NEEDS AND PERCEPTIONS OF AN INTERNET-BASED INTERVENTION FOR ASSISTIVE TECHNOLOGY USERS AND THEIR FAMILY CAREGIVERS

Gélinas-Bronsard, D.1,2, Mortenson, W.B.4,5, Ahmed, S.2,3, Guay, C.1,2, Fontaine, V.1 & Auger, C.1,2
1Université de Montréal; 2Centre for Interdisciplinary Research in Rehabilitation of Greater Montreal (CRIR); 3McGill University; 4University of British Columbia; 5GF Strong Rehabilitation Center — Vancouver BC

CONTEXT
Providing care to older adults using assistive technology (AT) (e.g. mobility aids, communication aids) can be challenging for family caregivers.

Few interventions exist to support them particularly when AT are required to perform daily living tasks.1

MOvIT-PLUS™ is an Internet-based intervention undergoing development that will offer remote monitoring, support and training to older AT users and their family caregivers.

OBJECTIVES
To identify older AT users and family caregivers needs after AT procurement
To explore stakeholders perceptions about the remote support intervention MOvIT-PLUS™.

METHODOLOGY

Data collection
Individual ± 1hr semi-structured open-ended interviews to:
• Discuss past experiences with AT procurement
• Present a mockup of MOvIT-PLUS™

Table 1: Participant characteristics

<table>
<thead>
<tr>
<th>Stakeholders</th>
<th>n</th>
<th>Age</th>
<th>Sex (F)</th>
<th>Experience</th>
</tr>
</thead>
<tbody>
<tr>
<td>AT users (U)</td>
<td>5</td>
<td>75 ± 8</td>
<td>2</td>
<td>Minimum mobility AT + 1 other AT (communication, ADL-IADL, oxygen therapy or a vehicle /home adaptation)</td>
</tr>
<tr>
<td>Family caregivers (CG)</td>
<td>5</td>
<td>63 ± 8</td>
<td>5</td>
<td>Gerontology</td>
</tr>
<tr>
<td>Clinicians</td>
<td>5</td>
<td>40 ± 10</td>
<td>5</td>
<td>Assistive technologies</td>
</tr>
<tr>
<td>Decision makers</td>
<td>5</td>
<td>47 ± 9</td>
<td>3</td>
<td>Family caregivers</td>
</tr>
<tr>
<td>Community partners</td>
<td>5</td>
<td>51 ± 11</td>
<td>4</td>
<td>Intervention via technology</td>
</tr>
<tr>
<td>Researchers</td>
<td>5</td>
<td>45 ± 9</td>
<td>4</td>
<td></td>
</tr>
</tbody>
</table>

Analysis
Thematic content analysis approach2
Themes developed from a mix of emerging and expected (a priori) concepts3,4

RESULTS

Information
Being informed about AT
• Discovering AT possibilities
• Knowing about AT funding
• Obtaining follow-up
• Advising through peers

Support
Feeling supported
• Finding solution to AT problems
• Getting coaching during learning
• Receiving social support
• Attaining self-efficacy
• Obtaining follow-up

Training
Knowing how to use AT
• Learning how to use AT
• Teaching to staff
• Attaining self-efficacy
• Learning from peers
• Sharing U/C/G expertise
• Getting continuous training

Access
Accessing AT
• Optimizing AT process
• Accessing AT funding

Match
Matching AT-person-context
• Matching AT to abilities, environment and demands
• Adjusting to condition evolution
• Acknowledging U/C/G expertise

DISCUSSION / CONCLUSION
Results indicate participants view AT procurement as an ongoing cyclical process, with potential unmet needs at key moments before and after AT procurement, as previously modeled by Lenker.5

When expressing their preferences about the MOvIT-PLUS™ mock-up:
• Stakeholders were generally supportive of automated monitoring calls and asynchronous training features, such as skill-based videos;
• CG, U and most clinicians express their appreciation regarding professional-led counselling and training features such as videoconferences to improve the quality and quantity of post-procurement follow-up;
• Other stakeholders had divergent opinions, often because of perceived technological and organizational barriers.

This study highlights that Internet-based interventions dedicated to AT users and family caregivers should consider pre and post procurement challenges, ensure adequate follow-up and offer human support.

These findings are guiding the MOvIT-PLUS™ prototype design towards a graded support approach, starting with empowering end-users to resolve AT-related challenges and then adding professional support when needed, as supported by Scherer.6

REFERENCES

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Contact:
Dominique Gélinas Bronsard, O.T. dominique.gelinas.bronsard@umontreal.ca

Co-Project Leader: Claudine Auger, Ph.D. claudine.auger@umontreal.ca