

## Research Article

# Exploring the Experiences of Physical Therapists on Assessment and Management of Pelvic Floor Disorders Among Women in Rehabilitation Centers in Metro Manila: A Qualitative Descriptive Study

Jordan Barbra P. Nava<sup>1</sup>, Maria Eliza M. Dela Cruz<sup>1</sup>, Rennielle Pearl Hernandez<sup>1</sup>, Coleen C. Rutines<sup>1</sup>, Rikki Miguel B. Mariano<sup>1</sup>, Elwyn Miguel E. Bañares<sup>1</sup>, Jose Emmanuel C. Timbang<sup>1</sup>, Sophia Jeanne A. Delos Reyes<sup>1</sup>, Alex Gabrielle M. Macatangay<sup>1</sup>, Enrico Noel A. Barrios<sup>2</sup>

1. Department of Physical Therapy, College of Rehabilitation Sciences, University of Santo Tomas, Philippines; 2. University of Santo Tomas, Philippines

Pelvic floor disorders (PFDs) are a group of conditions that approximately one in three women will experience in their lifetime. Medical doctors and Physical Therapists (PTs) create standards and guidelines that female patients undergoing rehabilitation use. The Department of Health (DOH) has yet to release thorough guidelines for treating and managing PFDs. Moreover, novel studies about different treatments have also caused a need for more knowledge about PFDs in the country. This qualitative descriptive study aims to explore the experiences of PTs in assessing and managing women with PFDs. It will use purposive and snowball sampling to recruit PTs who have managed PFDs and have at least two years of working experience in rehabilitation centers in Metro Manila. The researchers will conduct in-depth, semi-structured individual interviews using an interview guide approved by a women's health PT. The question development will use established international and local guidelines discussing PFD assessment and management. The researchers will also provide informed consent forms that will discuss the nature and purpose of the study with the participants. There will be a pilot study to finalize the questions before the primary interview. Finalized transcription will undergo coding analysis using the Taguette online software, and codes and themes will be used to interpret and analyze data through thematic analysis.

## Introduction

### *Background*

Pelvic floor disorders (PFDs) are a group of conditions that approximately one in three women will experience in their lifetime (Carter-Brooks, 2021). They include hypertonicity, hypotonicity, loss of pelvic support, and mixed concerns, leading to various urologic, gynecologic, colorectal, and general issues such as difficulty in urination, cystocele, dyspareunia, constipation, and pelvic pain (Grimes & Stratton, 2023). As PFDs are a significant public health issue, there will be an increased demand for PFD treatment in the future (Bugge et al., 2022). In a global study, approximately 43.8 million women will have at least one PFD by 2050 (Dieter et al., 2015). In the Philippines, a survey by the National Statistics Office (NSO) on parous Filipinas between the ages of 15 and 91 in 1993-1994 revealed that 13.5% of the respondents had pelvic organ prolapse (POP) while 5.2% experienced stress urinary incontinence (SUI) (Walker & Gunasekera, 2011).

Despite being common among women, the general population of low- or middle-income countries remains unaware of PFDs (Fante et al., 2019; Islam et al., 2017). In Asia, women with PFDs usually do not seek professional advice due to cultural taboos, embarrassment, and medically-related misconceptions. For instance, Taiwanese women believe that aging and childbirth are causes of SUI and, thus, should not be a matter of concern (Kao et al., 2015). Low awareness about it could undermine the positive perceptions of pelvic floor rehabilitation. Thus, healthcare professionals are responsible for educating, treating, and informing the public about PFDs. In the local context of PFD prevalence, the Philippine General Hospital observed that POP remained the most prevalent PFD seen in OPD, with an average of 286 newly diagnosed patients per year over the last five years (Adan & Amosco, 2014). With that, conservative care can be provided by PTs when treating the condition.

Lawson and Sacks (2018) state pelvic floor physical therapy (PFPT) is safe and evidence-based. The current treatment of PFDs contains an assessment and evaluation of the patient, medication, treatment (conservative or surgical), and lifestyle changes (Wallace et al., 2019). A standard treatment, Kegel's exercise, increases pelvic floor muscle (PFM) strength and suppresses urgency among women. Surgery is the last resort when conservative management is unsuccessful (Hong & Ding, 2019).

The Nova Scotia College of Physiotherapists (NSCP) in Canada (2020) and the American Physical Therapy Association (APTA) Academy of Pelvic Health Physical Therapy (n.d.). enumerated specific requirements needed for pelvic floor assessment and management. It included detailed knowledge of the lumbopelvic region and PFM re-education. In Singapore, the Society for Continence (2008) has recommended using PFM exercises for three months for women with SUI. The Philippine Society of Urogynecology and Reconstructive Pelvic Surgery (PSURPS) (n.d.) also released a guideline for managing common urogynecological conditions during the pandemic. It recommended PFM training for at least three months as the first line of treatment in patients with mild POP and SUI.

### *Knowledge Gap*

Global results have also shown a significant need for more trained providers to deliver rehabilitative care and data reports (Keyser et al., 2021). Many maternity healthcare providers need to elaborate on the condition of their patients instead of focusing on other prenatal issues (Farihan et al., 2022). Additionally, there is a need to discuss teenage girls' need for awareness of PFDs, as they tend to seek general health advice from their mothers, friends, and the Internet (Parden et al., 2016).

There is an expanding body of literature regarding PFD treatment within the PT context, but most of it is still novel (Dailey & McManus, 2023; Ghani et al., 2023; Lua-Mailland et al., 2023). Only a few studies evaluate standardized PFM exercise programs. In a systematic review protocol by Barbosa et al. (2020), PFM exercises with accompanying training effectively prevent, treat, and reduce muscular dysfunction and UI in pregnant women. In another study, Mercier et al. (2019) state that PFM training is a feasible treatment approach for postmenopausal women. Lastly, a randomized trial concluded that combined training of PFM and synergistic muscles and isolated PFM exercises could improve women's quality of life (Ptak et al., 2019).

While searching for published gray literature from Herdin and the Philippine Department of Health (DOH), the researchers found that the country's studies regarding PFDs are minimal, the reason being a lack of awareness among women and their initiative to seek consultation for PFD symptoms (Tabaquero, 2015). No past studies also discussed the contrast of local PFPT management practices with guidelines from international standards. Variations among established international practice guidelines make it difficult to choose the best guideline compared to local guidelines (Ghai et al., 2021). Furthermore, there is a challenge in obtaining studies regarding the prevalence of PFDs, especially considering that most PFD cases often remain undiagnosed (Tabaquero, 2015). It is crucial

to understand why PFDs, although a common condition, still lack public awareness. Filipinos still need in-depth education regarding PFD assessment and management from local health departments and organizations.

### *Objective*

The qualitative descriptive study aims to explore PTs' experiences in assessing and managing women with PFDs from rehabilitation centers specializing in treating PFDs in Metro Manila.

### *Significance*

Women's current perspectives on PFD underscore their desire for increased awareness to make informed decisions about the condition's risks, prevention, and treatment. These views are notably self-initiated, with discussions highlighting the importance of women's roles within families and the impact of family responsibilities on engaging in pelvic floor muscle (PFM) training (Sayner et al., 2022). The study will also help PTs and rehabilitation centers in Metro Manila assess whether their current skills and knowledge of PFD assessment and management are still at par with local and international quality standards of practice. Policy changes from organizational and institutional bodies may look into the studies' results to obtain more background. Development of a more comprehensive education of PFD management can be given to Filipino PTs as additional training if it is proven necessary. Moreover, future researchers can use the study to explore and investigate PFD and women's health in the Philippines.

### *Delimitation*

The study will investigate the current knowledge of PTs on the assessment and management of PFDs among female patients in the Philippines. Researchers will gather data by interviewing licensed PTs practicing in selected rehabilitation centers in Metro Manila with at least two years of experience in managing and treating PFDs. However, the researchers will exclude PFD conditions and cases treated or managed abroad from the discussion. The researchers will conduct the qualitative descriptive study from AY 2022-2023 to AY 2023-2024.

# Methodology

## *Design*

The study will utilize a qualitative descriptive design to address the research's objective of exploring the experiences of PTs regarding PFD assessment and management. Across disciplines in health sciences, this study design facilitates understanding a selected phenomenon and comprehensively summarizes specific events experienced by individuals or groups (Lambert & Lambert, 2012). Since the literature on PT management of PFDs among females in the Philippines is novel, a qualitative descriptive design would help add to the body of knowledge that is presently available.

## *Participant Selection*

The study will use purposive sampling to select participants from rehabilitation centers in Metro Manila. Snowball sampling can further identify potential participants through referrals of previously contacted and interviewed PTs. The researchers will choose PTs who meet the criteria for the study—having encountered at least one PFD case in their two years of employment in their current rehabilitation center (Hayward et al., 2013).

The team will send letters to professional organizations to identify potential participants. The researchers will create measures to reduce data misuse, such as limiting access to the group only and minimizing data collection to relevant information, thus ensuring that the database was solely for contacting participants. The researchers shall select participants from each center through responses showing interest in participation which will be obtained through a sign-up sheet to be distributed via Google Forms. The group will then contact those who signed up for their preferred interview schedule. The study shall consider a minimum of five participants. With the practice being relatively noble, as few as six participants can achieve data saturation (Fusch & Ness, 2015). As defined by Hennink and Kaiser (2022), data saturation denotes the point in data collection where all essential issues or insights have been exhausted.

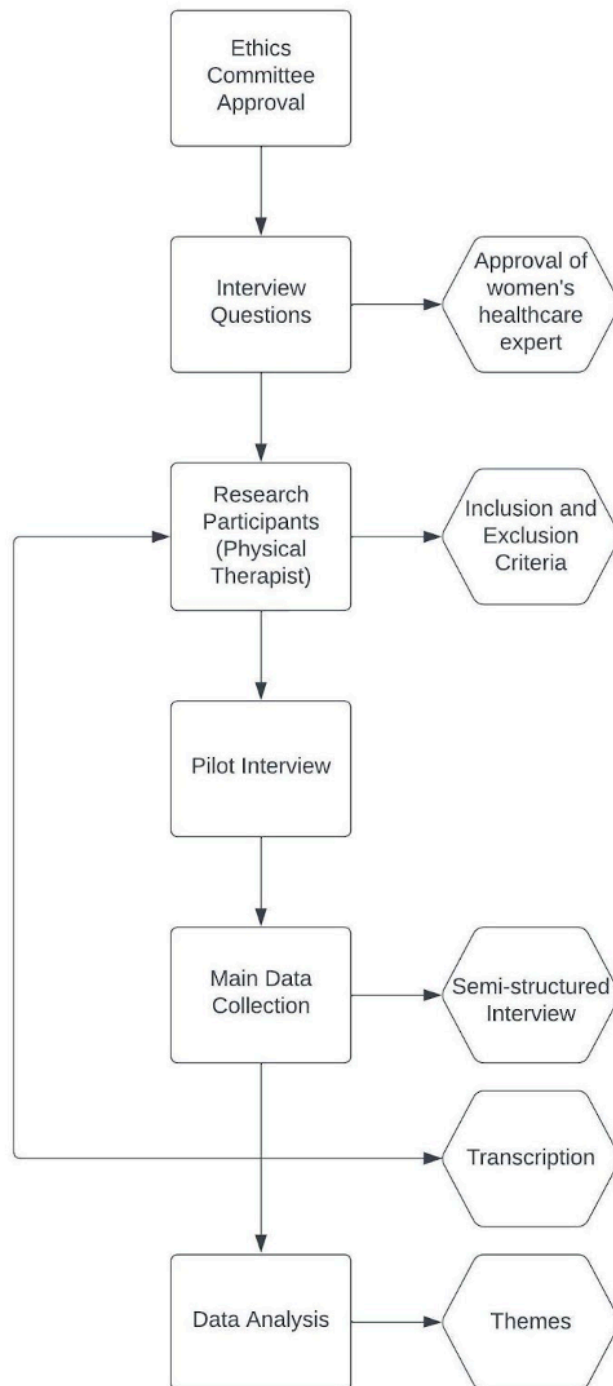
## *Setting*

The researchers will collect data from PTs practicing in selected rehabilitation centers in Metro Manila through interviews via Google Meet. Before the interview, the interviewer and the participant will take an internet speed test to determine and prepare for connectivity issues. There are also reminders given

to the participants to minimize distractions within their environment and avoid delays. The interviews will last for approximately 30 minutes at a minimum.

### *Procedures*

After receiving the approval of the study with the protocol number SI-2022-047 from the UST-CRS Ethics Review Committee, the data-gathering procedure will proceed, as shown in Figure 1. The researchers will use Krueger and Casey's (2002) framework and Harvard's Department of Sociology's (2010) guide for question development. Table 1 presents the central, key, and probing questions. The researchers will use complexity theory to develop a conceptual model aligned with the study's objective, as shown in Figure 2. This theory views the relationships between diverse agents as contributing factors to the overall changes in a system, and it is often used in qualitative descriptive or exploratory studies (Thompson et al., 2016).

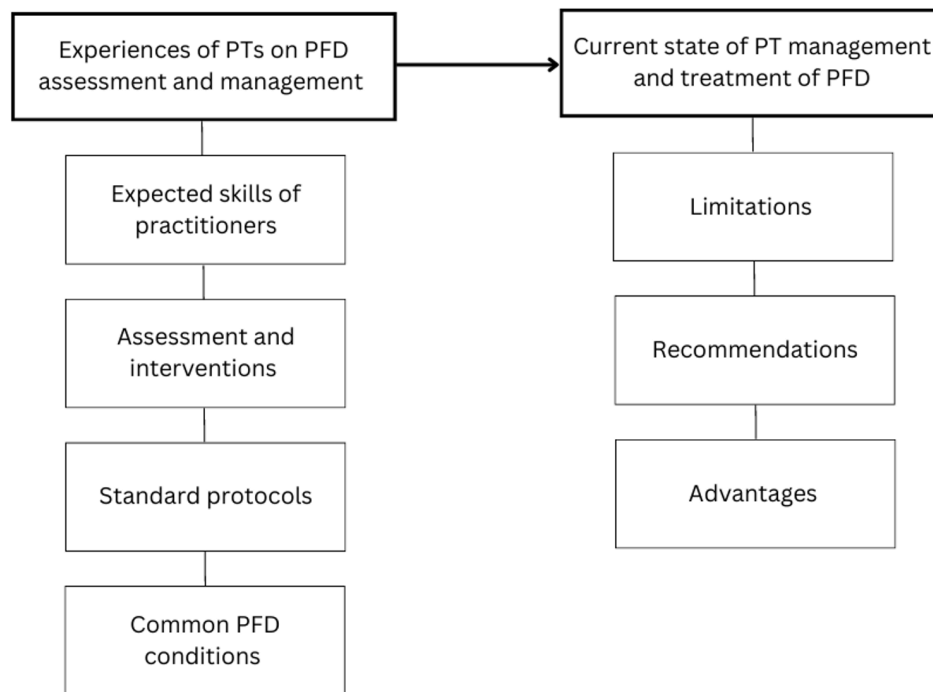


**Figure 1. Methodology Diagram**

<b>Central Question</b>	
•	Can you describe your typical workday or schedule as a PT practicing women's health?
<b>Key Questions</b>	
1.	Can you tell us the common pelvic floor disorders (PFDs) you have handled based on your years of experience?
2.	In one or multiple words, how would you describe the symptoms reported by the patient with PFD conditions?
3.	Can you describe how often PFD patients are referred to you and how they generally react regarding the assessment and treatment of PFDs?
4.	Can you cite an example of a factor encouraging patients to seek physical therapy treatment and management?
5.	What are the typical treatments or exercises you have performed on patients with PFDs?
6.	How did you perceive your experiences in handling patients with PFDs?
7.	What is the standardized protocol done by your clinic regarding this?
8.	Can you describe the limitations in our country's current physical therapy treatment and management of PFD?
9.	What are your suggestions to improve our current physical therapy treatment and management of PFDs?
10.	Is there anything else you would like to share with us to ensure the dissemination of information about PTs handling concerns and issues on women's health?
<b>Probing Questions</b>	
1.	Can you elaborate more on what you have said?
2.	Can you give a situation where your patients asked challenging questions about PFDs? How did you respond? How did you overcome it?
3.	How did you become more aware of it?
4.	How did you improve your experience when it comes to the assessment and management of such conditions?
5.	Do you have any concerns that you wish to share?
6.	Is there more information that you would like to add?

**Table 1.** Central, Key, and Probing Questions

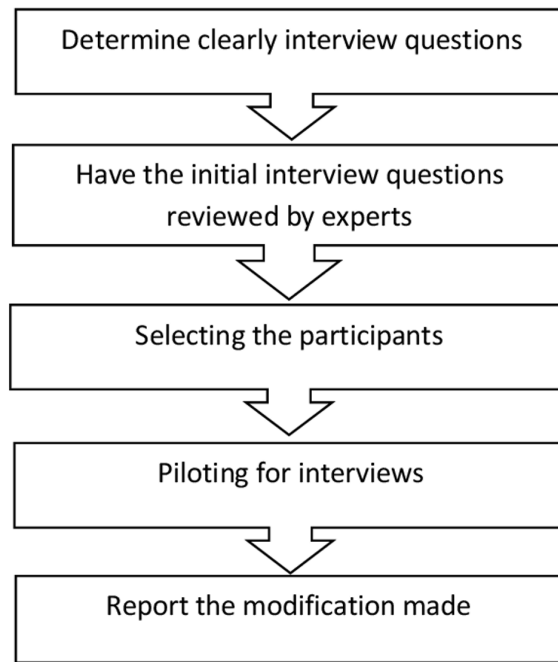




**Figure 2.** *Conceptual Framework for Question Development*

Once the participants had confirmed their interview schedule, the researchers will email the participants' information sheet and informed consent forms. Before starting the interview, the team will undergo an interview training course or program to be facilitated by the faculty co-authors.

A well-planned pilot study increases the quality of the research as it identifies potential problems or deficiencies in the research instruments and protocol before implementation during the entire study (Hassan, 2006; Malmqvist et al., 2019). The study will adopt Majid et al.'s (2017) pilot study procedure, as shown in Figure 3. Experts have recommended that a pilot study sample be 10% of the sample from the primary study (Connelly, 2008). Thus, the study will include one participant for the pilot interview.



**Figure 3.** Steps in Conducting a Pilot Study

Note. From “Piloting for Interviews in Qualitative Research: Operationalization and Lessons Learnt,” by M. a. A. Majid, M. Othman, S. F. Mohamad, S. a. H. Lim, and A. Yusof, 2017, *International Journal of Academic Research in Business & Social Sciences*, 7(4), pp. 1073-1080.

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The researchers will conduct in-depth, semi-structured individual interviews (IDI) as they generally permit spontaneity, flexibility, and responsiveness to individuals (Navarro-Brazález et al., 2021). The team, to be divided into two subgroups, will have the following tasks: one member serving as the interviewer, another recording the meeting with the participant’s consent, and a third member taking notes during the online interview. The recording will be helpful for the researcher to counter-check the accuracy of the notes and have less risk of overlooking specific information. The last member will be assigned to join the meeting to address possible technical issues. Google Meet links will be emailed

to the participants at least two days before the scheduled interview. At the start of the interview, a member will reiterate the agreements made from the informed consent form and ask for the interviewee's verbal consent. The cohort assigned to a participant will transcribe the interview. The group's faculty co-authors will also train the members in interview transcription.

There will be precautions to maintain the anonymity and confidentiality of the information that will be acquired from the participants. The study will include only codes corresponding to each participant and relevant research findings. Secure methods for file transfer and monitored researchers' access to the IDI recordings ensure data confidentiality. The team will store interview recordings in a Google Drive folder restricted to the group. The recording will also be permanently deleted in front of a witness after three years of completion of the study to prevent any unauthorized use, dissemination, or recovery of information (Princeton University, n.d.). After finalizing the transcription, the researchers will send it to the participants to double-check the information and to seek their approval of its usage for the study by affixing their signatures to the transcribed file.

### *Data Analysis*

Qualitative-descriptive research is generally explorative. Thus, the study will use a thematic inductive approach in the analysis, following the step-by-step procedure adapted from Braun and Clarke's framework (2006).



**Figure 4.** Braun and Clarke's Thematic Analysis

*Note.* From "Using Thematic Analysis in Psychology," by V. Braun and V. Clarke, 2006, *Qualitative Research in Psychology*, 3(2), pp. 77-101. (<https://doi.org/10.1191/1478088706qp0630a>).

The researchers will read through the data set and take initial notes. Text sections will be labeled and assigned to codes tabulated in a coding manual. The researchers will apply the same codes to the data set by labeling data extracts with relevant codes and taking note of possible patterns or connections between them. The researchers will look for potential themes of broader significance by closely examining coded and collated data extracts.

On the second level of analysis, the researchers will determine the fit of particular themes within the data set. After continuous review and revisions, the researchers will organize the final themes and subthemes into a table with the participants' quotes to give pertinent information regarding the themes. The last stage involves a write-up of the final report that will explain the researchers' choice of themes, results, interpretation of the data, and conclusion. Upon completion of the study, the participants will have access to the results.

To ensure scientific rigor is present in the study, the researchers will utilize transferability, credibility, dependability, and confirmability (Queens University of Charlotte, n.d.). The research shall establish credibility by using the participant's words in the study's findings. This technique can help the population immediately recognize the participants' experience and allow researchers to see data from the population's point of view through feedback and interpretation (Korstjens & Moser, 2018). A thick description of the experiences and context of the participant's transcript provides transferability, making the research significant and applicable in different settings (Korstjens & Moser, 2018). On the other hand, dependability ensures that the research will follow an accepted standard and lower the risk of bias. The researchers will confirm the gathered data by peer- and cross-reviewing each participant's input. Lastly, the researchers will perform personal reflexivity to reduce the chance of bias and influence of the researchers in the findings (Olmos-Vega et al., 2022).

## **Statements and Declarations**

### *Ethical Considerations*

The study will abide by the ethical principles of the World Medical Association's (WMA) Declaration of Helsinki, specifically General Principles (Sections 3–15), Scientific Requirements and Research Protocols (Sections 21–22), Research Ethics Committees (Section 23), Privacy and Confidentiality (Section 24), Informed Consent (Section 25–32), and Research Registration and Publication and Dissemination of Results (Section 35–36). The study will also abide by the Ethical Guidelines for Health-related Social Research stated in the National Ethical Guidelines for Health and Health-Related Research in 2017. The group strictly observes the Republic Act 10173 (Data Privacy Act of 2012) to ensure the participants' privacy rights. The following are the requirements from Article 2: the Consent Process, Management of Risks and Harms, and Access to Services or Benefits. The study was reviewed and approved by the University of Santo Tomas College of Rehabilitation Sciences Ethics

Review Committee (UST CRS-ERC), with the protocol number SI-2022-47, which abides by its ethical compliance.

### *Conflict of Interest*

The authors have no conflicts of interest to declare. All co-authors have seen and agree with the contents of the protocol and there is no financial interest to report. We certify that the submission is original work.

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