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**DECIDING TO INTERVENE: A STUDY OF NINETEEN NURSES AND THE INTERVENTIONS THEY USE WHEN CARING FOR PEOPLE WITH URINARY INCONTINENCE.**

**The Aim of the Study**

This study of nineteen registered nurses from six different nursing practice settings in one area health service in New South Wales (NSW), Australia arose from a desire to know more about the nursing care provided for people who are incontinent of urine

The aim of the study was to identify, describe and explore by use of grounded theory approach those aspects of nursing practice which typify the interventions that nurses make when caring for people with bladder control problems. The researcher set out to identify those factors which illustrate the spectrum of nurse interventions, for example, from management of the continence problem by palliative intervention, such as supplying incontinence pads or inserting indwelling catheters, to management of the problem by helping the person to become continent. The study was directed towards a better understanding of the nursing interventions used in the care of incontinent people and of the extent to which nurses believed that they could make decisions to implement nursing interventions to manage incontinence and to improve and maintain continence.

The central research question **How are nurses intervening when caring for people who are incontinent of urine?** was derived from the personal observations of the researcher and the literature on nursing and incontinence.

**Method**

The study involved the use of a **questionnaire** designed to elicit demographic data, the participant's level of exposure to contemporary knowledge in continence care, and their perception of their knowledge base and abilities, in relation to assessment and nursing interventions when caring for people who were experiencing bladder control problems. Twenty-one of the 48 registered nurses, who returned the questionnaires, agreed to an interview. **The semi structured interview** was based on a discussion of incontinence care from the information provided in two vignettes which described the nature of incontinence experienced by a man and a woman.

Data were collected by **questionnaire, memos and interview**, and analysed using the constant comparative method. The grounded theory approach to data collection and analysis allows researchers to study familiar events, happenings and patterns of human behaviour, which account for variation in interactions around a phenomenon. In this type of qualitative research, data collection and analysis occurs simultaneously, with commonalities and variations in the data being compared with earlier data collected. By accepting, using and analysing the data obtained from the participants, an attempt can be made to understand the participant's perceptions of the problem or phenomenon.

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### **Results**

The findings of this study are that nurses expressed a need to be informed and educated, supported by their peers, managers and all members of the health care team in order to provide optimum care for incontinent people. Deciding to intervene in a proactive way is dependent on a number of factors: policies that support nursing practice, peer consultation and support of other health professionals; ongoing education, and provision of human and financial resources in order to support the development of skills appropriate to this more advanced level of nursing practice. These also include application of evidence based rationales, collaborating with clients and other health professionals, development of appropriate methods of prioritisation, and promoting an educative role involving advocacy and rehabilitation.

### **Conclusions**

The findings of this study in relation to how nurses intervene in caring for incontinent people are limited in terms of generalisability. The sample consists of nurses who returned the questionnaire and volunteered to be interviewed on the subject. It is also potentially limited in the lack of male nurses as interviewees. The research was carried out in one area health service in NSW Australia and it is also recognised that investigating nursing interventions to promote continence in a variety of settings in Australia, and in other countries, is needed.

The findings, nevertheless, are meaningful, valid and valuable and are advanced because of the possible implications for nursing practice, education and research. Rational decision-making highlights the need for nurses to develop good problem solving strategies and then to be able to move across and utilise a range of activities appropriate to the client and the situation. Encouraging nurses to reflect on their own practice might help to eradicate policies that seem to disempower and deskill nurses. Perhaps the support of management in funding for continence clinics, appropriate allocation of nursing hours, and provision of inservice education could, in turn, facilitate the process of decision-making. These factors were perceived by participants in the study to be a positive contribution to job satisfaction as well as improving the health outcomes of the client. Trends to include continence promotion and incontinence management as the work of specialist nurses only, need to be monitored closely. All nurses must be encouraged to act as facilitators, to initiate care, as well as act as a care provider and assist those people, who are incontinent, to improve continence.