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The Arthritis Educational Needs Assessment Tool: Will It Work In The Community?

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Purpose:

Educational Needs Assessment Tool (the ENAT) was developed in the UK to help clinicians identify individual patients' educational needs in order to plan relevant and timely patient education. The ENAT is an easy to complete questionnaire with 39 items grouped into 7 domains: managing pain, movement, feelings, arthritis process, treatments, self-help measures and support. It has been validated for use across rheumatic diseases in the clinical settings but it has not been tested in the community.

The purpose of this analysis was to assess how well the ENAT could capture the educational needs of people with arthritis in the community.

Methods:

The ENAT was used to collect data from patients with ankylosing spondylitis (AS), psoriatic arthritis (PsA), scleroderma (Ssc), Lupus (SLE), osteoarthritis (OA), rheumatoid arthritis (RA) and fibromyalgia (FM) attending 4 hospitals in the UK (ENAT data). The educational needs were summarised into their respective ENAT domains namely: Pain, Movement, Feelings, Arthritis process, Treatments, Self-help and Support.

Arthritis Care is a UK patient organisation which offers free confidential service to people affected by arthritis using their helplines. Telephone helpline enquiries were collected from January to June 2008 and were summarised and categorised by type of arthritis and what their enquiry was about (Community data).

The community data were matched with the ENAT domains and were transformed and expressed in terms of x/y ; where x = frequency of enquiries for each domain and y = sum of enquiries for all domains. The transformed community data were modelled against the ENAT data and correlational statistics were applied to explore their domain-domain correlation.

Results:

The ENAT cohort comprised 911 with male/female ratio 1:2.5 while the community cohort comprised 5443 people with male/female ratio of 1:3. The ENAT cohort had roughly equal number of patients with AS, PsA, Ssc, SLE, OA, RA and FM. The community cohort had varying proportions of all the above diagnoses in addition to polymyalgia, juvenile idiopathic arthritis and people with no diagnosis. Out of 16187 telephone inquiries 15475 (95.7%) could be matched with all the ENAT domains. The remaining 4.3% of the unmatched data included: self-management training, employment, sex/relationship and education.

The priority order of needs from the ENAT data was: arthritis process (0.122), treatments (0.114), pain (0.111), feelings (0.109), movement (0.109), self-help (0.110) and support (0.095). For the community data, the priority order was: self-help (0.217), arthritis process (0.192), treatments (0.185), pain (0.174), feelings (0.116) support (0.059) and movement (0.056).

When modelled against the ENAT data, the community data displayed a strong domain-domain correlation ($r = 0.678$) with the ENAT data ($p = 0.047$).

Conclusion:

The results suggest that the ENAT could capture well the educational needs of people with arthritis in the community. This opens the possibility of the ENAT use in the community settings such as patient organisations or the web. Despite this potential, further validation of the ENAT for such uses will be necessary before its application.

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