AIMS OF THE STUDY

For many older people in rehabilitation, the promotion, maintenance and restoration of continence is part of working towards regaining independence in activities of daily living. Urinary incontinence is the most common form of incontinence in rehabilitation units for older persons, but a large number also experience mixed urinary and fecal incontinence [1]. While some may have had continence issues prior to hospitalization, there is an increased likelihood they may have become incontinent by virtue of the acute illness that preceded admission to rehabilitation, or simply because of functional loss associated with hospitalization [2].

Although assessment and management of the problem is paramount in enabling creation of a continence care plan, current evidence suggests that specific continence assessment and rationale for treatment may be lacking in rehabilitation [1]. Patient engagement in continence care during rehabilitation is not well understood, although this is important in patient centered care and likely influences rehabilitation outcomes. Study aim: To understand continence assessment and care in geriatric rehabilitation from the perspective of the older person.

STUDY DESIGN

Method: Qualitative, exploratory study using purposive sampling

Participants and setting: Older persons on two geriatric rehabilitation units in a dedicated rehabilitation hospital
- Participants were identified by nursing staff as requiring assistance for continence care (bladder or bowel) and transfers, with the cognitive ability to participate in an interview a maximum 30 minutes in length
- Written informed consent for all interviews was obtained.

Data collection: Using a semi-structured interview guide, open-ended interview questions focused on patient experience with continence assessment and management while on the units. Interviews were digitally recorded and transcribed verbatim.

Data analysis: Using a conventional content analysis approach [3], three researchers coded initial interviews independently to develop the coding framework. Two researchers coded the remainder of the interviews, identifying codes subsequently collapsed to categories and themes.

INTERPRETATION OF RESULTS

Most participants were not aware of a coordinated assessment of continence needs but they were able to describe aspects of assessment, particularly around monitoringbowels. Incontinence for some was a horrible condition, embarrassing in nature with potential for lack of dignity.

Nurses and healthcare aides were identified as the staff who provided most of the continence care. Their efforts to minimize containment strategies was appreciated by patients. Contributors to the negative experience of continence care, with their assistance being helpful.

Patient perceptions of continence care is a preventative thing and got liability reasons…..they say it’s better to wait than have an accident. That may be true for them but it’s pretty horrible for me [Pt2]

Management strategies: “They gave me brief, and I have been using the pads the last 4-5 days” [Pt8]

“I started by myself and they kept telling me to keep the pad on” [Pt10]

CONCLUDING MESSAGE

For the older people who participated in this study, incontinence was a negative experience and they were not actively engaged in assessment or collaboration with the interprofessional team on management strategies. Although having to rely on nursing staff for assistance while not independently mobile was challenging, participants could identify strategies they used to help themselves. Healthcare professionals should partner with older people in systematic assessment and shared patient-interprofessional management of continence concerns and challenges.

ETHICS, FUNDING AND REFERENCES

Ethics: University of Alberta Health Research Ethics Board Funding: Glenrose Hospital Foundation Clinical Research Grant