

USING Q METHODOLOGY TO DETERMINE ATTITUDES OF WOMEN TO THEIR EXPERIENCE OF URINARY INCONTINENCE AND USE OF ABSORBENT PADS

Hypothesis / aims of study

The aim of the study was to elicit views of women outside of a clinical context to understand their attitudes towards urinary incontinence and management using absorbent pads.

Study design, materials and methods

This study was informed by a reference group of women who reported symptoms of urinary incontinence, but who had not sought help. This study is perhaps the first of its kind to collaborate with women experiencing undiagnosed urinary incontinence prior to the research design being finalised. Members of the reference group provided meaningful insight into living with urinary incontinence, and their use of pads. They assisted with development of the research design; piloted data collection tools; and provided feedback to the researcher.

The research comprised of two phases; a qualitative interview study and a Q study. Participants of the main study were self-selecting and a process of informed consent was undertaken prior to data collection. Potential participants responded to advertising, or as a result of 'snowballing' as knowledge of the study became more widespread. Based on data provided by the reference group, incontinence-related terminology was removed from participant documentation. Instead, socially acceptable terms were used; 'urine leakage' was used to describe urinary incontinence. Sampling criteria were purposefully broad, to ensure that women who identified as experiencing 'urine leakage' could participate (irrespective of clinically relevant measures which may ordinarily be used during sampling).

Eleven semi-structured interviews were conducted; the data from these informed the Q study. Q Methodology objectively measures subjective attitudes [1]. Q Methodology lends itself well to incontinence research as it does not require participants to explain their experience, overcoming potential barriers to engagement. Instead, predefined statements (the Q set) are provided to participants during data collection, which is known as the Q sort.

Participants were given a condition of instruction; they then ranked forty-three statements based on their own experience. Each statement card was placed on a quasi-normal distribution curve, by level of agreement. Secondary data was collected in a booklet. Twenty women participated in the Q study after pilot testing.

Rotated factor analysis was conducted using PQ Method software [2]. Interpretation of results was inductive, using the secondary data collected. Results were verified by a second researcher. Where there was uncertainty about interpretation, discussions were had until agreement could be reached.

Results

The results use terms provided by the reference group, rather than ICS standardised terminology, to remain consistent with the data collected.

No participant was familiar with Q Methodology prior to participating in the study. All participants were able to undertake Q sorting after briefing. Nineteen participants chose to provide secondary data, one chose not to. All completed Q sorting successfully. Duration of data collection meetings was dependant on whether participants chose to verbalise information during Q sorting.

Characterised attitudes obtained through Q Methodology are known as factors. After analysis, five factors were identified. Factor 1 was typified by uncertainty about the leakage experienced and a lack of knowledge about how to cope with it effectively. The perceived attitudes of others (including healthcare professionals) affected behaviour and choices.

Factor 2 was typified by an ability to continue with life in spite of leakage. These women accepted the leakage they experienced and had little desire to change the situation, as the negative impact on their lives was minimal. Absorbent products were the key coping strategy in maintaining routine.

Factor 3 was typified by the need to strategize planning for leakage by taking a pragmatic approach. These participants were aware of help available but had confidence in their own ability to manage symptoms. They had busy lives and whilst leakage was a concern, other things took priority. They were conscious of others' potentially negative attitudes. Admitting leakage would not only have challenged their social identity but also their self-identity.

Factor 4 was typified by using absorbent products as a first-line defence strategy for a problem perceived to be the sole responsibility of the individual. Maintaining secrecy was paramount because of the embarrassment that surrounded the issue.

Factor 5 was typified by pads not meeting the needs of these women, who believed leakage was an expected part of ageing. They wanted product innovation and were prepared to pay for it. They had good social and emotional support to deal with leakage. They would have liked products to improve their daily experience, as they had uncertainty about the value of accessing healthcare for leakage-specific intervention.

Interpretation of results

Five attitudes were characterised through the Q study. Factor 1 - Hidden Uncertainty; 2 - Carry on Regardless; and 3 - Pragmatic Confidence prioritised the individual.

Factor 4 - First-line Defence and 5 - Limited by Products prioritised pads as a coping strategy. Both factors 4 and 5 assumed that UI was a normal ageing process.

Women's attitudes towards urinary incontinence and pad use can be successfully characterised. This small study suggests that women who consider urinary incontinence to be a normal part of ageing may be more likely to prioritise pad use, than those who do not.

The results also suggest that there are opportunities for development of interventions which support women with differing attitudes. As attitudes to healthcare varied, there may be particular benefit in developing self-management interventions, which could be accessed outside of traditional healthcare settings. There is also opportunity to develop new products which would meet the lifestyle needs of these women.

Concluding message

Working with women to design UI research increased engagement with the study, by removing barriers which may have affected participation.

The attitudes of women experiencing urinary incontinence are varied, and may affect help-seeking behaviours. There may be opportunity for new interventions and products to be designed which take attitude type into account, recognising the nuances in women's experience and coping strategies.

Q Methodology is a suitable method to use to elicit attitudes about urinary incontinence because the method of data collection enables participants to maintain a level of secrecy. This is particularly useful when working with those who have not sought help.

References

1. WATTS, S. & STENNER, P. 2012. Doing Q Methodological research. Theory, Method and Interpretation, London, United Kingdom, Sage Publications Ltd.
2. SCHMOLCK, P. 2014. PQ Method. In: SCHMOLCK, P. (ed.) 2.35 ed. Munich, Germany: Schmolck P.

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