Applying health design thinking to uncover actors in the sustenance of health and wellbeing during hotel quarantine in Kuwait

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APPLYING HEALTH DESIGN THINKING TO UNCOVER ACTORS IN THE SUSTENANCE OF HEALTH AND WELLBEING DURING HOTEL QUARANTINE IN KUWAIT

Abstract

This essay centers on my hotel quarantine experience in Kuwait. While many quarantine stories have been recorded, personal stories involving the relationship between human and non-human actors within a quarantined space are still overlooked. By focusing on the maintenance of health and wellness during quarantine, this essay visually communicates the hotel quarantine experience by using the health design thinking approach. By presenting a series of photographs, actors' interactions, and journey maps, it attempts to convey a connection between human and non-human actors during quarantine and prompts a discussion on what can be done to improve hotel quarantine systems in the future.

Keywords: actors; COVID-19; health and wellness; hotel quarantine; health design thinking; Kuwait

INTRODUCTION

Millions of people have experienced hotel quarantine during the COVID-19 pandemic. While beginning to write this essay, a hundred thousand are reportedly undergoing hotel quarantine (Borys and Hayne, 2020; McMahon, 2021; Williams et al., 2022). This essay, inspired by a viewpoint that derives from autoethnography (Ellis et al., 2011), draws on my hotel quarantine experience, concerning the human as well as non-human actors involved therein. As I recall, quarantine is stressful and unpleasant; it entails boredom, confinement, fear of infection, and isolation from family and friends (Brooks et al. 2020; Kisely 2020). Separation from loved ones, loss of freedom, and uncertainty over the status of the disease can, on occasion, lead to dramatic effects (Brooks et al., 2020). Additionally, it may cause substantial anger and lead to the filing of lawsuits (Miles, 2014), which has been reported, following the imposition of quarantine during previous outbreaks. Even suicide has been reported as a consequence (Barbisch et al., 2015). Some researchers, therefore, argue that the potential benefits of mandatory mass quarantine need to be weighed carefully against the possible psychological costs (Rubin and Wessely, 2020).

In response to some of the quarantine-related issues, previous researchers have called for action to improve hotel quarantine services and delivery to reduce the negative effects of quarantine. Improvements in hotel quarantine services should include a discussion on both the human and non-human actors involved to duly address the complexity of quarantine issues such as their impact on mental health (Hawryluck et al., 2020; Reynold et al., 2008; Marjanovic et al., 2007) or the frustration caused by inadequate basic supplies, including, food, water, clothes, and accommodation (Blendon et al., 2004; Wilken et al., 2017) and anxiety (Jeong et al., 2016).

In the wake of the COVID-19 pandemic, even though many studies were carried out on quarantine, the National Review of Hotel Quarantine Report pointed to the lack of information concerning people's experiences in the quarantine system (Health, 2020; Dincer and Gocer, 2021). Dincer and Gocer (2021) noted that, while many people reported their experience as acceptable, there were complaints about the poor quality of the accommodation, inadequate room size, lack of fresh air, and poor quality of food, and health support.

The present essay reports my experience with the quarantine system. In doing so, it contributes to the discussion of personal stories about relationships between human and non-human actors in the quarantine system. I rely on images to narrate my quarantine experience and explore the connect between the human and non-human actors involved. This essay is expected to inform the improvement of the hotel quarantine system in the future. Throughout this essay, I explore my experience by using the health design thinking approach and its storytelling principle to contribute to the hotel quarantine and health discourse. In this essay, by adopting the health design thinking approach (Ku and Lupton, 2020), I seek to answer the question (Q) about how to uncover the storytelling experience during hotel quarantine (Q1), what the interaction between actors looks like (Q2), and how such an interaction is mapped (Q3). I answer these questions to prompt discussion on what could be done to improve future quarantine experiences. In the Introduction, I provide the context and approach to this topic. Then, I describe my design methods related to the health design thinking approach. In the Results, I present all of the images—a series of photographs, actors' interactions, and mapped images. In the Discussion, I talk about the images presented in the Results. Finally, I present a Conclusion, including in it my reflections on this essay.

HEALTH DESIGN THINKING APPROACH

Health design thinking is an approach whereby creative ideas and solutions can be generated by magnifying human well-being in the context of health by adopting an open mindset rather than a strict methodology (Ku and Lupton, 2020). Therefore, it uses play and experimentation, drawing on guiding principles such as human-centeredness, empathy, visualization, and storytelling within the conceptual structure of "Observe, Imagine and Make" (Abookire et al., 2020). Health design thinking argues that "no single method encompasses the entire design process. Design methods can be applied to brief immersive exercises..." (Ku and Lupton, 2020: 57). Some methods that have been applied to the health design thinking approach include design workshopping, brainstorming, photo journaling, storyboarding, journey mapping, and more, depending on the context of the study concerned.

Previously, interdisciplinary works have explored the health design thinking approach. In Exam room by Chang and Payne (2020), as the new Dell Medical School at the University of Texas at Austin began planning for the launch of its specialty clinics, the school's embedded Design Institute for Health was asked to assist in the design of both the service model and the physical layout of the clinic. Instead of conforming to traditional designs, the design team sought to reimagine the entire experience for people receiving and providing care. The clinics would disavow the fee-for-service model in lieu of a model of value-based, integrated care that moves the experience from a transactional to a relational focus. At Vanderbilt University Medical Center (VUMC) in Nashville, Tennessee, US, a team of design researchers initiated a human-centered design approach for a comprehensive study of the informed consent process visually (Ku and Lupton, 2020; Langerman and Moon, 2020). Their health design thinking process included interviewing, observing, prototyping, and testing in order to understand how informed consent can help connect with people, provide comprehensive information, and support individuals' decision-making. In addition, the human-centered design approach has been used to navigate the tailoring of individual visual health. McCurdy (2020) tailored a comprehensive visual health journey and timelines based on her life experiences. These visual health journeys and timelines help communicate more clearly, bringing visual communication to the aid of patients and doctors.

Bon Ku and Ellen Lupton's health design thinking (2020) is relatively new and fresh; however, from the short description and examples stated above, it can be concluded that this approach opens an opportunity to study health through the intersection of visual communication forms and design thinking. As of now, studies on how to capture hotel quarantine from a health design thinking perspective are lacking. This essay attempts to fill this gap by explicating the hotel quarantine experience through health design thinking.

SITE AND CONTEXT: NAVIGATING THE HOTEL QUARANTINE EXPERIENCE

This essay contextualizes my experience of going through a hotel quarantine from the end of July 2021 to the beginning of August 2021. When I first arrived in Kuwait, I was one of those people who had to quarantine in a hotel for 14 days for which arrangements were made by the Kuwaiti government (Al Sherbini, 2021a; Al Sherbini, 2021b). This essay adds to the multitude of hotel quarantine stories that are widely covered in the media, such as that of Ian Samson, who bought a spin bike while undergoing quarantine in a hotel in Hong Kong (Hill, 2021), as well as curated stories of surviving quarantine hotels in Australia (Rodell, 2021). As a person who was to experience quarantine for the very first time, my concern lay in sustaining my health and well-being while living in a small space, contending with other people's concerns about their own mental and physical health in this process (Brooks et al., 2020; Teng et al., 2020; Selamet, 2020; CNN, 2021).

On arriving at the Kuwait International Airport, I went through the process of taking a swab test. I was then informed by the officer that, on the fifth day of my quarantine, a health worker would come to the hotel, where I was put up, to take a second swab test. After taking the swab test at the airport, I was escorted to a hotel in the Al Farwaniya Governorate, located within the agglomeration of Kuwait City. This hotel faces the Ghazali Expressway that leads to the airport, which is about a mile away.

The front-desk staff explained to me that a person under quarantine was not allowed to leave the hotel room. Moreover, no cleaning staff was to enter the room during the 14-day quarantine period. The room service staff would deliver breakfast every morning, which the quarantined guest could request between 7 a.m. and 11 a.m. For lunch and dinner, I could request a meal from the hotel restaurant, albeit at an expensive, additional fee. Quarantined patrons were also allowed to order food online from outside the hotel. The challenge that arose for me in ordering outside food was that I did not speak Arabic. So, I could not communicate with the restaurant and the delivery driver to order food.

While many quarantine-related stories have been reported in newspapers, personal stories on the relationships between human and non-human actors in the quarantine system are still overlooked. Human and non-human actors should be taken into account to design a service (Stickdorn and Sneider, 2012) such as a hotel quarantine service. Therefore, these actors are important, and they should be included in the discussion of how to improve people's

experience during hotel quarantine. With this objective in mind and informed by the health design thinking approach (Ku and Lupton, 2020) and mapping actors (Stickdorn and Sneider, 2012; Boeijen et al., 2014), I will navigate through my quarantine experience in this discourse.

Here, I define an "actor" as a human, product, food, environment, object, or service contributing to my health and wellness. For further classification, actors in this essay are grouped into two categories: human and non-human. These human and non-human actor categories will assist in exploring the connection between them. I situate, in my narration, some objects that facilitate and accommodate my activities as non-human actors while positioning myself as a human actor. This approach toward defining human and non-human actors is informed by some researchers' previous works (Stickdorn and Sneider, 2012; Boeijen et al., 2014); these have provided a graphic representation of the stages an individual goes through while experiencing the use of a product, event, or service as well as a comprehensible representation of the interaction between actors along with the details of the relationships and feelings from the main actor's perspective (Simonse et al., 2018).

HEALTH DESIGN THINKING PRINCIPLE, METHODS, AND MATERIALS
THE PRINCIPLE: STORYTELLING

In the health design thinking principle, stories are crucial to the practice of both design and health (Ku and Lupton, 2020). Thus, storytelling is one of the essential principles in the health design thinking approach. A story portrays a significant action taking place over time, and it has a beginning, a middle, and an end. It has characters and settings to engage and instigate emotions by narrating a change in circumstances such as, for instance, dealing with a past addiction, surviving critical sickness, or finding true love.

In contemporary design practice and research, storytelling is a way to think, make, and work on design projects across the fields of graphic design, product design, service design, and people experience (Lupton, 2018). Storytelling translates into many visual design forms such as storyboards and diagrams that explain how products work and how they fit into people's lives. In addition, storytelling also converts into journey maps that can show how women can find their way from home to work and vice versa safely at night by using public transportation (Almuna et al., 2019). In health design thinking, storytelling is present in every stage of the process, from contextualizing the design to presenting the design outcomes to others. Photo or image collections can tell stories of people's experiences to gain insights into a specific environmental setting. Maps and diagrams can show how a device functions, how a facility is used at different times of day, or how a disease spreads in a community. Therefore, storytelling is an essential tool for communicating health design circumstances to others (Ku and Lupton, 2020). It helps reveal real-life situations. In the health context, a patient's history is an ongoing narrative.

The present study takes storytelling as a principle in approaching health design thinking. It aims to reveal a hotel quarantine experience by exploring the story emerging from this experience. This storytelling principle informs the methods that have been applied in writing this essay, which employs photo journaling and journey mapping as explained below.

METHODS: PHOTO JOURNAL AND JOURNEY MAP

Ku and Lupton (2020) stated that no single method can encompass the entire design process. Therefore, design methods can be applied to brief immersive exercises. While health design thinking offers various methods applicable to health design research, the current study focuses on two health design thinking methods: photo journaling and journey mapping. These two pragmatic methods are employed to uncover my experience of hotel quarantine through visual exploration and storytelling.

PHOTO JOURNAL

The photography-based method contains a rich body of scholarship, including the photovoice and photo journal approaches. Both these approaches accommodate the ideas of visual narrative to depict an event or experience. As a participatory method, photovoice encourages participants to lead the research process by visually narrating their everyday experiences (Wang and Burris, 1997; Sutton-Brown, 2015; Budig et al., 2018), and it has been used to explore health research during the COVID-19 pandemic (see Badanta et al., 2021). Similar to photovoice, the photo journal method too can be used to attain a better understanding of what a "day in the life" looks like through simple photo journal documentation (Eberhart, 2020). In her study, Eberhart used a photo journal to work on the CAPABLE project, where she and her team were asking their participants to photograph things the participants always carried. By applying this method, the researchers gained insights for developing motivational messages, tips, products, and services for their project. In the present study, I adopted the approach of photographic inquiry, as photographs have become a prominent means of documenting life and the environment. Lynn Butler-Kisber (2010) examined how photographs are used in inquiry, as a means of representing one's daily experiences. Previous studies have been using photographs to represent what the researcher has observed in spaces such as city streets (Selamet, 2022).

In capturing my experience in this essay, I follow Eberhart's (2020) creation technique, which consists of three parts: prompts, pictures, and interpretation. My prompt for creating the journal was "anything that I currently have to help me in uncovering the story of surviving a hotel quarantine experience". This prompt was a response to the negative effect of hotel quarantine after going through my first night in the hotel room. I took photographs starting Day 2 of the hotel quarantine. I took more than forty photos; however, because of the nature of the hotel room environment, I eliminated many redundant photos with the same angle and object. The photo selection is based on how it visually represents my prompt. After selecting relevant photos, I detailed my interpretation of the photos.

JOURNEY MAP

A journey map is a method of visualizing the process that a person or artifact goes through to reach a point or accomplish a goal (Alvarez et al., 2020; Bascur, Rusu and Quiñones, 2018; Howard, 2014). Journey maps help understand a person's experience of a design product, service, event, or space over time. Many journey maps represent a process rather than a physical space in which designers use them to imagine a person's interaction with a device, artifact/object, or service or to break down the components of a current offering (Ku and Lupton, 2020). Previous studies have applied journey mapping to explore personal experiences such as navigating and tailoring individual visual health. For example, McCurdy (2020) tailored a comprehensive visual health journey and timelines based on her life experiences. These visual health journeys and timelines help communicate more clearly, bringing visual communication to patients and doctors. Informed by previous methods in creating journey maps, in this essay, journey maps are used to explore actor interactions and their journeys.

VISUAL RESULTS

Q1 – Uncovering visually the story of surviving a hotel quarantine experience (*see* Figures 1 to 11)
Q2 – Actors' interactions (*see* Figure 12)
Q3 – Journey mapping (*see* Figure 13)

DISCUSSION

I begin this section by describing images under Q1. Then, I explain the actor interaction images under Q2 and then finally interpret journey maps (Q3).

UNCOVERING THE QUARANTINE EXPERIENCE (Q1)

In taking a photo journal for this study, I followed Eberhart's (2020) creation technique, which consists of three parts: prompts, pictures, and interpretation. Stated before that, my prompts in creating the journal was "anything that I currently have to help me in uncovering the story of surviving a hotel quarantine experience". The photographs are presented in the results section, and below is the interpretation of the photographs.

Figure 1 and figure 2 show fresh air circulation issues. During my hotel quarantine, I did not have the privilege to get fresh air from the outside. I was placed in a room where the window could not be opened. Thus, it had no access to fresh air at all. Moreover, the air conditioner (Figure 1), also called air circulation, was set to automatic. So, I did not have complete control over adjusting the air temperature. Hence, I propped the room door with shoes so that I would get additional air from the hallway (Figure 2). However, sometimes, this made me worried that the hotel staff would scold me. This air condition problem echoed Dincer and Gocer's (2021) findings that people complaints about a lack of fresh air in their room during hotel quarantine. The WHO (2020) set up a "Be Active"

FIGURE 1

Air Conditioner (AC). *Note:* Thus AC also served as room ventilation, I believe, and circulated the air in the room. It was dusty. While the room lights could be switched off and on manually, the AC automatically set the temperature. So, I had no control over the ambient temperature inside the room.

FIGURE 2

Door room. *Note:* As there was no fresh air entering the room from outside, I propped open my room door a bit with a shoe in the hope of letting in air from the hotel floor's hallway.

FIGURE 3

Running Track. *Note:* I used this space as a morning running track. I set myself a minimum target of 7000 steps—about 5 km per day.

FIGURE 4

Training kits.

FIGURE 5

Humoud Zamil Al Faji mosque. *Note:* A view from my room, I could see this mosque; I got to know its name from Google Maps. I usually heard the adhan (prayer call), coming from this mosque five times a day, which reminded me of where I came from and gave me a sense of home.

FIGURE 6

The window. Note: The room had a large glass window that showed the surroundings, including the hotel's pool. Unfortunately, the window pane was sealed.

FIGURE 7

The desk. *Note:* I modified my desk from a sitting desk to a standing desk to avoid a sedentary lifestyle. I put the laptop on the table and raised it with the help of a small luggage bag and a folded mattress.

FIGURE 8

Doing Laundry.

FIGURE 9

Drying it.

FIGURE 10

The breakfast. *Note:* The breakfast portion was large; I rarely had to order lunch and dinner. It was hard to control my calory intake, though, while staying in the room all day. But it was possible to cut sugar and carbs for the sake of my health.

FIGURE 11

Meditating (or praying, if you will).

FIGURE 12

Interaction between actors. *Note:* HA-1 = Main, HA-2 = Room Service, NH-1 = Training Kits, NH-2 = Tracking App, NH-3 = Computer/Laptop, NH-4 =Mobile Phone, NH-5 = Window, NH-6 = AC, NH-7 = Desk, and NH-8 = Hotel Emergency.
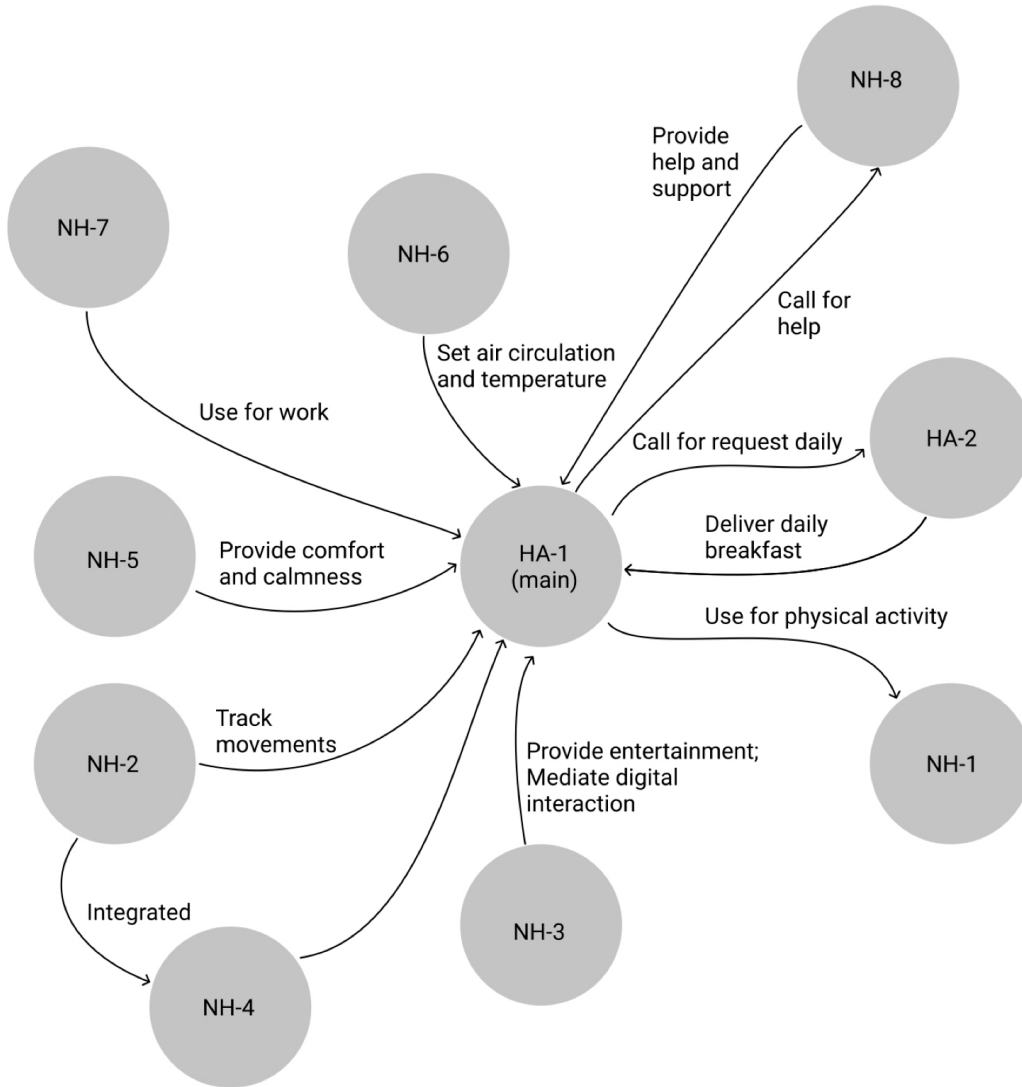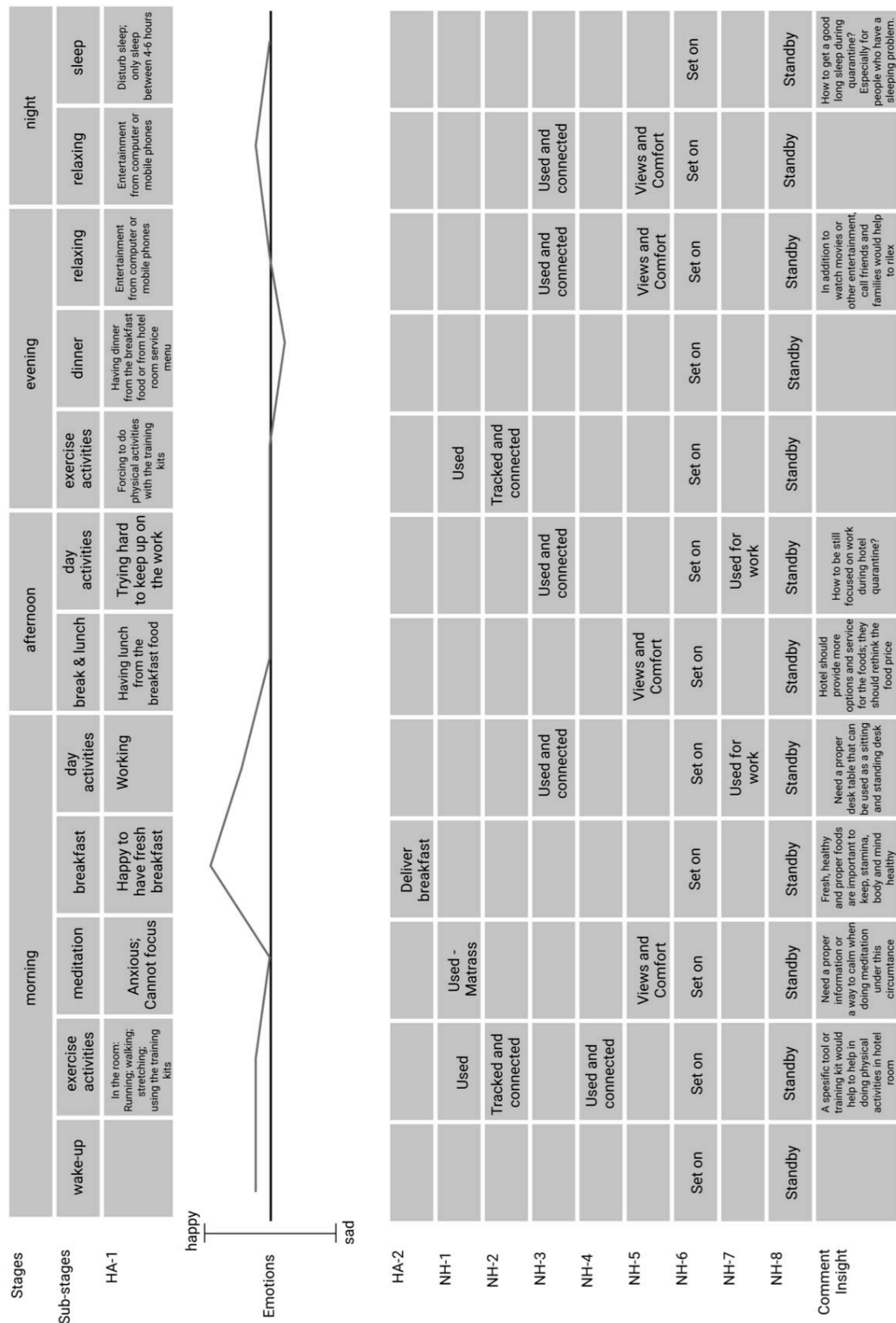
FIGURE 13

The journey map—sequencing activities and inter-connections between actors from morning to night.

Stage	Sub-stage	HA-1	HA-2	NH-1	NH-2	NH-3	NH-4	NH-5	NH-6	NH-7	NH-8	Comment / Insight
morning	wake-up								Set on		Standby	
morning	exercise activities	In the room: Running; walking; stretching; using the training kits		Used	Tracked and connected		Used and connected		Set on		Standby	A spesific tool or training kit would help to help in doing physical activities in hotel room
morning	meditation	Anxious; Cannot focus		Used - Matrass				Views and Comfort	Set on		Standby	Need a proper information or a way to calm when doing meditation under this circumtance
morning	breakfast	Happy to have fresh breakfast	Deliver breakfast						Set on		Standby	Fresh, healthy and proper foods are important to keep, stamina, body and mind healthy
afternoon	day activities	Working				Used and connected			Set on	Used for work	Standby	Need a proper desk table that can be used as a sitting and standing desk
afternoon	break & lunch	Having lunch from the breakfast food						Views and Comfort	Set on		Standby	Hotel should provide more options and service for the foods; they should rethink the food price
afternoon	day activities	Trying hard to keep up on the work				Used and connected			Set on	Used for work	Standby	How to be still focused on work during hotel quarantine?
afternoon	exercise activities	Forcing to do physical activities with the training kits		Used	Tracked and connected				Set on		Standby	
evening	dinner	Having dinner from the breakfast food or from hotel service room menu							Set on		Standby	
evening	relaxing	Entertainment from computer or mobile phones				Used and connected		Views and Comfort	Set on		Standby	In addition to watch movies or other entertainment, call friends and families would help to relax
night	relaxing	Entertainment from computer or mobile phones				Used and connected		Views and Comfort	Set on		Standby	
night	sleep	Disturb sleep; only sleep between 4-6 hours							Set on		Standby	How to get a good long sleep during quarantine? Especially for people who have a sleeping problem.

Emotions: happy ←→ sad

campaign that aims to inform people to be physically active at home during the pandemic. The WHO states that regular physical activity benefits both the body and mind. It can reduce high blood pressure, help manage weight, and reduce the risk of heart disease, stroke, type 2 diabetes, and various types of cancer. Additionally, it is good for our mental health, as it reduces the risk of depression and cognitive decline, delays the onset of dementia, and improves overall how we feel. There has been no further campaign from WHO on how to sustain physical activity during hotel room quarantine. However, the Be Active campaign promotes the sustenance of physical activity. Therefore, when I was confined to a small room, I used some of the space in it as a running and walking track to keep moving (Figure 3). Additionally, I had simple training kits (Figure 4) that helped me maintain physical health and sustain my physical activity levels.

I attempted to avoid a sedentary lifestyle. Unfortunately, the COVID-19 pandemic has affected people's usual physical activity levels (Staff, 2020) and increased sedentary behavior (Cheval et al., 2020), as people have become less active and more reliant on screen-based devices, both for educational and recreational purposes (Adriyani et al., 2021). Previous studies pointed out that too much sitting can damage health (Patterson et al., 2018). Hence, I modified the sitting desk in the hotel room into a standing desk by adding a small luggage bag and a folded mattress under my laptop (Figure 7).

I discovered things to enjoy outside the glass window (Figures 5 & 6). I found interesting things to look at through the window, which gave me a sense of place, comfort, and hope. For example, seeing the mosque brought back memories of my country where one can find many of them. Additionally, watching moving cars on the road and flying birds gave me hope that this experience would not last forever. All of these sights helped me cope with the stressful quarantine that entailed confinement and isolation (Brooks et al., 2020).

"How should I do laundry now?" This became a concern for people since the early stages of the pandemic, making many people feel stressed about washing clothes and cleanliness (Yar, 2020). The Centers for Disease Control and Prevention (CDC, 2021) suggested using the warmest appropriate water setting and recommended drying items completely. However, as in most hotel quarantine settings, doing the laundry or conventional washing of clothes was not an option (Whittaker, 2020). To handle this situation, I put clothes in the sink and used shampoo and soap from the hotel to wash them (Figure 8). Further, I dried the clothes on the window pipes (Figure 9).

During quarantine, people munched on different fast-food items and snacks. Eating in response to emotion might be appropriate at times, but it might lead to overeating and obesity (Rehman and Ahmad, 2020). Moreover, boredom has been associated with a greater energy intake as well as the consumption of higher quantities of fats, carbohydrates, and proteins (Moynihan et al., 2015). Further, during quarantine, continuously hearing or reading about the pandemic without a break can be stressful. Consequently, the stress pushes people toward overeating, most of them looking for sugary "comfort foods" (Yılmaz and Gökmen, 2020). Some people are turned toward ultra-processed foods during quarantine, such as toaster pastries, canned cheese spreads, chicken nuggets, fruit gummies, corn chips, and aerated drinks (Rehman and Ahmad, 2020). Thus, understanding that eating unhealthy food items can lead to health risks, which are heightened due to the limitations on physical activities to burn calories, I cut sugar and carbs for the sake of health. Although it was hard to control my calorie intake while staying in the room all day, my strategy was to take advantage of the breakfast, which used to be in large portions (Figure 10); I rarely ordered lunch and dinner.

Konieg (2020) argued that spiritual health is closely related to both mental and physical health as well as resistance to infection. I value meditating (or praying, if you will) (Figure 11) and try to engage to this activity. I always stay spiritually healthy and develop and nurture a close relationship with my beliefs.

EXPLORING ACTOR INTERACTIONS (Q2)

While exploring actor interactions (Figure 12), comprising the experience in question, it may be noted that this experience involved human actors (HAs) as well as non-human actors (NHs): HA-1 (main actor), HA-2 (room service), NH-1 (training kits), NH-2 (tracking app), NH-3 (computer/laptop), NH-4 (mobile phone), NH-5 (window), NH-6 (AC), NH-7 (desk), and NH-8 (hotel emergency). I situated myself as HA-1, i.e., the main actor at the center of the interactions in this context. HA-1 interacted using NH-1 as a tool to carry out physical activities. Daily, HA-2 interacted with HA-1 to deliver breakfast after HA-1 asked for it. NH-3 intensively interacted with HA-1 to provide entertainment and also acted as a mediator, facilitating HA-1's interactions with the outside world, say, friends, family members, and colleagues through video calls and social media platforms. NH-2, integrated with NH-4 and helped record the HA-1's activities and movements over time. As an actor, NH-5 played an important role in providing some comfort and tranquility to HA-1 by helping release fatigue and escape the feeling of confinement. Similar to NH-5, NH-6 too provided a sense of comfort. NH-6 interacted with HA-1 by regulating the air circulation and temperature in the room. NH-7 interacts with HA-1 at work, especially during the day when HA-1 does routine daily work, using NH-3. NH-8 is an important actor in any critical situation for HA-1, as it can provide first aid care if needed. NH-8 can activate interaction with other actors, as need be, on receiving a call from HA-1.

In interacting with other human actors, HA-1 observed that there was almost no interaction in person or face-to-face. In most cases, HA-2 delivered food by knocking on the door and leaving the food in front of HA-1's room; rarely did HA-2 wait for HA-1 to open the door, just for the morning greeting; hence, there was no interaction at all between HA-1 and HA-2. While interacting with other human actors in a mediated manner, using NH-3 (computer/laptop) and NH-4 (mobile phone) did provide a greater sense of engagement, especially while performing certain activities such as watching online movies together. In addition, this mediated interaction and activities with other humans provided a sense of human connection, signifying that HA-1 is still a part of the outside world.

While the interactions between human and non-human actors may vary in a hotel quarantine system, this exploration gives us a glimpse of these actors' likely interactions in this setting. As argued by Stickdorn and Sneider (2012), human and non-human actors should be taken into account while designing a service. In this context, the human actor's interaction forms a way to maintain their health and well-being. Therefore, hotel quarantine systems should offer such services to people that help the latter maintain their health, e.g., simple training kits for daily exercise in the room. This service was not available. Thus, HA-1's daily physical activity would have gotten disrupted if NH-1 did not exist.

MAPPING BETWEEN ACTORS—UNCOVERING THE STORY OF THE ACTOR'S JOURNEYS (Q3)

Figure 13 provides a journey map as a graphic representation of the stages an individual goes through while experiencing the use of a product, event, or service as well as a comprehensible representation of the interaction between actors, including the relationships and feelings from the main actor's perspective (Simonse et al., 2018). In this case, HA-1 was experiencing a hotel's quarantine service that is described below.

In general, in the morning NA-1 interacted with all of the actors while NH-8 used to be on standby, and NH-6 worked on auto-mode. The sub-stages of HA-1's morning activity included walking, running, and stretching activities inside the hotel room. HA-1 interacted with NH-1 while doing stretching and push-ups and jumping rope. While walking and running, HA-1 tracked his movements by interacting with NH-2 (installed in NH-4). HA-1's daily journey then continued with meditation in which he felt anxious and could not focus. HA-1's meditation was facilitated by NH-2, and HA-1 interacted with NH-5 to get views and a sense of comfort, escaping the feeling of confinement in the room. Before starting work activities in the morning by interacting with NH-3 and NH-7, HA-1 used to call HA-2 to ask for breakfast to be delivered to the room. At breakfast, HA-1's emotional spectrum reached the peak of pleasure or happiness for the entire day.

In the afternoon, HA-1 interacted with NH-3, NH-5, and NH-7, with NH-8 as standby and NH-6 on auto-mode. In the afternoon, HA-1 began by eating lunch, which was usually out of the breakfast that he got. During lunch, HA-1 sat facing NH-5 to feel relaxed and comfortable. After finishing lunch, HA-1 resumed work-related activities, whereby he tried hard to keep pace with his job. While carrying out this activity, HA-1 interacted with NH-3 and NH-7.

In the evening, HA-1 returned to the same sports-related activities that were carried out in the morning using NH-1 and NH-2. After finishing with the evening exercise, HA-1 ate dinner, again mostly what was leftover after breakfast and lunch. Then, HA-1's emotional spectrum would be at its

lowest during the day because he ate cold food for dinner. After dinner, HA-1 interacted with NH-3 and NH-5 for relaxation before going to bed. During this journey, NH-8 used to be on standby, and NH-6 worked on auto-mode.

The journey map records the experiences of interactions between actors during activities, which are divided into concerns related to mental health, physical activities, and work activities. HA-1 was supported by NH-1 actors in carrying out physical activities in the morning. The customization and personalization of the NH-1 helped maintain the stamina and fitness of HA-1 while undergoing hotel quarantine. In the recorded experience of HA-1, it is not easy to meditate during quarantine. So, additional information is needed in terms of how to meditate during quarantine circumstances. In facilitating HA-1's work from his room during hotel quarantine, NH-7 played an important role. As a work desk, this actor (NH-7) interacted regularly with NA-1 and likely helped HA-1 not only to avoid sedentary days but also derive some comfort. Therefore, NH-7 should be set flexibly such that it can be used while sitting and standing. Another note from the HA-1 experience was to think about ways to focus on doing office work during the hotel quarantine.

Hotel services should provide healthy food items with good nutritional content to maintain people's health during a hotel room quarantine. In this context, HA-1 did not have access to any outside food service and was highly dependent on HA-2 for providing and delivering food. HA-1 noted that food options were limited and food was expensive. The hotel should have provided more diverse food options within a reasonable price range to make at least some of the food affordable for the quarantined persons.

HA-1 noted that interactions with NH-3 and NH-4 to seek relaxation can be in the form of spectator entertainment such as watching movies. NH-3 and NH-4 can also mediate social connections with the outside world. Making calls to family, relatives, and friends can help one relax. The night's sleep is the available rest period, but whether one can get good rest, especially when there are sleep disturbances due to feelings of anxiety or something else is an important question.

CONCLUSION

The presentation of this series of images or photographs, actors' interactions, and mapping was intended to convey a story in the hotel room during my quarantine; as I perceived it; the room and the experience will most likely be different for others. However, it uncovers a micro, individual perspective on living and going through this environment and its setting. The photographs convey a story to display a sense of challenge in managing health and wellness, given the fact that there was no access to fresh air for two weeks. This hurdle is encapsulated in the complaint of another quarantine participant who said, "even prisoners get fresh air" (Ritchie, 2021).

I have visually presented the outcomes of this study, and I have discussed the results. The images in the series inform one another. While the series of photographs pre-sented answers the RQ1 concerning how to uncover the hotel quarantine experience, it also provides a context to portray the different actors' involvement and presents a report on people experience (Dincer and Gocer, 2021). These actors' involvement during this experience reveals how they are connected (R2) through interactions of human and non-human actors. By presenting the interactions between actors, this essay provides the journey map of these actors in answering RQ3. The plotting of the actors' interactions and mapping of the journey promote a distinctive way of viewing hotel quarantine through the health design thinking approach. The connections between human and non-human actors seen in the maps conveys how the latter shape the former's actions (e.g., NH-1 & NH-2 help sustain physical health) and activities (e.g., NH-4 mediates HA-1's relationships through phone calls), as well as provokes/handles their emotions (e.g., NH-5 provides comfort). Therefore, design practitioners, design researchers, and health workers must rethink and bring about changes in certain aspects of providing and handling hotel quarantine systems to take into account both human and non-human actors while designing a hotel quarantine service. In the future, collecting photographs of hotel quarantines and mapping the journey of multiple actors would provide strong and valuable insights and offer new perspectives concerning the hotel quarantine system.

By demonstrating this single personal story, I have highlighted my attempt to sustain my health. I comprehend that the level of effort in maintaining health and wellness may differ from person to person, and different persons will have different daily journeys during hotel quarantine. However, concern about in-room health during hotel quarantine is common (Tobin and McDonald, 2020a; Tobin and McDonald, 2020b; Tobin, 2021; Ritchie, 2021; Coffey, 2021). Therefore, it is worth valuing and disseminating this experience, as a hundred thousand people are currently undergoing the same in order to fill the lack of information about people experiences in the quarantine system (Health, 2020; Dincer and Gocer, 2021).

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