Co-design and user validation of the MedFit App: A focus group analysis

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Abstract

This abstract details the development phase of the formative research process outlined by the Medical Research Council [1], used to develop a theoretically informed Android App, named MedFit, to enhance disease self-management and quality of life in adults with cardiovascular disease (CVD). The overall aim of the app is to increase physical activity minutes of adults with CVD. A key part of the development phase, which is the focus of this abstract, is the co-design and user validation of the MedFit app.

1. Introduction

Focus groups are group interviews led by a moderator who guides the interview while a small group (usually 6-8 participants) discusses the topics raised by the moderator [2]. The focus group script and content used during these focus groups was developed and informed using a questionnaire based on the Unified Theory of Acceptance and Use of Technology 2 (UTAUT2). A questionnaire [adapted questionnaire developed by Venkatesh et al. (2012)] [3] entitled the 'Acceptability of mobile phone applications among adults with chronic illness' was completed by participants (N=119) of MedEx Wellness in Dublin City University. This questionnaire data identified constructs that were primary concerns for end-users. Specifically, these constructs were performance expectancy, effort expectancy, social influence, facilitating conditions, hedonic motivation and behavioural intention.

2. Methods

Participants in the focus groups were recruited from the HeartSmart programme in MedEx. MedEx is an exercise rehabilitation programme for people with chronic illness run in DCU. Participants indicated in the questionnaire that they would be willing to participate in the focus groups. In total 26 people took part in the groups (65% male; mean age 64±8.2 years). There were five focus groups: one pilot group and four subsequent groups. Each focus group lasted approximately 1.5-2 hours in duration with a max. of six people per group. The focus group was led by a moderator, who guided the interview, while an assistant moderator took notes on the ensuing discussion. The focus group had two main strands. The first focused on the usability of the MedFit app where the researcher presented the different functions of the app and the

participants could follow along using a Samsung Galaxy S5 Neo on which the app was downloaded. Participants were asked to give their feedback and opinions on the prototype app components. The second strand of the focus group concentrated on the acceptability of the app. Questions were asked relating to the main constructs identified in the questionnaire which impacted participant's acceptance and use of apps. The data was analysed using content analysis [4].

3. Results

Table 1: Focus group feedback

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App	Focus group feedback
component	
Login	-Keep simple
	-Need to see password on screen
	-Retrieve password function
Home screen	-Confusion about the 'burger' menu
	-Use the word menu instead
Exercise	-Play the video continuously under the
programme	timer
	-Music with a beat
Visualisation	-Separate the weekly and daily results
of exercise	tabs
progress	-Make clear distinction between each
	block of information
	-Ability to log different activities
Notifications	-No more than 4 per week
My Healthy	-Remove the 'My' from the title as the
Lifestyle	section contains generic information
	-Happy with the content
My MedFit	-Liked the idea of an events page and
Group	chat function
	-Majority were against the leaderboard
Contact	-Video tutorial
Us/Help	-FAQ section

4. Conclusion

User validation through the focus groups is a crucial part of the user-led formative research and design process. The feedback will be translated into feasible technical improvements through close collaboration with the technical design team. Future work includes further adaptations in conjunction with the technology team based on the patient feedback and comments from the focus groups resulting in a 4-week feasibility study.

5. References

- [1] Craig, P., Dieppe, P., Macintyre, S., Michie, S., Nazareth, I., & Petticrew, M. (2008). Developing and evaluating complex interventions: the new Medical Research Council guidance. *BMJ: British Medical Journal*, *337*, a1655. http://doi.org/10.1136/bmi.a1655
- [2] Morgan D.L. (1998) *The Focus Group Guidebook*. Los Angeles, California: SAGE Publications
- [3] Venkatesh, V., Thong, J. Y. L., & Xu, X. (2012). Consumer acceptance and use of information technology: Extending the unified theory of acceptance and use of technology. MIS Quarterly, 36(1), 157-178.
- [4] Neuendorf K.A. (2002) *The Content Analysis Guidebook*. Los Angeles, California: SAGE Publications