

Healthcare Designers and Information Use (presentation)

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Centre for Health Assets Australasia

CONNECTED 2007 Healthcare Designers and Information Use

12 July 2007

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BACKGROUND

Annual capital outlay on Australian health facilities is approximately \$2.8billion or 3.56% of the annual health budget (AIHW, 2006)

Need for clear communication of client needs to ensure best possible facilities

Designers require knowledge and resources to guide their work in a specialised area of work

Development of health facility design guidelines is a priority project for Australian State Health departments – they would like to ensure use by designers on health projects.



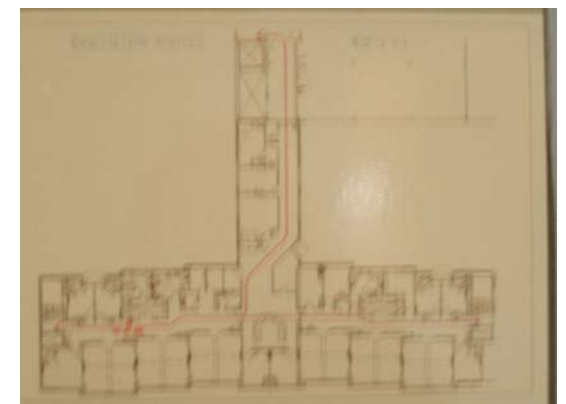
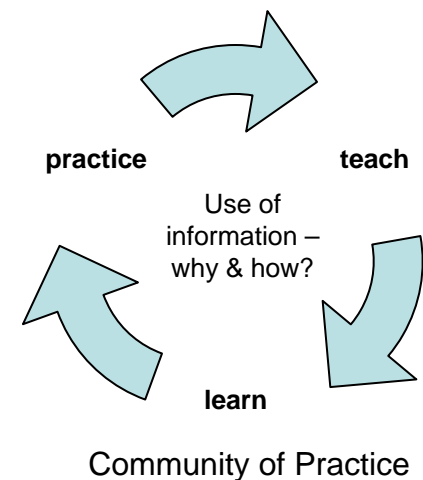
INTRODUCTION

What prevailing attitudes and practices of mainstream architectural practice are brought to design education by those teaching design?

Should we broaden the definition of 'information' at the education stage?

Should we encourage a more enquiring and reflective stance towards research findings and their relevance to design so this can be taken forward from education into practice contexts?

What attitudes to information use are design students being taught that are then translated into their future architectural practice?



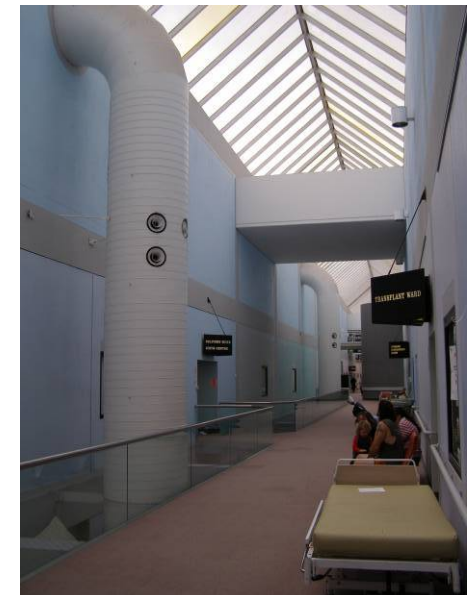
LITERATURE REVIEW

- Design requires decision-making
- Decision-making outlined in management literature (Baird et al, 1990, Marakas, 2003, Choo, 1998 and others)
- Information is required to support complex decision-making that involves many stakeholders
- Lawson ‘...it is common for designers to carry some set of guiding principles with them through their working lives. This intellectual baggage is most frequently gathered during that career, with each project contributing to it in some way.’ (2006, 181)



LITERATURE REVIEW

- Other studies:
 - UK – Mackinder and Marvin, 1982
 - Canada – Tetreault and Passini, 2003
 - Australia – Heath and Green, 1976
 - Australia – Green, 1982
- Preference of designers was not to use written information
- ‘experience’ quoted as most influential on design decision making
- Learning – self-directed , informal resources and methods
- ‘competence building’
- Ability to behave as ‘community member’ (Brown & Duguid, 1991)



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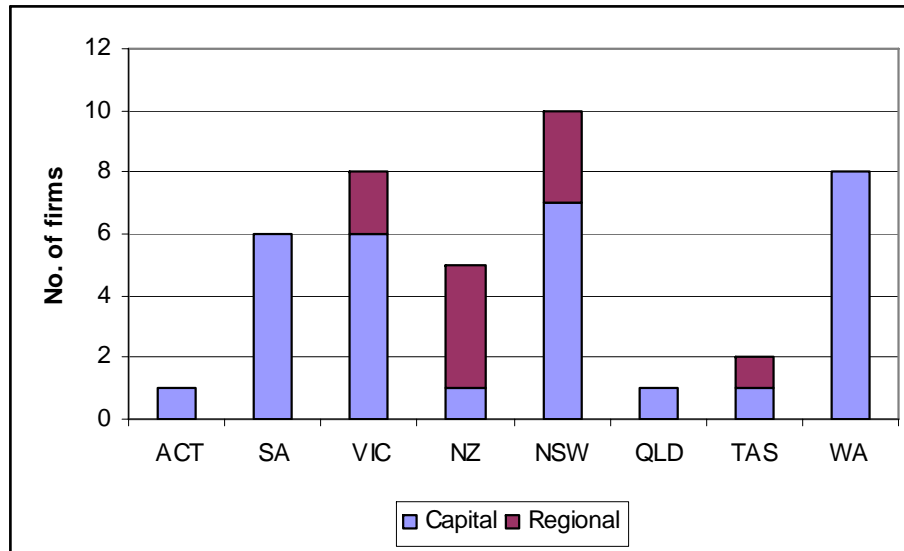
RESEARCH STUDY

- Undertaken to understand the place of Health Facility Guidelines as a resource for healthcare designers
- Jointly – CHAA, RAIA, NZIA
- All architect members, but only those who had completed health care projects in last 5 years asked to complete
- 41 responses received
- Asked questions re
 - characteristics of the firm – size, location, turnover
 - type of healthcare projects – size, location, value
 - information resources used – chosen from list/categories
 - how resources were used – hard copy, internet, etc



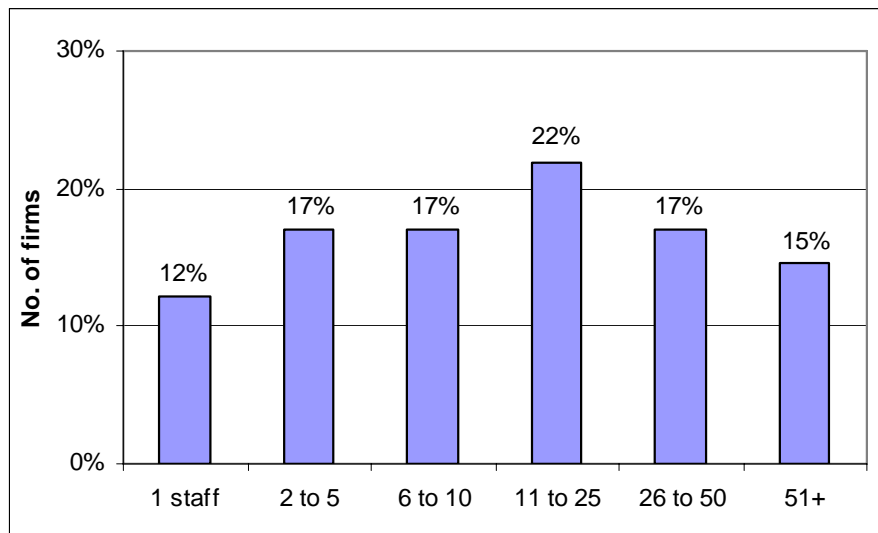
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RESEARCH STUDY – RESULTS



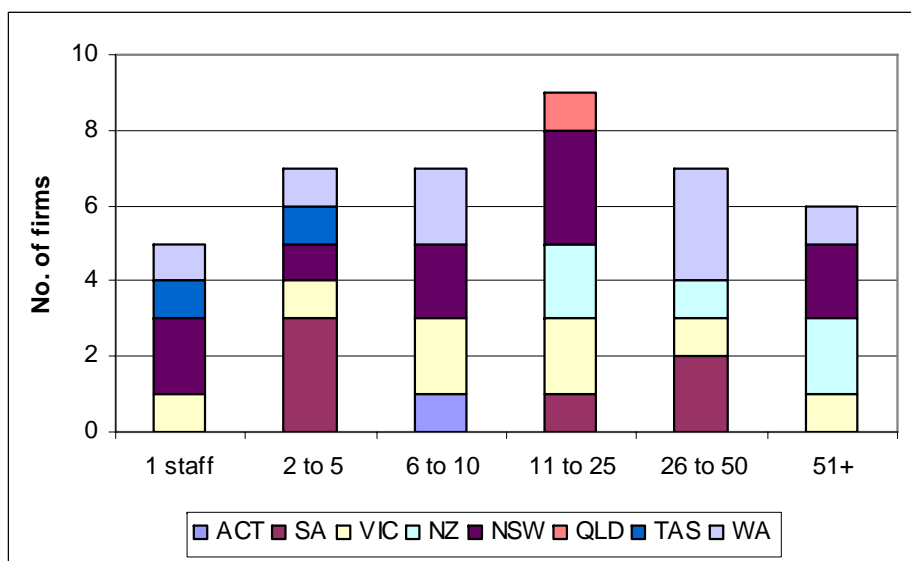
Location of firms

RESEARCH STUDY – SAMPLE RESULTS



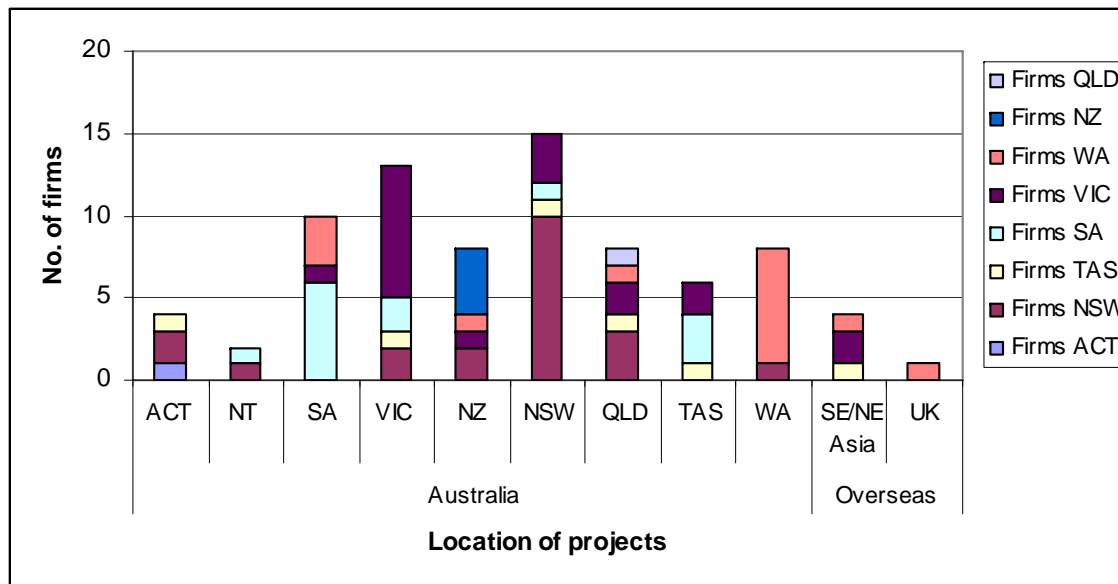
Size of firms

RESEARCH STUDY - RESULTS



Size of firms vs location

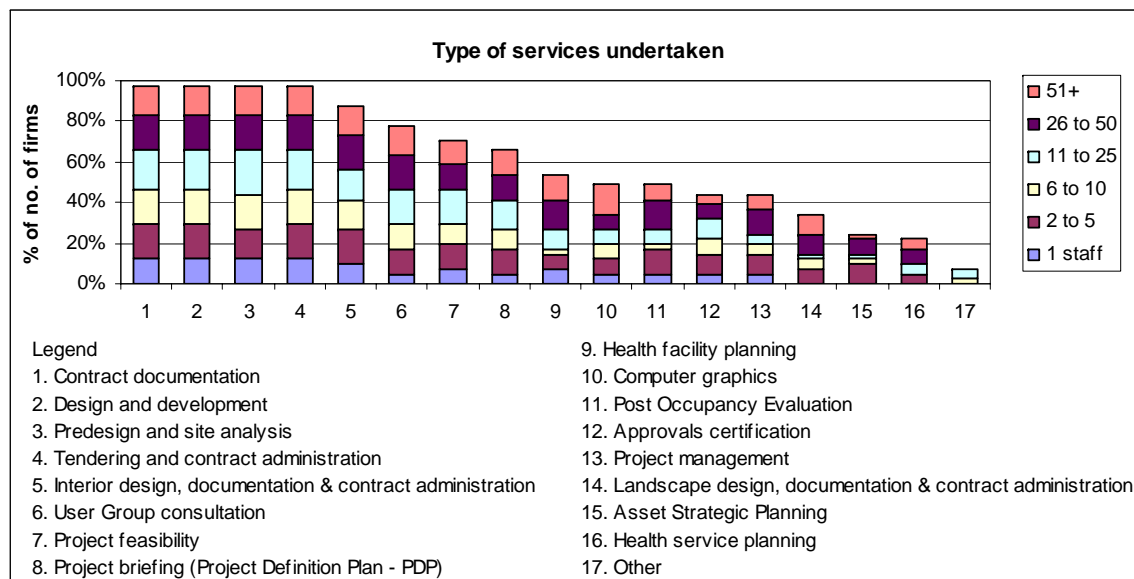
RESEARCH STUDY - RESULTS



Location of projects undertaken

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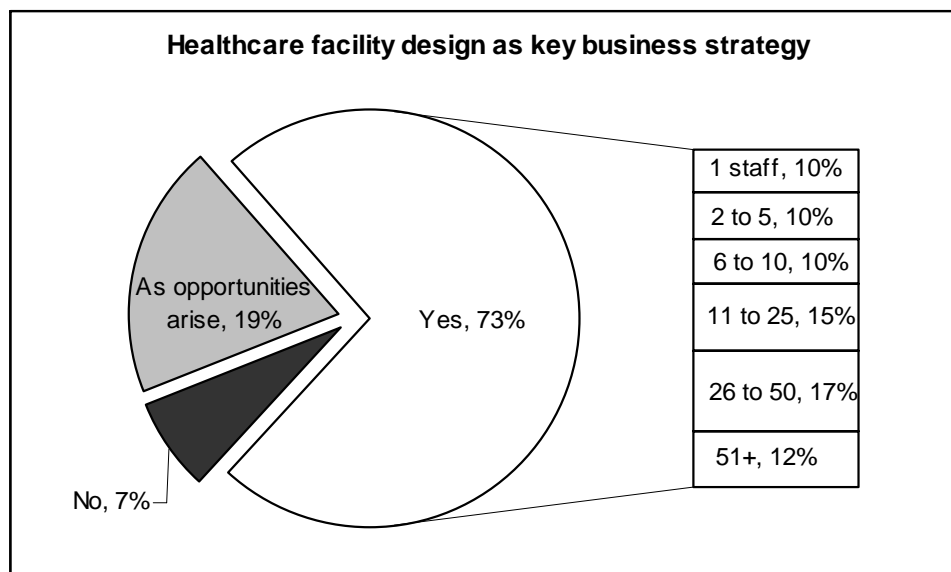
RESEARCH STUDY - RESULTS



Type of services provided x size of firm

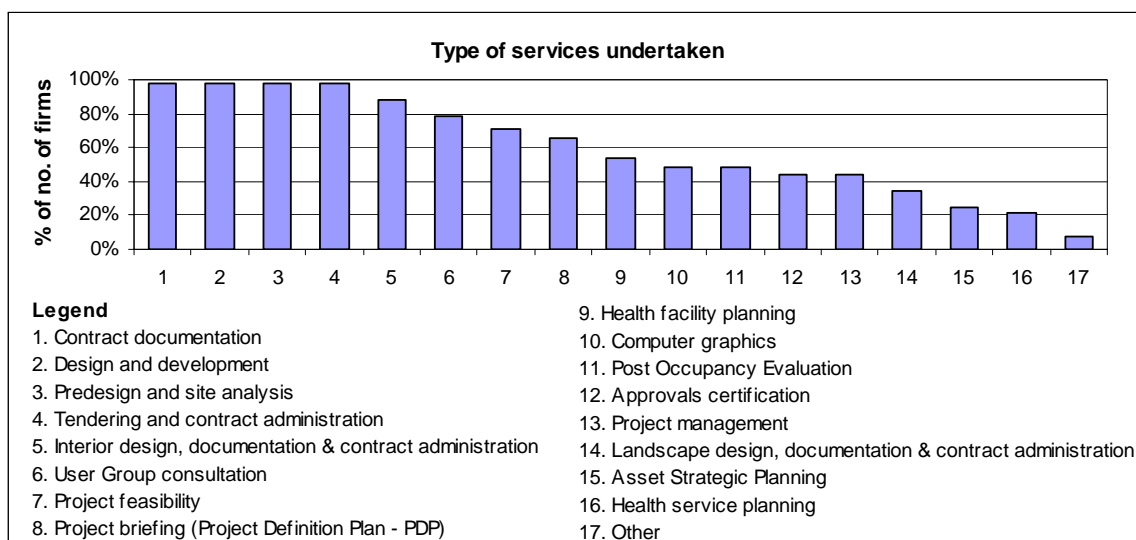
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RESEARCH STUDY - RESULTS



% undertaking health projects as key business strategy

RESEARCH STUDY - RESULTS



Types of services undertaken

RESEARCH STUDY - RESULTS

No.	Resource Category Usage	No. Firms
1	Information gathered from previous projects – undertaken by your practice	40
2	Own / firm's original research – site visits	40
3	Information from client	39
4	Other guidelines – BCA, Aust/NZ Standards, Codes, etc	38
5	Other consultants / colleagues – your practice/others	35
6	Magazines and journals – manufacturers' promotional material, trade journals, etc	33
7	Health Facility (Design) Guidelines - Australia/NZ	26
8	CPD	25
9	POE (own POE and others)	21
10	Research summaries by others	15

Information categories: 10 most frequently used

RESEARCH STUDY - RESULTS

No.	Information Source	No. firms
1	Information gathered from previous projects – Undertaken by your practice	40
2	Own / firm's original research – Site visits	40
3	Information from client	39
4	Other guidelines – Australian/NZ standards	38
5	Own / firm's original research – Internet research	38
6	Other guidelines – BCA	37
7	Other consultants / colleagues – Your practice	35
8	Information gathered from previous projects – Undertaken by others	33
9	Magazines and journals – Manufacturers' promotional literature	33
10	Other consultants / colleagues – Others in the same / related industry	32

Information (discrete) sources: 10 most frequently used

RESEARCH STUDY - RESULTS

Information Source Usage	No. firms
POE – Other source i.e. undertaken by other than own firm	18
Health Facility (Design) Guidelines – International – NHS	17
Health Facility (Design) Guidelines - Australia/NZ – QLD Health	16
Research summaries by others – CHAA website	15
Health Facility (Design) Guidelines - International – AIA	14
Health Facility (Design) Guidelines - Australia/NZ – NZ Ministry of Health	12
Research summaries by others – University Library	11
Health Facility (Design) Guidelines - Australia/NZ – WA Health	10
Research summaries by others – ACHSE Library	10
Health Facility (Design) Guidelines - Australia/NZ – SA DHS	8

Information sources: 10 least or rarely used

RESEARCH STUDY - RESULTS

Other findings:

- Use of resources varied according to size of firms – larger firms used greater range and number
- Larger firms more likely to:
 - use books and journals,
 - undertake study tours,
 - attend conferences
 - use academic research
 - use information from overseas sources eg AIA, UK NHS, etc
 - engage in CPD
- Number and variety of resources used correlates with size of projects undertaken

RESEARCH STUDY - DISCUSSION

Results suggest

- A personalised and subjective approach to information use
- Relies on accumulated experience and expertise
- Apart from use of legislated codes (BCA, Standards, etc) other information use is 'optional', especially academic research, POE, CPD
- Difficult to assess the quality, quantity and currency of what is used – for both experienced and inexperienced designers
- Critical stance required to the information that is available especially where this is largely their own or colleagues' experience



RESEARCH STUDY – CONCLUSIONS

- Need for familiarity with what is available
- Need for critical stance towards the assumption that personal 'experience' is the main requirement for the development of design knowledge and expertise
- Determine what is useful as information for design practice; involve and expose students in different forms of research
- Sensitise students to the issues and to the wider range of information that is available – including research of various kinds, project evaluations, etc
- Include input available from other professional disciplines and academic bodies of knowledge in order to develop an appreciation of the contribution available from these sources
- Design education offers a seminal opportunity
- Ultimate aim= improve the quality of practice and education



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Complete study available from:

www.chaa.net.au

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