

Abstract formulier Wetenschapssymposium MST 18 april 2019

Naam	Lutz Siemer
Maatschap / vakgroep	Longgeneeskunde
Soort onderzoeker	Promovendus
Titel abstract	Blended Face-to-face and Web-based Smoking Cessation Treatment (BSCT): a description of patients' user experience (UX)
Auteurs+affiliatie	<p>Siemer, L.^{1,2} Ben Allouch, S.^{1,3} Pieterse, M. E.² Brusse-Keizer, M. G.⁴ Sanderman, R.^{2,5} Postel, M. G.^{2,6}</p> <p>1 Research Group Technology, Health & Care, Saxion University of Applied Sciences, Postbus 70.0007500KB Enschede, The Netherlands. 2 Centre for eHealth and Well-being Research, University of Twente, Enschede, The Netherlands. 3 Digital Life Research Group, Amsterdam University of Applied Science, Amsterdam, The Netherlands 4 Medical School Twente, Medisch Spectrum Twente, Enschede, The Netherlands. 5 Dept. of Health Psychology, University Medical Center Groningen, University of Groningen, Groningen, The Netherlands 6 Tactus Addiction Treatment, Enschede, The Netherlands.</p>
Voorkeur	Mondelinge presentatie
Inhoud abstract Max 250 woorden Mag in het Engels	<p>Blended face-to-face (F2F) and Web-based treatment is a promising way to deliver smoking cessation therapy. This study describes patients' user experience (UX) of a blended smoking cessation treatment (BSCT). Patients' (n=10) UX was collected by in-depth interviews at an outpatient smoking cessation clinic.</p> <p>Interviews were analyzed applying Hassenzahl's UX model from a user perspective examining the key elements of UX: standards and expectations, apparent character (pragmatic and hedonic attributes), usage situation, and consequences (appeal, emotions, behavior) (Hassenzahl, M., The Thing and I (Summer of 17 Remix), in Funology 2. 2018, Springer. p. 17-31.).</p> <p>In general, the UX of BSCT was good. Patients had a positive-pragmatic standard and neutral-open expectation towards BSCT, and the pragmatic attributes (usability, utility) of both the Web- and F2F-sessions were mostly positive. However, for the hedonic attributes (stimulation, identification, evocation), F2F-sessions</p>

	<p>differ from Web-sessions: patients reported lower stimulation for the Web-sessions (“online won’t get through to me”), lower identification (“online is not my style”), and negative evocations (comparing the Web-sessions to e.g. “bookkeeping”). Consequently, and additionally affected by technical incommunities during usage (e.g. Web-sessions could not be done on tablets), the Web-session appealed negative. As the emotional and behavioral consequences varied, we ultimately found three combinations (positive, negative, mixed) of appeal, emotions (e.g. satisfaction) and behavior (adherence; quitting).</p> <p>Although the UX of the blended treatment for smoking cessation is mainly experienced as good, addressing the hedonistic gap within the Web-session, could further improve UX and ultimately treatment effectiveness.</p>
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