

Faculty of Design

2019

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Suggested citation:

Nie, Zichao, Zurlo, Francesco, Camussi, Elisabetta and Annovazzi, Chiara (2019) Discussing the potential therapeutic effects on design for psychological well-being: A case of social ecology for occupation service systems. In: Proceedings of Relating Systems Thinking and Design RSD8 Symposium, October 13-15, 2019, Chicago, USA. Available at <http://openresearch.ocadu.ca/id/eprint/3190/>

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Discussing the Potential Therapeutic Effects on Design for Psychological Well-being

A Case of the Social ecology
for Occupation Service Systems

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Design for Health

The Presentation Structure

Research Background

Theoretical Milestones

Theoretical Summary

Research Gap

Research Questions
Research Objectives

Framework Background
Service Ecosystem Framework

Empirical Research
Research Design
Data Collection & Analysis
Findings & Results

Conclusions
References

Research Background

Theoretical Milestones_ Design for Health

Design & Health

Victor Papanek (1971)

Evidence-based

biophilia and salutogenesis

Experience-based

RED Paper 01 Health from Design Council (2004)
Paul Bate and Glenn Robert (2006)
a “thing” ; a “purpose,” (Sanders & Stappers, 2008)

System Thinking

sociotechnical systems
(Jones, 2013)
Transformation and transformative
services (Sangiorgi, 2011).
Transformative Service Research (Anderson, 2013)

Papanek, V., & Fuller, R. B. (1972). Design for the real world (p. 22). London: Thames and Hudson.
Cottam, H., & Leadbeater, C. (2004, 11). Report RED Paper 01: Health. <http://www.designcouncil.org.uk/resources/report/red-paper-01-health>
Bate, P., & Robert, G. (2006). Experience-based design: from redesigning the system around the patient to co-designing services with the patient. Quality and Safety in Health care, 15(5), 307-310.

Sanders, E. B. N., & Stappers, P. J. (2008). Co-creation and the new landscapes of design. Co-design, 4(1), 5-18.
Jones, P. (2013). Design for care: Innovating healthcare experience. Rosenfeld Media.
Sangiorgi, D. (2011). Transformative services and transformation design.
Anderson, L., Ostrom, A. L., Corus, C., Fisk, R. P., Gallan, A. S., Giraldo, M., ... & Shirahada, K. (2013). Transformative service research: An agenda for the future. Journal of Business Research, 66(8), 1203-1210.

Research Background

Theoretical Milestones_ Design for Health

Design & Health

Environment

Victor Papanek (1971)

Evidence-based

Products

Biophilia and salutogenesis

Experience-based

Service Experience

RED Paper 01 Health from Design Council (2004)

Paul Bate and Glenn Robert (2006)

"Partnership, a step forward," (Sanders & Stappers, 2008)

System Thinking

Service System

sociotechnical systems

(Jones, 2013)

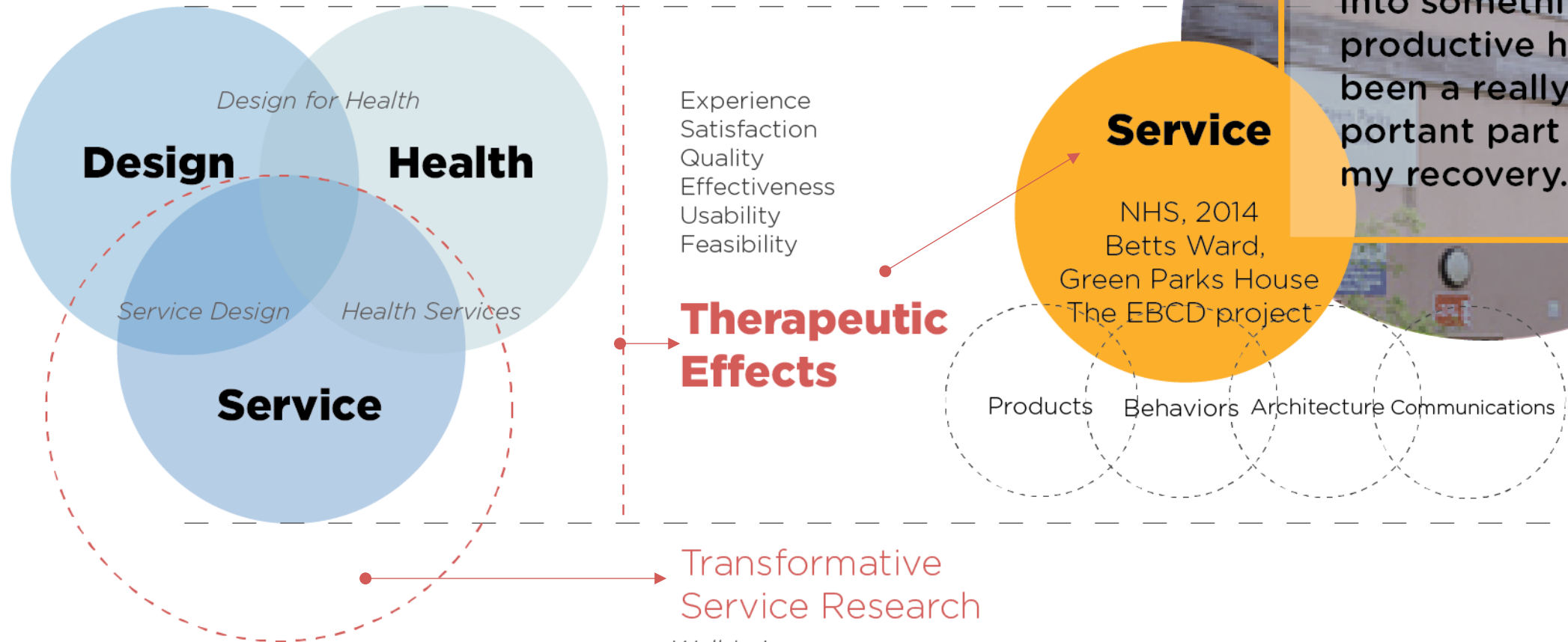
Transformation and transformative services (Sangiorgi, 2011).

Transformative Service Research (Anderson, 2013)

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Theoretical Summary



Tsekleves, E., & Cooper, R. (Eds.). (2017). Design for health. Taylor & Francis.
Kanu, E., Woods, A. (2014,01). "Transforming Betts Ward by listening to patients".
<http://oxleas.nhs.uk/news/2014/1/transforming-betts-ward-by-lis/>

Research GAP

Rarely Academic Research to Explain the
Therapeutic Relations between
Service Design and **Well-being/Health**

Research Questions

Whether

How

Service Design can positively influence
human well-being?

Research Objectives

- the potential therapeutic link
- Interdisciplinary research such as psychology, psychiatry, pathology, etc.
- transform the services and improving human well-being

Framework Background

Dilani's model (2001)

- It applied into architecture
- design elements with health/wellbeing
- the physical environment is the foundation
- the social organisation, structure and function is built in our society
- It promotes health or disease

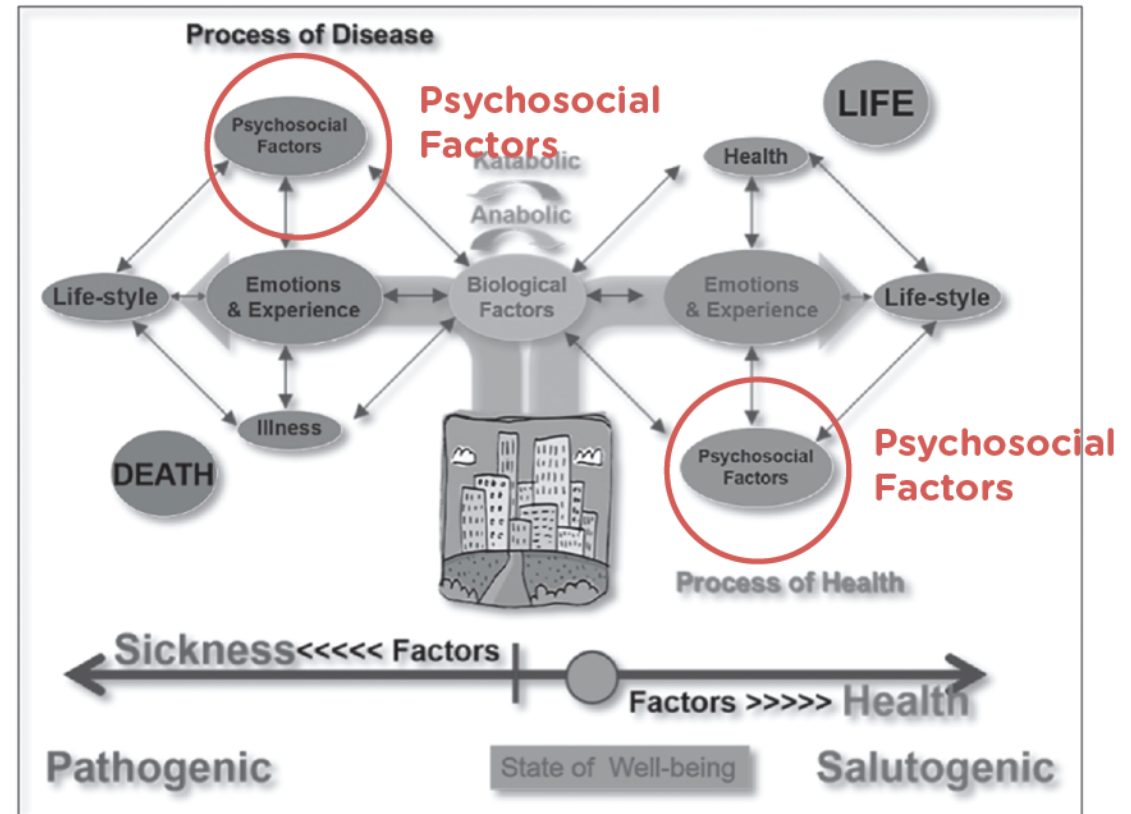


Figure 5.1 The processes of health and disease

Source: Dilani, 2001

Dilani, A. (2001). Psychosocially supportive design--Scandinavian health care design. World hospitals and health services: the official journal of the International Hospital Federation, 37(1), 20-4. Dilani, A. (2017). The beneficial health outcomes of salutogenic design. Design for Health.

Framework Background

Dahlgren and Whitefield's diagram (1993)

- determinants
 - Socioeconomic factors,
 - physical environments,
 - a person's characteristics and behaviour
 - macro forces
 - relationships of these determinants
-
- physical, mental and social wellbeing
 - not merely the absence of disease (WHO; 1946)

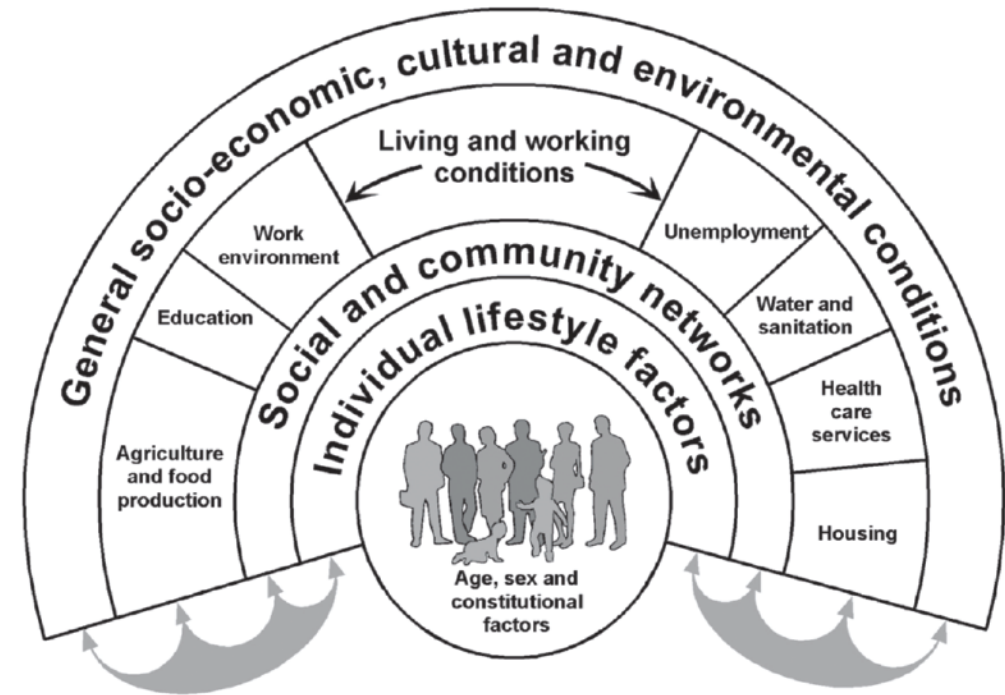
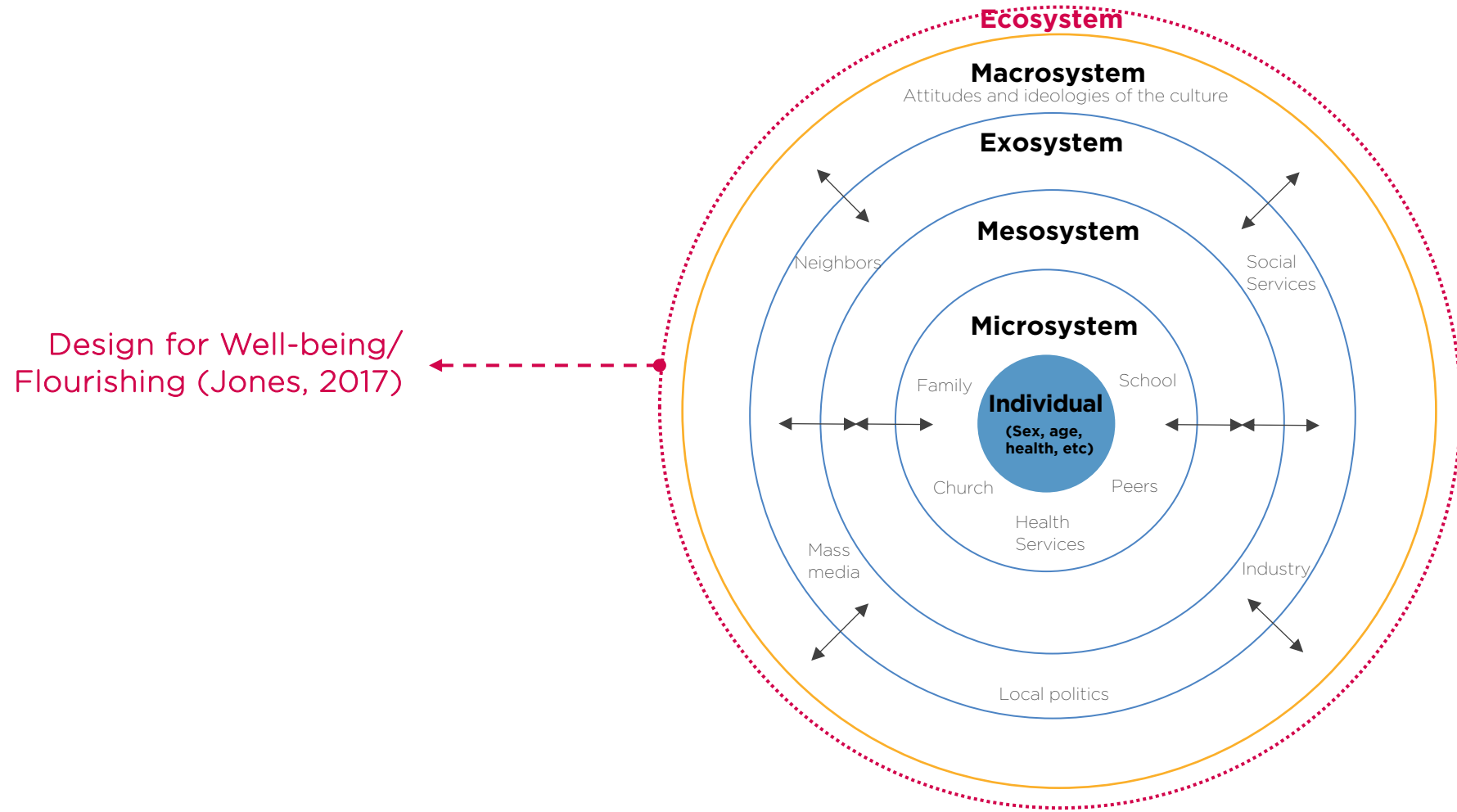


Figure 2.1 Dahlgren and Whitehead's main determinants of health
Source: Dahlgren and Whitefield, 1993

Swann, D. (2017). Challenges and opportunities for design. In *Design for Health* (pp. 45-56). Routledge.

Dahlgren G. and Whitehead, M. (1993) Tackling inequalities in health: What can we learn from what has been tried? Working paper prepared for the King's Fund International Seminar on Tackling Inequalities in Health, September, Ditchley Park, Oxfordshire. Also printed in: Dahlgren G. and Whitehead, M. (2007) *European Strategies for Tackling Social Inequities in Health: Levelling Up Part 2*. Copenhagen: WHO Regional office for Europe. Available at: www.euro.who.int/__data/assets/pdf_file/0018/103824/E89384.pdf.

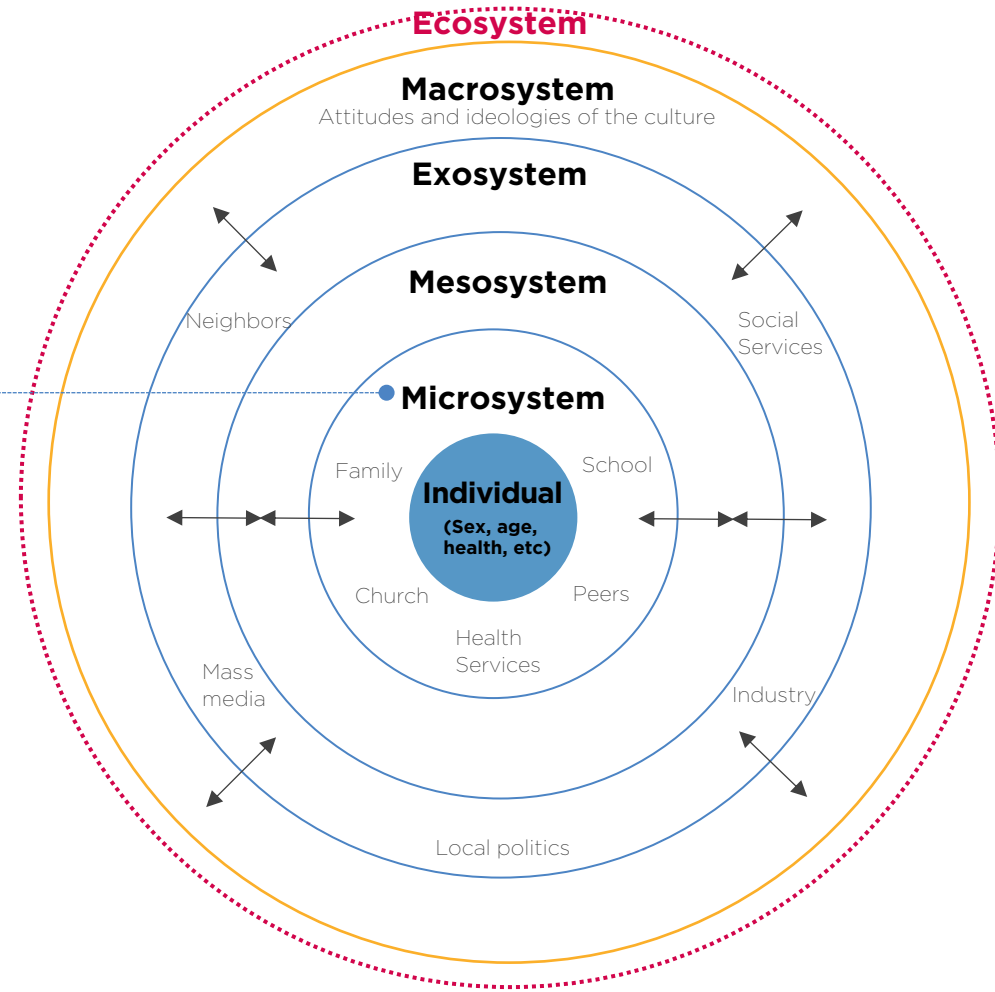
Theoretical Frameworks



Theoretical Frameworks

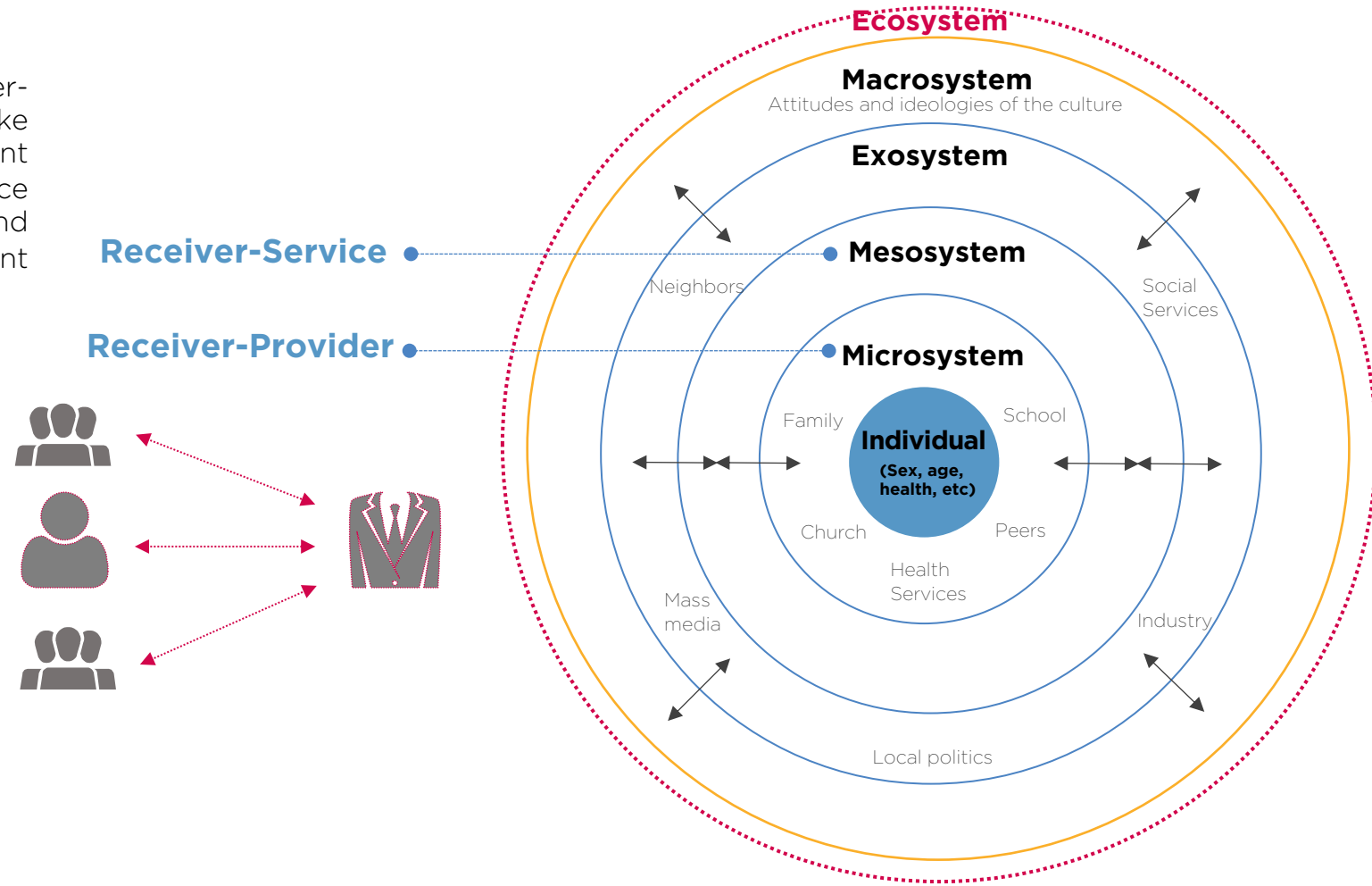
This phase considers the touchpoints between a service receiver and the supply system, which mainly focuses on one-to-one interaction and the user is regarded as the study point.

Receiver-Provider



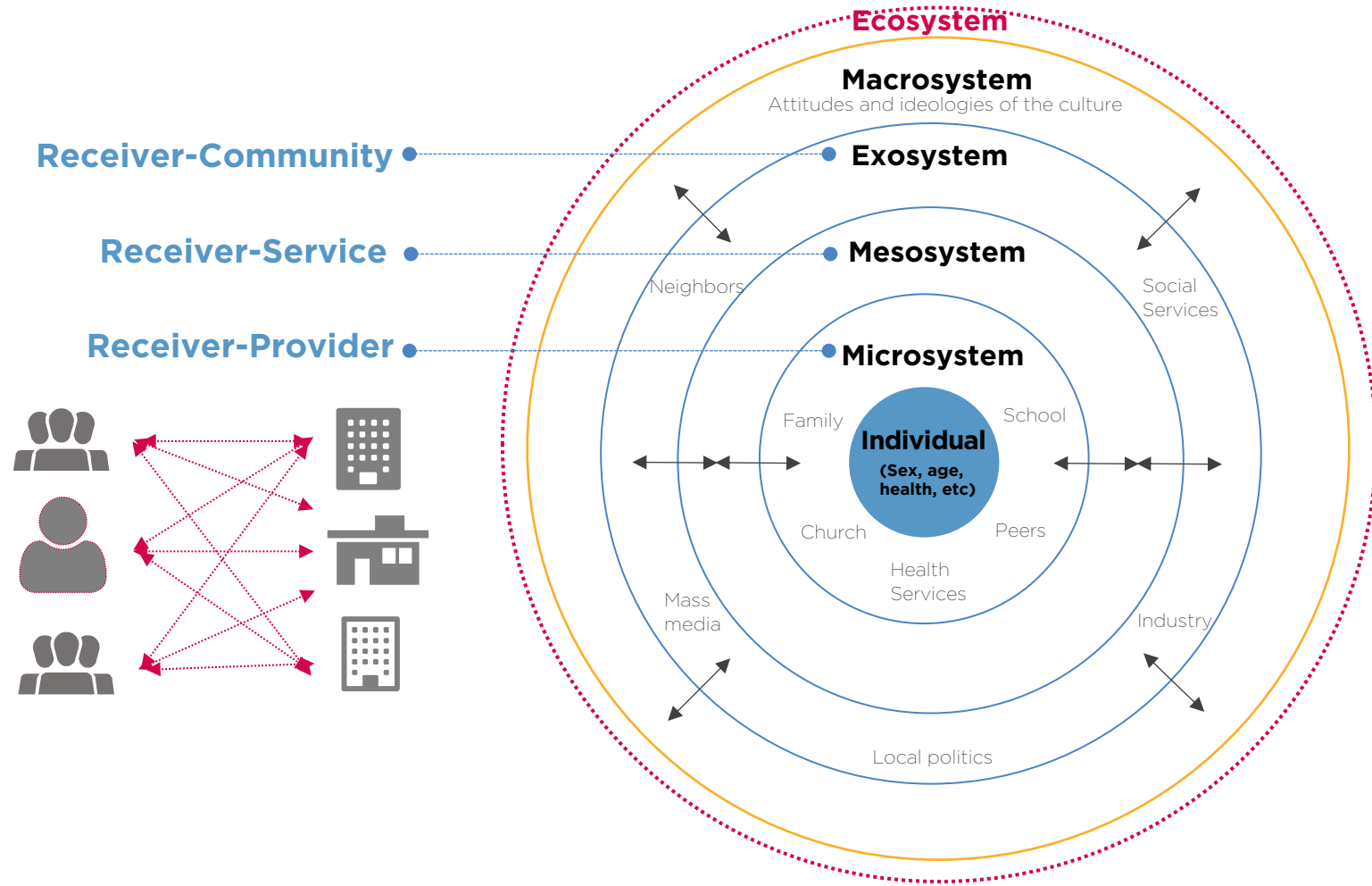
Theoretical Frameworks

The interaction of 'receiver-service' is a connector to make the co-value among different actors within the service organization, that initiate and reinforce social engagement



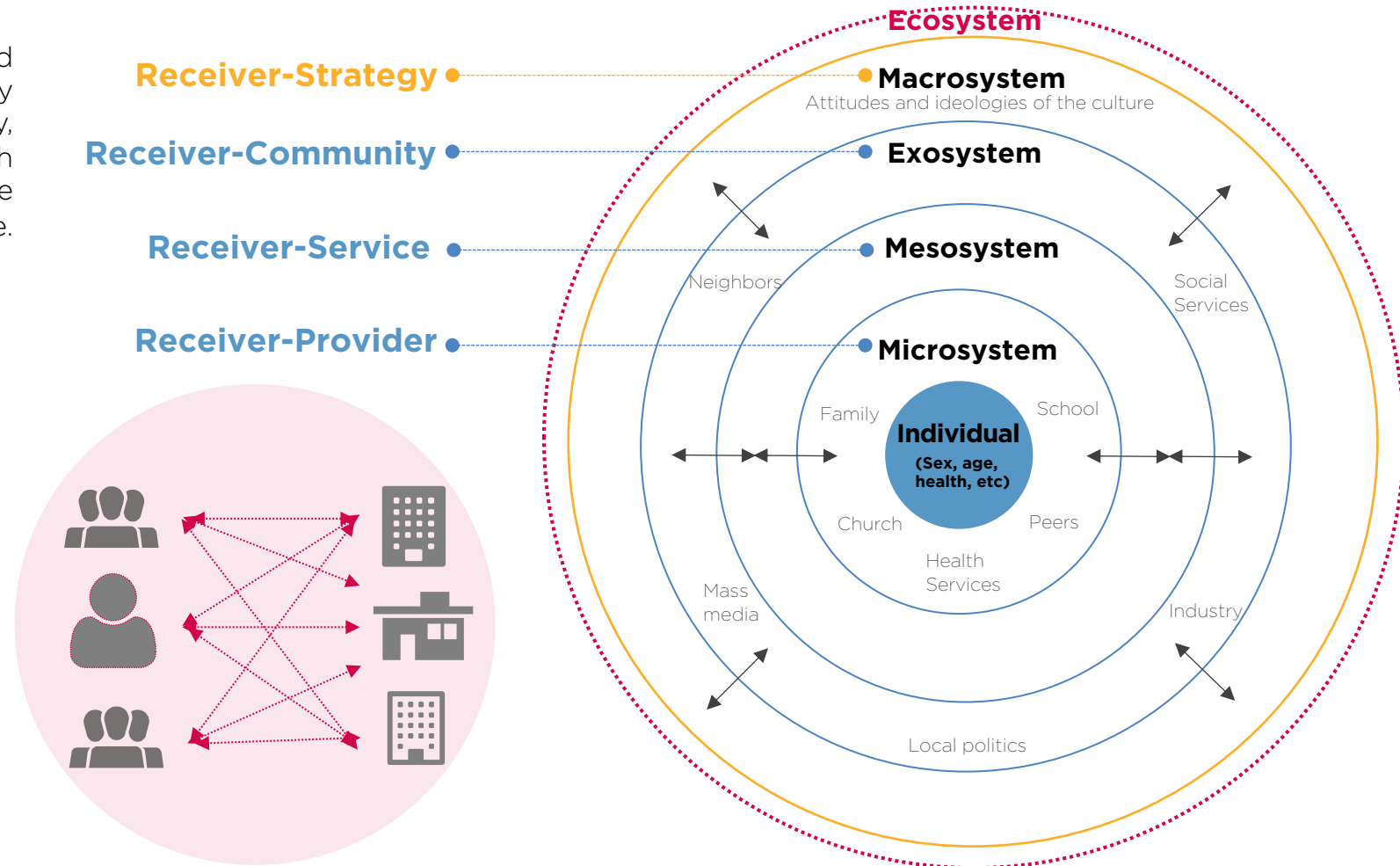
Theoretical Frameworks

The multiple interactions among different service entities are recognized as the pattern of 'receiver-community', which means a single service is provided by several organizations in a larger setting.



Theoretical Frameworks

It covers national identity and cultural belonging, specifically national policies, laws, society, economic etc., which influences previous service systems and single service.



Theoretical Frameworks

Service ecosystem is a complex adaptive system to build an inclusive final system and environmental boundary, that influences the service structure.

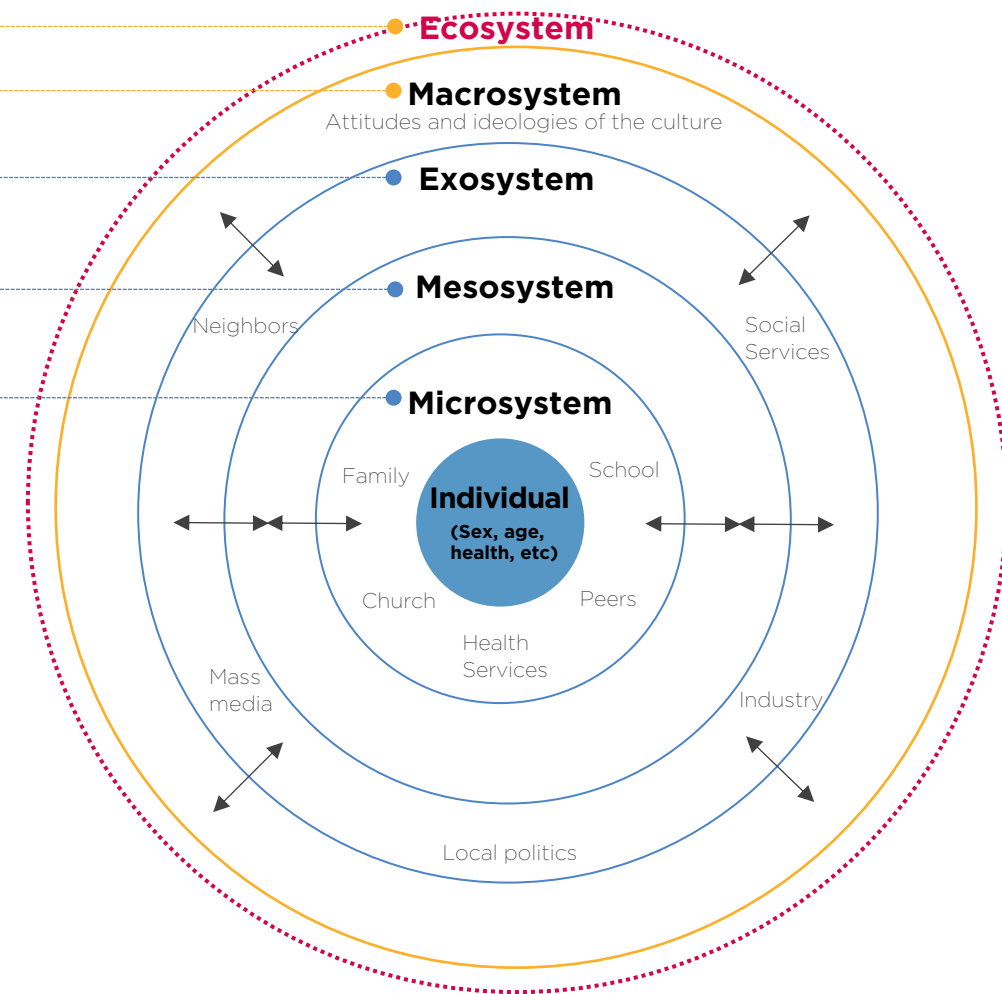
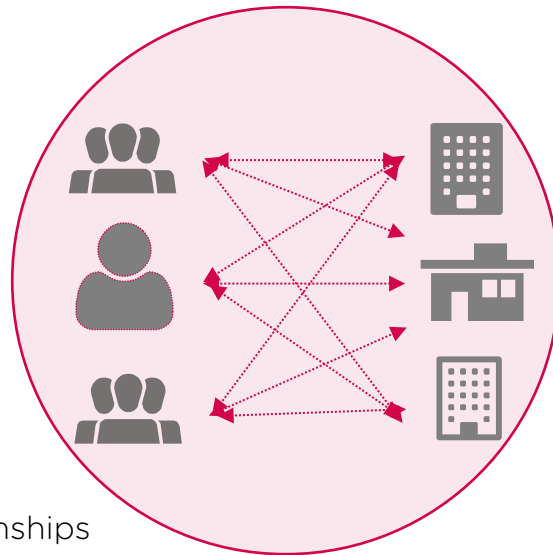
Receiver-Environment ●

Receiver-Strategy ●

Receiver-Community ●

Receiver-Service ●

Receiver-Provider ●



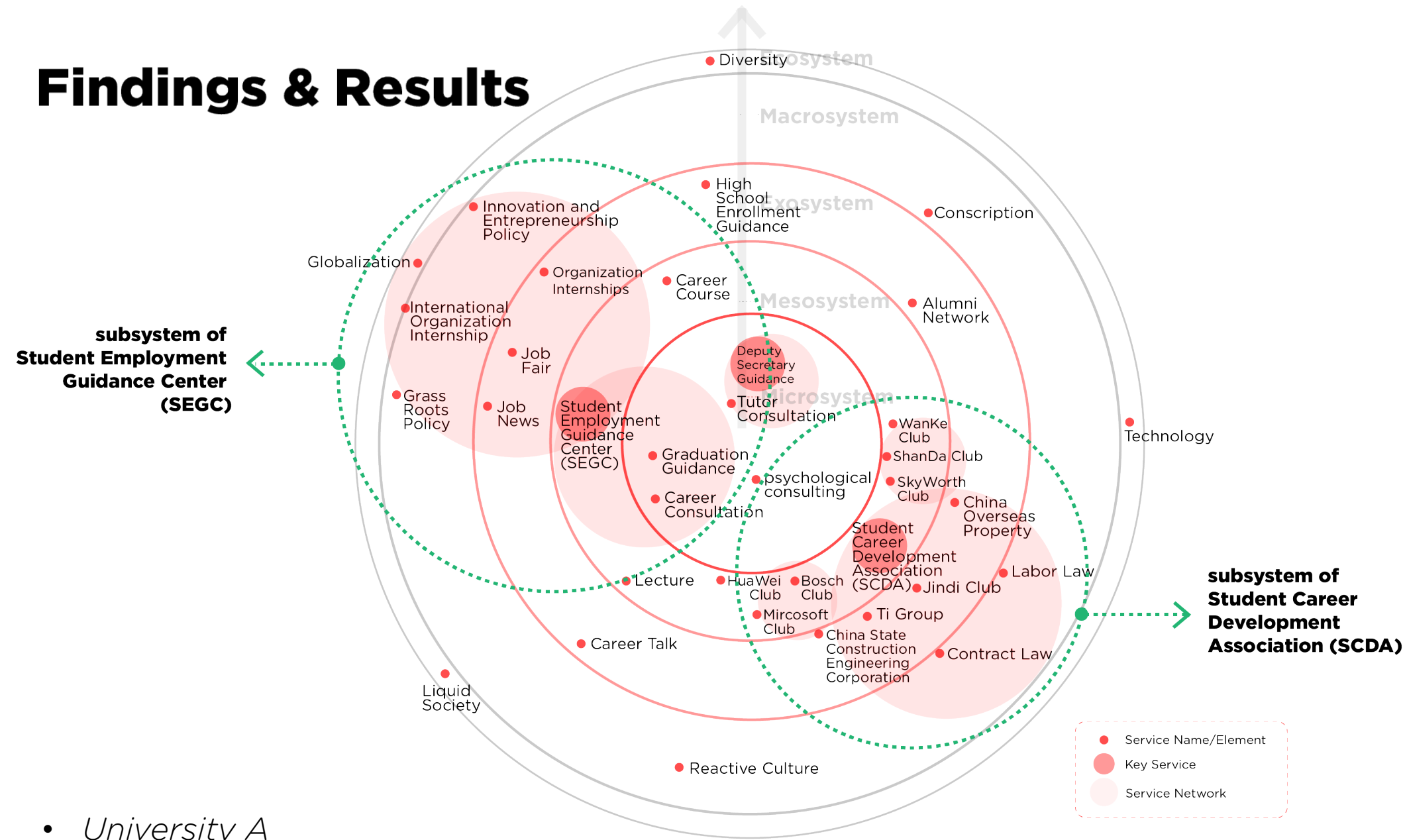
- Service Ecosystem Relationships

Empirical Research

Research Design/Data Collection & Analysis

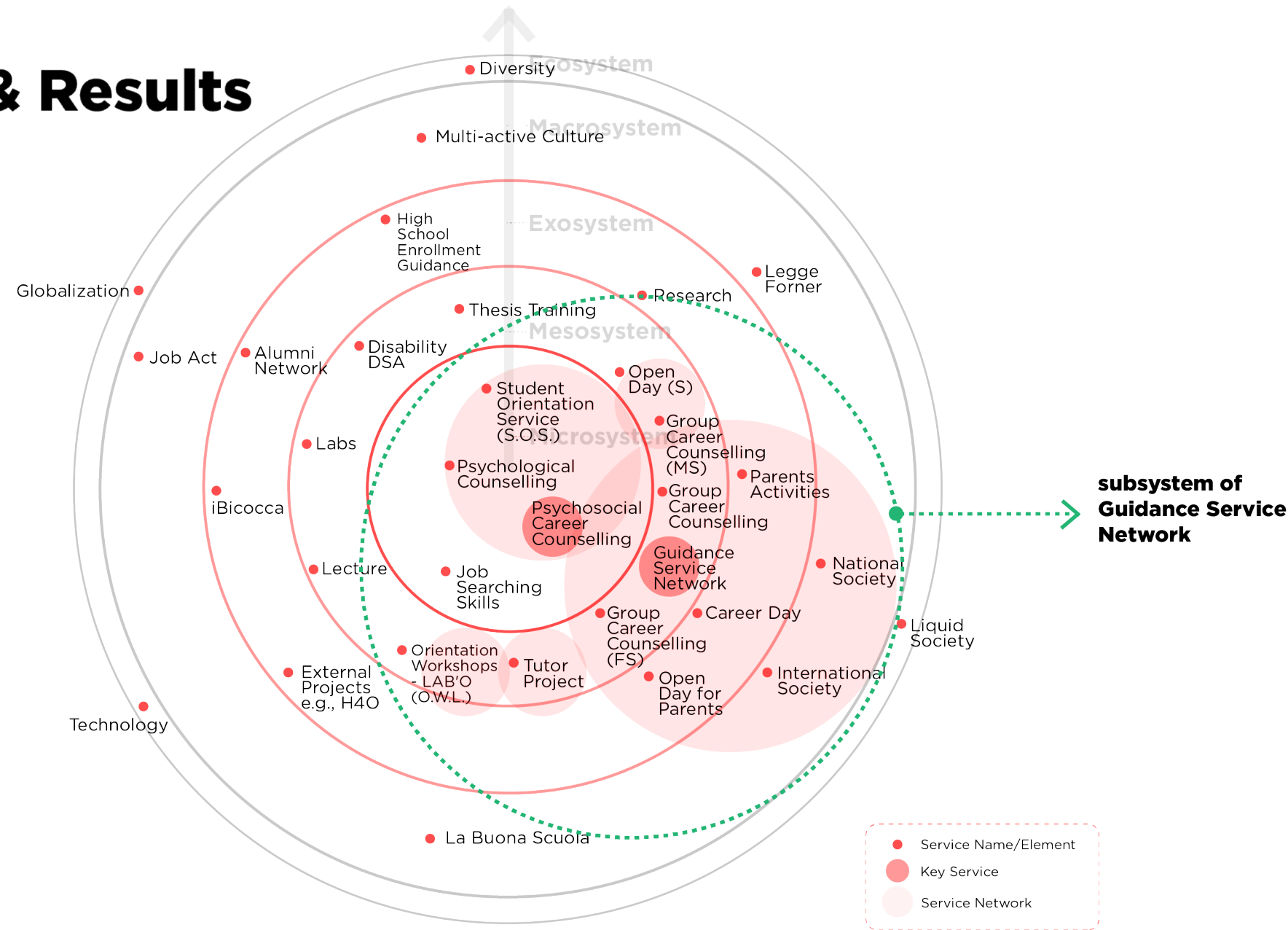
	CASE STUDY (Yin, 2003)			SURVEY(Fowler, 2008)
	Phase 1 Unstructured Interview & Documentation	Phase 2 In-depth Interview	Phase 3 Open-ended Questionnaire	Phase 4 Quantitative Questionnaire
Research Methods	unstructured inter-views with staff (before & after) official website; internal materi-als & brochures; publications and relevant researches	1. the relation with universi-ty" 2. need and work" 3. service perceptions and expectations"	service existence, Ser-vice satisfaction, percep-tions and expectations	1) CAAI; 2) SWLS; 3) CDDQ; 4) The Courage; 5) PGOUCS; 6) LET
Data Collection	Unstructured Inter-views with one staff who work in career center (before investigations with students) http://ww-w.seu.edu.cn https://www.uni-mib.it	32 Uni. A participants 26 Uni. B participants First-year students 40-60mins	312 Uni. A Responses 305 Uni. B Responses	312 Uni. A Responses 305 Uni. B Responses
Data Analysis	thematic analysis (Braun & Clarke, 2006)			SPSS Correlation/T-Test

Findings & Results



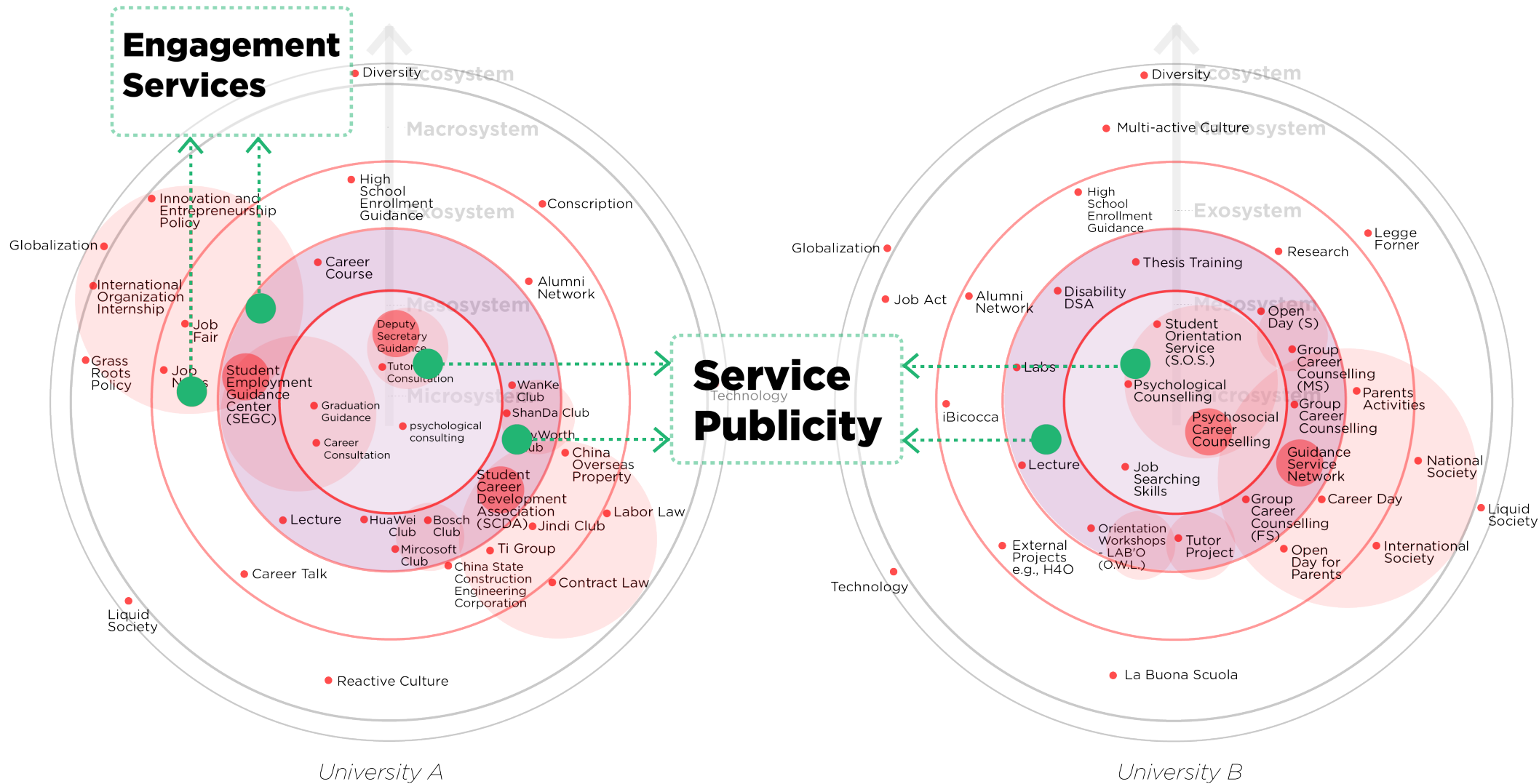
• *University A*

Findings & Results



• *University B*

Findings & Results



Conclusions



Design
for
Service Visibility



not only
service experiencesx
but
service system
and meta-system



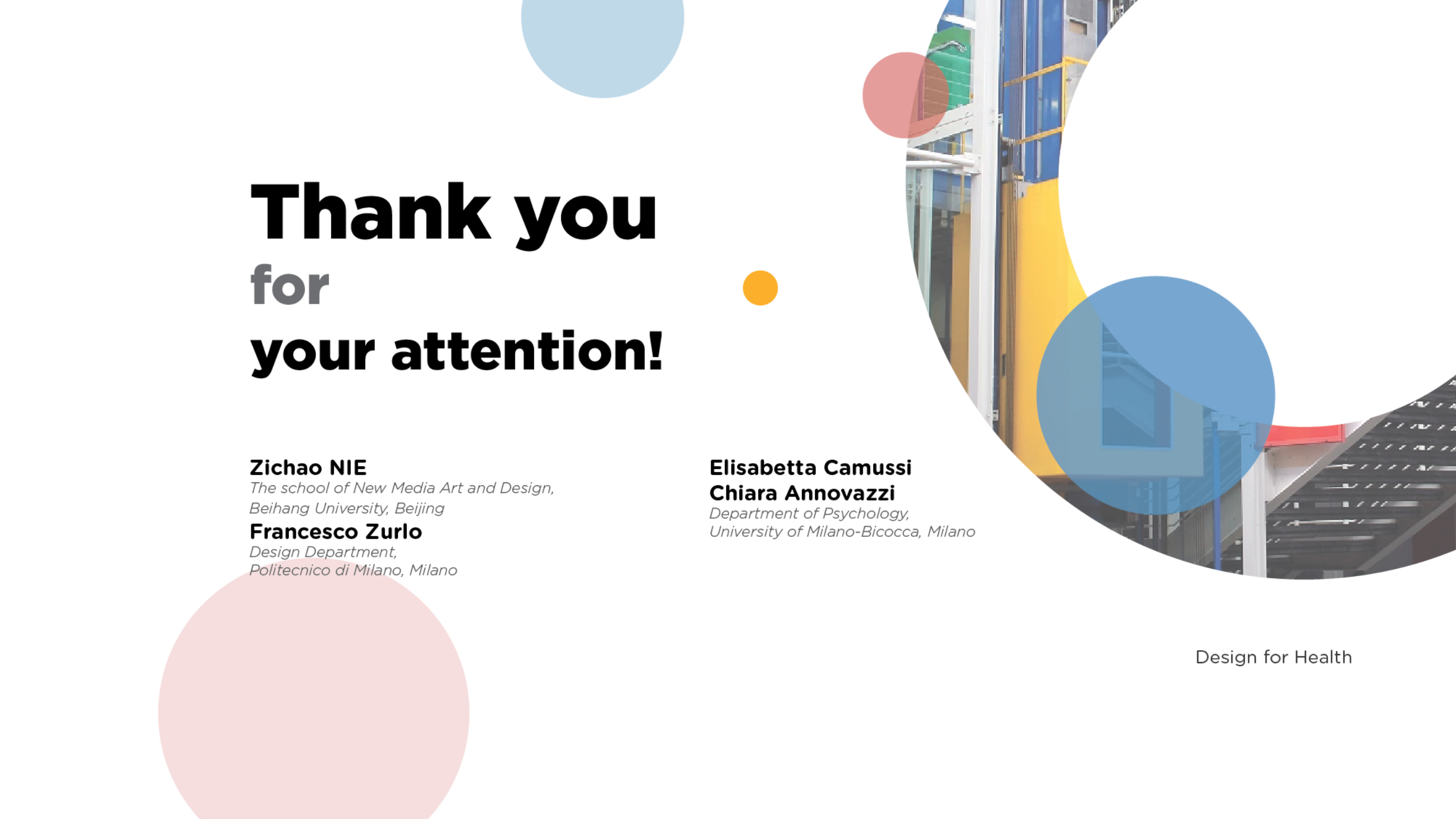
the need of
involving
service design
into well-being/
health projects

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Thank you for your attention!

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