Chapter 2
WhatsApp Peer Coaching Lessons for eHealth

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ABSTRACT

WhatsApp was evaluated as a peer coach group support tool in a healthy lifestyle intervention with 15 young professionals. These individuals were time-constrained professionals, so two design challenges were to create enough attractiveness and quality in the peer group interactions. There were three main health domains: food, physical activity, and mental energy. As a result of the 12 week pilot, there were 127 WhatsApp peer coaching inputs. The variety of inputs was better than in a previous pilot; peer coaching quality improved; plus there was more continuity following the initial two weeks. Community building remained a challenge, especially in the longer run. Two design solutions seemed to work: pre-designed coach-inputs across health domains, plus the instructions for a health advocate from the group, per health domain. Based on the results, the authors hypothesize that user needs in the first five weeks were well supported but that user support needs seemed to change after the initial five weeks, which impacted the perceived added value from the WhatsApp group.

INTRODUCTION

Previously (Simons 2018, 2019, 2019b), we started researching the added value of social and affective group support in health interventions. In many models, like the HAPA (Health Action Process Approach) model (Schwarzer, 2008; Lippke, 2009; Wiedeman, 2011) and i-change model (De Vries, 1998), as well as in the design of eHealth solutions (Simons 2010), health behaviour improvements appear to revolve

around setting goals and achieving them. But patient groups (Simons 2016, 2017, 2019b) and professionals (Simons 2012, 2013, 2017b) appeared to have other support motivators as well, which are less functional in nature. One can think of social motivators (like connecting with each other, sharing experiences or showing your best) and affective motivators (like pride, having fun, encouragement or compliments), as also seen in various social media contexts (Khan, 2017; Bitter, 2014; McQuail, 2010; Park, 2009)

As a practical challenge, the diversity across healthy lifestyle groups being coached is large. From patient groups that tend to be relatively ICT-illiterate or even have an ICT-aversion, to highly educated but time-constrained groups of young professionals in a work setting. Thus, a WhatsApp group was chosen as support tool, being an omnipresent technology, which is low-tech, low-threshold and has social media benefits for affective and social support (Schulz, 2014). This study focusses on results from a healthy lifestyle group of young professionals.

In a previous pilot with this target group, several challenges came up (Simons 2018, 2019). First of all, their inputs rapidly declined: 63% of their inputs in the first two weeks and only 14% during the next three weeks (totalling 77% of inputs in the first five weeks). Hence, the eHealth Law of Attrition (Eysenbach, 2005) applied, which states that the majority (80-90%) of initial eHealth tool usage is likely to be lost after several moments of usage, often within a period of several weeks. Second, although we knew that the majority of them had priorities on the topic of mental energy and performance, there were virtually no inputs/responses given on this topic. So this topic was largely neglected in their WhatsApp group interactions. Third, there were two enthusiastic participants who initially became advocates for the topics of food and exercise respectively, but they felt unsupported by responses from the rest of the group. Hence their inputs and motivation to contribute declined over time. The degree of participation is an important challenge; in other social media settings over 90% of users only consume, but do not participate in the sense of providing responses or inputs (Nonnecke, 1999).

Still, peer support and peer coaching have a lot of promise. In section 3 we discuss how we adopted several suggestions from the previous study into the WhatsApp group pilot, in order to improve the quality of the peer coach WhatsApp group. The aim of this pilot is to answer the following research question.

Research Question:

- Can we raise the quality of peer coaching for health with a WhatsApp group?

Sub-question 1.: Can we stimulate WhatsApp attractiveness as indicated by *inputs & user involvement*, using affective and social motivators (like in social media uses)?

Sub-question 2.: Can we stimulate peer coaching *quality* for the users?

THEORY

In this section we use social media research and we discuss peer coaching literature to develop our framework for evaluating the design goal achievement in our pilot. Hence, our theory framework addresses two topics. On the one hand, social and affective support that the WhatsApp group may add to the other health support that exists in the eSupported health program. On the other hand, it is important to review what determines the quality of peer coaching. Overall, this paper has a design focus, following a persuasive technology approach (Fogg, 2002, 2009; Ghorai, 2014; Hamari, 2014) in order to stimulate healthy behaviours.

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