Expectations of total knee and hip arthroplasty patients: a multimethod study.

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Ethical review	Approved WMO
Status	Recruiting
Health condition type	Joint disorders
Study type	Observational non invasive

Summary

ID

NL-OMON43510

Source
ToetsingOnline

Brief title
EXPECT

Condition

- Joint disorders
- Bone and joint therapeutic procedures

Synonym
Osteoarthritis; wearing joints

Research involving
Human

Sponsors and support

Primary sponsor: Universiteit van Tilburg
Source(s) of monetary or material Support: Ministerie van OC&W

Intervention

Keyword: Doctor-patient communication, Expectations, Satisfaction, Total knee arthroplasty/Total hip arthroplasty

Outcome measures

Primary outcome

Patient*s satisfaction; fulfilment of expectations; doctor-patient

communication related to expectations about the outcome of TKA/THA.

Secondary outcome

Big Five personality traits, coping style, optimism (outcome expectancies,

efficacy expectancies, unrealistic optimism), pre-operative functionality,

outcome (post-operative functionality and pain, Health-Related Quality of

Life), expectations about the consultation.

Study description

Background summary

Total knee and hip arthroplasty (TKA and THA) are common surgical procedures for end-stage arthritis. Although TKA and THA have high clinical success rates, up to 19% of patients report some degree of dissatisfaction after surgery. Several studies show that (i) fulfilment of expectations is the most important predictor of satisfaction; and (ii) expectations are overly optimistic. Authors of these studies suggest that patient expectations about the outcome of TKA/THA should be targeted explicitly during the pre-operative doctor-patient consultation. However, as far as we know, no studies have been performed to examine doctor-patient communication with regard to expectations. The first objective of the current study is to increase the understanding of doctor-patient communication and the management of pre-operative patient expectations by observing and analyzing the pre-operative doctor-patient consultation. Furthermore, the process of targeting unrealistic expectations might be even more efficient is the surgeon knows which patients are particularly vulnerable for having unrealistically high expectations. Several patient-related factors are known to predict higher expectations in TKA and THA patients. However, research has been mostly limited to demographic and clinical

variables, while psychological variables have been studied less. The second objective of the current study therefore is to study the relationship between patient-related factors and expectations, with the focus on psychological variables. The acquired knowledge will probide guidelines for adequate expectation management during the doctor-patient consultation, which in turn may increase patient satisfaction.

Study objective

The main objectives of the current study are to (i) examine whether fulfilment of expectations predicts patient satisfaction in a Dutch sample of TKA and THA patients; (ii) study which patient-related factors predict unrealistically high patient expectations; and (iii) explore to what extent and in what way expectations about the outcome of TKA/THA are currently being discussed during the pre-operative consultation. Secondary objectives of the study are (iv) to explore which expectations patients have and which are most likely to stay unfulfilled; (v) to examine the consensus between preoperative patient and doctor expectations; (vi) to form a model that describes how (fulfilment of) expectations, satisfaction, outcome of surgery, doctor-patient communication, and the studied patient-related factors relate to each other; and (vii) to explore what patients expect of the patient-doctor consultation.

Study design

The study has a multimethod design in which (i) the pre-operative doctor-patient consultation will be videotaped and analyzed, and (ii) patients will complete questionnaires at seven points in time between the moment before the pre-operative consultation until 12 months after their surgery.

Study burden and risks

Patients will complete a questionnaire at 7 different points in time and will be videotaped during the pre-operative doctor-patient consultation, so there is no risk in participating in the study. However, the study will provide insight in how pre-operative patient expectations are being managed during the doctor-patient consultation. Furthermore, the study will give insight in the influence of fulfilment of expectations on satisfaction with outcome of TKA/THA and in which patient-related factors contribute to unrealistically high preoperative expectations. With the knowledge obtained by the study, it is possible to develop an intervention to target (those patients prone to) high expectations, which in turn will increase satisfaction with TKA/THA.

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Trial sites

Listed location countries

Netherlands

Eligibility criteria

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

Inclusion criteria

In order to be eligible to participate in this study, a subject must meet all of the following criteria:
- Suffering from symptoms of osteoarthritis: pain and/or stiffness during movements and when getting out of bed or a chair; and limitations during activities of daily life) (indicated by the note 'possibly osteoarthritis' in the referral)
- Having an appointment for a consultation at the Department of Orthopedics
- Receiving TKA/THA within six months after the consultation;The number of patients that is reported in D2 requires an explanation.
In this study, patients will be asked to complete questionnaires at several points in time and video recordings of the consultation between orthopedic surgeons and their TKA/THA patients will be analyzed. It is anticipated that 300 participating TKA/THA patients are required to find effects with questionnaire data, and 30 participating TKA/THA patients to find effects with the

video data.
Participants need to be recruited before the consultation takes place for two reasons: (1) the first questionnaire will be completed before the consultation takes place; and (2) the patient has to give permission to videotape the consultation on forehand. However, it is not clear until the consultation has taken place whether the patient will receive TKA/THA. Therefore, all patients who meet the first and second inclusion criterion will be asked to participate. Approximately 1 out of 5 of these patients will eventually receive TKA/THA. Therefore, to reach the required sample size (300 TKA/THA patients for the questionnaire study and 30 TKA/THA patients for the video recordings), we need to recruit five times the number of participants (respectively 1500 and 150) who complete the first questionnaire and give permission to videotape the consultation. To answer the research questions, only the data of the patients who also meet the third inclusion criterion (undergoing TKA/THA) will be used. Patients who do not receive TKA/THA will receive no more questionnaires after the first one.

Exclusion criteria

A patient who meets any of the following criteria will be excluded from participation in this study:
1. Suffering from dementia, because of expected difficulties in completing the questionnaires without assistance and taking decisions independently
2. Inadequate proficiency of the Dutch language, because of expected difficulties with completing a Dutch questionnaire and with doctor-patient communication

Study design

Design

Study type: Observational non invasive

Masking:	Open (masking not used)
Control:	Uncontrolled
Primary purpose:	Health services research

Recruitment

NL

Recruitment status:	Recruiting
Start date (anticipated):	22-11-2016
Enrollment:	1500
Type:	Actual

Ethics review

Approved WMO Date:	18-05-2016
Application type:	First submission
Review commission:	METC Brabant (Tilburg)

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	NL56383.028.16