Original Article/นิพนธ์ต้นฉบับ

Proficiency and Health-Related Behaviors Regarding Pelvic Organ Prolapse and Urinary Incontinence among Female Personnel in a Private Hospital

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Abstract

Background: Pelvic organ prolapse (POP) and urinary incontinence (UI) are common problems among women. Healthcare provider's competence, knowledge and practice skills are associated with quality of care.

Objective: To evaluate the proficiency and health-related behaviors regarding pelvic organ prolapse and urinary incontinence among female hospital personnel, and the association between the proficiency and their practice.

Methods: A cross-sectional survey was conducted in a private hospital from January to June 2016. A Prolapse and Incontinence Knowledge Questionnaire (PIKQ) was used to evaluate the proficiency regarding POP and UI, while a newly developed, 3-item questionnaire was used to evaluate health-related behaviors. Proficiency was defined as scores of 50% or greater on the POP scale and 80% or greater on the UI scale. Pearson's correlation was used to determine the correlation between the proficiency and three health-related behaviors.

Results: Two hundred and eight female personnel participated in this survey. Response rate was 52.2%, 70.2% of participants were proficient in POP knowledge, whereas only 24.5% were proficient in UI knowledge. The only factor associated with POP and UI proficiency was healthcare related experience ($P < 0.05$). There was an association between POP and UI proficiency and all 3 items of health-related behaviors ($P < 0.05$) except UI proficiency and pelvic floor muscle exercise.

Conclusions: The rate of POP proficiency was moderately, while the proficiency rate of the UI scale was quite low among medical and non-medical personnel working at a private hospital. POP and UI proficiency impacted on health-related behaviors.

Keywords: Pelvic organ prolapse, Urinary incontinence, Proficiency, Health-related behavior

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Background

Pelvic organ prolapse (POP) and urinary incontinence (UI) are common problems among women throughout the world and have a negative impact on a woman's quality of life. POP is defined as the descent of one or more of the anterior vaginal wall, posterior vaginal wall, the uterus (cervix), or the apex of the vagina (vaginal vault or cuff scar after hysterectomy).[1] UI is defined as complaint of involuntary loss of urine.[1] Prevalence estimates for POP range from 2% to 50%[2], whereas prevalence estimates for UI vary from 17% to 43%[3-5] and older age is the most significant risk factor. Population projection from the U.S. Census Bureau and the World Bank demonstrated that the aging population has been increasing, the burden of POP and UI will become greater and the number of women who suffer with these conditions will increase.

Basically, a hospital employs not only medical personnel (ie, physicians, nurses, nurse assistants, pharmacists and therapists) but also non-medical personnel who are essential to efficient operation and services. Non-medical personnel work in different departments ranging from medical records personnel to patient escorts and social workers, accountants, housekeepers and laundry personnel. Delivering high quality service by both medical and non-medical personnel is important to improve the quality of care and the quality of a patient's life as healthcare service quality depends on customer and service provider interactions. Previous studies reported that medical staff competence, knowledge and practice skills are associated with both general and urologic quality of care.[6, 7] Therefore, it is noteworthy to explore the proficiency regarding pelvic organ prolapse and urinary incontinence among the female hospital personnel and whether the degree of such knowledge is associated with their health-related behaviors or not. The increase understanding would aid the hospital to provide appropriate education and training to meet personnel's education needs.

Objective

The objectives of this study were to evaluate the proficiency and health-related behaviors regarding POP and UI among female medical and non-medical personnel, and the association between proficiency and their practice.

Methods

A cross-sectional survey was conducted in a private hospital from January to June 2016 after the institutional review board approved the protocol. A self-administered questionnaire to assess knowledge and health-related behaviors was used. The inclusion criteria were female personnel older than 18 years who had been working for at least one year in the hospital and were willing to participate in the present study. The exclusion criteria were that pregnancy and postpartum period. All participants gave written informed consent before entering the study.

Questionnaire

A validated, Thai-version, Prolapse and Incontinence Knowledge Questionnaire (PIKQ) was used to assess participants' proficiency regarding pelvic organ prolapse and urinary incontinence. The questionnaire was composed of 12 questions focused on POP (POP scale) and 12 questions focused on UI (UI scale). Each question had 3 possible responses: yes, no, and I do not know. One point was given for each correct response, and no points were given for an incorrect response, a blank response, or for the response

of "I don't know". For each scale, the minimum possible total score is 0, the maximum possible score is 12, and the range of scores is 0 to 12.[8] Proficiency was defined as scores of 50% or greater on the POP scale and 80% or greater on the UI scale. These levels indicate higher-than-usual knowledge in a previous study.[9]

A newly developed, validated 3-item questionnaire was used to evaluate three health-related behaviors; performing regular pelvic floor muscle exercises, heavy lifting avoidance, informing or helping their patients to seek health care. They were closed questions with three possible responses: yes, no and do not know.

Outcome Measures

Primary outcome was the rate of proficiency on the POP and UI scales, respectively. The secondary outcome was the association between the proficiency and three health-related behaviors.

Statistical Analysis

The data analysis was performed using SPSS version 11.5 (SPSS for Windows, Version 11.5. Chicago, IL: SPSS Inc; 2002). Descriptive statistics were used for demographic data, proficiency and health-related behaviors. Differences in the rates of proficiency on the POP and UI scales by participant's job and age were determined using chi-square test or Fisher's exact test. Pearson's chi-square and *t* test were carried out to study the association between all 3 items of health-related behaviors and POP and UI proficiency and mean scores, respectively. A P value < 0.05 was considered statistically significant.

Results

Demographic Characteristics

During the study period, 208 participants completed the data. Response rate was 52.2%. The demographic characteristics of participants in this study are presented in Table 1. The mean age was 31.2 years (Standard deviation, [SD] 7.9; range 18 - 58 years). Among participants, 104 (50.0%) were medical personnel with 42 (20.2%) being registered nurses. The mean body mass index (BMI) was 21.36 kg/m^2 (SD 3.62; range 16.00 - 36.45 kg/m^2). Fifty-nine (28.4%) were parous and 30 (14.4%) delivered their babies vaginally.

Proficiency in POP and UI Scales

The average scale score for POP knowledge among all participants was 7.02 ± 2.65. For UI knowledge, the average scale score was 6.94 ± 2.94. In total 70.2% of participants were proficient in POP knowledge, whereas only 24.5% were proficient in UI knowledge.

For the POP scale that is shown in Table 1, question 2 (concerning the risk factor of POP) was the item most likely to be answered correctly (80.8%), whereas question 11, which was related to the non-surgical treatment of POP, the participants scored only 37.0% correctly. A greater percentage of medical personnel than non-medical personnel scored correctly for all questions ($P < 0.05$) except questions 3, 4 and 6.

For the UI scale that is shown in Table 2, question 5 (concerning the etiology of UI) was most likely to be answered correctly (82.7%), whereas question 7, which was related to the effect of some medications on UI, the participants scored correctly only 31.3% of the time. A greater percentage of medical personnel than non-medical personnel scored correctly for question 1, 3, 4, 8, and 10 ($P < 0.05$).

Table 1 Number and Percentage of Participants in Total and Within Different Workplace Groups Scoring Correctly for Each Item on the Pelvic Organ Prolapse Scale

Item Number	Total (N = 208)	Medical Personnel (N = 104)	Non-Medical Personnel (N = 104)	*P* Value
Question 1	116 (55.8%)	70 (67.3%)	46 (44.2%)	0.001
Question 2	168 (80.8%)	92 (88.5%)	76 (73.1%)	0.005
Question 3	93 (44.7%)	45 (43.3%)	48 (46.2%)	0.67
Question 4	138 (66.3%)	70 (67.3%)	68 (65.4%)	0.76
Question 5	129 (62.0%)	75 (72.1%)	54 (51.9%)	0.003
Question 6	163 (78.4 %)	87 (83.7%)	76 (73.1%)	0.06
Question 7	132 (63.5%)	77 (74.0%)	55 (52.9%)	0.002
Question 8	148 (71.2%)	86 (82.7%)	62 (59.6%)	< 0.001
Question 9	109 (52.4%)	69 (66.3%)	40 (38.5 %)	< 0.001
Question 10	99 (47.6%)	67 (64.4 %)	32 (30.8%)	< 0.001
Question 11	77 (37.0 %)	49 (47.1 %)	28 (26.9%)	0.003
Question 12	89 (42.8 %)	54 (51.9%)	35 (33.7%)	0.008

Chi-square test.

Table 2 Number and Percentage of Participants in Total and Within Different Workplace Groups Scoring Correctly for Each Item on the Urinary Incontinence Scale

Item Number	Total (N = 208)	Medical Personnel (N = 104)	Non-Medical Personnel (N = 104)	*P* Value
Question 1	143 (68.8%)	79 (76.0%)	64 (61.5%)	0.02
Question 2	147 (70.7%)	76 (73.1%)	71 (68.3 %)	0.44
Question 3	122 (58.7%)	73 (70.2 %)	49 (47.1%)	0.001
Question 4	123 (59.1%)	71 (68.3%)	52 (50.0%)	0.007
Question 5	172 (82.7 %)	91 (87.5%)	81 (77.9 %)	0.06
Question 6	117 (56.3%)	63 (60.6%)	54 (51.9%)	0.20
Question 7	65 (31.3%)	39 (37.5%)	26 (25.0 %)	0.05
Question 8	101 (48.6%)	59 (56.7%)	42 (40.4%)	0.01
Question 9	119 (57.2%)	65 (62.5%)	54 (51.9%)	0.12
Question 10	91 (43.8%)	60 (57.7 %)	31(29.8 %)	< 0.001
Question 11	122 (58.7 %)	66 (63.5%)	56 (53.8%)	0.15
Question 12	121 (58.2%)	65 (62.5%)	56 (53.8 %)	0.20

Chi-square test.

Associated Factors for POP and UI Proficiency

The only factor associated with POP and UI proficiency was healthcare related experience and workplace (Table 3). Medical personnel were found to be more proficient than non-medical personnel in both POP and UI scales ($P < 0.05$). Age, parity and body mass index were not significantly associated with POP and UI proficiency ($P > 0.05$).

Table 3 Associated Factors for POP and UI Proficiency

Factors (n)	POP Scale		*P* Value	UI Scale		*P* Value
	≥ 50% N (%)	< 50% N (%)		≥ 80% N (%)	< 80% N (%)	
Workplace						
Medical (104)	89 (85.6%)	15 (14.4%)	< 0.001	37 (35.6%)	67 (64.4%)	< 0.001
Non-medical (104)	57 (54.8%)	47 (45.2%)		14 (13.5%)	90 (86.5%)	
Age group (years)						
≤ 30 (114)	84 (73.7%)	30 (26.3%)	0.15	29 (25.4%)	85 (76.4%)	0.89
31 - 40 (71)	44 (62.0%)	27 (38.0%)		16 (22.5%)	55 (77.5%)	
41 - 60 (23)	18 (78.3%)	5 (21.7%)		6 (26.1%)	17 (73.9%)	
Parity						
Nulliparous (149)	106 (71.1%)	43 (28.9%)	0.63	37 (24.8%)	112 (75.2%)	0.86
Parous (59)	40 (67.8%)	19 (32.2%)		14 (23.7%)	45 (76.3%)	
Body mass index						
< 17.5 (12)	8 (66.7%)	4 (33.3%)	0.81	2 (16.7%)	10 (83.3%)	0.22
17.5 - 22.9 (146)	104 (71.2%)	42 (28.8%)		36 (24.7%)	110 (75.3%)	
23.0 - 27.9 (37)	24 (64.9%)	13 (35.1%)		7 (18.9%)	30 (81.1%)	
≥ 28.0 (13)	10 (76.9%)	3 (23.1%)		6 (46.2%)	7 (53.8%)	

Chi-square test.

Associated Factors for Health-Related Behaviors

With regard to health-related behaviors, 64.9% of participants did pelvic floor muscle exercise regularly (Behavior 1), 75.0% tried to avoid heavy lifting (Behavior 2) and 46.2% informed their patients to seek proper care for POP and UI problems (Behavior 3). Healthcare related experience and type of job was found to be associated with behaviors 2 and 3 ($P < 0.05$), while it was not associated with behavior 1 ($P > 0.05$) (Table 4). There was an association between POP and UI proficiency and all 3 items of health-related behaviors ($P < 0.05$) except UI proficiency and pelvic floor muscle exercise. Participants who were proficient and non-proficient for UI scale equally performed regular pelvic floor exercise ($P > 0.05$).

Table 4 Associated Factors for Health-Related Behaviors

Scale	Behavior 1			Behavior 2			Behavior 3		
	Yes N (%)	No N (%)	*P* Value	Yes N (%)	No N (%)	*P* Value	Yes N (%)	No N (%)	*P* Value
Workplace									
Medical	64 (61.5%)	40 (38.5%)	0.30	85 (81.7%)	19 (18.3%)	0.025	61 (58.7%)	43 (41.3%)	<0.001
Non-medical	71 (68.3%)	33 (31.7%)		71 (68.3%)	33 (31.7%)		35 (33.7%)	69 (66.3%)	
Age group (years)									
< 31	76 (66.7%)	38 (33.3%)	0.39	86 (75.4%)	28 (24.6%)	0.81	55 (48.2%)	59 (51.8%)	0.80
31 - 40	47 (66.2%)	24 (33.8%)		54 (76.1%)	17 (23.9%)		31 (43.7%)	40 (56.3%)	
41 - 60	12 (52.2%)	11 (47.8%)		16 (69.6%)	7 (30.4%)		10 (43.5%)	13 (56.5%)	
Parity									
Nulliparous	94 (63.1%)	55 (36.9%)	0.38	115 (77.2%)	34 (22.8%)	0.24	69 (46.3%)	80 (53.7%)	0.94
Parous	41 (69.5%)	18 (30.5%)		41 (69.5%)	18 (30.5%)		27 (45.8%)	32 (54.2%)	
Body mass index									
< 17.5	7 (58.3%)	5 (41.7%)	0.21	6 (50.0%)	5 (50.0%)	0.13	4 (33.3%)	8 (66.7%)	0.77
17.5 - 22.9	101 (69.2%)	45 (30.8%)		113 (77.4%)	33 (22.6%)		70 (47.9%)	76 (52.1%)	
23.0 - 27.9	21 (56.8%)	16 (43.2%)		26 (70.3%)	11 (29.7%)		16 (43.2%)	21 (56.8%)	
≥ 28.0	6 (46.2%)	7 (53.8)		11 (84.6%)	2 (15.4%)		6 (46.2%)	7 (53.8%)	
POP proficiency									
≤ 60%	29 (46.8%)	33 (53.2%)		36 (58.1%)	26 (41.9%)		13 (21.0%)	49 (79.0%)	
> 60%	106 (72.6%)	40 (27.4%)	<0.001	120 (82.2%)	26 (17.8%)	<0.001	83 (56.8%)	63 (43.2%)	<0.001
UI proficiency									
≤ 80%	99 (63.1%)	58 (36.9%)		111 (70.7%)	46 (29.3%)		58 (36.9%)	99 (63.1%)	
> 80%	36 (70.6%)	15 (29.4%)	0.32	45 (88.2%)	6 (11.8%)	0.012	38 (74.5%)	13 (25.5%)	<0.001

Behavior 1; performing regular pelvic floor muscle exercises.

Behavior 2; heavy lifting avoidance.

Behavior 3; informing or helping their patients to seek health care.

Discussion

This questionnaire-based survey demonstrated that the female private hospital personnel had rather poor knowledge regarding POP and UI. However, the proficiency of POP knowledge seemed to be higher than UI knowledge according to the levels indicated in the previous study.[9] As a result, the inadequacy of such knowledge leads to their inappropriate health-related behaviors. In addition, it might negatively affect the quality of care[6, 7] because they may not be confident to counsel or recommend to women with symptoms of pelvic organ prolapse or urinary incontinence that they seek proper care.

The only factor significantly associated with the proficiency of both POP and UI scales was their health-related educational background. Participants with a medical background demonstrated a higher rate of proficiency than participants without medical background. Therefore, it was indicated that the use of the validated Prolapse and Incontinence Knowledge Questionnaire[8] in this study was beneficial to differentiate the proficiency regarding POP and UI among the different health-related backgrounds of the participants. However, working as hospital personnel whether in medical or non-medical workplace; knowledge, attitude and practice towards common conditions are crucial in improving quality of care. In addition, customer and service provider interactions could take place at any hospital units not only at the Obstetrics and Gynecology unit. Therefore, a staff-training program to improve proficiency in POP and UI should be developed for both medical and non-medical personnel in all hospital units, not only to improve the quality of care but also to promote awareness among female staff and their health-related behaviors.

This study explored knowledge and practice regarding POP and UI among female personnel working in a private hospital in Thailand. The findings from the present study highlight the importance of POP- and UI-related knowledge of female hospital personnel on their personal health-related and healthcare service behaviors. They also confirm the findings from the previous study conducted among Korean healthcare providers in public hospitals.[6] Fundamentally, private hospitals have the main challenge of high employee turnover, which is dissimilar to public hospitals. Therefore, the educational supervisor or departmental head have to take responsibility to frequently evaluate employee's proficiency and provide education to meet their education needs. As a result, both medical and non-medical personnel would be confident and ready to deliver high-quality healthcare services. Several limitations of this study should be noted. The questionnaire response rate was not high resulting in a low number of participants. Most of them have not been working in the Obstetrics and Gynecology section. Moreover, the majority of participants were quite young. Further studies with a larger sample size and a wider range of age are needed.

In conclusion, the percentage of personnel who were proficient in the POP scale was rather high while the proficiency rate of the UI scale was quite low among medical and non-medical personnel working at a private hospital. Medical personnel were more proficient in both POP and UI scales than non-medical personnel. Both medical and non-medical personnel evenly performed regular pelvic floor exercise.

References

1. Haylen BT, de Ridder D, Freeman RM, et al. An International Urogynecological Association (IUGA)/ International Continence Society (ICS) joint report on the terminology for female pelvic floor dysfunction. *Int Urogynecol J*. 2010;21(1):5-26. doi:10.1007/s00192-009-0976-9.
2. Barber MD, Maher C. Epidemiology and outcome assessment of pelvic organ prolapse. *Int Urogynecol J*. 2013;24(11):1783-90. doi:10.1007/s00192-013-2169-9.
3. Nygaard I, Barber MD, Burgio KL, et al. Prevalence of symptomatic pelvic floor disorders in US women. *JAMA*. 2008;300:1311-6. doi:10.1001/jama.300.11.1311.
4. Wu JM, Vaughan CP, Goode PS, et al. Prevalence and trends of symptomatic pelvic floor disorders in U.S. women. *Obstet Gynecol*. 2014;123(1):141-8. doi:10.1097/AOG.0000000000000057.
5. Manonai J, Chittacharoen A, Sarit-apirak S, Udomsubpayakul U, Khanacharoen A, Theppisai U. Lower urinary tract symptoms in Thai women attending the menopause clinic: prevalence and associated factors. *J Med Assoc Thai*. 2004;87(11):1265-9.
6. Jang Y, Kwon BE, Kim HS, et al. Knowledge and practice behaviors regarding urinary incontinence among Korean healthcare providers in long-term care hospitals. *Int Neurourol J*. 2015;19(4):259-64. doi:10.5213/inj.2015.19.4.259.
7. Taunton RL, Swagerty DL, Lasseter JA, Lee RH. Continent or incontinent? That is the question. *J Gerontol Nurs*. 2005;31(9):36-44.
8. Shah AD, Massagli MP, Kohli N, Rajan SS, Braaten KP, Hoyte L. A reliable, valid instrument to assess patient knowledge about urinary incontinence and pelvic organ prolapse. *Int Urogynecol J Pelvic Floor Dysfunct*. 2008;19(9):1283-9. doi:10.1007/s00192-008-0631-x.
9. Shah AD, Shott S, Kohli N, Wu JM, Catlin S, Hoyte L. Do racial differences in knowledge about urogynecologic issues exist?. *Int Urogynecol J Pelvic Floor Dysfunct*. 2008;19(10):1371-8. doi:10.1007/s00192-008-0639-2.

Original Article/นิพนธ์ต้นฉบับ

ความรู้และพฤติกรรมเกี่ยวกับภาวะอวัยวะในอุ้งเชิงกรานหย่อนและภาวะปัสสาวะเล็ดราดของบุคลากรหญิงในโรงพยาบาลเอกชน

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บทคัดย่อ

บทนำ: ภาวะอวัยวะในอุ้งเชิงกรานหย่อนและปัสสาวะเล็ดเป็นปัญหาที่พบได้บ่อยในสตรี ความรู้ความสามารถและการปฏิบัติของผู้ให้การบริบาลมีความสัมพันธ์กับคุณภาพการบริบาล

วัตถุประสงค์: เพื่อประเมินความรู้และพฤติกรรมเกี่ยวกับภาวะอวัยวะในอุ้งเชิงกรานหย่อนและปัสสาวะเล็ดราดของบุคลากรหญิงในโรงพยาบาลเอกชนและความสัมพันธ์ระหว่างความรู้และพฤติกรรมดังกล่าว

วิธีการวิจัย: เป็นการวิจัยเพื่อสำรวจและเก็บข้อมูลในโรงพยาบาลเอกชน ระหว่างเดือนมกราคม - มิถุนายน พ.ศ. 2559 โดยใช้แบบสอบถาม Prolapse and Incontinence Knowledge Questionnaire (PIKQ) ในการประเมินระดับความรู้เกี่ยวกับภาวะอวัยวะในอุ้งเชิงกรานหย่อนและปัสสาวะเล็ดราด รวมทั้งมีการพัฒนาข้อคำถามขึ้นมาใหม่ 3 ข้อ เพื่อประเมินพฤติกรรมและการมีความรู้ ซึ่งต้องได้คะแนนไม่น้อยกว่าร้อยละ 50 ในหัวข้อภาวะอวัยวะในอุ้งเชิงกรานหย่อน และไม่น้อยกว่าร้อยละ 80 ในหัวข้อภาวะปัสสาวะเล็ดราด และใช้ค่าสัมประสิทธิ์สหสัมพันธ์ของเพียร์สันเพื่อประเมินความสัมพันธ์ระหว่างความรู้และพฤติกรรมทั้ง 3 ข้อ

ผลการศึกษา: กลุ่มตัวอย่างจำนวนทั้งสิ้น 208 ราย คิดเป็นร้อยละ 52.2 พบว่า ร้อยละ 70.2 ของกลุ่มตัวอย่างมีความรู้เกี่ยวกับภาวะอวัยวะในอุ้งเชิงกรานหย่อน และมีเพียงร้อยละ 24.5 มีความรู้เกี่ยวกับภาวะปัสสาวะเล็ดราด ปัจจัยที่มีความสัมพันธ์กับความรู้มีเพียงปัจจัยเดียวคือ ประสบการณ์การทำงานด้านสุขภาพ ($P < 0.05$) มีความสัมพันธ์กับความรู้กับพฤติกรรมทั้ง 3 หัวข้อ ($P < 0.05$) ยกเว้นความรู้เรื่องภาวะปัสสาวะเล็ดราดกับการบริหารกล้ามเนื้ออุ้งเชิงกรานที่ไม่มีความสัมพันธ์กัน

สรุป: บุคลากรที่ทำงานในโรงพยาบาลเอกชนมีความรู้เกี่ยวกับภาวะอวัยวะในอุ้งเชิงกรานหย่อนค่อนข้างสูง แต่มีความรู้เกี่ยวกับภาวะปัสสาวะเล็ดราดค่อนข้างต่ำ และความรู้เกี่ยวกับภาวะอวัยวะในอุ้งเชิงกรานหย่อนและปัสสาวะเล็ดราดมีผลต่อการแสดงพฤติกรรม

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