

Blended Smoking Cessation Treatment

Patients' user experience (UX) of a blended face-to-face and web-based smoking cessation treatment (BSCT)

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Background

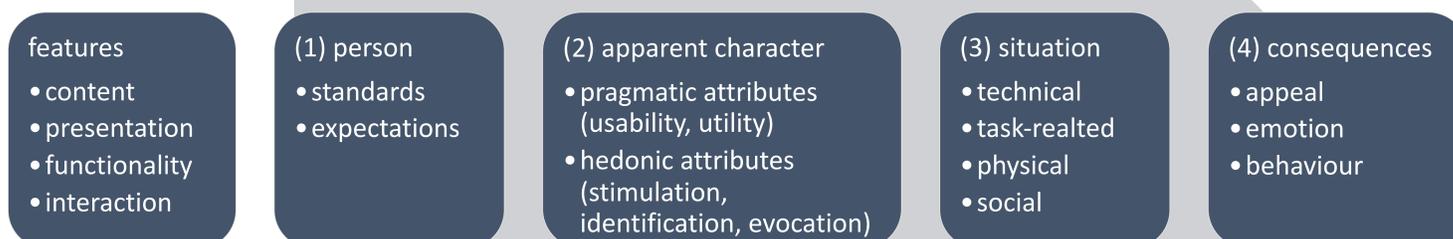
Blended treatment - a combination of web-based and face-to-face therapy - is a promising eHealth service, as the strengths of one mode of delivery could compensate for the weaknesses of the other.

Objective

To explore this hypothesis by examining the key elements of the patients' user experience (UX) with a blended smoking cessation treatment (BSCT).

Methods

- Patients' UX was collected by in-depth interviews (n=10) at an outpatient smoking cessation clinic in the Netherlands.
- Content analysis of semantic domains was used to analyze the patients' UX.
- Hassenzahl's UX model was applied to examine the key elements of UX that form the UX from a user perspective.



Hassenzahl M. The Thing and I (Summer of'17 Remix). Funology 2: Springer; 2018

Results

- In general, the UX of BSCT was good.
- Patients had a positive-pragmatic standard and neutral-open expectation towards BSCT.
- The pragmatic attributes (usability, utility) of both the Web-sessions and the F2F-sessions were mostly positive.
- For the hedonic attributes, patients' UX was less favorable with Web-sessions than F2F-sessions:
 - lower stimulation (*"online won't get through to me"*),
 - lower identification (*"online is not my style"*),
 - negative evocations (*"bookkeeping"*, *"filling in tax forms"*).
- For the consequences, we found three types of combinations of appeal, emotions (for example satisfaction) and behavior (adherence; quitting): "positive UX", "negative UX", and "mixed UX".

Conclusions

- The hypothesis that in blended treatment one mode of delivery could compensate for the weaknesses of the other, can be partly supported.
- However, this was mainly found only one-sided: F2F-sessions compensated for the weaknesses of web-sessions.
- Aspects of hedonism such as for example fun, joy or happiness may be addressed to further improve BSCT's UX.

