What choices in care for the incontinent?

Urinary and faecal incontinence affect many millions of people yet much remains to be done before they can all be properly cared for and the incidence of the conditions can be significantly diminished. The author discusses the situation in the light of a comparison of nursing initiatives in Denmark and the United Kingdom.

Incontinence affects many millions of people in a wide range of age groups. It is not specifically associated with aging. However, if more attention were devoted to its prevention and early detection a decline in its prevalence among older people would undoubtedly occur.

During the past decade in the United Kingdom more than 300 continence advisers were appointed and district continence advisory services were set up. Specialist nursing posts were also established in Australia, Canada, New Zealand, Sweden, and the USA.

A comparison has been made of nursing initiatives for the promotion and management of continence in Denmark and the United Kingdom. The largest study on the prevalence of urinary incontinence in the United Kingdom revealed that 5% of the subjects aged 15–64 and 9% of those aged 65 or over who replied to a postal questionnaire on unrecognized incontinence considered that they suffered from incontinence (1). That was over a decade ago, and it would be of interest to establish whether, in response to improved medical and nursing practices, fewer people are now becoming incontinent. In Denmark no large-scale prevalence studies on either urinary or faecal incontinence have been undertaken; however, it has been estimated that in Sweden some 300 000 women and 100 000 men suffer from urinary incontinence.

Organization of services

Incontinence has been formally recognized as a health issue in the United Kingdom but no evaluation of the country’s continence advisory services has been undertaken. Without clinical evidence it cannot yet be recommended that other countries should appoint clinical nurse specialists in this field. Denmark does not have clinical nurse specialists specifically for patients who are incontinent. Indeed the philosophy of nursing education and clinical practice in
this country supports a generalist rather than a specialist approach. Clinical practices in one country’s health service are not necessarily appropriate elsewhere and should not be transferred without question. In Denmark it would be useful to identify

There is a need to compare the effectiveness of specialist and generalist nursing practices in the management of incontinence.

which nurses and health care professionals are looking after people who are incontinent; a nurse at national level and one in each county and/or municipality could be made responsible for ensuring that clinical practices are established for the management of incontinence and the promotion of continence. Such practices could develop specific standards of care, the quality of which could be evaluated for all client groups.

In the United Kingdom there are two centres (the district health authority and general practitioner prescribing) for the provision of aids and appliances for patients in the community, whereas in Denmark there is only one. A single centre appears more logical and efficient, and the United Kingdom could perhaps benefit from studying this arrangement.

Education

With regard to nursing education, Denmark prefers a generalist approach, the United Kingdom a degree of specialization. The training of both nursing and medical students in both countries should cover the management and promotion of continence; continuing education would be a further possibility. In Denmark the nursing curriculum is not explicit as to the inclusion of incontinence, either at the basic or advanced level. In the United Kingdom, on the other hand, a course on the subject is widely available to all qualified nurses as part of their continuing education.

It is desirable that professional organizations and self-help groups for sufferers should continue to develop in both countries so as to raise public awareness about incontinence and encourage people to seek advice and help. Professional organizations can also disseminate new information. Clearly, a prerequisite is that incontinence be formally recognized nationally as a health issue.

Research

Research on incontinence has been predominantly concerned with medical treatment. However nurses in both Denmark and the United Kingdom are evaluating aids and appliances used in the management of incontinence, and are also assessing teaching programmes for patients on the management and promotion of continence. It would be useful to evaluate the continence advisory services in the United Kingdom and to compare the outcomes of nursing practices in this country, where a specialist approach is favoured, and Denmark, where a generalist approach prevails. Only on this basis could recommendations be made on the development of clinical nursing practice for the promotion and management of continence.

* * *

Incontinence should be formally recognized as an important health issue so that much-needed medical and nursing developments
can be initiated in this field. Efforts should continue in order to increase public awareness and education about incontinence, in the hope that sufferers will be encouraged to seek professional help. Nurses should be made responsible at national and local levels for establishing effective clinical nursing practices of high quality to manage incontinence and promote continence. Formal education about incontinence should be given during the basic preparation of both medical and nursing students, and continuing education in this field should be available.

International cooperation is clearly desirable in the supply and distribution of aids and appliances, and also in respect of the costs of the centres responsible for these items.

Further research should be conducted by nurses into all aspects of the promotion of continence and the management of incontinence. In particular there is a need to evaluate the continence advisory services in the United Kingdom and to compare the effectiveness of specialist and generalist nursing practices in the management of incontinence.

Reference


Acknowledgements

I am grateful to the World Health Organization for the Fellowship that made the present work possible and to colleagues in Denmark for their hospitality and advice.

How health professionals view their clients

Community involvement in health development calls for the members of the community, both as individuals and collectively, to be involved in the process of decision-making for health and health development. For this to have any real meaning, there must be a new kind of relationship between health personnel and their clients. Clients must be seen, not as people who are acted upon, passive recipients of the diagnosis and treatment dispensed by the health professional, but as active partners in the matter of curing disease and promoting health.