Faculty of Design

2020

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Abstract

Design methods are increasingly used in the healthcare context. However, there is a clash between the playful culture of design and the professional culture of healthcare. Amid this culture clash is an opportunity to critically reflect on the benefits and risks of playfulness within critical contexts. This paper investigates the tensions that emerge by unpacking examples of playful design explorations within health and care systems in Sweden and Norway. In doing so, we offer reflections on the implications of using playful explorations as an extended form of caring within such systems.

Background

The bureaucracies of our health and care systems have emphasized professional detachment, cool neutrality, and treating everyone the same (Cottam, 2018). While these rigid structures intended to reduce the stress on caring professions, it has paradoxically contributed to disrupting relationships and furthering anxiety (Menzies Lyth, 1988). These rigid structures have also led to health and care systems being notoriously slow to adapt to changing conditions (Adelman et al., 2012).

Design is increasingly being adopted as an approach to rethink and reconfigure healthcare and its systems to enable more caring contexts (Jones, 2013). Yet, when studying the practice of designers in healthcare contexts, some clear tensions emerge, including a conflict between designer's appreciation for risk and failure, and the risk-averse orientation of healthcare (Romm & Vink, 2019). Along a similar vein, research has highlighted a clash between the playful culture of design and the professional culture of public services organizations (Aguirre Ulloa, forthcoming).

Given this tension, are playful explorations within critical health and care systems an okay thing to do? What value and risk do open-ended creative probes bring into care contexts, including distressing situations that deal with illness, pain and death? Amid this context, the purpose of this article is to critically examine the relevance of design explorations in health and care systems. Here we refer to "explorations" as a category of prototypes that catalyzes creative participation and stimulate reflections on possible actions, rather than prototypes that are focused on testing particular solutions (Floyd, 1983).

Context & Approach

In this paper, we explore the implications of design explorations in health and care systems by deconstructing sets of playful design explorations done in two research projects. The first project was a design research collaboration between the Oslo School of Architecture and Design (AHO) and a healthcare unit in Larvik Municipality, Norway that provides remote care and navigational support. This was one project within an 8-year collaborative research initiative called the Center for Connected Care (C3). The project focused on understanding and supporting the transition of this healthcare unit from a pilot project toward an ongoing service. Eight explorations were conducted collaboratively by service design master students and healthcare staff, as well as, in some cases, patients. The explorations were planned based on insights from interviews with over 40 stakeholders and were short in duration, ranging from 30 minutes to a half a day, and took place in April 2020.

The second research project involved a series of explorations that took place at two somatic units in a large residential care home (RCH) in Stockholm, Sweden. These explorations were part of a 5-year transdisciplinary research project called "Space and Place in End-of-Life Care". The project focuses on understanding how residents, relatives and care workers experience the settings through participatory processes. From August to December 2018, design and art researchers set up a residency in the two units. Every Thursday afternoon the researchers placed their practices at the units, sharing the time between the two wards. Approximately ten explorations emerged from observations and conversations with the residents or staff at the units.

Examples of Design Explorations

Below are five examples of the design explorations that were conducted.

Together Apart

To bring awareness to work routines and interdependence between healthcare teams, the staff were divided into two teams during the workday based on the services they provide. For a half a day, the rule was that these two teams couldn't interfere within each other's work, and if they did, they had to mark it on a paper.

Figure 1. The different service teams in the Together Apart exploration.

Post Card Prompt

A call was conducted by sending a patient an electronic postcard with questions about exercise during COVID-19 social distancing to act as a prompt for a discussion with one of the remote card nurses. The aim was to better understand how to support patients' emotions and challenges to healthy lifestyles during the COVID-19 outbreak.
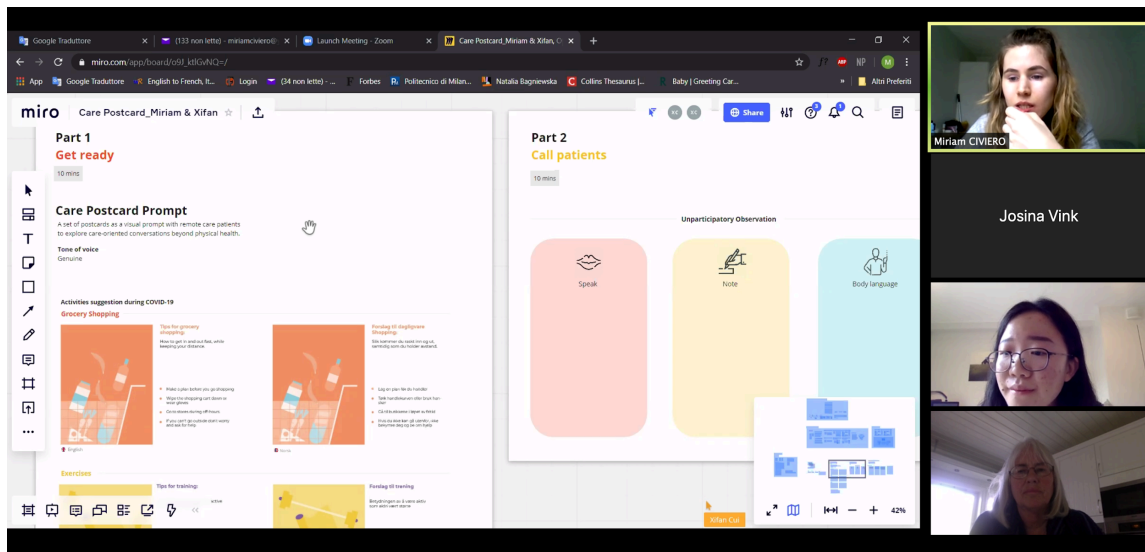

Figure 2. Zoom call between student and healthcare staff to set up the Postcard Prompt exploration.

The Salvador Dali Mustache

In a conversation with one of the residents, she expressed an interest in the artist Salvador Dali's work. In an effort to learn more about the resident and her everyday life, the researchers created mustaches like Salvador Dali's, wore them while watching a documentary about Dali and had conversations about his art and life together with the resident.
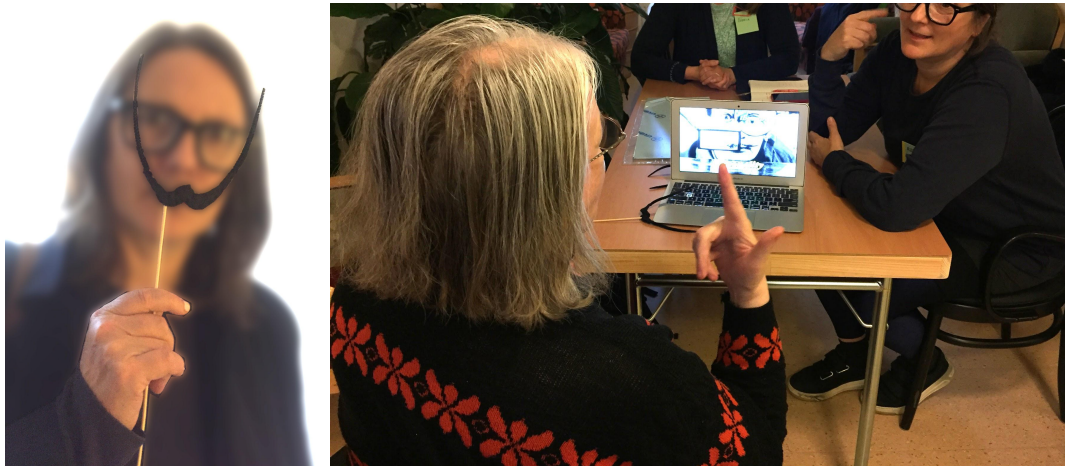

Figure 3. The Salvador Dali mustache and showing of Salvador Dali documentary

The Furry Table

In an attempt to step away from the institutional aesthetic, which was something the participants of the project expressed a desire for, some of the tables were decorated with yellow fur to create a more playful atmosphere. This set-up was used during the "hand festival" that the researchers organized within their residency.
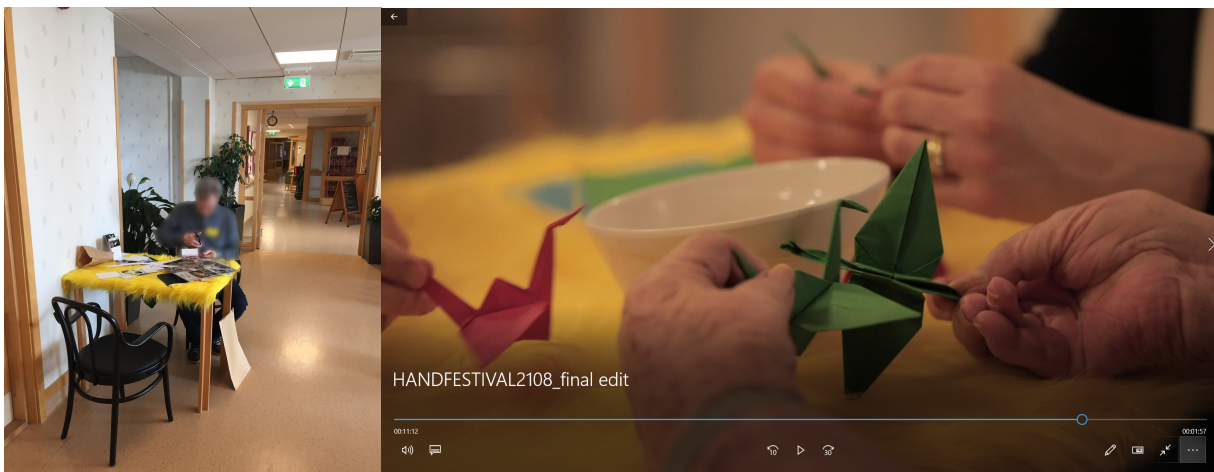

Figure 4. The furry table in the residential care home context and residents playing with cranes at the hand festival

The Tin Can Phone

The Tin Can Phone prototype was made in an attempt to explore the call bell system together with the staff and residents. The call bell was expressed as a "hot potato" in the RCH setting (Stranz et al., to be submitted). The staff expressed stress due to being torn between residents and having too many calls to respond to. The prototypes were made with strings with different qualities to represent different experiences of the call.
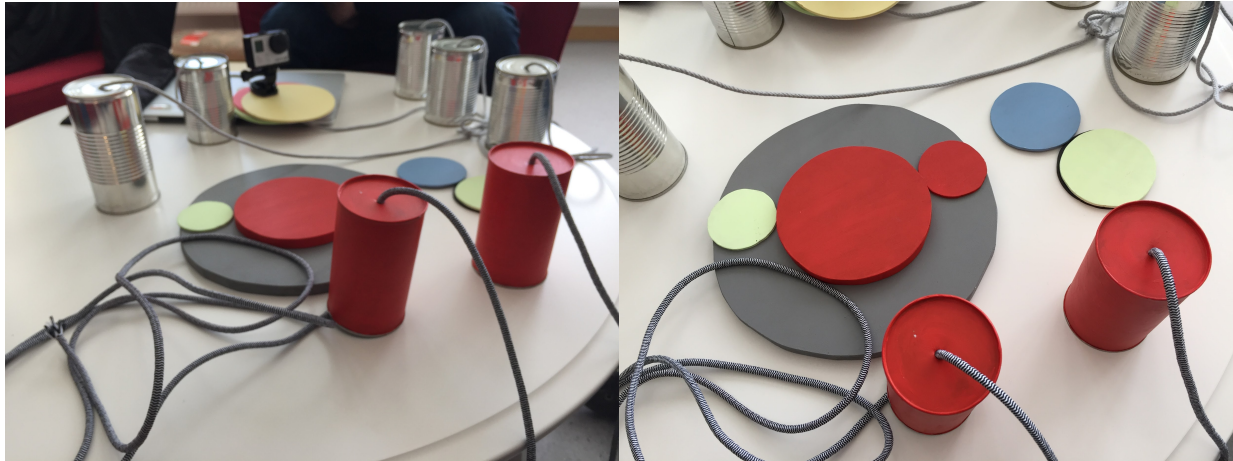

Figure 5. Two versions of the Tin Can Phone and one prototype of the multiple call buttons.

Reflections

Researchers from both projects reflected on the relevance of these explorations, the challenges that emerged and the opportunities these explorations provided for change and creativity. Some of the issues that arose are highlighted below:

- *Making fun?* In an interview with one of the staff at the RCH, they said that, to begin with, the residents thought the experiments were very weird. But then after a while, they started to think they were really fun. Similarly, when first introduced to them, healthcare providers in Larvik said they were scared about these explorations. Afterwards, they said they wanted to continue integrating that playfulness into their work.

- *Wasting time?* Some design researchers found it hard to introduce the explorations without an obvious use or solution in mind. They had a doubt about coming into the care context and doing things that were not of obvious use. There was a fear of wasting someone's time, of using resources more needed elsewhere. The staff, the residents and their family, spoke about many malfunctioning things, and it was obvious that things needed to change. One of the residents expressed, "I'm sad you did so little". So maybe without visible results, some participants were dissatisfied.

- *Failed explorations?* Some explorations were considered "failures" by those involved. For example, the healthcare provider involved in the Postcard Prompt exploration felt that the postcard was not properly designed to fit the context, and the process wasn't well thought out. In another exploration, a designer researcher felt it was a failure because it wasn't fully utilized

in context. However, at the same time, these frustrations yielded interesting awareness about the care contexts involved.

- *Reimagining relations?* The explorations seemed to open up the possibilities for participants to question and enact alternative ways of relating. One participating staff member acknowledged that it helped them see that they had the possibility to change how they were interacting with each other. In several explorations, it became clear that participants had an immense and extraordinary ability to adapt to different circumstances that they weren't tapping into in their everyday routines.

Playfulness, lust and other creative feelings cultivated by these explorations seem to motivate participants to want to make the change and think differently within their care contexts. Playful explorations seem to put people into a more relaxed, non-defensive state, enabling new things to happen and removing pressure from the result. Puig de la Bellacasa (2010) suggests that exploring and asking curious questions is an act of caring. Exploring has the potential of enhancing caring relationships, which according to Cottam (2018) is one of the key things that the welfare state of today has ruled out with "a premium on being dispassionate" (73-74).

References

Nelson, H.G. & Stolterman, E. (2012). *The design way: Intentional change in an unpredictable world*. Second edition. Cambridge, MA: MIT Press.

Adelman, T., Kitchener, M., Ng, T. & Harrington, C. (2012). Change and inertia in the New York State Medicaid Personal Care Services program: An institutional case study. *Journal of Aging & Social Policy*, 24(3), 309-327.

Aguirre Ulloa, M. (forthcoming). *Transforming Public Organizations into Co-designing Cultures: A Study of Capacity-Building Programs as Learning Ecosystems.* Oslo School of Architecture and Design. PhD Thesis. To be released June 2020.

Cottam, H. (2018). *Radical Help*. Virago Press, London

Floyd, C. (1984). A systematic look at prototyping. In *Approaches to Prototyping*, R. Budde, K. Kuhlenkamp, L. Mathiassen and H. Zullighoven (Eds.). Springer-Verlag, Heidelberg.

Jones, P. (2013). *Designing for Care*. Rosenfeld.

Menzies Lyth, I. (1988). *Containing Anxiety in Institutions: Selected Essays*, Vol. 1. Free Association Books. (It looks absolutely super interesting!)

Puig de la Bellacasa, M. (2010). Matters of care in technoscience: Assembling neglected things. *Social Studies of Science.*

Romm, J., and Vink, J. (2019). "Investigating the "in-betweenness" of service design practitioners in healthcare". In Pfannstiel, M. A., and Rasche, C. (Eds.), *Service Design and Service Thinking in Healthcare and Hospital Management* (pp. 117-135). Springer, Switzerland.

Stranz, A., Tishelman, C., Westerlund, B., Nilsson, F., Hilton, R., & Goliath, I., (forthcoming) *The call bell in residential care homes: Experiences from the everyday life and work of residents and staff*. Manuscript to be submitted May 2020.