Lessons Learned: Impact of a Continence Promotion Activity for Older Community-Dwelling Women

C. Tannenbaum,1* R. Drali,1 J. Holroyd-Leduc,2 and L. Richard1

Faculty of Medicine, Université de Montreal, Montreal, Quebec, Canada

Divisions of Geriatrics and General Internal Medicine, University of Calgary, Calgary, Alberta, Canada

Aims: Few studies have documented the effectiveness of continence promotion programs targeting older incontinent women. We sought to evaluate the impact of an interactive continence workshop on changing participants’ attitudes, knowledge and skills in relation to self-managing or seeking care for incontinence.

Methods: A quasi-experimental prospective cohort study with repeated measures was carried out on a population of 90 incontinent women aged 55–87 participating in a continence promotion workshop. Inclusion criteria were a weekly average of one or more episodes of involuntary urine loss during the preceding 3 months and having never sought help for this problem. Incontinence-related knowledge, attitudes, skills and intentions for seeking care were assessed immediately prior and subsequent to the workshop. Three- and 6-month telephone follow-ups were conducted to determine rates of healthcare seeking and reasons for not seeking care. Results: Improvements in incontinence-related knowledge and attitudes occurred in up to 94% participants. Forty-three percent of the study participants initiated and were satisfied with self-treatment, and an additional 42% consulted a health care professional. Conclusion: Interactive continence workshops promote self-management and consultation seeking among older women with incontinence. Further testing of different strategies for promoting continence awareness needs to occur in larger studies with more sensitive instruments, a control group, and better specification of the goals, process and outcomes of the health promotion activity being tested. Neurourol. Urodynam. 29:540–544, 2010. © 2010 Wiley-Liss, Inc.

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INTRODUCTION

Surveys suggest that only 13–50% of community-dwelling older women suffering from urinary incontinence ever talk to a health care practitioner about their condition or seek treatment.1–4 Health care practitioners often do not initiate discussion about incontinence with their patients, and women do not usually schedule a specific medical visit to discuss this issue.5,6 Women who do not seek help consider their incontinence as not being serious enough, have inappropriate beliefs related to incontinence being a normal part of aging, or imagine that there is nothing that can be done to treat it.3,7,8 Continence promotion involves educating people that evidence-based therapeutic options exist,9 and that improvements and cures can be achieved at all ages.10

During the past decade a plethora of worldwide continence awareness campaigns have been launched to reduce the stigma and negative beliefs associated with incontinence.11 In most developed countries building awareness among the general public has been attempted via the media. Other strategies to augment healthcare seeking have included distributing educational brochures,12,13 promoting continence through the Web14 or advertising and holding health information meetings.15

Continence promotion activities are based on the recognition that behavior change is a function of beliefs, attitudes and intentions.16,17 Components and goals of the intervention usually include transferring knowledge about the urinary system, dispelling false beliefs about the inevitability of incontinence, or changing a person’s attitude towards incontinence treatments. The continence education activity might also promote new skills for managing incontinence, such as implementing behavioral strategies or seeking care from a health care professional. To measure the success of any continence promotion program means measuring whether the specific goals of the program have been achieved. To date, few studies have documented the effectiveness of continence promotion programs targeting community dwelling seniors with incontinence.

This article describes our experience with 14 small group community workshops designed to promote continence among older incontinent women. The first objective was to evaluate the impact of the workshop on changing participants’ attitudes, knowledge and skills in relation to self-managing or seeking care for UI. The second was to identify the factors associated with the decision to seek care in the 6 months following the workshop. Lessons learned about the process of implementing and evaluating continence promotion activities for older incontinent community-dwelling women are discussed.

METHODS

Development of the Intervention

In keeping with theories of health behavior change,16,17 our team developed a 2.5-hr group activation workshop for
incontinent older women as part of a Knowledge-to-Action community partnership project aimed at reducing unmet health needs for older women. \(^1\)\(^8\) The workshop was designed with input from expert clinicians, experienced public health education community workers, pedagogical leaders, and incontinent older women.

The workshop included a one and a half hour teaching component with group discussions directed at changing knowledge and attitudes towards incontinence, and a 1-hr interactive component, using modeling, scenario role-playing and feedback to teach assertive communication skills and overcome physician blocking behavior towards seeking care for incontinence. The first hour covered topics such as: common myths about incontinence, normal bladder function and what can go wrong, the different types of incontinence, treatment options (including behavioral, pharmacologic, and surgical interventions), and the importance of seeking care. A key message was that incontinence should not be accepted as a normal part of aging and that most cases can be improved or cured. During the second hour of the workshop, three scenarios were presented: a patient too embarrassed to talk about incontinence to their health provider, a health provider who insists that incontinence is normal at an advanced age, and a health provider who says there is no time for an incontinence work-up during the appointment. Participants were encouraged to act out the scenarios in partners and to come up with the words and/or solutions to overcome these problems. With input from the participants, the facilitators then modeled the ideal resolution of each scenario. The same two facilitators were present at each workshop: one was a nurse clinician with expertise in incontinence and the other was the project coordinator. The workshop was designed for 4–12 participants and was developed in French. Instructional handouts on incontinence were distributed to all participants. These materials were standardized for both the early and later workshops. At the end of each workshop participants were again encouraged to talk to their health care providers to evaluate and treat incontinence. Tips on how to prepare for a health care visit were provided in the instructional booklet.

Recruitment of Participants

Through collaboration with the Fédération de l'Âge d’Or du Québec (Quebec Golden Age Federation), a total of 14 workshops were offered in different community centers over a 6-month period, based on convenience and the willingness of various community centers to participate. Seven workshops were held within the urban Montreal community and seven were held in rural areas within a 3-hr driving radius of Montreal. Participants were recruited to the workshops using local newspaper advertising and community center newsletters, informing them of the workshops and the opportunity to participate in a study. Community-dwelling older women aged 55 years and older who experienced incontinence and who had never sought care for their condition were invited to participate. Interested individuals were asked to call a contact person at the community center closest to where they lived who would assess their eligibility for inclusion in the study. Incontinence was defined as a weekly average of one or more episodes of involuntary urine loss during the preceding 3 months. Eligible women who had already spoken to a health care professional about their incontinence or who were currently undergoing treatment were excluded. Participants were informed of the details of the study and advised that a consent form must be signed prior to the workshop.

Effectiveness of Continence Promotion

Knowledge, attitudes, and self-perceived skills for initiating and sustaining discussions about incontinence were measured using a nine-item self-administered questionnaire. This questionnaire was administered prior to and immediately following the intervention. As no previous questionnaire existed to measure these domains in community dwelling older women, a questionnaire was developed specifically for this project from a review of the literature on attitudes towards incontinence and barriers for healthcare seeking. \(^3\)\(^7\)\(^8\)\(^9\) The items consisted of statements to which respondents indicated their agreement on a five point scale from total agreement to complete disagreement. The three statements measuring knowledge were: “Certain beverages can worsen urinary incontinence,” “The best way to manage incontinence is by wearing protective pads” and “Improvements in incontinence can be achieved by doing exercises to strengthen the pelvic floor muscles.” Two items measured attitudes. These included, “Incontinence is a normal part of aging” and “One must learn to live with incontinence.” Finally, four statements measured women’s perceived skills for discussing the issue of incontinence with a health care provider. These were, “I feel I am able to speak to a health provider about my incontinence when asked,” “If I am told there is no time to address my incontinence problem during a medical visit, I feel comfortable scheduling a separate appointment at a later date,” “If my health provider does not inquire about incontinence, I will raise the issue myself,” and “If my primary care provider tells me there is nothing that can be done for incontinence, I will insist on being referred to a specialist.” Measurement of the type and severity of incontinence was ascertained using the International Consultation on Incontinence Questionnaire Short Form\(^2\)\(^9\) prior to the workshop. Data on demographics (age, living arrangements, education) and health status (self-rated health and medical conditions) were also collected. Finally, participants were asked to indicate their degree of readiness for seeking care for incontinence using an adapted form of Prochaska’s trans-theoretical model of change scale\(^2\)\(^1\) both prior to and immediately after the workshop.

To determine whether the management of incontinence changed or healthcare seeking for incontinence occurred as a result of the workshop, 3- and 6-month telephone follow-ups were made to all participants. During each phone survey, the research assistant ascertained if the participant had scheduled, attended or intended to book an appointment to discuss incontinence with a primary care provider, an incontinence specialist, or a nurse continence advisor. Participants who had no intention of seeking care were asked the reasons for this decision. Participants were also asked which, if any, of the behavioral techniques taught at the workshop had they tried or were implementing.

Analysis

To gauge whether knowledge, attitudes or skills surrounding healthcare seeking for incontinence changed as a result of the workshop, we first descriptively compared participants’ responses on the nine-item questionnaire prior to and immediately following the workshop. We calculated the proportion of participants who replied “completely or mostly agree with this statement” for each item before and after the workshop, and used McNemar’s test for matched-pairs nominal data to ascertain whether significant improvements occurred as a result of the intervention. We then used the
3- and 6-month telephone follow-up data to identify which factors were associated with the decision to seek consultation for incontinence. To evaluate whether a change in any of the knowledge, attitude, skills or intention items predicted subsequent healthcare seeking, each of the items was introduced into a logistic regression model that estimated the odds of seeking care if a change in that item occurred. The pre-workshop frequency of incontinence, as well as the degree of bother from incontinence, were also assessed as independent predictors of seeking care. The items were tested first in univariate models and then in multivariate models using age, the severity of incontinence, and the duration of incontinence as possible confounders. Results are reported as odds ratios (OR) with 95% confidence intervals (CI). Follow-up data on the reasons for not seeking care are presented using descriptive statistics. This study was approved by the Ethics Review Board of the Institut universitaire de geriatrie de Montreal.

RESULTS

One hundred three women attended the workshops, however seven women were excluded from analysis because they were already being treated or had previously sought care in the past 3 months, and six women could not be contacted for follow up. We therefore report the results of 90 women aged 55–87 who attended the workshops and for whom complete data were available. The majority of participants had completed at least a high school education, rated their health as good or very good and were moderately bothered by their incontinence (Table I).

Table II shows the changes in knowledge, attitudes, skills and intention to seek care for incontinence as a result of attending the workshop. Significant improvements in almost all areas were observed, clearly demonstrating that the workshop was effective at changing knowledge and attitudes surrounding incontinence. In only two skill areas were no differences seen. Prior to the workshop over 79% of participants already felt confident discussing incontinence when asked by their health provider and 89% would be comfortable raising the issue themselves. It is therefore not surprising that no significant improvement occurred in these domains.

Thirty-eight women (42%) elected to make an appointment with a health care professional to pursue treatment for incontinence in the 6 months following our continence promotion activity. This is in contrast to the 77% who expressed an intention to seek care. Only the degree of bother from incontinence (OR 1.19, CI 1.02–1.39 for every 1 point increase in bother on the 10-point bother scale) and the intention to seek care prior to the intervention (OR 3.29, CI 1.16–9.30) were significantly associated with subsequent healthcare seeking in logistic regression models. Neither the frequency of pre-workshop incontinence, the size or geographic location of the workshop groups, nor the magnitude of change in incontinence-related knowledge, attitudes or skills independently predicted subsequent healthcare seeking. The primary reason women decided not to seek care was because they had success implementing the self-management strategies taught during the workshop (Table III). In total, 77 out of 90 participants (85%) sought consultation for incontinence or successfully applied self-management techniques as a result of the intervention.

DISCUSSION

Our continence promotion workshops resulted in a positive change in behavior, consisting of consultation for incontinence or implementation of self-management techniques in 85% of participants. The workshop proved effective for improving attitudes and knowledge of incontinence, with 84–94% of participants demonstrating more constructive incontinence-related knowledge and attitudes immediately post-intervention. Significant changes in knowledge and attitudes occurred among women who sought consultation as well as among those who did not. Only the degree of bother and intention to seek care prior to the intervention, and not the frequency of incontinence per se, emerged as pertinent predictors of consultation with a healthcare professional. Among women who did not seek care, 75% decided not to do so because their condition improved following implementation of self-management strategies presented during the workshop.

Women with more severe incontinence are more likely to seek outside evaluation and treatment for incontinence, and those with more mild incontinence are more likely to improve with conservative self-management therapies. However, it is still noteworthy that the results of our interactive intervention exceeded the success rates observed in other continence promotion programs that measured outcomes.
O’Connell et al.\textsuperscript{12} distributed a continence education brochure to adults discharged from hospital. Only twelve out of 43 patients (28\%) bothered by incontinence indicated that the brochure had been directly responsible for them taking action to correct leakage problems. Beguin et al.\textsuperscript{15} evaluated the impact of a 1-hr health education meeting on incontinence held at a senior’s residences. At 3-month follow-up 60\% of incontinent participants (39 out of 65) reported talking to a health professional because of the intervention. Franzin et al.\textsuperscript{13} were the first to assess whether a mailed brochure on urinary incontinence directed towards the general public improved knowledge and encouraged self-management. Sixty-six percent of respondents reported that they had gained new knowledge. Twenty-eight per cent of responders reported a current or previous history of incontinence, of which 49\% felt that they had received useful information for self-treatment and 21\% had begun self-treatment. In our study, 43\% of the study participants had begun and were satisfied with self-treatment, and an additional 42\% consulted a health care professional.

The reasons behind the success of our intervention are difficult to ascertain. One reason may be the interactive nature of the workshop and the opportunity it afforded participants to ask questions and receive feedback in a supportive environment. An alternate explanation may be the charisma and expertise of the facilitators. Finally, it may be that the participants contributed to the success of the workshops by improving its effectiveness with each rendition. Our original intent was to briefly showcase the different treatment options that were available for incontinence and to encourage participants to seek professional guidance for selecting the one best suited to their individual case. However, during the early workshops participants requested more information on the behavioral techniques that treat incontinence and the facilitators adapted future workshops to answer these queries. Post-hoc analyses revealed no difference in the implementation of self-management techniques according to the timing of the workshops. Future inventions might want to consider the need for accessible evidence-based self-management tools.

A discussion of the best outcome for evaluating the effectiveness of continence promotion activities is warranted. Is the goal to increase awareness, to improve knowledge and attitudes, to encourage self-management, or to promote actual healthcare seeking for incontinence? Urologists may argue that a professional consultation is required in order not to miss serious underlying pathology such as bladder tumors or stroke. However, other continence promoters would deem all of the above worthwhile objectives given the high number of women who currently never seek help. The key for advancing the field is to pre-specify the desired outcome for each health promotion activity and measure both the process and the outcome accordingly. To do so, the development of standardized, scientifically rigorous outcome measures for continence promotion activities is required.

Other lessons learned surround issues of recruitment for continence promotion activities, and ecological barriers for healthcare seeking, should the latter be the outcome of choice for future studies. We recruited participants to this study by advertising in local community newspapers and through senior community organizations. Recruitment rates from community newspapers were low. The main reason was because the majority of interested callers were people who had already sought care but were unsatisfied with treatment. We excluded them from the workshops in order not to contaminate the treatment-naïve population, who may have different knowledge and attitudes. Still, future initiatives for the unsatisfactorily treated incontinent population need to be considered, as do methods for tapping incontinent individuals who are uninterested in seeking care. Recruitment through seniors’ organizations was more effective, but in this latter instance many continent individuals wished to attend the workshops and this proved to be a problem as the difference

\begin{table}[h]
\centering
\begin{tabular}{|l|l|l|l|l|}
\hline
Reasons not seeking care & Number of women, n = 52 &  &  & \\
\hline
Self-management techniques are effective & 39 &  &  & \\
Use of Kegel exercises improved their condition & 31 &  &  & \\
Bladder reeducation methods improved their condition & 3 &  &  & \\
Changing their beverage consumption improved their condition & 3 &  &  & \\
Distraction techniques improved their condition & 2 &  &  & \\
Other reasons & 13 &  &  & \\
Symptoms are not bothersome enough & 4 &  &  & \\
Other health problems take precedence & 4 &  &  & \\
Waiting for their annual check-up & 3 &  &  & \\
Too busy moving & 2 &  &  & \\
\hline
\end{tabular}
\caption{Reasons Women Elected Not to Seek Care in the 6-Month Following the Intervention}
\end{table}
between lectures open to the general public and studies restricted to incontinent individuals was hard to understand by some of the community organizers (e.g., “It is unfair not to let everyone attend”).

We also wish to comment on the informal group discussions that took place after the workshop about participants’ satisfaction with different types of pad use. A high satisfaction with protective pad use, also termed palliative care for incontinence, seems to diminish people’s incentive to seek restorative care. After the workshops we observed peer pressure exerted by those satisfied with pads for others to try a different brand of protective pads as an alternate treatment strategy. This unforeseen ecological force worked against the goals of our study, namely to encourage individuals to pursue treatment. Finally, we ascertained that access to continence services was not readily available to many individuals and that more awareness of community continence resources is required.

One limitation of our study is the lack of a validated questionnaire to measure the participants’ gains in knowledge, attitudes and skills. Despite variability in the responses and evidence of change over time, the reliability and responsiveness of the nine-item knowledge, attitude and skills questionnaire were not previously tested in a rigorous fashion for older women with incontinence. Better outcome measures will need to be developed if continence promotion activities are to be evaluated in a more systematic fashion. As well, we did not measure whether actual improvements in incontinence occurred as a result of the intervention. This would be interesting to document in a future initiative. Ninety percent of participants had completed at least a high school education and thus it was not possible to assess whether lower educational status would be a barrier to the success of future workshops.

CONCLUSION

Small group workshops aimed at increasing healthcare seeking for older community-dwelling women with incontinence resulted in a 42% rate of professional consultation and an additional 43% implementation of self-management strategies. To better understand the reasons behind the success of continence promotion activities, more rigorous testing of different interventions needs to occur in larger studies with more sensitive instruments, a control group, and better specification of the goals, process and outcomes of the health promotion activity being tested.

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