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NURSING CARE TO THE ELDERLY WITH URINARY INCONTINENCE

ASSISTÊNCIA DE ENFERMAGEM A IDOSOS COM INCONTINÊNCIA URINÁRIA

CUIDADOS DE ENFERMERÍA PARA LOS ANCIANOS CON INCONTINENCIA URINARIA

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ABSTRACT

Objective: describing how nursing care is provided to the elderly with urinary incontinence. **Method:** descriptive-exploratory study, with qualitative approach, with nurses from the Family Health Strategy (FHS). The data were produced from a semi-structured guide and, for analysis, the Content Analysis technique was used in the Thematic Analysis modality anchored by the Symbolic Interactionism reference. **Results:** four categories emerged from the analysis: 1. Understanding of FHS nurses on Geriatric Syndrome; 2. Design of FHS nurses on UI; 3. Conducts adopted in the management of the UI by the FHS nurses. 4. Facilitating and hindering factors for performing nursing care for the elderly with UI. **Conclusion:** nursing care for the elderly with UI presents fragilities at both the macro as micro level. The interviewed professionals need to know how to differentiate between senility and senescence, regarding nursing care for the elderly with UI. **Descriptors:** Urinary Incontinence; Aging; Nursing Care.

RESUMO

Objetivo: descrever como é prestada a assistência de enfermagem ao idoso com incontinência urinária. **Método:** estudo descritivo-exploratório, de abordagem qualitativa, com enfermeiros da Estratégia Saúde da Família (ESF). Os dados foram produzidos a partir de um roteiro semiestruturado e para análise foi utilizada a técnica de Análise de Conteúdo na modalidade Análise Temática ancorado pelo referencial do Interacionismo Simbólico. **Resultados:** da análise emergiram quatro categorias: 1. Compreensão dos enfermeiros das ESF sobre Síndrome Geriátrica; 2. Concepção dos enfermeiros das ESF sobre IU; 3. Condutas adotadas no manejo da IU pelos enfermeiros da ESF, 4. Fatores facilitadores e dificultadores para a realização da assistência de enfermagem a idosos com IU. **Conclusão:** a assistência de enfermagem a idosos com IU apresenta fragilidades, tanto no nível macro, como no micro. Há necessidade de os profissionais entrevistados saberem diferenciar senescência de senilidade, no que se refere à assistência de enfermagem aos idosos com IU. **Descritores:** Incontinência urinária; Envelhecimento; Assistência de Enfermagem.

RESUMEN

Objetivo: describir cómo son proporcionados los cuidados de enfermería a los ancianos con incontinencia urinaria. **Método:** estudio exploratorio, descriptivo, de enfoque cualitativo, con los enfermeros de la Estrategia de Salud de la Familia (ESF). Los datos fueron producidos a partir de un guion semi-estructurado y, para el análisis, fue utilizada la técnica de análisis de contenido en el modo de análisis temático anclado en función de la interacción simbólica. **Resultados:** cuatro categorías surgieron del análisis: 1. Comprensión de los enfermeros de la ESF sobre el síndrome geriátrico; 2. Diseño de los enfermeros de la ESF sobre IU; 3. Conductas adoptadas en la gestión de la IU por enfermeros de la ESF; 4. Factores facilitadores y inhibidores para la realización de los cuidados de enfermería a los ancianos con IU. **Conclusión:** el cuidado de los ancianos con IU presenta debilidades tanto a nivel macro como en el micro. Los profesionales entrevistados necesitan saber diferenciar la senescencia de la senilidad en relación con el cuidado de los ancianos con IU. **Descriptores:** Incontinencia Urinaria; Envejecimiento; Cuidados de Enfermería.

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INTRODUCTION

The decrease in mortality and birth rates has contributed to the increase of the elderly population, thus demonstrating the longevity acquired through better living conditions.¹

In developed countries, aging is growing concomitantly with the development of actions and projects appropriate to that transition, unlike the developing countries, where that phenomenon has occurred in an explosive and rapid way.² In Brazil, it has not been different, as data show that, by 2025, the country will have the sixth largest elderly population in the world, approximately 33.8 million, rising from 2.7% to 14.7% of the population.³ Studies indicate that, in 2025, for every 100 young people, half will be part of the elderly population over 60 years, and, by 2045, the population of children will be smaller than the elderly. Moreover, within that increase, a population above 80 years stands out, since its percentage has increased in an accelerated form.⁴

In Bocaiúva, northern Minas Gerais, Brazil, transitional epidemiology has followed the same Brazilian parameter, with progressive growth of the elderly population, where the total number of inhabitants was approximately 46,654 in 2010, being 4,597 60 years old or older, which represents approximately 10% of the total population of the municipality.⁵ Thus, there must be efficacy in the implementation of actions that advocate comprehensive care for the elderly, providing improvement in care and promotion, prevention and recovery in health care from basic to specialized care in the municipality of Bocaiúva.

According to Administrative Rule No. 2.488, of October 2011, Basic Care is a set of individual and collective actions, at the first level of health care, aiming at health promotion, diseases prevention, diagnosis, treatment and rehabilitation, as well as harm reduction and maintenance of health, in an integral way, aiming at the health situation and the autonomy of the population.⁶

The National Policy of Basic Care considers Basic Health Care and Primary Health Care (PHC) equivalent terms, since they have the same principles and guidelines, such as having a decentralized assigned territory to plan, program and develop their actions; enabling universal and continuous quality and resolute access; assigning users and providing the bond and accountability of the users with the health team; coordinating integrality in all aspects of health actions in the face of each situation and autonomy of the population;

stimulating the participation of users in the construction of collective care.⁶

The Family Health Strategy (FHS) is the policy used by the Ministry of Health to reorganize PHC in SUS, consisting of a multidisciplinary and interdisciplinary team, according to the modality of the teams formed by a physician, nurse, dental surgeon, oral health assistant or technician, nursing assistant or technician and community health agents.⁶

One of the professionals in the FHS is the nurse, who, supported by Law 7498/86, has, as his/her professional exercise, the nursing care, which consists of performing integral care to individuals, family or community whenever necessary and indicated, at home or any other place.⁷ Therefore, it is necessary, for a comprehensive care, to understand what represents a healthy elderly person. According to the World Health Organization (WHO), the concept of health is "a complete biopsychosocial-cultural-spiritual well-being, not simply the absence of disease".⁸ Such statement is in harmony with the concept of another study⁹, which considers the healthy elderly the one who has the harmonious functioning of four domains: cognition, which comprises the mental capacity to memorize information, planning and execution of daily tasks, language, comprehension, perception of time, space and objects; mood, moodiness; mobility, movement and communication skills, ability to communicate.

The health of the elderly relates to their general functionality, as well as their ability to perform daily activities independently and autonomously, so they can make their own decisions and perform them without help from another individual. If the loss of those domains simultaneously relates to the diseases, the incapacities arise, such as the great geriatric syndromes, highlighting, in this study, the Urinary Incontinence (UI), defined as the objectively demonstrated urine loss, which becomes a social and/or hygienic problem.¹⁰

Although urinary incontinence can occur at any age group, its prevalence is increasing rapidly in the elderly, representing approximately 1:3 in women and 1:5 in men over 60 years old. That age group is more propitious to UI due to the advanced age and consequent immobility and functional and organic deficit of the genitourinary tract, in addition to relating to chronic diseases such as Diabetes Mellitus, Heart Failure, among others.¹¹

Transient urinary incontinence is an involuntary loss of urine caused by psychological disorders, use of medications, increased fluid intake, infections, chronic intestinal constipation, among other physiological changes of the lower urinary tract. The clinical evaluation of the patient should be performed considering the anamnesis and the voiding diary, and that condition may improve with treatment or control of the causes. Persistent urinary incontinence occurs when other diseases or medications do not cause involuntary urine loss, persisting for more than three months. Clinical evaluation, along with careful anamnesis, should discard those possibilities.¹²

Comprehensive care for the elderly should cover the set of actions for health promotion, protection and recovery at all levels of care, always aiming at improving the quality of life. Therefore, the National Policy on the Elderly (NIP) encourages commitment to actions to prevent, minimize and control diseases.⁶

Urinary incontinence can affect the quality of life of the elderly, causing embarrassment and leading to social isolation and even depression.¹³ There must be a multidimensional humanized and effective work of a multiprofessional group aiming at comprehensive care to the elderly in their family context, increasing the bond between them and providing greater strengthening of care, since the exchange of information and experiences largely contributes to the sum of the results of the patient's health conditions, either to prevent, treat diseases, or simply provide comfort.¹⁴

Thus, it is important to provide comprehensive care in FHS, given that PHC, through the actions of nurses, is the gateway of care in the management of geriatric syndromes, such as urinary incontinence, when providing individualized intervention appropriate to each case, either by encouraging physical exercises, changing lifestyles or individual and family behavior, or even referring the elderly to specialized services, when necessary, in order to obtain better resolvability.¹⁵ In this sense, this study seeks to describe how nursing care is provided to the elderly with urinary incontinence.

METHOD

Descriptive-exploratory study, with qualitative approach, carried out in the city of Bocaiúva (MG), Brazil, during August, 2015. Seven nurses from FHS units participated in the study. Inclusion criteria were being a nurse from the Bocaiúva FHS and having worked for at least six months in the ESF of

that municipality. There was exclusion of nurses who were on vacation, attestation or leave, and who did not agree to participate in the study.

After the Municipal Health Department of Bocaiúva-MG authorized the execution of the research, the participants were contacted, based on a list of the names of the FHS nurses, provided by the coordination of the municipal health teams; later, the researchers visited the FHS units to schedule the best day and time for the interview. The interviews lasted approximately thirty minutes and occurred at a reserved place in the health unit, in order not to compromise the progress of the activities of the interviewed professionals. The researchers explained to the participants the purpose of the study and requested their consent for voluntary participation in the research, through their signature in the ICF.

The researchers carried out the production of empirical data, through a semi-structured interview, which was recorded and transcribed in its entirety and later analyzed. Each participant was represented by the letter E (*entrevistado* - interviewee in Portuguese) followed by numbers related to the interviews, thus assuring the secrecy of their identities.

The instrument for collection based on a script with questions related to the proposed theme. The number of participants was defined by the theoretical saturation of the data, which determines the finalization of the study sample based on the analysis of the researchers to identify redundancies of information obtained in the interviews, thus, ceasing the integration of new participants, being unnecessary to proceed with data collection.¹⁶

In order to describe how nursing care is provided to the elderly with urinary incontinence, the content analysis technique was used in the thematic modality, understood as a method that covers a set of techniques of analysis of the dialogues, using procedures to describe the content of the collected messages.¹⁷ A pre-analysis of the material was carried out, aiming at its organization according to the research objective, and, then, the material was explored, followed by its interpretation and deduction, according to the theoretical framework of the study.¹⁷ As the theoretical reference, the Symbolic Interactionism was used, a theoretical perspective aimed at the systematic study of the human social behavior.¹⁸

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From this process, four categories emerged: understanding of the FHS nurses on Geriatric Syndrome; Design of FHS nurses on UI; Behaviors adopted in the management of UI by nurses from the FHS and facilitating and hindering factors for performing nursing care for the elderly with UI.

The research had the project approved by the Research Ethics Committee of SOEBRAS, under the constituted opinion No. 1,145,629 and obeyed the ethical precepts of Resolution 466/2012 of the National Health Council.

RESULTS AND DISCUSSION

Seven nurses from the FHS of the city of Bocaiúva-MG were interviewed, six of them located in the urban area and one in the rural area. Participants were mostly female; aged from 30 to 34 years; with post-graduation in Family Health and none in Elderly Health; all of those involved had from five to 27 years of graduation and had from three to nine years of work at their units.

♦ Understanding of FHS nurses on Geriatric Syndrome

This category aimed to understand the knowledge of the FHS nurses about geriatric syndrome, because, for an adequate assistance to the elderly, the knowledge of geriatric syndromes is essential. When asked about this subject, although they had difficulty to conceptualize it, some of the interviewees understood it, as appears in the statements below:

[...] a set of signs and symptoms that prevent the elderly from exercising their ADLs, which contribute to functional decline, a greater level of dependency and institutionalization, and may trigger social isolation and compromise their quality of life. (E2)

[...] what I understand about geriatric syndrome is when the elderly lose the ability to develop activities of daily living [...] when they become dependent on another person to solve their activities, losing their cognitive, postural abilities, their mobility and their communication. (E6)

Geriatric syndrome is the result of loss of the harmonious performance of the four domains: cognition, mood, mobility and communication, which relate to the inability to perform daily activities independently and autonomously. There is, thus, a decline in the overall functionality of the elderly.⁹

Although some participants have identified geriatric syndromes and their repercussions, they understood it as a physiological process or "age":

[...] it is nothing more than physiological changes of the human being, that is the elderly. [...], for example, falls, immobility, dementia, incontinence and iatrogenesis [...] may constitute a risk for the decline of the functional capacity of the elderly, and when this is not treated and cared for before, thus triggering certain social isolation, which may even compromise the quality of life of this elderly person. (E4)

[...] they are all those syndromes caused "by age", either in the cognitive factor, cerebral, heart and all the systems that encompasses the human body; urinary, vascular, cerebral, all the body systems. (E3)

[...] is the set of signs and symptoms that affect the elderly, due to the natural conditions of their life cycle, such as fragility, depression, iatrogenesis, falls, dementia, may lead the elderly to social isolation and illness of the body and the mind. (E5)

In this regard, the Health Care Guidelines for the Elderly of the Primary Health Care warns about the remarkable need for health professionals assisting the elderly to know how to differentiate between the physiological process of aging (senescence) and pathology (senility), in order to avoid iatrogenesis in that population.¹⁹

Iatrogenesis is one of the main geriatric syndromes and results from the lack of the exact knowledge on the physiological process of aging and its peculiarities, which, in turn, produces an ineffective health care for the elderly.⁹

♦ Design of FHS nurses on UI

Considering that UI represents one of the great geriatric syndromes, with social and hygienic implications, this category intended to abstract the nurses' conception about UI. Given the speech fragments, all interviewees presented superficial and incomplete knowledge on UI, including confusion with fecal incontinence.

[...] any involuntary loss of urine. (E2)

[...] loss of urine or even evacuation in frequency and quantity, also, depending on quantity and frequency, are factors sufficient to generate social and hygienic problems. (E4)

[...] UI is caused by the physical inability to retain urine, and by urgency. (E3)

[...] the bladder, it loses bladder complacency, and involuntary loss of urine occurs, [...], pollakiuria and nocturia occur.

[...] many times, the person thinks he/she has UI and then puts diaper on [...] and often, he/she has a urinary infection and does not know, [...] he/she does

physiotherapy, [...] only 30% of the cases really do not have any solution, but few cases, the majority, at least the ones that we have at the moment in our health unit, we are able to control, with physiotherapy and walking.

[...] UI geriatric syndrome can lead to other pathologies, if not identified early as urinary tract infection, problems related to low self-esteem. So it is important for the team to be involved in the process to attend these clients more quickly, to intervene and to have a better quality of care. (E5)

It is worth highlighting the importance of the social and hygienic repercussions of UI, mentioned in the literature¹⁰ when defining it as "objectively demonstrated urine loss, which becomes a social and/or hygienic problem."

UI affects life, in a structural, social, mental, work and sexual way. The elderly, feeling ashamed, fail to carry out their daily and social activities, moving away from friends and relatives for fear that they will perceive their problem.²

♦ Conduct adopted in the management of UI by FHS nurses

It is extremely important to manage geriatric syndromes, and specifically UI in FHS, since Primary Health Care (PHC) is the gateway to care in a humanized and individualized way.¹⁵

The statements of the participants of this study showed that the behavior of most of them in relation to the elderly with UI usually occurs when they seek the FHS unit, a moment when they ineffectively evaluate the person with UI because, in the Evaluation of the incontinent elderly, there is no micturition diary, the micturition of time and nor the commanded ones, as recommended by the responsible organ.¹⁹

[...] as we work here in the unit with promotion, prevention, rehabilitation of people, of the user who is looking for us here [...] as nurse, I seek to carry out an investigation first, and so I propose family care according to the capacity of each elderly person. (E4)

[...] I investigate the possible causes, evaluate the medications in use, advise whenever possible on the practice of exercises of contraction of the perineal musculature, in case of diaper use, keep it dry and clean, I refer to specialists whenever necessary. (E2)

The relevance of self-care incentive in UI management in the elderly stands out, since health education focused on self-care is inherent to the nurse's profession. Only one of the interviewees mentioned the incentive to self-care:

[...] First, I try to see the cognitive factor; because, for all patients, it is very important to stimulate self-care [...] some patients have these impaired cognitive factors, before prescribing care plan. (E3)

Developing the autonomy and the responsibility of the elderly in the care with their health allows greater adhesion of the client to the treatment of their health condition. Also, the National Policy for the Health of the Elderly Person - PNSPI considers that the health of the elderly is not only the absence of organic diseases, but also their capacity to be independent and autonomous to perform the daily tasks.²⁰

♦ Facilitating and hindering factors for performing nursing care for the elderly with UI

The statements of most nurses allowed verifying that there is a partnership between the municipal agencies and the community, which facilitates nursing care for the users. In contradiction, as observed in the previous category, the elderly do not come to the service reporting signs of UI, which seems that, even though there is that partnership, there are gaps in the reception of the elderly by the surveyed FHS:

[...] what facilitates is the acceptance of the community of our work, if there is a good acceptance, they rely on our service [...] and the entire FHSN multiprofessional team.

[...] facilitators are the clinical evaluations of the doctor from the FHS [...] the Municipal Health Department making available examinations, consultation with specialists and referencing the elderly to CRASI/Montes Claros.

[...] the fundamental partnership of the municipal health department, and our health agents who pass us the cases. (E4)

However, the reports also demonstrated that there are difficulties that prevent them from providing more effective care, especially in the most deprived coverage areas. The lack of a vehicle to visit more distant areas and the lack of municipal protocol stood out as main impediments for the elderly's care. Furthermore, since UI generates social and hygienic damages, the elderly generally do not report it, either by fear or by shame:

[...] the difficulty, at the moment, is the distance from our unit, as an example I have neighborhoods and communities that are 4 km away, we do not always have a transport to take us, sometimes we use our own vehicle, anyway [...] we do not measure efforts for this in the face of community problems. (E4)

[...] there is no standard due to lack of municipal protocol, there is the protocol of the Ministry of Health, what we follow, this protocol, is non-existent. (E5)

[...] because the elderly person who has UI does not report it, most of them do not speak, by embarrassment [...] he/she is ashamed to say that he cannot hold urine, so we often cannot provide an adequate care because of this. [...]. (E6)

Comprehensive health care for the elderly is their right and must be ensured by the Unified Health System (SUS), guaranteeing continuous and egalitarian coverage in all health actions and services in order to prevent, promote, protect and recover their health at all levels of care.²¹

Therefore, the health system should offer support to the elderly, in case they need support for locomotion or transportation to enable their care.

CONCLUSION

Nursing care for the elderly with UI in the city of Bocaiúva (MG) presented weaknesses at both the macro as micro levels. In the first case, the difficulty of transportation for professionals to reach poorer communities and the absence of a specific municipal protocol for the uniform accomplishment of care for the elderly with UI in the FHS stood out. At the micro level, besides UI being a health problem often neglected by the elderly themselves, either from fear or shame, the superficial knowledge about UI by the interviewees was notable, even confusing it with fecal incontinence. Moreover, the activities of the interviewed professionals in relation to UI do not base on action of health promotion and disease prevention, since they often occur when the elderly seek the FHS unit.

Another important point was the fact that only one of the interviewees encouraged self-care in the management of UI. Such aspect allowed reflecting on the role of the interviewed professionals in self-care, a strategy inherent to the nurse's profession. In this sense, the study ratifies what the literature describes about the fact that UI in the elderly is a health problem neglected by health professionals, society in general and by the elderly themselves. Thus, the interviewed professionals need to know how to differentiate between senility and senescence, in order to offer better quality care to the elderly population and, consequently, to avoid iatrogenesis, associated with the lack of knowledge of health professionals on the physiological

process of aging associated with diseases and/or dysfunctions and their repercussions. Thus, in order to enable more resolute actions regarding nursing care for UI in the elderly, there should be the implementation of improvements in health care, specifically to that public, through the training of the FHS nurses, as well as the creation of a municipal protocol to support the behavior of those health professionals.

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