

CONTINENCE CARE FOLLOWING STROKE – A SURVEY OF NURSES' INTENTIONS

Hypothesis / aims of study

Urinary incontinence is a common consequence of stroke reported to occur in 40% of survivors. Nurses are the main providers of continence care yet little is known about how post-stroke incontinence is managed in hospital, although containment activities predominate with active approaches to support recovery of bladder function being less common¹. According to the theory of planned behaviour² intention to behave predicts actual behaviour in practice thus the aim of this study was to explore stroke nurses intentions for continence care practices.

Study design, materials and methods

Using the theory of planned behaviour a structured survey tool was developed to measure intention towards continence care in patients with urinary incontinence following a stroke. The questionnaire was developed, piloted and its properties tested in order to ensure that the tool would be capable of collecting the data necessary to satisfy the requirements of the survey. A postal survey of a national stroke nurses forum was undertaken over a 6 week period. Key principles to improve response rates were considered³ including: a reminder letter and further survey pack sent out two weeks after the initial pack consignment of questionnaires with a further and final reminder letter, detailing the closing date for return of questionnaire, sent out two weeks after this.

Results

186 postal questionnaires were sent out with 81 completed questionnaires returned suitable for analysis (43% response rate). Descriptive analysis suggests that overall, stroke nurses intend to promote continence in patients who are urinary incontinent following a stroke. Correlation analysis of the ordinal data was performed using the spearman rank order correlation (Spearman's rho), with significant set at the 0.05 level (2-tailed). The correlation explored nurses' intention to promote continence and the other constructs of the theory of planned behaviour: these were behavioural beliefs (nurses attitudes towards promoting continence), subjective norms (the significant people who would approve or disapprove of the type of continence care nurses carry out) and perceived behavioural control (the perceived control that the nurse believe they have towards doing the behaviour). Spearman rank order correlation of composite direct measures suggests that there is a significant positive correlation between behavioural beliefs and subjective norms ($r_s = .243$, $n=81$, $p=0.029$, two-tailed). Highly significant positive correlation was also seen between subjective norms and perceived behavioural control ($r_s=.445$, $n=81$, $p<0.001$, two-tailed), subjective norms and general intention ($r_s=.478$, $n=81$, $p<0.001$, two-tailed) and perceived behavioural control and general intention ($r_s=.398$, $n=81$, $p<0.001$, two-tailed). Finding suggests that although attitudes are influenced by subjective norms attitudes do not have a direct influence on general intention. Conversely, subjective norms have a direct relationship with perceived behavioural control and both subjective norms and perceived behavioural controls have a direct relationship with general intention. The findings thus purport that significant others impact on the nurses' perceived behavioural control to promote continence care provision while both subjective norms and perceived behavioural control are shown to influence the general intention of nurses to promote continence.

Interpretation of results

Stroke nurses intend to promote continence however subjective norms and perceived behavioural control play a significant role in determining general intention of nurses towards patients with urinary incontinence following a stroke. This suggest that significant others such as managers, stroke patients and doctors play a fundamental part in determining the control that nurses believe they have over continence care activities and therefore on the intention of nurses to promote continence in patients with urinary incontinence following a stroke or to use containment approaches.

Concluding message

Both subjective norms and perceived behavioural control are indicators of nurse's intentions in relation to continence care in patients with urinary incontinence following a stroke. Although nurses intend to promote continence, barriers exist. Continence care practices with patients with urinary incontinence following a stroke arise from the nurses' attitudes towards the behaviour (behavioural beliefs) which is shaped from the opinions and actions of significant others such as colleagues and patients which govern the nurses belief around their perceived control to act

References

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Was informed consent obtained from the patients?

Yes
