Universiteit
Leiden
The Netherlands

Human support in eHealth lifestyle interventions

Cohen Rodrigues, T.R.

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Propositions

accompanying the dissertation

Human support in eHealth lifestyle interventions

by Talia Cohen Rodrigues

1. Some healthcare professionals believe that, because patients with cardiovascular diseases are older, they prefer face-to-face contact and generally have little technological experience. (this dissertation)
2. Responses from patients themselves suggest that a lack of interest in eHealth interventions is rather due to a lower interest in lifestyle support in general, especially among older men. (this dissertation)
3. Healthcare professionals could focus on the advantages of eHealth, such as tailoring and increasing autonomy, to overcome barriers that patients experience with regard to traditional lifestyle interventions.
4. The presence of human support does not necessarily affect an eHealth intervention's effectiveness in improving health outcomes. (this dissertation)
5. If a self-help eHealth intervention is elaborate enough and of a high enough quality, it can be as effective as an eHealth intervention with human support.
6. Within self-help eHealth interventions, the perception that the intervention might be ineffective or difficult to use, limits people's willingness to start using the intervention. (this dissertation)
7. Human support works as a "buffer": even when people question the intervention's effectiveness or easiness of use, they are more likely to start using the intervention when they know human support will be present. (this dissertation)
8. The use of visual human cues by a conversational agent makes people less adherent to the eHealth intervention. (this dissertation)
9. Making a conversational agent look like a human being, without being transparent about it being a computer rather than human, could lead to high expectations among the people using the self-help eHealth intervention that cannot be met.
10. The lack of non-verbal communication might hinder text-based conversational agents from establishing a working alliance with the eHealth user.
11. Given that vulnerable groups, such as people with a low socio-economic position, are more likely to engage in unhealthy behaviours, but at the same time are more likely to have low digital literacy skills, one should be careful that eHealth does not increase health disparities between different socioeconomic groups.
12. The characteristics of academic research might encourage, but also hinder the development of practical solutions for healthcare professionals and patients with cardiovascular diseases.