

Understanding Patient Experience through Interventional Acts

Keywords: design interventions, patient experience, research through design, reflection in action

This paper presents design interventions as a research through design approach to researching the patient emotional experience within healthcare. Working with cancer patients undergoing radiotherapy, this research focuses upon situational patient anxiety triggered by medical technologies. Anxiety is a complex emotion, with a wide variety of causes and is highly context and person-specific (Stiefel & Razavi, 1994), and in order to properly address this complexity, one must look at patient experience from different perspectives to create knowledge that is synergistic, comprehensive, and integrative.

Previous research – conducted via ethnographic fieldwork, patient questionnaires, and design probe kits – found that the fixation devices used in radiotherapy can act as a source of anxiety in patients (Mullaney et al, 2011; Mullaney et al, 2012). Furthermore, these findings suggest that this anxiety can be attributed to the passive role patients assume while in fixation (Mullaney et al, 2012). This paper suggests that the creation of tangible designs can provide insights into patient anxiety that are unique from those provided through traditional research methods, and through the production of possible alternatives to the current reality, we can generate new awareness of the patient and their emotional experience.

In order to further elucidate the relationship between the fixation device and patient anxiety, we created two design interventions. The first intervention, implemented clinically, focuses upon providing self-selecting visual and auditory stimuli to the patient during treatment to distract them from their anxiety, something directly requested by patients to improve their experience.

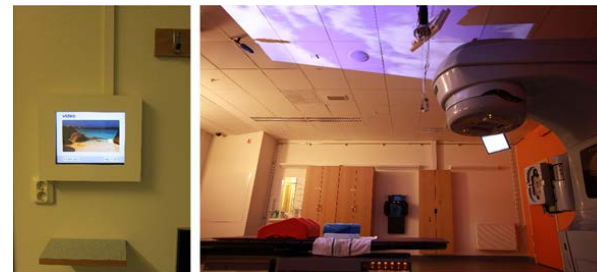


Figure 1: Projection Intervention

The second intervention, implemented non-clinically in workshops and exhibitions, challenges the need for a fixation device at all, by enabling individuals to self-position themselves.

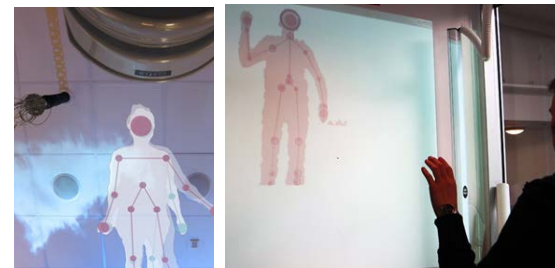


Figure 2: Self-positioning Intervention

Through 'reflection in action' during the design of these interventions (Schön, 1987), we generated new insights into patient anxiety by questioning the enacted roles and behaviours within the radiotherapy environment, and initiating discussions about 'what is' and 'what could be' within the patient experience of radiotherapy.

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