NATIONAL SCIENTIFIC PRODUCTION IN NURSING JOURNALS RELATED TO URINARY INCONTINENCE: INTEGRATIVE REVIEW

ABSTRACT
Objective: to analyze the national scientific production in nursing journals about urinary incontinence (UI). Method: integrative review held from the guiding question <<What's published in relation to the UI in Brazilian nursing journals?>> > > databases consulted were PubMed, LILACS and SciELO virtual library. Were eligible 17 articles, enclosed between the years 2002 and 2012. Results: the subjects addressed were: IU, IU in men, nursing interventions for UI control and prevalence of IU. Conclusion: the nursing UI-related publications are under development, the number of publications in the last ten years. It is necessary to broaden the scientific commitment regarding the development of Interventional strategies-oriented studies and clinical studies that seek the best evidence for practice. Descriptors: Urinary Incontinence; Nursing; Publications of Scientific Dissemination.

RESUMO
Objetivo: analizar a produção científica nacional em periódicos de enfermagem sobre incontinência urinária (IU). Método: revisão integrativa realizada a partir da questão norteadora <<O que se tem publicado em relação à IU em periódicos de enfermagem brasileiros?>> As bases de dados consultadas foram PubMed, LILACS e biblioteca virtual SciELO. Foram elegíveis 17 artigos, delimitados entre os anos de 2002 e 2012. Resultados: os assuntos mais abordados foram: IU em mulheres, IU em homens, intervenções de enfermagem para controle da IU e prevalência da IU. Conclusão: as publicações de enfermagem relacionadas à IU estão em desenvolvimento, frente ao número de publicações nos últimos dez anos. Faz-se necessário ampliar o compromisso científico no que tange ao desenvolvimento de estudos voltados para estratégias intervencionais e estudos clínicos que busquem as melhores evidências para a prática. Descriptores: Incontinência Urinária; Enfermagem; Publicações de Divulgação Científica.

ENGLISH/PORTUGUESE

INTEGRATIVE REVIEW ARTICLE

National scientific production in nursing journals...
INTRODUCTION

Urinary incontinence (UI), considered a disease in the International Classification of Diseases of the World Health Organization (ICD/WHO), is defined as any involuntary loss of urine. The International Continence Society (ICS) shows that it is a health problem with global dimensions, because of the social, sexual, psychological and economic impact causing in the lives of individuals. Thus, it represents a challenge for health professionals in searching of alternatives approach and treatment.

The UI can be classified into three types: UI effort, characterized by involuntary loss of urine during an effort; UI of urgency, defined as the involuntary loss of urine, when an urgency to urinate occurs; and UI mixed, associated to the two types of UI.  

Age is one of the main risk factors associated with UI due to decreased bladder capacity over the years. A study pointed out that it is in approximately 30% of seniors living in communities, 40 to 70% in hospitalized and 50% institutionalized, which reflects a great economic weight, as well as burdening health financial resources, raising the risk of institutionalization. The woman develops UI in greater proportion when compared to men in all ages, but with prevalence of 30 to 55% young adult women.  

Although the UI is a clinical condition more common in women, the literature shows that the main causes in men are urological surgeries, mostly prostatectomy, which can trigger intrinsic sphincter deficiency. Involuntary contractions or decrease complacency can generate intravesical pressure exceeding the existing sphincter mechanisms causing the UI.  

The actions of the nurse care allows the identification of the primary care needs of patients with urinary losses and thereby makes it possible to implement interventions to control the UI. A well structured knowledge for nurses acting at all stages of the health-disease process promotes the establishment of confident with the patient and consequently, a higher probability of success in achieving the goals of care.  

The UI has been little worked by nursing professionals, mostly for lack of information, which becomes the absence of these cause becoming an obstacle for its performance for this dysfunction. In this sense, the objective of this study is to:  

- Analyze scientific production related to UI in Brazilian nursing journals.

METHOD

It is an integrative review, which aims to obtain the understanding of the given phenomenon based on previous studies. The six stages of integrative review were considered: identification of the theme and selection of hypothesis; establishment of criteria for inclusion and exclusion of the studies; definition of the information to be extracted from selected studies; evaluation of studies included; interpretation of results and presentation of the synthesis of knowledge.

To guide the integrative review the guiding question was formulated: What was produced in relation to the UI in Brazilian nursing journals? For selection of publications, there were online search from the Virtual Health Library (VHL) in databases Latin American literature and Caribbean Health Sciences (LILACS) and Health Information from the National Library of Medicine (PUBMED) Medline, and Scientific Library Eletronic Library Online (SciELO).

For the articles’ survey in LILACS and SciELO the health sciences descriptors (DeCS) “urinary incontinence” and “nursing” were used. In PUBMED, we used the descriptors of the Medical Subject Headings (MeSH) “Urinary Incontinence” and “Nursing”. In both combinations, “AND” Boolean operator was used.

The established inclusion criteria were: articles made in Brazil; published in Brazilian nursing journals between the years 2002 and 2012; and responding to the guiding question. Exclusion criteria were: articles published repeated in the databases, articles that did not address such themes, monographs and theses and articles that were not published in full and that the approach did not contribute to the knowledge of the area of nursing (Table 1).
The articles were analyzed from an elaborated instrument to define which information would be extracted. The instrument contemplated items of article identification (title publication, year of publication, authors’s education, kind of scientific journal), methodological approach (quantitative, qualitative), method and/or technic of research and data on the essence of the content from the main results and conclusions.

The studies were classified by level of evidence, in level one when the evidences were from systematic or meta-analysis review; in level two for randomized and controlled studies; level three in controlled studies without randomization; in level four for control-case or cohort study; level five when systematic review of qualitative or descriptive studies; level six if qualitative or descriptive study and level seven to opinion or consensus of experts. Of the 17 selected articles, one was published in 2005, two in 2007, 2008, 2009, 2011 and 2012, and six in 2010. With respect to the origin of the studies, 70.6% were carried out in the Southeast region, with 11 in the State of São Paulo and one in Minas Gerais.

Analyzing the methodological guidelines, 11 articles were primary studies, nine of them with quantitative methodological approach of non-experimental type and two were qualitative approach of convergent type and thematic oral history. Four studies were identified that used the method of integrative review and an updated article and a experience report. In relation to the level of evidence, four belonged to level five, 11 to level six and two to level seven.

The contents addressed in the studies were: UI on the female population (n=8), UI in the male population (n=2), nursing interventions for UI control (n=2), UI prevalence (n=2), association between UI and anal incontinence (AI) (n=1), nursing diagnosis related to UI (n=1), scientific literature about urinary eliminations (n=1).

In Figure 1 there are the synthesis of the studies included in the work, for better comparison of contents and results.
<table>
<thead>
<tr>
<th>Page</th>
<th>Reference</th>
<th>Summary</th>
<th>Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>2005 Higa R, et al.</td>
<td>To evaluate the occurrence of UI and associated factors among women nursing professionals. Quantitative approach, non-experimental.</td>
<td>From 291 participants: 27.5% had UI. The category prevailed was: Nursing Assistant (43.4%). Variables associated with the UI: body mass index (BMI), age, number of pregnancies and childbirth, menopause, estrogen use, constipation, intestinal injury. Educational measures for prevention and treatment were necessary to improve and prevent UI among nursing workers.</td>
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<td>4</td>
<td>2012 Leroy LS, et al.</td>
<td>To identify associations between female UI and racial aspects. Literature review.</td>
<td>Prevalence of UI in general was higher among white and Hispanic women. UI for effort most frequent between white and UI of urgency among black women. White and Asian women: urinary loss in small amount and black and Hispanic more quantity. White women had better knowledge about UI. Hispanic and white present greater risk of UI than Asian and black. Need for more thematic studies on Brazilian population UI for understanding of reality.</td>
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<td>5</td>
<td>2008 Borba AMC, et al.</td>
<td>To understand the impact of UI on women’s life and to know the meaning of the beliefs, values and attitudes of UI and being incontinent. To understand the impact of UI on women’s life and to know the meaning of the beliefs, values and attitudes of UI and being incontinent.</td>
<td>From the subjective results, four themes have emerged: realizing that the loss is not normal; feelings on urinary loss; the need to assume the UI to be able to keep their life with minimal changes and take control not to lose and/or smell urine. The conviviality with UI had a negative impact on the lives of these women and the various repercussions under psychological, physical, social range.</td>
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<td>6</td>
<td>2010 Lopes DBM, et al.</td>
<td>Characterize the occurrence of UI for the woman in the postpartum period. Cross-sectional epidemiological study.</td>
<td>Of the 288 women until 06 months of postpartum, 63.4% related to childbirth to UI and as causes of lack of preparation of the perineum during pregnancy, childbirth, episiotomy, forceps force performed during labor and/or the high weight of the newborn. Women did not receive information about prevention of UI.</td>
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<td>7</td>
<td>2012 Lopes DBM, et al.</td>
<td>To check the UI prevalence reported by postpartum women and related factors. Quantitative approach, non-experimental</td>
<td>Prevalence of 24.6% of postpartum reported UI. Related factors: age, color, education, occupation, physical effort, physical activity, BMI. Factors related to UI in postpartum indicated the need for further research in order to compose a body of evidence related to UI in the postpartum period.</td>
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<td>8</td>
<td>2010 Lopes DBM, et al.</td>
<td>To characterize the manifestations of UI reported in postpartum. Quantitative approach, non-experimental.</td>
<td>Of the 288 interviewed, 71 reported involuntary urine in postpartum. 44 (62%) said UI of efforts; 65 (91.5%) felt the urine draining; 33 (46.5%) presented losses for more than once a week, and 24 (33.8%) accused persistent urinary loss at the time of the interview. It was important for the nursing professional to verify the occurrence of urinary losses, their characteristics, the time of starting symptoms, the severity, and the impact on the daily lives of women. The Brazilian nursing needs to position itself against the current trends of scientific knowledge about the prostatectomy, with further studies on IF, which seeks better ways of acting against UI and sexual disorders.</td>
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<td>9</td>
<td>2010 Mata LRF, et al.</td>
<td>Nursing interventions for patient proctectomy preparation, to hospital discharge. Integrative Review</td>
<td>To verify the occurrence of UI for prevention and treatment were necessary to improve and prevent UI among nursing workers. Need for more thematic studies on Brazilian population UI for understanding of reality.</td>
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<td>Year</td>
<td>Authors</td>
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<td>2012</td>
<td>Bicalho MB, et al.</td>
<td>To identify the impact of UI on partners' lives of incontinent men</td>
<td>Integrative Review of the literature on UI and its impact on partners' lives</td>
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<td>2010</td>
<td>Honório MO, et al.</td>
<td>To recover urinary continence of adults through the bottom pelvic floor rehabilitation and self-care</td>
<td>Quantitative approach, convergent healthcare Reporting an experience of implementation of Behavioral Therapy (BT) for UI in order to improve the control and quality of life of the elderly woman. Case studies.</td>
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<td>2010</td>
<td>Caldas CP, et al.</td>
<td>To recover urinary continence of adults through the bottom pelvic floor rehabilitation and self-care</td>
<td>Quantitative approach, convergent healthcare</td>
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<td>2009</td>
<td>Santos CR, et al.</td>
<td>To know the prevalence of UI and demographic and clinical factors predictive of the presence of the UI.</td>
<td>Non-experimental quantitative approach.</td>
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<td>2009</td>
<td>Santos CR, et al.</td>
<td>To check the prevalence of UI and characteristics of urinary loss among nulliparous young women, physical education students. Quantitative approach. - non-experimental design.</td>
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<td>2009</td>
<td>Santos CR, et al.</td>
<td>To present the epidemiological aspects of UI and AI associated.</td>
<td>Update article</td>
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<td>2008</td>
<td>Higa R, et al.</td>
<td>To evaluate the system of specialist related to urinary elimination (NANDA-I)</td>
<td>Prospective study</td>
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<td>2011</td>
<td>Fimincelli L, et al.</td>
<td>To check the scientific production on urinary eliminations disclosed in Brazilian nursing journals.</td>
<td>Integrative review</td>
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Figure 1. Synthesis of publications included in integrative review, according to the study content, year, authors, objective, method, results and conclusions.
It was possible to point out and identify issues inherent in the relationship of nursing with the UI through the content involved in this context.

Eight studies contemplate the UI content in women and the main subjects discussed were the relationship between UI and racial ethnicities (4), UI in nursing professionals (1, 2 and 3), and UI postpartum (6, 7 and 8). Regarding the occurrence of UI in women of different ethnicities, this changing was more present among white women than in black women. The UI of effort was more frequent among whites and the UI of urgency among black women. As for the amount of urinary loss, white women showed loss in small amount compared to the black. White women had better knowledge about UI and underwent surgical treatment more frequently for IU of effort. White women and Hispanic had higher risk of UI that black women. There were no differences in the search for treatment of ethnic and racial groups.

As for the UI between nursing professionals, most of them (68%) reported that the UI did not bring restrictions on their activities and complaints when presented were related to work, social and sexual life. International authors point out that even not being a life threatening condition, the UI can bring various problems to life of incontinent, especially with regard to the emotional well-being and injury in social activities. Shame, fear, nervousness and depression are psychological changes that affect women with UI.\(^\text{11}\)

Despite the strong impact on quality of life, scholars report that few incontinent women seek treatment for the problem. One of the main reasons for not seeking is the fact the doctor consider the treatment unnecessary, the concept of normality as the loss of urine, lack of time and knowledge or misconceptions about the forms of treatment.\(^\text{12}\) In this context, nursing has the fundamental role together with women, working on prevention, identification of the problem and the proper guidance in order to avoid inappropriate behaviors, such as prolonged restriction of liquids and no frequent urination, which can cause complications and damage to women’s health.

Another issue discussed was the development of the UI as a result of childbirth (6,7,8). The UI can be related to several factors of childbirth as a length of time, the weight concept expulsive, cephalic circumference, pelvic floor trauma, pregnancy induced tension in the pelvic floor, stretch of supporting structures during vaginal birth, labor that may damage the mechanism of urethral sphincters and the endopelvic fascia overdistension.\(^\text{13}\)

Regarding the UI content in men, studies 09 and 10, approach the UI as a problem to be considered by the nurses, once that interferes directly in the quality of life of patients with important emotional responses. The UI in men may be related primarily to changes in prostatic and the treatment of localized prostate cancer by radical surgery, which involves total removal of the prostate and seminal vesicles.\(^\text{14}\) Based on the results of the investigation, it is evident the need of nursing in developing studies on the effectiveness of oral and written transmission of information in the postoperative period of radical prostatectomy mainly about the signs and symptoms expected from UI after surgery in order to reduce the occurrence of psychological morbidities such as anxiety and depression during the surgical recovery.

Turkish researchers, in order to meet the perceptions and experiences of men after radical prostatectomy identified that the UI negatively affects life of these individuals and these require psychological support to deal with the problem. They concluded also that the provision of information regarding the UI by health professionals can significantly alleviate the difficulties experienced by men incontinent.\(^\text{15}\)

The focus of Nursing Interventions for UI control (11 and 12) were providing guidance on: behavioral changes involving the establishment of a rhythm not voiding intake of caffeine and alcohol, and the settlement of bowel habits; promotion of self-care; preparation of voiding diary, which consists in registering the fluid intake and eliminations with their respective timetables and measures; and perineal exercises also known as Kegel exercises or exercises to strengthen pelvic muscles.\(^\text{16}\)

It is important to note that in addition to physical interventions, we must consider the nursing interventions with psychosocial approach against individuals with UI. It is normal the embarrassment, fears, changes in behaviour and lifestyle with UI. A study conducted in the Netherlands with the aim of meeting the impact of UI on the quality of life of women and men portrayed the constraints suffered by both genders. 56 men and 314 women were interviewed and when questioned about the difficulties experienced by be incontinent, the emotional well-being was more cited. So, half to a third of patients...
felt nervous, embarrassed, or frustrated because of their UI.\textsuperscript{17} In accordance with these findings, an Australian study highlighted that the depression was associated with the presence of the UI and the negative impact of this change in the lives of patients emphasized the need for more effective management of the disease.\textsuperscript{18}

Two studies contemplated the prevalence of UI content (13 and 14). One of them pointed out that in a sample of 519 people, about 20.1\% have UI, 32.9\% females and 6.2\% men. The second study found the prevalence of UI in young women and 20.7\% of 95 of them expressed urinary loss, with the majority (75\%) with UI of effort. Thus, prevalence UI between the female was noted. In Spain, it was identified that one in four women suffer from UI and that prevalence increases significantly with age. The UI of effort was also the main type.\textsuperscript{19}

With regard to content association between UI and AI, an update study (15) identified statistically significant associations between the UI and the AI, and between both incontinences and obstetrical/surgical factors. It was pointed out that the incontinences are not restricted to just people with advanced age.\textsuperscript{20}

It is common to associate the lack of control of the acts of urinating and evacuate with aspects relating to immaturity, the infantilization, or even, the decline and loss of autonomy. For many of them, the incontinence is seen as bad habits of hygiene and causes discomfort. In this way, people, especially elderly incontinent, experience this situation presenting psychosocial problems, such as the loss of self-esteem, social isolation and embarrassment. With this, the nursing care is considered a great challenge transcending the comfort and hygiene.\textsuperscript{15}

As for the nursing Diagnosis (ND) the individuals with UI (16), by identifying those of the North American Nursing Diagnosis (NANDA-I) related to urinary elimination in 197 individuals being three men and 194 women, the main ND were: “UI for pressure”, “UI by impulse”, “urinary retention” and “total UI”. According to International NANDA 2012/2014, the UI of effort is defined as loss of less than 50 ml urine, caused by increased abdominal pressure and the UI of urgency as involuntary loss of urine that occurs immediately after a strong sense of urgency to urinate. Urinary retention is defined as incomplete bladder emptying and is related to high pressure, urethral blockage, very potent sphincter and inhibition of the reflex arc.\textsuperscript{21}

The total UI has been removed from the taxonomy since version 2009-2011 and referring to the continuous and unpredictable urine loss.\textsuperscript{22}

Regarding the Scientific Production content about urinary eliminations (17), a review study analyzed (17) 18 research and concluded that the UI is the most frequent change, especially among women. The authors pointed out that surveys did not emphasized health promotion, prevention of symptoms, as well as nursing care to this population. They reinforced that nursing professional should provide care in the areas of promotion, prevention and intervention against the health problems and promote the education of the patient and family, guiding them about liquid consumption needs, urinary routine, self-care, personal hygiene and symptoms of urinary tract infections. Thus, it is the responsibility of the nurse to clarify doubts, seek to control anxiety, as helping in the diagnosis and control of urinary loss.\textsuperscript{23}

**CONCLUSION**

From the results of this study it was possible to identify the main areas of research on UI and nursing in Brazil as well as the gaps of integration between theory and practice in the various areas of caring for the individual with UI.

The selected articles showed nursing research's investment in Brazil about the issues related to UI that, in their majority, are directed to adult female population, mainly with data on prevalence and their main complaints. It was noted, therefore, knowledge gap related to Interventional strategies oriented studies and clinical studies that seek the best evidence for practice.

It was also observed that the nursing publications related to UI are under development, as well as the number of publications in the last ten years. It is necessary to broaden the scientific commitment regarding the UI in the male population, as well as in the development of studies with emphasis on health promotion and prevention of symptoms, with a view to the dissemination of best practices in the UI control and care to incontinent people.

**REFERENCES**


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Mata LRF da, Gomes CRG, Goulart LC et al.


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