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SUMMATIVE REPORT

Care in the community
Personal support worker / family carers
Continence training needs assessment

STUDY

An exploratory, qualitative study conducted in 2017 using a structured interview protocol of 83 questions (36 close-ended on a 10-point Likert-type scale; 39 on a binary, yes-no scale; 2 open-ended; 6 demographic)

SAMPLE (n=22)

1 community care agency in southern Ontario, Canada

- 12 personal support workers (PSWs)
 - 9 day shift
 - 3 evening shift
- 10 family member carers

A sample of family physicians was also invited to participate but withdrew due to the lack of financial compensation for them

DEMOGRAPHICS

	<u>PSWs</u>	<u>Family</u>
Gender	Female 10 Male 2	Female 5 Male 5
Age (years)	Average 51.6 Range 32-68	Average 69.7 Range 52-82
Education (highest level)	High school Community college 12 Other post-secondary University	High school 4 Community college 1 Other post-secondary 1 University 4
Years employed (PSWs)	Average 12.0 Range 0.5-28	-----
Years of experience in dealing with incontinence	Average 11.3	Average 3.8

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Confidence

Respondents' level of confidence when dealing with the following situations in patients with fecal incontinence where 1= not confident at all and 10 = extremely confident:

		Average/10	
		Family	PSW
C1. History taking (PSWs only)	Confidence	---	8.2
C2. Changing incontinence products frequently	Confidence	5.1	8.4
C3. Escorting to washroom on time	Confidence	3.4	8.3
C4. Interacting with the individual	Confidence	4.9	8.8
C5. Communicating with the individual	Confidence	5.7	9.5
C6. Dealing with depressed individuals	Confidence	2.8	7.7
C7. Handling accidents	Confidence	6.8	9.0
C8. Dealing with odour	Confidence	6.0	7.9
C9. Taking care of skin irritation	Confidence	3.8	7.4
Average Confidence		4.8	8.4

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Skill

Respondents' skill level when dealing with the following situations in patients with **fecal incontinence** where 1= not skillful at all and 10 = extremely skillful:

		Average/10	
		Family	PSW
S1. History taking (PSWs only)	Skill level	---	8.8
S2. Changing incontinence products frequently	Skill level	4.6	8.7
S3. Escorting to washroom on time	Skill level	3.0	7.9
S4. Interacting with the individual	Skill level	4.2	8.9
S5. Communicating with the individual	Skill level	4.4	8.9
S6. Dealing with depressed individuals	Skill level	2.8	8.1
S7. Handling accidents	Skill level	4.8	8.6
S8. Dealing with odour	Skill level	4.5	8.1
S9. Taking care of skin irritation	Skill level	3.8	6.6
Average Skill		4.0	8.3

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In-class Education (PSWs only)

Respondents' in-class education when dealing with the following situations in patients with **fecal incontinence** where 1= no in-class education at all and 10 = lots of in-class education:

		Average/10
E1. History taking	Education level	8.0
E2. Changing incontinence products frequently	Education level	7.7
E3. Escorting to washroom on time	Education level	7.7
E4. Interacting with the individual	Education level	8.1
E5. Communicating with the individual	Education level	8.6
E6. Dealing with depressed individuals	Education level	8.3
E7. Handling accidents	Education level	8.1
E8. Dealing with odour	Education level	7.3
E9. Taking care of skin irritation	Education level	8.0
Average Education		8.0

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On-the-job Training (PSWs only)

Respondents' on-the-job training when dealing with the following situations in patients with **fecal incontinence** where 1= no on-the-job training at all and 10 = lots of on-the-job training:

		Average/10
T1. History taking	Training level	7.7
T2. Changing incontinence products frequently	Training level	8.1
T3. Escorting to washroom on time	Training level	8.5
T4. Interacting with the individual	Training level	8.7
T5. Communicating with the individual	Training level	8.9
T6. Dealing with depressed individuals	Training level	7.0
T7. Handling accidents	Training level	7.7
T8. Dealing with odour	Training level	7.9
T9. Taking care of skin irritation	Training level	8.0
Average Training		8.1

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General Continence Knowledge:

G1. Do you understand the process of normal voiding (voiding is emptying the bladder/bowels)?	Yes 13	No 3
G2. Do you understand the specific physiological reasons for incontinence?	Yes 9	No 7
G3. Do you understand the factors that contribute to incontinence?	Yes 9	No 7
G4. Do you understand the age-related changes that may affect continence in an older person?	Yes 15	No 1
G5. Do you understand the components of a comprehensive assessment in the management of urinary incontinence?	Yes 6	No 10
G6. Do you understand the components of a functional assessment?	Yes 5	No 11
G7. Do you understand the utilization of a voiding diary as a tool in the assessment of incontinence?	Yes 8	No 8
G8. Do you understand how mobility affects continence?	Yes 16	No 0
G9. Can you describe the difference between treatment and management of continence care?	Yes 11	No 5
G10. Do you understand the effects of dementia on older persons' abilities?	Yes 16	No 0
G11. Do you understand the principles of prompted voiding and establishing toileting routines as a proactive measure?	Yes 10	No 6
G12. Do you know the questions to ask when taking a person's continence history?	Yes 10	No 6

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G13. Are you aware of the medications that affect a person's continence?	Yes 10	No 6
G14. Are you aware of the environmental barriers to successful toileting?	Yes 10	No 6
G15. Do you understand residents' perceptions of their continence?	Yes 8	No 8
G16. Do you know the adequate level of fluid intake for an individual?	Yes 11	No 5
G17. Do you understand the affect that caffeinated beverages have on continence?	Yes 11	No 5
G18. Do you understand the utilization of a 3-day voiding diary in developing an individualized prompted voiding diary?	Yes 4	No 12
G19. Do you know how to teach an individual, and if applicable a family member, about continence?	Yes 6	No 10
G20. Do you know how to teach individuals and family members about scheduled voiding?	Yes 9	No 7
G21. Do you understand the impact that incontinence has on the psychological well-being of an individual?	Yes 16	No 0
G22. Does dealing with incontinence as a care provider have an effect on your psychological well-being?	Yes 6	No 10

Fecal Incontinence Knowledge

F1. Can you describe fecal incontinence?	Yes 14	No 2
F2. Can you differentiate between acute diarrhea and chronic fecal incontinence?	Yes 12	No 4
F3. Do you know how to prevent skin irritation for an individual with fecal incontinence?	Yes 10	No 6
F4. Do you know how to treat skin irritation for individuals with fecal incontinence?	Yes 8	No 8
F5. Do you know the causes of fecal incontinence?	Yes 8	No 8
F6. Do you know the risk factors for fecal incontinence?	Yes 10	No 6
F7. Do you understand the affect of diet on fecal incontinence?	Yes 11	No 5
F8. Do you understand the relationship between laxatives and fecal incontinence?	Yes 12	No 4
F9. Do you understand the possible relationship between medications and fecal incontinence?	Yes 14	No 2
F10. Do you know how to clean an individual who has had a fecal "accident" or has soiled an absorbent product?	Yes 14	No 2
F11. Do you keep a voiding record?	Yes 8	No 8
F12. Do you know how to manage constipation and fecal impaction?	Yes 9	No 7

Fecal Incontinence – Family only perceptions

Ff1. Does the cost of incontinence products inhibit you from buying the right products to meet your needs? Yes 4 No 0

Ff2. Do you view incontinence as a chronic disease? Yes 3 No 1

Ff3. Do you view incontinence as a disability? Yes 4 No 0

Ff4. Was there a time when the management of fecal incontinence made you feel you could no longer cope at home? Yes 4 No 0

Ff5. What is the worst thing about caring for someone with fecal incontinence?

- travelling to and from a family member's residence to provide care
- embarrassment and shame in needing family members to help and to endure the odour
- pretending all is okay when it is not
- sores preventing getting into a wheelchair and going outside
- accidents
- constant changing of absorbent products
- undressing

Ff6. What would be the one factor that would make you consider institutionalization of a loved one with incontinence?

- worsening dementia or dementia becoming violent
- if could no longer cope with, clean, change, care for my family member
- the family carer became ill too
- fewer than 2 PSW visits per day
- worsening of fecal incontinence

Ff7. Is there anything further you would like to add as it relates to fecal incontinence?

- absorbent and other products are expensive which depresses the incontinent individual to the point of not wishing to go outside which prevents live-at-home carers from going out as well
- accidents when left alone
- high cost of products when living on a fixed income with no government support
- skin irritation is for the most part preventable and carer must be vigilant/diligent

Fecal Incontinence – PSW only perceptions

Fp1. Do you feel your professional training equipped you for consultation on incontinence? Yes 9 No 3

Fp2. Do you view incontinence as a chronic disease? Yes 7 No 5

Fp3. Do you view incontinence as a disability? Yes 8 No 4

Fp4. Do you feel like you have the right tools and education to support individuals living with fecal incontinence? Yes 8 No 4

Fp5. Do you worry that incontinence in a home-setting can result in falls or other health concerns? Yes 10 No 2

Fp6. What would help you perform your job more easily?

* more time to work with patient on continence and other matters; all the time spent on “accidents” and nothing else gets done OR accidents are ignored to tend to other matters and patients left in soiled products

*more in-class and on-job training (mostly now just accrued experience)

- having specific products indicated for patients being available and accessible when needed

- enlarged bathrooms so PSW can work with patients in bathroom

- more and better product knowledge to pass onto patient

Fp7. Is there anything further you would like to add as it relates to fecal incontinence?

- smell sometimes, especially of stoma bags, can be overpowering for PSWs and patients alike and embarrassing for patients

- PSWs not allowed to disimpact bowels, insert suppositories

- more pamphlets and educational materials

- family members take patients to toilet more frequently

- Tena products best for elderly**

* More than one response **Even though this study was funded by SCA Canada this response was unsolicited