

PATIENT SATISFACTION WITH URODYNAMICS. WHAT ROLE DOES STAFF SUPPORT AND PATIENT INFORMATION LEAFLET HAVE ON PSYCHOLOGICAL MORBIDITY?

Hypothesis / aims of study

Urodynamic studies (UDS) is widely used in the evaluation of lower urinary tract dysfunction. It is minimally invasive. Anxiety, discomfort and embarrassment are some of the psychological morbidities associated with UDS.

This survey aims to determine patients' satisfaction with UDS and also assess levels of anxiety, embarrassment and discomfort. It aims to see if there is an association between provision of patient information leaflet and staff support with these morbidities.

Study design, materials and methods

Patients attending UDS were prospectively and anonymously surveyed with an 11 point self administered questionnaire, given immediately after the end of the study. Receipt and easy understanding of patient information leaflet was assessed. A visual analog scale (VAS) was used to assess levels of satisfaction, anxiety, discomfort, embarrassment and staff support (0=not at all to 10 = extremely).

Results

Response rate was a 74% with 98 questionnaires returned out of 133. There were 21(22%) males and 77(78%) females. 11% of patients surveyed did not receive a patient information leaflet prior to attending UDS. 95% of those who received the leaflets felt it was easy to understand. 89% of patients were very satisfied with the test (median VAS score of 9). Levels of anxiety, embarrassment and discomfort were low (median VAS score of 2, 1, and 2 respectively). Most patients found the staff very supportive with 68% of patients indicating that they were extremely supportive. Anxiety levels were no different between those who received and those who did not receive patient information leaflet prior to UDS ((Mann-Whitney test $p = 0.57$)

There was an inverse correlation between staff support and levels of anxiety, discomfort and embarrassment, this association though was weak with spearman's correlation coefficient of < 0.2 in all cases.

Males and females were not different in levels of anxiety, discomfort and embarrassment experienced (Mann-Whitney test $p = 0.16, 0.62, 0.48$ respectively). 98% said they would have UDS again if recommended.

Interpretation of results

Patients overall were satisfied with UDS and had low levels of psychological morbidity from the test. They also felt well supported by staff. Contrary to previous studies, there is poor correlation between provision of patient information leaflet and psychological morbidities. The direct inverse association between staff support and psychological morbidity suggest that the more support health care providers give at the time of UDS the less anxious, embarrassed and uncomfortable patients will be, this will translate into greater satisfaction and hopefully help in improving compliance with management strategies

Concluding message

Urodynamic studies are well tolerated with low psychological morbidity; support from health care providers at the time of UDS will reduce these morbidities. Patient information leaflets are useful but have less of an impact on psychological morbidity.

References

- 1) J. Adv. Nurs (2000) 32; 1356-1363.

FUNDING: NONE

HUMAN SUBJECTS: This study did not need ethical approval because Ethics committee Chairman Officer approval obtained and this was an audit survey but followed the Declaration of Helsinki Informed consent was obtained from the patients.