The 4th Annual Behavioural Science and Mobile Technology: Innovations and Implementation Conference

Thursday, June 14 - 2018

National University of Ireland Galway

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Music, mHealth and Mental Fitness

Orna Murray

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Objectives: The relationship between music listening (ML) and affect regulation (AR), and ML and physical activity (PA) is well documented. However, much of this laboratory-based experimental work lacks ecological validity. This study will use mobile Experience Sampling Methods (mESM) to examine the effect of ML on AR and PA in naturalistic settings and over time.

Design: The mESM application MuPsych will collect data in real-time using pop-up questionnaires on the participant’s smartphone during ML and other activities of daily life. 156 participants will be recruited for this research.

Method: MuPsych will collect momentary assessments of emotional experiences during randomly sampled episodes of ML and non-musical episodes. PA data will be measured by the pedometer application Accupedo. The Mental-Health Continuum- SF, Emotion Regulation Questionnaire, Positive and Negative Affect Schedule and The Adaptive Functions of Music Listening Scale will also be completed by participants via the MuPsych app at baseline and end-point of study. Paired-sample t-tests will determine the efficacy of ML for AR and PA relative to other activities. Hierarchical regression analyses will be used to examine relationships between emotional experiences, level of PA, ML behaviour and wellbeing outcomes.

Results: It is hypothesised that AR and PA will be significantly greater in episodes of ML than non-musical episodes. It is also expected that PA, adaptive emotional experiences, and greater ML will predict improved wellbeing. Data collection is ongoing, and results will be presented in June.

Conclusion: This study builds upon laboratory research highlighting positive effects of music on adaptive outcomes, and examines the impact of ML on AR and PA. It will evaluate ML as a potentially cost-effective mHealth intervention for improving AR and increasing health behaviour.
**Connected Health Sustaining Home Stay in Dementia: Attitudes from Caregivers**

Estefanía Guisado Fernández, CHESS PhD Candidate¹, Dr. Laura Mackey¹, Prof. Catherine Blake¹, Prof. Brian Caulfield²

¹School of Physiotherapy and Public Health, UCD
²Insight Centre for Data Analytics, UCD

**Background:** Connected Health (CH) technologies are being developed to support people with dementia (PwD) and their carers in the home, facilitate a proactive approach to care, decrease burden on the carer, and potentially sustain PwD in their homes for longer. This qualitative approach usability study aimed to explore caregivers’ attitudes towards the use of CH technologies in supporting homestay in PwD.

**Methods:** We invited Carers of PwD to test a CH device, i.e. a tablet computer with an application that monitors, and provides feedback and resources to PwD and their carers. Following this, a focus group was conducted to understand the participants’ attitudes towards the utility of CH technologies. The interviews were transcribed verbatim, coded and then categorised according to themes.

**Results:** In total, six carers participated in the focus group. Three were full-time live in carers, and three were involved in the PwD’s care at least five days a week. The main themes emerged:

1. ‘Life in Real-time’ – carers reported that objective recording of patient-related information may facilitate improved information sharing with healthcare professionals.
2. ‘Activities of Daily Living’ – carers discussed the usefulness of information regarding PwD’s physical activity and sleep, for encouraging improved behaviours.
3. ‘Utility of Connected Health’ – carers considered the burden of introducing such devices into the home, in particular for those who were not living with the PwD.

**Conclusions:** Carers had positive attitudes regarding the implementation of CH devices in PwD’s homes. However, longitudinal research is required to explore its acceptance on a long-term basis.
Caregiver Control of Multi-Morbid Disease Management (in the Health Care Domain). Study Protocol

Estefanía Guisado Fernández, CHESS PhD Candidate¹, Dr. Laura Mackey¹, Prof. Catherine Blake¹, Prof. Brian Caulfield²

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²Insight Centre for Data Analytics, UCD

**Background:** Smart technologies are being developed to provide potential opportunities to reduce the burden of caregiving and premature nursing home placement for Persons with Dementia (PwD). The aim of our study is to evaluate the utility of a Connected Health (CH) platform in supporting PwD and their caregivers in sustaining them at home.

**Methods:** We are inviting PwD and their caregivers to try our CHESS CH solution at home for 6 months. The CH platform, used through a tablet, is connected to some medical devices that will monitor the PwD at home related with their physical activity, blood pressure, sleeping and weight. This information tracked from the devices will be uploaded to the platform, and is accessible for the caregivers and the health care professionals. The platform also contains a section with information about dementia disease, a profile with a journal diary for the PwD and their caregivers, and a questionnaires section where the caregiver completes daily and weekly questionnaires about the person they are caring for day to day.

**Results:** As this project is still in its early implementation phase, we don’t have any results at the moment yet. We expect to have more information and results as the project approaches its last months, by the end of 2019.

**Conclusions:** This 3-year-long project has received funding from the HRB (Health Research Board) and is being developed in collaboration with ARCH (Applied Research in Connected Health).
Evaluation of a Pregnancy App (Baby Buddy): Baseline Characteristics of Participants of the Bumps and Babies Longitudinal (Babbles) Study

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Background: Pregnancy mobile applications (apps) are common but little is still known about their effectiveness. The Bumps and Babies Longitudinal Study (BaBBLeS) aimed to assess the impact of such an app – Baby Buddy – on self-reported maternal self-efficacy and mental wellbeing.

Methods: BaBBLeS used a mixed methods approach, including a cohort study, qualitative element and in-app data. First-time prospective mothers (aged 16+), between 12-16 weeks gestation, were given/sent an invitation with questionnaire pack to take part, between September 2016 and February 2017. Questions included the Tool to Measure Parenting Self-Efficacy (TOPSE - primary outcome) and the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS – secondary outcome). Data on potential confounders were also collected: social support, technology use and socio-demographic information. Outcome data were collected at three time points, ante- and post-natally.

Results: At baseline, participants with consent and valid data (N=488) were on average 28 years old (LQ 26 – UQ 32). Most (64.8%) were White British, married or living with a partner (83.7%), in paid employment (86.4%), and half (49.0%) held a degree. Nearly three quarters (73.1%) used pregnancy apps; 51 (14.4%) used the Baby Buddy. The main sources of information about pregnancy were the internet (82.6%), friends (77.6%) and midwife (72.4%). There were no statistically significant baseline differences between Baby Buddy users and non-users in any of the potential confounders or outcomes.

Conclusions: Outcomes at three months post-birth will be compared between Baby Buddy users and non-users, to assess the effectiveness of the app. Research and policy implications will be discussed.
Testing and Refining the Telehealth Application ‘Florence’ for Inclusion in the D1 Now Intervention to Support Self-Management in Young Adults with Type 1 Diabetes

Howard, V.¹, Walsh, D.¹,², Casey, B.¹,², O’Connell, P.³, Finan, S.⁴, Cunningham, Á.⁴, Heverin, C.⁴, O’Hara, MC.⁵, Goff, Y.⁶, Byrne, M.¹,², Dinneen, SF.²,⁴

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Background: This study forms part of the larger D1 Now study to develop an intervention for young adults living with type 1 diabetes (T1D). D1 Now intervention will consist of three components; a key worker, an interactive online tool and an agenda setting tool. Florence (or Flo) is an interactive telehealth intervention that sends patients reminders and health tips tailored to their individual needs using a short messaging service. The aim of the current study is to test and refine the interactive online tool component using ‘Flo’ and to evaluate its inclusion within the intervention.

Method: Qualitative data are being collected. Formative data was gathered from healthcare professionals in University Hospital Galway (UHG) in semi-structured interviews (n = 6) and from the D1 Now young adult panel who participated in a focus group (n = 4). Flo text message protocols were discussed to inform the iterative refinement process. Currently, young adults are being recruited from the diabetes centre in UHG (n = 7) to participate in a 4-week pilot of the refined Flo protocol, subsequent to this, participants will be invited to take part in a focus group. Data will be analysed using thematic analysis with a specific focus on issues of acceptability, feasibility and satisfaction.

Results: Results will be available in Summer 2018. Results will be incorporated into the design process of the D1 Now intervention.

Conclusion: If it is found acceptable, a refined version of Florence will go forward to be included in the D1 Now feasibility study.
Enabling Factors for the Creation of Sense of Community on the Patient Engagement Online Feedback Platform Care Opinion

Ann O’Brien

National University of Ireland, Galway

Background: This research examines the independent online patient feedback platform Care Opinion in a macro level analysis of online patient engagement. While examples of ongoing successful online participation are rare; this research presents an exemplar case study of a new application of the long-established McMillan and Chavis sense of community (SoC) theory. SoC is known as the cognitive dimension of social capital and it enables the examination of both cognitive and behavioural aspects of participation. This research explores the practical application of the community psychology theory of sense of community through sense of community enabling factors.

Methods: A framework was used with NVivo software to create a template to analyse interactions on Care Opinion. The poster will describe the qualitative analysis of online interactions using Bales interaction process analysis based on the new sense of community enabling factors.

Results: The creation of a safe environment for electronic participation can include different levels of identity sharing for different stakeholders. Equitable norms of participation are likely to be positively influenced by moderation and support for users. Types of interaction identified include socioemotional interaction, information sharing and the opportunity for further online or offline interaction if appropriate.

Conclusions: Value creation is likely to be possible for all stakeholders, arising from the openness and transparency of the participation process. Promoting trust and efficacy and a meaningful role in patient centred care and quality improvement.
Poster 7

Decision Making Process for the Usage of Healthcare Technology in Clinical Setting

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Background: Being able to trust technology is of vital importance to its potential users particularly in healthcare sector where lives increasingly depend on the correct application of technology to support clinical decision-making. Despite the risk posed by improper development and use of technology in the healthcare domain, there is a lack of research that examines why or how these technologies are bought into usage and what is the decision making process behind the usage in clinical context.

Methods: Through a systematic mapping study, we identified the Technology Acceptance Model (TAM) as a suitable lens for the usage of healthcare technology (HCT), noting that trust is one of the key factors in decision making process and is not defined in this adoption model. Furthermore, through the study, we found the need to focus on other decision making factors which may impact in the usage of healthcare technology.

Results: Our results present a synthesis of 47 studies that describe the trust factors that healthcare professionals (HCPs) associate with HCT. We extended the TAM model in terms of HCPs’ acceptance of healthcare technology which is analysed in terms of HCP trust.

Conclusions: The mapping presented in this research can guide decision-makers through their implementation and usage of HCT within healthcare settings such as hospitals and professional practices. This will support efficient and effective use of HCT within the healthcare setting. Our future work includes looking into other factors which impact in the decision making process for the usage of healthcare technology.
**What Consumer Grade Sensors Can Tell Us About the Physiological State of a Driver**

Tireoin McCabe, Martin Glavin, Edward Jones

*CAR Group, College of Engineering & Informatics, NUI-Galway*

**Background:** The automotive industry is increasing their focus on the state of health of the driver, particularly in the context of partially autonomous vehicles where a hand-over of control from the vehicle to the driver may happen on more than one occasion during a car journey. In this paper we examine the effects of different driving conditions on a driver’s heart rate.

**Methods:** One hour long vehicle test drives were carried out with 25 participants around Galway. Each drive consisted of 9 Km of suburban driving, 4.5Km rural, 3Km urban, and 2.5Km on dual-carriageways. Each participant was monitored using a number of physiological sensors: a chest-worn Bioharness, a wrist-worn Empatica E4, along with external cameras and GPS to monitor the external driving environment.

**Results:** Analysis focused on more stressful regions such as roundabouts, and compared the heart rates in the stressful regions to those on open road. Preliminary results have shown that roundabouts can increase heart rate by 5%–28% when compared with rural driving.

**Conclusion:** This research may increase road safety somewhat by allowing us to determine when a driver is not capable of safely controlling a vehicle. The ability to determine when and where drivers normally become stressed during driving may also facilitate determination of more serious events that would lead to serious accidents, such as seizures or cardiac arrest.
A Network Meta-Analysis of the Modalities Used to Deliver Ehealth Interventions for Chronic Pain

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**Background:** Traditional approaches to interventions for chronic pain are subject to constraints (e.g. labour intensive). To negate these, researchers have begun administering interventions via technologies. The objective of this Network Meta-Analysis is to evaluate the treatment modalities (e.g. internet) delivering interventions for chronic pain.

**Methods:** Randomised controlled trials (N>20 per arm) that investigated technologically delivered interventions for adults with chronic pain were included. Data were extracted on pain severity, psychological distress and HRQoL, and the risk of bias was assessed. Studies were classified by their primary mode of delivery. Pair-wise meta-analyses were undertaken and a network meta-analysis was conducted to generate indirect comparisons of modalities for reducing pain severity.

**Results:** The search returned 18,470 studies with 18,349 excluded (duplicates [2,310]; title and abstract [16,039]). Of the remaining papers, 30 studies with 4,595 randomised participants were included in the review. Rankings tentatively indicate that telephone supported interventions are the most effective, with a 46% chance that telephone intervention was the best modality, followed by studies delivered via interactive voice response, internet and virtual reality.

**Conclusion:** This current systematic review with a network meta-analysis generated comparisons between previously un-compared technological modalities to determine which delivered the most effective interventions for the reduction of pain severity in chronic pain patients. There are limitations with this review; in particular, the underrepresented nature of some eHealth modalities included in the analysis. However, in the event that the review is regularly updated a clear ranking of eHealth modalities for the reduction of pain severity will emerge.
Adaptation and implementation of a multinational mHealth intervention for people with cancer

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Background: An international shift in healthcare has seen an increasing focus on personalised, technology-enabled, in-home health interventions that aim to improve patient outcomes and patient-clinician communication. When tested on an international scale, the development and effectiveness of such interventions are dependent on collaborative work conducted by multidisciplinary teams to address a number of methodological and implementation considerations. We describe the processes undertaken in the preparation of an international, multi-centre randomised controlled trial (RCT) that tested an mHealth intervention (eSMART) to enhance management of chemotherapy toxicity in people with cancer receiving chemotherapy, via use of a mobile-phone, remote-monitoring symptom management system. eSMART is a two-part, pragmatic, 5-year RCT being conducted at thirteen clinical sites across five countries (i.e., Austria, Greece, Ireland, Norway and the United Kingdom).

Methods: Prospective, mixed-methods, involving consecutive, iterative stages of collaborative research work.

Results: Feasibility testing of the eSMART technology was successfully undertaken in all of the partner countries. Testing across multiple European sites identified areas where the mobile phone technology needed to be adapted, both clinically and technologically, in order to meet the diverse needs of the users within a European context prior to initiation of the RCT.

Conclusions: Adapting and implementing the eSMART technology into current healthcare practice, within five European countries, required close attention and solutions to unique challenges and considerations, particularly given the multiple languages and cultural contexts. Success was dependent on collaborative work among academics, technology industry, patients, and clinicians as well as a rigorous and iterative methodological approach to research.
Assessing the Emotional Health Benefits of Music Using the MuPsych App

William M Randall, Suvi Saarikallio

University of Jyväskylä

**Background:** Personal music listening on mobile phones has grown rapidly over the last decade, and is now a central component of everyday music listening. This portable and flexible style of listening allows for the immediate selection of music to fulfil emotional needs, presenting it as a powerful resource for emotion regulation. Whether this regulation is beneficial for the listener is of fundamental concern, as deficits in emotion regulation—and the use of maladaptive strategies—are closely tied to the development of many forms of psychopathology, including mood and personality disorders. Successful regulation through music can therefore have implications for emotional health. The current study aimed to develop a comprehensive model of personal music listening on mobile phones, detailing how various regulation outcomes relate to emotional and psychological health.

**Methods:** All (ongoing) data collection is through MuPsych: a mobile experience sampling app designed for the real-time and ecologically-valid measurement of personal music listening (Randall & Rickard, 2013). The current study utilized a restructured MuPsych platform, updated to reflect the latest in music research, and the range of modern listening behaviours.

**Results:**
Data collection will continue, and the fully developed model of emotional outcomes will be presented at the conference. Multilevel structural equation modelling will be utilised to determine the predictors of emotion states and health on both experience and listener levels. This approach will seek to clarify the complex interaction of individual, context and music variables that produce changes in the valence, arousal, and intensity of discrete emotional states, and how these relate to emotional health.
**Perceptions of Mobile Health in Promoting Physical Activity: A Qualitative Systematic Review and Meta-Ethnography**

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**Background:** Despite underpinning recommendations for primary and secondary prevention, physical activity (PA) remains low in clinical and nonclinical populations. Mobile health (mHealth) is a field credited for its potential in delivering tailored, cost-effective and scalable health interventions. With a view to informing a complex intervention, this systematic review and qualitative synthesis explores users’ experiences of using mHealth applications to promote PA.

**Methods:** A systematic search of CINAHL, Embase, ERIC, Medline and PsycINFO was conducted in October 2017. Studies were limited to qualitative research and the experiences of adults who had used mHealth to promote PA. Data was extracted using NVivo and results were synthesized using a meta-ethnographic approach.

**Results:** The search yielded 4,420 studies. After screening against inclusion/exclusion criteria, 16 studies, among 361 participants, were included. A variety of health statuses were represented, including diabetes, serious mental illness, overweight men, sedentary women and the general population. Six themes related to the experience of using mHealth to promote PA were generated inductively: (a) increased PA as a result of mHealth, (b) motivation, (c) self-monitoring, (d) personalised/tailored mHealth, (e) technical issues, and (f) social features.

**Conclusions:** Overall, mHealth applications were perceived positively by participants. However, some noted negative experiences, particularly in the face of technical issues, competition or anxiety around self-monitoring. Notably, several themes mapped onto existing behaviour change literature. The results highlight the paucity of qualitative research in this area and indicate further qualitative research is warranted to guide the design of future mHealth interventions.
Let's Talk-and act-About Supporting Medication Adherence in Multimorbidity

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Background: Multimorbidity (MM), the coexistence of two or more chronic conditions in an individual, is now considered the norm rather than exception in primary care. Adhering to the often complex drug regimens associated with MM has been found to be a major challenge and many patients do not take their medications as prescribed.

Methods: Using principles of knowledge translation, we will develop, deliver and evaluate a 10-minute e-learning resource that will use evidence-based approaches to help GP’s and practice nurses to support long-term medication taking in MM. Informed by principles of patient and public involvement, the resource is being developed with the input of key expert groups in medication adherence, namely individuals living with MM and receiving polypharmacy, GP’s, practice nurses, pharmacists, psychologists, and a learning technologist. A Collective Intelligence workshop was held to bring these experts together to facilitate collaboration, idea generation, and co-creation of design solutions. Having identified the needs of users, a mixture of text, videos, and scenarios will be used to present educational material in an accessible and engaging manner.

Results: The main output will be an e-learning package that will facilitate the translation of research knowledge into the context of routine general practice. Such a resource is lacking as current summaries of treatment adherence are more research than clinical management orientated.

Conclusions: Encouraging and supporting medication adherence and self-management of disease will improve patients’ quality of life, help health services to cope with increasing care demands and reduce the likelihood of complications, hospitalizations and deaths.
Designing E-Health Interventions for Self-Management of Chronic Pain: Using Interactive Management to Identify the Facilitators and Barriers from a Patient Perspective

Paul O'Reilly, Dr. Brian Slattery, Prof. Brian McGuire

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The last twenty years has seen significant advances and increased levels of adoption of eHealth technologies in many areas of healthcare research, for example the self-management of chronic pain. eHealth technology, the use of technologies such as mobile phones, tablet computers and desktop computer to process, transmit and store data related to health-related matters and the provision of health services and health information, have been efficacious for the self-management of chronic pain in adolescent and adult populations. However, there is little evidence for the efficacy of these types of interventions among older adults, a population who often live with painful long-term conditions which can lead to increased levels of disability, impaired quality of life and depression. The aim of the research is to create guidelines for the design and implementation of future eHealth technology for older adults with chronic pain based on the identified facilitators and barriers to eHealth technology use for this population. Qualitative methods will be utilised to gather data, with a focus group running a Collective Intelligence workshop with older adults with chronic pain. Our findings will enable the creators of digital health technology to design more suitable and useable technology for older adults by using the identified facilitators and barriers and creating digital health technology specifically with those elements in mind. It is hoped that this study will change, if not advance, the literature in terms of how eHealth technology and interventions are designed.
The Influence of Music on Affect Regulation and Post-Traumatic Growth in a Cancer Population

Nikolett Warner, AnnMarie Groarke, Jenny Groarke

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Background: The influence of affect and coping styles on post-traumatic growth (PTG) is unclear. Music is frequently employed to induce positive and negative affective experiences in the laboratory, and affect regulation (AR) is the most common function of music listening in everyday life. This novel research using Experience Sampling Methods (ESM) will further explore the relationship between positive affect (PA), negative affect (NA) and PTG in cancer survivors, while longitudinally addressing the influence of guided music listening on AR in everyday contexts.

Methods: Mobile ESM (i.e., MuPsych smart phone application) will measure positive and negative affect (Positive and Negative Affect Schedule), savouring (Savouring Beliefs Inventory), and PTG (Silver Linings Questionnaire) at baseline and 3 weeks later, as well as momentary assessments of affective experience (Emotion Regulation Questionnaire and Music Use Questionnaire Index of Music Listening) during episodes of music listening and episodes of everyday life for a 3-week period.

Results: Data collection for this research is ongoing. It is hypothesised that PA will predict PTG at baseline and follow-up. It is also predicted that relative to other activities, music listening will increase PA and AR, and this increase will be associated with PTG.

Conclusion: A greater understanding of what predicts PTG would assist those working with cancer patients and may contribute to development of treatment plans to assist positive psychological growth. Should music listening be deemed a viable mode of AR in cancer patients, future interventions should consider incorporating music into cost-effective eHealth interventions.
Identifying Motivations to Change Substance Use Behaviour to Inform a mHealth Intervention: A Scoping Review

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Background: The majority of Irish college students report having tried illicit substances, including cannabis, ecstasy, cocaine, amphetamines and other psychoactive substances. The reasons why college students may try substances have been widely reported, but the motivations college students have to change their substance use behaviour is under-examined. These may include reasons related to academic performance, social relationships, concerns about legal consequences, and effects on physical and psychological wellbeing. Theoretical frameworks have outlined motivational components which contribute to behaviour change, and are useful guides in developing digital behaviour change interventions. This scoping review examines the factors that motivate college students to change their substance use behaviour. The findings will inform the development of a digital harm reduction intervention for substance use in college students.

Methods: The method was guided by Arksey and O'Malley's (2005) five-stage framework. Search terms under the pillars of: “mHealth,” “drug use” “motivations” and “students” were used in Academic Search Complete, CINAHL, MEDLINE, PsycARTICLES, Psychology and Behavioural Sciences Collection, PsycINFO, PubMed, Scopus, Science Direct and Cochrane Library in April and May 2018. To be eligible for inclusion, studies must have examined students’ motivations for changing their substance use behaviour. In addition, a hand search of the reference lists of identified articles was undertaken, and Google Scholar was utilised to identify any other primary sources within grey literature. Two reviewers are completing the charting and mapping of the identified papers.

Expected Results: This research in progress will inform the development of a digital behaviour change intervention for substance use in college students.
A Mobile App for Improved Social Engagement and Health of Older Adults

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Background: The world is experiencing growth in the number and proportion of older adults (OAs). The increase in longevity is to be welcomed, but with it come responsibilities. As a community, we need to ensure this segment of the population remain engaged, healthy and able to enjoy a high quality of life. Mobile apps can be beneficial for OAs in this regard, if used effectively.

Methods: To answer our research question “How do OAs in Ireland interact with mobile devices?”, we conducted a literature review and an empirical study with ~ 200 OAs. We extracted recommendations for the development of a mobile app whose objective is to help OAs engage with the community through offering volunteer opportunities and monitoring physical activity. We also assessed the usability of our app by administering a System Usability Scale (SUS) questionnaire with 20 OAs.

Results: OAs would like a mobile app that triggers social engagement and monitors health. Additionally, privacy was their top non-functional requirement. Moreover, the results of SUS revealed that our mobile app would be easy for OAs to use. Follow up questions revealed required improvements such as inclusion of relevant pictures, increased font-size and change in colour-scheme.

Conclusions: The preliminary findings of our research have demonstrated the need and potential of a mobile app that improves social engagement and physical activities of OAs. We intend to revise the app based on the feedback during usability sessions and will conduct further testing with a larger group of respondents.
**Examining the Influence of an Informational Video on Participant Retention in a Randomised Controlled Trial**

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**Background:** A Study Within a Trial (SWAT) is a way of building a secondary methodological question into a larger trial. In this SWAT, the question of whether the inclusion of an education video affects attrition was built into an existing randomised control trial (RCT) investigating the clinical-effectiveness of an online Acceptance and Commitment Therapy (ACT) intervention with a waitlist control condition in terms of improving HRQoL among people living with multimorbidity.

**Methods:** A video explaining randomised control trials was developed and built into the existing trial. Participants from both the experimental and control conditions were randomised to receive the educational video, or a control video containing basic study information, followed by questions about participants RCT knowledge. The sample for the RCT was calculated at 128, given 40% attrition. The proportion of those who drop out in each of the four groups will be calculated and compared quantitatively using a two-sample test of proportions using variables to look for statistically significant differences, and an ANOVA if the data fulfils the required assumptions. Qualitative thematic analysis will also be undertaken using the post-video responses.

**Expected Results:** We expect to see less attrition and more knowledge of RCTs in the groups that receive the educational video.

**Current Stage of Work:** We are currently recruiting participants and will open the study shortly.

**Discussion:** This SWAT has interesting implications for the recruitment and retention of participants in RCTs investigating health interventions.
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