Peer reviewed article

Community pharmacies: an ideal setting to promote continence

Abstract

Stage One of the Pharmacy Continence Care Project (the project) was undertaken in 2003-2004 by the Continence Advisory Service of WA Incorporated. The aim of the project was to establish current best practice in the provision of continence care within community pharmacies in Australia and internationally, and to develop a model of best practice based upon these findings. These materials will be trialed and evaluated in the second stage of the project. Research, including a literature search, surveys of pharmacy staff, consumer focus groups and a consumer survey was conducted. A survey of consumers found that they were generally uncertain of knowledge levels of pharmacy staff in relation to continence issues. This uncertainty was demonstrated by consumers indicating that they would primarily seek continence advice from a doctor or other health care professional rather than a pharmacist. While a definitive model was not found, components of a best practice model and opportunities to promote continence were identified. Stage one of the project concluded with the development of draft training modules. In response to input from pharmacy staff, a selection of supportive material, such as product selection guides was developed to enhance pharmacy staff skills in providing information and advice on continence care. The second stage of the project will involve the evaluation and modification of the training materials.

Key words: incontinence, continence care, pharmacy, best practice, health promotion, consumer survey

Introduction

The Pharmacy Continence Care Project Stage One was an Australian Government initiative conducted by the Continence Advisory Service from 2003 to 2004. The aims of Stage One of the project were, firstly, to establish current best practice in the provision of continence care within community pharmacies in Australia and internationally. Continence care has been defined as "*all measures directed toward the prevention, improvement and/or management of urinary incontinence*" [1]. In this project, faecal incontinence was included within the concept of continence care. The potential for an enhanced role in continence care to be played by community pharmacies throughout Australia has been acknowledged by the Department of Health and Ageing [2] as an integral component of raising awareness of continence issues and promoting continence. It is recognised that pharmacists, as experts in medication management, have a unique ability to identify patients who may be at risk of developing incontinence due to the impact of their medication regimens. Secondly, the project aimed to develop a model of best practice based upon these findings. Consultant pharmacists appointed by the Pharmacy Guild of Australia provided pharmaceutical content in the training manuals.

There is worldwide recognition of the need to promote continence by ensuring that a range of health care professionals, including pharmacists, are educated in continence care [3]. The importance of community pharmacies in identifying, advising, counselling and referring people who are at risk of, or who have incontinence, was highlighted by the Hunter Continence Awareness (HCA) Project in 2000 [4]. The HCA Project was an Australian Federal Government funded project and delivered continence training to community pharmacy staff and also to practice nurses in general practice clinics. Outcomes of the project resulted in pharmacies having increased continence knowledge, and improved the confidence of pharmacy staff when discussing continence issues with customers, including providing product and medication information. There are over 5,000 community pharmacies in Australia, and there is a tremendous potential for these pharmacies to maximise opportunities to provide continence care.

Research, including a literature search, field surveys and a fax-back survey of pharmacists, was conducted. Focus group discussions were conducted with consumers to establish preferred formats of health information. In addition, a convenience sample of consumers was surveyed to elicit a rating of their perception of how knowledgeable pharmacists and pharmacy assistants are in relation to bladder and bowel control problems.

Expected outcome from the next stage of this project is to ensure that people with incontinence are identified and offered information on treatment services.

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Methodology

Literature search

A literature search was conducted of data on the promotion of continence by community pharmacists available in journals, books, reports and electronic formats. Key word searches were performed using key words such as 'pharmacy and (in)continence', 'community pharmacy', 'continence care', 'continence management', 'best practice', 'pharmaceutical care' and 'health promotion and pharmacy'. It was noted that a synonym for 'community pharmacy' was 'retail pharmacy', however this article will only make reference to community pharmacy.

Australian and international databases including Australasian Medical Index, CAB Health, CINAHL, Cochrane Library, EBSCOHost EJS, Ingenta, International Pharmaceutical Abstract, Pharmaceutical News Index, Proquest 5000, PubMed, Science Direct, Medline, Swetswise and Wiley InterScience were searched in addition to hand searches and review of web reference sources such as Medscape and web pages such as Community Pharmacy. The literature search focused on research that addressed the key words and were published in English from 1997 to 2003. However a few references dated back to 1985.

Field visits to community pharmacies

Field visits were made to 26 community pharmacies, of which 12 were in regional areas and 14 pharmacies were in metropolitan Perth, WA. The visits were conducted in addition to the literature search, to identify current and best practice in relation to continence care. Informants from the pharmacies were interviewed in person or via telephone using a semi-structured interview which had a mixture of closed and open ended questions. Questions chosen for the field visit survey were based upon the literature search and a previous survey conducted by the HCA Project[4].

Informants consisted of staff from 24 community pharmacies consisting of 22 pharmacists and four senior pharmacy assistants who had been nominated by the pharmacist as the most suitable staff member to interview. In two pharmacies, both a pharmacist and a pharmacy assistant were interviewed. Information was sought about their pharmacies and their opinions as to whether or not best practice in continence care existed, and if not, how it could be developed. Due to the small number of pharmacy assistants that were interviewed, it was not possible to ascertain if there were any differences between the responses given by pharmacists and those given by pharmacy assistants. Observational studies were conducted of the types and location of incontinence products within pharmacies. In addition, observation was made of

health promotion materials particularly with regard to the type of material and its accessibility to consumers.

Fax back surveys of pharmacists

A survey to determine current and best practice in continence care was sent by facsimile by the Pharmacy Guild of Australia to a random sample of 600 community pharmacies within Australia on the Pharmacy Guild membership database. The survey consisted of brief demographic information on the state or territory location and postcode of the responding pharmacy and nine questions. These questions are included in Table 1. Survey respondents were invited to make additional comments. The survey was in a format familiar to pharmacists and was prepared with the assistance of the Pharmacy Guild of Australia. One hundred and seventy-seven responses were received and these were analysed using the Statistical Package for the Social Sciences (SPSS®) computer software [5].

Consumer focus groups

Four focus groups and one individual face to face survey were conducted, with a sample of 30 people. Participant recruitment consisted of a convenience sample of consumer members and supporters of the WA Branch of the Continence Foundation of Australia (CFA) consisting of two men and two women, all of whom were aged over 65 years. One man who was unable to attend the focus group was interviewed separately. A self-selected group of five women recruited from the Armadale Continence Self Help Group (ACSHG) attended the second focus group. All were aged under 65 years. The Health Consumer Council consumers were recruited from a 'Health Interest Group' that has experience in reviewing consumer information. This group consisted of 12 consumers made up of two men and 10 women, of whom four women and the two men were aged over 65 years. The Mercy Aged Care group was recruited from community aged care clients attending a day respite centre. The eight women participants were aged between 80 and 92 years.

Table 1: Pharmacists fax back survey questions.

Fax back survey questions sent to a random sample of community pharmacists

1. Demographic information: State/Territory and postcode_____
2. Do you consider continence products (pads etc) to be a significant business item? YES ❑ NO ❑
3. Have you or any of your staff had any previous training in urinary or faecal incontinence? YES ❑ NO ❑
4. Please indicate how the training was provided. _____
5. Would you like to participate in incontinence education and training? YES ❑ NO ❑
6. Do you have health information related to incontinence for customers in your pharmacy? YES ❑ NO ❑
7. What format is the information? _____
8. Where is the continence information held?_____ _____
9. What would you identify as current best practice in continence care in community pharmacy? _____ _____
10. What would you consider to be vital components of current best practice in continence care? _____ _____
11. Any other comments or feedback? _____ _____

It is acknowledged that many participants had prior knowledge of continence terminology and general health issues. However, as consumer feedback was sought on presentation aspects of the leaflets, it was assumed that the qualitative data would not be unduly influenced by previous knowledge of incontinence issues.

Following consultation with health consumer experts it was decided to limit the number of leaflets reviewed to three to five items per focus group to allow a greater depth of analysis to take place. Following recruitment, participants were sent a package containing a covering letter, the continence information that was to be reviewed and a ratings sheet on which to record their impressions of each fact sheet. The leaflets that were reviewed by the consumers were *Incontinence* produced by Amcal [6], *Incontinence: What is it?* produced by the CFA [7] and *Bladder and urine control* produced by Pharmacy Self-Care® Health Information [8]. Two other leaflets produced by incontinence product manufacturers were reviewed by the CFA and ACSHG participants. These were *You're not alone* produced by Kimberly-Clark [9] and either *Bladder weakness* [10] or *Bladder control* produced by Sancella (now SCA Hygiene Australasia) [11].

There are many features of health information materials that can be analysed including content, tone, layout, level of information, graphics and colour choice of a health information brochure [12]. Focus group participants reviewed these aspects, along with font size, price and readability of the continence information leaflets. A list of the discussion questions is included in Table 2.

Table 2: Focus group discussion questions.

Focus Group discussion questions

Participants were asked to rate the leaflets in relation to the following criteria:

- Appeal of colour scheme
- Size of print
- Ease of reading
- Easy to understand
- Information
- Level of information
- Likelihood of someone picking up the leaflet
- Comments/thoughts on leaflet

Ethical considerations

Focus groups participants were made aware that the purpose of the focus group was to discuss their preferred format and presentation of information in a series of continence information leaflets. Participants were informed that discussions would be kept confidential and identifying data would not be recorded to ensure privacy. They were aware that participation was voluntary and that they were able to withdraw at any point throughout the discussion. Ethics approval was not required as the participants were all able to provide informed consent and the focus group discussion did not include sensitive personal issues, but rather consumer's perceptions of their preferred format and presentation of continence information leaflets.

The format of the focus group and individual discussion consisted of semi-structured questions based upon the ratings sheet and probing questions to elicit extra information and comments. In order to collect the qualitative data, transcription of comments made were recorded verbatim when possible and by annotating salient comments. Data was collated by grouping responses to discussion items allowing common themes to be identified. Conclusions were drawn from the consumers' recommendations.

Consumer convenience survey

A questionnaire was completed by a convenience sample of 29 exhibitors and visitors to the Wanneroo Lions Health Expo. Consumers were asked to indicate from which health care professional they had or would seek information on bladder or bowel control problems and to rate their perception of the knowledge level of pharmacists and pharmacy assistants in relation to bladder and bowel control problems. The response to these survey questions are discussed in the results below. Data was analysed using SPSS ® software [5].

Results

Literature search

Models of pharmaceutical care consistent with best practice have been developed for a number of chronic diseases including asthma and diabetes [13]. While pharmacy continence care has been advocated in Australia and overseas, a definitive model of best practice was not found to currently exist. However, a number of studies have demonstrated opportunities for community pharmacies to promote continence and have recommended a number of strategies consistent with best practice [14, 15]. These strategies include dispelling the myth that incontinence is a normal part of ageing and reassuring the elderly that much can be done to effectively treat incontinence [16, 17].

Due to their location within the community, pharmacists and pharmacy assistants are often the first point of contact in the health care system for many people. It has been suggested that pharmacists are the most accessible community health care provider [18] primarily because pharmacy products and services can be accessed without an appointment. Pharmacists are encouraged to maximise the opportunity to promote continence as they can "*play an integral role in educating the community on preventative strategies to minimise the onset of incontinence and to provide practical help and assistance to customers in need*" [19].

The pharmacist's role may include taking the patient's history, reviewing their medications, providing advice regarding beverages and Over the Counter products known to cause diuresis [20] and supplying incontinence products [14]. It is important that pharmacists conducting Home Medicines Reviews are aware of the types of incontinence, and have cognisance of medicines that may cause or exacerbate incontinence and those used in the pharmacological management of incontinence [15, 21]. It is reported that over 50% of people who are housebound have continence problems [15].

Pharmacists need to understand the social impact of incontinence, and to educate patients that incontinence is manageable [15, 16, 20, 21]. Pharmacists also have opportunities to discuss with clients how common incontinence is, and to recommend assessment to determine the cause of the problem.

The availability of high quality consumer health information is a key component in assisting patients to make informed choices about their health care [22]. Continence can be promoted within community pharmacies by having leaflets on incontinence and contact details for local continence services [23]. This information should be displayed in several product departments such as incontinence products, feminine hygiene sections, home health care and personal care departments [4].

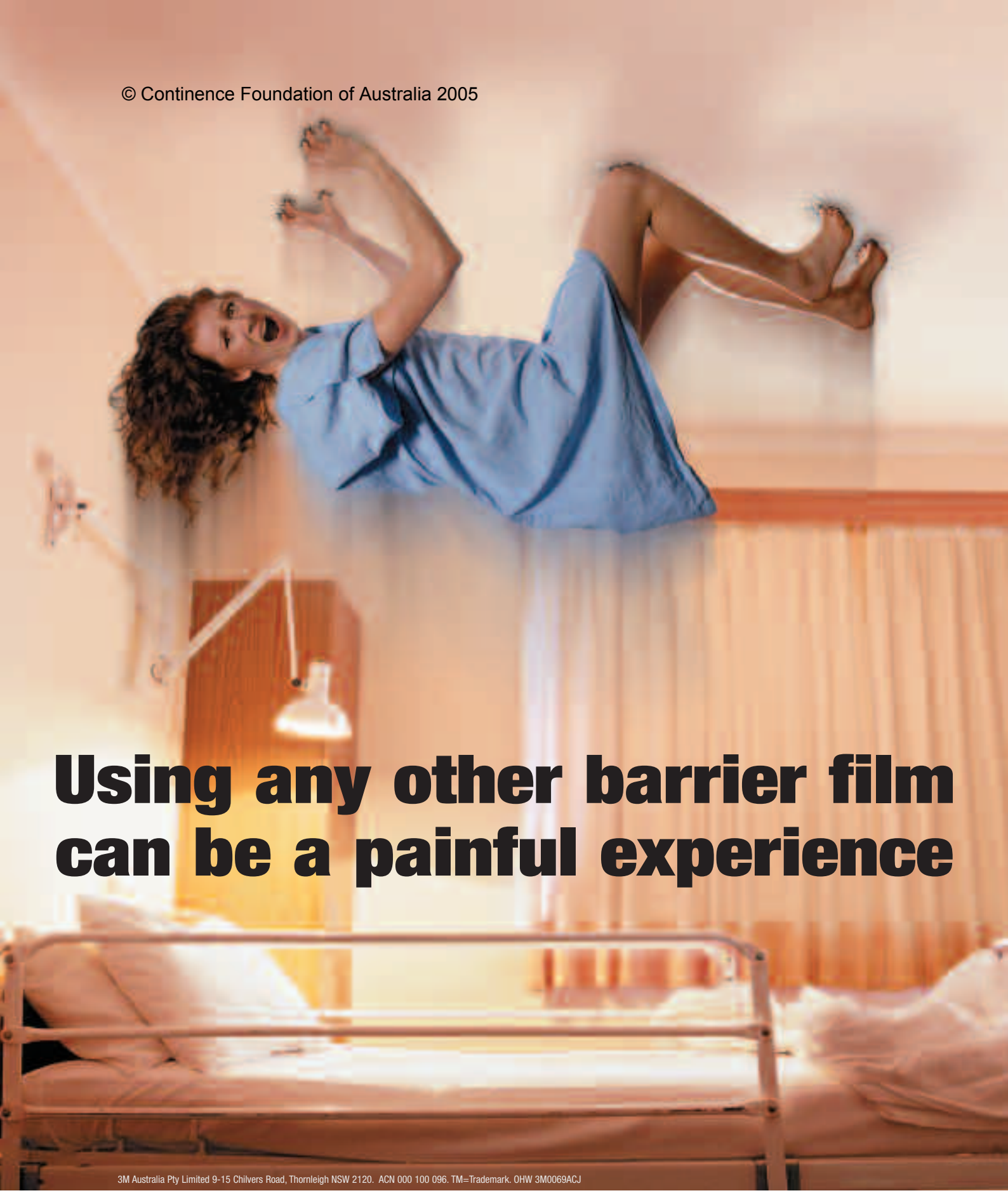
The literature did not reveal the presence of any tools or guides that would assist pharmacists to identify patients taking medicines that could increase the risk of having or developing incontinence that would then allow the pharmacist to counsel the patient with regard to their options to better manage or treat their incontinence. The literature search also identified a need for pharmacists to receive training in health promotion [12, 24] and revealed opportunities to develop a model of best practice in continence care. These findings supported a need for a high level of training to be provided to pharmacists to increase their skills in these areas and were taken into consideration when developing a model of best practice for pharmacy continence care.

Field surveys

Discussions with pharmacists confirmed that a model of best practice for continence care does not currently exist. Nevertheless, they were able to identify components that would be necessary to develop such a model. These included education and training of pharmacy staff, particularly in relation to incontinence product knowledge.

The currency of health information is important and it was noted that the majority of pharmacies had information that was out of date, particularly in relation to contact telephone numbers for customers to call if they required further information.

Information in display stands was more accessible to consumers than storage boxes. Some pharmacies had incontinence product information displayed near incontinence products; however this was not always clearly visible.



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Observational studies revealed that most pharmacies utilised two to three metres of shelving for incontinence products. Some pharmacies had a few packets of products whereas others had several metres of shelving that were well stocked with a wide variety of incontinence products. It was observed that most community pharmacies stock incontinence products from two major incontinence product companies.

Fax back survey results

Less than half of the pharmacists (46%) indicated that they or their staff had undergone continence education and training. Those that had received training indicated that this was provided by a variety of methods including incontinence product company representatives (52%), nurse continence advisors (10%), self-directed professional development (18%), or by a university (12%). It is not possible to determine if the training that was received in university was at an undergraduate or postgraduate level. Other responses included courses conducted by the Pharmacy Guild or Australian Pharmaceutical Industry and self directed learning from pharmacy profession journals. One hundred and fifty-seven pharmacists (89%) indicated that they would like to participate in continence education and training, with one pharmacist stating *"I have little knowledge of continence and continence products. It would be great to learn more"*.

Consumer health information related to incontinence in pharmacies

One hundred and forty-four pharmacists (81%) responded that they had consumer health information related to incontinence in their pharmacies. There was a variety in the types of continence information available in pharmacies. Of the pharmacies with continence information 61% had Pharmacy Self-Care® cards[8], 55% had incontinence product information produced by incontinence product suppliers, 15% had a computerised health information source such as a Health Kiosk®[25], 7% had CFA continence fact sheets[7], 14% had information produced by pharmacy marketing groups such as Amcal[6] and 4% had other information such as information that had been compiled *"in-house"*. Some pharmacists had more than one type of information in their pharmacy. Table 3 represents the types of continence information available.

Table 3: Types of continence information in pharmacies.

Type of incontinence information	N	%
Commercial product information	98	55.3
Pharmacy Self Care®	108	61.1
Health Kiosk®	27	15.2
Continence Foundation of Australia fact sheets	12	6.7
Pharmacy marketing group information	24	13.5
Other	6	3.3

Location of continence information

Observational studies conducted during the field visits revealed that consumer health information was not always easy to locate. The fax-back survey was used to establish if this observation applied to a wider cross-section of pharmacies. One hundred and two pharmacies (57%) had continence information stored in a brochure holder. Forty-two pharmacies (24%) had information in a file that was accessible by staff only, 41% had information displayed near incontinence products, and a further 6% of pharmacies had information stored in other areas. Some pharmacists added comments to this section stating that they had a Health Kiosk®[25] that was accessible to consumers.

Identification of current best practice in continence care in community pharmacy

Pharmacists were asked to indicate what they considered to be best practice in continence care within a community pharmacy. Twenty-eight pharmacists (16%) responded that they were unsure as to what constituted best practice in continence care and 31 (17%) did not believe that a best practice model existed. Significantly 106 (60%) of pharmacists believed that staff with incontinence product knowledge was a component of best practice. In addition, 55 (31%) of pharmacists responded that having a pharmacy stocked with a wide range of incontinence products constituted best practice. More than one response was given by a number of pharmacists and the results are shown in Table 4.

Identification of vital components of best practice in continence care

Pharmacists were asked to indicate what they felt were vital components of best practice in continence care in community pharmacies. Component choices included completion of an accredited *Disease State Module* (such as have been developed by the Pharmaceutical Society of Australia for the management of diabetes[13] and asthma by pharmacists and pharmacy assistants), continence management algorithm, well trained staff, staff with incontinence product knowledge, or having a pharmacy stocked with a wide range of incontinence products. The results are shown in Table 5. Pharmacists were also provided with the opportunity to identify other vital components of current best

Table 4: What would you identify as being current best practice in pharmacy continence care?

Response	N	%
Not sure	28	15.8
Don't think it currently exists	31	17.5
Staff with product knowledge	106	59.8
Wide range of incontinence products stocked	55	31.7
Other	4	2.3

Table 5: What would you consider to be vital components of current best practice in continence care?

Vital component of best practice	N	%
Completion of an accredited Disease State Module	50	28
Continence management algorithm	35	20
Well trained staff	126	71
Staff with incontinence product knowledge	74	78
Pharmacy stocked with a range of incontinence products	3	2
Other		

practice. They were able to give more than one answer to this question and additional comments to this question included "*completion of Disease State Module ideally*", "*better mark-up on continence products*", "*pharmacy stocked with a reasonable range of products to suit demand*". In addition, another pharmacist substituted "*reasonable*" for "*wide*" in the statement "*pharmacy stocked with a wide range of incontinence products*".

Results of consumer focus groups

Consumers were consistently critical of the small font size in all the materials reviewed and reported difficulty reading text that was contained within shaded areas. They expressed strong preferences for materials that were subjectively attractive such as the Amcal leaflet [6] (now out of production) and the Pharmacy Self-Care ® card [8], and were critical of unattractive colour schemes such as the leaflets produced by the CFA [7] and Kimberly–Clark [9]. Consumers had expressed some concern that the requirement of payment in some pharmacies for Pharmacy Self-Care ® cards [8] was likely to act as a disincentive for a number of consumers. They also stated a preference for non-commercial sources of information as they believed that those were more credible. Preferred choices for information content were *Bladder and urine control* produced by Pharmacy Self-Care ® [8] and *Urinary incontinence what is it?* produced by the CFA [7].

Consumer convenience survey

The questionnaire was completed by 29 people; eight men and 20 women. The gender of one participant was not stated. The age of respondents ranged from 26 to 75 years. The average age of the respondents was 55 years for men and 48 years for women. Consumers were asked to indicate from which health care professionals they had (or would) seek information on bladder or bowel control problems. There was an overwhelming response that 76% of people would seek this information from a doctor, and only 1% would seek continence information from a pharmacist. This finding supports research which revealed that there appeared to be a lack of public awareness of the pharmacist's skills and knowledge of health issues [26].

The survey rated consumer perceptions of how knowledgeable pharmacists and pharmacy assistants are in relation to bladder and bowel control problems. Table 6 shows that 27.6% of consumers were unsure as to how knowledgeable pharmacists were and Table 7 illustrates that 34% of consumers were unsure of how knowledgeable pharmacy assistants were in regard to bladder and bowel control problems. These findings suggest that there is a need for public awareness activities to raise awareness of the knowledge and skills of pharmacists and pharmacy assistants.

Discussion

Pharmacists have traditionally been associated with a dispensing role. Currently within Australia and internationally pharmacists are expanding their pharmaceutical care role within a range of health conditions, particularly chronic diseases such as diabetes [13]. Health promotion is classified as an '*essential service*' of community pharmacy in the United Kingdom, along with traditional functions such as dispensing of medicines [27]. Within Australia, the Pharmacy Guild's Quality Improvement program, the Quality Care Pharmacy Program includes health promotion in its range of professional practice activities [28]. However, field visits to community pharmacies found limited evidence of pharmacy participation in health promotion activities or the effective use of health promotion materials in relation to continence care. The opportunity exists for community pharmacists to further develop their health care role by becoming more involved in promoting continence.

Table 6: How knowledgeable do you feel your pharmacist is about bladder and bowel control problems?

Response	N	%
Extremely	4	13.8
Moderately	7	24.1
Somewhat	7	24.1
A little	2	6.9
Not sure	8	27.6

Table 7: How knowledgeable do you feel a pharmacy assistant is about bladder and bowel control problems?

Response	N	%
Extremely	2	6.9
Moderately	6	20.7
Somewhat	6	20.7
A little	4	13.8
Not sure	10	34.5

The response rate of the fax back survey was 30% and it is not possible to establish if the characteristics of the pharmacists who completed surveys were the same as those who did not[29]. Hence it is acknowledged that the characteristics of the sample may have biased the results.

It is acknowledged that community pharmacists have a dual role in health care and retail business. The draft *Pharmacy Continence Care* program modules reinforced literature that stressed that incontinence products should be seen as a last resort[30] and the patient should be aware that there are other strategies available in the treatment of incontinence[7, 14, 26]. Needing to wear incontinence pads every day has a significantly negative effect upon sufferers' quality of life, and can result in decreased confidence and self-esteem, along with the inconvenience of having to take spare pads and a change of clothing when going out[31]. Furthermore, the UK Department of Health[32] advises that the premature offering of incontinence products may lead to a psychological dependence and may leave patients disinclined to seek curative treatment. Comments added to the survey included comments such as it is "*difficult to keep a large range*". A few respondents also expressed concern that while many customers sought advice on products in the pharmacy, a number of these then went to a supermarket to purchase the products at a cheaper price. One pharmacist stated "*this area of pharmacy has been overlooked and requires our attention*".

There was recognition of the need for well-trained staff particularly in relation to incontinence product knowledge. The surveys conducted with pharmacists did not seek input as to the level of training that was required. However, identification of completion of an accredited *Disease State Module* and having a continence management algorithm were considered to be vital components of best practice in 28% and 20% of pharmacists respectively. Only one pharmacist in the field surveys suggested that incontinence product representatives should provide training in continence care.

Data collected from the literature search and input from pharmacist and consumer surveys were used in the development of the *Pharmacist Continence Training Module*, *Pharmacy Assistants Continence Training Module* and the *Pharmacy Continence Care Program Module*. *The Pharmacy Continence Care Program Module* was based upon the *Pharmacy Asthma Care Program Module*[33] and the *Pharmacy Diabetes Care Program Module*[34] produced by the Pharmacy Guild of Australia. Unlike the pharmaceutical Disease State Management Training packages available for asthma and diabetes[13] there were no comprehensive continence care training packages suitable for pharmacists and pharmacy assistants, and therefore these had to be developed. *The Pharmacist Continence Training Module* and *Pharmacy Assistants Continence Training Module* were developed to contain the educational content necessary to provide the knowledge, skills and attitudes necessary for the provision of pharmacy continence care. Consultant pharmacists provided information relating to pharmaceutical content and pharmacy policies and procedures. The modules were also reviewed by experts appointed by the Department of Health and Aged Care.

An interesting finding from the consumer focus groups was that the older consumers believed that "*incontinence*" was a term that would not be understood by younger people. However, the younger consumers said that they believed that older people would not understand what was meant by incontinence. All consumers expressed concern that the font size was too small in all of the publications. It was felt that continence information materials should be attractive to increase the chance that they would be picked up and read by consumers. Consumers believed that it was important to ensure that information was titled appropriately as some leaflets had confusing graphics on them that "*could be for anything*". Consumers had a strong preference for non-commercial sources of information and preferred text and diagrams to explain the content. Despite being considered to be unattractive in appearance the CFA leaflet *Urinary Incontinence: What is it?*[7] along with the more attractive *Bladder and urine control* by Pharmacy Self Care®[8] were the preferred information sources.

While the sample size of the consumer survey was small it does reinforce studies that show that while the pharmacist may not be viewed as a primary source of health information and advice, consumers have expressed interest in using pharmacies for this purpose[24, 35-37]. The results of the survey reveal that it may be necessary to conduct a public awareness campaign in order to promote the pharmacists' role in the provision of continence care. This was also supported by a number of pharmacists in the field survey who also expressed a need for a public awareness campaign if community pharmacies are going to provide continence care.

Conclusions

Consumers indicated their preference for non-commercial health information materials that are attractive and easy to read. A public awareness campaign to promote the role of community pharmacies in the provision of continence care and to reassure consumers of the knowledge level of pharmacy staff will need to be addressed if the next stages of the Pharmacy Continence Care Program are to be successfully implemented.

Pharmacists are medicines experts and are therefore well placed to advise patients with, or at risk of developing, bladder and bowel control problems caused by or exacerbated by medicines. Pharmacists have identified having well trained staff with a high level of incontinence product knowledge as vital components of a best practice model in pharmacy continence care. It is recommended that pharmacy staff members receive training to ensure that they are able to assist customers with continence problems, including those seeking information on incontinence products. The research data and findings were considered when developing the draft *Pharmacy Continence Care Modules* and supporting materials.

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