

The evaluation of print material used within three models of continence care

Abstract

Part of the Australian National Continence Management Strategy involved the evaluation of three proposed models for continence care, one each in Western Australia, Victoria and New South Wales. A team from the University of Newcastle, NSW, carried out the evaluation. Within the overall evaluation of the three models of continence care, was the evaluation of the print materials used within each of the models. It is this aspect of the evaluation that is discussed in this paper.

Background

Printed information relating to health issues is shown to significantly enhance knowledge and recall, as well as inform changes to behaviour¹. Generally, consumers readily take up printed information and are interested in reading about health matters. To be effective, written material needs to be noticed, read, understood, believed and remembered. However, this is a neglected area of health promotion research, with little done to date to expand on Ley's 1988 work¹.

Because printed information materials have an increasingly important role in continence health promotion, the evaluation of the three models for continence care provided an opportunity to review and suggest improvements to the printed material distributed by each continence care model. Another outcome of the project was the development of evaluation methods and a tool to evaluate the health information provided to consumers. The documents under analysis described continence diagnosis and treatment. They were designed to be used by the general public or, more specifically, incontinent members of the public and those who care for someone who is incontinent.

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Method

Each of the three models for continence care provided samples of all print materials developed or used within each project and included newspaper articles. In total 52 samples were provided, with 34 samples subject to evaluation. Only materials published for use by consumers were considered within the framework of this evaluation. A seven member print material evaluation team comprised three independent continence advisers, a health promotion expert, a senior healthcare professional who was not directly involved with continence management, a consumer, and a member of the continence evaluation team.

Some items, such as the brochures and pamphlets, lent themselves more readily to the assessment proforma; the proforma was specially developed for this project, based on the checklist of design and content characteristics for printed health material by Paul *et al.*². However, where materials did not fit the assessment proforma on all categories, the assessors were instructed to mark these categories as 'not applicable'. Included in the study were individual newspaper articles, but whole newspapers were omitted.

The written materials were evaluated according to the criteria derived from the work carried out by Paul *et al.*². These criteria have been shown to have content validity and were considered important to both experts and consumers. The materials' content was judged against three criteria:

- Simplicity of language: use of short words, short sentences, concrete and familiar terms.
- Coherency and clarity: use of unambiguous, simple message including all relevant information.
- Emphasis on important points: easy access to the main message.

The materials' design was judged against four criteria:

- Legibility: use of simple large typeface (at least 12 point).
- Layout: use of title and headings, clearly defined paragraphs.
- Quality of graphics: relevant, simple, accurate and understandable.
- Colour: appealing and not confusing.

The members of the print material evaluation team independently rated each piece of material and results were returned to the evaluation team for collation. For each article, and in each category, reviewers were asked to comment using the following response options – strongly disagree, disagree, not sure, agree, strongly agree and not applicable. The three continence advisers were asked to comment on the content in relation to whether it was current, accurate and relevant to sufferers of incontinence and used the response options. Each member of the evaluation team was asked to make an overall rating of each piece of material with the following scoring options – satisfactory with no recommended changes, satisfactory with minor changes suggested, satisfactory with major changes suggested, or unsatisfactory for use.

Where changes for accuracy of information were recommended by more than one of the continence advisers, such changes were recommended. In other instances, where more than half of the panel agreed on any given point, such changes were also recommended.

Results

Fifty two pieces of material were presented for evaluation; however, some materials were used by all projects. After removal of duplicate materials, a total of 34 were subjected to evaluation. All projects used the nine fact brochures produced by the Continence Foundation of Australia, and there were two brochures from other sources. Almost half (5/11) of these materials were considered to be acceptable, or acceptable with minor changes. The most common criticisms of the brochures related to design (7/11), including inappropriate or unhelpful graphics, and not being particularly noticeable or 'eye catching'.

Criticisms of content were applied to 4/11 brochures. For some brochures, the recommendation was to rewrite the information in plain language and to use shorter sentences. Another content problem was a lack of coherency, with some samples containing ambiguous or contradictory statements. For example, the brochures differed in the recommended number of voids per night. Also, items presented under the heading 'helpful hints' were regarded by the expert reviewers to be very important aspects of bladder training and it was recommended that these should have been given a stronger recommendation and emphasis in the brochure. Five posters were found to contain inaccurate information and one poster included outdated information about pelvic floor exercises.

Major changes were recommended to four display items (items that did not fit the definition for brochure or poster) and one was rejected because of the inaccuracy of the information and crowded design. The criticisms related to content (lacking simplicity and coherency) and design, with items described as 'too busy' (too much text information in a small space) and 'not eye catching' (not particularly noticeable when placed with unrelated printed material). Two items had inaccurate information, with one item depicting an inaccurate referral pathway and another with inaccurate prevalence data.

The visual images used on the printed materials received mixed responses from evaluation team members. For example, one item used a picture of pigs with the caption "You don't have to go wee wee wee all the way home". Some reviewers felt the use of humour was appropriate, while others were concerned that the image may be offensive to people with incontinence.

One of the two bag inserts – printed cards about 150x90mm used at point-of-sale and inserted into store packaging – had inaccurate information. This insert included the message "You are one in a million incontinent people in Australia". This phrase was seen to send the message that incontinence was rare, and was the opposite of the intended message. A more correct message would be "You are one *of* a million incontinent people in Australia".

The newspaper articles were generally held to be acceptable, except for the use of the word 'incontinent' without any definition. One newspaper article contained inaccurate prevalence figures, while another failed on content.

Conclusion

While there was a variety of printed material presented by each of the projects, the method used for the print material evaluation proved to be an adequate and acceptable tool. In relation to the fact sheets published by the Continence Foundation, the recommendations from the review panel were that some of these need to be reviewed, particularly to update content and also with regard to design.

The posters reviewed were, on the whole, acceptable, but it was recommended that the main message on posters should be clear and concise and that graphics should be very explicit and relevant. General recommendations for pamphlets were that they should have less general information and that emphasis be placed on the important points. From the response to the newspaper articles, it would seem that providing explicit information to newspaper journalists could help to simplify the messages that appear in print, especially in defining for the public more precisely what incontinence is.

The evaluation proforma used within this study would be a valuable tool to be used in the development of continence promotion materials. It is hoped that the recommendations from the review panel might provide insight and advice for other healthcare professionals preparing to develop various types of print materials aimed at the general public.

Acknowledgement

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References

1. Ley P. Communicating With Patients. London: Croom, Helm Ltd, 1988.
2. Paul C, Redman S & Sanson-Fisher R. The development of a checklist of design and content characteristics for printed health education materials. *Health Prom J Aust* 1997; 7(3):153-159.