Patiëntsatisfaction and patiënteducation with interactive education for coloncancerpatiënts

Published: 10-09-2008
Last updated: 08-05-2024

Study goal is to answer the following question:Is there an effect of interactive education with a web-application on patient satisfaction for patients undergoing a colonic resection?Sub-questions are:1. Do patients with a higher education level have...

Ethical review	Approved WMO
Status	Pending
Health condition type	Malignant and unspecified neoplasms gastrointestinal NEC
Study type	Interventional

Summary

ID

NL-OMON30548

Source
ToetsingOnline

Brief title
WEB-CAM trial

Condition

- Malignant and unspecified neoplasms gastrointestinal NEC

Synonym
colo-rectal surgery, patienteducation, satisfaction

Research involving
Human

Sponsors and support

Primary sponsor: Medisch Spectrum Twente
Source(s) of monetary or material Support: eigen middelen: opleiding Master Advanced Nursing Practice

Intervention

Keyword: interactive education, patient education, patientsatisfaction, web-application

Outcome measures

Primary outcome

Means the PATSAT32 questionnaire the data will be collected. The PATSAT32 is a mark instrument to measure patient satisfaction (Bredart, 2005). Permission has been obtained by the EORTC to use the PATSAT32 in this study. All data will be processed in the statistical program SPSS. The EORTC especially developed for analyzing the PATSAT32 a SPSS syntax file with in that the calculation of the scores of the questionnaire. The satisfaction of the patients in group A becomes compared with the satisfaction of patients in group B. For continuous Normal divided variables, this will be done with help of the t-test. For not-Normal divided continuous variables will Wilcoxon*s Rank Sum Test be used. Discrete variables will be analyzed means the chi-square test. The specific items on the questionnaire with regards to patient information will be separately analyzed on a similar manner.

Secondary outcome

age, level of education

Study description

Background summary

Yearly 10.000 people in the Netherlands will hear the diagnose colon cancer. After lung cancer and prostate cancer, colon cancer is the most commonly form of cancer by male. For female patients colon cancer has a second place after breast cancer (source: central bureau for statistics 2005). Often there are

complaints of blood loss, loss of weight and excessive fatigue.
The patient will hear the diagnose colon cancer from the gastro-enterologist. Mostly the colon cancer will occur in the last region of the colon. When this occurs, therapy like an operation is necessary. Sometimes in combination with chemotherapy.
Colon cancer is a severe medical condition. Cancer is an emotional burden, there is no way you can be neutral about cancer. Because cancer has become a synonym for life threat, there is no condition that brings so much fear and anxiety than cancer. The treatment of cancer patients is often complex (Moene et al. 2005). There are different health-workers involved, who all have their own expertise.

The diagnose alone will not tell the patient what will happen in their daily live. The diagnose colon cancer alone will not tell what consequences there are for their family, their home, and it will not tell them what treatment there will be. Not only time but also a lot of understanding and education will make the patient understand what will happen in their live.
The law in The Netherlands describes patient education and an informed consent like this:
*When practising as a health worker, you have to see to, that the patient gets information about:
* The nature and the cause of the examination or treatment.
* The side-effects and risks of the examination or treatment.
* Other methods of examination or other treatments.
* The condition of the treatment options*.

This is no striving, but a law. This law obliges the health worker to provide good information to the patient so he or she can make a deliberate choice: the informed consent. Then why do we see so much bad informed patients in the practice yet? Most patients would like to get involved with their treatment. Most likely patients who have to walk through quite an attending route like oncology patients needs (Jones, 2001).
However there are many patients who receive inadequate information after receiving their cancer diagnosis (Sitzia & Wood 1998), there are different reasons for it. Mills & Sullivan (1999) wrote in their article that the information needs of patients are a combination of factors, these are personal and context related factors. Also the learning ability of the patient plays a big part. It is a logical result to assume that patients with a lower learning ability become other information then patients that pick up information faster. Also factors as a stress, fear and depression play a big part of the need of information and the processing of this information. Patient*s information should be tailored on the individual patient, considering the existing knowledge of the patient, fear and stress, the learning ability and the ability to gain information.
Patient education is been given through the years by nurses and surgeons, sometimes also completed by other discipline*s. The information often is not adjusted to the patient and is not consistent of character. Marple et al.

(1997) describes that the absence of unsatisfied expectations increases the patient satisfaction. Expectations are really important for a patient. These expectations must be real, this can be achieved by excellent patient education and information that is tailored to the individual patient. This is also our goal of good patient education: a satisfied customer, or a good educated patient.
Within this theoretically framework, we started in 2005 with the development of an interactive web-application programme for patients with colon cancer. The hospital: Medisch Spectrum Twente, Kunst & van Leerdam Technology and the University of Twente worked together to develop an interactive web-application for teaching patients and also staff. The interactive web-application must be seen as guidance for patient education for surgeons and nurses.

Patient satisfaction.
A goal of the development of the interactive web-application is to reach higher patient satisfaction levels. Patient satisfaction has emerged as an increasingly important health outcome. Thomlinson et al. (2006) describes in his editorial that surgeons have to be clear about the increased weight of patient satisfaction. Thomlinson describes that patient satisfaction depends not from the satisfaction of the surgeon about the operating procedure, but depends from the satisfaction of the patient. But when can we speak of a high patient satisfaction? Or what is the influence of patient education on patient satisfaction?
Satisfaction is believed to be an attitudinal response to value judgements that patients make about their encounter. Jackson et al. (2001) describes four disctinct purposes of patient satisfaction: to compare different health care programs, to evaluate the quality of care (Rubin, Gandek, 1993), to identify wich aspects need to be changed to improve patient satisfaction and to assist organisations in identifying consumers.
When the education of the patient is at best, and the expectations of the patient are real and adjusted (with good education), the patient satisfaction will increase. That*s why we ask us the following question.

Study objective

Study goal is to answer the following question:

Is there an effect of interactive education with a web-application on patient satisfaction for patients undergoing a colonic resection?

Sub-questions are:

1. Do patients with a higher education level have a higher patient satisfaction?
2. Is there a relation between satisfaction and post-operative complications?
3. What are resemblances and differences between the first and the second measurement?

Study design

A randomized monocenter study, experimental design. This study will take place in the Medisch Spectrum Twente. Patients seen in the outpatient clinic with colon cancer will be asked to participate in this study. The patients must undergo a hemicolectomy left or right.
After written informed consent, the patient will be randomly be given to the experimental group or the conventional group.

Group A: the experimental group:
This group will receive patient education through word by mouth and the interactive web-application. The information will be given by a Nurse Practitioner gastro-enterology. This will take 30-45 minutes. The information items will be equal to the information-items in group B. The web-application also uses animations to clear things up.

Group B: the conventional/control group:
The conventional or control group will receive also information through word by mouth. This is also given by the Nurse Practitioner gastro-enterology. The session will take 30-45 minutes. The information items will be equal to the information-items in group A.
After the conventional or interactive education the patient will be asked to fill in the patient survey. The IN-PATSAT32 a validated instrument will be used to measure satisfaction. After operation the same IN-PATSAT32 survey will be send to the home address, to measure the patient satisfaction after treatment. Patients will be informed through a information letter and will be asked to give written consent. The health-care providers will be given information through information meetings.

Conventional education:
The conventional education currently exists of a intake from the surgeon with education about the operation and complications and risks. The patients currently will get no other information before the operation. That*s why the control group also get*s education through wordt by mouth, to eliminate other variables and decrease bias.

Interactive information:
The interactive information consists of a number animations, text and images that have relations on the disorder of the patient. The information items are the same for all patients (the content of the information depends on the diagnosis: hemicolectomy-right gets other information then hemicolectomy-left). Surgeons looked at the information and approved it. Also a team of specialised nurses from *Medisch Spectrum Twente* Looked at the information and approved the content of the information. The interactive information will be tailored to the individual patient. The information is based, as much as possible, on the level of the patient. The discussed information will be printed so the patient

can look at information again when he/she is at home.

Intervention

The interactive information consists two steps:
• The intake conversation with the attending surgeon in which information will be given. The surgeon asks permission at the patient after which he/she receives an extra outpatient clinics appointment for the interactive information before the operation.
• Interactive information by the Nurse Practitioner at the outpatient clinic. The information will be given on the basis of an information path in which different information items will be discussed.

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Study burden and risks

The advantages for the patients in the experimental group could be better information and fear reduction, it*s also possible patients could get an overdose of information which able to arise more fear (better informed about complications of the operation). Therefore the information will give with a health worker beside it; they can overcome possible fear or questions. On the other hand patients in the control group will not experience disadvantageous of not be seeing the interactive information. They will be informed orally as before.

Contacts

Public
Medisch Spectrum Twente

Haaksbergerstraat 55
7513 ER Enschede
Nederland
Scientific

Medisch Spectrum Twente

Haaksbergerstraat 55
7513 ER Enschede
Nederland

Trial sites

Listed location countries

Netherlands

Eligibility criteria

Age
Adults (18-64 years)
Elderly (65 years and older)

Inclusion criteria

Age: 40-80 years
Colorectal malignancy
colonresection like hemicolectomy left or right

Exclusion criteria

Patiënts with a mental disorder or retardation.
Patiënts who do not speak and understand dutch.
Patiënts with a auditive or visual handicap.

Study design

Design

Study type:	Interventional
Intervention model:	Parallel

Allocation:	Randomized controlled trial
Masking:	Open (masking not used)

Primary purpose: Health services research

Recruitment

NL

Recruitment status:	Pending
Start date (anticipated):	01-02-2007
Enrollment:	30
Type:	Anticipated

Ethics review

Approved WMO

Application type:	First submission
Review commission:	METC Twente (Enschede)

Study registrations

Followed up by the following (possibly more current) registration

No registrations found.

Other (possibly less up-to-date) registrations in this register

No registrations found.

In other registers

Register	ID
CCMO	NL16033.044.07