

Book review

Bringing user experience to healthcare improvement: the concepts, methods and practices of experience-based design

Paul Bate and Glenn Robert
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This book is about the value of the customer's service experience in improving the quality of services in all respects, from technical quality to interactive quality.

The authors explore the so-called experience-based design (EBD), especially its underlying concepts, methods and practices, as a basic tool for developing customer focused health care services. The "experience" is defined as "how well people understand it (in this case: the services), how they feel about it when they are using it, how well it serves its purpose and how well it fits into the context in which they are using it." In the EBD view, users are considered co-designers of the services as they join and even integrate in the whole service improvement and innovation process. The authors indicate that this is a remarkably more powerful approach than what is meant in patient-led services. In EBD, the 'co' in co-design suggests that patients play a more active and significant role as designers of their own services alongside service providers, while such partnership and shared leadership is lacking in 'patient-led' services.

The book is divided into three parts about exploring the concepts, methods and practices of EBD, respectively.

Central in the exploration of the concept is the consideration that health care service design should aim for: Performance (P), or how efficiently and effectively the core activity does the job of treating the patient, Engineering (E), how safely the activity is charged, and Aesthetics (A), how the whole interface/interaction between patient and service is fashioned and managed. According to the authors, every design process should possess all three elements in different manifestations and combinations. This formula is the constant guide in the rest of the book.

The methods section pictures the basic disciplinary principles that underpin the EBD approach, the notion of pattern-based design and a variety of methods for diagnosing user experiences and intervening in service practice to improve patient experiences.

The final part addresses service practice, starting with a case study showing how experience mapping works out as a basis for new design principles, to be formulated by collaborating patients and staff members. Finally, the authors emphasise the importance of evaluation and reflection of the changes as brought out by an EBD intervention.

The authors show great enthusiasm for the EBD approach, emphasising the importance and impact of the patient role for service improvement. They elaborate in detail about how this kind of patient integration in service design and delivery should be shaped and practiced. From the view of integrated care, this is the most interesting merit of the book.

Another strong point is the combination of the conceptual basis, the methods and practices, the latter described with the help of an extended case study. It brings in a holistic view on the subject and makes the book worth reading for researchers as well as managers, care providers and experience experts.

Unfortunately, their enthusiasm also makes the authors less critical on the approach, for instance in terms of weaknesses and impeding factors. For instance, what is the feasibility of this approach? What are good or bad conditions for introducing and practicing EBD? How is such an approach implemented? These are all questions to be explored before the introduction of EBD.

So, it should be appreciated that the authors write as real ambassadors for EBD and stress the benefits of patient integration in care design and delivery. On the other hand, because of this, they slip into the pitfall of losing alertness and a critical view on their method. Nevertheless, when keeping this in mind, the book is worth reading for many different people involved in health care services.

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