges of navigating different value systems.

The final papers in this issue share insights into possible ways of ensuring that design researchers are well prepared to work in this emerging field.

In *Integrated Studio*, Reay and colleagues reflect on and discuss the curriculum design, results and impact of a new undergraduate design studio class that introduced students to design for health and wellbeing in a real-world context. Through a brief to re-think the future of a new healthcare facility being built on the hospital campus, students were given the opportunity to reimagine future care environments and, importantly, to work collaboratively with key stakeholders. The authors reflect on the strengths of this approach, in enabling the students to gain insight into the complexities of undertaking research in a large healthcare organization and in finding a language to engage with different stakeholders.

Across all these papers, the collaborations described relate to specific projects and contexts. It is fitting, then, that our final paper explores how we can collaborate effectively as an international community of design and health researchers. The paper by Nakarada-Kordic et al. describes a study that sought to understand the challenges and opportunities for a future Design for Health Global Network. Whilst the study *Identifying Challenges and Co-Imagining Futures for a Design for Health Network* highlighted some of the practical and philosophical challenges that can potentially act as barriers to working together, the authors reflect on the inherently optimistic findings and potential for a future global network, co-imagined and co-created by the design for health community.

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