

# #171 - Factors that matter in reshaping health-seeking behaviour among the elderly using digital technologies

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#### **Objectives/aims**

This study aimed to identity factors that matter in reshaping health-seeking behaviour and lifestyle among the Singaporean elderly using digital technologies (DT).

#### Methods

Sixteen elderly participants (age range = 60-80 years; 11 females) underwent in-depth semi-structured interviews (range = 27-64 minutes) about their health status and journey, current digital technology usage and attitudes towards digital technology. The interviews were recorded, transcribed verbatim and analysed thematically.

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#### Main findings

Five main themes emerged from the interviews. They include support towards digital technology literacy, credibility, cost and benefit considerations, intrinsic drive to be healthy, and telehealth.

Education and accessibility underpin the promotion of digital health literacy among the elderly through two ways. Firstly, they allowed the elderly to familiarise themselves with the digital interface and functionality of a digital tool, and secondly, they enabled them to seek for guidance or troubleshooting support at their convenience to overcome barriers such as discomfort due to unfamiliarity and aging-related reasons (e.g., slower cognition and poorer memory).

With the plethora of information available, the elderly often relied on credible sources for health-related information or DT recommendations. While healthcare professionals, governmental organisations and higher learning institutions were often perceived as trusted sources of information, there were also nuances that matter in establishing this trust. For example, the length of medical practice and level of expertise of the doctor who is recommending the DT were deemed crucial.

The cost and benefit considerations refer to the price of using or subscribing to DT, and the incentives derived from using them. Most elderly preferred DT for the purpose of health management to be free while monetary incentives were expressed to have encouraged them to use DT in a sustained manner.

Wanting to live longer and healthier was commonly expressed by the elderly. This intrinsic drive has motivated them to adopt health-seeking behaviours which extend as far as using DT to help achieve their healthy living goals and obtain health-related knowledge. DT could accordingly tap into and leverage this intrinsic drive to promote adoption or continued usage.

Finally, the convenience that transcends distance, time, and effort to travel to a clinic or healthcare institution made the idea of telehealth appealing among the elderly. A similar sentiment was also expressed in relation to the recent pandemic, where the elderly were still able to seek medical attention despite being imposed to isolation.

To conclude, our findings offer insights on the various aspects that matter to an elderly in the adoption of DT to help reshape their health-seeking behaviour and lifestyle. As such, DT developers and implementors are encouraged to take these into considerations and align their strategies accordingly.

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