



NURSING MANAGEMENT OF INCONTINENCE CARE IN ACUTE AND LONG-TERM CARE SETTINGS

By

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ABSTRACT

The purpose of this paper is to provide an overview of urinary incontinence; the effect it has on older adults and the barriers nursing staff face when managing incontinence appropriately in acute and long term care settings. A literature search between 1995 and 2016 was conducted using medical health data-bases CINAHL and Medline, using a combination of key words such as: older adult, geriatric, nursing, urinary incontinence, continence, management, promotion, and interventions. Incontinence increases the risk of falls, skin damage, depression, urinary tract infections and development of functional dependency in older adults. Although there are similar barriers that nursing teams face when implementing continence care in long term and acute care settings, there are differences in assessment patterns, nursing culture, and in how nursing attitudes affects continence care. In both settings, nursing staff focus on containment methods rather than continence promotion techniques. In order to ensure best practice in continence care with older people, nursing staff require more education on continence care and support in integrating clinical practice guidelines. More research is needed to better understand nursing perceptions of urinary incontinence and the use of continence products with hospitalized older adults.

Background

Older adults often face multiple chronic conditions in combination with acute illness, rendering their needs complex and challenging (Fedarko 2011; Dahlke, Phinney, Hall, Rodney, & Baumbusch, 2015). One common problem older adults may present with is urinary incontinence (UI), which has been described as the ‘the complaint of any involuntary leakage of urine, (Abrams, Cardozo, Fall, 2002). Although UI is not a normal consequence of aging, it occurs in all types of healthcare settings, (Bradway & Cacchione, 2010). UI affects 31-70% of older adults and results in psychological and physical discomfort (DuBeau, Kuchel, Johnson, Palmer, & Wagg, 2009; Flanagan et al., 2014; McGrother et al., 2003). As a result older adults may begin to lose the feeling of their personal privacy and dignity resulting in negative self-image, depression

and become isolated (Alaszewski, Holdsworth, Billings, 2009; Chochinov, Hack, Hassard, 2002). UI increases the risk of falls, skin damage, depression, urinary tract infections and development of functional dependency (Dingwall & McLafferty, 2006; Flanagan et al., 2014; Zisberg, 2015). It is also associated with decline in social function and increases the length of hospital stay, which imposes a risk for contracting nosocomial illnesses (Nazarko, 2013) Moreover, incontinent older adults are more likely to be discharged to a long term care setting rather than their home (Nazarko, 2013). Finally, UI can increase healthcare costs related to the need for more staff and staff time, extra laundry expenses and care products (Green, Smoker, Ho, & Moore, 2003).

The literature examined included research reporting on long term care and acute care. In Canada, long term care refers to a continuum of medical and social services designed to support the needs of people living with chronic health problems that affect their ability to perform everyday activities (McCall, nd). In comparison, acute care serves patients who receive active but short-term treatment where effectiveness largely depends on time-sensitive and, frequently, rapid interventions (World Health Organization, 2013). The remainder of this paper discusses the barriers nursing teams face as it relates to managing UI, how UI is managed in both long term care and acute care settings and nurses' beliefs towards UI.

Barriers to Managing Continence

Despite evidence outlining best practice for UI nursing intervention in a variety of healthcare settings ((International Council on Incontinence (ICI), 2013; Nurses Influencing Care for Elders (NICE), 2013), barriers to implementing best care are evident. Researchers from both long term care and acute care settings suggest there is frequently inadequate staff to effectively manage UI properly (Brady et al., 2016; Connor & Kooker, 1996; Cooper & Watt, 2003; Dingwall & McLafferty, 2006; Irwin et al., 2001; Kadir, 2004; Ouslander & Johnson, 2004). Moreover, multiple types of patients, a lack of environmental and co-worker supports precipitate /lead to ineffective continence management (Tannenbaum, Labrecque & Lepage, 2005). Resulting workload demands can lead to an over reliance on continent product use in older adult care regardless of a clear UI issue (Cooper & Watt, 2003) and the development of permanent UI (Zisberg, Gary, Gur-Yaish, Admi, Shadmi, 2011).

Although barriers nursing teams face are similar when implementing proper continence care in long term and acute care settings, differences do exist. There are differences in assessment patterns, the environment, and the effect of nursing beliefs and attitudes on efforts in continence care.

Assessment

Several scholars have identified that nursing staff in both long term and acute care settings employ continence interventions without conducting a UI assessment (Cooper & Watt, 2003; Roe et al., 2011; Dingwall & McLafferty, 2006). Long term care often requires a continence assessment that includes a physical assessment prior to resident admission (Ouslander & Johnson, 2004). It has been suggested that the assessment and management of continence by nurses in acute care is limited by a lack of knowledge about possible causes of UI (Ostaszkievicz, O'Connell, Millar, 2008), or a lack of knowledge of a structured approach for assessing UI. Dingwall and McLafferty (2006) have identified that hospitalized older adults are likely to be labeled as incontinent and have continence products applied without assessment. In a study conducted in Australia, Ostaszkievicz, et al. (2008) found that a significant number of older adult patients in acute care were given continence products despite no UI in the preceding 24 hours (ICI, 2013, p. 1019). Ensuring adequate assessment prior to applying continence products is essential as older adults may lose confidence and become socially disengaged due to UI (Dingwall & McLafferty, 2006). Mandatory continence assessment tools and education on their use has the potential to decrease inappropriate use of continence products.

Nursing Culture

The environment in acute care settings differs from long term care settings. In acute care, some barriers to quality continence care include inadequate lighting, bed-side rails inhibiting older adults from safely mobilizing from bed to washroom, a lack of access to toilets and physical restraints that often increase incontinent episodes (ICI, 2013, p. 1016). One study's findings identified that older adults in acute care often voided in briefs and avoided asking for assistance in toileting for they felt as though they were a burden on staff in both long term and acute care settings (Alaszewski et al., 2009). In acute care settings, patient prioritization based on medical acuity and medical diagnosis often takes precedent over managing incontinence (Ostaszkievicz, et al., 2008). Prioritization of medical needs and lack of time in the acute care setting has led to nursing staff using continence products out of convenience rather than due to assessment or need (Connor & Kooker, 1996; Dingwall & McLafferty, 2006; Irwin et al., 2001). Unfortunately, not viewing UI as a health priority could lead to further health complications such as delirium, bladder complications, infection, skin break down and early admission to long term care (Goodwin, Howrey, Zhang, Kuo, 2011; ICI, 2013; Palese et al., 2007).

In comparison to acute care settings, long term care settings provide a slower paced environment providing more opportunities for assessment of UI prior to selecting the most appropriate product or intervention method. Assessment provides opportunities for patient

specific management techniques resulting in products tailored for the individual inclusive of a cognitive and physical assessment (Holroyd-Leduc, Lyder, & Tannenbaum, 2006). Unfortunately, continence products are being used for convenience in long term care settings as well as acute care settings (Cheater, 1990; McCarthy et al., 2009; Palese et al., 2007; Zisberg, 2011).

Nurses Attitudes and Beliefs about Continence

There is an association between beliefs held by nursing teams towards older adults and older adults' UI status (Henderson & Kashka, 2000; Saxer et al., 2009; Tannebaum et al., 2005). Although research has been primarily conducted in long term care settings, nursing staff from both long term and acute care settings believe that UI in the older adult is inevitable, irreversible and incurable (Dingwall & McLafferty, 2006; Etheridge, Tannenbaum & Couturier, 2008; Henderson & Kashka, 2000; Kristiansen et al., 2011; Saxer et al., 2009).

Saxer and colleagues (2009) developed a model to identify the relationships among knowledge, beliefs and the results associated with assessment, intervention and documentation. A cross-sectional design method was used to develop the model by gathering data from 315 nurses and nursing assistants. Study results demonstrated that knowledge and attitudes were related to practice with no relationship to beliefs in contrast to previously sought conceptual frameworks (Saxer et al., 2008, 2009; Henderson & Kashka, 2000; Palese et al., 2007; Vinsnes et al., 2001). Lack of knowledge and negative attitudes towards older adults or UI leads to inadequate care delivered by nursing staff in both long term and acute settings (Palese et al., 2007; McCarthy, McCormack, Coffey, Wright & Slater, 2009; Vinsnes et al., 2001). However, continuing education to enhance nursing knowledge on UI assessment is beneficial (Saxer et al., 2009).

Managing Incontinence

UI containment methods, rather than continence promotion techniques, are frequently used in both long term and acute care settings by nursing staff. The most commonly used strategies include, but are not limited to: adult incontinence pads (adult briefs), washable under sheets (Brady et al., 2016; Connor & Kooker, 1996; Cooper & Watt, 2003; Dingwall & McLafferty, 2006; Irwin et al., 2001; Kadir, 2004; Kristiansen et al., 2011), urinals (Kadir, 2004), catheters (Brady et al., 2016; Connor & Kooker, 1996; Dingwall & McLafferty, 2006; Kadir, 2004), urosheaths (Kadir, 2004), or a combination of incontinence products (Connor & Kooker, 1996). Although the use of these products is popular among nursing staff, rationale for implementation is based on nursing preference, or habit (Dingwall & McLafferty, 2006), patient or family request (Dingwall & McLafferty, 2006; Kadir, 2004), or implemented out of nursing convenience (Connor & Kooker, 1996; Cooper & Watt, 2003; Dingwall & McLafferty, 2006;

Irwin et al., 2001). As identified in clinical practice guidelines, containment methods like adult briefs and catheters should not be the first choice of incontinence treatment and should be avoided unless other interventions, such as continence promotion strategies, fail (ICI, 2013; NICE, 2013).

Continence promotion interventions will increase the likeliness of an individual regaining control of their bladder function and are best practice. They include pelvic floor exercises, encouragement of habitual voiding, timed toileting schedules and ensuring adequate hydration among other lifestyle and behavioral changes (ICI, 2013; NICE, 2013). Other strategies include the use of bladder diaries for recording voiding times and amounts, recording fluid intake and output daily, and behavioral training including the avoidance of bladder irritants such as caffeine and aspartame, (ICI, 2013; NICE, 2013). Unfortunately, these practices are less commonly included in care (Flanagan et al., 2014; ICI, 2013; Zisberg et al., 2011) for a variety of reasons such as unawareness of resources, misunderstanding how to use resources, or avoidance of using resources due to lack of time (Henderson & Kashka, 2002; Irwin et al., 2001).

Nursing Ethics and the Provision of Older Adult Care

The use of continence products for nurse's convenience or for efficiency has ethical implications. The Canadian Nursing Association (CNA) (2008) code of ethics outlines nurses' duty to advocate for people in their care if they believe the health of people are compromised by factors beyond their control; including the decision-making of others (CNA, 2008, p. 11). Nurses must articulate challenges to providing individualized patient care (Suhonen, Stolt, Gustafsson, Katajisto, Charalambous, 2014), rather than continuing nursing practices that promote older adult's UI through misuse of continence products. Demanding better resources, instilling evidence based practice into care, and fostering trusting, therapeutic relationships with patients will ensure optimal health outcomes and the provision of dignified care for the older adult (Nåden & Eriksson, 2004).

Nåden & Eriksson (2004) examined the relationships between philosophical and fundamental nursing skills required to provide care, identifying the alleviation of suffering through a caring attitude combined with a confident skill set. As a result, patients reported a sense of security, a feeling of confidence, alleviation of suffering, satisfaction and gratitude. This type of nursing approach led to participants reporting better healthcare with an improved sense of dignity and privacy (Alaszewski et al., 2009). Comfort from care increased when nurses' demonstrated patience and sensitivity through the maintenance of privacy during voiding or product change. It is crucial that nursing team members allocate adequate time for continence care interventions and management regardless of setting.

Conclusion

Nursing staff in both long term care and acute care settings manage UI rather than promote older adults' continence. Continence products are commonly misused and over-employed in acute care due to time constraints and organizational barriers. Acute care differs from long term care settings as medical acuity often takes precedence over UI management and products are used as preventative measure in higher paced environments. Nursing knowledge on continence promotion as well as providing ethical care will increase older adult well-being by ensuring feelings of self-concept and empowerment in own care. Further research is needed to better understand nursing perceptions on the use of continence products in hospitalized older adults.

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