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Original Article

Analysis of coping styles of elderly women patients with stress urinary incontinence

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ABSTRACT

Objective: The aim of this study was to survey the coping style and related factors of elderly women with stress urinary incontinence (SUI) and provide a strong theoretical basis for promoting a positive coping style to improve quality of life in these patients.

Methods: Cross-sectional surveys addressing SUI cognition and coping techniques of 520 elderly women patients with SUI were administered between July 2013 and February 2014.

Results: Elderly women with SUI had significantly higher avoidance and acceptance-resignation scores than the normal population ($p < 0.05$). Age, marital status, education level and stress urinary incontinence cognitive level all influenced the medical coping style of these patients.

Conclusions: Elderly female patients with SUI differ in the factors that influence their coping styles; therefore, clinical and community medical staff should include a comprehensive analysis that takes these factors into consideration when working with patients with SUI to guide them in adopting a positive coping style.

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1. Introduction

Urinary incontinence (UI) is a condition characterized by bladder sphincter injury or neurological dysfunction that results in the loss of self-control of urination and the involuntary loss of urine [1]. It is a common, chronic, and progressive disease in women, with the most common form in elderly women being stress urinary incontinence (SUI), which increases in incidence with age. Although not life-threatening, SUI exerts a strong negative impact on quality of life, mental health, and physiological well-being in elderly women

patients [2–4]. Studies of SUI from other countries have suggested that elderly women patients often adopt negative coping styles due to their lack of understanding about SUI, and feelings of embarrassment and shame, which decreases the likelihood that they will seek medical advice and intervention [5]. Coping style is one of the important factors affecting the quality of life in patients with SUI [6]. Although there is an abundance of research on elderly women with SUI, analysis of coping style and related factors in these patients in mainland China is scarce. Therefore, in this study, we explore the coping style and its related factors in elderly women patients with

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SUI in mainland China to help promote positive coping styles to improve the quality of life in these patients.

2. Methods

2.1. Subjects and study design

A convenience sample of 547 cases of elderly women patients with SUI were selected from four large communities in Binzhou between July, 2013, and February, 2014. Inclusion criteria were: (1) female; (2) 60 years of age or older; (3) meeting diagnostic criteria for SUI [7]; (4) obvious consciousness and normal speech; (5) understanding and willingness to participate in the study. Exclusion criteria were: (1) having mental illness or severe cognitive impairment; (2) suffering from severe acute or chronic diseases (3) refused to participate in this research.

2.2. Measurements

2.2.1. Demographic data and clinical characteristics

The demographic data and clinical characteristics questionnaire was designed by the researcher to identify the general characteristics of SUI, including age, marital status, educational level, economic condition, parity, model of delivery, the presence of chronic diseases (such as hypertension, cardiac disease, diabetes, cerebral vascular disease, cancer, gynecological disease) and years with SUI.

2.2.2. Incontinence severity

The International Consultation on Incontinence Questionnaire-Short Form (ICI-Q-SF) [8] was selected to determine the severity of urinary incontinence because it is the most widely used and recommended scoring instrument. The questionnaire content includes: leakage of urine, leakage of urine volume, impact on daily life, and leakage of urine time. The questionnaire score is divided into 3 levels of severity: 'low severity' (score 0–7), 'moderately severe' (8–13), and 'very severe' (14–21).

2.2.3. Cognition of SUI

The scale was measured with four sub-scale: SUI knowledge (5 items), daily life management skills (8 items) and pelvic floor muscle training knowledge (7 items) developed by Zhang LH [9]. For each item, participants choose the response from the two options that best represents her experience, with either a "1" for yes or a "0" for no. The total score of the entire questionnaire is the sum of the subscale scores; higher scores indicate higher cognition of SUI by the patient. The Cronbach's α of the questionnaire was 0.897 in this study.

2.2.4. Medical coping style

Coping style was measured using the Chinese version of Medical Coping Model Questionnaire (MCMQ), originally developed in English [10], and subsequently translated to Chinese, with demonstrated reliability and validity comparable with the original English version [11]. The Chinese version of MCMQ is a self-reported measurement tool, and has been used to assess Chinese patients in other studies. The Chinese

version of MCMQ consists of 20 items addressing confrontation (8 items), avoidance (7 items) and acceptance-resignation (5 items). For each item, participants choose the response from four options that best represents her experience. For example, the question "How often do you try to talk about your illness with friends or relatives?" provides four responses with the following range: 1 = none at all; 2 = a few; 3 = quite a few; and 4 = a lot. Eight of the 20 items are reverse-scored. For each of the three ways of coping, high scores indicate that the participant often uses the behaviors described by that specific coping scale when dealing with medical events. The Cronbach's α coefficients in this study are 0.67, 0.62, and 0.68 for confrontation, avoidance, and acceptance-resignation, respectively.

2.3. Data collection

Data were collected by a self-administered pencil-and-paper survey. Questionnaires were distributed by researchers and trained investigators in nursing, and retrieved after the participants completed them. In cases where illness, cultural level, or other limitations that made taking the survey alone were prohibitive, investigators administered the survey orally and filled out the form for them. Of the 547 questionnaires that were handed out, 520 valid questionnaires were collected, with an effective rate of 95.06% for the questionnaire.

2.4. Ethical consideration

The study was approved by the Research Committee of Binzhou Medical University Hospital. Participants that volunteered for the study fully understood the study purpose and were guaranteed anonymity. No participants without verbal consent were enrolled to this study.

2.5. Statistics

Statistical analyses were carried out using SPSS version 19.0 (SPSS Inc, Chinese version) statistical software. Descriptive statistics were used for demographic and clinical characteristic variables. The t test and multiple linear regression were used to compare each dimension of medical coping style between elderly female patients with urinary incontinence and the normal population. The one-way analysis of variance was used to analyze medical coping style and relative factors for elderly women patients with stress urinary incontinence. A p value of <0.05 was considered significant.

3. Results

3.1. Demographic and clinical characteristics

The ages of the 520 elderly women patients with SUI who participated in this study ranged from 60 to 87 years, with an average age of 73.66 years (SD \pm 11.23; Table 1). Most of these patients have a spouse ($n = 443$, 85.2%; Table 1). The educational background of the patients included 235 patients (45.2%; Table 1) who had an elementary school or lower education, 128 patients (24.6%) who had middle school education,

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