Health Information Technology Design Guidelines Based on Caregivers’ Information Behavior

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**Problem statement**

Caretakers encounter challenges managing cognitive, behavioral, and physical changes that characterize dementia progression [3, 4, 5].

Caregivers have needs that, if met, would better equip them to provide care [1].

Despite the extensive research on health information technology (HIT) design for dementia caregiving and numerous HITs developed, dementia caregivers continue to report unmet information needs [1, 2].

**Methods continued**

HIT must seamlessly integrate into how caregivers generated, acquire, manage, use, communicate, and seek information (i.e., their information behavior).

**Methodology**

Design: Descriptive qualitative study

Data collection: Semi-structured interviews

Sample: N=30
• Aged 47 to 90 years
• Cared for a parent (N=18) or spouse (N=12)
• Female (N=18)
• Caucasian (N=21); African-American (N=5), Not disclosed (N=4)

**Analysis**

- Deductive and inductive content analysis

**Results**

1. Timely access of information: instantaneous access to information as soon as possible

2. Shared situation awareness: shared understanding among the caregiver, the person living with dementia, and others involved in caregiving

3. Ability to engage support: accessibility of resources, caregivers’ internal motivation to seek resources, and caregivers’ perception of resource acceptability (e.g., websites and crowdsourced information may be viewed as more or less reliable)

4. Access to specified knowledge: availability of information tailored to the context

**Discussion**

• All design guidelines appear in previous literature [5, 10, 11]

• Concurrent identification of guidelines suggests the interrelatedness and interdependence

• For HIT to address caregivers’ unmet information needs in a way that appeals to their information behavior, it must adhere to all four guidelines

**Conclusion**

Identified four HIT design guidelines that, if successfully integrated into HIT, would increase the likelihood of caregivers’ information needs being effectively met

**References**


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