186 | www.ics.org/2023/abstract/186

AN EXPLORATION OF AMBULANCE CLINICIANS' KNOWLEDGE AND EXPERIENCES TO HELP DEVELOP A TOOL TO ASSESS URINARY INCONTINENCE IN THE COMMUNITY. A NEW ZEALAND PERSPECTIVE.

Williams C[1]
1. AUT University, New Zealand

HYPOTHESIS / AIMS OF STUDY

This is the first study in New Zealand to investigate the knowledge and experiences of ambulance clinicians when they assess a person who has urinary incontinence. Using a mixed methods approach, the study aims to promote educational and cultural change for the assessment of urinary incontinence in the community and to reduce harm from falls.

It is estimated that a quarter of New Zealand's population lives with incontinence and that the embarrassment and 'taboo' around incontinence often means it is not openly discussed[1]. Current evidence shows that incontinence contributes to falls[2]. Ambulance clinicians frequently see people who fall and are uniquely positioned to ask about continence concerns, such as symptoms of urinary tract infection, as part of a clinical assessment.

The role of an ambulance clinician in New Zealand is to attend emergency calls in the community. As a result, the clinician will see people in their homes or other community locations when they fall. As part of an autonomous clinical assessment, an ambulance clinician will question the history of the presenting complaint, including a person's bowel and bladder function.

STUDY DESIGN, MATERIALS AND METHODS

This abstract reports on a data set attained as part of the author's doctoral research project. The overarching study design for this project is participatory action research. Participatory action research involves cycles of planning and implementing the action, reflection on the action, and then moving to the next research cycle. The cycles of a participatory action research study can result in the collection of both qualitative and quantitative data. The research aims to investigate the question, 'How can the development of an assessment tool enable ambulance clinicians to assess the impact of incontinence on falls in the community?'.

The second cycle of the study utilised a validated questionnaire originally designed for assessing patient understanding of urinary incontinence[3]. The questionnaire was used to ascertain ambulance clinicians pre-existing knowledge of urinary incontinence. The questionnaire (as detailed in Table 1) was modified with the permission of the original authors to utilise terminology appropriate to the New Zealand context. It was then deployed to a small group of 40 ambulance clinicians in a semi-rural location in New Zealand. Data gathered from the questionnaire, in conjunction with three other free-text questions, provided insight into the knowledge and experiences of ambulance clinicians when assessing urinary incontinence. This information was then used to understand ambulance clinicians' perspectives when assessing urinary incontinence in the community.

RESULTS

Of the 40 eligible ambulance clinicians, 31 started the questionnaire, 16 male and 15 female. However, only 27 completed the questionnaire. The number of correct answers for each question was reviewed to understand if ambulance clinicians have the same knowledge of urinary incontinence as a layperson. A summary of correct answers returned in the questionnaire is detailed in Table 2:

INTERPRETATION OF RESULTS

When reviewed alongside the free text answers, results from the questionnaire provided insight suggesting that more education and guidance are required for ambulance clinicians to assess urinary incontinence in the community efficiently. As a result of this questionnaire, cycle three of the research project focused on developing a clinical tool to assess urinary incontinence in the community. The assessment tool will be used to assist ambulance clinicians with clinical assessment of urinary complaints, and to finish answering the research question 'How can the development of an assessment tool enable ambulance clinicians to assess the impact of incontinence on falls in the community?'.

CONCLUDING MESSAGE

Although the research question originally planned to develop an assessment tool for use with people who fall, it was further identified that the tool could be part of a focused clinical assessment for urinary complaints in the community. It is hoped once the assessment tool has been designed and trialled, it could be implemented nationwide to allow for increased understanding and assessment of the prevalence of urinary incontinence in the community.

FIGURE 1

Table 1: *Questionnaire used to assess ambulance clinicians' knowledge of urinary incontinence*

Question number	Question
1	Urinary incontinence (loss of urine or leaky bladder) is more common in young women than in old women.
2	Women are more likely than men to leak urine.
3	Other than pads and nappies, not much can be done to treat leakage of urine.
4	It is NOT important to diagnose the type of urine leakage before trying to treat it.
5	Many things cause urine leakage.
6	Certain exercises can be done to help control urine leakage.
7	Some medications may cause urinary leakage.
8	Once people start to leak urine, they are never able to control their urine again.
9	Doctors can do special types of bladder testing to diagnose urine leakage.
10	Surgery is the only treatment for urinary leakage.
11	Giving birth many times may lead to urine leakage.
12	Most people who leak urine can be cured or improved with some kind of treatment.

FIGURE 2

Table 2: *Questions correctly answered from the questionnaire used to assess ambulance clinicians' knowledge of urinary incontinence*

Question number	Question	*N*	Percentage correct
1	Urinary incontinence (loss of urine or leaky bladder) is more common in young women than in old women.	13	48.15%
2	Women are more likely than men to leak urine.	15	55.56%
3	Other than pads and nappies, not much can be done to treat leakage of urine.	17	62.96%
4	It is NOT important to diagnose the type of urine leakage before trying to treat it.	21	77.78%
5	Many things cause urine leakage.	26	96.30%
6	Certain exercises can be done to help control urine leakage.	24	88.89%
7	Some medications may cause urinary leakage.	21	77.78%
8	Once people start to leak urine, they are never able to control their urine again.	20	74.07%
9	Doctors can do special types of bladder testing to diagnose urine leakage.	17	62.96%
10	Surgery is the only treatment for urinary leakage.	22	81.48%
11	Giving birth many times may lead to urine leakage.	20	74.07%
12	Most people who leak urine can be cured or improved with some kind of treatment.	17	62.96%

REFERENCES

1. Esplin, J., et al., Report on Good Practice of Continence Services in New Zealand. 2017.
2. Batchelor, F.A., B. Dow, and M. A. Low, Do continence management strategies reduce falls? a systematic review. Australasian Journal On Ageing, 2013. 32(4): p. 211-216.
3. Shah, A.D., et al., A reliable, valid instrument to assess patient knowledge about urinary incontinence and pelvic organ prolapse. International Urogynecology Journal, 2008. 19(9): p. 1283.

Funding NONE **Clinical Trial** No **Subjects** Human **Ethics Committee** Auckland University of Technology **Ethics Committee Helsinki** Yes **Informed Consent** No

Continence 7S1 (2023) 100904
doi: 10.1016/j.cont.2023.100904