Participation in a co-design process – learnings and implications for enabling individual and collective participation in development of stroke services

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Conclusions

- Participation in co-design processes is not realized by only applying co-design methodology
- Participation in co-design must be continuously assessed and reflected upon
- Co-design must be seen as an ever-adaptive process to enable participants' participation by balancing roles and power and evoking different perspectives as a common ground for shared understanding



Introduction

Despite the core intentions of co-design, to increase user participation in the development of new health and social care services, the concept of participation and how it unfolds within studies with a co-design approach has rarely been addressed.

Aim

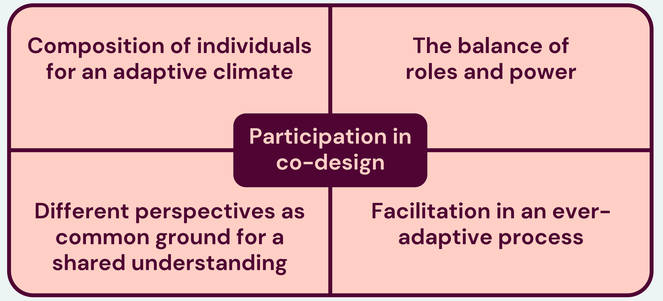
This study aimed to describe how user participation manifests itself, including potential enablers or barriers to participation within a co-design process involving patients, significant others, and healthcare.

Methods

The study was conducted in the context of a co-design process of a new person-centred transition from hospital to continued rehabilitation in the home for people with stroke. The co-design process consisted of five half-day workshops over four months, involving people with stroke, significant others and healthcare professionals.

The process was followed, and data were collected through observations during workshops, recorded reflections and semi-structured interviews and questionnaires. The data were analyzed using qualitative content analysis.

Results



The individual's participation in a co-design process manifested itself through the interaction of the participants and their skills to handle and adapt to different perspectives, roles, and assignments. Patients and significant others struggled to combine their binary roles as experienced-based experts and be accountable design team members.

There were occasions where an uneven power balance became evident. Some patients felt inferior and considered healthcare professionals as the real experts. There were difficulties in bridging the experience-based perspective of users and healthcare professionals. However, when a shared understanding could be reached, it enabled equal participation.



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