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A SURVEY OF THE EDUCATIONAL NEEDS OF CONTINENCE NURSE SPECIALISTS FOR THE USE OF NEUROMUSCULAR ELECTRICAL STIMULATION THERAPY

Hypothesis / aims of study

Faecal and urinary incontinence is a distressing and often socially isolating condition that affects 2.5 to 4 million people in the United Kingdom. There is a growing body of clinical research demonstrating health gain from treating incontinence (1). One such treatment is neuromuscular electrical stimulation (NMES) therapy for the pelvic floor. Whilst there is research on the efficacy of NMES therapy for incontinence, there is a paucity of literature on who undertakes it, as well as the need for and availability of formal education in NMES therapy for nurses.
It is the nurses' responsibility to deliver care based on current evidence and if any aspect of practice is beyond their level of competence then they need to acquire the skills and knowledge to develop these competencies (2). Consequently there needs to be a way in which the continence nurse specialist (CNS) can develop the competencies required to undertake NMES therapy.
This study sought to determine whether there is a need for formal education in NMES therapy, how many CNSs offer it and whether they have received education and training.

Study design, materials and methods

Between October 2004 and January 2005 a survey of 204 continence clinics named on the Continence Foundation database, covering the whole of the United Kingdom, was conducted using a self reporting postal questionnaire, designed specifically for this study.
The questionnaire was piloted to establish the validity and reliability whilst testing understanding and gaining a general view of its suitability as an appropriate tool. Ethical approval was gained. Descriptive analysis was undertaken, using SPSS. The Chi squared test was used to assess whether a relationship existed between two categorical variables (if assumptions for Chi squared were not met Fisher's exact test was applied).

Results

The response rate was 65.7% (n=134) with the average age of the respondents being 48 years. Forty six percent had been in post for ten years or more and 50% of the sample where "H" grades.
Eighty-nine clinics undertake NMES therapy on patients with incontinence, more for bladder than bowel dysfunction. In 33 of these clinics only CNSs undertake the therapy, in 36 only physiotherapists and in 20 the therapy is carried out by both. Of the 53 CNSs undertaking NMES therapy, 100% stated that what influenced them in providing this therapy was benefit to the patient.
There was no statistically significant difference (using Fisher's Exact test) in length of time in post ($p=0.761$) or difference in grade ($p=0.559$) between the CNS who undertakes NMES therapy and those that do not. Eighty seven percent of respondents who undertake NMES therapy had received some kind of education from either, a company, another nurse specialist or physiotherapist. Of the 134 clinics surveyed 33% (n=45) do not offer NMES therapy, the main reasons being that the CNS had not received training (44%) or did not feel competent (39%). 91.7% agreed there is a need for formal education.

Interpretation of results

Out of 98.5% of the respondents that answered the question about the need for formal education in NMES therapy for nurses, 91.7% felt there was a need, which would suggest that the perceived need is a real need for formalised education.
The value of NMES therapy as part of patient treatment is supported by the fact that 100% (n=53) of the CNSs who administer NMES therapy consider it to be beneficial to the patient and an important part of their role.
However of the 89 clinics that undertake NMES therapy for incontinence the use was much higher in bladder dysfunction (66%) than bowel dysfunction (36%). This could be because the evidence base for the efficacy of NMES therapy for treating bowel dysfunction is less than for bladder dysfunction and warrants further research.
Out of the 89 clinics that offered NMES therapy, the proportion of CNSs offering this service was similar to that of physiotherapists, thus suggesting a blurring of professional roles in some aspects of continence management. The main reasons for the CNSs not offering NMES therapy were no training on offer or did not feeling competent, which is an inevitable outcome if there is limited formal education on offer

Concluding message

This research indicates that CNSs recognise the importance and clinical benefits of NMES therapy and the significance of, and requirement for, education and training to develop and maintain competencies. CNSs and educational establishments should work together to develop a recognised course in NMES therapy.

References

(1) The Continence Foundation, London 1996.
(2) Nursing and Midwifery Council, London 2004.

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