Navigating unchartered territory

CRAIG, Claire <http://orcid.org/0000-0002-3475-3292>

Published version

CRAIG, Claire (2017). Navigating unchartered territory. Design for Health, 1 (2), 149-151.

EDITORIAL:
Navigating Unchartered Territory

> Maps give their readers the simple and magical ability to see beyond the horizon.
>
> (Fawcett-Tong 2008)

The earliest maps began as blank sheets of parchment which navigators took with them and crafted as they discovered new continents. In many ways being an editor for the Design for Health journal feels a little like those early cartographers, navigating as yet unchartered territories, discovering new spaces and understanding where some of the disciplinary boundaries lie.

These boundaries can take many forms - different languages and paradigms in how we conceptualize what research is and the values we attach to different types of knowledge and methods used to create and quantify this. These are not unique to the disciplines of design and health. Within health, questions relating to what we mean by evidence, ways that we describe, articulate and quantify our research have existed between those who preference more qualitative methodologies over quantitative approaches. Debates still continue and whilst at one level it may feel as though such boundaries are insurmountable it has led to researchers exploring new languages and new ways to translate and communicate what we do.

In healthcare research, as early as 1985 Lincoln and Guba created a framework based around the concept of trustworthiness of research. This set of evaluative data sought to find a language and an approach to demonstrate the worth of qualitative approaches which used much smaller samples than methodologies such as the randomized controlled trial. This framework spoke of the rigour of qualitative research based around the credibility of findings which looked at the confidence researchers and practitioners had in relation to the truth of the findings. They considered ways that qualitative researchers could articulate and establish the transferability of findings, showing how findings from relatively small samples could have applicability in other contexts through rich description. They demonstrated how to establish dependability, offering ways that qualitative researchers could show how the findings are consistent and could be repeated. Finally, they looked at the importance of confirmability - the extent to which the findings of the study were shaped by the respondents and not researcher bias, motivation or interest.

Our editorial team has reflected on the importance of authors describing as clearly as possible the area of enquiry their work seeks to address, how they have approached their research, offering as much detail as possible in relation to what has been undertaken and the contexts in which they operate. This clarity will ensure a level of transparency and help us to understand further the languages we speak.

As Lincoln and Guba (1985) demonstrated, rather than seeing the different languages as boundaries they can be regarded as opportunities. Indeed, as this edition of the journal shows, these intersections of practice are rich seams to mine. '*Migrating art: a research design to support refugees recovery from trauma - a pilot study'* offers an opportunity to think about the value of art in enabling marginalized populations to articulate their experience of war and trauma. However beyond this it raises interesting questions as to where the boundaries of participatory art practices and therapeutic art lies. In doing so it suggests the possibilities that the co-design methods we use may actually be of benefit to individuals who participate in our research. In a similar vein, the paper '*Whose Mammogram is this anyway?'* offers valuable perspectives on technology, breast health and mammography focusing our attention on the individuals we work alongside.

These shifts in perspective are invaluable. Seeing the world from different viewpoints provides an opportunity to do a number of things. It can make you revisit your disciplinary home to gain a clearer sense of where your practice sits and how it relates to other paradigms as Amy Wagenfeld does in her paper, '*User Wellbeing: an entry point for collaboration between occupational therapy and design*'. It can highlight further opportunities as seen in Ingeobord Griffioen et al.'s call for service designers and healthcare professionals to combine efforts to improve the implementation of shared decision making in healthcare *('The Potential of Service Design for Improving the Implementation of Shared Decision Making'*). The other thing it can do is to allow us to critically question a direction of travel. Here we see this in Rebecca Mclaughlan's paper '*Learning from Evidence Based Medicine: Exclusions and Opportunities within Healthcare Environments Reseach'*. Thinking about these contexts is invaluable; what all these papers do well is to invite us to reflect deeply on the spaces and places (philosophically and practically) where our work sits.

Within the Design for Health Journal, the case study offers an opportunity to dedicate more time to critically exploring or describing an aspect of research, offering more detail in terms of the context. It might explore the nuances of the setting of a piece of research, the challenges and opportunities a team faced in implementing a service or design intervention. The case study may describe in more detail a method or an end product that has been created or even an instance in which a study did not go quite to plan. This rich description can be invaluable to other researchers who are just embarking on research within this field.

This present issue includes two case studies: Ivana Nakarada-Kordic and her colleagues report the development and use of creative methods to engage young people experiencing psychosis in the creation of an online resource to support their education and wellbeing. The second case study, written by Katarina Wetter Edman, also focuses on the mental wellbeing of young people and describes how an invitation to explicitly develop a new digital mental health service led to an opportunity to support ways of working differently within that service. Both case

studies describe well the context of the work and two very different approaches to achieving change.

Whilst mapping new territory is never easy it does offer the opportunity to present things differently. Articles frequently offer a tiny snapshot of a much larger body of research and these can be scattered over many different journals, making a sense of coherence difficult to achieve. This current issue includes two linked articles, both relating to the design and use of a tracheostomy product. The first paper by Jill Wrapson describes an in depth study of the experiences of long term tracheostomy patients. Steve Reay's paper builds on this, describing how this research was extended and resulted in a series of critical design artefacts. Placing these in juxtaposition offers a way of painting a richer picture and of seeing a much fuller story of the research inquiry.

Similarly we have explored and opened up alternative formats for a review. This issue ends with two reviews both including visual material. The first is by Sarah Smith who offers an illustrated review of Rachel Cooper and Emmanuel Tsekleves's book, 'Design for Health' and in the second Sue Walker reviews the current exhibition at the Wellcome, 'Can Graphic Design Save Your Life?'

I end by returning to my original analogy of maps and navigation. Maps offer an important function in helping us to navigate new and unfamiliar territories. They can provide us with a sense of direction, helping us understand where we are and where we sit in the broader landscape, and can provide confidence for others who are just beginning on their journey. For me, one of the most exciting aspects of Design for Health is that we are venturing into new places. In contributing to the journal you too can open up new possibilities and new landscapes for others to explore.

References

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Claire Craig
Editor
Art & Design Research Centre, Sheffield Hallam University, Sheffield, UK
c.craig@shu.ac.uk