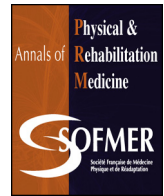




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Original article

Mixed qualitative and quantitative approach for validating an information booklet before total hip arthroplasty

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ABSTRACT

Objective: Providing patients with validated information before total hip arthroplasty may help lessen discrepancies between patients' expectations and the surgical result. This study sought to validate an information booklet for candidates for hip arthroplasty by using a mixed qualitative and quantitative approach based on a panel of patients and a sample of healthcare professionals.

Methods: We developed a booklet in accordance with the standard methods and then conducted focus groups to collect the opinions of a sample of multidisciplinary experts involved in the care of patients with hip osteoarthritis. The number of focus groups and experts was determined according to the data saturation principle. A panel of patients awaiting hip arthroplasty or those in the immediate post-operative period assessed the booklet with self-reporting questionnaires (knowledge, beliefs, and expectations) and semi-structured interviews.

Results: All experts and both patient groups validated the booklet in terms of content and presentation. Semi-structured interviews were uninformative, especially for post-operative patients. Reading the booklet significantly ($P < 0.001$) improved the knowledge scores in both groups, with no intergroup differences, but did not affect beliefs in either patient group. Only pre-operative patients significantly changed their expectations.

Conclusion: Our mixed qualitative and quantitative approach allowed us to validate a booklet for patients awaiting hip arthroplasty, taking into account the opinions of both patients and healthcare professionals.

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1. Introduction

Hip osteoarthritis, also termed coxarthrosis, is one of the most common etiologies of hip arthroplasty. This intervention provides very good results in terms of joint mobility recovery, increased autonomy, and reduced pre-operative pain in more than 90% of patients after surgery [1]. However, a discrepancy remains between the post-operative results expected by surgeons and those expected by patients [2]. One of the main dissatisfaction factors is persistent pain [3], but incomplete fulfillment of pre-operative expectations is another and is often associated with a lack of pre-operative information.

Numerous patient information materials are available, but most are not based on evidence from the literature and do not take into account the opinion of patients and the healthcare professionals in charge of peri-operative management. Using a qualitative approach in addition to a quantitative method may help improve acceptance of the material given to patients [4].

This study aimed to validate an information booklet intended for candidates for hip arthroplasty by using a mixed qualitative and quantitative approach based on a panel of patients and a sample of healthcare professionals.

2. Methods

The initial draft of the booklet was developed according to a standard method [4], then submitted to a sample of multidisciplinary experts involved in the care of patients with hip osteoarthritis. The opinion of the experts was collected in 3 focus

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groups formed in the department of physical medicine and rehabilitation of the Clermont-Ferrand university hospital, France. All experts agreed to their comments being recorded. Once transcribed, all data were anonymized.

The groups were facilitated by a facilitator and a moderator who used a predefined interview grid in accordance with a standard method [5]. The aim of these focus groups was not to change the content of key messages but to improve their wording and understanding by patients. The number of focus groups and experts was determined according to the data saturation principle [5,6].

Subsequently, a panel of patients awaiting hip arthroplasty and those in the immediate post-operative period assessed the booklet in two stages: first, the booklet, with the English title "How to prepare for the procedure, recover from it, and get back to your daily life. A patient's guide to hip replacement" (e-component) and self-reporting questionnaires were given to the patients by the consultation nurse, then a semi-structured interview was conducted from days 5 to 7 after the booklet was read. Each of the 10 booklet chapters was assessed on a scale of 0 to 10 in terms of content, illustrations, and presentation of the information. Ratings > 7/10 were considered satisfactory and therefore not requiring changes to the booklet except when pertinent comments were made. Questionnaires assessing patients' beliefs, knowledge [4], and expectations [2] were also completed.

3. Statistical analysis

All statistical analyses involved use of Stata v13 (StataCorp, College Station, TX, USA). We used the usual statistical tests suitable for a small sample size and paired data: the Wilcoxon test for quantitative variables and the Stuart-Maxwell test for categorical variables. $P < 0.05$ was considered statistically significant.

4. Ethics

Experts and patients provided their oral consent to be in the study after receiving information about it, in accordance with current French regulations applicable to non-interventional studies.

5. Results

A sample of multidisciplinary experts comprising 13 healthcare professionals (Table 1) was divided into 3 focus groups, with sessions lasting between 90 and 120 minutes. The different professions were homogeneously distributed across the groups. The use of three focus groups was sufficient to reach data saturation [5,6]. All participants found the booklet useful in line with the latest recommendations. The key messages were considered consistent and were validated.

Detailed analysis of verbatim transcripts led us to identify recurrent criticisms, and the booklet was modified accordingly before being submitted to the panel of patients. The main remarks on presentation concerned the lack of a table of contents and the need to highlight keywords in the chapter on the surgical procedure. The main remarks on the content concerned the relevance of a paragraph about pharmacological and non-pharmacological treatments of osteoarthritis in the pre-surgical stage, the need to emphasize the role of the different professionals involved in the return home, and the need for more emphasis on the warning signs, especially regarding the risk of dislocation. All chapters dealing with post-operative rehabilitation were approved, the only criticism being the lack of illustrations. Concerning the resumption of sports activities, more well-defined

Table 1
Composition of the focus groups.

Group	Sex	Profession	Department	Years of practice
<i>Group 1</i>				
E1G1	F	PMR physician	PMR	< 5
E2G1	M	Physiotherapist	PMR	5–10
E3G1	F	Occupational therapist	PMR	> 10
E4G1	F	Nurse	PMR	> 10
E5G1	M	Adapted physical activity therapist	PMR	5–10
<i>Group 2</i>				
E1G2	F	Physiotherapist	Orthopedic surgery	5–10
E2G2	F	Physiotherapist	Orthopedic surgery	5–10
E3G2	M	Physiotherapist	Orthopedic surgery	5–10
E4G2	F	Physiotherapist	Orthopedic surgery	5–10
<i>Group 3</i>				
E1G3	F	PMR physician	PMR	< 5
E2G3	F	Nurse	PMR	> 10
E3G3	F	Adapted physical activity therapist	PMR	< 5
E4G3	F	Occupational therapist	PMR	> 10

PMR: physical and rehabilitation medicine.

contraindications would have been welcomed but are difficult to provide given the lack of evidence and clear consensus [7].

The pre- and post-operative patient groups (Tables 2 and 3) validated all the chapters in terms of content and presentation, with only one chapter, the one dealing with resuming sports activities, rated 6/10, the lowest rating. The chapter on returning to work received little evaluation, because most patients had already retired.

Semi-structured interviews were uninformative, especially with post-operative patients. Pre-operative patients found the booklet "useful" but thought it needed to be "provided earlier in disease management". Post-operative patients highlighted that "Combining [the booklet] with advice and professional explanations makes [it] even more reassuring". They confirmed that the booklet needed to be given to the patients early so that they could "come to surgery more relaxed". For all patients interviewed, both pre-operative and post-operative, the general practitioner or physiotherapist was the best person to hand out the booklet.

Reading the booklet significantly improved knowledge scores in both groups, which increased from a mean (SD) of 5.1 (1.2)/10 to 7.3 (0.9)/10 ($P < 0.001$) for pre-operative patients and from 4.9 (1.5)/10 to 7.1 (0.9)/10 for post-operative patients, with no intergroup difference found.

Reading the booklet did not affect beliefs in either patient group. Regarding expectations, only pre-operative patients significantly changed their expectations after reading the booklet (Figs. 1 and 2).

6. Discussion

Among the various patient education interventions possible, producing validated written material is a key step before considering more complex interventions. Using such material harmonizes the information provided by different professionals, although to our knowledge, this is not always done. Conducting the focus groups led to a definitive draft based on the consensus of professionals, and the final draft met with wide acceptance among patients. Only patients who received the booklet before surgery significantly changed their knowledge and expectations. Reading the booklet did not affect patients' beliefs, although it was reassuring if accompanied by professional explanations.

Conducting focus groups that made use of interaction between participants clarified a number of points. All focus groups agreed that reading the booklet was useful for patients awaiting surgery, but these groups had fewer than 5 participants [6] and no patients.

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