

What Matters, Not What is The Matter: A Novel Approach to Empathising and Understanding the Third Space of the Healthcare Waiting Room

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About design thinking

Design thinking is widely mooted in academia as a solution to balancing complex or confusing “wicked” problems (Lönngren and van Poeck, 2021, p.481), yet whilst it has been utilised within various health specialisms such as oncology and radiology, these tend to be single case projects and there remains a need to focus on engaging more with end-users, particularly patients (Oliveira, *et.al.*, 2021). This study focused on the first two stages of Empathise and Define.



Ethnographic Observation: Researcher onsite immersing in the space: photography, note-taking, sketching over repeated visits at different times of day. “The process of bringing order to the data, organizing what is there into patterns, categories and descriptive units, and looking for relationships between them.” Brewer, (2000)

Emotion Coding: Emotion coding is particularly appropriate for understanding “intrapersonal and interpersonal participant experiences and actions” (Saldaña, 2016, p.125) and involves initially highlighting all emotions or feelings the subjects may have experienced (Miles, Huberman and Saldaña, 2018). Emotion coding is particularly suited to studies involving social actions and life conditions.

Voice-Centred Relational Analysis is a way of analysing interviews. As well as listening for voices, VCRM acknowledges the importance of social relationships (Jankowska, 2014). Rather than prioritising the self-sufficiency of the patient in this case, it focuses on a ‘relational ontology’ or way of being (Stokes and Wall, 2014), whereby the relations between entities (physical attributes of the space and the patients) are more fundamental than the entities themselves (Wildman, 2010).

“ I think, distraction is the main thing, I was going back to the leaflets or the posters on the board, that's not necessarily what you want, that just caused more concern ”
(Patient 3)

“ It's like that thing of moving down the line to the end thing that you're nervous about, so when you're in the main 'pen' and it's alright and we're all ok together, then they single out – 'it's you' ”
(Patient 7)

“ My recollection of the whole experience is you sit on very soulless blue chairs outside various rooms, wondering what the hell is going on. ”
(Patient 13)

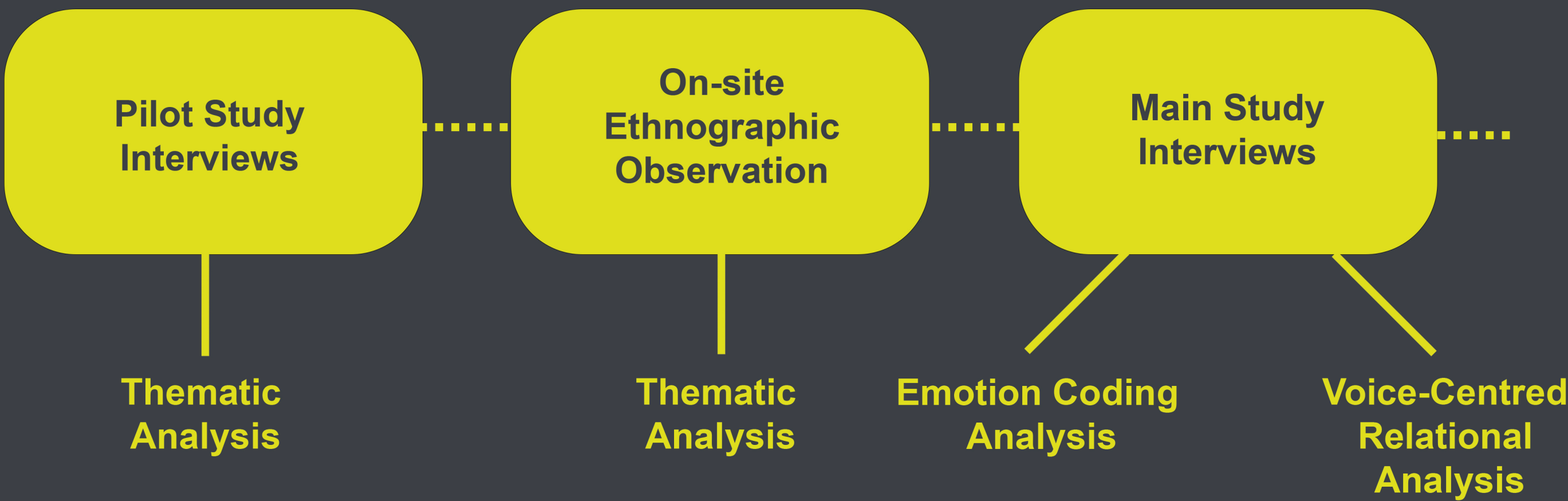
This study applied a design-based lens to unveil the many subtleties of the impact of physical spaces on patients' lived experiences.

Despite pressures including budgetary, resourcing, global pandemics and an ever-ageing population, there are pockets of innovation in health space design.

However, a sizeable legacy remains of outdated facilities and the micro-level facets of the patient experience still need to be fully understood, since there lacks an emphasis on listening to the voice of the patient.

Through a deeply empathetic ‘design thinking’ approach, this research identified the multiplicity of barriers and enablers of person-centred care within the waiting spaces of a hospital in Hampshire, UK.

Data Collection Method



Findings

The waiting room lived experience should acknowledge ‘hard factors’ (views, noise, and decor etc) but prioritise the understanding of vulnerabilities, uncertainty and subliminal impressions as key emotive concepts within the space. The below word cloud is a summary of emotions noted from the participant stories within this study.



A New Proposed Conceptual Framework For Considering the Impact of Health Space Design

The study also evidenced how there is value in considering health spaces through the broader ‘lenses’ of Symbolic Interactionism (interpretation of ‘things’), Marxist Humanism (including patient autonomy and freedom) and Spatial Trialectics (Conceived, Perceived and Lived Space) to provides new insights.

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Design Playbook...

