

New digital media and the student learning experience

Pip Trevorrow and Jim McKenna

Introduction

As learning institutes, universities seek to develop cognitive, social and behavioural potential. Within this pursuit, student-centred institutes must reflect the new technologies that students already endorse and that enhance learning and individual capacity. New technology, such as mobile phones with the capacity for 'texting', are now ubiquitous among young people (Haste, 2005). However, their potential to enhance the broad spectrum of learning has yet to be harnessed within Higher Education.

This paper focuses on how university students learn about, and then support, healthy lifestyles. This aligns with three important contemporary policy shifts (a) current UK health promotions and government initiatives (Department of Health, 2004a; Jones, Harris, et al. 2005; PublicTechnology.net, 2005), (b) moves towards 'telehealth' (Department of Health, 2005b), and (c) the Leeds Met Corporate Plan (objective 10.3) (Leeds Metropolitan University, Autumn 2004). The authors' forthcoming research will address how student texting plays a role in exchanging information about changes to healthy diet, exercise and use of doctor's services for health promotion. The results will influence additional work on using texting for support in other areas of university learning.

Healthy Lifestyles

Healthy living is a prominent issue in the UK. Papers such as the Public Health White Paper (Department of Health, 2004a), associated reports (Department of Health, 2004b) and campaigns like 'Everyday Sport' run by Sport England (PublicTechnology.net, 2005) focus on healthy lifestyles, particularly for children and young people.

With a growing appreciation of the implications of lifecourse epidemiology, the need for improved youth health is exemplified by the case of obesity. Most obese youth develop into obese adults, hence if learning and development of a healthy lifestyle can be encouraged at an early age then obesity in society as a whole may be reduced (Department of Health, 2004a).

In addition to maintaining a healthy weight there are many other, more subtle, benefits for developing a healthy lifestyle. For example, and in contrast to concerns for obesity, bone health is affected by low body weight. Recent unpublished evidence from North Leeds student health services indicates high prevalence of underweight female students. Such students are high risk candidates for developing osteoporosis later in life; this risk can be counteracted by appropriate diet and physical activity through university years. Mental well being and social interaction are also affected by healthy living (Jones, Harris, et al. 2005). Healthy lifestyles can influence motivation for academic engagement and performance. Recent data from a randomised cross-over trial (McKenna, Blackburn & Coulson, in press) showed that, in response to a single session of self-determined campus-based exercise, Leeds Met students perceived considerable benefits to their study, for example improved concentration levels.

Healthcare services are beginning to invest in moves to 'telehealth' and 'telemedicine' (Peck, 2005). Social care support and community-based health care is expected to rise over the next decade in both demand and complexity (Department of Health, 2005b). Telecare health packages can respond to this by balancing technology, care and support to meet the needs of individuals in their homes and within daily life rather than through hospital or clinic visits (Duffin, 2006). Texting could become an important contributor to meeting the aims of 'telehealth'.

New Digital Media

The mobile phone is a widely accepted means of ICT communication and most young people are comfortable and enthused by using it (Madell and Muncer, 2004). UK statistics show that 80% of the under-25s have a mobile phone (Dhaliwal 2005). A MORI poll for Vodafone reported that, in the age group most characterising undergraduates (up to 24 years), 66% could not live without their mobile phone, while 95% stated that texting was their most popular phone feature (MORI Vodafone, January 2003).

In a survey with young people, 78% of the sample 'never' or 'hardly ever' turned off their device (Haste, 2005), indicating the potential for immediately contacting phone users. Recent evidence provided by Innovation North showed that, of a representative sample of Leeds Met students from five faculties (total sample 1398) texting was almost universal. 98% of respondents reported owning a mobile phone; 69% sent 5+ text messages and 71% received 5+ text messages daily.

Encouraging Learning and Change

Existing research in health behaviours has indicated that stage of change, self-efficacy and personal expectations are important factors in establishing and sustaining changed behaviour (Jones, Harris et al. 2005). Stages of change relates to the transtheoretical model of change (TTM) theory and shows five phases for adopting a new behaviour, such as physical activity. These stages are (McKenna and Vernon, 2004; Hershberger, Edwards et al. 2005):

Pre-contemplation (no interest in changing)

Contemplation (seriously considering changing)

Preparation (taking the first steps in the new behaviour)

Action (regularly engaging in the new behaviour)

Maintenance (sustaining regular involvement in the new behaviour)

The authors are currently investigating the use of texting with people in these identified stages. For example, texting might be used as an awareness-raising mechanism for people in the Contemplation stage, whereas it may provide social support for people in the Maintenance stage.

Learning and change does not have to be a result of direct interaction. Individuals contribute to a social network, comprising friends, relatives and work colleagues. It has been shown that medical interventions to an individual can have unconscious affects on others in their social network, referred to as 'collateral health effects' (Christakis, 2004). The numerous daily text messages (sent and received) could aid collateral health effects in young people; by influencing one person we may also be reaching thousands of others. Within the student network this could have a high impact on university-wide learning and support.

Digital Media and Healthy Lifestyles

Texting is already being used by a number of institutions to promote healthy lifestyles. For example, the "Think yourself slim week" programme (This Morning, 2006) involved 'reprogramming' to develop new behaviours. The programme was supported by two daily motivational text messages sent over 5 days.

Other web-based telehealth interventions relevant to student life may have greater impact by capitalising on the ubiquity and potency of similar texting features. For example, a screening plus brief intervention approach to help reduce hazardous drinking habits (Kypri, Saunders et al. 2004), and a program supporting healthy life style changes (Anhøj and Jensen, 2004) were both solely web-based. In both cases, there is a clear case for using texting to increase intervention exposure, potentially leading to higher success rates.

Summary

Texting aligns itself with the lifestyle of today's university students. It is immediate and a preferred communication method for contemporary undergraduates (Farr 2005). Reflecting these attributes, organisations are already beginning to use texting to reach young people. The authors' forthcoming research will help to identify the potential of texting to encourage and support healthy lifestyle behaviours. In addition to interesting external practitioners, in-house groups such as 'Men's Health Network', Student Services, Student Sports, could have a direct interest in the results and how they might have an impact more generally – and so opportunities to extend the knowledge derived from an understanding of the use of health related text messaging by students may find uses in mainstream university business.

References

Anhøj, J. and A. Jensen (2004). "Using the Internet for Life Style Changes in Diet and Physical Activity: A Feasibility Study." *Journal of Medical Internet Research* 6(3).

Chezzi, D. (2004). "Buy and Cell." *Macleans* 117(43): 46-48.

Christakis, N., A (2004). "Social networks and collateral health effects." *British Medical Journal* 329(7459): 184-185.

Department of Health (2004a). "Choosing Health: making healthy choices easier." *Public Health White Paper* 16/11/04.

Department of Health (2004b). "Health benefits of physical activity in childhood and adolescence." *At least five a week: Evidence on the impact of physical activity and its relationship to health* 29/04/04: 31-35.

Department of Health (2005b). *Building Telecare in England*, http://www.dh.gov.uk/PublicationsAndStatistics/Publications/PublicationsPolicyAndGuidance/PublicationsPAndGBrowsableDocument/fs/en?CONTENT_ID=4122310&MULTIPAGE_ID=5464087&chk=xiEKvZ. 14/06/06.

Dhaliwal, J. (2005). "Youth market is central to developing mobile." *New Media Age* 21/04/05: 9.

Duffin, C. (2006). "Telehealth training turns the tables on care for older people." *Nursing Standard* 20(20): 12-13.

Farr, C. (2005). "Sealed with a kiss." *Times Educational Supplement* 4625: 23.

Haste, H. (2005). "Joined-up texting: mobile phones and young people." *Young Consumers* 6(3): 56-67.

Hershberger, P., J. Edwards, et al. (2005). "Consultation to Help Individuals Cope with Lifestyle Modification." *Consulting Psychology Journal: Practice and Research* 57(2): 133-141.

Jones, F., P. Harris, et al. (2005). "Adherence to an exercise prescription scheme: The role of expectations, self-efficacy, stage of change and psychological well-being." *British Journal of Health Psychology* 10(3): 359-378.

Kypri, K., J. Saunders, et al. (2004). "Web-based screening and brief intervention for hazardous drinking: a double-blind randomized controlled trial." *Addiction* 99(11): 1410-1417.

Leeds Metropolitan University (Autumn 2004). *Leeds Metropolitan University Corporate Plan 2004-2008*. Leeds, Leeds Met.

Madell, D. and S. Muncer (2004). "Back from the Beach but Hanging on the Telephone? English Adolescents' Attitudes and Experiences of Mobile Phones and the Internet." *CyberPsychology & Behaviour* 7(3): 359-367.

McKenna, J. and M. Vernon (2004). "How General Practitioners promote 'lifestyle' physical activity." *Patient Education and Counseling* 54: 101-106.

MORI Vodafone (January 2003). *the British mobile communications survey*. London, MORI.

Peck, A. (2005). "Changing the Face of Standard Nursing Practice Through Telehealth and Telenursing." *Nursing Administration Quarterly* 29(4): 339-343.

PublicTechnology.net (2005). Sport England uses web as a prime comms tool in its Everyday Sport campaign, <http://www.publictechnology.net/modules.php?op=modload&name=Newsfile=article&sid=3742>. September 2005.

This Morning (2006). Think Yourself Slim, <http://www.itv-thismorning.co.uk/NewsAndFeatures.aspx?fid=578&tid=2>. January 2006.

Whittaker, M. (2003). "I'm on the training." *Times Educational Supplement* 4545: 30.