Urinary Incontinence (UI) in the Nursing Home Resident:

Roxellen A. Auletto, RN, MLA, MSN, PNP, ANP-BC, DNP
Urinary incontinence (UI) is considered to be a comorbid condition affecting over 50% of nursing home residents.

Certified nursing assistants (CNA’s) are responsible for the majority of the physical care provided to residents in nursing homes.

Many CNA’s consider urinary incontinence an inevitable consequence of aging.
Purpose

• To better understand the attitudes and beliefs of certified registered nursing assistants (CNAs) towards urinary incontinence (UI) in a long term care facility.

• To gain insight into the practice of CNA’s working in a long-term care facility.

• To better understand how CNA’s function in a team.
The incidence of urinary incontinence (UI) increases after admission to long term care facility (Taunton, Swagerty, Lasseter, & Lee, 2005)

UI is a prevalent and often correctable condition that is associated with a significant clinical and economic burden

Incontinence can lead to loss of self-esteem, reduced quality of life, patient falls, and pressure ulcers
• UI is recognized as a major health problem with potentially dangerous and life-threatening physical, psychological, and social concerns (Resnick, 2012)

• Barriers in implementing effective UI prevention measures and treatment relate to lack of CNA knowledge specific to assessment and management (Cheater, 2009)

• Practice guidelines can only be developed through ongoing systematic evaluation of residents cognitive and functional status (Bettez et al., 2012)

• Focusing on an “individualized toileting plan of care may decrease or prevent UI, minimizing or avoiding the negative consequences of incontinence” (Klusch, 2010)
Gaps in Research

• Gaps in knowledge base needed to guide the nursing care of incontinent elderly (Miu, Lau, & Szeto, 2010)

• Limited information on potential barriers related to conducting UI research in nursing homes (Agew & Booth, 2009; Etheridge, Tannenbaum, & Couturier, 2008)

• Gaps in the research involved lack of knowledge of CNA’s attitudes, beliefs and practices around UI
Focus group methodology was utilized to answer the research questions:

“What are the attitudes and beliefs about urinary incontinence among a sample of CNA’s working in a long-term care facility”

“What are the current toileting practices implemented by a sample of CNA’s?”
Focus Groups

Focus groups are a research method utilized for the purposes of gathering information from a group of people who are knowledgeable about a particular topic (Krueger, 2009)

Three focus groups conducted for each of the agencies three shifts

Semi-structured interviews

Moderator and note taker, debrief after interviews

Field notes recording observations of the group

Interviews recorded and transcribed verbatim
Setting

Meadowview Nursing Home
Purposive qualitative sampling utilized

Participants were selected based upon their knowledge of the research topic

CNA’s from each of the agencies three shifts were invited to participate

Focus groups comprised of 6-8 participants
Data Analysis

- Transcribed interviews, field notes become items of analysis
- Immersion in the data
- Content analysis
- Open Coding of data
- Emergence of themes
Qualitative studies speak of trustworthiness of the data, rather than reliability and validity

Use of audit trails

Audit trails are used to establish the rigor of a study by providing the details of data analysis and some of the decisions that led to the findings.

This record provides evidence that recorded raw data have gone through a process of analysis, reduction, and synthesis
Theme One – “We are stretched too thin”

Participants expressed the belief that their workload is so heavy that proper attention to the toileting needs of residents becomes impossible. Short staffing and inadequate staffing are chronic problems.

"Every two hours we toilet them but unfortunately one has to be last and the one that has to be last will be wet because you have 12 patients”

“When they say we have a full staff we’re not. So we can't take the time we need to take with each one.”
Theme Two – “No one asks our opinions”

While CNA’s have the most frequent contact with residents, they are not consulted about treatment plans for incontinence prevention and treatment. Participants felt that they would have valuable insights to offer to nursing staff.

“We don’t make the schedule”

“The authority makes the schedule. And we’re the ones that deal with them, that give them care every day. We’re supposed to make the schedule”
Theme Three – “It’s just what happens to you when you get old”

- Participants expressed a strong belief that incontinence is an inevitable consequence of aging. Expressed varying levels of knowledge deficits regarding causes of incontinence.
- “I think as a woman giving birth you stretch your bladder and become incontinent in your old age,”
- “I want to know if in your younger years as you hold your urine does it have anything to do with the cause of incontinence?”
Participants expressed a belief that incontinence is sometimes related to behavioral issues with residents. Some participants viewed incontinence as a deliberate act.

“So they wet themselves even if they can make it to the bathroom by themselves”.

“A lot of them are so spoiled, they can go to the bathroom, but they choose for us to change them. I guess we wait on them hand and foot”.

Theme Four – “Some of them do it out of spite”
Participants voiced frustration that not all staff members help with incontinence prevention and that the sole responsibility for the task falls to them.

“I had a patient that needed to go to the bathroom but I was giving a shower. The nurse came all the way into the shower to ask me to take that person to the bathroom and I'm in the shower. That's nonsense!”

"If there's a patient who wants to go to the bathroom, that also could stand or whatever, the nurse or anybody can take them."
Findings of qualitative research are not generalizable

Small sample size

Research restricted to one specific long-term care facility
Discussion

- Lack of knowledge and understanding contributes to incontinence
- Feelings of disempowerment/oppressed group behavior in CNA’s
- Incontinence prevention and treatment programs must include CNA’s in assessment, planning and implementation
- Staff buy-in is critical for programmatic success
Implications for CNA’s

- Urinary incontinence (UI) working group to empower CNA’s
- Weekly CNA / Nursing incontinence rounds
- Communication book identifying resident concerns
- Case presentations
- UI treatment team
Implications for Nursing

- Develop strategies to empower CNA’s
- Include CNA’s in a meaningful way in the assessment, planning, intervention and evaluation of urinary incontinence programs
- Provide better educational offerings for CNA’s pertaining to incontinence
- Work toward improving a more collaborative team
Implications for further research

- Future studies examining CNA staffing and its relationship to urinary incontinence

- Studies which examine a multidisciplinary team approach for prevention and management of incontinence

- Research exploring CNA’s as an “oppressed group”
Findings consistent with previous studies of prevalence, prevention, and management of UI

CNAs often feel disempowered in decision making and desire increased involvement in developing incontinence program.

Lack of knowledge in CNA population indicates a need for more comprehensive staff education.
QUESTIONS??

Nursing Assistants Are All Heart