



# ICS 2013 Abstract Form

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### Abstract Title:

Stroke nurses intentions to promote continence: a mixed method approach

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### Abstract Text:

#### Background

The role of the stroke nurse in continence care is ill defined with evidence that containment of urinary leakage is the preferred approach for managing patients with bladder difficulties after a stroke. The purpose of this study was to investigate and explain the reasons why nurses contain urinary incontinence, rather than actively promoting continence through supporting recovery of bladder function following stroke. It is not known whether stroke nurses intend to promote urinary continence or if they intend to manage urinary incontinence from the outset.

#### Aim of study

To explore nurses' intentions in their management of urinary incontinence following stroke.

#### Study design, materials and methods

The Theory of Planned Behaviour (TPB) formed the theoretical framework for the study<sup>1</sup> which purports that intention to behave predicts actual behaviour. The study used a two staged sequential mixed method approach, incorporating a survey and single embedded case study<sup>2</sup>. An important foundation was an agreed definition for 'promoting continence' and the activities associated with this area of patient care. This was developed via an elicitation study, which was conducted in order to develop the survey tool to measure nurses intentions for care in patients with urinary incontinence following a stroke. The structured survey of stroke nurses (n =81) was followed by an in-depth case study to directly observe continence care delivery by stroke nurses in an acute setting. Intention to promote continence was measured using a short-form of the main survey tool - the Shortened Intention Measurement Questionnaire (SIMQ). This was completed by the nursing staff in the stroke rehabilitation unit prior to commencing case study data collection in accordance with the TPB. Descriptive data were collected from face to face interviews with nursing staff, non-participant observation of ward rounds, case conferences/multidisciplinary team meetings and nursing handovers in the stroke rehabilitation unit. Framework analysis<sup>3</sup> was undertaken to analyse and theme the qualitative data.

#### Findings

The main survey findings suggest that nurses do intend to promote continence, according to the definition they developed. However, one of the major findings of the case study was that the behaviours observed and language used demonstrated that actual behaviour in practice was more akin to managing urinary incontinence than promoting continence. The SIMQ findings suggested both perceived behavioural control and subjective norms were significantly correlated with general intention in this respect. This indicates that significant others such as patients and managers have an influence on the nurse's intention to promote continence. Stroke nurses also perceived a lack of personal control over their ability to promote continence. Beliefs around stroke nurses' inability to make the decision to promote continence within the care environment were therefore important with six key themes identified from the case study as contributors to these findings.

Belief 1	Managing urinary incontinence and promoting continence are the same
Belief 2	Promoting continence is time consuming and resource intensive
Belief 3	Nurses do not have the authority to act
Belief 4	Nurses do not have the specialist knowledge or skills to promote continence
Belief 5	Continence activities are low priority compared to other aspects of rehabilitation
Belief 6	Nursing role is care not cure

Table 1 – Six Beliefs about stroke continence care identified from the case study

Interpretation of results

Lack of control and the influence of significant others play an important role in stroke nurses' continence promoting activities. However, poor clarity in reported use and understanding of the meaning of the terms managing urinary incontinence and promoting continence existed and they were used interchangeably. This suggests that there remains a lack of understanding around these two different concepts and therefore the underpinning intentions for practice associated with their application.

Concluding message

Although stroke nurses may intend to promote continence this is not necessarily translated into practice. The study concluded that, in practice, stroke nurses see the two different concepts of managing urinary incontinence and promoting urinary continence as one and the same. In order to improve patient outcomes in continence care following stroke, there is a fundamental need for stroke nurses to understand the differences between managing urinary incontinence and promoting continence so that they can plan and implement appropriate actions to support recovery and deliver effective patient care.

References

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