

## MEASURING PATIENT EXPECTATIONS FOR INCONTINENCE CARE SEEKING

### Hypothesis / aims of study

Meeting patient expectations may be the quickest way to achieve patient care satisfaction, independent of health outcomes. Patient expectations may differ for a racially heterogeneous female incontinent population. Therefore it would be essential to identify race-specific expectations of incontinence care seeking if physicians hope to provide satisfying incontinence care. An incontinence-specific expectation measurement tool has not been developed or validated to operationalize an expectation variable. The objective of this study is to establish the structure and factor validity of an expectation questionnaire and estimate its reliability in a racially heterogeneous incontinent female population.

### Study design, materials and methods

Racially diverse continent focus group participants (n=55) were asked, open-ended questions about their expectations regarding outcomes, advantages and disadvantages of either seeking incontinence care promptly or adopting a wait and see approach. Video and audio taping equipment were used to transcribe a script of the proceedings for review by the principal investigator (MH) and qualitative sociologist (SK) in preparation for a thematic analysis. The themed analysis included an 1) independent review of the interview data for commonly reported themes in response to focused questions, 2) independent generation of themes for expected outcomes, advantages and disadvantages of seeking prompt care or adopting a wait and see approach, 3) collaborative identification of categories of responses that represent the newly generated themes. From this preliminary research, one questionnaire on the perceived likelihood of good or bad outcomes of care seeking for incontinence (expectations) was developed. Racially diverse incontinent focus group participants (n=63) were administered the 21-item questionnaire to refine its wording prior to conducting computer assisted telephone interviews (CATI). CATIs were conducted on a nonprobability sample of 275 incontinent females (95 Caucasian, 95 African American, 80 Hispanic, 5 Other). Study participants were asked to assess the likelihood of a specific outcome of incontinence care seeking from 1 (not at all likely) to 10 (definitely). A principal components exploratory factor analysis (Varimax rotation) was performed to estimate the factor loadings (Eigenvalues > 1) of the 21 item questionnaire. A confirmatory factor analysis was conducted to establish the final structure of the expectation questionnaire and assess its fit in our racially diverse incontinent female population. Cronbach's alpha coefficients were estimated to establish the reliability of the final expectation questionnaire and its subscales.

### Results

Four factors explained 42.7% of the variance on the 21 item questionnaire. In the final model, 6 good outcome items loaded on a control factor (factor loadings 0.502-0.806). The two expectation items with the highest loadings on the control factor were "I would be able to resume my normal activities," (r = 0.806) and "I would regain control of my life." (r = 0.726). Four bad outcome items loaded on an internalized fear/anxiety factor (factor loadings 0.449-0.497). The two expectation items with the highest loadings on the internalized fear/anxiety factor were "I would be told it was caused by something I had done in my past," (r = 0.485) and "I would be labelled a hypochondriac." (r = 0.497). Two 2 bad outcome items loaded on an externalized fear/anxiety factor (factor loadings 0.553-0.726). The two expectation items with the highest loadings on the externalized fear/anxiety factor were "I would be referred to a specialist," (r = 0.553) and "my doctor would tell me I needed surgery (r = 0.726). A CMIN/DF of 1.70, GFI of 0.95, CFI of 0.95, and a RMSEA of 0.050 (P CLOSE 0.463) established the fit of our final expectation questionnaire. Cronbach's alpha coefficient for the final 12 item expectation questionnaire was 0.56 (Control subscale 0.82, internalized fear/anxiety subscale 0.53, and externalized fear/anxiety subscale 0.57).

### **Interpretation of results**

The 12-item expectation questionnaire is a valid and reliable tool for measuring expectations for incontinence care seeking. It can be used to measure expectations in a racially heterogeneous incontinent female population.

### **Concluding message**

Race-specific expectations of incontinence care may differ and can be potentially modified to increase the percentage of women who receive satisfactory incontinence care when sought.

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