

Available online at www.sciencedirect.com

ScienceDirect

journal homepage: <http://www.elsevier.com/journals/international-journal-of-nursing-sciences/2352-0132>

Original Article

The bothersomeness of female urinary incontinence and its influencing factors: Study from a Chinese city

Xiao-Juan Wan^a, Jing-Jing Li^a, Xiao-Juan Wang^a, Yu Zhang^a, Yan Liu^b, Chen Wu^c, Ke-Fang Wang^{a,*}

^a School of Nursing, Shandong University, Jinan, China

^b School of Nursing, Jilin Medical College, Jilin, China

^c School of Nursing, Binzhou Medical College, Binzhou, China

ARTICLE INFO

Article history:

Received 10 November 2013

Accepted 23 January 2014

Available online 14 March 2014

Keywords:

Coping efficacy

Female

Urinary incontinence

Shame

ABSTRACT

Purpose: To investigate the bothersomeness of female urinary incontinence (UI) and analyse its influencing factors.

Methods: A purposive sample of 506 women with UI from three communities in Jinan was studied using the International Consultation on Incontinence Questionnaire–Urinary Incontinence Short Form, modified Social Impact Scale, and a coping efficacy questionnaire. The influencing factors of bothersomeness were identified using one-way analysis of variance, χ^2 test, and logistic regression.

Results: Of the participants, 33.4% were bothered by UI symptoms; logistic regression indicated that severity of UI, stigma, coping efficacy, and duration of symptoms were independent factors of bothersomeness, which clarified 49.8% of the variation.

Conclusion: UI patients should receive individualised intervention. Healthcare workers can provide targeted intervention to patients bothered by UI to alleviate symptoms, decrease the sense of stigma, and increase confidence in coping with symptoms to decrease bothersomeness.

Copyright © 2014, Chinese Nursing Association. Production and hosting by Elsevier (Singapore) Pte Ltd. All rights reserved.

1. Introduction

Urinary incontinence (UI) has become a worldwide health problem. A review of epidemiological studies on UI worldwide

reported that the median prevalence of UI was 27.6% (range: 4.8–58.4%) in females and 10.5% (range: 1–34.1%) in males, and that prevalence increased with age [1]. Although UI is not a life-threatening condition, it has been demonstrated as exerting a negative impact on health-related quality of life

* Corresponding author.

E-mail address: wangkf@sdu.edu.cn (K.-F. Wang).

Peer review under responsibility of Chinese Nursing Association



(QoL). Many aspects of a UI patient's life are impaired, including physical function, psychological well-being, social interactions and activities, and sexual and interpersonal relationships [2,3]. Before 2002, UI was defined as "any leakage or involuntary loss of urine that could lead to substantiated social and health problems" [4]. Subsequently, the International Continence Society revised this definition to "any leakage or involuntary loss of urine" [5]. This definition was wide enough to enable the diagnosis of populations such as UI patients who might not be bothered or whose QoL is not influenced by UI [6]. This study aimed to investigate the current status of bothersomeness in community-dwelling women with UI and to examine the influencing factors of bothered UI, providing theoretical evidence for intervention in patients with bothered UI.

2. Materials and methods

2.1. Participants

This was a cross-sectional study. A purposive sample of 506 participants was recruited from three communities in Jinan City in Shandong Province, China. The inclusion criteria were: (i) aged 18 or older; (ii) suffering from involuntary leakage of urine in the last two weeks; (iii) no difficulties reading and writing. We excluded women with severe psychological or physical incapacity or cognitive dysfunction.

2.2. Instruments

2.2.1. Demographic and clinical characteristics questionnaire
We prepared a questionnaire based on information from the literature. The variables included age, race, marital status, education, body mass index (BMI), comorbidity (diabetes mellitus, hypertension, cardiac disease, cancer, gynaecological disease), parity, duration of UI, and previous help-seeking behaviour.

2.2.2. International Consultation on Incontinence Questionnaire—Urinary Incontinence Short Form

The International Consultation on Incontinence Questionnaire—Urinary Incontinence Short Form (ICIQ-UI SF) is a brief and disease-specific questionnaire developed for assessing UI prevalence, severity, type, and impact on QoL. The International Consultation on Incontinence Modular Questionnaire study group developed the ICIQ-UI SF, and it is widely used in the study of UI. The ICIQ-UI SF consists of four sections: the first two include questions related to the frequency and volume of urine leakage, the third assesses the impact of UI on QoL, and the fourth includes eight items that assess the symptoms to aid in determining the type of UI. The total ICIQ-UI SF score (between 0 and 21) is calculated based on the sum of the first three items. The total score can be used to measure the severity of UI, which can in turn be classified into three levels: slight (1–7), moderate (7–14), and severe (15–21) [7]. Cetinel et al. recently validated the Chinese version of the ICIQ-UI SF, and Cronbach's α coefficient was 0.71–0.96 [8].

2.2.3. UI bothersomeness questionnaire

We asked, "How much does urinary leakage bother your daily life or work?" to determine whether participants were bothered by UI; answers were based on a 4-point scale (1 = not at all, 2 = slightly, 3 = moderately, 4 = severely). Bothered UI was defined as being moderately or severely bothered by UI [6].

2.2.4. Modified Social Impact Scale

Fife and Wright developed the Social Impact Scale (SIS) to assess stigma in patients with HIV/AIDS and cancer [9]. Following adjusting for culture and testing in Chinese women with UI, the modified SIS is an 18-term scale with three domains: social isolation, social rejection, and internalised shame. Confirmatory factor analysis indicated that it has adequate construct validity and composite reliability [10]. The Cronbach α coefficients of the scale and sub-scales are 0.856, 0.798, 0.825, and 0.894, respectively [11]. The score of every item was summed to determine the total stigma and every domain of stigma; higher scores indicate a higher degree of stigma.

2.2.5. Coping efficacy scale

The coping efficacy scale was self-designed and comprised four items: i) "I have the confidence to deal with urinary leakage", ii) "I can deal with the distress caused by UI", iii) "I could still perform tasks as required even though I was affected by UI", iv) "I could reduce the influence of UI on my life through coping strategies". This 5-point Likert scale was scored from 1 (strongly disagree) to 5 (strongly agree). The score of every item was summed to determine the total coping efficacy; higher scores indicated higher coping efficacy. Confirmatory factor analysis demonstrated that it had adequate construct validity with the following goodness-of-fit (GF) indicators: $\chi^2/\text{degree of freedom} = 7.29$, GF index (GFI) = 0.98, adjusted GFI = 0.90, normed fit index (FI) = 0.94, incremental FI = 0.95, comparative FI = 0.95, REMSA = 0.04, Cronbach's $\alpha = 0.70$ [11].

2.2.6. Help-seeking intention scale

This was a 3-item, self-designed scale based on the theory of planned behaviour and was developed according to the standard direct measurement method of Ajzen [12]. The three items were: "I intended to consult doctors or nurses for UI previously", "I plan to consult doctors or nurses for UI in the following 1 month", and "I plan to consult doctors or nurses for UI in the following 6 months". Response categories were 5-point Likert scaling from 1 (strongly disagree) to 5 (strongly agree). The sum of the three questions was used to assess the help-seeking intention. Higher scores denoted stronger help-seeking intentions. In this study, Cronbach's α was 0.84.

2.3. Data collection and procedure

Data were collected using a questionnaire from May to October 2011 in three communities. Advertisements, brochures, and health promotion lectures were used as a recruitment strategy. A woman was defined as having symptoms of UI if she answered "yes" to the following question: "Did you experience any urine leakage at least once during the

Download English Version:

<https://daneshyari.com/en/article/2655968>

Download Persian Version:

<https://daneshyari.com/article/2655968>

[Daneshyari.com](https://daneshyari.com)