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Evaluation of educational needs among patients with RA using the Swedish version of ENAT (SWENAT)

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Background

The Arthritis Educational Needs Assessment Tool (the ENAT) was designed to identify individual educational needs of patients with arthritis.

Objectives

The aim of this study was to evaluate the educational needs of people with RA in Sweden.

Methods

ENAT is a self-completed questionnaire comprising 39 items grouped into 7 domains (managing pain, movement, feelings, disease process, treatments, self-help measures and support systems). Patients scored the items by ticking 5-point Likert scales ranging from "not at all important" = 1 to "extremely important" = 5. The Swedish version of the ENAT (SwENAT) was validated by using Rasch analysis and was found to be a robust tool for assessing educational needs of people with arthritis in Sweden. A convenience sample of 125 patients with RA was recruited at Spenshult Hospital in Sweden. They were given the SwENAT to complete at home. Questionnaires were scored by computing a domain median score. This way, the score would represent educational need for that domain. Data were then analysed descriptively by using the median to measure central tendency, interquartile range (IQR) to measure spread and Kruskal-Wallis test to determine significant differences between patient groups where appropriate.

Results

The sample of 125 (Male 30 [24%] Female 95 [76%]). Their median age was 61 years (IQR = 68 - 51), and their median disease duration was 15 years (IQR = 29 - 6). The patients with primary education were 50 (40%), while those with secondary education were 43 (34%). Those with tertiary education were 30 (24%).

Patients reported their education needs on disease process as extremely important (Median = 5), their educational needs on pain, movement, feelings, treatments and self-help were "very important" (Median = 4). Educational need on support was fairly important (median = 3). Female patients, had significantly higher educational needs than their male counterparts on movement ($p=0.027$).

When patients were categorized based on quartiles of their disease duration, (6, 15, 29 years), the group with disease duration 7–15 years indicated significantly less educational needs than the other groups on pain and self-help ($p=0.038$ & 0.030 respectively). There were no significant differences of educational needs among patients with different educational backgrounds.

Conclusion

Patients with RA rated information on disease process as extremely importance. While there was a high need of education early in the disease, the educational needs were lower in patients with established disease irrespective of educational level. There is also a need for education through the whole life span in patients with RA.

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