ESR 2. Sophia Otten – 1st Doctoral seminar

(Dis)trust in the healthcare system, medical technology, and medical support considering (severe) health decisions

ESR 2. Sophia Otten

RWTH Aachen, Germany







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Science at RWTH Aachen, Germany 24 yrs old & German, working at the Chair of Communication

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ESR 2. Sophia Otten – About me

- 24 yrs old & German, working at the Chair of Communication
 Science at RWTH Aachen, Germany
- BSc in Cognitive Neuropsychology & Medical Psychology,
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- MScRes in Differential Psychology, University of Edinburgh, GB (2021)





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ESR 2. Sophia Otten - Overview of the Project

 Why? Trust in the healthcare system is the key variable embedded in a complex system leading to the adoption of medical technology, i.e. AAL solutions







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- What? Perceptions, attitudes, (pre)determinants, and decisions influencing trust in the medical system





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- Why? Trust in the healthcare system is the key variable embedded in a complex system leading to the adoption of medical technology, i.e. AAL solutions
- What? Perceptions, attitudes, (pre)determinants, and decisions influencing trust in the medical system
- Who? Various target groups, including old & frail people, handicapped people, & medical personnel





- Why? Trust in the healthcare system is the key variable embedded in a complex system leading to the adoption of medical technology, i.e. AAL solutions
- What? Perceptions, attitudes, (pre)determinants, and decisions influencing trust in the medical system
- Who? Various target groups, including old & frail people, handicapped people, & medical personnel
- How? Assessing context- and user-specific influences of trust and decisions about their health, as well as health behaviours







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Goals

Trust in sensitive user groups



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Goals



- Trust in sensitive user groups
- Development of trust metrics in the medical context





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Goals



- Trust in sensitive user groups
- Development of trust metrics in the medical context
- · Holistic framework of user and context requirements





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Goals



- Trust in sensitive user groups
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Relevance





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Goals



- Trust in sensitive user groups
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Relevance

Trust as the key to successful adoption of AAL technologies





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Goals



- Trust in sensitive user groups
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Relevance

- Trust as the key to successful adoption of AAL technologies
- Trust as compass for protection of autonomy and agency





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Goals



- Trust in sensitive user groups
- Development of trust metrics in the medical context
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Relevance

- Trust as the key to successful adoption of AAL technologies
- Trust as compass for protection of autonomy and agency
- Implementation in all sectors of society







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ESR 2. Sophia Otten – What is trust?

• Core component of human thinking and consequent behaviour – key factor in interactions between humans, situations, and institutions





- Core component of human thinking and consequent behaviour key factor in interactions between humans, situations, and institutions
 - ---> most common conceptualisation as belief and expectancy (McKnight & Chervany, 2001)



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a. dispositional trust (general trusting stance)

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- Trust in technology has been investigated in multiple contexts, e.g., mobility & e-commerce (McKnight et al., 2002; Lee & See, 2004)





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- Trust influences (subjective) health behaviours (Birkhäuer et al., 2017)
 - --- important for therapy outcomes and the improvement of the healthcare system











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ESR 2. Sophia Otten - How is trust relevant?

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- Sustained adoption of these innovative technologies in home environments have failed (Wichert et al., 2012)
 - ---> missing trust requirements in intimate and sensitive context?









1st qualitative study presented at the ICT4AW 2022 (23.-25.04.)

Exploring Trust Perceptions in the Medical Context: A Qualitative Approach to Outlining Determinants of Trust in AAL Technology

Sophia Otten^{©a} and Martina Ziefle^{©b}

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Keywords: Trust, Medical Care, AAL, Medical System

Abstract:

namely user factors, technology factors, and context factors. This implies a network of trust dependent on difficulties in managing activities of daily life (ADL). This study has adopted an exploratory interview Due to a demographic change of the society, health care worker shortage and rising co- and multimorbidity policy makers and legal professionals. various external and internal influences. These findings have practical implications for clinicians, developers interviewed and, in line with previous results in the literature, results revealed three categories of influences, AAL technologies. Eleven participants ranging from 20 years to 87 years old (M = 52.27; SD = 24.2) were method to explore the users' perceptions of trust in the medical context and specifically, related to medical Medical AAL technology offers many opportunities to relieve health care workers and assist older adults with within older adults, constant care at home and at care facilities face a difficult task to combat these challenges.



Participants (N=11)

---> recruited from the researchers' social network

ESR 2. Sophia Otten - Research carried out to date

- → age range 20-87 yrs (*M*= 52.27; *SD*=24.21)
- → 6 female & 5 male participant
- ---> 4 care experienced participants, 2 of them working in the healthcare system





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Exploratory qualitative approach

- ---- open-ended interviews (via *Zoom*) lasting from 30 to 60 minutes
- ---> from free association to specific scenarios
- --- examples from the medical context and daily life
- ---> thematic analysis with MAXQDA 2018 (VERBI Software, 2019) into three categories as previously outlined in literature





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Structure of the interview

general & medical trust

- 1. What does trust mean to you (in the healthcare system)?
- 2. What does your feeling of trust consist of (in the healthcare system)?
- 3. How do you deal with a breach of trust (in the healthcare system)?
- 4. How is trust in general different from trust in the healthcare system?

trust in AAL technology

- 1. How is trust in the healthcare workers different from trust in medical technology?
- 2. How would you rate different examples from the medical context on your subjective trust "scale"?
- 3. Specific scenarios including AAL technology evaluation of participants











Three groupings of factors as outlined in the literature:





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 I. User Factors



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 - I. User Factors
 - II. Technology Factors





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 - ---> Context of trust matters: not only developers of technology but also policy makers, health care personnel, and educational institutions need to consider the needs of user groups





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- Necessary to outline the conditions of trust in the health care context and weigh them in a network
 - ---> trust as key variable in acceptance of medical technology













On the basis of the 1st study --- development of questionnaire



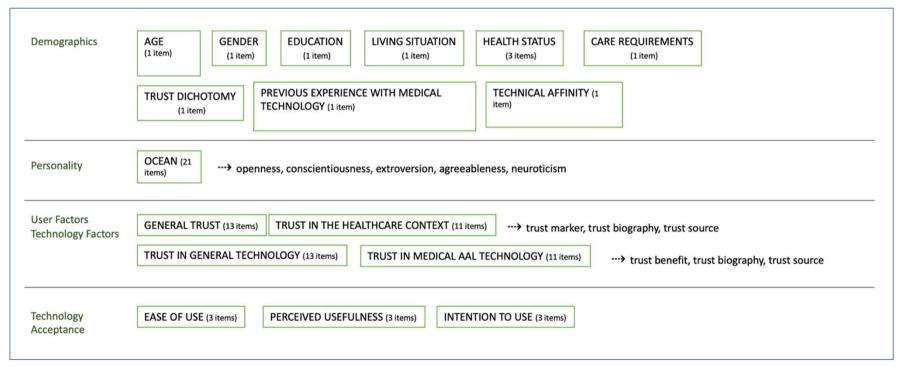


- On the basis of the 1st study ---> development of questionnaire
- Quantifying trust in the healthcare system & medical technology





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Analyse psychometric properties & develop a reliable instrument --- adapt & improve items with an exploratory factor analysis

Collaboration with Hannah Biermann (RWTH)







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- Analyse psychometric properties & develop a reliable instrument
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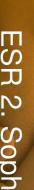
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- Collaboration with Wiktoria Wilkowska (RWTH)
 - ---> investigate trust with a focus on disease characteristics with cluster analyses and AN(C)OVA's







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ESR 2. Sophia Otten - Future Research

















Collaboration with Caterina & Alex --- combine trust, privacy, and AI in one study



ESR 2. Sophia Otten – Future Research

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- Collaboration with Caterina & Alex
 - ---> combine trust, privacy, and AI in one study
 - ---> scenario-based approach with experimental design





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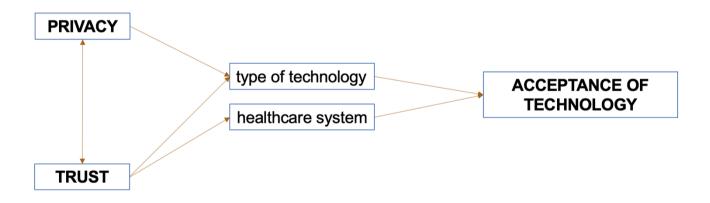
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 - ---> different types of technologies (non AI vs. AI; camera types)





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Thanks for your attention!

Any questions?

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