Purpose of this Research Study

- To determine the prevalence of Urinary Incontinence (UI), Fecal Incontinence (FI) and Incontinence-Associated Dermatitis (IAD) in community-dwelling adults
- To investigate barriers to seeking help for UI, FI and IAD in community-dwelling adults
- To determine the receptiveness of community-dwelling adults to education on prevention, management and treatment of these conditions

Research Question

- What are the barriers to seeking help for urinary incontinence (UI), fecal incontinence (FI) and incontinence-associated dermatitis (IAD) in community-dwelling adults?
- Measurable questions that were answered:
  - Prevalence of UI, FI, DI, IAD
  - Associations of prevalence with age and gender
  - Determination of the barriers to help seeking for UI, FI and IAD
  - Receptiveness to education on incontinence and skin care
Literature Review: Urinary Incontinence

- Urinary Incontinence (UI)
  - UI was a common condition in community-dwelling adults around the world (Basak, Uzan, & Arslan, 2012; Booth, Kumlien, & Zang, 2009; Buckley, & Lapitan, 2009; El-Azab, & Shaaban, 2010; Roe et al., 2010; St. John, Griffiths, Wallis, & McKenzie, 2013; Svihra, Luptak, Svihrsova, & Mesko, 2012).
  - UI negatively impacted quality of life (Basak et al., 2012; Booth et al., 2009; El-Azab, & Shaaban, 2010; Spencer, 2009; St. John et al., 2013; Svihra et al., 2012; Yuan, Williams, & Liu, 2011).
  - UI was under reported by those who suffered from it which delayed or prevented seeking medical help (Basak et al., 2012; Booth et al., 2009; El-Azab, & Shaaban, 2010; “Role of the Wound, Ostomy Continence Nurse or Continence Care Nurse in Continence Care,” 2009; Spencer, 2009; Yuan et al., 2011).
  - Shame and embarrassment at the loss of bladder control was a universal emotional response to UI (Basak et al., 2012; Buckley, & Lapitan, 2009; El-Azab, & Shaaban, 2010; St. John et al., 2013; Svihra et al., 2012; Yuan et al., 2011).

Literature Review: Fecal Incontinence

- Fecal Incontinence (FI)
  - FI impacted 10% to 15% of the population (Beeckman et al., 2011; Bliss, & Norton, 2010; Gallagher, & Thompson, 2012; Patel, Bliss, & Savik, 2010; Rohwer, Bliss, & Savik 2013).
  - Health-related quality of life scores were negatively impacted by FI (AlAmeel et al., 2010; Gallagher, & Thompson, 2012; Willson et al., 2014).
  - FI was identified as a top reason for placing community-dwelling adults into long-term care settings (AlAmeel, Andrew, & MacKnight, 2010; Bardsley, 2013; Willson et al., 2014).
  - FI had been labeled the “silent affliction” because of the stigma associated with loss of bowel control (Bliss, & Norton, 2010; Patel et al., 2013).

Literature Review: Incontinence Associated-Dermatitis

- Incontinence Associated-Dermatitis (IAD)
  - IAD was identified as a persistent and often painful inflammatory condition caused by contact of urine and stool with the skin (Black et al., 2011; Gray et al., 2011; Mahoney, Rozenboom, & Dougherty, 2013).
  - Almost half of community-dwelling adults reporting FI also reported some form of IAD (Rohwer et al., 2013).
  - Caregivers of individuals with FI demonstrated low health literacy rates regarding IAD (Bliss et al., 2013).
  - Over one third of those experiencing FI in the community did not have any self-care management strategies in place (Poiri et al., 2010).
Methodology

- **Design:** Simple Descriptive Quantitative Design
- **Setting:** Community setting from two church congregations in suburban Virginia
- **Participants:** Convenience sample of adults age 21 years and older
- **Tool:** 20 question survey including a 13 item Likert scale on barriers to seeking help for incontinence
- **Data Collection:** Self-administered survey available at both churches over a two week period with self addressed stamped envelopes included and a drop box on site
- **Data Analysis:** Microsoft Excel® was used to compile data, perform descriptive statistics and create tables and figures for presentation of data

Visual Methodology

Each church had a study information site that included:
- Display describing the research study
- Drop box for survey return
- Additional surveys for pickup during the study period

Results

- **Sample size:** 145 participants; 96 female; 49 male
- **Age Distribution:**
  - 46% were 40-49 years
  - 31% were 70-79 years
  - 14% were 60-69 years
  - 11% were 50-59 years
  - 10% were 30-39 years
  - 1% were 20-29 years
  - 1% were 80+

REPORTED INCONTINENCE BY AGE
Results

- Prevalence rate for females 77.5% and males was 22.5%

![Graph showing Prevalence by Gender and Type of Incontinence]

- Three Likert statements were identified as barriers to seeking help:
  - I believe this is a normal part of aging
  - I am able to manage using absorbent pads/briefs
  - I don't feel the problem is severe enough to see a physician

![Graph showing Likert Barrier Results by Total Population and Gender]

![Graph showing Likert Barrier Results by Type of Incontinence]
Results

- 20% of the population had sought help
- 37% requested written literature on incontinence

Conclusions

- Prevalence rates indicated that incontinence and incontinence-associated dermatitis were being experienced by community-dwelling adults
- Barriers to help seeking were related to beliefs about the condition being a normal part of aging, the perception of severity, and the ability to self-manage
- Despite findings in the literature, shame and embarrassment were not found to be barriers to seeking help in this study
- The majority of participants had not sought help
- Over one third of participants requested written literature

Identified Weaknesses

- Labor intensive survey method
- Manual data entry can result in errors
- More specific instructions regarding who should complete the Likert portion of the survey
- A pretest of the survey tool was not performed prior to data collection
Identified Strengths

- Large sample size (>100) helped make the responses more representative of the wider population
- Enthusiasm and support by the pastors at both church sites was evident in the timely completion of the Organizational Approval Letters, promotion of the study each Sunday in pre-service announcements, and support for post-study education

Post Study

- Education to both church research sites was completed in fall of 2014
- Presented as poster presentation at Mid-Atlantic Regional WOCN ® conference.
- Presented at 2016 Joint WOCN/CEAT conference
- Presentation of these findings to the local chapter of the Wound, Ostomy and Continence Nurses Society by this researcher to encourage colleagues to look at feasibility of community research

What's going on in your community!

Questions?
## References


References


