Abstract

Introduction: Prostate cancer (PCa) remains the most common non-cutaneous cancer to affect men. However, screening practices and treatments for these cancers are becoming more and more advanced and successful, leading to a new wave of patients known as “cancer survivors”. PCa patients are therefore living much longer with side effects of their treatments, which are often debilitating. Online health resources could provide PCa patients with the health information and support needs that they often lack.

Within the RE-AIM framework, Reach and Adoption are defined as each having a distinct role within implementation and evaluation. However, Reach and Adoption are often not well-defined or used in practice. This work aimed to understand the contextual aspects of reach and adoption and how they inter-relate through the role of the physician within the context of online health resources.

Methods: This was a secondary analysis. Transcripts of interviews originally collected to inform the design of an interactive website for men living with prostate cancer, their partners, and family members were re-analyzed using an inductive/deductive hybrid analysis. The theory of planned behaviour (TPB) was used as a guiding framework for the deductive coding. Inductive coding was done using qualitative thematic analysis. Codes from both the deductive and inductive coding were compared based on differences and similarities and sorted into three overarching categories.

Results: 16 patients and five health care providers were recruited and interviewed. Findings yielded three main categories pertaining to the use and uptake of online health resources by patients: (1) reach, (2) patient uptake of online health resources, and (3) physician uptake of online health resources. It was found that online health resources must be straightforward and easy to use, both to increase the likelihood that a patient will use the resource, as well as the likelihood that physicians will adopt it and refer it to their patients. In general patients consider physicians as a credible source of information, and appraisal of online health resources by physicians can increase the use and uptake of online health resources by patients. In contrast to what patients expect, physicians did not see the referral of online health resources as their responsibility. When it came to findings on adoption, there was no direct mention of the institutional level of adoption of online health resources within this dataset, and concrete conclusions in regards to the role of the physician in the institutional adoption of online health resources were unable to be made.
Conclusions: The study findings were interpreted using the themes from the TPB, and were found to align with the Technology Acceptance Model (TAM) and the Unified Theory of Acceptance and Use of Technology (UTAUT). It was clear from the study findings that patients prefer to receive information about online health resources from their physicians. By contributing to both the reach and uptake of online health resources, physicians can aid patients by increasing their access to, and use of online health resources. However, this expectation of physicians may not be realistic. Better alignment between the hospital organization, physician practice and patient perspectives of the roles of various health care providers or the healthcare team could reconcile patient and physicians’ expectations on the referral of online health resources. These findings can improve the implementation of online health resources for patients, fulfilling the need for information that cancer survivors have and increasing their quality of life.