UNIVERSITY OF ALBERTA

ALBERTA CONTINENCE RESEARCH NETWORK

PATIENT PERCEPTIONS OF CONTINENCE ASSESSMENT AND MANAGEMENT ON GERIATRIC INPATIENT REHABILITATION UNITS

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AIMS OF THE STUDY

For many older people in rehabilitation, the promotion, maintenance and restoration of continence is part of working towards regaining independence in activities of daily living. Urinary incontinence is the most common form of incontinence in rehabilitation units for older persons, but a large number also experience mixed urinary and fecal incontinence [1]. While some may have had continence issues prior to hospitalization, there is an increased likelihood they may have become incontinent by virtue of the acute illness that preceded admission to rehabilitation, or simply because of functional loss associated with hospitalization [2].

Although assessment and management of the problem is paramount in enabling creation of a continence care plan, current evidence suggests that specific continence assessment and rationale for treatment may be lacking in rehabilitation [1]. Patient engagement in continence care during rehabilitation is not well understood, although this is important in patient centered care and likely influences rehabilitation outcomes.

Study aim: To understand continence assessment and care in geriatric rehabilitation from the perspective of the older person.

STUDY DESIGN

Method: Qualitative, exploratory study using purposive sampling

Participants and setting: Older persons on two geriatric rehabilitation units in a dedicated rehabilitation hospital

- Participants were identified by nursing staff as requiring assistance for continence care (bladder or bowel) and transfers, with the cognitive ability to participate in an interview a maximum 30 minutes in length.
- Written informed consent for all interviews was obtained.

Data collection: Using a semi-structured interview guide, open-ended interview questions focused on patient experience with continence assessment and management while on the units. Interviews were digitally recorded and transcribed verbatim.

Data analysis: Using a conventional content analysis approach [3], three researchers coded initial interviews independently to develop the coding framework. Two researchers coded the remainder of the interviews, identifying codes subsequently collapsed to categories and themes.

RESULTS

Six women and four men aged 72-90 were interviewed. All participants described urinary incontinence, no participants identified fecal incontinence. Three themes were developed were developed.

Themes	Categories and Exemplars
Assessment: I guess they did Most patients had limited to no recognition of assessment regarding their continence needs.	**Assessment** " Well they might have asked ordinary questions, if they asked…I was too upset maybe to take it in"(Pt3) "They were assessed by keeping a record on the door over there, how many times I'd get up and the amount of pee in the hat"(Pt8) "I don't take laxatives. They offer me laxatives everyday but I am not taking them" (Pt11)
Being continent or incontinent Incontinence was a horrible condition due to embarrassment and threatened dignity. The nurses and the healthcare aides were identified as providing most of the continence care, with their assistance being helpful.	**Patient experience** "Well it's not much fun, I can tell you that. It's a horrible experience" (Pt3) "I have to ring the bell if I have to go to the washroom….it's a preventative thing and got liability reasons…..they say it's better to wait than have an accident. That may be true for them but it's pretty horrible for me (Pt2) **Patient perceptions of nursing** "They always help you, ring the bell or push the button, somebody comes to wait for you to finish and they help you. (Pt13)
Gaining control Some patients took an active role in their own continence management, with staff management support seen as limited to predominantly containment strategies.	**Self management** "I knew when they were coming, so I would go to the washroom first….I basically scheduled myself around those kinds of things" (Pt5) "I wake up and I got to go to the bathroom and I'll just check and see if there's anyone in there…..it's an internal alarm that I just pay attention to' (Pt11) **Management strategies** "They gave me briefs, and I have been using the pads the last 4-5 days' (Pt8) "I started by myself and they kept telling me to keep the pad on" (Pt10)

INTERPRETATION OF RESULTS

Most participants were not aware of a coordinated assessment of continence needs but they were able to describe aspects of assessment, particularly around monitoring bowels. Incontinence for some was a horrible condition, embarrassing in nature with potential for lack of dignity.

Nurses and healthcare aides were identified as the staff who provided most of the continence care. Their efforts to minimize their embarrassment was appreciated by patients. Contributors to the negative experience of continence care often centered around being dependent on nursing staff. When nurses were unable to come quickly to assist, it was problematic for participants and some did not wait for assistance. Participants perceived mobility limitations, night time need to use the toilet and access to toilets as barriers to maintaining continence. The role of other health care professionals was perceived as limited with patients returned from therapy if they needed to use the toilet. Some of the participants described taking on an active role in their own continence management by going to the bathroom before scheduled therapy and treatments.

Patient descriptions of staff initiated strategies for their continence needs were limited, with containment strategies via the use of pads dominating, and occasional use of equipment such as commodes identified. A limited understanding as to whether any medications other than laxatives had been used to address continence problems was revealed.

CONCLUDING MESSAGE

For the older people who participated in this study, incontinence was a negative experience and they were not actively engaged in assessment or collaboration with the interprofessional team on management strategies. Although having to rely on nursing staff for assistance while not independently mobile was challenging, participants could identify strategies they used to help themselves. Healthcare professionals should partner with older people in systematic assessment and shared patient-interprofessional management of continence concerns and challenges.

ETHICS, FUNDING AND REFERENCES

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