



PARTICIPANT INFORMATION SHEET (Focus Group)

Continence services in the Western NSW Local Health Network

Invitation

You are invited to participate in a study that will investigate what information and services health staff currently provide for clients with incontinence within the Western NSW Local Health Network.

The study is being conducted by Louise Linke, Clinical Nurse Consultant, Continence Advisor, Bathurst, supported by the Clinical Education and Training Institute - Rural Division.

Before you decide whether or not you wish to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

1. 'What is the purpose of this study?'

The purpose of the research is to find out how nursing and allied health staff manage clients with incontinence, what gaps they think are in the service and what improvements they think could be made to continence services. It is anticipated that information collected from the study will be used to improve continence services for clients of the Western NSW Local Health Network.

2. 'Why have I been invited to participate in this study?'

You are invited to participate in this study because you are nursing or allied health staff working for the Western NSW Local Health Network and your client base includes people who are at risk of incontinence.

3. 'What does this study involve?'

If you agree to participate in this study, you will be asked to sign the attached Consent Form. You will be involved in a focus group that will be held at your work place or a location of your choosing, at a time that is most suitable for the participants. It is anticipated that the focus group will run for approximately one hour. If you would prefer to participate in an one-on-one interview instead of the focus group, please advise Louise Linke and this will be organised.

The sessions will be run by Louise Linke and there will also be someone present to take notes during our discussions. Two audio-recording devices will also be used during the focus group.

You will be asked questions about your knowledge and management of clients with incontinence, what you think the gaps in continence services are and how you think continence services can be improved. In the focus group, questions 1-5 will be given to each participant as a brief questionnaire and you will be asked to write down your answers. This is being done as a more efficient way to collect the information. The study will be conducted during 2011-2012.

If you would like to view the transcript, please tick the box and fill in you e-mail address on the Consent Form and it will be sent to you. Any feedback that you would like to make can be returned to the researcher by e-mail.

4. 'Are there risks to me in taking part in this study?'

There are no risks anticipated for anyone who chooses to take part in this study. However, if in the unlikely circumstance you were to experience distress as a result of the focus group, then you will be referred to the Employee Assistance Program (EAP) Ph: 1800 357 898.

5. 'Will I benefit from the study?'

There are no expected benefits for participants of this research. However, future improvements to the delivery of continence services may be of assistance to you and your clients.

6. 'How is this study being paid for?'

The study is being sponsored by the Clinical Education and Training Institute.

7. 'Will taking part in this study cost me anything, and will I be paid?'

Participation in this study will not cost you anything, nor will you be paid.

8. 'What if I don't want to take part in this study?'

Participation in this study is voluntary. It is completely up to you whether or not you participate. Your decision not to participate is respected and will not in any way affect your current or future relationship with the Western NSW Local Health Network.

9. 'What if I participate and want to withdraw later?'

You are free to withdraw from the study anytime without consequence. Note however, since data will be collected and stored in de-identified form, any data that you have provided will not be able to be withdrawn.

10. 'How will my confidentiality be protected?'

At the beginning of the interview session the Investigator will ask participants to respect the confidentiality of the group, however the maintenance of confidence by other group members cannot be guaranteed.

Any information or comments provided by you at the focus group will be collected in de-identified form.

The audio- recordings and paper data will be stored in a locked filing cabinet in the Continence Advisor's office within Bathurst Base Hospital. Electronic

data will be kept on the Western NSW Local Health Network computer in the Contenance Advisor's office, which is password protected.

After completion of the study, audio-files will be deleted and the paper data will be stored for 5 years in the locked filing cabinet in the Contenance Advisor's office and then shredded. The electronic data files will also be deleted after 5 years from the Western NSW Local Health Network computer.

11. 'What happens with the results?'

The study results may be presented at a conference or in a health publication, but information will be provided in such a way that you cannot be identified. Aggregated results of the study will be provided to you, if you wish.

12. 'What should I do if I want to discuss this study further before I decide?'

If you would like to know more about the study at any stage, please do not hesitate to contact Louise Linke on: 0428105215.

13. 'Who should I contact if I have concerns about the conduct of this study?'

The ethical aspects of the project have been approved by the Human Research Ethics Committee (HREC) for the Greater Western Area Health Service. If you have any concerns or complaints please contact: the Executive Officer, PO Box 143 Bathurst NSW 2795 or Ph: 63395601

Thank you for taking the time to consider this study.

If you wish to take part in the research study, please sign the attached Consent Form and return in the reply-paid envelope to:

Louise Linke
Contenance Advisor
Bathurst CHC
Level 3
Bathurst Hospital
Howick St
Bathurst 2795

This information sheet is for you to keep.



PARTICIPANT CONSENT FORM

Continence services in the Western NSW Local Health Network

I have read the attached Participant Information Sheet on the above named study, and understand the purpose and procedures described within it.

I have been made aware of any known or expected inconvenience, risk, discomfort or potential side effects and of their implications as far as they are currently known by the researcher.

I understand that my participation in this study will involve me taking part in a focus group and the questions asked will relate to client incontinence and continence management.

I consent to the audio-recording and transcribing of the focus group discussion. All data will be de-identified and stored in a locked filing cabinet or on a password protected computer.

I understand that data gathered from the results of the study may be presented at a conference or published, provided that I cannot be identified.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this study and understand that I can withdraw at any time without affecting my current or future relationship with the Western NSW Local Health Network.

I will respect the confidentiality of the group.

I understand that I will be given a signed copy of this document to keep.

Participant's name (please print):

.....

Signature:Date:.....

I would like to view the transcript from the focus group: Yes No

Email address:.....

Location:.....



Health
Western NSW
Local Health Network



PARTICIPANT INFORMATION SHEET (One-on-one interview)

Continence services in the Western NSW Local Health Network

Invitation

You are invited to participate in a study that will investigate what information and services health staff currently provide for clients with incontinence within the Western NSW Local Health Network.

The study is being conducted by Louise Linke, Clinical Nurse Consultant, Continence Advisor, Bathurst, supported by the Clinical Education and Training Institute - Rural Division.

Before you decide whether or not you wish to participate in this study, it is important for you to understand why the research is being done and what it will involve. Please take the time to read the following information carefully and discuss it with others if you wish.

1. 'What is the purpose of this study?'

The purpose of the research is to find out how nursing and allied health staff manage clients with incontinence, what gaps they think are in the service and what improvements they think could be made to continence services. It is anticipated that information collected from the study will be used to improve continence services for clients of the Western NSW Local Health Network.

2. 'Why have I been invited to participate in this study?'

You are invited to participate in this study because you are nursing or allied health staff working for the Western NSW Local Health Network and your client base includes people who are at risk of incontinence.

3. 'What does this study involve?'

If you agree to participate in this study, you will be asked to sign the attached Consent Form. You will be involved in a one-on-one interview that will be held at your work place or a location of your choosing at a time that is most suitable for you. It is anticipated that the one-on-one interview will take approximately half an hour.

The interview will be run by Louise Linke and there will also be someone present to take notes during our discussions. Two audio-recording devices will also be used during the interview.

You will be asked questions about your knowledge and management of clients with incontinence, what you think the gaps in continence services are and how you think continence services can be improved. The study will be conducted during 2011-2012.

If you would like to view the transcript, please tick the box and fill in your e-mail address on the Consent Form and it will be sent to you. Any feedback that you would like to make can be returned to the researcher by e-mail

4. 'Are there risks to me in taking part in this study?'

There are no risks anticipated for anyone who chooses to take part in this study. However, if in the unlikely circumstance you were to experience distress as a result of the interview, then you will be referred to the Employee Assistance Program (EAP) Ph: 1800 357 898.

5. 'Will I benefit from the study?'

There are no expected benefits for participants of this research. However, future improvements to the delivery of continence services may be of assistance to you and your clients.

6. 'How is this study being paid for?'

The study is being sponsored by the Clinical Education and Training Institute.

7. 'Will taking part in this study cost me anything, and will I be paid?'

Participation in this study will not cost you anything, nor will you be paid.

8. 'What if I don't want to take part in this study?'

Participation in this study is voluntary. It is completely up to you whether or not you participate. Your decision not to participate is respected and will not in any way affect your current or future relationship with the Western NSW Local Health Network.

9. 'What if I participate and want to withdraw later?'

You are free to withdraw from the study anytime without consequence.

10. 'How will my confidentiality be protected?'

The audio- recordings and paper data will be stored in a locked filing cabinet in the Continence Advisor's office within Bathurst Base Hospital. Electronic data will be kept on the Western NSW Local Health Network computer in the Continence Advisor's office, which is password protected.

After completion of the study, audio-files will be deleted and the paper data will be stored for 5 years in the locked filing cabinet in the Continence Advisor's office and then shredded. The electronic data files will also be deleted after 5 years from the Western NSW Local Health Network computer.

11. 'What happens with the results?'

The study results may be presented at a conference or in a health publication, but information will be provided in such a way that you cannot be identified. Aggregated results of the study will be provided to you, if you wish.

12. 'What should I do if I want to discuss this study further before I decide?'

If you would like to know more about the study at any stage, please do not hesitate to contact Louise Linke on: 0428105215.

13. 'Who should I contact if I have concerns about the conduct of this study?'

The ethical aspects of the project have been approved by the Human Research Ethics Committee (HREC) for the Greater Western Area Health Service. If you have any concerns or complaints please contact: the Executive Officer, PO Box 143 Bathurst NSW 2795 or Ph: 63395601

Thank you for taking the time to consider this study.

If I do not hear from you by _____, I will contact you to confirm that you are willing to take part in the research and ask you to return the signed Consent Form in the reply-paid envelope to:

Louise Linke
Nurse Continence Advisor
Bathurst CHC
Level 3
Bathurst Hospital
Howick St
Bathurst 2795

This information sheet is for you to keep



PARTICIPANT CONSENT FORM

Continence services in the Western NSW Local Health Network

I have read the attached Participant Information Sheet for the above named study, and understand the purpose and procedures described within it.

I have been made aware of any known or expected inconvenience, risk, discomfort or potential side effects and of their implications as far as they are currently known by the researcher.

I understand that my participation in this study will involve me taking part in a one-on-one interview and the questions asked will relate to client incontinence and continence management.

I consent to the audio-recording and transcribing of the interview. All data will be stored in a locked filing cabinet or on a password protected computer at Bathurst Base Hospital.

I understand that data gathered from the results of the study may be presented at a conference or published, provided that I cannot be identified.

I have had an opportunity to ask questions and I am satisfied with the answers I have received.

I freely agree to participate in this study and understand that I can withdraw at any time without affecting my current or future relationship with the Western NSW Local Health Network.

I understand that I will be given a signed copy of this document to keep.

Participant's name (please print):

Signature: Date:

I would like to view the transcript from the interview: Yes No

Email address:.....

Location:.....



Health
Western NSW
Local Health Network



HETI
HEALTH EDUCATION &
TRAINING INSTITUTE
RURAL DIRECTORATE

Continence services in the Western NSW Local Health Network

Information letter to manager of (health staff's name)

Dear

I have invited to participate in a study that will investigate what information and services nursing and allied health staff currently provide for clients with incontinence within the Western NSW Local Health Network. They have been asked to join the study because they see clients who are incontinent or at risk of incontinence.

I am conducting the research as a candidate enrolled in the Clinical Education and Training Institute Rural Program, 2010-2012. The Greater Western Area Health Service HREC has approved the research.

I sent to..... a Participation Information Sheet that contains important information relating to the study. I have also sent them a Consent Form and reply paid envelope to be returned to me if they agree to be involved in the research.

If they do want to be involved in the study they are to let me know by 19th September, by either phone – 0428 105 215 or E-mail – Louise.Linke@gwahs.health.nsw.gov.au

If I do not hear fromby this date I will contact them by email to confirm if they want to be involved in the research or not. If they advise me that they don't want to participate then I will not contact them again. If they agree to participate then I will organise with them to return the Consent Form in the reply paid envelope. After receiving the signed consent form, I will contact them to organise a time and location that is suitable for them to conduct the one-on-one interview that will take approximately ½ hour.

Please don't hesitate to contact me if further clarification is needed.
Yours sincerely

Louise Linke
Continence Advisor
Western NSW LHN
Phone no. 0428 105 215
Email address. Louise.Linke@gwahs.health.nsw.gov.au



Date of interview:

Questionnaire for participants involved in one –on-one interview

Incontinence refers to both urine and anal incontinence for this questionnaire.

Background questions

1. What is your current role? _____

2. In what setting do you see clients (You may tick more than one answer)

- Hospital
- Community Health Centres
- At home
- Other (please specify) _____

3. Which of the following clients do you see more frequently with incontinence?
(Please number 1-6, with 1 being the most frequent and 6 being the least frequent.).

- ___ Children
- ___ Youth
- ___ Adults
- ___ Elderly people
- ___ Women
- ___ People with disabilities

4. How confident do you feel in providing continence care for your clients? (Tick one only)

- Very confident
- Confident
- Don't know
- Not very confident
- Not confident at all

5. How often do you refer your clients with incontinence to specialist continence care?

- Frequently
- Occasionally
- Rarely
- Never

INTERVIEW QUESTIONS

Continence management questions

1. What opportunity do your clients have to talk about continence?
2. What advice do you give them relating to the management of their incontinence?
3. What types of assessment tools for incontinence do you use?
4. What types of management plans for incontinence do you use?
5. Under what circumstances would you refer your client to the continence service?
6. Under what circumstances would you not refer your client to the continence service?

Prompts

a) When a client discloses that they are incontinent what assessment do you use/implement...?
b) When the client doesn't disclose their incontinence status do you ask them?
c) Do you know where to access information relating to continence information and continence aides? Where do you access them?
c) Do you know how to refer clients to the continence service? Is this satisfactory?
e) Do you expect feedback from the continence service about your clients?

Opinion questions

1. What do you think your role should be with regards to managing clients with incontinence?
2. What makes it difficult for you to provide continence services to your clients?
3. What improvements would you like to see in continence services for your clients?

Knowledge questions

What education or training sessions have you attended relating to continence?

What other information do you need to know about incontinence to help you provide a service to your clients?

What other resources relating to continence management would you like for your service?