

Drama-driven workshops in healthcare co-design – options and critical questions

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Abstract: In this paper we aim to address how innovation and organizational development processes within a primary care organization could be opened up to involve a range of new stakeholders through co-design. The suggested approach (and similar co-design approaches) also raises a set of critical questions as its results challenges the established routines for how knowledge is shared, and new innovations are managed.

Introduction

The healthcare sector is in a situation where control and management systems fail to deliver (Dunleavy et al, 2006), demographic strata challenges established care models, current organizational structures does not stimulate inter-collaboration (Leape et al, 2009) and readiness to cultivate best practices and innovations becoming resources in the work transforming healthcare is not yet in place (Kyratasis et al, 2012). ICT and eHealth solutions might provide a remedy to these often contradictive challenges and hope is set to digital technology to supply healthcare with adequate solutions. Digital systems are easily perceived as objects or well defined products, but this standpoint severely neglects the inherent complexity of systems. According to system theory (Checkland, 1981), the complexity of the system components makes its boundaries hard to define. System components are not limited to technical aspects; it also involves the people

working within the system. Understanding relations between user/technology, user/user and technology/technology is therefore a significant part of understanding systems (Nelson & Stolterman, 2012; Spinuzzi, 2008).

In this paper we aim to address how innovation and organizational development processes within a primary care organization could be opened up to involve a range of new stakeholders through co-design and by doing so cope with the stated complexity and challenges. The case presented here reflects the work of a joint collaboration and engaged scholarship (Van de Ven, 2007) between primary care management staff, researchers, cultural workers and innovation specialist associated with an innovation incubator. The work aims to establish an innovation environment (Newell et al, 2009) not confined in the traditional primary care organization. The role of such environment is to function as a culture catalyst arena, where different cultures represented by care providers, companies, innovative technology solutions, patient associations, care staff and professionals jointly can work and engage in co-design work. The process can be described as an integrated innovation and competence development activity where dramatized problem situations are used as means to communicate complex problems for the purpose to evoke and support transformation of care practices.

Towards a culture catalyst arena

Given the challenges health care is facing, the foundation for change and innovation is inherently complex. Participative- and collaborative design are approaches with a potential to meet these challenges through the involvement of all stakeholders in the design process. Involved stakeholders represent many different perspectives and understandings of the problem situation and different visions and goals for the future. The diversity of perspectives is a challenge itself, in the process of forming a common ground of understanding. Trying to represent and show the on-going practices can prove to be hard, especially in terms of creating a common understanding. What we want to provide with this approach is a tool for mirroring real practices in a way that adds more to the common understanding than traditional presentation methods such as PPT. By using drama to disclose real practice situations the participants are able to see (and hopefully understand) where their own work, decisions or developed technology is setting in to the context. It provides the possibility to show both problematic situations as well as giving examples of desiderated practices.

The interactive innovation process (Newell et al, 2009), presented in Table I, is rooted in the tradition of participatory design (Kensing & Blomberg, 1998), user centered design tradition, as well as in recent propositions found in TEAS (Bannon & Kaptelinin, 2012). The innovation process begins with the Process Initiation (1), a workshop starting with an inspiring drama performed by professional actors dramatizing scenes from everyday work situations. The drama

can show problematic, actual, situations as well as suggesting new practices. This workshop will result in a number of concepts generated by the participants. In the Concept Formation episode (2) the most promising and/or engaging concepts are picked out and constellations of committed stakeholders start to concretize the concept. This constellation of stakeholders will work together with other relevant actors in a series of design workshops (3) to refine the concepts. As the concepts are getting more and more substantial, a critical analysis (4) will be made to evaluate how this concept can be launched and who should be the owner of the system. In the last episode (5) the concept is assimilated in to its targeted environment. This introduction is augmented with the help of drama-driven workshops where the staff will be able to see how the changes are meant to be adopted into the existing practices. This stage also involves individuals from the staff making study visits to gather useful experience from other similar environments.

Episode	Activity	Participants	Purpose
1. Process Initiation	Drama-driven workshop- Eye witness dramas is used to describe problematic and desired practices	Representatives from different professions, care providers, patient associations, companies etc.	Establish a common ground among participants. Start the problem identification of problem areas. Critique projected towards the play.
2. Concept Formation	Concretize the innovations and suggestions for change produced by the drama-driven workshop	Constellations of committed stakeholders	Create alliances with an interest and motivation to continue developing established concept
3. Concept Development	Design workshops	Constellations of involved stakeholders, IT Department, Researchers	Involve relevant actors, and refine the concepts through series of design workshops
4. Critical analysis and concept evaluation	Health economic analysis. Identifying the relevance of the concept and the possible benefits	Health economists, epidemiologists, innovation strategists	Critically evaluate the chosen concepts, benefits, business case and synergies
5. Concept Assimilation	Drama-driven workshops and spend time in similar environments to facilitate new practices in the home organization.	Staff, IT department, communication department, researchers	Involve all relevant groups of staff in the implementation and introduction of new concepts in everyday work

Table I. Interactive Innovation Process

Future implications

The approach presented here belongs to a long-sighted trend in knowledge management that could be called ‘social constructive pragmatism’. The key idea is to respect the possibility that others can have other views of the same situation. Multiple perspectives open up for different actions, possibilities and risks. In practice we often denote these kinds of approaches as open innovation processes where people with different backgrounds and skills are invited in a co-design

process where new perspectives are born and put into action in implementation activities.

This suggested approach raises a series of critical questions and many of them are shared with other co-design approaches. Firstly it is the question of recruiting experts and stakeholders, who shall be selected and by what merits? Secondly it is the question of how public and private organisations should collaborate in a way that can generate functional business models. Is there a risk that the entanglement of private and public will lead to more disturbing problems such as corruption? Thirdly it is the question of where such an approach should reside organisational. Does it belong to the research sector, the public government sector, the engineer sector, the art and design sector, the political sector or the entertainment sector? Or do we have to invent a whole new sector for these types of approaches?

The work that we have done so far generates many and difficult questions that remain to be answered, but we believe it is a promising way forward to address the complex challenges the healthcare sector currently is facing.

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