

Interdependence between healthcare design and stakeholders: A designers' view

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The concept of 'design quality' during the design, construction and occupancy phases of healthcare environments is complex. There are multiple stakeholder groups (e.g. architects, contractors, the NHS, patients) with potentially conflicting requirements interacting with each other during the project lifecycle. There is a growing body of evidence demonstrating the impact of design elements on medical and non-medical outcomes for stakeholder groups (Huisman, 2012; Macmillan 2006) and as a result, the need for the healthcare construction industry to focus on design quality (Walker et al., 2009). This research looks at this issue from the perspective of 'stakeholder management': a field which can be used to analyse the attributes and interactions of stakeholder groups.

A series of semi-structured interviews was conducted with eleven healthcare designers and architects in the UK to explore their perceptions and experiences of interactions with other stakeholders, and their opinions of design quality within the healthcare design process. Based on the 'stakeholder' definition (Freeman, 1984), a novel matrix exercise was used with the participants to examine the two-way relationship between design quality and stakeholders during and after project delivery. 'Framework' method (Ritchie and Lewis, 2005) was used to thematically analyse the qualitative data. A conceptual framework was then developed, which defined the design/stakeholder interdependence as well as 'procurement system', 'building type', and 'project lifecycle stage' as variables affecting this relationship. Significantly, the findings showed the critical role of effective stakeholder interactions in order to compensate for the unequal distribution of power on design quality decisions. The ongoing research continues to validate the framework via a large-sample survey of

industry practitioners.

References

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