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UNDERREPORTING OF OLDER WOMEN'S URINARY CONTINENCE DURING HOSPITAL ADMISSION: WARD NURSES MISCONCEPTIONS, LACK OF KNOWLEDGE AND LIMITED CONTINENCE TRAINING

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Background

Approximately 40% of older community dwelling women experience urinary incontinence (UI); prevalence within secondary care is unknown, yet comorbidities, illness and hospital environment suggests a higher prevalence. This study aimed to establish UI prevalence in older women admitted to hospital and understand ward nurses views and knowledge of older women's UI.

Method

This mixed methods study was to establish UI prevalence using the nursing assessment (elimination) and ICD10 codes for women >55years admitted to hospital (November 2019 - February 2020); continence and demographic Electronic Patient Care Records data were extracted. 20 ward nurses participated in interviews to explore views, knowledge and perceptions of UI care. The NHS Health Research Authority provided Ethical approval.

Results

Only 10.9% (n=631) of the cohort (5757) were recorded as having UI. Nurse interviews revealed six themes: 1) Normalisation and misconceptions of UI: nurse normalised UI in older women and believed UI could not be improved, 2) Limited knowledge and training: All nurses demonstrated limited knowledge of UI and expressed the need for continence training, 3) Pad culture: Over reliance on continence pads, 4) Barriers to care: staffing issues were expressed as problematic and one of the main barriers to care, 5) UI under reporting: nurse stated that they would only class someone as incontinent of urine if they were completely incontinent and classed others as "having an accident", 6) Catheter use in relation to UI: catheter use were reported as a last resort but there was a lack of patient advice on removal.

Conclusion

As community UI prevalence is 40%, our results (10.9%) show that UI is being significantly underreported. Qualitative findings suggest that nurses have limited knowledge and training on continence care and underreport based on UI misconceptions. Our results suggest that ward nurses require dedicated UI training based on older women's needs.

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