Service Design in the Philippines: Tensions in Human-Centred Design and humane design

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Abstract

Services are the largest contributor to the Philippines' economy, prompting the necessity of exploring what service design might contribute to the country. This paper seeks to explore what service design means in a country like the Philippines, where business interests, customer demands, and working conditions of service staff rarely intersect as a result of imbalanced power dynamics. It presents practice notes detailing the tensions between desirability as a function of satisfying user wants and needs and as a function of largescale societal impact, and proposes a way forward through designing with compassion.

Keywords: the philippines, humane design, compassion in service design, customers and service staff tensions, power dynamics

Introduction

A couple I met once shared how they were refused service at an *emergency* room. The husband was pulled aside and was told to shell out a deposit before the staff could do anything to save his wife's life. "That's the hospital's policy. There's nothing we can do about it," they said.

A nurse from a general practice clinic I met was yelled at for refusing a patient, demanding she be administered rabies shots, as she was ready to pay for it and therefore was entitled to the service. The nurse calmly explained that this was outside his scope of work. The patient's safety required a doctor's recommendation first– an explanation that fell on deaf ears.

These are only snapshots of Philippine healthcare, a largely predatory system mired by privatization, commoditization, and poor working conditions. To illustrate, more than 50% of healthcare spend is paid out-of-pocket (WHO, 2018) due to poor distribution of financial aid centres and the complexity of navigating our government-provided benefits. Majority of healthcare products and services are treated as commodities, operating on a "cost-plus" pricing structure—businesses earn by tacking an arbitrary amount on what they sell, forcing patients to pay more the sicker they get. Healthcare workers are one of the first to suffer cost-cutting measures, long hours, and meagre wages, prompting many to seek jobs abroad (WHO, 2018). Many are left adrift fending for themselves in a health crisis.

As a service designer, I naturally lean towards optimizing for experience while constraining for financial sustainability. However, the rule-makers behind services see the reverse: financial sustainability is the optimizing factor, not the constraint. This rings true not just for businesses but also for patients and payors - especially in a country like the Philippines, where resources are unevenly distributed and scarce for many.

I had to be open-eyed about how people being forced to part with their resources (money, time, effort, power) affects the dynamic within the service environment and the larger ecosystem. I had to be cognizant of three things:

- First, the commoditized nature of the ecosystem means the incentive of those able to provide care is misaligned with those seeking it.
- Second, patients are rarely willing participants in a healthcare service. These services are often consumed as a necessity, not an act of leisurely choice – and one of the most insulting things a Filipino can do for someone in a position of powerlessness is to slap a price tag on the help they desperately need.
- Third, parting with resources brings expectations of service levels that may not always be realistic nor fair.

These three things meld to produce a Philippine healthcare system that leaves many disempowered and disenfranchised. As a result, Filipino values like "*Utang na Loob*" and "*Katatagan*" disappear from the picture or are exploited.

Recognizing that systemic forces and resource scarcity are service design levers meant that empathy and creating pleasurable experiences is not enough. While human-centred design allows us to see the world from others' eyes, it does not necessarily compel us to see the bigger problems at the root of the painful experiences we observe.

I realized that perhaps we must shift from human-centred design towards *humane* design – to look at "desirability" from the lens of what must be done to truly benefit people instead of from the lens of satisfying user wants. The object of design is no longer the service, but the way an ecosystem works, with services being only a *vehicle* to achieve this.

The objective of humane design, instead, is *empowerment.*

"*Utang na Loob*" and Humane Design

"Utang na Loob" is a feeling of gratitude for a favour so meaningful its value is impossible to quantify. Because patients and health workers are forced to fend for themselves, the notion of healthcare erodes into an a exploitative machine instead of a space where people can foster relationships built on "*Utang na Loob"* – on helping someone in their desperate time of need, and on endless gratitude for receiving that help. Our community-oriented values and meaningful relationships are placed in the backburner, in favour of relationships forged by monetary exchange instead.

But how can one put a price tag on the long hours and stress thrusted upon workers caring for something as intimate as someone else's health, and the anxiety and grief patients endure? The "care" dimension of "healthcare" is often left out of the equation because both sides feel they are not properly compensated for the burden they bear. It's not a leap of imagination to say that this translates into despair, desperation, or disrespect. It's a never-ending cycle for as long as patients and health workers feel nobody is watching out for them, when that's one of the most important things a Filipino can do for someone else.

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Through my practice, I've found that applying humane design principles were useful in addressing these tensions:

- Spend as much time defining tangible outcomes the service should create for the broader system as you do building it

  We must acknowledge that whatever we put into the world *will* create "role models" for future businessmen, service designers, policy-makers, and customers. The success of our services is hinged on its ability to alleviate collective long-term suffering more than its ability to satisfy temporal user wants.

- Question the rules

  The services we design produce only as much good as the rules permit. Rethink the core beliefs and practices that influence services, and reject the rules that harm us.

- Proactively incorporate high-value features for customers that take little effort from the business

  Relationships mediated by money command higher expectations from those who are parting with it and create tension. We must embed opportunities where businesses can leverage their strengths to provide high value at little cost to the customer to replace transactional relationships with a genuine approach.

Because healthcare is commoditized in the Philippines, the tendency for many businesses is to focus only on the transaction: patient care stops at the point of sale. Patients are left to find answers for themselves if they have questions about their medicines and are rarely proactively provided options where they could save more.

Instead of looking at medicine as one-off *commodities*, we look at medicine as a holistic *service.* When the COVID-19 pandemic hit the Philippines, many panicked and worried about their medicines: the drugstores they normally visit closed shop, ran out of stock, or became inaccessible with the shutdown of public transportation. Many lost income sources and so could no longer afford the medicines they need. The lack

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of mass testing efforts meant institutions panicked about the safety of welcoming their workforce back to the workplace.

Looking at medicine as a holistic service meant we had to fill the gaps the system could not so that people's health did not suffer.

We optimize for the health outcomes by integrating information in our services for free, so customers are empowered to make smarter and independent choices for their health. In the context of COVID-19, this meant streamlining our published product offerings to properly set expectations and give customers the freedom to get their medicines from others who can better serve them. This also meant integrating analytics and identifying next steps for our partner institutions for whom we administered COVID-19 testing.

We question the widely-accepted rule that healthcare businesses should earn more the sicker patients are by religiously keeping our prices lower than or at par with traditional drugstore rates. Customers are proactively made aware that they have the option to substitute their medicines with cheaper alternatives, and we encourage them to use this option whenever possible.

Lockdowns meant demand shifted to online services. We leveraged on our strengths in tech to make sure people get medicines and answers on time – despite the 10x surge in inquiries and orders because of the pandemic, we further cut down turnaround times through building internal systems and our first-ever chatbot, at no additional cost to the customer.

By optimizing for the best possible outcomes, questioning widely-accepted rules, and leveraging on our strengths, the most vulnerable no longer had to feel they are being cut corners on in a time of widespread panic and anxiety. We established relationships based on "*Utang na Loob*" – on helping each other at a time of need - and the *shared* goal of better health, instead of on price tags that make healthcare a zero-sum game.

"*Katatagan*" and Humane Design

Tensions among staff, customers, and businesses are normally addressed through co-design techniques that seek input from all stakeholders throughout the process. However, co-design is easier said than done in the Philippines, were "*Katatagan*" (resilience) is noble even when conditions are *unnecessarily* difficult - a trait Filipinos wear with pride. Our

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hard work under difficult circumstances is a labour of love and a token of gratitude for our families who worked hard to care for us.

I once met a cancer patient's husband who travelled for 12 hours from his hometown to the capital on a dilapidated bus to line up at one of the few financial aid centres granting cancer treatments subsidies. From 5:00 AM to 4:00 PM, he queued under the scorching heat on the off-chance that he would make the cut-off and lodge an application. He was "willing to endure it all if it meant his wife got the treatment she needed." He ended up going home empty-handed – he didn't make the cut and had no money left for another day of queuing.

While empathy allowed me to feel the pain he did, compassion compelled me to seek solutions that would make sure our resilience would not be taken advantage of again.

Service designers have the power to rewrite the rules of the service environment, and the responsibility to ensure that rules do not unnecessarily abuse resilience. This is best achieved when our eyes are open to where our designs fail once brought into the world – not just when service outcomes are unachieved, but also when we fail to welcome those in most need of the service.

Two humane design principles can help in this area:

- Consciously shrink the number of people who are excluded by what we design

  We must monitor the cases that "fall out" of the service, put aside resources for those we unintentionally exclude, and question the fairness of our own rules.

  Through religious monitoring when the pandemic hit, we realized that one of the biggest reasons why people didn't get answers fast enough was because their questions weren't easy to reply to. Questions were unclear, lacked context, or required more critical thinking. We addressed this by creating a "triage" protocol: we gave frontline staff "rules of thumb" and automated templates for common questions, while they were also encouraged to escalate more critical or sensitive inquiries within the same day so we could help.

This increased the number of people we were able to accommodate with shorter turnaround times while allowing exceptional cases to still be cared for.

- Create spaces where people can exercise agency and contribute to rule-writing

  We reframe the objective of co-design from "making sure everybody's input is incorporated" to "creating processes that allow even frontliners to redesign the process even without the intervention of a service designer."

  One of the operational protocols we have is a 30-minute daily "stand-up meeting" where the staff directly involved in fulfilling orders, answering customer inquiries, and designing operational processes share the top challenges they faced the previous day and the workload they have for the day. Each person who raises a challenge has to offer at least two options to solve them and the pros and cons of each – to the customer, the operations team, and the business. We've found this to be a great way to empower the staff to exercise best judgment and independent thought, while contributing to continuously rewriting processes that do not work for them.

Consciously decreasing exclusions and creating spaces where people can exercise agency redefine our resilience as "solving problems relentlessly" instead of as "suffering in silence." Harnessed the right way, our resilience nudges us to rewrite the rules to be in service of people—instead of the other way around.

Designing with Compassion

Creating satisfying experiences may yield temporary relief in day-to-day interactions, but when the arena is innately inhumane, the counterattack is not just to design with empathy but also with *compassion* - the strong desire to alleviate the suffering of others by creating services that empower and enforce the positive aspects of our shared values.

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Just imagine: what might the world look like if we design services as a means to improve the state of equality and inclusion in society, instead of as temporal moments and transactions that potentially reinforce the negative traits of the world we currently live in?

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