

Full Length Research Paper

Group seminars are an effective and economic method of delivering patient information on radical prostatectomy and functional outcomes

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Abstract

We aim to explore efficacy and economic benefits of a group intervention for surgical preparation for men undergoing radical prostatectomy and their partners. We selected 255 patients and 104 partners of Guy's Hospital Urology Centre participated in our group seminars over a 12 month period. Urology clinical nurse specialists delivered three seminar presentations on continence management, erectile dysfunction and early complications to a group of patients and partners. Participant satisfaction was assessed with an anonymous questionnaire using Likert items. Pre-seminar questionnaires indicated that only 23 patients felt prepared for surgery prior to the session. All participants reported to have received adequate information to deal with complications of surgery following the session and all stated a preference to a group seminar with peer support rather than individual consultations. Over 12 months, 30 specialist nursing hours were required to deliver education via seminar sessions to 359 patients. To deliver the same education in individual sessions, 540 specialist nursing hours would have been required. Group seminars are a feasible modality for preparing patients for surgery with effective delivery of information to patients and partners that exceeds individual consultations. Group seminars provide the immediate benefit of peer-support and are economic to both primary and secondary care providers.

Keywords: Prostate cancer, radical prostatectomy, quality of life.

INTRODUCTION

Although radical prostatectomy is one of the main therapeutic options for prostate cancer patients, a significant risk of adverse effects such as urinary incontinence and erectile dysfunction exist (Kinsella et al., 2012; Johansson et al., 2011). These complications have been found to be predictors of regret after treatment and therefore decline the quality of life of patients (Diefenbach and Mohamed 2007). In fact, about 19% of patients regret their treatment choice due to higher expectations, ranging from 15% in patients who had retropubic radical prostatectomies (open surgery) to 24%

in those who had robot-assisted laparoscopic surgery (Schroek et al., 2008). To increase satisfaction and improve quality of life, pre-operative counselling is key to setting patient expectations (Martin et al., 2011; Montorsi et al., 2001).

Clinical nurse specialists traditionally carry out counselling about radical prostatectomy and its functional outcomes during individual one-to-one consultations. A UK survey of the experiences of men with prostate cancer found that specialist nurses were ranked the highest by men, in terms of healthcare professionals and help-lines, for the provision of emotional support around the time of diagnosis and treatment decision-making (Richardson et al., 2008). However group counselling allows patients to share their concerns and anxieties with others remaining in an equal situation, and provides

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patients the opportunity to construct new social networks, during a time where they may feel removed from their family and friends (Blake-Mortimer et al., 1999). In this study we explored the efficacy and economic benefits of a group intervention for the surgical preparation in men with prostate cancer.

MATERIALS AND METHODS

Participants eligible for inclusion in the programme were prostate cancer patients undergoing radical prostatectomy and their partners. During a 12-month period (February 2010 to January 2011), 255 patients and 104 partners from the Urology Centre at Guy's Hospital, London were included in the study.

Intervention

The traditional counselling programme consisted of three 30 minutes one-to-one sessions with a urology clinical nurse specialist. In the first session the pre and post-operative care was discussed as well as the early complications. The second session was devoted to erectile dysfunction, whereas the final session dealt with continence management.

The group counselling session consisted of four consecutive seminars lasting 150 min in total. A maximum of 30 patients participated during each seminar session. Urology clinical nurse specialists delivered three PowerPoint presentations on continence management, erectile dysfunction (including the demonstration of a vacuum pump by a company representative), pre-surgery optimisation and what to expect before and shortly after the surgery. The final seminar included a film illustrating the actual surgery and narrated in person by a consultant urologist with time made for patients to ask questions and for peer-group discussion to cover short and long term cancer outcomes and follow-up. At the end of the session patients received a leaflet with contact information of the hospital's prostate cancer nurse specialists to provide an opportunity to ask additional questions after the seminars.

Assessment

Participant satisfaction was assessed with an anonymous questionnaire using 5-item Likert scales (Table 1). The use of the postoperative open access nurse-led telephone consultation service was also measured. The costs to the primary care trusts (PCTs) and number of nursing hours used were compared between the group seminar system and the traditional individual consultation model.

RESULTS

A total of 359 patients or partners filled out the questionnaires. Demographic and disease characteristics of the study population are shown in Table 2.

Satisfaction questionnaire

Before the group counselling sessions, 81.6% of the respondents did not feel confident about the issues that might arise following surgery, whereas afterwards all of them felt more confident in coping with their recovery. All patients felt satisfied with the seminar and none of them perceived that the session provided them with an information overload. Only two patients felt uncomfortable asking questions in a group setting (Figure 1). One of these patients would have preferred individual counselling sessions. In addition one other patient would have preferred one-to-one sessions over group counselling. Only six patients (1.7%) were prepared to attend three separate sessions to gather the information discussed during the seminar (Table 3).

Use of nurse-led telephone consultation service

In the year prior to the introduction of group counselling (i.e. patients receiving traditional individual counselling) an average of 24 telephone calls were made per month by patients requesting additional information following their radical prostatectomy. Since the introduction of group counselling a monthly average of six telephone calls was registered (P T-test: <0.001).

Time savings for secondary care

Individual counselling of 359 patients would normally require around 540 specialist nursing hours (90 min/patient). While group counselling of the same patient group requires only 30 specialist nursing hours (150 min/30 patients) resulting in 510 hours of extra specialist nurse availability. 216 post-operative clinical enquiries by telephone were prevented by group counselling. Assuming average telephone call durations of ten minutes, this leads to an additional time saving of 36 specialist nursing hours per year. The 546 hours saved could therefore be used to take care of other patients, resulting in additional potential revenue for the hospital trust.

Financial savings for primary care trust

The per patient charge for the traditional counselling method amounts to £270, whereas £90 is charged per

Table 1. Patient satisfaction questionnaire

Q1. Were you confident before this clinic in dealing with issues that might arise following surgery?

Definitely Yes
 Yes
 Unsure
 No
 Definitely No

Q2. Were you satisfied with today's seminar?

Definitely Yes
 Yes
 Unsure
 No
 Definitely No

Q3. Was there too much information in today's seminar?

Definitely Yes
 Yes
 Unsure
 No
 Definitely No

Q4. On a scale of 1-5 (1 being very bad, 5 being excellent), please rate the following sessions (please circle)

Session 1 (An Overview of Radical Prostatectomy and what to expect)	1	2	3	4	5
Session 2 (Continence and containment products)	1	2	3	4	5
Session 3 (An overview of erectile rehabilitation)	1	2	3	4	5
Session 4 (Vacuum pump demonstration)	1	2	3	4	5
Session 5 (The consultant)	1	2	3	4	5

Q5. Do you feel more confident in coping with your recovery after surgery following this clinic?

Definitely Yes
 Yes
 Unsure
 No
 Definitely No

Q6. Would you have preferred individual appointments to discuss all of today's issues?

Definitely Yes
 Yes
 Unsure
 No
 Definitely No

Q7. Would you be prepared to attend clinic on 3 separate occasions to gather the same information as this seminar today?

Definitely Yes
 Yes
 Unsure
 No
 Definitely No

Q8. Did you feel comfortable asking any questions in a group setting?

Definitely Yes
 Yes
 Unsure
 No
 Definitely No

Q9. What was good about today's seminar?

Q10. What was bad about today's seminar?

Q11. Would you change anything about today's seminar?

patient following group counselling. Therefore, implementing group counselling instead of individual counselling at the Urology Centre of Guy's Hospital resulted in a saving of £64,800 for the PCT per year (Table 4). In the UK, 37,051 men were diagnosed with

prostate cancer in 2008. In England alone, 30,893 men are diagnosed with prostate cancer each year (International Agency for Cancer Research. Globocan. Lyon, France (2012).

Table 2 Demographic and disease characteristics of the study population (N=359)

	N(%)*
Age of patient (years)	
Mean (SD)	61.78 (5.96)
Range	39-74
Ethnicity	
European	309 (86.07)
African Caribbean	50 (13.93)
Gender of respondent	
Male (Patient himself)	255 (71.03)
Female (Partner)	104 (28.97)
Severity of disease	
T1	3 (0.84)
T2	173(48.19)
T3	79 (22.01)
unknown	104 (28.97)

*Unless stated otherwise

Table 3. Results for Satisfaction Questionnaire

Response	Proportion % (n)		
	Complete sample	Patients	Partners
Confident before group seminar	18.4% (66/359)	15.7% (40/255)	25% (26/104)
More confident after group seminar	100% (359/359)	100% (255/255)	100% (104/104)
Satisfaction with seminar	100% (359/359)	100% (255/255)	100% (104/104)
Information overload	0.3% (1/359)	0.4% (1/255)	0% (0/104)
Preference for individual appointments	0.6% (2/359)	0.8% (2/255)	0% (0/104)
Prepared to attend seminar on 3 separate occasions	1.7% (6/359)	1.2% (3/255)	2.9% (3/104)
Not comfortable asking questions in group setting	0.6% (2/359)	0.4% (1/255)	1.0% (1/104)

Table 4. Financial and time savings for the Urology Centre at Guy's Hospital

Type of Saving	Amount
Financial savings for primary care trust	64,800£/year
Extra availability of nursing hours	
Avoided counselling hours	510 hours/year
Avoided telephone consultation hours	36 hours/year

Available from <http://infocancerresearchuk.org/cancerstats/types/prostate/incidence/>). According to Hanchanale and colleagues, radical prostatectomy was performed in 3,092 patients in England in 2004, and this number is rapidly increasing. In 2011, the number of radical prostatectomy's performed amounted to 5052 (Code M61). Implementing group counselling for these patients in the whole of England could lead to a total saving of £909,360 each year (Hanchanale et al., 2010).

DISCUSSION

Due to the iatrogene effects of the treatments, like

impotence and incontinence, and its consequences for social life and partner relationship, there is a need for development of interventions for the psychosocial problems of men with prostate cancer (Johansson et al., 2011; Visser and van 2003). This study provides insight into a new counselling method to educate patients pre-operatively.

Whereas survival is the traditional end goal of cancer treatment, quality of life post treatment is increasingly the measure of good prostate cancer surgery. Complications after radical prostatectomy, such as urinary incontinence and sexual dysfunction, can significantly affect the quality of life of the patient and his partner. Health, family and relationship with a partner are therefore the three areas with the most impact on quality of life (Johansson et al.,

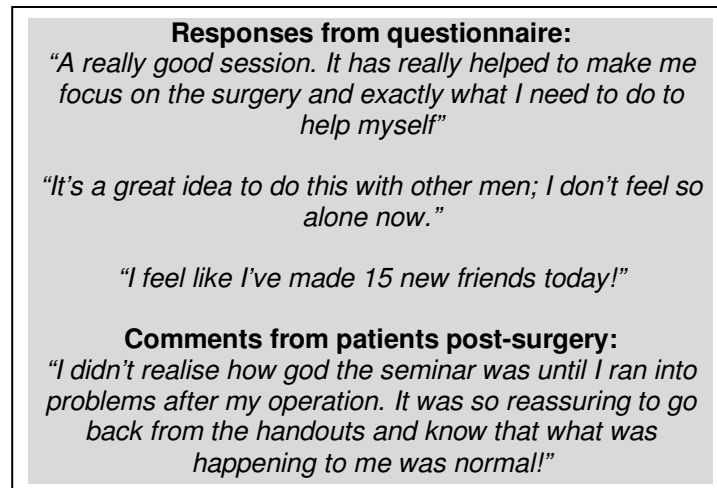


Figure 1. Illustration of patient responses to Questionnaire illustrated in Table 1

2011; Willener and Hantikainen 2005). This highlights the need for safe and therapeutic dialogues about the sexual concerns related to prostate cancer diagnosis, especially since regret of treatment decision commonly occurs in these patients. Schroeck and colleagues reported regret in 19% of patients who had undergone radical prostatectomy. Patient satisfaction after treatment was mainly driven by their expectations (Schroeck et al., 2008). According to Wittman and colleagues, 47% and 44% of patients expected better one-year functional outcomes regarding urinary incontinence and sexual function, than was achieved (Wittmann et al., 2011). Also Symon and colleagues reported that about 50% of patients expect a better one year outcome than achieved (Symon et al., 2006). Counselling, emphasizing the risk of postoperative complications, can greatly influence one's expectations and therefore pilot their regret and quality of life after the treatment (Kinsella et al., 2012; Kirschner-Hermanns and Jakse 2002). Traditionally, counselling is being given on a one-to-one basis; however this study found that group seminars can be an effective and cost-saving alternative for individual counselling.

Group seminars are aimed at educating patients on the operative treatment and its potential side effects (Wittmann et al., 2011; Symon et al., 2006). For instance, with respect to prostate cancer screening choices the need for sharing through health professional's counselling, self-help groups and family support has been recognized to support a patient's desire to remain independent (Papatsoris and Anagnostopoulos 2008; Papatsoris and Anagnostopoulos 2009).

In 2010 a national survey carried out by the Royal College of Nursing reported that Clinical Nurse Specialists represent good value for money, through reducing costs in primary care and saving consultants' time (Royal College of Nursing (2010). Clinical nurse specialists: adding value to care ;Available from:

http://www.rcn.org.uk/__data/assets/pdf_file/0008/317780/003598.pdf). Group counselling resulted in significant time and monetary savings. In the Guy's and St Thomas NHS foundation trust alone, replacing individual sessions by group sessions has created 510 hours of extra specialist nursing availability each year, and the reduced number of telephone consultations an additional 36 specialist nursing hours.

The main strength of this study was the standardized way of providing group counselling to patients in need of a radical prostatectomy. However, the study has some limitations. There was no comparator as the questionnaire was only given to those following group counselling and not after one to one sessions. Thus, to obtain the precise difference in patient satisfaction, one would need to compare the results of a questionnaire before and after the group counselling, as well as between those who had group counselling and individual counselling. In addition we have yet to assess any long-term outcomes about the effect on regret or quality of life. Furthermore, the use of validated and reliable questionnaires would be preferable if available.

CONCLUSION

Group seminars are a good modality for preparing patients for surgery, with effective delivery of information to patients and partners that exceeds individual consultations. It provides the immediate benefit of peer-support and is economic to both primary and secondary care providers. In order to provide adequate counselling for those patients feeling uncomfortable with group discussions, one-to-one sessions could be offered, based on the individual needs.

Future research should focus on the comparison between group counselling versus individual counselling, using reliable and validated questionnaires, in order to

define any significant difference in short term as well as long term quality of life or regret in both patient groups. Group counselling pre radical prostatectomy is now our default service.

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