

CONTINENCE CARE FOLLOWING STROKE : A SURVEY OF NURSES' INTENTIONS

Rona Agnew & Jo Booth
Institute for Applied Health Research, Glasgow Caledonian University



Aim of Study

Urinary incontinence is a common consequence of stroke reported to occur in up to 40% of survivors. Nurses are the main providers of continence care yet little is known about how post-stroke incontinence is managed in hospital, although containment activities predominate. Active approaches to support recovery of bladder function are less common¹. The Theory of Planned Behaviour² posits that intention to behave predicts actual behaviour, thus the study aimed to explore stroke nurses intentions around continence care practices.

Study design, materials and methods

- A structured survey tool was developed to measure nurses' intentions towards continence care in acute stroke patients with urinary incontinence.
- The questionnaire was developed, piloted and psychometrically tested with a sample of 30 nurses.
- A postal survey of the membership of a national stroke nurses forum (N= 186) was undertaken over a 6 week period.
- Key principles to improve response rates were implemented³

Results

186 postal questionnaires were sent out with 81 completed questionnaires analysed (43% response rate). Descriptive analysis suggests that stroke nurses intend to promote continence in patients with urinary incontinence following a stroke. Correlational analysis of the ordinal data using Spearman's rho with significance set at p<0.05 (2-tailed) explored nurses' intentions to promote continence. Behavioural beliefs (including nurses attitudes towards continence promotion), subjective norms (the significant people who would approve or disapprove of the type of continence care nurses carry out) and perceived behavioural control (the level of control that the nurse believe they have over their choice of approach to continence care) were explored.

Table 1 highlights a significant positive correlation between behavioural beliefs and subjective norms (p=0.029), subjective norms and perceived behavioural control (p<0.001), subjective norms and general intention (p<0.001) and perceived behavioural control and general intention (p<0.001). Findings suggest that attitudes are influenced by subjective norms but do not have a direct influence on general intention. Conversely, subjective norms have a direct relationship with perceived behavioural control and both subjective norms and perceived behavioural control have a direct relationship with general intention. The findings show that significant others impact on the nurses' perceived behavioural control over continence care provision and both (subjective norms and perceived behavioural control) influence the general intention of nurses towards continence promotion.

	General Intention	Attitude	Subjective Norms	Perceived Behavioural Control
General Intention	1.000	.134 .234	.478 .000	.398 .000
Behavioural Belief				
Correlation Coefficient	.134	1.000	.243	.141
Sig. (2 tailed)	.234		.029	.208
Subjective Norms				
Correlation Coefficient	.478	.243	1.000	.445
Sig. (2 tailed)	.000	.029		.000
Perceived Behavioural Control				
Correlation Coefficient	.398	.141	.445	1.000
Sig. (2 tailed)	.000	.208	.000	

Table 1 – Spearman Rank Order Correlation of Composite Direct Measures

Interpretation of results

These findings suggest that significant others such as managers, stroke patients and doctors play a fundamental part in determining the control that stroke nurses believe they have over continence care activities and therefore their intention to promote continence in patients with urinary incontinence following a stroke, or to use containment approaches.

Concluding message

Both significant others and nurses' perceptions about their level of control over their continence care activities are indicators of stroke nurse's intentions towards continence care in acute stroke patients with urinary incontinence. Although nurses intend to promote continence, internal and external barriers exist. Continence care practices with acute stroke patients arise from the nurses' attitudes towards the behaviour (behavioural beliefs) which are shaped by the opinions and actions of significant others such as colleagues and patients, which govern the nurses beliefs around their perceived authority to act.

References:

1. BoothJ, Kumlien S, Zang Y, Gustafsson B, Tolson D (2009) Rehabilitation nurses practices in relation to urinary incontinence following stroke: a cross-cultural comparison Journal of Clinical Nursing, 18 (7), 1049-1058
2. Fishbein M, Ajzen I (1975) Belief, Attitude, Intention, and Behavior: An Introduction to Theory and Research, Addison-Wesley: Reading, MA
3. Edwards P, Roberts I, Clarke M, et al (2007) Methods to increase response rates to postal questionnaires, Cochrane database of systematic reviews (Online)

For more information on this study please contact:
Rona Agnew - 07725176201

