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CONSUMER SATISFACTION AMONG PATIENTS AND THEIR GENERAL PRACTITIONERS ABOUT INVOLVING NURSE SPECIALISTS IN PRIMARY CARE FOR PATIENTS WITH URINARY INCONTINENCE

Hypothesis / aims of study

Urinary incontinence (UI) is a very common problem, but existing guidelines on UI are not followed. To bring care in line with guidelines we planned an intervention to involve nurse specialists on UI in primary care and assessed this in a randomised controlled trial.[1,2,3] Alongside this intervention we assessed consumer satisfaction among patients and general practitioners (GPs).

Study design, materials and methods

Patients' satisfaction with the care provided by either nurse specialists (intervention group) or GPs (control group) respectively was measured with a self-completed questionnaire. GPs' views on the involvement of nurse specialists were measured in a structured telephone interview.

Results

The patient satisfaction score on the care offered by nurse specialists was 8.4 (scale 1-10), versus 6.7 for care-as-usual by GPs. Over 85% of patients would recommend nurse specialist care to their best friends and 77% of the GPs considered the role of the nurse specialist to be beneficial, giving it a mean score of 7.2.

Interpretation of results

The involvement of nurse specialists was highly appreciated among patients and GPs were by and large also positive. It showed an added value for patients to tackle their UI problem, to supply advice and information, to offer possible solutions, to support motivation of UI patients and to relieve the GP of tasks. We expect this to be caused mainly by the attention that now has been given to a problem insufficiently addressed before by GPs.

Important elements were that the study included both patients receiving nurse specialist care and patients receiving GP care over a one-year period. The study adds new data to existing knowledge, as similar data on the long-term perspective of patients and GPs on nurse care in primary care are scarce.

Concluding message

Although the sample was relatively mall and the stability of the results only provisionally established, substituting UI care from GP to nurse specialist appears to be welcomed by both patients and GPs. Small changes like giving additional UI-specific information and devoting more attention to UI (which had been given little attention before), would provide a simple instrument to stimulate patients to change their behaviour in the right direction.

Table 1 Univariate descriptive statistics and reliability coefficients for eight scales belonging to satisfaction of patients with care received for UI from the nurse specialist 'Being given the opportunity to ask questions on UI', 'Explanation by the nurse specialist', 'The (in)adequacy of help to get insight in own healthcare situation', 'Advices on BT and PFMT', 'The level of difficulty of advice and information', 'The friendliness during treatment' and 'The professionalism of the nurse specialist', 'Making appointments'.

Satisfaction with received care by the nurse	eResponse rate and scores				3	12 months
specialist	3 months 12 months			onths months		
	n (%)	mean (SD)	n (%)	mean (SD)	Cronbach	'sα
Opportunity to ask questions on UI	114 (61.3)	4.5 (.66)	120 (64.5)	4.4 (.69)	α = 0.86	α = 0.77
Explanation by the nurse specialist	113 (60.8)	4.3 (.69)	125 (67.2)	4.3 (.68)	α = 0.61	α = 0.65
(In)adequacy to give insight in health situation	117 (62.9)	4.2 (.61)	123 (66.1)	4.1 (.70)	α = 0.78	α = 0.80
Advice on BT and PFMT	97 (52.2)	4.3 (.75)	102 (54.8)	4.4 (.70)	α = 0.68	α = 0.73
Level of difficulty of advice and information	108 (58.1)	4.1 (.81)	115 (61.8)	4.0 (.82)	α = 0.63	α = 0.52
Friendliness during treatment	118 (63.4)	4.6 (.59)	125 (67.2)	4.6 (.63)	$\alpha = 0.67$	α = 0.69
Professionalism of the nurse specialist	115 (61.8)	4.5 (.58)	126 (67.7)	4.4 (.69)	α = 0.77	α = 0.77
Making appointments	107 (57.2)	4.7 (.47)	120 (64.5)	4.4 (.69)	α = 0.77	α = 0.89

(N = 186; mean age 64.5 years (SD 14.1)) 1 = not satisfied at all 5 = very satisfied; BT, Bladder Training; PFMT, Pelvic Floor Muscle Training.

Table 2 Univariate descriptive statistics on perceived care received from the nurse specialists as reported by responde	ents at 3
and 12 months. Scores range from 0 (never) to 100% (always received).	

Received type of care	3 months			12 months		
	Freq 186 (100%)	mean	(SD)	Freq 186 (100%)	mean	(SD)
Diagnostic procedures (urinary analysis, pad test)	101 (54.3)	29.2	(34.1)	96 (51.6)	21.9	(32.3)
Information on problem and what to do	114 (61.3)	97.4	(16.1)	120 (64.5)	91.7	(27.8)
Special information and advice (on BT, PFMT, adequate pad use)	103 (55.4)	73.3	(34.2)	102 (54.8)	69.6	(32.4)
Special treatment (bladder diary; advice on PFMT)	BT,117 (62.9)	85.3	(23.1)	122 (65.6)	85.1	(25.1)
Referral back to GP	106 (57.0)	3.8	(19.2)	102 (54.8)	12.8	(33.5)
BT Bladder Training: PEMT Pelvic Floor Muscle	Training GP Ger	eral Pract	itioner			

B1, Bladder Training; PFM1, Pelvic Floor Muscle Training; GP, General Practitioner.

Table 3 Univariate descriptive statistics on perceived care received from the GPs as reported by respondents at 3 and 12 months. Scores range from 0 (never) to 100% (always received).

Received type of care	3 months			12 months			
	Freq 198* (100%)	mean	(SD)	Freq 198* (100%)	mean	(SD)	
Additional testing (urine analysis, physica examination, vaginal/rectal palpation, referral to PT)	173 (36.9)	14.7	(30.3)	73 (36.9)	18.7	(29.8)	
Information (bladder diary, explanation pad test home, GP gave home PFMT)	76 (35.9)	32.9	(47.3)	76 (38.4)	44.7	(50.1)	
Prescription medication	72 (36.4)	11.1	(31.7)	69 (34.9)	17.4	(38.2)	
Referral to specialist	71 (35.9)	8.5	(28.0)	70 (35.4)	14.3	(35.3)	
Prescription incontinence pads	79 (39.9)	45.6	(50.1)	83 (41.9)	63.9	(48.3)	

*N=198 (mean age 64.9 (SD 11.6)); GP, General practitioner; PFMT, Pelvic Floor Muscle Training; PT, physiotherapist.

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Disclosures

Funding: The Netherlands Organisation for Health Research and Development (ZonMw) funded this study, grant number 945-04-224. Clinical Trial: No Subjects: HUMAN Ethics Committee: This study protocol was approved by the Medical Ethical Commissions (MEC) of University Hospital Maastricht, UMCN Radboud, Nijmegen, The Hague, Elkerliek Hospital, Helmond, The Netherlands. Helsinki: Yes Informed Consent: Yes