

THE EFFECT OF AN EDUCATIONAL WORKSHOP FOR COMMUNITY HEALTH NURSES DESIGNED TO IMPROVE THEIR KNOWLEDGE, ATTITUDES, AND SELF-EFFICACY IN PROMOTING URINARY INCONTINENCE SELF-MANAGEMENT

Hypothesis / aims of study

In Korea, prevalence of Urinary incontinence (UI) in community-living women ranged from 45.4% to 64.6%, increasing to 70.6% in women older than 40 years [1,2]. Although UI has been reported to be strongly associated with low quality of life, women with UI have been less cared for since it is related to privacy and often perceived as normal aging process [3]. Community-based UI self-management educational programs are needed to change affected women's self-management behaviours and to improve their efficacy in UI self-management. However, there are few educational offerings for community health nurses who are responsible for UI care aimed at enhancing their capabilities. Therefore, we designed and provided a one-day educational training workshop for community health nurses. Specifically, the purpose of this study was to examine the effectiveness of the workshop on the nurses' knowledge about UI self-management, attitudes toward UI, self-efficacies in UI management, and their satisfaction of the workshop.

Study design, materials and methods

A one group pre- and post-test design was used to detect changes in knowledge, attitudes, and self-efficacy after a one-day educational training workshop. A sample size of 23 subjects was required to detect a difference between two means, assuming a large effect size (0.8), 80% power, and .05 probability (two-tailed) by G*Power3.1.9.2. Twenty-seven community health nurses completed the questionnaires before and after the workshop. Participant satisfaction was also measured at the end of the training. The workshop was designed to help community health nurses improve their capabilities and confidence in planning and implementing a self-management program for their clients. Before participating in the workshop, the participants were required to take the UI online continuing educational program (running time: 3 hours of recorded video lectures) developed by the researchers. During the workshop, the participants took four modules which consisted of client educational materials of a 5-week UI self-management program, pelvic floor training, biofeedback practice, and a post-workshop group discussion to plan the implementation in their workplaces. Descriptive statistics and paired *t*-test analyses were employed to examine the effect of the intervention program.

Results

Table 1. Changes in knowledge and attitudes after UI workshop (N=27)

Outcome variables (range)	Pre-workshop M ± SD	post-workshop M ± SD	t (p)
UI knowledge (0- 30)	26.9 ± 2.04	28.3 ± 1.48	3.533 (.002)
Risk factors (0-5)	4.2 ± 0.96	4.9 ± 0.32	-4.208 (<.001)
Symptoms (0-5)	4.4 ± 0.84	4.4 ± 0.70	-.440 (.663)
Impacts (0-5)	5.0 ± 0.00	5.0 ± 0.19	1.000 (.327)
Prevention (0-5)*	5.0 ± 0.00	5.0 ± 0.00	
Treatment (0-5)	4.3 ± 0.81	4.3 ± 0.68	-.465 (.646)
Management (0-5)	4.1 ± 0.78	4.6 ± 0.63	-2.850 (.008)
UI attitudes, range (1- 4)	2.6 ± 0.19	3.1 ± 0.41	2.825 (.009)
Symptoms (1- 4)	3.3 ± 0.52	3.5 ± 0.45	-1.786 (.086)
Prevention (1- 4)	3.3 ± 0.68	3.4 ± 0.69	-.386 (.703)
Treatment (1- 4)	2.6 ± 0.31	2.7 ± 0.20	-1.791 (.085)
Management (1- 4)	2.8 ± 0.33	3.0 ± 0.24	-3.328 (.003)

**t* cannot be computed because the standard error of the difference is 0

UI: Urinary Incontinence

Table 2. Changes in self-efficacy after UI workshop (N=27)

Outcome variables (range)	Pre-workshop M ± SD	Post-workshop M ± SD	t (p)
Assessment (1-5)	4.1 ± 0.61	4.5 ± 0.48	3.149 (.004)
I can identify older adults with UI.	4.1±0.69	4.5±0.51	3.094 (.005)
I can collect UI-related data before the program (e.g., knowledge, attitudes, satisfaction, etc.).	4.1±0.63	4.5±0.51	2.900 (.008)
Plan (1-5)	4.0 ± 0.59	4.3 ± 0.44	2.335 (.028)
I can promote the program through different channels.	4.2±0.51	4.5±0.51	1.806 (.083)
I can organize a UI self-management group.	3.9±0.63	4.3±0.55	2.440 (.022)
I can organize a partnership to support each other in UI self-management group.	3.8±0.69	4.4±0.50	3.412 (.002)
I can utilize adequate resources for the program.	4.0±0.66	4.0±1.04	.328 (.746)
I can utilize UI-related websites.	4.1±0.77	4.4±0.58	2.132 (.043)
Implementation (1-5)	4.1 ± 0.66	4.4 ± 0.46	2.382 (.025)
I can teach the principle of UI self-management class to my clients.	4.0±0.82	4.5±0.58	2.518 (.019)
I can educate about the pelvic floor training.	4.2±0.71	4.4±0.50	1.162 (.256)
I can educate about the definition, symptoms, types, and related factors of UI.	4.2±0.63	4.4±0.50	1.547 (.134)
I can educate about the structure and function of the bladder.	4.1±0.77	4.3±0.56	1.443 (.161)
I can educate about the necessity and skills of self-management.	4.1±0.80	4.4±0.50	2.087 (.047)
I can educate about proper diet to prevent UI.	4.1±0.77	4.4±0.50	1.766 (.090)
I can educate about good bladder habits.	4.1±0.74	4.4±0.50	2.368 (.026)
I can educate about daily life habits.	4.1±0.62	4.4±0.50	2.360 (.026)
I can educate about personal hygiene.	4.2±0.62	4.5±0.51	2.302 (.030)
I can educate about UI treatment resources.	3.9±0.68	4.3±0.54	2.798 (.010)
I can provide a 5-week UI self-management program.	4.0±0.92	4.4±0.49	1.991 (.057)
Monitoring (1-5)	4.1 ± 0.70	4.5 ± 0.49	2.688 (.012)
I can encourage my clients to have positive attitudes toward UI.	4.1±0.77	4.4±0.58	1.870 (.073)
I can monitor their diet and bladder diary during the program.	4.1±0.83	4.5±0.51	2.833 (.009)
I can monitor their follow-up appointments.	4.0±0.71	4.4±0.51	2.833 (.009)
I can monitor the attendance of participants.	4.2±0.74	4.5±0.51	2.208 (.036)
Evaluation (1-5)	4.0 ± 0.84	4.4 ± 0.48	2.669 (.013)
I can hold a graduation ceremony.	4.0±0.98	4.4±0.50	2.590 (.016)
I can collect UI-related data after the program.	4.1±0.72	4.5±0.51	2.431 (.022)
I can evaluate the effects of the program on UI self-management.	3.9±0.97	4.4±0.56	2.380 (.025)
Total Score Self-efficacy, range (1-5)	4.1 ± 0.65	4.4 ± 0.44	2.673 (.013)

UI: Urinary Incontinence

Interpretation of results

A significant improvement in knowledge of and attitudes toward UI were found ($t=3.533$, $p=.002$; $t=2.825$, $p=.009$, respectively) after attending the workshop. Participants also demonstrated improvements in their self-efficacy in planning a UI self-management program after the workshop ($t=2.673$, $p=.013$). Their confidence in assessing, program planning, program implementing, monitoring, and program evaluating had significantly improved ($t=3.149$, $p=.004$; $t=2.335$, $p=.028$; $t=2.382$, $p=.025$; $t=2.688$, $p=.012$; $t=2.669$, $p=.013$; $t=2.673$, $p=.013$, respectively).

Concluding message

A 1-day educational training workshop for community health nurses is a feasible strategy to increase their capabilities and confidence in providing a UI self-management program.

References

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Disclosures

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