



Gaps in Knowledge and Practice of Urinary Incontinence Management Among Nursing Home Staff

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Background. Effective management of urinary incontinence (UI) among older adults, particularly in nursing home residents, depends on the knowledge and practices of nursing staff, who are responsible for their fundamental care. However, nursing staff knowledge and practice gaps remain challenging.

Aims.To assess the knowledge and practice of nursing staff regarding UI, to explore whether there are differences in knowledge and practice concerning their sociodemographic characteristics, and to determine the correlation between knowledge and practice regarding UI.

Study design. A multicentre descriptive, comparative, and correlational cross-sectional study design. The convenience **sample** comprised of **171** employees (n = 86 nurses, n = 85 nursing assistants).

Instruments. Socio-demographic questionnaire & Urinary Knowledge and Practice Instrument (UKPI) – $\alpha = 0.89$

Table 3. Correlation between Knowledge scale of UKPI, Practice scale of UKPI and subscales

Knowledge scale of UKPI	
	Pearson (r)
Practice scale of UKPI	0.151*
Fluid intake and excretion	0.094
Assessment and information	0.344**
Documentation	0.153*
Support	0.191*

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Results. The mean score on the UKPI knowledge scale was **11.2 (max. 18)** and for the UKPI practice scale was **53.2 (max. 90)**

Table 1. Distribution of correct answers on the UKPI knowledge scale

Item	Whole sample n (%)
Urinary incontinence improves in most residents with suitable treatment.	140 (81.9)
Most people need to empty the bladder every 2–4 hours when awake.	136 (79.5)
Stress incontinence is caused by psychological problems.	123 (71.9)
A bladder infection can cause urinary incontinence.	151 (88.3)
Older men may suffer from urinary incontinence after prostate surgery.	149 (87.1)
Urinary incontinence can occur more often when sneezing, coughing, or walking.	127 (74.3)
On admission to a home, more women are incontinent than men.	92 (53.8)
More than 80% of all residents in nursing homes suffer from urinary incontinence.	102 (59.6)
Diabetes can cause urinary incontinence.	119 (69.6)
Having a stroke may lead to urinary incontinence.	133 (77.8)
More residents suffer from urinary incontinence after being in a nursing home for a year than at admission.	54 (31.6)
Mobility-limited residents are equally often urinary incontinent as mobile residents.	94 (55.0)
Certain medications can treat urinary incontinence.	111 (64.9)
Older people who have Parkinson’s are also often incontinent.	131 (76.6)
Some antihypertensive or sleep medications can cause urinary incontinence.	115 (67.3)
Urinary incontinence is a normal part of ageing (over 65 years).	115 (67.3)
Toilet training can improve incontinence in older people requiring care.	134 (78.4)
Demented residents are more often urinary incontinent than non-demented residents.	125 (73.1)

Table 2. Differences in knowledge and practice of nursing staff regarding UI to sociodemographic characteristics

	Knowledge scale		Practice scale	
	M± SD	p	M± SD	p
Gender				
Male	11.8 ± 3.7	0.34	53.3 ± 14.9	0.90
Female	11.1 ± 3.4		52.9 ± 21.6	
Education level				
Secondary school	11.1 ± 3.5	0.27	52.6 ± 15.7	0.07
High school	12.1 ± 2.4		60.2 ± 16.9	
Profession				
Nurses	12.2 ± 2.4	0.00	52.7 ± 17.4	0.63
Nursing assistants	10.2 ± 4.0		53.9±14.5	
Working experience in nursing home				
< 4 years	10.9 ± 3.6	0.64	54.2 ± 16.6	0.82
4.1 – 12 years	10.7 ± 4.0		53.1 ± 14.6	
> 12 years	12.1 ± 2.6		52.3 ± 16.9	
The continuing education course on UI				
Yes	12.6 ± 2.6	0.03	56.0 ± 17.3	0.34
No	10.1 ± 3.5		52.8 ± 15.7	
Interest in learning more about UI				
Yes	11.8 ± 2.7	0.00	54.2 ± 15.5	0.13
No	9.2 ± 5.0		49.6 ± 17.5	

Concluding message

This study highlights the need for improved education and training on urinary incontinence in nursing homes. Both nurses and nurse assistants must be equipped with the knowledge and skills to provide high-quality continence care. Future research should focus on evaluating the effectiveness of educational interventions and exploring the systemic factors that hinder the implementation of best practices in UI management.