

SAMPLE FROM 2020

Southampton Solent University
BSc (Hons) Computing

COM621

UX Strategies

Date: 30/12/2020

Table of Contents

Table of Figures	2
Introduction	3
User Research Analysis	4
Usability Testing	5
Usability testing metrics	6
Results.....	6
Legal and Ethical Issues	6
Conclusion	7
Appendices	7
Appendix 1 – Technology and Mental Health (Responses).xlsx.....	7
Appendix 2 – Technology and Mental Health Form.....	7
Appendix 3 – Usability Testing.xlsx.....	7
Appendix 4 – Consent forms.....	7
Appendix 5 – Usability Testing Script.docx	7
Appendix 6 – Prototype.....	7
Appendix 7 – Posters.....	7
Appendix 8 – User Journeys	7
Appendix 9 – Tasks	7
Appendix 10 – Personas	8
References.....	9

Table of Figures

Figure 1. Usability Test Tasks	7
Figure 2. Persona - Kennedy O'Callagan.....	8
Figure 3. Persona - Jon Clifford.....	8
Figure 4. Persona - Hannah Mary.....	9

Introduction

During the year of 2020, all the medical practitioners were obliged to spend less time with their patients due to the COVID-19 pandemic, which resulted in them having to learn how to be able to stay in touch with their patients with health systems that were not efficient in doing that specific task. An example that can be used in one of those cases was related with people who suffer from any type of mental illness to be able to stay in contact with their therapist so that they could continue the treatment in order to have a positive progress to achieve a healthy mental state. This report will show how a health care system that it is going to be used as an intermediary between two groups of users, which in this case it is going to be therapists and patients that are on the look for help to achieve a healthy mental state, is going to be designed.

The system is going to allow both therapists and patients to manage their bookings for therapy sessions, where they will both need to be registered in the system in order for that to happen. This specific function will allow patients to see their therapist's availability in a calendar that displays all the hours that the therapist has available to have a therapy session, while on the therapist side, it will be possible to see the list of all of the bookings made for a specific day and a list of all the patients that are registered to have sessions with said therapist. When it comes to users that do not have a therapist allocated to them in their current GP, it will be not possible for them to access the booking function present in the system, and for that to happen they will need to contact their current GP explaining that they wish to start to have therapy sessions.

The reason why this was the chosen system, it is given the reason that it is believed that this type of system can become a big advantage nowadays due to the fact that someone who has any type of mental illness and got used to see a therapist in order to be able to improve their mental health, needs to stay in touch with the assigned therapist, so that their treatment continues in order for them to be able to achieve the desired goal. This system is not only going to be designed because of that reason but it is also going to be designed considering that there are cases of people who do not feel socially comfortable in talking with a therapist about their current situation and when that happens, people tend to turn themselves to social media.

People nowadays are starting to seek for help in social media platforms, such as *Instagram*, *Twitter* and *Facebook* when it comes to the subject of mental health, either it is because they feel that reading tips from people who are going through the same problem or were able to overcome it will help them reach a healthy mental state, or also because sometimes people cannot afford to speak with a professional or do not feel comfortable in doing it. Given this reason, it will be implemented a function where it will allow these patients to see publications from what other patients are doing in order to achieve a healthy mental health or also advices from professionals that are present in that system, which in this case are the therapists. By implementing this function in this type of system, it is believed that it will be possible to introduce a new way of helping people with poor mental health, by dedicating an entire system to it, instead of having a general social media, where people can be judged when speaking about it. With this being said it is possible to see that both groups will benefit from this system, where practitioners will maintain the contact with their patients, which will result in them making the revenue that they used to make when having the face-to-face sessions, and patients will be able to achieve what is the biggest goal for why this system is being designed, which is to help people achieve a healthy mental state.

Commented [AB1]: This section could be made into smaller sentences to be clearer.

Commented [AB2]: Proofread grammar

When it comes to terms of UX Design it will be considered both UCD (User-Centered Design) and TCD (Task-Centered Design), due to the reason that users will have to upload personal information in order to use the system, where one of the examples can be the fact that therapists will have to upload certifications that they hold the valid credentials to provide this type of service and when it comes to TCD it is because this system will not only focus on the user needs but also that the tasks are focused in solving the problems that were stated above, in order to help the public which this system is being focused to.

User Research Analysis

In order to see if this system could be successful to the eyes of the public, a survey was conducted so that it would be possible to gather that information. When sharing the survey, it was specified that all the answers are anonymous, and this is given the reason that since this topic is considered to be a difficult and extremely personal topic to be talking about, it was decided to leave all the answers anonymous. This survey was composed by 15 questions that were about both social media and mental health, and they were made in a way that it could be possible to connect all the questions and answers. All the questions and respective answers, that were divided into two groups (Qualitative and Quantitative Data), are available in Appendix 1.

After the survey was closed it was possible to analyse all the qualitative and quantitative data from the 66 users that answered the survey and this was possible by sharing it through different social medias such as Instagram, Twitter, Facebook and WhatsApp, by sharing it with multiple users in the first four, where there was no knowledge if the user suffered from any form of mental health disorder, where on Facebook the survey was shared in two groups that are related with mental health. Despite in some of the answers being possible to see certain majorities, there was still a great variety of answers throughout the first four questions of the survey.

Regarding the questions that are related with mental health and use of social media to speak about their mental health, it is possible to see that 71.2% of the users despite saying that they suffer from a mental health disorder, 72.7% said that they do not have therapy sessions to speak about how they are feeling regarding their mental health/mental health disorder. And after analysing the three core answers for this topic with the help of the software Tableau, it was possible to see that the percentage of users that said that they suffer from a mental health disorder but do not have therapy sessions and go to speak about how they are feeling on social media or to seek for tips in order to improve it (33.33%), is much higher from the users that suffer from a mental health disorder, but choose to have therapy sessions instead of use social media in order to achieve a healthy mental state by speaking about it or searching for tips and advices from other users (8.51%).

The reason for this to happen can be due to the fact that nowadays people tend to choose social media to look for advice from others that were able to overcome similar situations and also to speak about how they are feeling, but it is important to have in mind that there can also exist risks in looking for this type of help online, which is known as peer-to-peer support, because not all the information can be accurate and everyone as access to social media, so negative comments on publications speaking about an individual mental health can appear (Naslund et al. 2016). And this affirmation is possible to be seen in some of the qualitative data gathered from the survey where a small percentage of the users that said that they use social media, but it has not helped them (16.67%), were there was different reasons being those that there is too much information online, where not all of that is accurate, by leaving users confused, and some also said that despite being able to help them to say everything

Commented [AB3]: Reference expected here.

Commented [AB4]: We are expecting comments on:
 > Market research
 > Business model info

Commented [AB5]: Good to use an appendix for this report.
 I would expect to see this data in the appendix:
 > Links to UX principles / guidelines / ethics / govt. Regulations to provide evidence to support design decisions
 > Evidence that the draft survey was reviewed
 > User Profile / journey data
 > Sample survey with the % &/or comments
 > Interview/focus group transcript
 > Optional: confirmation of transcript accuracy by respondent
 > Prototype Testing data

Commented [AB6]: Be sure to give your sample group data. 66 out of how many potential respondents.

Commented [AB7]: Consider adding charts / graphs / infographics where appropriate.

Commented [AB8]: Link your claims to reference. What research supports your statement.

they want, it only feels like a temporary release, while the vast majority (83.33%), said that it is easier to find people who are going through the same problem making them not feel alone and learn different mechanisms that help them to cope with that specific problem.

In terms of the people that said that they simply do not use social media to speak about how they are feeling, the reasons towards that choice it is because they do not feel comfortable in doing it, they do not want to expose their personal problems to people they do not know personally and there is also the problem of being invalidated by others, as a user specified in one of the answers and not wanting for others to worry about them. Apart from these reasons, there is also one that it was not mention but it is considered to be important nowadays on the topic of mental health, which is ending the stigma that exists around people that suffer from any mental health disorder. Stigma is the way that people look to others thinking that they are not able to complete certain tasks due to some type of disorder, where in this case is related with mental health, and this causes people to sometimes not share with anyone, either it is a professional, family member or even close friends.

When it comes to the technical terms of how the people that answered the survey said how they book their therapy sessions, there was a great variety on how they do this, but the most common ways are through phone call (33.3%) and through text message (22.2%). Now, when asked if they find it easy to know their therapist's availability, the users who answered yes (66.7%) said that it is either fixed times every week or by booking at the first appointment of the week, whilst the users that said the opposite (33.3%), gave different reasons, such as, not being them dealing with the booking process, or the times given by the therapist do not coincide with the patient's availability. With all this being said it is possible to create a list of user needs based on the research that was done with the help of the survey and the research papers used in this section.

Patient	Therapist
Improve their mental health	Help improve the patients mental health
Find a safe space online with accurate information and tips/advice	Being able to manage their bookings
Being able to manage their bookings	Provide a safe space for patients

Table 1 – all figures and tables need captions

Commented [AB9]: Content structure – add captions for tables and figures

Usability Testing

At this stage, the prototype was tested by 6 different participants, where all of them had to complete five tasks based on the website. Those five tasks (Appendix 9) allowed to gather information from different aspects from the system that were related with the usability testing metrics, how long each task would take and to analyse why the difference between the time taken to complete the first task was bigger than the other tasks. In order to choose which were going to be the tasks to be performed, it was chosen an inductive approach, which allowed to create specific tasks based on what was desired to be tested, which in this case was all the usability testing metrics present in design. Also, given the reason that the goal of this usability test is to see how the users behave when completing the task that were purposed to them but also to gather quantitative data on how long does it take to them to complete those tasks and the number of clicks that take them to complete it, which can be known as statistical induction and according to Elmansy (2016), this type of induction is based on the statistical values gathered that will help predict a specific conclusion.

Commented [AB10]: Same as the first survey/interview data collection and analysis. Clearly state your sample group data.

Commented [AB11]:

Commented [AB12]: grammar

Usability testing metrics

As it was said above the tasks allowed to evaluate various usability metrics, and after analysing all the data gathered from the test it was possible to conclude the following for each usability metric:

- **Navigation and Layout:** All participants said it was considerably easy to find the elements present in the system, given the good structure, even though two of the participants found it difficult to perform the first task given the reason that they did not know where the buttons were located, it was said by the same participants that after that it was straight forward and easy to find other elements.
- **Comprehension and Terminology:** As it was said above, some of the participants did not had an advanced level of the English language, but those still said that it was still easy to understand the terminology present in each element making it a website accessible to different types of users when it comes to the level of the English language.
- **Feedback:** In terms of feedback, there was multiple opinions saying that despite the feedback given by the website being good for the users using it, there should be two more functions, being the first one a feedback message similar to the one when cancelling an appointment, asking if the patient really want to change the date of the appointment, and the other one a message saying that an email was sent to the patient and the therapist.
- **Data entry:** When it comes to data entry in the system, given that it is a prototype there was no need to fill in any data, but when giving the opinion regarding the registration screen, there was multiple opinions, which were the following:
 - They are in the correct groups, making the registration an easy process;
 - The email should be in the "Account Security" group;
 - The "Type of Account" group should be the first thing to be shown.

Results

It is possible conclude that the task that it took longer for all the participants to conclude was the first one (Appendix 3), where the final average was 45.28 seconds to complete that task, and this is because even though it was said by them that the website is easy to understand, there is still the need for the user to know where each element is placed when first visiting a system, as it is also possible to see that the number of clicks necessary to finalize that specific task was most of time close to the number of clicks needed. The times that the number of clicks were exceeded was due to an error of the participant was on task number 4, when the participant instead of clicking on the "Change Appointment" button, clicked on the "Book Appointment", which cause the participant to head back to the index to complete the task in the correct way, regarding the number of clicks for the other tasks, they were all equal to the number necessary to complete that certain task, but to be saying that a task takes a certain amount of clicks to complete cannot be considered correct within a prototype given that some of the participants sometimes clicked on other elements that were already predefined just to see how those worked, but the way that this evaluation method was being considered was through the number of clicks on the buttons or links that would take the participants to the next screen.

Legal and Ethical Issues

It is important to inform that all the users were given a Consent Form (Appendix 4) in order to avoid any legal or ethical issues, where it was stated that the names of the participants would be kept anonymous, only to be seen in the signature in the consent form, so that it would not be possible to match the participant number with the name of the participants.

Commented [AB13]: See <https://www.nngroup.com/articles/usability-metrics/>

Commented [AB14]: Add reference to the data to support this claim.

Commented [AB15]: Proofread – did not *have*

Commented [AB16]: A summary table of before / after data would be useful.

Commented [AB17]: There needs to be a weblink to cloud storage for the forms. But you need to follow data protection regulations.

Conclusion

It is possible to conclude that, after running the questionnaire through all the users that participated, with the support of some research and with the usability test that was done with the help of the six participants, that this type of system can become helpful and succeed with the type of design that was applied. Even though the design can be considered quite simple, it was considered that since this is a website that has the goal to help managing bookings between therapists and patients and also to help people struggling with poor mental health, it was designed in order to focus more on the tasks itself, hence the reason to also choose a TCD approach to the system. When it comes to the final outcome, it is possible to say that it is a product that provides a good level of satisfaction and it will always be shown with a great feeling towards what it was done.

Commented [AB18]: The conclusion should tie together the Module Learning objectives (NB: use the key words in the section headings), Alumni business plans and your UX website elements to the data from your User Profiles & Journey to inform your UX wireframe and prototype changes. These would then be validated (or not) from the user testing metrics. Remember you will only have one iteration of testing for this module.

Commented [AB19]: Link to the data. Add reference.

Commented [AB20]: Be careful about using absolute terms

Appendices

Appendix 1 – Technology and Mental Health (Responses).xlsx

Appendix 2 – Technology and Mental Health Form

1. <https://forms.gle/CbwopbbcvTueQYy96>

Appendix 3 – Usability Testing.xlsx

Appendix 4 – Consent forms

Appendix 5 – Usability Testing Script.docx

Appendix 6 – Prototype

1. Hannah Mary Tasks - <https://app.moqups.com/VcncPNIUSf/view/page/ad64222d5>

2. Kennedy and Jon Tasks - <https://app.moqups.com/GIXticzizy/view/page/afb095b9b>

Appendix 7 – Posters

Appendix 8 – User Journeys

Appendix 9 – Tasks

Commented [AB21]: Good. We need to see links to the mock-ups.

Commented [AB22]: For this COM621/2021-22

Commented [AB23]: NOTE: This data is not linked to the body text?

Task 1. Create an account and book an appointment for the 23rd of December 2020.

Task 2. Check your list of patients and see the diagnosis for the patient Hannah Mary.

Task 3. Find out which are the 5 steps for mental wellbeing and read the full details.

Task 4. Change the appointment on the 16th of December 2020 to the 17th of December 2020 at 3pm.

Task 5. Cancel the appointment on the 12th of December 2020.

Figure 1. Usability Test Tasks

Appendix 10 – Personas

Commented [AB24]: NOTE: For this 2021-22 assessment we would want to see this kind of user profile data represented. In this sample it is not written in the body text. We should not see 'orphaned' appendix data.

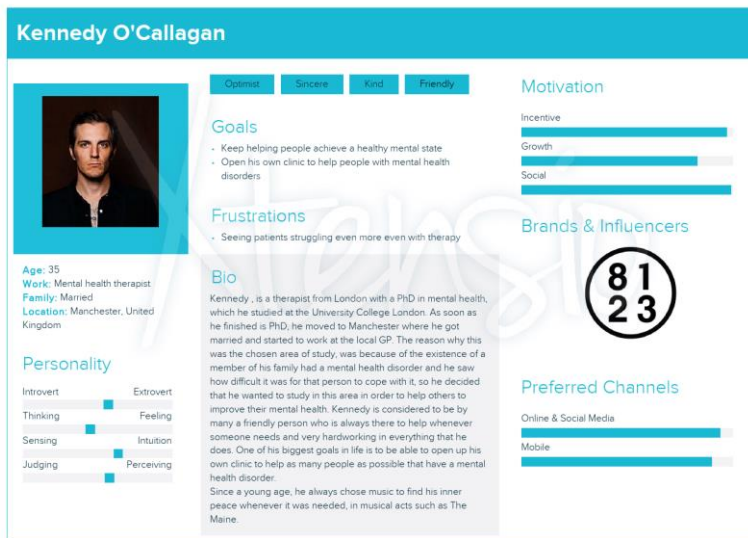


Figure 2. Persona - Kennedy O'Callagan



Figure 3. Persona - Jon Clifford

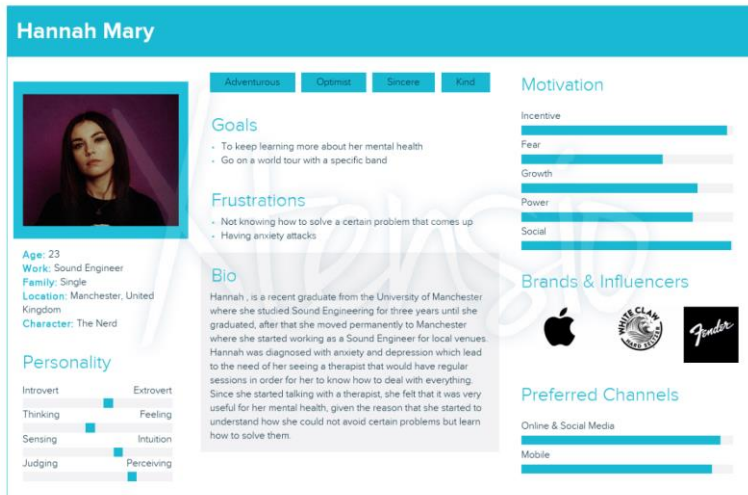


Figure 4. Persona - Hannah Mary

References

1. Elmansy, R., 2016. *Using Inductive Reasoning in User Experience Research* [viewed 11 December 2020]. Available from: <https://www.designorate.com/inductive-reasoning-in-user-experience-research/>
2. Naslund, J.A., Aschbrenner, K.A., Marsch, L.A. and Bartels, S.J., 2016. The future of mental health care: peer-to-peer support and social media. *Epidemiology and Psychiatric Sciences*, 25(02), pp.113–122

Commented [AB25]: Weak reference section. I am expecting references to ethics, accessibility regulations, etc. Or other guidelines / government policy which may impact on the UX design This is no minimum reference amount, but there should be a reference or source for each claim to provide supporting evidence.