Improving the reporting of health research involving design: a proposed guideline

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DESIGN AND GLOBAL HEALTH

The contribution of design to optimising global health interventions is increasingly recognised. The field of applied design is diverse and encompasses technical, creative and social skills and mindsets; design may be carried out by expert designers or by ‘diffuse’ designers. Design for global health may involve design thinking, human-centred design, service design and codesign. And the use of design for global health has especially been promoted in relation to the concept of social innovation.

There is already a tradition in global health of using approaches such as transdisciplinarity, perspective taking or empathy, working with participants from across the spectrum of needs, iterating and creating products or services that will improve the lives of those affected. For example, some global health researchers actively seek to include the community of those who are experiencing health challenges into research in a participatory way.

Design seeks to accomplish a similar goal but with different perspectives, tools and strategies, and with a focus on innovation while recognising the potentially competing needs to reinvent versus innovate in the context of sustained existing knowledge and practice. There is a need to use design when and as appropriate to complement existing knowledge and practice, and to ‘balance a concern for understanding current or past practices with a concern for envisioning alternative or future practices’.

THE NEED FOR GUIDELINES FOR REPORTING RESEARCH INVOLVING DESIGN

In a previous scoping review of peer-reviewed journal articles on human-centred design and public health, we found that few articles included detailed methods and results, information on design expertise within teams, reflexivity/positionality or socioinstitutional dynamics. Importantly, much of the literature neglected to describe stakeholder engagement processes related to the use of design, which is a key feature of both global health and person-centred methods.

Existing guidelines are available for related disciplines such as qualitative health research and public involvement in health research. While these guidelines serve an important function, they are not sufficiently specific to the field of design for health, which is unique in several ways. Design for health necessitates including participants (and others who will use the design outcomes) explicitly in the research process, iterates on proposed solutions quickly and directly with participants, and makes the results more immediately actionable than is typical in theoretically driven social and behavioural, or qualitative, research.

Findings of research on health programming and implementation that involves design are beginning to appear in peer-reviewed health and medical journals, in addition to being found more typically in ‘grey literature’. The nee

Summary box

- Design is being used more frequently in global health practice but is not reported on sufficiently for transparency, evaluability and wider dissemination.
- Reporting guidelines are useful in improving the quality and quantity of dissemination of work in peer-reviewed literature for global health.
- Building on available literature and current practice in design for global health, we present a reporting guideline that can be used by scholars and practitioners applying design in their work, and invite input on this work.
- We present draft guidance which we recommend for reporting on design for global health in order to improve the evidence base for design in global health.
ties of practice in design for health,16 we have identified a
to be shared and used more frequently and effectively.

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<table>
<thead>
<tr>
<th>Item</th>
<th>Paper section</th>
<th>Succinct description</th>
<th>Detailed description</th>
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<tbody>
<tr>
<td>1.</td>
<td>Title</td>
<td>Title should indicate that the study included a design approach.</td>
<td>Explicit mention of design in the title, what was designed, what process was used, intended outcomes or potential contribution.</td>
</tr>
<tr>
<td>1.1</td>
<td>Abstract</td>
<td>Abstract summarises the salient components, including background, statement of the problem, approach/methods, findings, results and conclusion.</td>
<td>Statement of the health problem/design brief applied, noting whether qualitative or mixed method research (or other) was included. Abstract should contain relevant information on the health issue, design practice, methods, results and conclusions.</td>
</tr>
<tr>
<td>2.</td>
<td>Introduction/background</td>
<td>Overview of the background to the topic, what has been done in the area already and rationale for using the design.</td>
<td>Providing relevant references to the scope of the health issue, any previous work in this area or other ways of addressing the health topic; introduction of the design rationale.</td>
</tr>
<tr>
<td>2.1</td>
<td>Available knowledge</td>
<td>Summary of what is known about the topic and any gaps</td>
<td>Literature review of past studies, knowledge and projects relevant to the problem. Statement of what is known about the problem and what has been done to address it in the past, state of the art.</td>
</tr>
<tr>
<td>2.2</td>
<td>Rationale for design approach</td>
<td>Explanation of design as appropriate to address the topic.</td>
<td>Rationale should be clearly articulated.</td>
</tr>
<tr>
<td>2.3</td>
<td>Description of design challenge for health</td>
<td>Description of the main research question or health problem that the design-based work aimed to address.</td>
<td>Description of design and health issue, scoping of the challenge and scale or timing at which the design was included (which may result in reframing of the initial research question).</td>
</tr>
<tr>
<td>2.4</td>
<td>Research aims</td>
<td>Overall aims and objectives of the project.</td>
<td>Explanation of the overall aims and the specific objectives of this work.</td>
</tr>
<tr>
<td>3.</td>
<td>Methods/approach</td>
<td>Description of approach used for the research.</td>
<td>Description of research, including design approach used and overall role of design in the work.</td>
</tr>
<tr>
<td>3.1</td>
<td>Theory</td>
<td>Underlying theories that informed this work (if any).</td>
<td>Description of any underlying, conceptual or motivating theories or frameworks used.</td>
</tr>
<tr>
<td>3.2</td>
<td>Process and timeline</td>
<td>Processes or steps and timeline for the research.</td>
<td>Detailed description of the process or processes for applying design and research, full timeline of activities from beginning to end.</td>
</tr>
<tr>
<td>3.3</td>
<td>Research team characteristics and reflexivity</td>
<td>Individuals involved in the research team and characteristics of these. Ways that reflexivity was addressed.</td>
<td>Description of research team and how the team addressed reflexivity. ► Geographical origin. ► Discipline expertise in health, design and/or complementary disciplines and training. ► Rationale for team composition. ► Level of proximity to or familiarity with community/population of interest. ► Prior relationship with community, wider team and/or other researchers (eg, consultants and implementing staff). ► Assumptions/presuppositions regarding health topic and design. ► Team attributes that could impact power and participation with community (eg, race/ethnicity, socioeconomic status and gender).</td>
</tr>
<tr>
<td>3.4</td>
<td>Site selection</td>
<td>Description of study sites selected.</td>
<td>Study setting information, including health background, geographical location, rationale and method for choosing site, and previous use of design, if any, in the setting.</td>
</tr>
<tr>
<td>3.5</td>
<td>Participant selection and engagement</td>
<td>Process to select participants, description of the participants and explanation of how they were involved in design.</td>
<td>Detailed description of participants in the design process and how the research question or intent led to inclusion; explanation of who the participants were, how they were chosen and contacted, what role they had (eg, interviewees, testers), length of involvement, extent of involvement (ie, codesigned vs consulted only), representativeness or generalisability of the participants, any sampling techniques if used or assessment of completeness of the participant group for design.</td>
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### Table 2  Continued

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<tr>
<td>3.6</td>
<td>Ethical considerations</td>
<td>Ethical precautions taken to protect participants, communities, and personal information.</td>
<td>Ethics and information related to human subjects’ protection for social–behavioural research; documentation of ethics approval (if any) by a review board and participant consent, or explanation for lack thereof; addressing privacy, confidentiality and data security and internationally recognised concepts and guidelines (eg, Declaration of Helsinki and Belmont Report).</td>
</tr>
<tr>
<td>3.7</td>
<td>Language</td>
<td>Description of any language considerations.</td>
<td>Language in which the project was conducted; if in translation, credentials of translators; checking for accuracy of materials or workshop translation; familiarity of designers and participants with language and cultural nuances.</td>
</tr>
<tr>
<td>3.8</td>
<td>Techniques to understand (data collection tools and instruments)</td>
<td>Techniques or tools used during the research process.</td>
<td>Description of the types of the techniques or tools employed, rationale for method, type of data collected and any changes to methods during data collection. Description of who used research tools and with whom; should be stated separately for phases of discovery or insight gathering and testing or prototyping; what was done with this information and for what purpose it was done; any references to precedents for use.</td>
</tr>
<tr>
<td>3.9</td>
<td>Documentation</td>
<td>Documentation of work undertaken in research.</td>
<td>Statement of how documentation was carried out (eg, notes, videos, and photos), by whom, what specifically was documented (eg, interviews, affinity exercises, and observations) and role of participants in documentation. Types of data collected (eg, potentially listing and numbering of interviews, photos, videos, notes, insight statements, prototypes and pile/card sorts).</td>
</tr>
<tr>
<td>3.10</td>
<td>Techniques to synthesise</td>
<td>Description of techniques used to synthesise insights, iterate, and analyse data.</td>
<td>Explanation of process for team synthesis, analysis of collected information from the design work (eg, brainstorming and journey maps); inclusion of any data analysis software or use of large data sets to validate insights; description of team members involved in this process.</td>
</tr>
<tr>
<td>3.11</td>
<td>Validation approaches</td>
<td>Process of checking that insights, prototypes or other products were validated.</td>
<td>Description of additional steps used to verify, validate, triangulate or test the themes emerging (eg, comparing to existing literature, expert review and feedback from participants); summary of process of reflection for researchers to understand their own role in the development of the final products and steps taken to enhance validity of the solution (other than direct testing with a small number of users).</td>
</tr>
<tr>
<td>4.</td>
<td>Results/findings from design research and activities</td>
<td>Summary of findings from design activities, resulting insights, what was designed, what resulted from the work and (if applicable) impact of activities; report on any secondary or ancillary results.</td>
<td>Description of what was created as a result of the work: intervention, solution, policy, technology, behaviour change, service or other result; inclusion of salient features of the solution; noting how these addressed underlying health topic and what happened after design (eg, intervention or product status); documentation of ownership of what was created in the process; description of research prototypes.</td>
</tr>
</tbody>
</table>
| 4.1    | Design research phase | Summary of major insights or reflection from design activities. | Presentation of design research:  
- Problem framing.  
- Design insights.  
- Development and refinement of insights (diverge/converge).  
- Description of prototyping and use of measurement/assessment and iterative refinement.  
- Deliverables (eg, service blueprints, maps, prototypes, storyboard). |
| 4.2    | Decision points | Description of decisions made during the design process. | Key decision-making points and any criteria used as the design process was under way for changes made and iterations. |
research, and crucially, to improve the potential of the public to review and interpret it. With more frequent reporting and documenting of transparent, evaluable design-based practices, we can go farther to promote global health programme responsiveness, effectiveness and equity.

AN INVITATION FOR INPUT

The guidelines presented here serve as a prototype for the development of comprehensive reporting guidance on design for global health. We provide these guidelines for public comment in the hope that gathering input from the global health community will improve the reporting and evaluating of health research that has incorporated design. We invite input from all stakeholders who create and use health research involving design on the guidelines presented through an open survey mechanism (see REDR Survey).

The current guideline will be modified in response to feedback, and a final prototype will be tested through a two-round, electronic Delphi process. With this feedback in the guideline development process, stakeholders will be able to contribute to making research more accessible and more transparent. It is anticipated that the publication of this commentary will elicit momentum to build the evidence base for the use of design in global health.

Ultimately, stronger reporting guidelines for health research involving design will ensure that research and programmatic activities can be shared and used more. Interdisciplinarity drives innovation in global health research, necessitating that the products of novel research partnerships and processes are disseminated widely. In order to enable diffusion of potentially catalytic approaches such as design, reporting must appear more readily in literature reviewed by stakeholders in global health.

We hope that in providing guidance to increase and improve reporting on design for health, this may be accomplished while respecting varied disciplinary traditions and meeting the needs of a wider community of global health stakeholders.

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