

## DEVELOPMENT OF A TREATMENT PLANNING TOOL FOR URINARY INCONTINENCE - USE OF THE REPERTORY GRID TECHNIQUE

### Hypothesis / aims of study

Current research on interventions in urogynaecology is centred on measuring success rates. Our interest stems from the anecdotal observation of patients who have undergone apparently appropriate, clinically indicated continence surgery which has cured their stress incontinence but are postoperatively dissatisfied or unhappy. We are investigating this whole area to see if there are other factors which need to be addressed and identify any predictors for whether or not a patient will be satisfied with their surgical results.

This study is part of an exploratory phase looking at how patients differ in their responses to symptoms and continence treatments. The ultimate aim is to develop an assessment tool to apply to women before they undergo surgery.

### Study design, materials and methods

15 women (a substantial sample for this methodology) with urinary incontinence underwent assessment using a semi-qualitative personal construct psychology technique (repertory grid)<sup>1</sup>. This method was chosen because it is an integral part of personal construct psychology which recognises that everyone has a highly individual and valid view of their own personal worlds. It avoids presumptions made by existing questionnaires or highly structured interviews and is more likely to reflect the patient's true feelings. Each grid generates 6 bipolar constructs for each patient and these underwent thematic analysis by standardised methods<sup>2</sup>.

### Results

The results of the analysis of the bipolar constructs is presented in global networks. At the centre of each global network is a global theme surrounded by organising themes and subordinate basic themes.

Global theme	Organising theme	Examples of basic themes	Examples of bipolar constructs
Emotions	Negative	Embarrassment, Anger	Embarrassed-not embarrassed
	Positive	Hope	
Activities	Mentally restricted	Motivation	
	Physical restriction	Dependency on other people Transportation/mobility	Need a lift in a car-able to use public transport*
Other people	Dependency	Transportation	Need a lift in a car-able to use public transport*
	Interpersonal relationships	Sexual relationships	
Treatment	Expectations	Continence	
		Hope	
		Negative	Feels that the treatment will never finish-thought that treatment would be quicker
Symptoms	Incontinence	Leakage	Dry-wet
	OAB	Urgency/frequency Nocturia	
	Prolapse		No dragging pain-dragging pain
Body image	Self Confidence		Confident-not confident
	Concerns	Hygiene	Unclean-clean
	Fatigue		Does not get tired-gets tired
	Health	Restriction by other health problems	
	Normality		
Life in general	Happy with body		
	Difficult life		Life is complicated-life is simpler
	Freedom		Feeling free-not feeling free

### Interpretation of results

The grids were highly individual with vast differences between subjects. Factors were uncovered, such as body image and thoughts relating to other people, which are rarely, if ever formally assessed in depth preoperatively. We also do not know if these concerns are addressed with current treatment and if not, they may impair recovery and return to normality.

### Concluding message

Treatment planning must be individualised. These additional factors have been explored in other areas of medicine (such as pain, chronic disease<sup>3</sup> and plastic surgery) but are not currently addressed preoperatively in urogynaecology. Choosing the most effective treatment for urinary incontinence is not necessarily going to result in a satisfied patient if

they are unprepared or their expectations are unfulfilled. The repertory grid is a valuable research tool and underused in clinical medicine.

#### References

1. Winter D. 'Repertory grid technique as a psychotherapy research measure'; *Psychotherapy Research*; 2003; 13(1) 25-42,
2. Attride-Sterling J. 'Thematic networks: an analytic tool for qualitative research'; *Qualitative Research*; 2001; vol 1(3); 385-405,
3. Spurgeon P. 'Counselling in primary care: A study of the psychological impact and cost benefits for four chronic conditions'; *European Journal of Psychotherapy, Counselling and Health*; December 2005; 7(4); 269-290

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**DISCLOSURES:** NONE

**HUMAN SUBJECTS:** This study was approved by the Solihull LREC and followed the Declaration of Helsinki  
Informed consent was obtained from the patients.