

A UK-wide survey of medical, nursing and allied health professions undergraduate continence education

Hypothesis / aims of study

It is recognised that adopting a positive approach to continence promotion, education and training creates a very real possibility of cure¹. However from a review of the literature we determined that there was no recently published literature on the content of continence within undergraduate education. The study aims to determine the continence content of medical, nursing (adult, learning disabilities, mental health, child), midwifery and allied health professionals' (physiotherapy and occupational therapy) undergraduate educational programs within Higher Education Institutes (HEIs) in the UK.

Study design, materials and methods

A short web-based questionnaire, designed following a review of the literature and consultation with HEI staff, was piloted at two universities across relevant courses, and minor alterations were made. Relevant HEIs in the UK were identified via the University and Colleges Admissions Services (n=86) and the Deans or Head of Schools were contacted to obtain permission for e-mail dissemination of the survey web-link to the staff members responsible for course content. After the initial e-mail if there was no response to the survey two reminder emails were sent, followed by a telephone call during which the questionnaire could be completed if the responder agreed.

The survey questions focused on how continence education was incorporated into the curriculum (as a separate module and/or within other course content); the quantity of continence education provided (total number of hours dedicated to continence); the areas of curriculum that contained continence-specific education; and the areas of continence covered (e.g. aetiology, assessment). Questions also related to the specialism of the tutors (e.g. invited lecturers), methods of delivery (lectures, clinically-based case studies) and the emphasis placed on continence within the educational program. Responders were asked to indicate any changes in the continence content during the past five years, and to document the reasons for change.

Results

From January 2010 to October 2010, a total of 362 primary e-mails to 86 HEIs were disseminated and following reminders and telephone calls an overall response rate of 81% (n= 294) was obtained. The highest response was from adult nursing and the lowest from medicine (Table 1). Most courses were of 3 years' duration; medical courses were on average 5 years.

Table 1: Breakdown of response by clinical areas

Course	Number	%	Course	Number	%
Physiotherapy	30/35	86	Adult Nursing	67/70	96
Occupational Therapy(OT)	26/28	93	Learning disability	21/33	64
Midwifery	49/55	89	Mental Health	42/58	72
Medicine	13/30	43	Child	46/53	87

Continence content

In response to the question 'Does the program contain any education relating to continence (modular or embedded)' a total of 14% reported no continence related education within their course. Within physiotherapy 3/30; OT 12/26; midwifery 3/49; mental health 11/42; learning disability 1/21; child nursing 10/46, adult nursing 0/67 and 1/13 in medicine reported that there was no continence education within their program.

Delivery

In relation to how continence education was incorporated in the curriculum, only 4 responses indicated their course included a separate continence module: 2 physiotherapy, 1 midwifery and 1 child nursing course. Remaining responses indicated the continence content was embedded within other modules.

Less than half of responses (45%) indicated their courses did not have a lecturer with specialist continence knowledge, although 64% were delivered by permanent academic staff.

Quantity

Of those who reported continence education did feature in their course (n=235), most (59%) reported that 6 or less hours were spent on areas relating to continence within their course.

Table 2: From the modules you selected in the previous question, can you estimate the total amount of time spent on continence education in the whole programme

Answer Options	Response Percent
Less than 1 hour	3.7%
1 to 2 hours	13.6%
2 to 4 hours	22.7%
4 to 6 hours	21.9%
6 to 8 hours	17.4%
8 to 10 hours	7.9%
More than 10 hours	12.8%

Of the respondents who had continence education within their course, 50% stated that over the past five years there had been no change in the amount of time devoted to continence; 22% reported an increase and 30% a decrease or no continence content. The main reasons reported for the decreases or lack of continence content was pressure on time (17%), and a reflection of change in curricular policy (60%).

Interpretation of results

A survey undertaken in 1995 identified that an average of 9.4 hours pre-registration nurse training, 4.2 hours physiotherapy and 3.3 hours medical training was spent on education relating to continence². There has been extensive re-organisation in the management and regulation of undergraduate training of health care workers since 1995, however it would appear from the results of this survey that little has changed despite repeated reports of a lack of education in continence leading to inadequate management and treatment e.g. Staffordshire Report. More recently this was further highlighted in the findings of the 2010 National Audit of Continence Care which identified disparity between guidelines and practice with a lack of education in the assessment and treatment of continence being one of the major causes³.

Concluding message

In a House of Commons debate on the increasing cost of continence products, a Member of Parliament quoted 'the biggest cost is the failure to deal promptly and humanely with incontinence problems'. With the change in demographics forecasting a 29% increase in those over 80 years within 10 years and an 85% increase in the next 20 years, a fundamental change in the knowledge and attitudes of staff is required to allow all patients to be treated with the privacy and dignity they deserve. This change needs to be initiated at undergraduate level to establish the fundamentals of continence care.

References

1. Good Practice in Continence Services (2000). Department of Health London. [Http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005851](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4005851)
2. Laycock J (1995) Must do better. Nursing Times 91(7)
3. National Audit of Continence Care (2010) <http://www.rcplondon.ac.uk/resources/national-audit-continence-care>

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