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MADRID Spain, 28 September – 2 October

# Blended Smoking Cessation Treatment

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

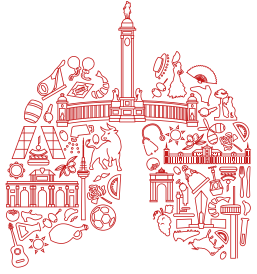
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# Background & Objective



## Background

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

## Objective

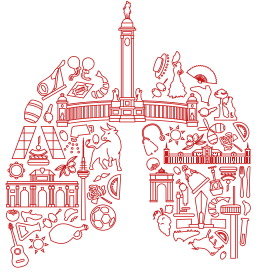
To explore this hypothesis by examining the patients' user experience (UX) with a blended smoking cessation treatment (BSCT).

# Methods



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

# Main 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 (eg. Joy, Fun), 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"*).

# Conclusions



- The strengths of the face-to-face treatment compensates for the weaknesses of the web-based treatment.
- UX of the blended smoking cessation treatment may be improved by addressing hedonic aspects such as joy and fun.



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