

Promoting Seniors' Health - Confronting the Issue of Incontinence

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Abstract

Incontinence is a demoralizing and costly problem that severely affects the quality of seniors' lives. With the aging Canadian population expected to double within the next 15 years, the elderly are at the highest risk of developing incontinence. It is now recognised that incontinence can be successfully managed, and in many cases, resolved.

A survey was conducted with seniors experiencing problems with incontinence who were receiving home care services. Results showed that incontinence has a significant impact on their lives. Seniors tend to mistakenly see the problem as an inevitable factor in the aging process; consequently many hesitate to seek information. In addition, they face barriers to receiving incontinence care that includes knowledge and access to services and resources.

Nurses have the potential to take a leading role in reducing the problem of incontinence and in reducing the impact on the lives of seniors. In order to realize this potential, nurses need to be more aware of their attitudes towards incontinence and more informed about conservative treatment options. Some thought needs to be given to the role of the general nurse, and the role of a specialized nurse such as the nurse continence advisor.

Introduction

Incontinence is an under reported issue for seniors which has not been well addressed in the past. In an effort to identify the barriers which prevent seniors from accessing continence care, a project (Reducing Barriers to Accessing Continence Care) funded by Health Canada was conducted. This study involved focus groups with care providers, a survey of incontinence specialists and a survey of seniors experiencing incontinence. This paper describes the findings of the survey with the seniors. It addresses the impact of incontinence on their lives, the barriers that they perceive prevent them from accessing incontinence care, and the implications of the findings for nursing practice.

Background

Incontinence is a demoralizing and costly problem that severely affects the quality of life of both sufferer and

caregiver (Grimbly, Milsom, Mollander, Wiklund, & Ekelund, 1993). Incontinence crosses many disease patterns and currently affects approximately 1.5 million Canadians. Those affected come from all age groups, but seniors are at a higher risk. It is estimated that 20% of this age group will eventually face the problem of incontinence (Oulsander, Kane, & Abrass, 1982). Seniors tend to mistakenly see the problem as an inevitable factor in the aging process; consequently many hesitate to seek information or treatment. It is now recognised that incontinence can be successfully managed, and in many cases, resolved. For those who suffer from incontinence, fear of accidents and embarrassment often leads to social isolation, and quality of life is severely affected.

Incontinence has been defined by the International Continence Association as an involuntary loss of urine that is objectively demonstrable and a social or hygienic problem (Anderson, Abrams, Blaivis, & Stanton, 1988). Prevalence surveys have found that between 5% and 9% of the community population suffer from urinary incontinence on a regular basis (Brockelhurst, 1993; Thomas, Plymat, Blannin, & Meade, 1980). Mohide (1992) surveyed community clients receiving home care services in southern Ontario and found that 20% were incontinent of urine. The rate of incontinence in the acute care hospitals has been estimated at 25% and this increases to 50 - 70% in long term care (Borrie & Davidson, 1992; Mohide, 1992).

Incontinence is one of the primary reasons for admission to nursing homes. The cost of managing incontinence in long term care is estimated at \$10,000.00 per person annually. The cost of incontinence for three home care programs in south-western Ontario was calculated at 1.9 million dollars (Skelly & Kenny, 1997). The majority of these costs (88%) can be attributed to the cost of nursing and homemaker services.

Methods

The overall goals of the Reducing Barriers To Accessing Continence Care Project were to strengthen the capacity to support healthy aging by identifying barriers to access and developing strategies to increase the knowledge of health care providers about incontinence management (Boblin-Cummings, Bonnah, Skelly, & Davis, 1998).

This paper will deal with one component of the larger project, which was to learn about the experiences of incontinent individuals receiving home care services. Seniors experiencing incontinence were surveyed in order to identify the impact of incontinence on their lives, and the barriers which prevented them from getting help.

The research was conducted within the community health services offered by the Victorian Order of Nurses of Canada (VON Canada). VON Canada is a national health organization that provides community-based health services

and related support services. There are 72 branch offices across Canada. Sites used to obtain the sample of seniors were located in 6 provinces (Newfoundland, Nova Scotia, Quebec, Ontario, Manitoba, and British Columbia). Communities of various sizes were involved, including rural and urban settings. Select health care professionals at each site conducted surveys with a small sample of seniors and/or their care givers. A total of 56 surveys were collected.

Data Collection

A survey form, consisting of Likert-type response and open-ended questions was developed. Questions addressed the nature and impact of incontinence on the senior's life. Participants were asked to identify treatment options of which they were aware, describe how they were managing, and identify additional resources or help they could use. They were asked to comment on factors influencing them getting the help they needed, and specialists they had seen about their incontinence.

Select health care professionals at each site assisted the seniors and/or their care givers in completing the surveys. The targeted number of seniors surveyed per site was between 5 and 10. Written consent was obtained prior to the survey. Responses to questions were noted on the survey form by the health care professional. Completed forms were returned to the research team for data entry and analysis.

Analysis

Responses were entered into a database (Microsoft Excel™) to facilitate analysis. The research team reviewed the responses to the open ended questions; a coding scheme was developed and applied to the responses; responses were then compiled according to themes.

Results

Of the 56 surveys completed, 61% were with seniors, 29% with care givers, and 7% with both senior and care giver; 3% of respondents did not indicate if they were senior or care giver. Ages ranged from less than 60 years, to over 90 years. Females comprised 75% of those surveyed. Table 1 describes the demographic information collected, including the age range of participants, survey sites and types of incontinence problems. The majority of seniors (73%) came from urban settings. When asked to indicate the nature of their incontinence, urinary incontinence was experienced by 75%, fecal incontinence by 4%, and both urinary and fecal incontinence by 21%.

Table 2 describes the responses to survey questions related to the influence that incontinence had on certain aspects of the respondents' lives. Only 10 of those surveyed reported that incontinence had a moderate (5) or great impact (5) on their ability to perform household chores. Twenty five (45%) indicated that it had a moderate or great impact on their ability to travel more than 30 minutes from home. Thirty-four percent of seniors (n=19) indicated that incontinence had a moderate or great impact on their ability to participate in social activities.

Forty-five percent (25/56) of those surveyed reported that incontinence had a moderate (11) or great (44) impact on their emotional health. Frustration with incontinence had an impact on more than half of the seniors. When asked how much control they felt they had over their incontinence 52% thought that they had none or slight control over their incontinence.

Sixty one percent of seniors did not know that incontinence was a treatable problem. When asked how much they thought they knew about their incontinence, 16% indicated a great deal, 34% a moderate amount, 23% a slight amount, and 27% knew nothing. When asked to comment on treatment options, "surgery" and "exercise" were identified most often. Few of the seniors identified lifestyle changes that could be considered as treatment for their incontinence. When asked how they would manage their incontinence, containment products (e.g., pads and diapers) was the most common response, followed by "Regular or frequent toileting", and the necessity for knowing the location of toilet facilities when going out.

When asked what affects or influences them getting the help they need, seniors responded: their lack of awareness of available help, and the lack of services available through the home care programs in their areas. Thirty five percent of seniors were not aware of assistance that was available to help them manage their incontinence. They indicated that they didn't know what assistance they required or what was available. Other factors included lack of public awareness of or attention to the problem, cost of product, motivation, and underlying health status. As one senior indicated "I'm too old to bother". When asked what

Table 1

Demographic Variables		
Gender	female	42
	male	14
Age	< 60 years	3
	60-69 years	8
	70-79 years	19
	80-89 years	18
	>90 years	7
Sites	Rural English	9
	Rural French	5
	Urban English	41
	Urban French	1
Living arrangements	alone	20
	spouse	20
	family	6
	non-family	10
Type of incontinence	bladder	42
	bowel	2
	bladder and bowel	12

Table 2

Impact of Incontinence					
	none	slight	moderate	great	no response
On ability to					
do household chores	22	9	5	5	15
travel more than 30 min.	15	14	12	13	2
participate in social activities	20	11	11	8	6
Affect your	none	slight	moderate	great	no response
emotional health	15	14	11	14	2
impact on frustration	14	11	7	23	1
perceived control	13	16	25	2	0

additional resources they could use to help with managing their incontinence, the majority indicated they would like additional information, provision of product, and access to specialists.

Discussion

The surveys with seniors revealed that their incontinence had a considerable impact on their lives. It limited their ability to participate in activities outside their home and had an impact on their emotional health. These findings speak to the need to address incontinence management and promotion if seniors are to be enabled to age well, and exercise more control over their health related decisions.

Two barriers were identified as influencing access to incontinence care: lack of knowledge and access to service and resources. The majority of seniors did not know that incontinence is a treatable problem, and were not aware of conservative treatment options or how to access care. This suggests that increased knowledge about treatment options will empower them to get help, and consequently has the potential to improve their quality of life. Knowledge is an essential component of empowerment (Pender, 1996). While research has not identified that knowledge gain necessarily leads to behavioral change, improved access to health information results in informed decision making about personal health matters (Marshall, Sowards, & Dilworth, 1991).

The second barrier identified was lack of resources including inadequate access to specialized services and home care support. Cost was discussed primarily in relation to the cost of product borne by the individual senior. However, provision of incontinence product without a rehabilitative model is not the answer when potentially 70% of incontinence is treatable. It will only lead to seniors wearing products without seeking treatment.

Seniors often encounter the attitude that incontinence is a "normal part of growing old", and is something that one "must just live with". This makes them reluctant to disclose that incontinence is a problem because of their fear that this will lead to institutionalization. One might ask if this attitude is the result of health care providers'

responses to seniors' concerns about incontinence, or if it is part of societal norms and ageism. Clearly there is a need to inform the public about the treatable nature of incontinence, to address some of these attitudes towards incontinence.

Implications for Nursing Leadership

It is important that nurses consider the impact of their own attitudes towards incontinence on the care they provide to seniors. Negative attitudes (such as the acceptance of it being a normal part of aging) might mean the client is less likely to reveal or discuss their problem with incontinence. One way of increasing the awareness of attitudes is through knowledge. Increased knowledge has been shown to be related to positive attitude (Oermann & Gignac, 1991; Rae, Brown, & Calder, 1992). Nurses, then, can address their attitudes towards incontinence by ensuring that they have up to date, research based information about incontinence assessment, treatment and management.

The potential exists for nurses to take a leading role in reducing the problem of incontinence and in improving the quality of life of seniors. In order to realize this potential, nurses need to be more aware of their attitudes towards incontinence (Boblin-Cummings et al. 1998) and more informed about conservative treatment options.

Historically in North America, the treatment of choice for incontinence was either drugs or surgery. Recent studies, however, confirm the efficacy of trying more conservative approaches first. Behavioural techniques, such as bladder retraining and behaviour modification empower clients to become part of the solution, which can result in improved bladder control and function with no side effects (Brooks, 1993; Skelly, Eyles, Boblin-Cummings, & Davis, 1998).

A more specialized role is the nurse continence advisor (NCA) who has a comprehensive knowledge of incontinence and is specially prepared to provide assessment and appropriate conservative management. The clinical role of the NCA can vary but most NCA's have a case load of patients and/or provide consultation and educational services to general nurses (Skelly & Kenny, 1998). The NCA role was first introduced in England in 1974 in response to a growing need for continence promotion and incontinence

management in the community. It was formally introduced in Canada in 1995 with the training of NCA's within the visiting nursing agencies in Ontario. The educational program was originally funded by a grant from the Ontario Ministry of Health and is now offered through distance education from McMaster University, School of Nursing. A pilot study evaluating the NCA role suggests that it has the potential to contribute significantly to the resolution of incontinence and decreasing the cost of incontinence care in home care programs (Skelly & Kenny, 1998).

Nursing is well suited to conservative methods of treatment, with its focus on assessment, decision making, and involvement of clients in goal setting and interventions. When assessing for incontinence and deciding upon interventions, the nurse needs to recognize factors that predispose the senior to developing incontinence. For example, while factors such as limited mobility and cognitive impairment do not necessarily cause incontinence, strategies such as providing assistance and reminders with toileting will help to address the impact of these issues. The nurse needs to be aware of these factors, and include relevant assessment in interactions with seniors. The nurse must also recognize that the senior may be reluctant to disclose information about incontinence, because of embarrassment or concerns about that surgery or institutionalization may be the outcome.

One essential nursing intervention is educating the senior about conservative treatment options and facilitating the senior's decision making in relation to these choices. Education should address the impact of dietary factors, such as caffeine and fluid intake on bladder and bowel function; bladder training; and pelvic muscle exercise. Consideration must be given to the information provided and the use of strategies that are sensitive to the learning needs of seniors (Rankin & Duffy-Stallings, 1996). Regardless of the intervention selected, client involvement and motivation are essential components in addressing the problem of incontinence.

Nurses can be instrumental in raising the awareness of other members of the health care team about the problem of incontinence and methods of management. The nurse occupies a key position in health care services: the interface between client care and the rest of the organization (Hibberd & Kyle, 1994). With the current scrutiny of the health care system, in the attempt to deliver quality care in the most effective way, it is essential that nurses advocate for the resources required to treat and manage continence.

Currently within the health care system, staffing constraints can limit the nurses' ability to provide simple measures such as regular toileting routines. Consideration needs to be given to the allocation of resources to ensure that such conservative measures can be provided. Nurses may be in positions to advocate for allocation of these resources.

Conclusion

Incontinence is a tremendous concern for those who experience it and their care providers. As this survey revealed, it has great impact on the emotional health of seniors and contributes to social isolation. Seniors experience barriers in accessing incontinence, including knowledge and access to services and resources. Incontinence is often a treatable problem which needs to be more widely acknowledged by consumers and health care providers. Nurses can be instrumental in identifying clients with or at risk of acquiring incontinence, educating them about treatment options, facilitating their involvement in treatment decision making, and raising the awareness of other members of the health care team about the problem of incontinence and methods of management.

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