

# Exploring the user-friendliness of a contactless monitoring system used for sleep monitoring: A usability study

Katrine Holmstrup Sørensen<sup>1\*</sup>, Tanja Fredensborg Holm<sup>1</sup>, Julie Egmos<sup>1</sup>, Ole Hejlesen<sup>1</sup>,

Morten Hasselstrøm Jensen<sup>1,2</sup>, and Stine Hangaard<sup>1,2</sup>

<sup>1</sup>Aalborg University, Department of Health Science and Technology, Aalborg, Denmark

<sup>2</sup>Steno Diabetes Center North Denmark, Aalborg University Hospital, Denmark

\* Presenting author: [katrine.holmstrup@gmail.com](mailto:katrine.holmstrup@gmail.com)

## Abstract

A usability study exploring the usability of a contactless monitoring system used during sleep. Overall, the participants found the contactless monitor easy and satisfying, but further improvements to the user manual and design might optimize the usability of the monitor.

## Keywords

Type 1 diabetes - Nocturnal Hypoglycemia - Contactless Monitor - User-friendliness - Usability Study

## 1 INTRODUCTION

Diabetes is an increasing global health challenge [1]. The most common complication among people with type 1 diabetes (T1D) is hypoglycemia [2]. Strong counterregulatory responses exist if hypoglycemia occurs [3]. Activation generates hormone creation, which causes physiological changes in e.g., heart rate (HR) and respiration rate (RR) [4–6]. More than 50% of critical cases of hypoglycemia occur at night [7], leading to fear and reduced quality of life for people with diabetes and their relatives [7,8]. As a result, people with T1D frequently measure glucose at night to prevent hypoglycemia, which causes a major negative load [2]. Continuous glucose monitoring (CGM) or self-monitoring of blood glucose (SMBG) remains the decisive marker in the detection of hypoglycemia [9]. CGM is found to estimate inaccurate glucose values during hypoglycemia [10]. In comparison, SMBG depends on frequent monitoring, which can cause massive pain, scarring, and loss of sensibility [11]. Due to disadvantages and lack of access to CGMs, there is an increasing interest in methods that can predict hypoglycemia based on physiological changes [9]. The contactless monitor (Sleepiz One, Sleepiz AG, Switzerland) may be used as an alternative prediction method as it can monitor vital parameters affected by hypoglycemia. However, the contactless monitor is a newly developed technology, and the usability of the monitor is uncertain. Therefore, it is highly relevant to explore the usability of the monitor as this is an important parameter for a successful implementation of new technology [12]. Thus, the aim of the present study was to explore the usability of a contactless monitor used for sleep monitoring.

## 2 METHODS

The present study was a usability test, which was performed at Aalborg University, Denmark. Five healthy individuals aged  $\geq 18$  years were included. They were recruited through social media. Exclusion criteria were pregnancy, diagnosed cognitive challenges, vulnerability, and implemented electronic devices. The usability test was divided into two parts (Figure 1). Part one was a “thinking aloud test” followed by follow-up questions. The participants were instructed to use a user

manual to set up the contactless monitor in a laboratory setting while thinking aloud. In part two, the participants slept with the monitor at home for one night, after which a semi-structured interview was conducted. The interview guide was based on the four components: learnability, memorability, errors and satisfaction, which according to Nielsen defines usability [13]. The components were furthermore used as a starting point for an overall assessment of the user-friendliness of the contactless monitor. Data were analyzed using Kvale and Brinkman’s thematic approach [14].

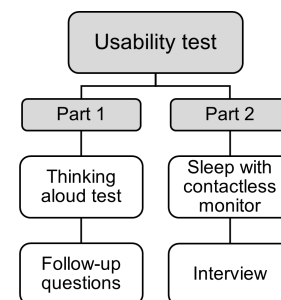


Figure 1. Overview of the two parts of the usability test.

## 3 RESULTS

Five participants aged 26-73 years were included in the study (two females). Four participants completed the study, one participant was excluded from part two due to illness. A total of 10 themes, related to the four components defining usability, were identified (Figure 2). Overall, the participants found that the contactless monitor was easy to use. The participants found that the monitor was comfortable to use, as it did not require any physical contact and thus was not perceived as physically uncomfortable. When the participants used the user manual they were in doubt regarding the location and position of the monitor. Furthermore, the participants found it essential to follow the user manual step-by-step to prevent errors in the setup. Overall, the participants found it easier to set up and use the contactless monitor for the second time at home. The majority of the participants stated that they did not have a feeling of surveillance when using the monitor. The

participants quickly grew accustomed to the monitor, and the monitor did therefore not affect their sleep. To increase the usability some of the participants suggested improvements related to the design and the user manual. Some participants expressed concerns about using the monitor due to the risk of radiation. All the participants were interested in using the monitor in case of a relevant disease.

Learnability	Memorability	Errors	Satisfaction
<ul style="list-style-type: none"> <li>• Usermanual</li> <li>• First meeting</li> </ul>	<ul style="list-style-type: none"> <li>• Easier second time</li> </ul>	<ul style="list-style-type: none"> <li>• Follow the usermanual</li> </ul>	<ul style="list-style-type: none"> <li>• Design</li> <li>• Power supply</li> <li>• Access to data</li> <li>• Anxiety</li> <li>• Accept</li> <li>• Overall assessment</li> </ul>

**Figure 2.** Overview of the identified themes related to main keywords.

## 4 DISCUSSION

The present study aimed to explore the usability of a contactless monitor used for sleep monitoring. Overall, the participants found that the contactless monitor was easy to use. The participants found that the contactless monitor was not physically uncomfortable. Previous studies found that people preferred contactless monitoring over contact-based monitoring and that contact-based monitoring could be related to skin irritation, discomfort, and constraining movement [15,16]. All the participants agreed that the step-by-step guide in the user manual helped them set up the monitor. A previous study found that a step-by-step structure of the user manual was considered satisfying among users [17]. However, the participants had suggestions for improvements that could increase the usability of the user manual and the contactless monitor.

## 5 CONCLUSION

In conclusion, the contactless monitor was user-friendly, as it was easy and satisfying to use. However, the usability of the contactless monitor may be optimized by further improving the user manual and design of the monitor.

## 6 LIMITATIONS

A limitation of this study is the relatively small sample size of five participants, as new knowledge was still generated during the last interview, which might indicate that the number of participants were not sufficient to achieve data saturation. Therefore, increased sample size is recommended for future studies.

## 7 REFERENCES

[1] International Diabetes Federation. IDF diabetes atlas [Online]. 2019. Available from: [https://www.diabetesatlas.org/upload/resources/material/20200302\\_133351\\_IDFATLAS9e-final-web.pdf](https://www.diabetesatlas.org/upload/resources/material/20200302_133351_IDFATLAS9e-final-web.pdf)

[2] Szadkowska A, Czyżewska K, Pietrzak I, Mianowska B, Jarosz-Chobot P, Myśliwiec M. Hypoglycaemia

unawareness in patients with type 1 diabetes. *Pediatr Endocrinol Diabetes Me.* Vol. 24, pp. 126-134. 2018.

[3] Martín-Timón I, Del Cañizo-Gómez FJ. Mechanisms of hypoglycemia unawareness and implications in diabetic patients. *World J Diabetes.* Vol. 6, pp. 912-926. 2015.

[4] Thompson EL, Ray CJ, Holmes AP, Pye RL, Wyatt CN, Coney AM, m.fl. Adrenaline release evokes hyperpnoea and an increase in ventilatory CO2 sensitivity during hypoglycaemia: a role for the carotid body. *J Physiol.* Vol. 594, pp. 4439-4452. 2016.

[5] Ward DS, Voter WA, Karan S. The effects of hypo- and hyperglycaemia on the hypoxic ventilatory response in humans. *J Physiol.* Vol. 582, pp. 859-869. 2007.

[6] Frier BM, Heller S, McCrimmon R. *Hypoglycaemia in Clinical Diabetes.* pp. 14. United Kingdom, 2014.

[7] Edelman SV, Blose JS. The Impact of Nocturnal Hypoglycemia on Clinical and Cost-Related Issues in Patients With Type 1 and Type 2 Diabetes. *Diabetes Educ.* Vol. 40, pp. 269-279. 2014.

[8] Martyn-Nemeth P, Schwarz Farabi S, Mihailescu D, Nemeth J, Quinn L. Fear of hypoglycemia in adults with type 1 diabetes: impact of therapeutic advances and strategies for prevention - a review. *Journal of Diabetes and its Complications.* Vol. 30, pp. 167-177. 2016.

[9] Diouri O, Cigler M, Vettoretti M, Mader JK, Choudhary P, Renard E, m.fl. Hypoglycaemia detection and prediction techniques: A systematic review on the latest developments. *Diabetes/Metabolism Research and Reviews.* Vol. 37, pp. 1-19. 2021.

[10] Teo E, Hassan N, Tam W, Koh S. Effectiveness of continuous glucose monitoring in maintaining glycaemic control among people with type 1 diabetes mellitus: a systematic review of randomised controlled trials and meta-analysis. *Diabetologia.* Vol. 65, pp. 604-619. 2022.

[11] Heinemann L. Finger Pricking and Pain: A Never Ending Story. *J Diabetes Sci Technol.* Vol. 1, pp. 919-921. 2008.

[12] Ammenwerth E. Technology Acceptance Models in Health Informatics: TAM and UTAUT. *Applied Interdisciplinary Theory in Health Informatics.* pp. 64-71. 2019.

[13] Nielsen J. Usability 101: Introduction to Usability. Nielsen Norman Group [Internet]. 2012 [henvist 6. oktober 2021]; Available at: <https://www.nngroup.com/articles/usability-101-introduction-to-usability/>

[14] Kvale S, Brinkmann S. *InterViews: learning the craft of qualitative research interviewing.* Third edition. pp. 405. Los Angeles, 2015.

[15] Piantino J, Luther M, Reynolds C, Lim MM. Emfit Bed Sensor Activity Shows Strong Agreement with Wrist Actigraphy for the Assessment of Sleep in the Home Setting. *Nat Sci Sleep.* Vol. 13, pp. 1157-1166. 2021.

[16] Kebe M, Gadhafi R, Mohammad B, Sanduleanu M, Saleh H, Al-Qutayri M. Human Vital Signs Detection Methods and Potential Using Radars: A Review. *Multidisciplinary Digital Publishing Institute.* Vol. 20, pp. 1454. 2020.

[17] Møller MH. Usability Testing of User Manuals. *Communication & Language at Work.* Vol. 2, pp. 51-59. 2013.