

Discovering User Needs and Preferences for Guide Robots: Challenges and Preliminary Insights

Abena Boadi-Agyemang*, Katherine Shih*, and Aaron Steinfeld

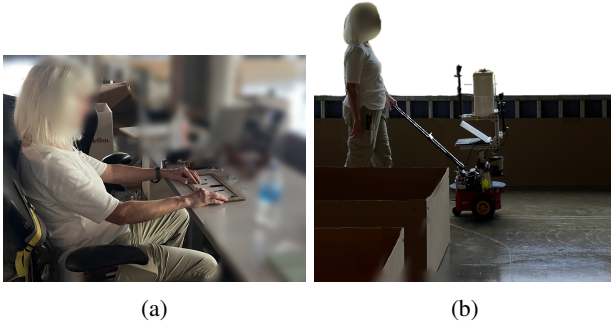


Fig. 1: Examples of the user study experience. In 1a, the participant studies a tactile map prior to the robot trial. In 1b, the participant navigates with the robot.

I. INTRODUCTION

For people who are blind or have low vision (BLV), navigating through complex, unfamiliar crowded spaces can be particularly daunting. Mobility challenges include avoiding static and dynamic obstacles, detecting changes in ground level, finding exits, and adapting to abrupt changes in environment [1]. A number of guide robots have been designed to assist BLV people with navigation tasks in both indoor and outdoor environments [2]–[6]. Much of this research has focused on the technical challenges and contributions of autonomous guide robot systems or acceptance of specific systems.

In this work, we focus on the problem of understanding ideal features of these guide robots, particularly users’ sense of orientation, and feelings of comfort and safety. We discuss ongoing research in understanding how BLV users interact with and react to guide robots. Based on preliminary results from a wizard-of-Oz study followed by a semi-structured interview and participatory design phase, we discuss challenges in eliciting user needs and suggest future work.

II. RELATED WORK

A. User Preferences for Navigational Aids

Prior work in discovering user requirements for navigational aids, including guide robots, includes participatory design studies [7]; surveys, interviews, and/or focus groups [8]–[12]; and evaluations of specific systems or algorithms [13]–[17]. Research without a focus on technology, i.e. that aimed at evaluating the everyday experience of BLV people, is also valuable for guide robot design; this includes studies that focus on navigational hazards [18]–[21] and/or orientation and mobility techniques [22], [23].

Common themes arise in the literature. The first key consideration involves attitudes of BLV people towards navigation and mobility that may not be intuitive for sighted designers, highlighting the necessity of participatory design in the development of guide robots. For instance, BLV people rely on landmarks and other cues for navigation, which sighted guides may instinctively avoid [24]. Incorrect assumptions about the physical abilities of BLV people can lead designers to unnecessarily limit options, such as assuming elevators are preferred over stairs [7], [25]. Secondly, the social acceptability of navigation aids play a large part in their acceptance by users. Tolerance of device errors in [11] was mediated by social factors such as the presence of strangers or the social environment. Many users prefer small, unobtrusive devices so as not to stand out [8]. Finally, individual characteristics of users, such as their usual mobility aid, affect their preferences for navigation technologies [13], [26].

In [7], researchers used participatory design to identify interaction modes for building service robots, including guide, escort, and information kiosk modes. In [27], a scenario-based approach was used to determine the design requirements of a mapless robotic navigation system to support blind people with navigating unfamiliar indoor environments. Similar to this work, we incorporate wizard-of-oz methodology to enable users to gain experience with an early prototype. We then use a scenario and dialogue-simulated design approach to identify and evaluate features for future guide robot designs.

B. Perceived Safety and Affect Detection

Positive perception of safety is an important metric for whether robots can be accepted as partners or co-workers and impacts belief in whether users will adopt the agent [28]. Emotion detection by robots can enable the robot to tailor its behavior, crafting an experience that increases a user’s perception of safety. A recent extensive review by Rubagotti et al. focused on surveying aspects and themes of and related to perceived safety of autonomous robotic systems [29]. They found that common terms used in physical HRI (pHRI) research that have been related to the notion of perceived safety include trust, comfort, stress or strain, fear, anxiety, and surprise. Within HRI, perceived safety has been measured indirectly using questionnaires [30]–[32], physiological sensing approaches [30]–[34], direct input devices [35], and behavioral measures. However, since current affect detection approaches have largely focused on sighted people, work still needs to be done to identify the modalities that would enable researchers to effectively estimate BLV user affect towards crafting user experiences that foster trust and user acceptance.

III. METHODS

We recruited BLV participants ($n = 7$) from an email list of contacts who had expressed interest in participating in research studies. Participants ranged in age from 35 to 75; four were totally blind or had some light perception, and three were low vision with varying degrees of visual acuity. Participants used a range of mobility techniques, including smart phone, white cane, guide dog, and vision (for those who were low vision). Three participants self-reported to having participated in at least one separate research study with a guide robot. No participants were students at our institution. Our study protocol was approved by our Institutional Review Board. Our study took 150 minutes and participants were compensated \$90.

We use a Pioneer 3-DX robot with an attached suitcase handle and additional structures to support a computer, cameras, and other sensors, shown in 2.



Fig. 2: The prototype guide robot used in the study.

Participants were asked demographic questions about themselves and their level of vision, before completing the Mobility-Related Quality-of-Life Measure for Individuals with Vision Impairments [36]. They were then familiarized with the robot and given the opportunity to touch and ask questions.

In the interaction phase of the study, participants followed the robot through a series of four courses constructed of cardboard obstacles laid out in a large indoor space (approximately 9x19m). The robot was teleoperated along pre-computed paths. Course order was counterbalanced between participants. Because the room was large and unfinished, with few cues for orientation, participants were provided with a tactile map of the course to study before each trial. Additionally, a speaker playing a repeated sequence of two notes was placed at the start position to provide an auditory cue. After each course, participants were asked a ten-item subset of the Questionnaire for the Evaluation of Physical Assistive Devices (QUEAD) [37] drawn from the Emotions, Attitude, and Comfort scales. Observation notes were collected throughout, and participants were also asked for any other feedback after each trial.

At the end of the experimental phase, we conducted semi-structured interviews. Participants were asked to reflect on their experiences with the robot as well as to clarify behaviors

observed during the trials. Afterwards, we used a modified approach from [38], where a researcher would talk through an imaginary interaction with the guide robot. At each step, participants were asked how they would like the robot to behave and what features or functionality they would include. Finally, we aimed to verify identified system requirements through a dialogue-simulated interaction between the researcher and participant by contextualizing the proposed guide robot interface identified in the previous phase within a specific scenario.

IV. CHALLENGES, INSIGHTS, AND FUTURE WORK:

1) *Challenges:* Several key challenges in the evaluation of user preferences for this application have arisen in the course of the study, particularly when it comes to evaluating users' perception of safety. First, questionnaire results are not sensitive to users' expressed preferences. Many participants have reported low scores to feelings of anxiety and high scores to feelings of comfort/usability after each trial with the robot. However, both immediately after the trials and when asked follow-up questions during the semi-structured interviews, they also reflect on non-ideal behaviors of the robot such as bringing them too close to obstacles or causing them to maneuver awkwardly. This presents contradictory accounts about how users perceive their safety with the robot.

Furthermore, while we aim to perform post-hoc affect analysis using video footage, the modalities used to estimate affect in BLV are uncertain. For example, while facial expression is common modality used to measure affect, there is evidence that suggests that having visual experiences impacts the production of facial expressions in BLV people, causing variability, intensity, and control in the facial expressions of BLV people [39]. Prior work suggests that biosignals offer promise for navigation-specific tasks [1]. Prosody is also a potential modality for estimating affect [40] that may be useful for our application [41]

2) *Insights:* Preliminary results support prior work from the literature and introduce additional considerations for design. As in [7], [13], users express a desire for the robot to alert them about obstacles and landmarks, but in line with [26] prefer the degree of information to be customizable. In keeping with prior work about social acceptability, many users prefer to pair their headphones with the robot rather than have it speak aloud. Users prefer the robot to navigate to an exact destination, such as an empty chair in a waiting room or a ticket counter. Finally, based on feedback about robot motions that require awkward maneuvers by the user, robot path planning that explicitly accounts for the user's path is key to comfort.

3) *Future Work:* This study is ongoing at the time of submission. We plan to continue running participants, and conduct statistical analysis and qualitative coding on the results. We also plan to perform post-hoc analysis on participant video data in conjunction with questionnaire results and qualitative findings, as a step towards identifying insights about the perceived safety of the guide robot system.

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