

Tailoring information to older colorectal cancer patients: Effects of using a web-based patient-directed tool

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H1: Exposure to the Patient Navigator as compared to usual care will have a short-term positive effect on anxiety before the consultation (H1a), patient participation during consultation (H1b), anxiety directly after the consultation (H1c),...

Ethische beoordeling	Positief advies
Status	Werving gestart
Type aandoening	-
Onderzoekstype	Interventie onderzoek

Samenvatting

ID

NL-OMON25991

Bron

Nationaal Trial Register

Verkorte titel

OCA-2

Aandoening

Cancer, older patients, ageing, eHealth, patient-provider interaction, communication.
Kanker, ouderen, patient-zorgverlener interactie, communicatie.

Ondersteuning

Primaire sponsor: Albert Schweitzer Ziekenhuis in Dordrecht, Deventer Ziekenhuis in Deventer, Diaconessenhuis in Utrecht, HagaZiekenhuis in Den Haag, Laurentius ziekenhuis in Roermond and Zuyderland Ziekenhuis in Heerlen/Sittard.

Overige ondersteuning: Dutch Cancer Society (KWF)
Amsterdam School of Communication Research / ASCoR

Onderzoeksproduct en/of interventie

Uitkomstmaten

Primaire uitkomstmaten

Recall of information

Toelichting onderzoek

Doel van het onderzoek

H1: Exposure to the Patient Navigator as compared to usual care will have a short-term positive effect on anxiety before the consultation (H1a), patient participation during consultation (H1b), anxiety directly after the consultation (H1c), evaluation of the communication (H1d) and information recall (H1e).

H2: Exposure to the Patient Navigator as compared to usual care will have an intermediate (4 weeks) and long term (3 months) positive effect on anxiety (H2a), communication evaluation (H2b) and information recall (H2c).

H3: The relationship between exposure to the Patient Navigator and recall of information is mediated by anxiety before and after the consultation (H3a), patient participation during consultation (H3b) and evaluation of the communication (H3c).

H4: Age and age-related differences in ability and motivation moderate the effects of exposure to a tailored website on information recall.

For the website evaluation, we will observe the patients' website usage. Therefore, the number of website visits and the number and kind of pages viewed will be logged. In addition website involvement and website satisfaction will be measured. The following research questions are posed to evaluate website usage, website involvement and website satisfaction, and the relationship with patient participation during consultation:

RQ1: What are the differences between younger (< 70) and older (> 70) cancer patients in website usage, website involvement and website satisfaction?

RQ2: What is the relationship between usage of the Patient Navigator to prepare for the consultation and patient participation during consultation?

RQ3: What is the effect of website usage on recall of information, and to what extent is this effect mediated by website involvement and website satisfaction?

Onderzoeksopzet

T1a: Patient questionnaire 1a (one day before the consultation by phone)

T1b: Patient questionnaire 1b (paper questionnaire prior to consultation)

T2a: First consultation with surgeon (audio-taped for content analysis)

T2b: Patient questionnaire 2b (paper questionnaire immediately after consultation)

T2c: Patient questionnaire 2c (one day after the consultation by phone)

T3: Patient questionnaire 3 (follow-up after 4 weeks by phone)

T4: Patient questionnaire 4 (follow-up after 3 months by phone)

Onderzoeksproduct en/of interventie

Patients will be assigned to an experimental condition that receives the Patient Navigator in addition to usual care or to a control condition that receives usual care. Randomization takes place at hospital level, i.e. three hospitals will implement the Patient Navigator and three hospitals will serve as control condition hospitals and will implement the Patient Navigator after the study has finished. The Patient Navigator is a website for older colorectal cancer patients that is systematically developed in the first part of the OCA-2 study. The Patient Navigator offers tailored information about diagnostic tests, treatments and follow-up facilities (i.e., only content that is relevant for the specific patient is showed). Moreover, the Patient Navigator offers the possibility to upload audiotaped consultations and contains tools to help patients preparing for consultations (so called Question Prompt Lists; one with general questions that people can ask about every treatment, and 13 about specific tests or treatments).

Contactpersonen

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Deelname eisen

Belangrijkste voorwaarden om deel te mogen nemen (Inclusiecriteria)

a) written informed consent; b) newly diagnosed with colorectal cancer; c) sufficient command of the Dutch language; d) able to read; and e) no cognitive impairment (e.g. dementia) according to the medical record.

Belangrijkste redenen om niet deel te kunnen nemen (Exclusiecriteria)

Patients who not fulfill the inclusion criteria are excluded.

Onderzoeksopzet

Opzet

Type: Interventie onderzoek

Onderzoeksmodel:	Parallel
Toewijzing:	Niet-gerandomiseerd
Blindering:	Enkelblind
Controle:	Actieve controle groep

Deelname

Nederland	
Status:	Werving gestart
(Verwachte) startdatum:	01-05-2014
Aantal proefpersonen:	240
Type:	Verwachte startdatum

Ethische beoordeling

Positief advies	
Datum:	18-06-2016
Soort:	Eerste indiening

Registraties

Opgevolgd door onderstaande (mogelijk meer actuele) registratie

Geen registraties gevonden.

Andere (mogelijk minder actuele) registraties in dit register

Geen registraties gevonden.

In overige registers

Register	ID
NTR-new	NL5732
NTR-old	NTR5919
Ander register	: UVA 2013-6460

Resultaten

Samenvatting resultaten

Due to an ageing population, the number of older cancer patients (> 70 years) is rapidly increasing. Medical staff in oncology is confronted with a range of problems in older cancer patients including co-morbidity, poly-pharmacy, emotional problems and functional limitations, which requires high quality communication. To increase the likelihood that health messages will be understood and processed by older patients, it is critical to provide information in a variety of ways, such as online health information sources (in this study a web-based patient-directed tool called the 'Patient Navigator') and interpersonal communication (in this study surgeon-patient communication). Our current knowledge about the uses and effects of online health information tools such as the Patient Navigator, which aims to support adequate information provision (one of the main functions of medical communication), is limited. Particularly, there is little knowledge about underlying mechanisms that explain the effectiveness of using online health information tools. Literature suggests that the use of such tools can positively affect information recall, and that this effect is mediated by anxiety, patient participation during consultation, and evaluation of the communication. It is also expected that age and age-related differences in ability and motivation moderate the effects of exposure to an online health information tool on information recall. It is far from clear, however, to what extent these effects can be confirmed in empirical research. This research project explores the added value of the use of the Patient Navigator in terms of decreased anxiety, increased patient participation, improved evaluation of the communication and increased recall of information in older cancer patients. The results of this research project can be used to establish evidence- and theory-based guidance for the development of optimal patient education for older cancer patients.