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Albers, Nele; Neerincx, Mark A.; Penforis, Kristell M.; Brinkman, Willem-Paul

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Using a Virtual Coach to Quit Smoking: 14 Themes for User Needs

Nele Albers¹[0000–0002–0502–6176], Mark A. Neerincx^{1,2}[0000–0002–8161–5722],
Kristell M. Penfornis³[0000–0002–9758–9004], and Willem-Paul
Brinkman¹[0000–0001–8485–7092]

¹ Delft University of Technology, Delft, The Netherlands
{n.albers, m.a.neerincx, w.p.brinkman}@tudelft.nl

² TNO, Soesterberg, The Netherlands

³ Leiden University, Leiden, The Netherlands
k.m.penfornis@fsw.leidenuniv.nl

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This document is an encore abstract of the paper "Users' needs for a digital smoking cessation application and how to address them: A mixed-methods study" published in the journal PeerJ [3].

1 Introduction

Designers of eHealth applications for behavior change face many options. This includes the selection of behavior change techniques [10], the implementation of these techniques (e.g., frequency), and the involvement of other parties such as a virtual coach (e.g., [13]) or healthcare professionals (e.g., [14]). Ideally, designers choose from these options such that users use and continue to use the resulting application. To this end, the application should meet user needs. However, the often reported low adherence to eHealth applications [4][6][8] suggests that current applications do not always succeed at this. A better understanding of user needs and how to address them is thus welcome.

To this end, we conducted a longitudinal study in which 671 daily smokers interacted with a virtual coach named Sam in five conversational sessions. In each session, Sam assigned users a new preparatory activity for quitting smoking, such as tracking one's smoking behavior. As becoming more physically active may facilitate quitting smoking [7][15], half of the activities addressed becoming more physically active. In the next session, Sam asked users about their experience with the activity. After the five sessions, users were invited to a post-questionnaire in which they described their barriers and motivators for doing the activities as well as their views on videos of interaction scenarios for a virtual coach (e.g., reflect on High Risk Situations (HRSs) with regards to smoking in the evenings). Based on a mixed-methods analysis that triangulated qualitative and quantitative results as well as findings from the literature, we obtained 14 main themes that describe user needs. We used these themes to formulate recommendations to help designers of eHealth applications for behavior change.

2 Analysis Strategies

Our mixed-methods analysis was based on the thematic analysis steps by Braun and Clarke [5] with the addition of triangulation with quantitative results and findings from the literature. Triangulation of multiple data sources or methods serves to increase the validity of qualitative research [11]. This resulted in these four analysis steps: 1) preparation of coding scheme, 2) manual coding of free-text responses based on the coding scheme, 3) triangulation of qualitative results with literature and quantitative results (e.g., mean ratings for intentions to engage in interactions from scenarios), and 4) search, review and definition of themes, and production of the report. All data and analysis code can be found online [2].

3 Findings

We identified 14 main themes describing user needs (Fig. 1). These themes pertain to a behavior itself (e.g., doing a preparatory activity), the user who performs a behavior, other parties that may be involved in a behavior (e.g., a virtual coach), and the environment in which a behavior is performed. Based on these themes, we formulated recommendations for designing eHealth applications for behavior change. One such recommendation is to strengthen the link between perceived usefulness and users' goals, such as by referring to users' goals and beliefs when giving advice [1] or letting users think about their desired future self with regards to a behavior [9][12].

Behavior	Timing and intensity: "I think consulting the virtual coach might be helpful - but the option to let the app know whenever I have a craving would be more convenient." (Reflect on smoking HRSs in the evenings, P100)
	Getting motivation or encouragement: "It would help keep me motivated to quit." (Help button for smoking HRSs, P366)
	Getting help, advice or tips and learning: "I would maybe try it the first time, but depending on how helpful the advice was, I'm not sure it's something I would continue to use." (Help button for smoking HRSs, P318)
User	Importance of change: "I'm already very active so I don't need to visualise it" (Activity experience, P653)
	Motivation to change: "I lost the desire to quit" (Barriers, P143)
	Autonomy: "I make my own plan" (Plan for smoking HRSs in the mornings, P187)
	Personal characteristics: "I always put a lot of effort in what I do ..." (Activity experience, P152)
Other party	Companionableness: "Feeling like I have somebody in my corner for support on hand would be beneficial" (Help button for PA HRSs, P614)
	Nature: Human vs. AI: "It's not human or empathetic" (Reflect on PA HRSs on Sundays, P273)
	Accountability: "I was motivated by the bot that was giving me tasks. I somehow did not want to disappoint him?" (Motivators, P502)
Environment	People are busy with other things: "I found mostly that because I had a lot to do anyway any other activity was too challenging" (Activity experience, P445)
	Prompts and triggers are useful: "I forgot about it, I just remembered now when asked" (Activity experience, P317)
	Helpfulness of support from social environment: "I thought about what to write and discussed it with my son" (Activity experience, P328)
	Diversity of other environmental factors: "Covid, interpersonal relationship. ... new lockdown. Mood" (Barriers, P239)

Fig. 1. 14 themes describing user needs, including quotes from participants.
Abbreviations: HRS, High risk situation; PA, Physical activity.

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