

Networking and more. Reflections on the 31st EHPS Conference

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When I, a final year PhD student at the Department of Psychology, University of Konstanz, boarded the train to attend the 31st EHPS Conference in Padua, Italy, I had just begun to transition from being a PhD student to becoming a postdoctoral researcher. The submission deadline was set for the end of the year, a very first draft of most chapters just written, potential postdoctoral research projects proposed, and the stress-level slowly but surely rising. Some might think that attending a conference at this stage contributes to the stress and takes up valuable time that could better be spent writing, however, I would argue that attending a conference in the final year of the PhD is beneficial: not only is it vital for an academic career, but it can also be a great motivational boost for continuing to do research.

Two important career benefits of attending conferences that are often highlighted are the opportunities for presenting and discussing one's work as well as networking with researchers working on similar topics. Both can be achieved by organising a symposium, so I submitted a symposium on the uptake, acceptability and use of digital behaviour change interventions (DBCIs) to the 2017 EHPS conference. Four early career researchers, all whom I had met at previous EHPS conferences and CREATE workshops and who share my interest in digital health, followed my invitation to present their work. To provide the viewpoint of a senior researcher, Dr. Felix Naughton (University of East Anglia, United Kingdom) was invited as a discussant. The overarching goal of our

symposium was to connect researchers to jointly advance the development of DBCIs by acknowledging and better understanding individual differences in using DBCIs. Therefore, presentations covered a great variety of health behaviours and chronic conditions as well as a range of methodological approaches.

Jan Keller (Freie Universität Berlin, Germany) opened the symposium by discussing psychological mechanisms of an online intervention targeting eating behaviour. The presented results highlighted that including evidence-based behaviour change techniques such as planning and self-efficacy in DBCIs may enhance their efficacy. Next, I presented a stage model approach for assessing the motivation to adopt mHealth apps targeting eating behaviour and physical activity. Results showed substantial sociodemographic and motivational differences between mHealth app users and non-users as well as between subgroups of non-users. This underlined the importance of taking differences between mHealth app non-users into account when designing and promoting DBCIs for new target groups. In the two following presentations, qualitative findings from focus groups and interviews were discussed with different foci. Emma Carr (NUI Galway, Ireland) presented the perspective of potential users of a planned breast cancer awareness intervention where her results highlighted the importance of aesthetics, ease of use and credibility of DBCIs for a successful uptake. Next, Eimear Morrissey (NUI Galway, Ireland) discussed general practitioners' (GPs) views on DBCIs, as they are important stakeholders for their distribution. While GPs appreciated the

empowerment of the patient using DBCIs, they expressed concerns about responsibility and limited outreach of the interventions, thinking that they might be most appealing to the worried well. Lastly, Olga Perski (UCL, United Kingdom) presented the development of a self-report measure of engagement with DBCIs. By integrating findings from a systematic review and qualitative interviews, an operational definition of engagement was developed that highlighted that engagement might be a state-like construct that is both behavioural and experiential.

As discussant Felix Naughton concluded, despite their differences in target behaviours, methodological approaches and research questions, the presented studies identified engagement with DBCIs as a major challenge in the design and application of DBCIs. Our symposium showed that it is not only important to evaluate the effect of a DBCI on behavioural outcomes, but also to understand why and how people are using them. Furthermore, the symposium highlighted that DBCIs cannot be seen as a 'one size fits all' approach. Instead, differences between potential users and stakeholders need to be taken into account when developing DBCIs, because different target groups might have different needs and preferences. The symposium provided starting points for future research on DBCIs, such as studying motivations for DBCI use and engagement with DBCIs in a systematic way and involving potential users and stakeholders in the design process.

Taking part in this symposium has provided me with the opportunity to present my work to an interested audience and to network with other researchers interested in similar topics. In addition, it made me once again realise that being a health psychology researcher is a highly fulfilling and exciting profession, and that continuing to work in academia was the right choice for me. The symposium highlighted avenues for future research, and I left the lecture hall inspired, with

many ideas for future research studies. It also was a pleasure to exchange ideas with other aspiring young researchers in the field: having identified numerous commonalities in our work, I hope that we will be able to collaborate in the future and organise many more thought-provoking symposia.

I would like to thank the EHPS EC Grants Committee for providing me with the great opportunity to attend this conference, present my work and exchange ideas with other researchers interested in digital technologies in health care. While now preparing my thesis for submission, I feed on my boosted enthusiasm for DBCIs (and the sunshine!) that I took home with me from Padua, and I am very much looking forward to join the conference again in 2018 in Galway.



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