INSECURE AND INEFFICIENT – EMPLOYEES' EXPERIENCE OF WICKEDNESS IN DESIGN WORK

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ABSTRACT

That design is beneficial for the development of public sector in more general terms and more specifically in public sector health care has been proposed and argued for some time. Emphasis is put on the way design methods and tools engage and integrate a diverse set of perspective, most prominently how patients and citizens are included in the design process. We reflect upon employees' experience of being part of a participatory collaborative design process across organizational boundaries.

INTRODUCTION

Design, often in the form of service design, is increasingly used for innovation purposes in the public sector and more specifically in public sector health care (Burns, Cottam, Vanstone, & Winhall, 2006; Malmberg 2017). Emphasis is put on the way design methods and tools engage and integrate a diverse set of perspective, but most prominently how patients and citizens are included in the design process. In effect, how to involve users and to assess their needs as a starting point for further design work have more or less become synonymous to how service design is used within public sector.

Oftentimes, these design projects engage employees in the design process supported by coaching of experienced designers. Employees that most often have no prior experience of design work, only sometimes of other types of improvement and innovation work. There are ongoing discussions on how these approaches

support innovative outcomes and/or capacity building, or even initiate transformation through the participation (Junginger, 2015; Malmberg, 2017; Sangiorgi, 2011).

Additionally within the design field, design is as such brought forward as a constructive approach to deal with wicked problems through engagement in particular situations, iterative processes, material explorations and the acceptance and even encouraging of multiple solutions (Buchanan 1992). Thus an approach that brings with it more than an approach to user involvement. It is also an approach that differs largely from more traditional ways of conducting improvement and innovation work in public sector, which are most often influenced by stage-gate models and interpretations of lean processes.

This paper presents a mid-process reflection, prompted by observations of non-designers participation in such a design process as described above.

THEORETICAL FRAMING

Service design in healthcare is forwarded as a means of realizing new services (Burns, Cottam, Vanstone, & Winhall, 2006; Mulgan, 2014a). Service design is then a human-centered, collaborative, creative and iterative approach (Blomkvist, Holmlid, & Segelström, 2010; Meroni & Sangiorgi, 2011) often associated with new service development (Holmlid, Wetter-Edman, & Edvardsson, 2017). Service design involves an approach as well as a set of methods and tools that helps people collaboratively work toward creating preferred futures (Wetter-Edman et al., 2014). The approach involves a process of co-design with diverse stakeholders and includes methods like ethnographic research, visualizing user experiences, and prototyping (Stickdorn & Schneider, 2010; Trischler & Scott, 2016).

Design as an approach brings assumptions and ways of working. These differ from the more linear ways of conducting improvement and innovation work in public sector (Malmberg 2017). These include to explore needs first and exploring the problem space and instead of

directly solving problems and to find quick solutions (Dorst & Cross, 2001). This divregent way of working towards a solution clashes with the often result focused and risk avergent culture within public sector (Bason, 2010; Mulgan, 2014b) and when design is used for innovation and transformation within public sector, these problem spaces are quite complex.

Buchanan already in 1992 suggested four orders of design, 1) the design of symbolic and visual communications – *signs,* 2) the design of material objects – *things,* 3) the design of activities and organized services – *action* and 4) the design of complex systems or environments for living, working, playing, and learning - *thought.* Buchanan (1992) proposes these areas as places of intervention of design, and when dealing with complex systems they consist of signs, things and actions. This complexity makes design work in the fourth order of design very difficult, even wickedly difficult.

WICKED PROBLEMS

The concept *wicked problems* was coined in the 1960's, suggesting that a linear step-by-step design process does not provide relevant solutions when the situation at hand was complex. Instead problem definition and problem solutions need to develop simultaneously. Although treating *problem definition* and *problem solution* as separate activities, and working with them separately, may seem attractive, this cannot work for several reasons. (Rittel & Weber 1973, Buchanan 1992, Lawson 2004). The most obvious character of a wicked problem is that there "is no definitive formulation of a wicked problem" (Rittel & Webber 1973). This means that there is no right or wrong formulation of the problem and therefore no right or wrong solution, just solutions that may be judged as better or worse. The exploratory way of working in design is a way to address and handle these illdefined problems (Buchanan,1992), furthermore this ability has been describes as part of the design expertise (Cross, 2004). Within service design research most focus is put on methods and approaches to involve end-users, and their needs, perspectives and competences in the process. Less attention is paid to other participants, in effect the employees conducting design work, throughout the process.

METHOD

The thoughts presented in this paper are prompted through the work with a larger research project, running from Feb 2017- Jun 2108. The research project was set up as an interventionist research project where two researchers (the authors of this paper) together planned and managed the process, with the support of two process-coaches and a doctoral student. The project is further detailed below. The reflection reported on in this paper is based on an ethnographic approach. Additionally researcher diaries, the participating coaches' written reflections throughout the process, and documentation of workshops through video, sound

recording and photo as well as interviews of project participants have been employed as bases. This paper summarises a mid-process reflection based on questions that have emerged during work undertaken Feb 2017- June 2017.

EMPIRICAL CONTEXT

The design process reported on in this paper was initiated with the purpose to explore the initiation and application of a new set of guidelines for the hospital discharge process. The guidelines were developed regionally as local response to upcoming governmental legislation directing the collaboration between different principals in the inpatient care discharge processes (2017:612).

The regional guidelines suggests ways of collaborating between hospital inpatient care and municipality founded and managed health and social care, and implies considerable changes in the personnel's ways of working. The purpose of the new legislation is to ensure a patient centered, secure and efficient discharge process. In this project, design has been used with the intention to provide space for experimentation with new ways of working as well as inducing the guidelines with person-centered perspectives.

The process ran from April – November 2017, involves 8 teams including 40+ participants from different principals working together with an issue closely connected to their practices and the discharge process. One purpose of this process was to bring employees from various parts of the health care system, with various professions together. They had not had previous direct contact with each-other as the new legislation demands new ways of working. All teams started out by defining a concern in relation to the discharge process, and were then tasked to conduct exploratory user research.

Until mid-June the participants had had the time to: form teams and frame goals, conduct exploratory research, analyze data, phrase insights and conduct an actor-mapping. The intention of the first iteration was to reach a first prototyping stage, due to difficulties forming the teams and time restrictions this intention was however not met.
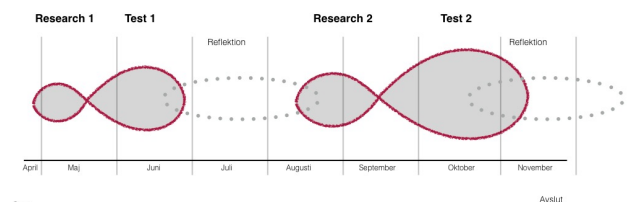

Fig 1. A visualization of the double loop- process.

PARTICIPATION AS WICKED EXPERIENCE - A MID PROCESS REFLECTION

The multidisciplinary approach of design is argued to be valuable in this case as the new legislation demands new ways of working across siloed structures of principals. This is one of the aspects that make the implementation of the new guidelines a wicked problem; another is the various situations that the patients are in, their health status and varied personal resources. The teamwork brings together employees from various parts of the healthcare system, creates a structure to these new relationships and the development work. As coaches and researchers we have met the teams' experience of not having time, participants reluctance to trust employees from another organization and of the design work conflicting with the ordinary practices – but what at this moment struck us the most was the confusion of being in the midst of an unknown process.

Shown foremost in the difficulty of allocating resources for something that is difficult to judge the value of. The eagerness to get to the ideation and find solutions and the uncomfort to have to stay in the problem definition phase as this goes against the culture and way of working that is known. There are accounts from participants making clear that they are feeling in-secure and in-efficient. This includes concerns of if and how this process actually contributes to their work and intentions. The open and exploratory approach conflicts with the ordinary more set improvement work. This includes being in a problem-framing mode in several months, rather than hours or weeks. To stay in research and exploration space are not necessarily comfortable, experienced designers knowing this.

CONCLUSION

This paper adds an employee perspective to the discourse of participatory innovation, hitherto mainly focusing on the involvement of end-users. It furthers focus on the participative experience of being in the midst of a previously unknown process and points to the need for a discussion about the implications thereof for design researchers and design practitioners. It raises the question; *When working with extremely wicked problems, how do we, as designers, deal with the participative experience of being in the midst of a wicked process?*

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