



Determination of the Comfort Level and Self-Care Agency of the Women with Urinary Incontinence

Üriner İnkontinansı Olan Kadınların Konfor Düzeyi ve Öz Bakım Gücünün Belirlenmesi

Meltem Bozkurt¹, Evşen Nazik²

¹ Gaziantep Üniversitesi Şahinbey Araştırma ve Uygulama Hastanesi, Gaziantep, Türkiye

² Çukurova Üniversitesi Sağlık Bilimleri Fakültesi Hemşirelik Bölümü, Adana, Türkiye

Abstract

Objective: This study was carried out to determine the comfort level and self-care agency of women with urinary incontinence.

Material and Method: This descriptive and relationship seeker research was performed in a, gynecology services of a university hospital between February 2016-April 2018. A total of 124 women with urinary incontinence were included in the study. The data of the study were collected by using Personal Information Form, Urinary Incontinence and Urinary Frequency Comfort Scale and Self-Care Agency Scale. Data analysis was done using SPSS windows 24.0 package program.

Results: The mean score of Urinary Incontinence and Urinary Frequency Comfort Scale of the women with urinary incontinence was 3.35 ± 0.59 , and the mean score of Self-Care Agency Scale was 88.09 ± 14.59 . A statistically significant moderate positive correlation was detected between Urinary Incontinence and Frequency Comfort Scale and Self Care Agency Scale ($r=0.479$ $p=0.001$).

Conclusion: It was determined that there is a moderate relationship between the comfort level and self-care agency of women with urinary incontinence in the study.

Keywords: Comfort, self care, urinary incontinence

Öz

Amaç: Bu çalışma, üriner inkontinansı olan kadınların konfor düzeyi ve öz bakım gücünün belirlenmesi amacıyla yapılmıştır.

Gereç ve Yöntem: Tanımlayıcı ve ilişki arayıcı olarak yapılan çalışma, Şubat 2016-Nisan 2018 tarihleri arasında, bir üniversite hastanesinin Kadın Doğum Servisinde yapılmıştır. Araştırmaya 124 üriner inkontinansı olan kadın dahil edilmiştir. Verilerin toplanmasında "Kişisel Bilgi Formu", "Üriner İnkontinans & Üriner Sıklık Konfor Skalası" ve "Öz bakım Gücü Ölçeği" kullanılmıştır. Verilerin istatistiksel analizleri SPSS Windows version 24.0 paket programında yapılmıştır.

Bulgular: Üriner inkontinansı olan kadınların Üriner İnkontinans & Sıklık Konfor Skalası toplam puan ortalaması $3,35 \pm 0,59$ ve Öz Bakım Gücü Ölçeği toplam puan ortalaması $88,09 \pm 14,59$ olarak saptanmıştır. Üriner İnkontinans & Üriner Sıklık Konfor Skalası ile Öz Bakım Gücü Ölçeği arasında, istatistiksel olarak pozitif yönde orta şiddette anlamlı bir ilişki bulunmuştur ($r=0,479$ $p=0,001$).

Sonuç: Araştırmada üriner inkontinansı olan kadınların konfor düzeyi ile öz bakım gücü arasında orta düzeyde ilişki olduğu belirlenmiştir.

Anahtar Kelimeler: Konfor, öz bakım, üriner inkontinans



INTRODUCTION

Urinary incontinence (UI), which is a medical, hygienic and social problem affecting millions of individuals in the world, is defined as involuntary release of urine. The International Continence Society explained UI as involuntary loss of urine that can be objectively observed and causes social and hygienic problems.^[1,2] UI is a serious health problem that is seen 3-4 times more frequently in women than men, does not threaten life and has economic and emotional effects. The prevalence of UI in women in the literature varies based on age groups, while it is reported between 12% and 53%.^[3-5] Studies conducted in Turkey have reported this prevalence to vary between 16% and 69%.^[6-8] UI, which is usually observed in middle-aged and elderly women, is perceived as a normal consequence of ageing, affects the quality of life and sexual functions of women negatively, leads their physical and social lives to be limited and disrupts their comfort.^[9-18] Studies have determined that women with UI hide their complaints although their comfort is disrupted, they generally do not visit health institutions, and they try to cope with this problem themselves.^[16,18,19]

The primarily preferred approach in the treatment of UI is achievement of lifestyle change. Lifestyle changes consist of various self-care activities including avoiding foods and drinks that irritate the bladder, regulating fluid intake, gaining and maintaining toilet habits, achieving and sustaining an appropriate weight, quitting smoking and managing constipation.^[20,21] Self-care involves individuals fulfilling their responsibilities to personally preserve their lives, health and wellbeing. Self-care agency is the capacity of the individual to start and implement health practices to maintain their life, health and wellbeing. For a healthy individual to be able to meet their basic needs and perform their daily life activities, they need to have sufficient self-care agency.^[22] Self-care agency is also important in urinary incontinence, whereas a study conducted by Esparza et al. (2018) emphasized that appropriate self-care strategies need to be developed in coping with urinary incontinence.^[23]

Detection of UI which affects the comfort of women negatively in the early period and performance of the appropriate interventions will provide significant contributions to improvement of women's health. Some of the most important healthcare personnel who will provide this contribution are nurses. Nurses play an active role in the diagnosis and treatment of the problem of incontinence and in increasing the quality of care.^[24] It is seen that various studies have been conducted in the literature on women who had UI.^[9-18] However, studies examining comfort and self-care agency have not been encountered. This study was conducted to determine the comfort levels and self-care agency of women with urinary incontinence.

Research questions:

1. What are the comfort levels of women with urinary incontinence?
2. What are the self-care agency levels of women with urinary incontinence?

3. Is there a relationship between the comfort levels and self-care agency of women with urinary incontinence?

MATERIAL AND METHOD

Type of the Study

This is a descriptive and correlational study conducted to determine the comfort levels and self-care agency of women who have UI.

Population and Sample

The study was conducted at the gynecology services of a university hospital between February 2016 and April 2018. The population of this study consisted of the inpatients of this hospital with the diagnosis of UI.

The sample of the study included women who were selected with the non-probability sampling method of random sampling, were hospitalized at the gynecology service of the aforementioned hospital with the diagnosis of UI, met the inclusion criteria of the study and agreed to participate in the study.

The inclusion criteria were as follows:

- Being at or over the age of 18,
- Not having had any surgical operation due to UI,
- Not having difficulty in communication or a diagnosed psychiatric disease,
- Being able to understand and speak Turkish.

Power analysis was conducted in the G*Power software to calculate the sample size. Based on the study by Zengin (2008), with a 95% power and a 5% error rate, it was determined that at least 105 women needed to be included.^[2] By considering the possibility of the women to want to leave the study and fill out the questionnaire forms incompletely, the study was conducted with 124 women.

Data Collection

The data were collected by the researcher with the face-to-face interview method between February 2016 and April 2018 at the gynecology services of the specified hospital, and each interview lasted for about 20.

Data Collection Instruments

The data were collected using a "Personal Information Form" 1 on the descriptive characteristics of the participants, the "Urinary Incontinence and Urinary Frequency Comfort Scale" to assess comfort and the "Self-Care Agency Scale" to assess self-care.

Personal Information Form

It consisted of 25 questions on the sociodemographic (age, education status, employment status, health insurance status, income level, marital status, duration of marriage), obstetric (number of pregnancies, age of pregnancy, form of delivery, etc.) and UI diagnosis-related (type of incontinence, duration of complaints, precautions taken, etc.) characteristics, their cigarette/alcohol use status and chronic disease status.

Urinary Incontinence and Urinary Frequency Comfort Scale

It was developed by Dowd et al. (2000) to assess the comfort of the individual experiencing problems of urinary incontinence and frequent urination by utilizing the General Comfort Scale of Kolcaba.^[25] Its validity and reliability in Turkey were tested by Zengin (2008).^[12] The scale is a 28-item 6-point Likert-type scale with options ranging from “absolutely disagree” to “absolutely” agree. 16 of the expressions in the items are positive (1, 2, 4, 9, 11, 12, 13, 15, 16, 17, 23, 24, 25, 26, 27, 28), 12 are negative (3, 5, 6, 7, 8, 10, 14, 18, 19, 20, 21, 22), and the negative items are inversely scored in calculation of the total score. The lowest and highest possible total scores in the scale are 28 and 168. However, while assessing the scale, by dividing the total score by the number of items, an average score is obtained, and the result is evaluated in the range of 1-6. Low scores indicate poor comfort, whereas high scores indicate good comfort. The Cronbach's alpha value of the scale in its reliability study was determined as 0.77. In this study, the Cronbach's alpha value was calculated as 0.84.

Self-Care Agency Scale

The Self-Care Agency Scale developed by Kearney and Fleisher in 1979 consists of 43 items.^[26] Nahcivan adapted the scale into the Turkish society by conducting a validity and reliability study on the scale with healthy young people in 1993.^[27] The scale adapted to the Turkish society is a 35-item, 5-point Likert-type scale. Each item has the options of “does not define me at all”, “somehow does not define me”, “undecided”, “somehow defines me” and “defines me a lot.” In the scale translated into Turkish, items 3, 6, 9, 13, 19, 22, 26 and 31 are negatively and the other items are positively scored. The positive expressions in the scale are scored as 0, 1, 2, 3, 4 points, while the negative ones are scored as 4, 3, 2, 1, 0 points, respectively. The minimum and maximum total scores in the scale are 35 and 140. High scores indicate high levels of self-care agency. The Cronbach's alpha value of the scale was reported as 0.89. In this study, the Cronbach's alpha value of it was found as 0.81.

Data Analysis

The SPSS Windows version 24.0 package program was used for the statistical analyses. As the descriptive statistics, mean±standard deviation for the numerical variables and frequency and % for the categorical variables are presented. The relationship between the numerical variables was determined by Spearman's correlation analysis. Cronbach's alpha coefficients were calculated to test validity and reliability. $p < 0.05$ was accepted as statistically significant.

Ethical Aspects

Before starting the study, the protocol was submitted to the Non-Interventional Clinical Studies Ethics Board of the School of Medicine at Çukurova University, and approval was obtained (06-11-2015/45). Additionally, written permission was also obtained from the institution where the study was conducted. To protect the rights of the women included in

the study, information was provided to the participants about the purpose of the study before data collection, and those who volunteered were included. The “autonomy” principle was followed by stating that the women could leave the study whenever they wanted, while the “confidentiality and protection of privacy” principle was followed by assuring them that their individual information would be protected. By stating that the identity of the obtained information and the respondent would be kept hidden, the principle of “anonymity and security” was complied with.

RESULTS

The following findings were obtained in the study that was conducted to determine the comfort levels and self-care agency of women with urinary incontinence.

Sample Characteristics

The mean age of the participants was 48.03 ± 7.78 (range: 18-62), 84.7% were at or over the age of 40, 38.7% were primary school graduates, and 83.9% were not working. Among the women, 88.7% had health insurance, 72.6% had moderate income levels, 78.2% were married, and the duration of marriage of 62.5% was 21 years or longer (**Table 1**).

Table 1. Distribution of the Sociodemographic Characteristics of the Women with Urinary Incontinence (N=124)

Sociodemographic Characteristics	Frequency	Percentage
Age		
39 years or younger	19	15.3
40 years or older	105	84.7
Education Level		
Illiterate	12	9.7
Literate	34	27.4
Primary School	48	38.7
Secondary School	13	10.5
High School	13	10.5
University or higher	4	3.2
Employment Status		
Working	20	16.1
Not working	104	83.9
Has Health Insurance		
Yes	110	88.7
No	14	11.3
Income Level		
Good	9	7.3
Moderate	90	72.6
Bad	25	20.1
Marital Status		
Married	97	78.2
Single	27	21.8
Duration of Marriage		
1-5 year(s)	5	5.2
6-10 years	7	7.3
11-15 years	7	7.3
16-20 years	18	17.7
21 years or longer	60	62.5

Considering the obstetric and gynecological characteristics of the participants, it was determined that the total number of pregnancies of 65.3% of the women was 4 or higher, while the total number of births of 44.9% was 4 or higher. 55.1% had their first birth at the ages of 19-24. 66.1% of the women had normal delivery, and 94.1% did not have multiple gestation. 67.7% had not had any gynecological operation before, and 57.3% had not entered menopause. Among those who had entered menopause, it was found that 37.7% entered menopause in the age range of 46-50.

Among the included women, 36.3% were overweight, 74.2% did not smoke, 54.5% of the smokers smoked 20 cigarettes a day, 92.7% never used alcohol, 51.6% did not have a chronic disease, and 41.7% of those with chronic diseases had hypertension.

Considering the UI-related findings of the participants, it was found that 36.3% of the women experienced stress urinary incontinence, 71.8% had complaints of urinary incontinence for 1-5 year(s), 46% experienced incontinence more than once a day. It was determined that 85.5% of the women took precautions about their problem of urinary incontinence. 52.8% said they went to the toilet frequently as a precaution, while 49.1% stated that they reduced their fluid intake (Table 2).

Table 2. Distribution of the UI-Related Characteristics of the Women with Urinary Incontinence (N=124)

Incontinence-related characteristics	n	%
Type of Incontinence		
Urge Incontinence	38	30.6
Stress Incontinence	45	36.3
Mixed type	41	33.1
Duration of Incontinence		
1-5 year(s)	89	71.8
6-10 years	25	20.1
11 years or longer	10	8.1
Frequency of Incontinence		
Once a day	30	24.2
More than once a day	57	46.0
Once a week	13	10.5
More than once a week	24	19.4
Takes Precaution		
Yes	106	85.5
No	18	14.5
Precaution Taken*		
Using protective pads	28	26.4
Going to the toilet frequently	56	52.8
Intaking less fluids	52	49.1
Sitting near the toilet	30	28.3

*Multiple choices were allowed.

Relationship between Comfort and Self-Care Agency

Table 2 shows the total mean scores of the Urinary Incontinence and Urinary Frequency Comfort Scale and the Self-Care Agency Scale. The mean total scores of the women with UI from these scales were 3.35±0.59 and 88.09±14.59, respectively (Table 3).

Table 3. Distribution of Mean Scores in the Urinary Incontinence and Urinary Frequency Comfort Scale and the Self-Care Agency Scale

Scales	Med	Min-Max	X±SD
Urinary Incontinence and Urinary Frequency Comfort Scale	3	1-6	3.35±0.59
Self-Care Agency Scale	89	54-116	88.09±14.59

The Spearman's rank correlation value between the mean scores of the Urinary Incontinence and Urinary Frequency Comfort Scale and the Self-Care Agency Scale was found as r=0.479 (p=0.001), which indicated a moderate, positive and significant relationship between the two scales (Table 4).

Table 4. Relationship between the Urinary Incontinence and Urinary Frequency Comfort Scale and the Self-Care Agency Scale

Scales	Urinary Incontinence and Urinary Frequency Comfort Scale		
	n	r	P
Self-Care Agency Scale	124	0.479*	0.001**

DISCUSSION

UI is one of the significant gynecological disorders that disrupt the health status of women and affect their quality of life. It was determined that, among the women who participated in the study, 36.3% experienced stress urinary incontinence (SUI), 33.1% experienced mixed urinary incontinence (MUI), and 30.6% experienced urge incontinence (UI). It was found that SUI was seen more frequently in the participants. Öztürk et al. (2012) found urge incontinence to be the most frequent type of incontinence, Terzi et al. (2013) observed MUI most frequently, followed by SUI in women, and in the study by Dinç and Özer (2019), the most frequently seen incontinence type was SUI (54.2%).^[28-30] While the most frequently observed type of incontinence was MUI in some studies, it was SUI in some others. It is thought that this difference was caused by that these studies were conducted on different age groups.

In the study, 85.5% of the participants stated that they took precautions about UI. These precautions were determined as going to the toilet frequently, using protective pads, intaking less fluids and sitting near the toilet. According to the study by Demir and Kızılkaya (2015), the precautions of women related to UI included looking for a toilet that could be reached immediately at unknown places by 69.5%, frequent underwear change by 60.6%, using pads, fabrics, cotton, etc. by 57.2%, keeping the feet warm by 46.2%, going to the toilet frequently by 36%, not lifting heavy weights by 24%, taking frequent baths by 24%, and visiting only places that have toilets by 23.3%.^[13] Esparza et al. (2018) determined that women and men with UI performed self-care activities like taking a bath, wearing comfortable clothes, finding the location of toilets outside the home, controlling fluid intake and using incontinence pads. The findings of this study were similar to those in the literature.^[23] In this study, the mean total score of the women in the Urinary Incontinence and Urinary Frequency Comfort Scale was found as 3.35±0.59. This scale has a minimum score of 1 and a maximum score of 6.

Low scores indicate poor comfort, while high scores indicate good comfort. In this study, the comfort levels of the women who had UI were found to be moderate. Likewise, Rassin et al. also found the comfort levels of women with UI as moderate (2.95 ± 0.04).^[31] Studies have reported that UI affects the comfort, and therefore the quality of life, of women negatively.^[2,15-17] Comfort is an important component of quality of life, and when the lives of individuals are more comfortable, their quality of life increases. It is considered that the physical, psychological and social effects of UI influence the comfort of the woman negatively.

In this study, the mean total score of the participants in the Self-Care Agency Scale was determined as 88.09 ± 14.59 . The lowest and highest possible scores in this scale are 35 and 140. High total scores in the scale indicate that the individual is independent and capable in performing their self-care. In this study, the self-care agency levels of the women with UI were found to be moderate. An individual with sufficient self-care agency can meet their self-care needs, take the responsibility of their own health and perform life activities without dependence on others. Although urinary incontinence is not a life-threatening problem, it negatively affects quality of life due to constantly being wet and having irritation and leads to economic, social and emotional problems.^[32,33] Better self-care of women may help them seek treatment for urinary incontinence and cope more effectively with the problems they experience.

In this study, a moderate, positive and significant relationship was found between the mean scores of the Urinary Incontinence and Urinary Frequency Comfort Scale and the Self-Care Agency Scale. This result showed that, as the self-care agency of the women increased, their comfort levels also increased. Self-care involves personal fulfillment of one's own responsibilities to protect own life, health and wellbeing. Self-care agency is defined as the capacity of the individual to start and implement health activities to maintain their life, health and wellbeing. In UI, avoiding foods and drinks that irritate the bladder, regulating fluid intake, gaining toilet habits, having an ideal body weight, quitting smoking and preventing constipation are among self-care activities. If women who have UI can perform these self-care activities, their UI-related problems may decrease, and their comfort may increase. No studies investigating both the self-care and comfort of women with UI could be encountered in the literature. However, there are studies which determined that self-care training given to those with UI increased their quality of life.^[34,35] Therefore, it is believed that it is needed to assess the self-care agency levels of women to be able to increase their comfort, and therefore, their quality of life.

CONCLUSION

In this study that was carried out to determine comfort levels and self-care agency in women with UI, it was determined that the participants had moderate levels of comfort and self-care agency, and as their self-care agency increased, their comfort levels also increased. In line with these results, nurses may

be recommended to assess the comfort levels and self-care agency of women who have UI, provide training for women regarding information on and prevention of incontinence and offer counselling towards increasing women's comfort levels and self-care agency.

ETHICAL STATEMENTS

Ethics Board Approval: Before starting the study, the protocol was submitted to the Non-Interventional Clinical Studies Ethics Board of the School of Medicine at Çukurova University, and approval was obtained (06-11-2015/45).

Informed Consent: Written consent was obtained from the patients who participated in this study.

Reviewer Assessment Process: External double-blind reviewer assessment.

Conflict of Interest Status: The authors state that they do not have any conflict of interest regarding this study.

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Author Contribution: All authors participated in the design, implementation and analysis of the study and approve the final version of the manuscript.

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