

STROKE NURSES INTENTION TO PROMOTE CONTINENCE: A SINGLE EMBEDDED CASE STUDY

Background

The role of the stroke nurse in continence care is ill defined with evidence that containment of leakage is the preferred approach for managing patients with bladder difficulties after a stroke. This case study undertaken in a stroke rehabilitation unit was part of a two staged sequential mixed method approach, incorporating a survey and single embedded case study¹.

Hypothesis / aims of study

To determine whether stroke nurses intended to promote urinary continence in the first instance, or if managing urinary incontinence was their first and only intention.

Study design, materials and methods

The Theory of Planned Behaviour (TPB) formed the theoretical framework for the study² which purports that intention to behave predicts actual behaviour. The study had previously developed an agreed definition for 'promoting continence' and activities associated with this area of patient care. Intention to promote continence was measured using a short-form questionnaire developed from the original survey tool - the Shortened Intention Measurement Questionnaire (SIMQ). This was completed by the nursing staff in the stroke rehabilitation unit prior to commencing the observational study, in accordance with the TPB. The observational case study collected descriptive data 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 rehabilitative unit. Framework analysis³ was undertaken to analyse and theme the qualitative data.

Findings

The SIMQ findings suggested both perceived behavioural control and subjective norms were significantly correlated with general intention. This indicates that significant others have an influence on the nurse's intention to promote continence. Stroke nurses also perceived a lack of control in being able to use nursing activities to promote continence. Beliefs around stroke nurses' inability to make the decision to promote continence within the care environment, was therefore important. One of the major findings of the observations was that although nurses had developed a definition for promoting continence, the behaviours observed and language used at a practical level demonstrated that actual behaviour in practice was more akin to managing urinary incontinence than promoting continence. Six key themes were identified as contributors to these findings.

Interpretation of results

Lack of perceived behavioural 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 and deliver effective patient care.

Key words: stroke, urinary incontinence, nursing

References

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Disclosures

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