The Perception of Urinary Incontinence

Over the last several years, when I have been asked to talk to nursing or nurse practitioner students, I have struggled with how to communicate the importance of assessing patients for urinary incontinence. In addition, I also wanted to assess student perceptions about urinary incontinence. I decided a case study scenario at the beginning of the lecture with a discussion following at the end would be a good way to illustrate my point.

I begin the case study with the following scenario: This is a white female who is disoriented to person, place, and time, but who does seem to recognize her own name at times. She does not speak, but she babbles on incoherently throughout the day. She does not appear to comprehend any words spoken to her. She must be fed, bathed, and clothed by her caregivers, and makes no effort whatsoever to assist in her own care. She occasionally fights her caregiver during these times. Her food must be pureed for her to eat, and she frequently spits it out or lets it dribble down her face and clothing. She has both urine and fecal incontinence, and wears numerous pads each day for protection. Because of this, she must be changed and bathed often. She does not walk. Her sleep pattern is erratic, and she often wakes screaming in the middle of the night, disturbing those around her. During the daytime, she can become agitated and will scream loudly until someone comes to comfort and help her. Most of the time, however, she is very friendly and happy, smiling when she sees a familiar face.

After the case study, I go to a flip chart and ask the students how they feel about caring for this patient. I ask them to give me words to describe their own feelings, and I get words such as “frustrating,” “disgusting,” “time-consuming,” and “pitiful.” I write all of their words and descriptions on one side of the flip chart, and we discuss how frustrating it can be to care for someone like this and the patience it requires. I then show a picture of a cute baby girl, explaining that I was describing her! Everyone laughs. We then discuss their words to describe how they feel about caring for this particular patient. I write these words next to our other descriptions with words such as “cute,” “happy,” “wonderful,” and “pleasure,” just to name a few. Quite a difference in these descriptions!

I believe this adequately highlights the perception most nurses (and people) have of the patient who is incontinent. I hear all too often that incontinence is a normal part of aging and “That’s what pads are for.” It is viewed as something that happens when you are “old.” Because of this, it is not routinely assessed in the office or clinic setting during a routine visit (Kelleher, 2003). This raises several issues for me, and I hope for you as well. As many as one-third of women 40 years of age or older and up to 50% of women 60 years of age or older report symptoms of urinary incontinence at least once a week (Danforth et al., 2006; Pantazis & Freeman, 2006). In my practice, our average incontinent patient is 35 to 40 years of age. We treat patients throughout the life spectrum, and each and every one of them deserves the care, attention, and quality of life we want to give to that baby. Incontinence affects the quality of life and self esteem of our patients, and it is vital for us to assess and treat our patients appropriately. Many of our patients are too embarrassed to discuss this issue, and all they need is someone to initially ask the question and to be open, accepting, and caring. This can make a huge difference in someone’s life. Will you be that person?

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References


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