

PROVIDING CONTINENCE CARE IN LONG-TERM AGED CARE FACILITIES: FINDINGS FROM A GROUNDED THEORY STUDY

Hypothesis / aims of study

In Australia, 54% of individuals living in long-term aged care facilities experience more than three episodes of urinary incontinence per day and 34% experience more than four episodes of faecal incontinence per week. In addition, 68% are dependent on staff for assistance to use the toilet. Incontinence is associated with a reduced quality of life, social isolation, depression, falls, urinary tract infections, and pressure ulcers. It is also costly to manage. Thirty-two per cent of the total Australian Government basic long-term aged care subsidy is used to address residents' continence care needs. Although managing continence is important and costly, there is little research showing what staff do and why. Therefore, the overall aim of the study was to describe and explain how long-term aged care workers determined, delivered and communicated residents' continence care needs.

Study design, materials and methods

This study was conducted using grounded theory methods which involved theoretical sampling, constant comparative data analysis, theoretical sensitivity, memo writing, identification of a core category, and theoretical saturation. Data were based on 88 hours of field observations in two long-term aged care facilities, 87 accreditation reports, and in-depth interviews with 18 long-term aged care staff members. The constant comparative analysis involved open coding, theoretical coding and selective coding techniques which occurred at the same time as data generation and analysis. One or more labels were assigned to portions of text to describe what the data indicated. Simultaneously, memos were constructed about the emerging ideas from the coded data. All stages of coding also involved comparing code-to-code, incident-to-incident, category-to-category to establish underlying uniformity and to ensure the data fitted until higher order concepts emerged and a basic social problem and a basic social process were revealed.

Results

The findings revealed a basic social problem that was characterised by multiple constraints to residents' day-to-day care, and which caused staff to be in a situation in which they were 'caring against the odds'. 'Caring against the odds' was characterised by four major sub-categories: (1) working in a highly regulated work environment; (2) encountering ethically challenging situations; (3) highly dependent residents; and (4) a devalued role. The basic social process staff used to deal with 'caring against the odds' was termed 'weathering constraints', which was characterised by accommodating strategies such as acquiescing, concealing, protecting, adapting, prioritising, normalising, compromising, and ritualising, as well as self-protective distancing strategies such as blanking out, using distancing language, and reframing care. 'Weathering constraints' was a response to real or perceived constraints that caused staff to feel disempowered, but also enabled them to perform their roles in ways that were consistent with their own personal and professional values and beliefs.

Interpretation of results

The findings extend current understandings about caring for frail older adults in long-term aged care facilities, which tend to focus on individual factors such as staffs' lack of training and/or motivation. As such, efforts to date to improve continence care have mainly centred on awareness-raising strategies such as education and the development and dissemination of guidelines. Notwithstanding the need for guidelines and education, the findings highlight the need to also attend to the wider cultural and organisational context that gives rise to problems that cause staff to accommodate the context of care and adopt self-protective distancing strategies. The complex issue of ensuring quality continence care in the long-term aged care sector should not be reduced to a simple matter of staff education and information.

Concluding message

The findings underscore the importance of attending to the ways in which regulation, changes to workforce numbers and skill mix, and stigma impact point-of-care decisions about care. They also indicate the need for a comprehensive multifaceted strategy that will establish the necessary conditions for ethical, person-centred continence care. This strategy should ensure standards of care are achievable, measureable, easy to understand and outcomes-based. It should also incorporate education for all long-term aged care staff about conducting a comprehensive continence assessment, and implementing person-centred approaches to continence care. Policy makers and service providers should avoid relying on manufacturers of continence products to provide staff with knowledge and skills about active approaches to managing incontinence. The findings indicate the need for a comprehensive multifaceted research-based strategy that addresses the social, regulatory, organisational, and personal constraints to evidence-based, ethical, resident-centred care in Australian long-term aged care facilities.

Disclosures

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