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Original Article

The effect of a urinary incontinence self-management program for older women in South Korea: A pilot study



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ABSTRACT

Background: Although self-management approaches have shown strong evidence of positive outcomes for urinary incontinence prevention and management, few programs have been developed for Korean rural communities.

Objectives: This pilot study aimed to develop, implement, and evaluate a urinary incontinence self-management program for community-dwelling women aged 55 and older with urinary incontinence in rural South Korea.

Methods: This study used a one-group pre- post-test design to measure the effects of the intervention using standardized urinary incontinence symptom, knowledge, and attitude measures. Seventeen community-dwelling older women completed weekly 90-min group sessions for 5 weeks. Descriptive statistics and paired t-tests and were used to analyze data.

Results: The mean of the overall interference on daily life from urine leakage (pre-test: $M = 5.76 \pm 2.68$, post-test: $M = 2.29 \pm 1.93$, $t = -4.609$, $p < 0.001$) and the sum of International Consultation on Incontinence Questionnaire scores (pre-test: $M = 11.59 \pm 3.00$, post-test: $M = 5.29 \pm 3.02$, $t = -5.881$, $p < 0.001$) indicated significant improvement after the intervention. Improvement was also noted on the mean knowledge (pre-test: $M = 19.07 \pm 3.34$, post-test: $M = 23.15 \pm 2.60$, $t = 7.550$, $p < 0.001$) and attitude scores (pre-test: $M = 2.64 \pm 0.19$, post-test: $M = 3.08 \pm 0.41$, $t = 5.150$, $p < 0.001$). Weekly assignments were completed 82.4% of the time. Participants showed a high satisfaction level ($M = 26.82 \pm 1.74$, range 22–28) with the group program.

Conclusions: Implementation of a urinary incontinence self-management program was accompanied by improved outcomes for Korean older women living in rural communities

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who have scarce resources for urinary incontinence management and treatment. Urinary incontinence self-management education approaches have potential for widespread implementation in nursing practice.

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1. Introduction

Urinary incontinence (UI), defined as any involuntary loss of urine [1], is a prevalent geriatric condition regarded as a public health issue with global implications. Hu and colleagues estimated that economic costs for female overactive bladder syndrome, including UI, were comparable to those of osteoporosis and breast cancer [2]. In 2007, South Korea estimated its total economic cost to treat UI at approximately 186 million USD [3]. Studies have also suggested that UI was associated with lower quality of life and social isolation [4], and a greater impact on the quality of life than many other chronic diseases such as hypertension or diabetes [5].

According to a review on UI prevalence in Korean women, 64.2% of community-dwelling women aged 55 years and older suffer from UI [6]. Despite evidence suggesting that UI is significantly associated with low quality of life, relatively few older Korean women with UI seek help to manage or treat their condition due to cultural norms of privacy and feelings of embarrassment [6]. Older women lack knowledge concerning UI while exhibiting fears that they might have to go through painful examination and treatments [6]. Personal, physical, and psychological factors, such as age, income, educational level, presence of comorbidities, depression, and cognitive impairments, were found to be associated with UI [6]. In particular, older women in rural communities may be more vulnerable to UI as they face a different set of challenges compared to urban women. Park and Park [7] found that compared to urban elders, rural elders had lower educational level, more chronic illnesses, poorer nutritional status, higher level of depression, and less time spent outdoors during daytime. Although research has shown positive impact of UI self-management programs for community-dwelling older women in Korea [8], no to little progress has been made on developing such programs for older women over the past decades, partly due to difficulties reaching out to affected populations when they are reluctant to disclose bladder problems [9] or because they consider UI as a normal ageing process [10].

Chronic illness self-management is defined as the individual's ability to manage the symptoms, treatment, physical and psychosocial consequences, and lifestyle changes inherent in living with a chronic condition [11]. Self-management is seen as a cornerstone of empowering older adults with chronic illnesses [12]. Chronic disease self-management programs have been developed and evaluated for heart disease, diabetes, chronic pain, HIV/AIDS, and arthritis, showing significant improvements in increasing physical exercise, improving communication with physicians,

higher self-reported general health, and social activities limitations [13]. Literature on efficacy of UI self-management has also revealed strong evidence that UI prevention and promotion programs can enhance outcomes among community-dwelling older adults. A randomized trial of behavioral management for continence (BMC) group intervention with older rural women ($n = 178$) in the U.S. revealed a significant difference between the BMC and the control groups in regard to grams of urine loss and quality of life at the 6-, 12-, 18-, and 24-month follow-up [14]. Holroyd-Leduc et al. [15] developed an evidence-based self-management UI risk factor modification tool for older women that has six modifiable behavioral strategies: (1) pelvic floor muscle strength; (2) caffeine intake; (3) excess weight; (4) constipation; (5) vision and hearing impairment; (6) smoking. Using a 6-month prospective cohort study design with 103 Canadian women (≥ 55 years), the researchers found that 95% of the participants used the tool at some point and that consequently, urinary leakage rates were reduced by an average of 1.4 daily episodes.

In response to the limited access for rural community-dwelling older women to UI self-management programs, we developed and evaluated a self-management program for older women with UI, implementing it in a single public health care post (PHCP) located in rural South Korea. PHCPs are public health facilities directed by the Korean local governments; their primary healthcare providers are community health nurse practitioners (CHNPs) who are registered nurses or midwives whose responsibilities include organizing, developing, planning, and implementing community health education programs [16].

The purpose of our pilot study was to develop, implement, and evaluate the effectiveness of an evidence-based UI self-management program for community-dwelling older women (aged ≥ 55 years) with UI. Our specific aims were to evaluate: (1) participants' outcomes concerning the severity of UI symptoms, UI knowledge, and UI attitudes; (2) fidelity of the implementations (i.e., participants' responsiveness to the program and lecturers' adherence to the planned education intervention); and (3) participants' satisfaction with the program.

2. Material and methods

2.1. Participants and settings

The clinical setting for our study was the Sosa PHCP, run by a CHNP with the help of several village health volunteers. The Sosa community, is a traditional rural, agricultural farm base,

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