

Emergency patients prefer technology-based interventions for behavioral issues

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A Rhode Island Hospital researcher has found that emergency department patients prefer technology-based interventions for high-risk behaviors such as alcohol use, unsafe sex and violence. ER patients said they would choose technology (ie text messaging, email, or Internet) over traditional intervention methods such as in-person or brochure-based behavioral interventions. The paper by Megan L. Ranney, M.D., is available now online in advance of print in the *Annals of Emergency Medicine*.

The study was a cross-sectional survey of urban emergency department patients ages 13 and older. Patients answered questions about what kinds of technology they already use, what concerns they have about technology-based interventions, and what format they would prefer to receive interventions on seven health topics: unintentional injury; [peer violence](#); dating/[intimate partner violence](#); mental health; tobacco use; alcohol/substance use; and [risky sexual behaviors](#).

"Many of our ER patients report behaviors that put them at high risk for poor health, like cigarette smoking, alcohol use and being a victim of violence," said Ranney, the lead researcher on the study. "Although emergency medicine physicians care about these problems, we face many barriers to helping patients change [risky behaviors](#). Some of these barriers include lack of time in a busy, Level I, urban emergency department; lack of training in providing effective [behavioral interventions](#); and a lack of knowledge of appropriate follow-up resources in an emergency setting."

The study findings indicate that technology-based interventions are an attractive potential solution to these barriers as most ER patients regularly use multiple forms of technology, including cell phones and the Internet. It also shows that the patients surveyed are receptive to technology-based interventions for these problems.

Computer or cell phone-based interventions for ER patients offer many advantages. Such interventions could provide consistent quality and content, would not require individual doctors and nurses to have expertise in the area and could be tailored to the needs and desires of each patient. Technology-based interventions also can be delivered post-discharge, providing patients with a more convenient, private and anonymous resource.

Ranney and colleagues found that patients preferred a technology-based intervention irrespective of age, sex, income, race and ethnicity. The technology-based interventions studied include Internet (website), text message, email, social networking site and DVD.

Patients self-administered the survey on an iPad or on paper. Only 36 of the 973 patients surveyed preferred the paper questionnaire. The mean age of the participants was 31 years, but the ages ranged from 13-91 years old. More than half (54.5 percent) were female, 64.1 percent were white, 23.2 percent were Hispanic, and 46.6 percent were low income. These statistics are similar to those of the ER population at Rhode Island Hospital. Baseline use of technology was high for most groups: computers (91.2 percent); Internet (70.7 percent); social networking (66.9 percent); mobile phones (95 percent); and text messaging (73.8 percent). Ninety percent of participants preferred technology-based interventions for at least one topic. Patients had some concerns about technology-based interventions, with the primary concern being confidentiality with Internet-based and social networking interventions.

"The data show that technology-based behavioral interventions will play an increasing role in the continuing care of emergency department patients," Ranney said. "But more research is needed, and while more than two-thirds of the patients in our emergency department use some form of technology regularly, the use of such technologies for clinical practice lags behind this trend."

Provided by Lifespan

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