

DEVELOPMENT OF A GROUP BASED PATIENT EDUCATION PROGRAM FOR WOMEN WITH ANAL INCONTINENCE – A REALISTIC EVALUATION APPROACH

Hypothesis / aims of study

In patients with anal incontinence, knowledge about developing and implementation a patient education program is scant. To address this, our study aim to develop a group-based education program with a realistic evaluation framework, enabling identification of mechanisms essential for examining how, for whom and under which conditions a patient education works.

Study design, materials and methods

In keeping with the realistic evaluation approach, this is a study designed to develop and depict a program theory underlying a group based patient education program for women with anal incontinence. The program theory outlines the hypothesized mechanisms and outcomes activated by the intervention and the contextual conditions assumed to activate the hypothesized mechanisms (1).

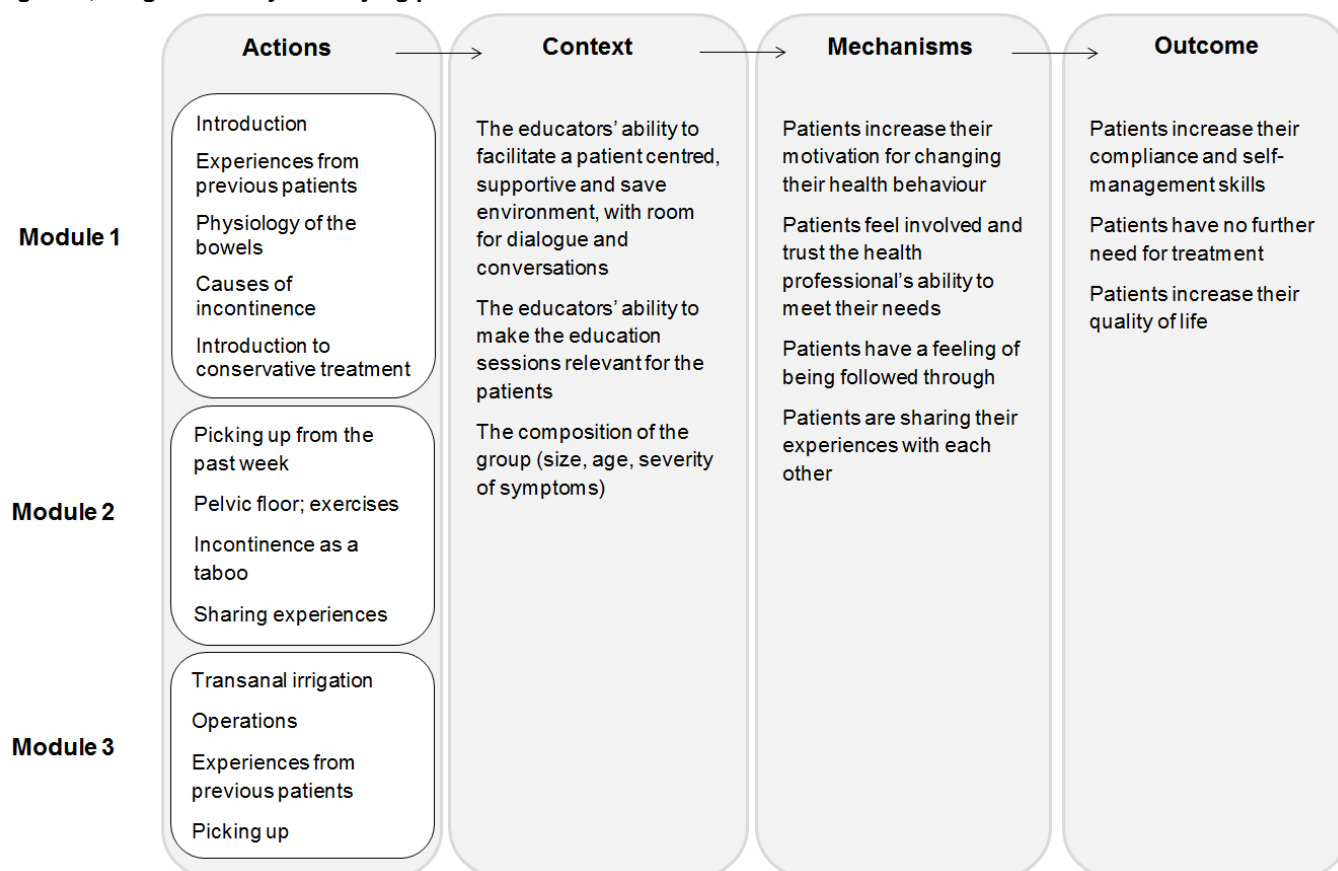
Realist evaluation

The realist evaluation approach develops and applies a program theory of how, for whom and under which conditions interventions work. This understanding allows an identification of mechanisms hypothesized to be associated to the expected outcomes of an intervention. Thus, a program theory is expressed as context-mechanisms-outcome configurations. (1)

The program theory of the patient education for women with anal incontinence

Information to construct a program theory can be obtained through multiple sources, mixing inductive, deductive and user focused approaches (2). The present program theory is based on both prior research and with participating of health care professionals specialized in treatment of anal incontinence, including nurses, physicians and physiotherapists. Due to the scarcity of literature in patient education of patients with anal incontinence, we gathered inspiration from general knowledge about performing patient education for chronically ill patients in general. The combination of existing research and the health care staffs' context-specific information is in line with the best approach suggested (1).

Figure 1, Program theory underlying patient education for women with anal incontinence



The arrows illustrate the overall correlations in the program theory. We assumed the mechanisms, outcomes and contextual conditions are highly interrelated, so we did not explicit the associations between them.

Results

The program theory for the group based patient education is outlined in figure 1. The association of the components are very complex, thus this is a simplified presentation of the program theory.

We expected the listed mechanisms to be activated by the actions in the patient education program. We hypothesized that the mechanisms would support the patients in improving their compliance and self-management skills in order to accept and incorporate the conservative treatment as part of their daily routines. The patient education was planned in three modules spread over four weeks. Each module was scheduled with several actions with a great degree of flexibility, allowing the patients' needs and focus to reflect the education. As a result, we expected that the intended mechanisms and outcome were arrived by the contextual conditions.

Interpretation of results

We aim to develop a group based patient education program for women with anal incontinence. The theoretical approach, by developing the program theory, enables us not only to identify the effects of the patient education, but also to understand why the effects have occurred. Further, the theoretical approach increases the transferability of the patient education program.

Concluding message

The study serves an example of how a patient education program can be developed with a realistic evaluation approach.

References

1. Pawson R, Tilley N. Realist Evaluation. 2004. 2. Donaldson SI. Program theory-driven evaluation science?: strategies and applications. Mahwah, N.J.: Lawrence Erlbaum Associates; 2007. xi, 263 p.
2. Donaldson SI. Program theory-driven evaluation science?: strategies and applications. Mahwah, N.J.: Lawrence Erlbaum Associates; 2007. xi, 263 p.

Disclosures

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