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Digital health bother and burden in older age: a creative play exploration

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Bother	Burden
Digital health technology not meeting	the repetitive unpredictability of the
expectations:	technology-use journey:

Burden)

FINDINGS

'the [digital health] system is not as it should *be*' (P2, BE, male, Bother) (P23, BE, male, Burden)

'they've [health tests] been done and they should be shared between the [various doctors] and they're not always shared'

'That's the burden. Going around in circles'

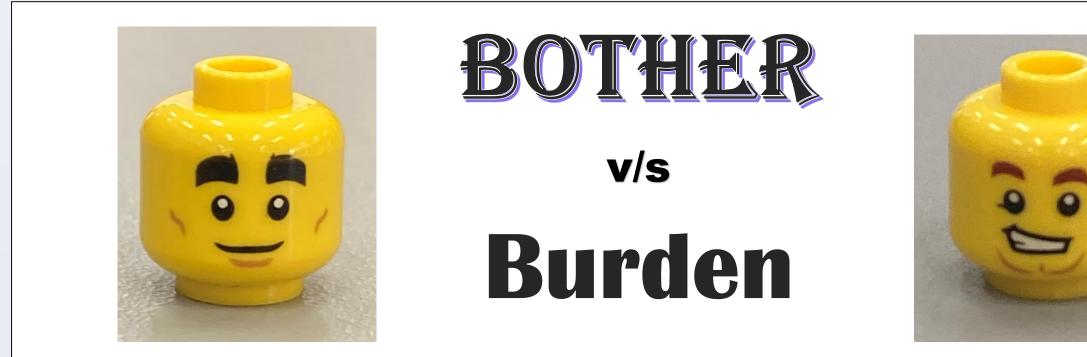
'...she told me, 'see the three buttons here...' and I pressed them but the [technical] problem still wasn't solved' (P26, IE, female,

INTRODUCTION

Precarity in older age means living with uncertainty, insecurity, or vulnerability. Older persons can experience anxiety about the anticipated impact of transformative changes such as the digitalization of society.

Narratives about the resilience of older persons persist. Such positions imply that the transfer of responsibility for health and wellbeing to individuals and families is warranted.

Nonetheless, concerns about the bother of accessing supports can impede use of health and wellbeing resources for older persons, including digital health tools (DHTs).



The terms 'bother' and 'burden' are often conflated or used conjointly. However, each term has a distinct meaning.

Language philosophers posit that the meaning of a word only truly exists in the social context within which it is used. To elicit the latent real-world meaning of the terms bother and burden, workshops, conducted in Ireland and Belgium, explored each term separately.

OBJECTIVES

This research sought to explore differences in the conceptualisation of the terms *Bother* and *Burden*, for older persons, in relation to use of digital health technologies by:

(P22, IS, female, Burden)

inadequate digital proficiency:

'You actually feel unhappy because you can't do something' (P7, BE, female, Bother)

'I even have four little [Lego] heads and they still couldn't work it out!"' (P29, IE, female, Bother)

anticipation of exclusion, as society and

healthcare becomes more digitalised:

'it [technology] is not democratic, it's not open for everybody' (P6, BE, female, Burden)

'I brought a neighbour to the doctor ... and I asked...'were you able to explain? 'No, she says, because the doctor had the computer, so they already knew everything. They don't ask anymore' (P3, BE, female, Burden)



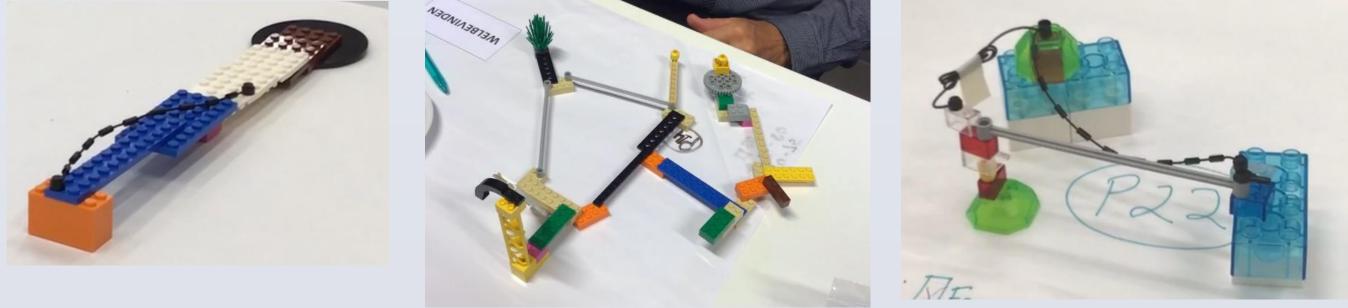
Reduced face-to-face interpersonal engagement, resulting from increased digitalisation, further exacerbates these experiences,

'It's not the same relationship. They [grandchildren] just want to get onto their ipads and their phones' (P26, IE, female, Burden)

'Everyone is staring at their screen. All the nurses have a screen' (P6, BE, female, Burden)

Metaphors and Meaning:

Bridges represented learning digital skills and using digital technologies as a challenging journey.









- Identifying underlying meaning patterns of both terms
- Establishing how bother and burden are experienced for older persons
- Mapping bother and burden to use of digital health technologies

METHODOLOGY

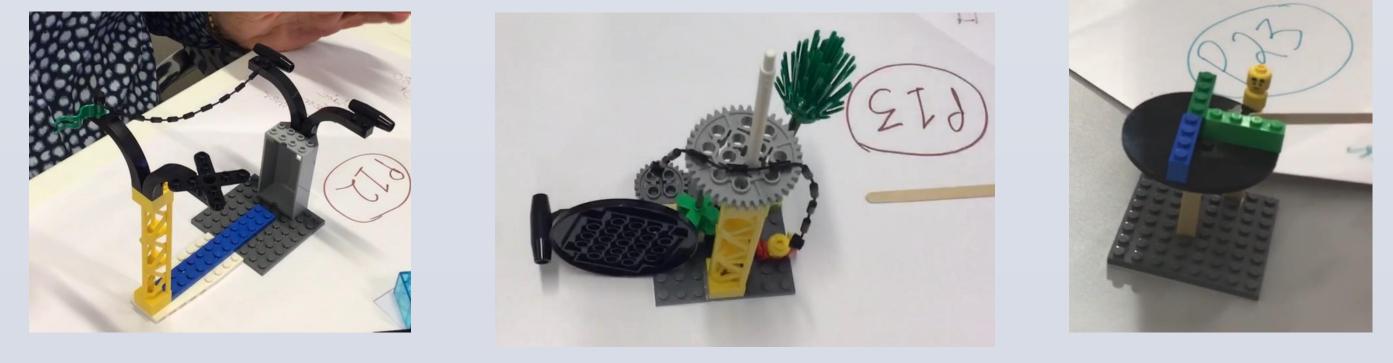
A group-based methodology, Lego Serious Play® enables constructive reflection and facilitates the expression of complex concepts in a creative way, using Lego® bricks as metaphors.

- Participants over 70 years of age (n=15 in Belgium; n=8 in Ireland) were guided through a sequence of Lego® building and descriptive activities.
- Participants attended one workshop focussed on either Bother or Burden
- Final models, described in participants own words, were video recorded.
- A thematic analysis of recordings followed transcription and translation of content from Dutch to English.
- Data was analysed using a latent thematic analysis approach.
- Nvivo software (<u>www.lumivero.com</u>) was used for data management.

Quotes note the participant ID reference, country code (BE=Belgium, IE=Ireland), sex, workshop focus in parenthesis following the quote.

Multiple colours and circular bricks represented the need to constantly have to figure out and learn new ways of engaging with DHTs, to keep up with technology changes, referred to as 'going around in circles'.

Chains represented broken or missing (digital) connections or data transmission, experiences that did not meet participants' expectations of speed, accuracy, and availability of information as fundamental features of digital technologies.



CONCLUSION

While most lauded the positive potential of DHTs, annoyance, sadness, frustration, and anxiety were expressed through the Lego® models. Learning and trying to stay abreast of technology



changes were valued, even if bothersome and difficult. However, fear of being left behind by the fast pace of change was recognised as a factor converting intermittent bother to sustained burden.

Concerns about the impact of digital technologies on human interaction and interdependence were highlighted in both countries. Additional research is needed about the relationship between bother, burden, and precarity of older age within digitalised health and care delivery systems.



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