ABSTRACT

Assessment of Providers’ Perception and Knowledge of Overactive Bladder in Women: A Quality Improvement Project

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Background: OAB is defined by subjective symptoms, rather than objective measure, the patient’s perspective is important in managing OAB (Hung et al., 2013). As such providers need to capture the patient’s perspective of their OAB symptoms and their impact on the quality of life. A patient work up helps providers determine the cause of the symptoms as well as the degree of bother to the patient (Barkin, 2016). The diagnosis of OAB is essentially clinical and can be performed through structured questionnaires (Juliato et al., 2016). When conducting a patient history, it is important to determine the onset and severity of the nocturia, and also determine if the nocturia is consistent or intermittent (Barkin, 2016). Healthcare providers should ascertain any medical conditions or drugs that may cause nocturia.

Method: A quality improvement study was designed and implemented in a retail health clinic to determine an effective standard OAB screening tool; to determine the knowledge level of providers regarding OAB; and measure provider’s perception of the ABSST effectiveness in assessing for OAB in patients. An appraisal of literature published from 2006 through 2016 was conducted to determine if the use of a simple symptom screener in primary care settings, may facilitate discussions between the patient and healthcare provider regarding OAB, and thereby
help to identify women who could benefit from treatment. Over 1000 potential providers were targeted to participate and of those, 153 providers agreed to participate but only 52 providers completed the study including the pre- and post-surveys, the educational module and utilized the ABSST tool with their patients that met the criteria.

Results: The two questions that sought to measure the provider knowledge pre-and post-educational module were not statistically significant. The questions that sought to measure the provider perception of the ABSST effectiveness in assessing for OAB in patients were statistically significant (N= 148; N=145 pre-survey and N=51 and N=52 post-survey). The validated overactive bladder screening tool (ABSST) was found to be statistically significant in highlighting the presence of bladder symptoms consistent with OAB at a 95% confidence interval (-0.8163 - -0.3366) with p< 0.0001 (N=148 pre-survey and N=51 post survey). The ABSST was effective in facilitating critical communication between patient and provider was significant at 95% confidence interval (-0.8787 - -0.3995, p<0.0001) (N=145 pre-survey and N=52 post survey). Provider knowledge level for assessing OAB post intervention was statistically significant (p=0.0004) (N=153 pre-survey and N=52 post-survey).

Conclusion: Findings indicated that providers’ knowledge and awareness of OAB symptoms and screening in adult women were increased following an educational online module. The results suggest that the ABSST is likely to improve patient outcomes for patients who are screened and if criteria met, to initiate treatment early.

Implications: This study created an awareness in the providers who did not routinely screen their patients for OAB symptoms. Further recommendations would include replicating this project with a larger sample, as well as expanding the scope to assess all adults, both male and
female.