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<p>ACUTE CARE CONTINENCE MANAGEMENT FOR THE STROKE PATIENT - A PILOT STUDY FOR NURSING STAFF</p> <p><u>Aims of Study</u></p> <p>Incontinence can be a devastating consequence of stroke and yet in many cases through effective management it can be diminished. Therefore the aims are twofold. Firstly, to change the perception of the role of the acute care nurse in regards to continence promotion, in order to develop an appreciation that the earlier continence intervention strategies are set in place, the better the outcome for the stroke patient, thus preventing the need for institutionalised care Secondly, to develop an education program that will assist nurses working in acute settings to assess different types of incontinence post stroke and implement effective management interventions.</p> <p><u>Method</u></p> <p>A literature review was undertaken on twenty journal articles pertaining to assessment and management of urinary incontinence post stroke Six significant articles were used in developing the course content (1,2,3,4,5,6). The education program was designed to target acute care nurses who are in a good position to identify patients with incontinence, to assess the reasons for incontinence both pre and post stroke and to provide initial intervention (5) The education centred on the fact that the earlier incontinence is addressed in the stroke patient the better the outcomes, 'early interventions can set the tone for his (sic) ongoing progress' (6) The course content was structured around an adult educational framework including. setting the scene by dispelling negative attitudes and promoting positivism, putting stroke in perspective, identifying the different types of urinary incontinence, giving practical clinical guidelines on nursing assessment, management strategies and bladder retraining techniques A problem solving session, where nurses could apply knowledge and skills concluded the course A manual was given, designed to be an ongoing reference of the course content A Pre and Post test based on the course content was developed and used to evaluate the effectiveness of the education. In addition an evaluation tool and group discussion was used to assess participant's satisfaction with the course content, process, presentation and reference material.</p>

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Results

Fourteen participants attended the one-day workshop from two major acute care hospitals. Participants commented that the smaller group made it more personalised and interactive. Comparison between pre and post tests reflected an 11.2% increase in knowledge of assessment methods and interventions for incontinence post stroke. One hundred percent of participants provided very positive feedback regarding the course content, process, presentation and reference material. All of the participants indicated that they would find the manual useful in day to day patient care. The most useful information gained from the workshop identified by the majority of participants were **'different types of incontinence'** and **'the importance and relevance of the Time and Volume Charts'**. Participants recommendations were that the workshop be repeated for co-workers and managers and be of longer duration to include more case studies. The concluding discussion identified that the majority of participants had no real appreciation of the different types of incontinence as they thought their patients were incontinent as a result of combining stroke and old age.

Conclusion

It was obvious that the education program was effective to make differences to the participants from the acute care setting. Attitudes towards incontinence interventions were positively changed. These attitudinal changes were shown by demonstrating a broader knowledge in the way in which the participants interacted in the problem solving case study presentations. Participants were enthusiastic to go back to their clinical area and start using Time and Volume Charts to assess their incontinent stroke patients. **Incontinence associated with a stroke is not an easy problem to overcome**, yet the nurses were openly committed to work in collaboration with their stroke patients to **'stem the rising damp'** and certainly keen to replace indwelling catheters with intermittent catheterisation. A follow-up questionnaire will be sent to the participants within three months to see if clinical practice has improved. The pilot study has been successful and the workshop will be repeated in other acute hospitals within Hunter Area Health's Service.

References

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