

Resource sheet: emotional mapping

What is emotional mapping?

Emotional mapping is a powerful technique that was developed by the researchers who invented the Experience Based Design¹ process.

Emotional mapping supports service providers and commissioners (system leaders) to understand people's experiences through an emotional (and thus person-centred) lens. There are several methodologies we can use to capture people's emotions.

These include:

- Storytelling
- Semi-structured interviews
- Group discussions and co design workshop
- Experience questionnaires
- Diaries and journals (written or photographic)
- Observation
- Shadowing
- Conversation cards
- Review of qualitative feedback collected routinely within the service or system
- Review of compliments and complaints

Why do emotions matter?

Emotions are the route to deeply understanding people's lived experiences and the value that services add. The emotions people experience is unique and when aggregated, often reveal patterns and new themes and insights. Understanding the emotional journey supports health systems to harness person-centred design and is crucial to identifying which parts of service pathways are adding value or failing to respond to what matters to people. Because emotional mapping provides a systematic, evidence-based way of understanding what matters most to the people who use them and those delivering care, it is central to the ELC discovery process.

How do I identify peoples' emotions?

Identifying peoples' emotions goes beyond finding out what happened (the experience) and people liked or do not like about it (satisfaction with the experience). It is important to recognise that most people are unused to being asked how they feel about the health and care they receive. Most people will initially default to describing what happened (their experience). As an ELC Practitioner, you gently encourage them to go beyond what happened and to reflect on and articulate their feelings by asking open questions, for example: "How were you feeling at that point?" "How did that make you feel?" "What were you feeling when you arrived at

¹ Bate S P, Robert G. Experience-based design: from redesigning the system around the patient to co-designing services with the patient. *Qual Saf Health Care* 2006;15:307–310

the primary care centre?” “How did you feel when you heard the diagnosis?” “How did what the receptionist said make you feel?”

If people struggle, you can provide examples, for example, “Were you feeling confident or confused? Scared or safe? Empowered or insignificant? Valued or overlooked?”. The ELC team will work with you to develop prompt emotional words for your programme.

It is critical that the emotional mapping process starts with putting the people you are working with (service users, family carers and staff) at ease so that they feel safe to share their personal experience in their own way.

The key steps in the process are to:

- Create a safe space and put affected people at ease
- Provide prompts to help them recall their journey and the emotions they felt
- Listen deeply to what they say and elicit their emotions
- Record the emotional words without impeding their storytelling.

Is a process map the same as an emotional map?

No. A process map describes what happens - not how what happened made people feel. Emotional touchpoints do not always map to process touchpoints. Focusing only on process touchpoints may mean you overlook important touchpoints in the journey that add or detract from service value. However, we must start somewhere, and initially you will structure the emotional mapping process around recognised process touchpoints e.g. getting to the clinic, hearing the diagnosis, accessing medication, having a blood test.

What does an emotional map look like?

In ELC, we develop emotional maps for both people and family carers and for the caregivers who support them. On the following page you can see examples of emotional maps for people and caregivers.

By aligning the emotional touchpoints across the different groups of people we work with, we can directly compare the experiences of people and caregivers at critical points in the journey e.g. “support to self-care” and “coping with crisis”.

Where do we get the data from to create emotional maps?

When developing emotional maps, please start by reviewing existing data you already have on file.

Whilst most organisations **do not** routinely collect feedback about emotions, free text comments in surveys, experience, or satisfaction questionnaires and in compliments and complaints may include emotional words that you can add to maps and use as prompts to get people started.

Once you have ensured that you are making use of the all the data you already have, you will undertake primary discovery work with affected people and caregivers.

There are several methodologies available to support this. These are described on page 4.

Figure one: example of an emotional map for people

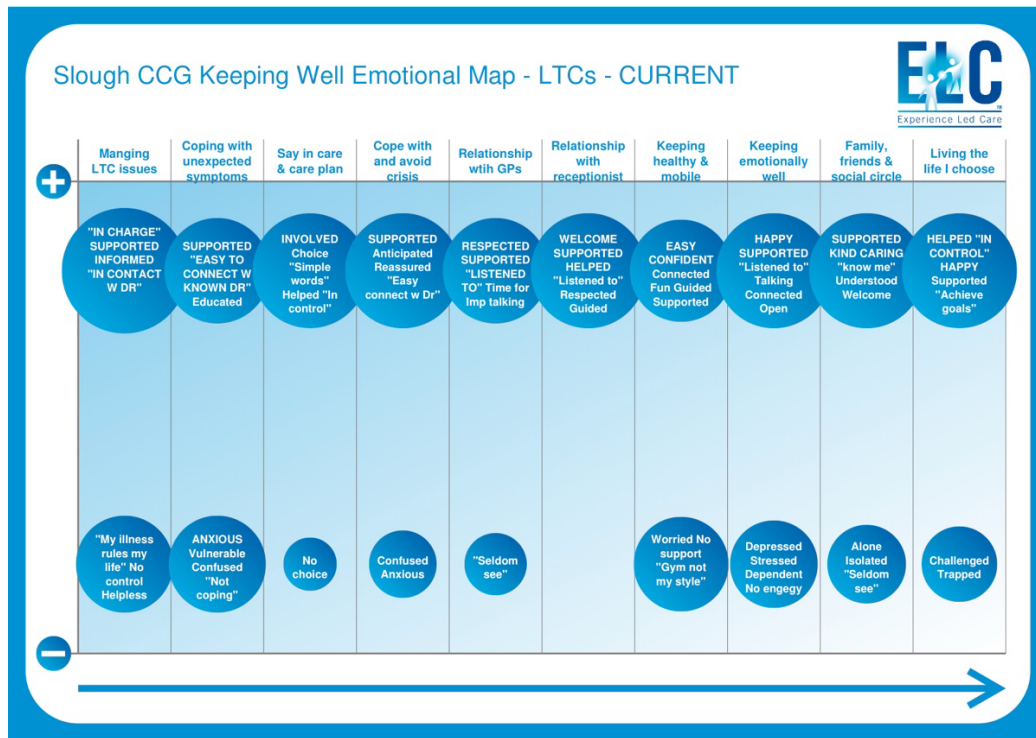
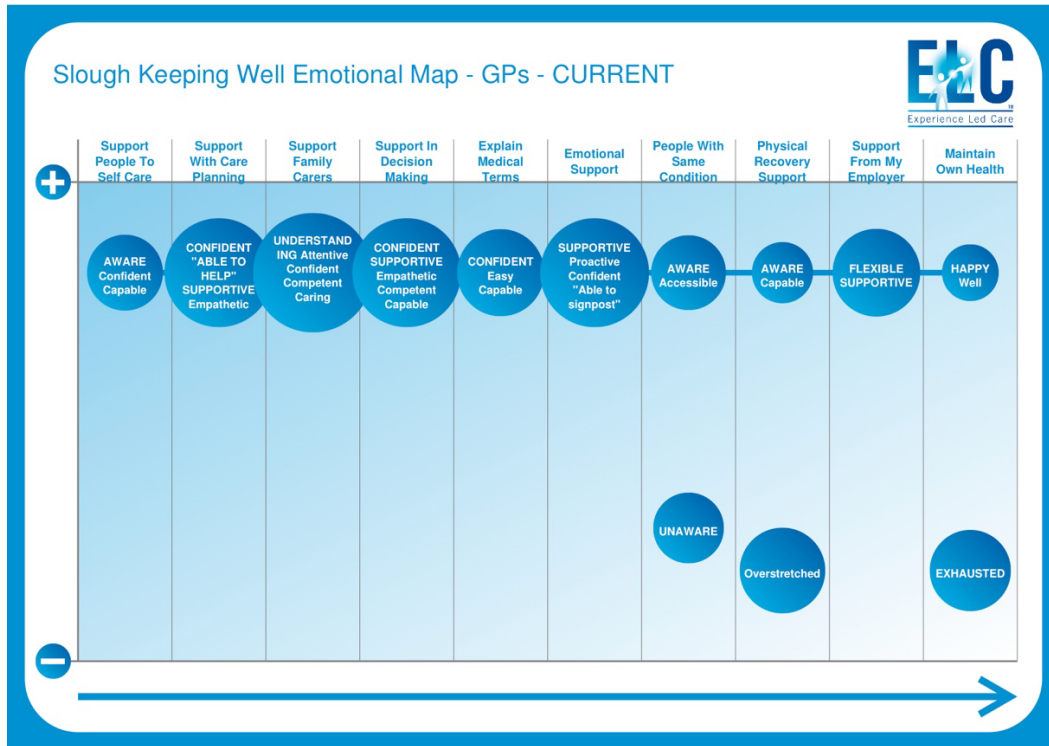


Figure two: emotional map for GP caregivers



How do I work with affected people to create an emotional map?

There are three main ways of undertaking emotional mapping. You will experience all three during your training:

1. **Emotional mapping workshops:** this is the most interactive method. It involves bringing together a community of interest and asking them to map their emotional journey, using paper and post it notes. People see what others have written and this may prompt them to remember emotions that they also felt

Example of an emotional map developed at a workshop



2. **Semi-structured interviews:** these may be recorded and can be used afterwards to build a 'trigger film' that narrates the story of the emotional journey. The interview is guided by a framework. The interviewer gives the person lots of freedom to talk about their experience and emotions and may

prompt the person through specific parts of the journey. As more interviews undertaken, further prompts may be added to the interview framework. Their advantage is that they provide very rich data. This can be used to inform the design of questionnaires and workshops. Their disadvantage is that they are time consuming to undertake and to analyse.

3. **Experience questionnaires:** These usually follow the different steps in the journey. They may offer prompt emotions to prompt people's reflections. Their advantage is that they can be undertaken with larger groups of people and are less time consuming to analyse. Their disadvantage is that the data they generate is much less rich, which leads to more superficial insights.

Emotions identified in existing data can be added into the emotional maps created using data generated from your ELC programme discovery work.

When undertaking this element of discovery, you don't need to worry about whether you may be missing some words or whether the emotions you identify really are emotion words. If you think what the person is saying tell us something about how they were feeling at that point, you are likely to be on the right track. Always include rather than exclude peoples' phrases, anecdotes, stories, and feedback.

How do I turn my primary data into an emotional map?

This is a very straightforward process. The key steps are set out below.

1. Create a spread sheet with a list of each touchpoint
2. Under each touchpoint, list all the emotional words that people articulate
3. When more than one person mentions the emotion, count how many people mention each emotion
4. List the emotions in order of the frequency people mention them
5. For each touchpoint, develop a short narrative that summarises the range of feelings people express about that touchpoint
6. Create a graphic map that supports the narrative.

How will I use emotional maps in the Dream and Design phases of the ELC process?

At the start of your ELC group or co design sessions, you will present the emotional maps. These will help the people you are working with to develop the dream and design change to understand the current situation and where the mismatches are between the experiences of people and care givers. This is often very enlightening, especially for caregivers and people and families as they see, in a very visual way, how different their experiences are. This invokes the empathy and understanding of other peoples' perspectives that is central to design thinking.