

# **Mapping Out The Consequences of Urinary Incontinence Among Elderly Women Living At Home:LiteratureReview**

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<p><b>Abstract</b></p> <p>The aim of this study is to map out the psychological and social impact of urinary incontinence among elderly women living at home. This study answers the following (2) research questions so as to investigate the result. The research questions were formulated as such; What kind of consequence does urinary incontinence have on the Psychological Well-being of elderly women living at home? What kind of consequence does urinary incontinence have on the Social well-being of elderly women living at home? The theoretical framework used is ‘Self-determination theory’. The theory gave green light to elderly women to foster wellbeing and improve their quality of life. This study was a qualitative content analysis method and deductive content analysis was used to analyze the result (Literature review).</p> <p>The result was in two parts the psychological consequences and the social as well. The findings indicated a great impact of the psychological consequences most especially depression, embarrassment and deterioration of health status affecting the wellbeing of the elderly. While on the social consequences, social restriction and loneliness was seen as one of the major consequences besides, others graving the wellbeing and quality of life for the elderly women.</p> <p>To conclude, this study observed that urinary incontinence is having great psychological and social consequences to the wellbeing of elderly women living at home. The psychological and social impacts were an outcome to barriers of help seeking. The psychological impacts mostly felt were depression, embarrassment and deterioration of health status. The social consequence that had great impact was social restriction and loneliness despite these, there were other consequences impacting the elderly women’s wellbeing but, not as much as the case of social restriction and loneliness.</p>	
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## FOREWORD

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# 1 INTRODUCTION

This study explores the consequences of urinary incontinence on the psychological and social wellbeing of the elderly women living at home. This area of study has been of great problem within our society especially as the baby boomer population is growing older. As the population is growing older the prevalence of other health problems makes the quality of life and wellbeing of the elderly women challenging. The term urinary incontinence is defined by the International Continence Society as “A complaint of any involuntary leakage of urine that is a social or hygienic problem” (Barentsen et al. 2012). Lucas et al explained:

Urinary incontinence (IU) is an extremely common complaint in all parts of the world. It causes a great deal of distress and embarrassment, as well as significant cost, to both victims and societies. Estimates of prevalence differ according to the definition of incontinence being used and the populations being studied. Thus, this makes it to be a kind of universal agreement about the importance of the problem, both in terms of human suffering and economic cost.

Due to the effect this illness has on the wellbeing of the elderly population. This study aims to assess the consequences of urinary incontinence on the psychological and social wellbeing among the elderly women living at home. “It is valuable promoting old age health and welfare and providing necessary rehabilitation because: promoting the health and wellbeing of the elderly helps them to live independently and healthily at home, and to function as active members of the community and society in general” (MSAH,2008).

As a result of the increase of elderly women suffering from this problem, there is the need to explore the impact this symptom has on their health and wellbeing. So far, it is noted that urinary incontinence has some psychological likewise some social consequences on the wellbeing of people suffering from it. One should bear in mind that this illness is not a one-size- fit event, it affects women differently. This can be felt from different dimensions in the sphere of one’s life. For example, looking at the consequences broadly, the impact is felt on the social, economic, mental and psychological wellbeing of women. As a result of the effects this symptom has on women, this area of study merits consideration. This research therefore assesses the social and psychological impact of urinary incontinence on the elderly women living at home.

The relevance of the study can be viewed from two dimensional angles. The very first is to look at the kind of consequences urinary incontinence has on the psychological well-

being of elderly women living at home. Secondly, this study explores the consequences urinary incontinence has on the social wellbeing of elderly women living at home. For example, 'it is estimated that less than half of the adults with moderate or severe urinary incontinence seek help from health care providers. The barriers to seeking help include embarrassment, lack of awareness of treatments options or a perception that urinary incontinence is a normal part of ageing. According to the study by Buckley et al (2007) they report that incontinence in the domain of disability is a serious problem. Adults with disability frequently reported that incontinence occurrence was both assumed by the professionals and patients to be related to their disability; as such no appropriate investigation was made. Hence, addressing the root cause of this problem will make the patients and their family members aware of the effects this symptom has on their wellbeing of their elderly patients?

## **2 BACKGROUND**

This chapter reviews previous studies that have been conducted which relates to this current study. Furthermore, the background will include the following; urinary incontinence and women, types of urinary incontinence, those at risk of urinary incontinence, the concept of well-being and its other components will also be clarified.

### **2.1 Urinary Incontinence and Women**

Urinary incontinence (IU) has been defined by the International Continence Society as a symptom: 'the complaint of any involuntary leakage of urine' or by observation as urine leakage seen during examination. Although, not exclusive by women, IU is known to be substantially more common amongst women than men. IU not only affects a woman's physical wellbeing, it equally has significant impact on the psychological and socio-economic aspects of a woman's life. (Botlero2008)

Prevalence of urinary incontinence in women living in the community increases with age. Current national estimates are that more than 20 million women have urinary incontinence or have experienced it at some point. For women stress incontinence reduces with age, whereas urge incontinence increases with age. Apparently, the increase rate of urinary incontinence in nursing homes is much higher than the case seen in community. (National Institute of Health 2007)

## **2.2 Types of Incontinence**

Urinary incontinence is a common health problem among elderly women. Most of the articles read concerning this study, indicate there exist several types of urinary incontinence. Hannestad et al (2003) states the prevalence of severe incontinence and the various subtypes of incontinence varied according to the different factors in a way similar to that for any incontinence. An exception to this case is stress incontinence, which was mostly seen prevalent among middle-aged than among older women.

### **2.2.1 Stress Incontinence**

This type of urinary incontinence occurs when there is the occurrence of involuntary leakage of urine. This may be provoked when there is an exertion or pressure on the abdomen causing the bladder to lose urine out. This happens especially when the person is affected with a fit of cough or sneezing. Some of the causes that have led to this type of urinary incontinence are; urethral hyper mobility due to weakened pelvic floor muscles, pregnancy, intrinsic sphincter deficiency and aging have all been observed to be the causes of stress urinary incontinence. (Herbruck, 2008)

### **2.2.2 Urge Incontinence and Mixed Incontinence**

This type of incontinence is observed when there is involuntary leakage of urine immediately preceded or accompanied by urgency. A common cause of urge incontinence is inappropriate bladder contraction. Normally, people who suffer from this type of incontinence always have a sudden sensation or a need to go and urinate. In this process with their inability to get or reach the toilet before time will result to involuntary leakage. There are some causes to the prevalence of this symptom for example overactive blad-



der, detrusor over activity, spontaneous contraction, bladder infections, and nerve damage from stroke, dementia and multiple sclerosis (Herbruck, 2008).

Mixed incontinence is very common and occurs when symptoms of both stress and urgency types of incontinence are present. With mixed incontinence leakage can occur with effort on exertion, sneezing and coughing. When this type of incontinence occurs, the one which appears to be most bothersome to the individual is the type which is treated first. (Herbruck, 2008)

### **2.2.3 Functional Incontinence and Overflow Incontinence**

Functional incontinence is caused by factors outside the urinary tract and refers to urine loss resulting from inability (or sometimes unwillingness) to get to a toilet due to, certain diseases like stroke and severe arthritis (Du Moulin et al. 2009). There are some persons who because of physical disability cannot locate the toilet on time. This leaves them with no choice than to empty the bladder. Hence, functional incontinence is as a result of medical and physical conditions. Causes of this type of urinary incontinence are diseases such as; Parkinson's disease, Alzheimer's disease, severe depression and severe arthritic conditions (Herbruck, 2008).

Overflow incontinence happens when the bladder does not empty properly. This causes leaks, dribble and hesitancy. Overflow incontinence is rare in women. This urinary incontinence causes urethral blockage hindering passage of urine from the bladder, weakened bladder contractions due to diabetes mellitus or neurologic disorder (Herbruck, 2008).

### **2.2.4 Incontinence and Living at Home**

Home care can be conceived of as any care provided behind someone's front door or out of a hospital setting. More specifically, it refers to services rendered enabling people to stay in their home environment. As to the types of services, home care may be referred to care given only by professionals or in combination with care given by a spouse or relatives (Boerma et al 2012). Urinary incontinence is a major health problem affecting the elderly especially women as they progress in age. Age is seen as one of the risk

factors for urinary incontinence. As a result of an increased aging population, there have been increased reported cases of different illnesses. Du Moulin et al. (2009) note that “with the shift toward healthcare delivery in the home setting. It is necessary for home health care workers to be acquainted with treatment and management strategies to help patients suffering from urinary incontinence at home”. MSAH (2008) mentioned that adequate homecare and sheltered housing with 24 hour assistance, in line with new services will reduce the need for long-term institutional care for the elderly population.

### **2.2.5 Earlier studies**

This section explores other researchers conducted on this topic. The following studies present what is already known about this topic.

Kwon et al (2010) reviewed studies that have examined women’s quality of life related to urinary incontinence. The article makes recommendation for further research by stating that further studies are necessary on the factors related to quality of life among women with incontinence with a comprehensive assessment of risk factors, including obstetric factors. This article is relevant to this study as it gives more sources to analyse in relation to the quality of life for women suffering from urinary incontinence. It listed some of the factors impacting women’s lives through urinary incontinence. The limitation presented in this article is that all studies of interventions were conducted only for women with stress UI. Thus, it is necessary to develop various interventions for other types of UI. (Kwon et al. 2010)

Kim et al. (2007) evaluate the effectiveness of pelvic floor muscle (PFM) and fitness exercises in reducing urine leakage in elderly women with stress urinary incontinence. This article is important in the current study since it discusses the effects of urinary incontinence on women’s pelvic muscles.

Asoglu et al (2014) study investigates the effect urinary incontinence subtypes is having on women’s quality of life including their sexual life and psychosocial state. This study adds to this current research as it aims to analyze the psychological and social consequences of urinary incontinence.

Sinclair & Ramsay (2011) study sets out to understand how urinary incontinence affects women in every aspect of their lives. Also, the study explored how women's quality of life can be measured when suffering from urinary incontinence. More so, the study explored how the types of urinary incontinence can have an influence on women's quality of life.

Teunissen & Largo-Janssen (2004) in their study aimed to analyze gender differences in help-seeking behavior in elderly people with urinary incontinence, focusing on disorder and patient factors. It will help the care workers to address the specific needs not only for female who suffer the most from this problem likewise men who suffer much discomfort since they are not used to wearing absorbent products from the onset like women do. One of the limitation of this previous study is the number of male patients with UI included in the study is quite low. This study focused on uncomplicated incontinence. One of the reasons for the low number of male patients in our study is that so many male patients had to be excluded because of a neurological disease (Teunissen & Largo-Janssen 2004).

Most of the articles used in the background of this study focus on the impact of urinary incontinence on the quality of life of the elderly. From their findings and discussions, the articles did not provide the consequences of urinary incontinence specifically to the social and psychological well-being of the elderly especially those living at home. Thus, it was difficult to find sufficient information on urinary incontinence and wellbeing of the elderly women, meaning that relatively less has been done within this area. Therefore, this present study focuses on consequences of urinary incontinence.

### **3 THE STUDY**

A detailed understanding of the prevalence and incidence of UI in women is an essential step in reducing the huge impact of this condition (Botlero et al. 2008). The aim of the study is to map out the psychological and social impact of urinary incontinence among elderly women living at home. This study answers the following research questions.

1. What kind of consequence does urinary incontinence have on the Psychological Well-being of elderly women living at home?
2. What kind of consequence does urinary incontinence have on the Social well-being of elderly women living at home?

## **4 TREATMENT AND INCONTINENCE**

This sickness is most common among women and there are several tests to be done to know the severity of incontinence before the administration of any therapy. Urinary incontinence just like any other disease has undergone several researches. This study discusses some of the available treatments for urinary incontinence. It is worth noting that before any treatment is given to a person suffering from urinary incontinence a test is conducted to diagnose the type of incontinence so as to give the appropriate treatment to the patient. The treatments available will be placed under the following headings. For example, medication, surgical implanted stimulator, physiotherapy; electrical stimulation, behavioural therapy, electro therapy and other methods or management procedures.

### **4.1 Medication**

Urgency incontinence is stressful for some elderly and medication is needed to get symptoms under control. Some examples of these medications are oxybutynin (Ditropan), tolterodine (Detrol), fesoterodine (Toviaz), trospium (Sanctura), solifenacin (VESicare), darifenacin (Enablex), and mirabegron. For these medications to work effectively they should be combined with bladder training. Some patients take medications temporarily, until symptoms improve, whereas, others take medication permanently. (Debeau, 2013)

Botox Botulinum toxin A, also known as Botox, is a toxin produced by a bacterium that temporarily paralyses muscles. Studies have examined using injections of Botox into the bladder as a treatment for urgency incontinence, for people who have not responded to other treatments. Botulinum toxin A is as effective as oral medication in decreasing leakage and more effective in eliminating urinary incontinence altogether. However, it should be noted that botulinum toxin A still stand a risk as the bladder of the victim may

not be able to void urine out from the bladder. However, the side effects are usually temporary. The decrease in leakage with botulinum toxin A injection can last six months or longer. (Debeau, 2013)

## **4.2 Surgical implanted stimulator**

A sacral nerve stimulator is a device about the size of a pacemaker, it can be surgically implanted. The device usually is placed under the skin in the upper buttock, and is connected with wires to a nerve the (sacral nerve) in the lower back. The devices send electrical pulses to the sacral nerves; this seems to help people with severe symptoms of urgency incontinence. Normally, there exist risks to this surgery as it gives pain at the side where the stimulator is implanted in the buttocks. (Debeau 2013)

Surgical treatments, surgery offers the highest cure rate of any treatment for stress urinary incontinence, even in elderly women. There are many surgical procedures available for the treatment of stress incontinence. Each of these procedures has its own risks, benefits, complications, and chance of failure. Before a patient goes in for treatment they should be in the position to discuss the treatment options and the procedure what it all entails. (Debeau, 2013)

## **4.3 Physiotherapies and Electrical stimulation**

Physiotherapy is known as one of the several methods involved in the treatment of urinary incontinence. The International Continence Society recommended physical therapy as first-line treatment for urinary incontinence (UI) because it promotes good results, has low costs, is minimally invasive and has a low rate of side effect. Another possibility for treatment is surface electrical stimulation (SES) which can promote pelvic floor muscle contraction, increasing its strength and improving SUI. This treatment is cheap, less embarrassing and does not require sterilization. (Correia et al., 2013)

## **4.4 Behavioral Treatments and Absorbent Products**

Behavioral treatments are conservative measures and are the first treatment option for patients with stress and urge incontinence. Behavioral treatments include; bladder training, pelvic muscle exercises, biofeedback and cognitive therapy. With bladder training it helps the individual from going to the toilet less frequently. Bladder training can be seen from two dimensions, going to the bathroom on schedule and also using strategies to control your bladder from urgent urine. This as a whole involves some time to practice. However, people with dementia and some other health cognitive complications cannot practice this. For such group of people they need to be reminded on their schedule time to void urine. (National Institute of Health, 2007)

Absorbent products (diapers, panty liners and pads) are the most commonly used incontinence product, and can be used to help manage any type of incontinence. These absorbent products should be noted are strictly not treatments recommended for urinary incontinence. These products can be described as ‘passive orientation problem’ solving. These therapies are temporal as they cannot be seen as permanent solution to the symptom. A majority of the elderly women at home rely on the usage of this type of products to manage their urine leakage. (National Institute of Health, 2007)

### **4.4.1 Urinary incontinence and risk factors**

Although risk factors are incompletely understood, the identification of risk factors is vital for targeting proper measures and identifying possible causes. Study populations enriched for problems related to faecal and urinary incontinence may lay the ground for special opportunities for studies of the causes, prevention, detection, and management of faecal and urinary incontinence. (National institute of Health 2007)

Epidemiological research has shown several factors associated with urinary incontinence in women, the most commonly finding been reported was being age, pregnancy and childbirth. Modifiable risk factors have not been investigated to the same extent, and many of the studies that do address such factors do not control adequately for con-

founders. Examples of lifestyles do associated with incontinence are obesity, smoking, physical activities, and diet. (Hannestad et al 2003)

Obesity and high body mass index are now well confirmed risk factors for incontinence. Stress incontinence has proven to be the type most closely associated to body mass index. Two studies so far, have shown an effect of body mass index on urge incontinence in women less than 60 years of age (Hannestad et al 2003).

Hannestad et al (2003) further emphasize that “Increased prevalence of urinary incontinence among smokers was explained resulted due to strong and frequent coughing among smokers, the anti-oestrogenic effect of smoking and interference with collagen synthesis”. These authors also explain that high intake of tea or coffee was positively associated with incontinence. Caffeine can be seen as a great stimulant to one’s urinary bladder. Its diuretic effect is still not clear according to studies. (Hannestad et al 2003)

#### **4.4.2 Wellbeing**

Forgeard et al (2011) presented the question of how wellbeing should be defined. This question remains largely unresolved, which has made the provision of blurred and overly broad definitions of ‘wellbeing’. Wellbeing which refers to optimal psychological experience and functioning, has been profusely studied in psychology over the past quarter century (Deci & Ryan 2008b). It should be noted that, the concept wellbeing can only be judged at from an individual point of view. This was the reason Deci & Ryan (2008b) state that wellbeing is considered a kind of subjective thing because it gives room for people to evaluate for themselves, in general way, the degree to which they experience a sense of wellness.

According to CDC (2013) “Well-being is a positive feedback that is meaningful for people and for many sectors of the society, this could be seen from the fact that people tend to visualize that their lives are going well. An example of this case is living in good condition (housing, employment) these elements are fundamental to well-being. Tracking these conditions is important for public policy. However, many indicators that measure living conditions fail to measure what people actually think and feel about their lives. For example, issues such as the quality of their relationships, their positive emotions and resilience. Well-being in a whole includes global judgments of life satisfaction

and feelings ranging from depression to joy”. In Manderson (2005) wellbeing is described in the following:

Well-being is not the state of individual bodies in society’. Wellbeing includes many more other things despite the physical and mental health. It involves a sense of satisfaction, contentment, personal fulfillment and existential calm; much more so than health, it fall in line with social construct. However, it can be redefined, refined and reinterpreted at any place and time.

Wellbeing also focuses on assets in functioning, including positive emotions and psychological resources as an example, positive affect, autonomy, mastery as key components. People with a sound rate of positive emotions, and those who are functioning well psychologically and socially are described by some as having complete mental health or as ‘flourishing’. (CDC 2013) it further explains that:

‘Hedonic’ wellbeing focuses on the ‘feeling’ component of wellbeing as an example, happiness in contrast to ‘Eudaimonic’ Wellbeing which focuses on the ‘thinking’ concept of wellbeing for example fulfillment. Researches from other disciplines have examined different aspects of wellbeing, such as; economic wellbeing, social wellbeing, development and activity, emotional wellbeing, psychological wellbeing, life satisfaction, domain specific satisfaction and engaging activities and work. As earlier mentioned the focus of wellbeing in this study will be related to psychological and social wellbeing.

#### **4.4.3 Psychological and Social wellbeing**

Keyes et al (2002) mark it out that ‘Psychological wellbeing is connected to engagement with the existential challenges of life’. King (2007) presented that Ryff has examined the question of psychological wellbeing in where he used eudaimonic, rather than hedonic, perspective. In the same study, King went further to explain that Ryff came up with a multidimensional approach to measure psychological wellbeing on six dimensions self-acceptance, positive relations with others, autonomy, environmental mastery, purpose in life and personal growth. In Ryan & Deci (2001) it stated psychological well-being is usually conceptualized as some combination of positive affective states such as happiness (the hedonic perspective) and functioning with optimal effectiveness in individual and social life (the eudaimonic perspective). Huppert (2009) “Psychological well-being is about people lives going well. It is the combination of feeling good and



functioning effectively.” By this definition it means, people with high psychological wellbeing report feeling happy, capable, well-supported, and satisfied with life.

Social well-being on the other hand is the appraisal of one’s circumstances and functioning in society: Keyes described Social that wellbeing has five dimensions: social integration, social contribution, social coherence, social actualization and social acceptance. (Keyes 1998).

#### **4.4.4 Subjective and Objective wellbeing**

In Biswas-Diener (2002) study he defines subjective wellbeing as people’s own way of evaluating their lives. Such evaluations can be both cognitive judgments, as in life satisfaction, and emotional responses to events, and also feeling positive emotions. Subjective well-being (SWB) is thus a broader term that refers to several different components: life satisfaction and satisfaction with life domains such as marriage, work, income, housing, and leisure; feeling positive affect (pleasant emotions and moods) most of the time; experiencing infrequent feelings of negative affect (such as depression, stress, and anger); and judging one’s life to be fulfilling and meaningful. This researcher went further to explain subjective wellbeing is necessary for one to consider life an ideal one. Moreover, subjective wellbeing is not sufficient because a happy person’s life can be considered incomplete the person is not free, or was missing some basic qualities that we consider necessary for dignity. (Biswas-Diener 2002)

Furthermore, Keyes et al (2002) and Ryan & Deci (2001) stated subjective wellbeing is incorporation with a balance between positive and negative mood in which is affecting an evaluation of life satisfaction. When the subject involved witness life satisfaction it can be considered the subject is going through subjective wellbeing, the presence of a positive mood and the absence of a negative mood (Ryan & Deci, 2001). Relative to the above statements, King (2007) concluded that, subjective evaluation is disadvantageous as it has related with observed tendency for people’s reports of their overall life satisfaction to cluster around 70 on a 100 point scale.

It is worth noting that researcher Diener (2008) made it clear that subjective wellbeing is not subjected to a sole determinant. Some situations could be seen important for high subjective wellbeing such as; mental health and positive social relationships, but they

are not, in themselves enough to provoke happiness. In his research, he was able to point out a number of conditions that can be necessary for happiness, or are correlated to happiness, though no single of this characteristic is sufficient to foster about happiness in it. (Diener2008)

In order to understand SWB, researchers usually depend on self-reported questions about happiness or life domains. Often those subjects under study tend to have good or bad feelings all of that are commonly included in surveys and used as indicators of SWB. It is accepted that behavior of people is not only dependable on what is available to them but, what they actually feel about the various options or limits that they are facing. (Royo & Velazco 2005)

What constitutes wellbeing is a topic for debate. There are two main distinctive approaches that, despite some attempts at reconciliation still it occupies different segments within wellbeing studies (Frey & Stutzer 2002). On the other hand, objective wellbeing theories are usually supported by a list of requirement that people should have in order to be seen as leading a good life. Those requirements are generalized and do not differ among societies. Subjective wellbeing theories base their notion of wellbeing on the fact that, the overall quality of people's lives can best be judged by the people themselves. This judgment is a straight forward strategy to ask them about their wellbeing. (Frey & Stutzer 2002)

#### **4.4.5 Self Determination Theory**

The theoretical framework in this study is Self Determination theory. Self-determination theory (STD) is an empirically based theory of human motivation, development, and wellness. The theory focuses on types, rather than just amount, of motivation, paying particular attention to autonomous motivation, controlled motivation, and amotivation as predictors of performance, relational and wellbeing outcomes. (Deci & Ryan 2008a) Vansteenkiste et al (2004) explains intrinsic aspirations include such life goals affiliation, generatively, and personal development, whereas extrinsic aspirations include such goals as wealth, fame, and attractiveness.

Emerging research and interpretation based in self-determination theory provide an important and provocative basis for examining the actualization versus thwarting of human

capabilities and wellness. SDT is based in the premise that all human beings have basic psychological needs for competence, relatedness, and autonomy that, in addition to basic physical needs, are required for human flourishing. The theory and accompanying research have shown that autonomous (versus controlled) motivation is associated with more effective behavioral regulation, enhanced performance, and greater psychological well-being, and the theory specifies the social contextual conditions that satisfy the basic needs and promote autonomous motivation and its positive consequences. Further, SDT addresses the content of goals, distinguishing between intrinsic life goals for growth, relationships, health, and community, and extrinsic life goals for wealth, fame, image, and power. Research has confirmed that the relative strength of intrinsic goal pursuits is associated positively with well-being, whereas extrinsic goal pursuits, because they typically fail to fulfill basic psychological needs, are not associated with these positive outcomes. (Vansteenkiste et al 2008)

Furthermore, it should be noted that SDT as a theoretical framework to this study has the most central distinction in itself which is between autonomous motivation and controlled motivation. Autonomous motivation comprises both intrinsic motivation and types of extrinsic motivation in which people have identified with an activity, value and ideally will have integrated it into their sense of self. When people are autonomously motivated, they experience volition, or a self-endorsement of their actions. Controlled motivation in contrast, consists of both external regulation, in which one's behavior is a function of external contingencies of reward or punishment, and introjected regulation, in which the regulation of action has been partially internalized and is energized by factors such as approval motive, avoidance of shame, contingent self-esteem and ego-involvements, When people are controlled, they experience pressure to think, feel, or behave in particular ways. (Deci & Ryan 2008a)

Finally, SDT argues that developing a sense of autonomy and competence are critical to the processes of internalization and integration, through which a person comes to self-regulate and sustain behaviors conducive to health and wellbeing thus, treatment environment that afford autonomy and support confident are likely to enhance adherence and health outcomes. (Ryan et al 2008)

## **5 METHODOLOGY**

This chapter discusses the processing, analyzing, description and the interpretation of the data collected from past literature. The materials for analysis come from the past research. This section also gives a detailed procedure on how the data was collected. The method of data analysis deductive content analysis

### **5.1 Deductive Content Analysis**

Qualitative content analysis can be described as: ‘An approach of empirical, methodological controlled analysis of texts within their context of communication, following content analytic rules and step by step models, without rash quantification’ (Mayring, 2000).

Deductive approach is useful if the aim is to test an earlier theory in a different situation or to compare categories at different time periods (Elo & Kyngäs 2008). This method of analysis fits the current study because it is a literature review.

Elo & Kyngäs (2008) note that an advantage of the method is that large volumes of textual data and different textual sources can be handled with and used in corroborating evidence.’ Therefore, this study analyzes rich textual materials which will be derived and consequently a concretized result can be drawn from the studies analyzed. It is also possible to use an inductive content analysis. However, due to the availability of sufficient studies for reviews there was no need for this inductive analysis. Elo & Kyngäs (2008) state ‘the use of inductive content analysis is recommended when there are no previous studies dealing with the phenomenon or when knowledge is fragmented

So far, deductive content analysis is most suitable method to apply for this study as the author intent to take an approach from a more general level to focus then on specific concept within the study. Meaning the funnel model (broad top and narrow base) will be applicable here. Deductive content analysis process also involves formulating the research question; collecting the data (sample), analyzing the data and interpreting the results by coding or categorizing text from the review articles (White & March (2006), Elo & Kyngäs (2008). Initially, before designing or formulating the research question, the author used the aim as a guide for establishing the questions (White & March 2006).

Relatively to the above statement, two research questions were derived which the author stated above in the beginning of her work.

## **5.2 Data Collection**

The author was able to make searches from the academic databases: Electronic academic search elite EBSCO. This was done through Nelli portal while at Arcada campus and through remote access while surfing at home. After clicking on Nelli portal or the remote access through the following places, the author had to also go through the social services programmes as to get complete access to science direct. To get more data, searches were made from Google scholar and Google itself. 11 articles were retrieved through the use of search terms. The search terms were mostly those closely related to the topic at hand. Search terms were Urinary incontinence, Social wellbeing or impact. Psychological wellbeing or impact, Elderly women, living at home.

### **5.2.1 Data processing**

The author carried out a concrete search to get materials to answer the research topic. The search terms were formulated to come out with articles related to the study these search words can be seen as follows here and from Table 1. Urinary incontinence ‘AND’ Elderly Women ‘AND’ social wellbeing, Elderly women ‘AND’ Impact of urinary incontinence ‘AND’ at home, Urinary incontinence ‘AND’ Health promotion ‘AND’ elderly women. All these search terms were applicable to EBSCO host and five articles were obtained for the study. Urinary incontinence ‘AND’ psychological wellbeing ‘AND’ elderly women, urinary incontinence ‘AND’ social wellbeing ‘AND’ the elderly women. These search terms were applied for searching from Science direct in which four articles were obtained. Finally, search terms applied for Google Scholar (Urinary incontinence psychological and social impact with elderly women) and from Google was (Elderly women with urinary incontinence and their wellbeing). From these two search engines two articles were obtained for the study. All of this information stated here in this paragraph can be verified from table 1.

Table 1: Demonstrating data collection process

<b>Database search</b>	<b>Keywords</b>	<b>Direct hits</b>	<b>retrieved articles</b>	<b>chosen articles</b>
EBSCO Host	Urinary incontinence AND elderly women AND social wellbeing	335	6	2
EBSCO Host	Elderly women AND Impact of urinary incontinence AND at home	136	7	2
EBSCO Host	Urinary incontinence AND Health promotion AND elderly women	85	3	1
Science direct	Urinary incontinence AND psychological wellbeing AND elderly women	1828	10	2
Science Direct	urinary incontinence AND social wellbeing AND the elderly women	12	5	2
Google Scholar	Urinary incontinence psychological and social impact with elderly women	54	4	1
Google Academic	elderly women with urinary incontinence and their wellbeing	65	6	1

## 5.2.2 Inclusion and Exclusion Criteria

Writing thesis in any field of study must be followed with certain guidelines. The author read from the (Arcada guidelines for thesis writing). The author makes sure the rules stated should all be followed for example, the type of articles to use and the year range for the articles to be used for the study. More detailed requirement as concerns the writing of a thesis in the department of social services and health could be referred from table 2.

**Table 2: Showing the inclusion and exclusion criteria for the materials used**

Inclusion	Exclusion
<ul style="list-style-type: none"><li>• Materials written in English only</li><li>• Materials related to the topic</li><li>• The materials were full text</li><li>• Scholarly journals only</li><li>• Peered reviewed materials were collected</li><li>• Dealing with published materials from year 2000-2014</li><li>• The articles were scientifically written</li></ul>	<ul style="list-style-type: none"><li>• Materials written in other languages not selected</li><li>• Materials that do not fit the current study were not taken</li><li>• Materials in- completed just abstract and less detailed not added</li><li>• Websites, book not selected</li><li>• Published materials used were not below the year 2000</li><li>• Materials not scientific written or peered reviewed was not an option</li></ul>

### 5.2.3 Description of Material

Table 3, will provide a detailed presentation of list of articles that were used for the current study. The articles used were all of international background. The articles were published between the years 2000-2014. The articles were from Australia, 2 from the U.S.A, Turkey, Argentina, Canada, 3 from U.K and finally, from the Netherlands. This means, the author was able to retrieved 11 articles which were read and re-read to relate them to the study. Below is table 3 in which the articles used are presented with the publication year, the authors, title of the study method, aim of the study, result and the country were the study was conducted.

**Table 3: A summarized table of the articles used for the current study**

<b>Authors/Year of publication</b>	<b>Titles</b>	<b>Aim of the study</b>	<b>Result of the study</b>	<b>Method</b>	<b>Country</b>
Fultz, N. et al , (2003)  <b>Article 1</b>	Burden of stress urinary incontinence for community dwelling women	The purpose of the study is to better understand the subjective bothersomeness of stress urinary incontinence symptoms and their impact on the quality of life of community-dwelling women	It was found that about ¾ three fourth of the respondents reported their symptoms to be bothersome; more than one fourth of the respondents reported that their symptoms were moderately to extremely bothersome. Social embarrassment were related clear to the burden of stress	Survey design, national cross-sectional mail survey. Second stage use of stratified random sampling	(U.S.A)  United states of America



Authors/Year of publication	Title of research	Aim of study	Result of study	Method	Country
Onat, S. et al., (2014) <b>Article 2</b>	Relationship between urinary incontinence and quality of life/depression in elderly patients.	The aim of study was to investigate the relationship between urinary incontinence (IU) and quality of life/depression in elderly patients	Depression score of elderly patients with UI was significantly higher than those without ( $p < 0.0001$ ). There was an increased risk of depression which was found in elderly patients with UI when compared with those not having IU	Demographic data were recorded and UI assessed during which a questionnaire cognitive function was assessed by standardized mini mental state examination. Data analyzed using SPSS windows 20.0.Face to face interview by Doctors.	Turkey
Teo, J. et al (2006). <b>Article 3</b>	Do sleep problems or urinary incontinence predict falls in elderly women?	1) To determine if night-time sleep disturbance, day-time sleepiness or urinary incontinence were associated with an increased risk of falling in older Australian women.2) To explore the interrelationships between day time sleepiness, night-time sleep	Abnormal day time sleepiness were significantly independently risk factors .Hence effective management of these problems may reduce the risk of falling in older people	Cross sectional study within an ongoing cohort study	Australia

		problems and urge incontinence.			
Brittain, K. et al (2007) <b>Article 4</b>	The social consequences of living with and dealing with incontinence-A carers perspective	The study examines the notion of dirty work and ‘unbounded’ bodies in the role of informal carers. The negative social consequences of dealing with incontinence for both the survivor and the carer are explored	The results indicate an increased risk of depression with elderly women who were stroke survivors and suffering from UI	A qualitative approach	U.K
Avery, J. et al (2013) <b>Article 5</b>	Psychological perspectives in urinary incontinence : a metasynthesis	The aim of this research is to explore the relationship between mental health status and urinary incontinence, focusing on the role of psychosocial factors	Incontinence and psychological wellbeing are intertwined and this adversely affects a number of aspects of life	A meth synthesis using Noblit and Hare’s approach of meta-ethnography	Australia
Shaw, C. et al (2001) <b>Article 6</b>	Barriers to help seeking in people with urinary symptoms	This study explores help-seeking behavior in people with urinary symptoms such as leakage frequency, nocturia and urgency in order to identify barriers services	The result indicates that there is a need also to explore the knowledge and attitudes of professional. Also there is need for evidence –based guidelines in	In-depth interviews, taped and transcribed verbatim	United Kingdom

			relation to urinary symptoms for use in primary care by both doctors and nurses.		
Tamanini, J., et al, (2009)  <b>Article 7</b>	Analysis of the prevalence of and factors associated with urinary incontinence among elderly in the municipality of São Paulo Brazil: SABEstudy (Health, well-being and Aging)	The aims of the present study was to investigate the prevalence of complaints of urinary incontinence among elderly Brazilians living in the community and their associated risk factors for urinary incontinence	Greater prevalence of IU was observed at more advanced ages. Among the diseases reported the greatest prevalence of urinary incontinence related to the presence of stroke depression, diabetes and extremes of BMI. The greater the self-reported status, the greater the symptoms present.	Sampling method were an interview was conducted	Argentina(Latin America)  Including, Barbados, Brazil, Chile, Cuba, Mexico and Uruguay.
Sims, J., et al, (2013)  <b>Article 8</b>	Urinary incontinence in a community sample of older adults: Prevalence and impact on quality of life.	To measure the prevalence of urinary (IU) In a community – dwelling sample and the impact of self-reported ui on wellbeing and activity in older men and women	The threshold of impact can be found with depression negative affect IADL (Independent activities of daily living) overall women with incontinence had higher negative affect scores.	Qualitative method, questionnaires distribution and interview.	Australia

			This calls for the need for higher and effective skills to reduce the effect		
Teunissen,D., et al.(2006)  <b>Article 9</b>	'It can always happen': The impact of urinary incontinence on elderly men and women	To determine the impact of urinary incontinence (IU) on the quality of life of the elderly in the general population and identify factors with the greatest effect.	Emotional well-being was most affected, half to one third of the patients felt nervous, embarrassed or frustrated because of their incontinence .In social domain 'clothing and fear of odour' scored the highest impact.	Qualitative and quantitative analyses of interviewed data	Netherlands
Shaw, C. (2000)  <b>Article 10</b>	A review of the psychosocial predictors of help-seeking behaviour and impact on quality of life in people with urinary incontinence	The aim of this paper is to review the literature concerning with a view to identifying psychosocial predictors of help-seeking, coping, and the impact of urinary incontinence on individuals.	The result reported that urge incontinence may have greater impact and more adverse outcome than stress incontinence. Some studies even suggest that psychological factors may play an aetiological role in detrusor instability. Further research is needed to establish this rela-	Qualitative method: Literature review	U.K

			tionship.		
De Vries, H. et al 2012  <b>Article 11</b>	Urinary incontinence (IU) and new psychological distress among community dwelling older adults	To examine the occurrence of new psychological distress in community dwelling older adults with urinary incontinence	Our findings indicate behavioral modification specific to UI may be strongly predictive of future psychological wellbeing and may be an important target of interventions	Population based longitudinal survey	U.S.A

#### 5.2.4 Data Analysis

This section focuses on how data was gathered and coded for the study. After obtaining the materials, the author read and re-read to make sure that the content of it ties relatively well to the research topic. Later, the author began with open coding numbering the articles from 1-11. While reading the articles, the author had two bold markers. The red for indicating the social aspects related to question two while the green marker underline psychological aspect related to question two. In doing this the author was being able to come out with categories and subcategories and theme that will later on be explained in detail in the result part

#### 5.2.5 Validity and Reliability

According to Patton (2001) ‘validity and reliability are two factors which any qualitative researcher should be concerned while designing a study, analyzing results and judging the quality of the study’. This statement from Patton stands as a kind of reflective mirror to the current study. The author used scientific articles and peer reviewed articles to make sure the result is valid and reliable. This action was also being taking by the author so as to provide sure and smooth processing or employment of the data that were

collected from other articles. The aim of the study, the research questions and the results intertwine suitably. This comes to draw the conclusion of Lincoln & Guba (1985) it states there can be no validity without reliability, a demonstration of the former validity is sufficient to establish the result reliability.

### **5.2.6 Ethical Consideration**

Ethical consideration is an aspect that is demanded to be fulfilled while in the process of thesis writing as a student in Arcada University of Applied Sciences. The author began with the research by reading the Arcada thesis guidelines on how to write a thesis. Later on, the author was supposed to provide a research proposal which was done. After the research proposal was done, submitted and approved by the school administration (supervisor). Later, an agreement form for thesis commissioning was signed and sent. The commission was approved by the Loviisa project. The author went further writing the thesis making strict and proper measures that the ethical standard of writing a good thesis were put intact. These standardized measures according to Arcada rules for thesis writing could be seen in that, all the materials derived and applied to this study are all scientific, all quotations and references were done principally to Arcada's rules and regulations. Besides, all decisions taken regarding data collection and analysis have been documented all through this study to present a genuine study.

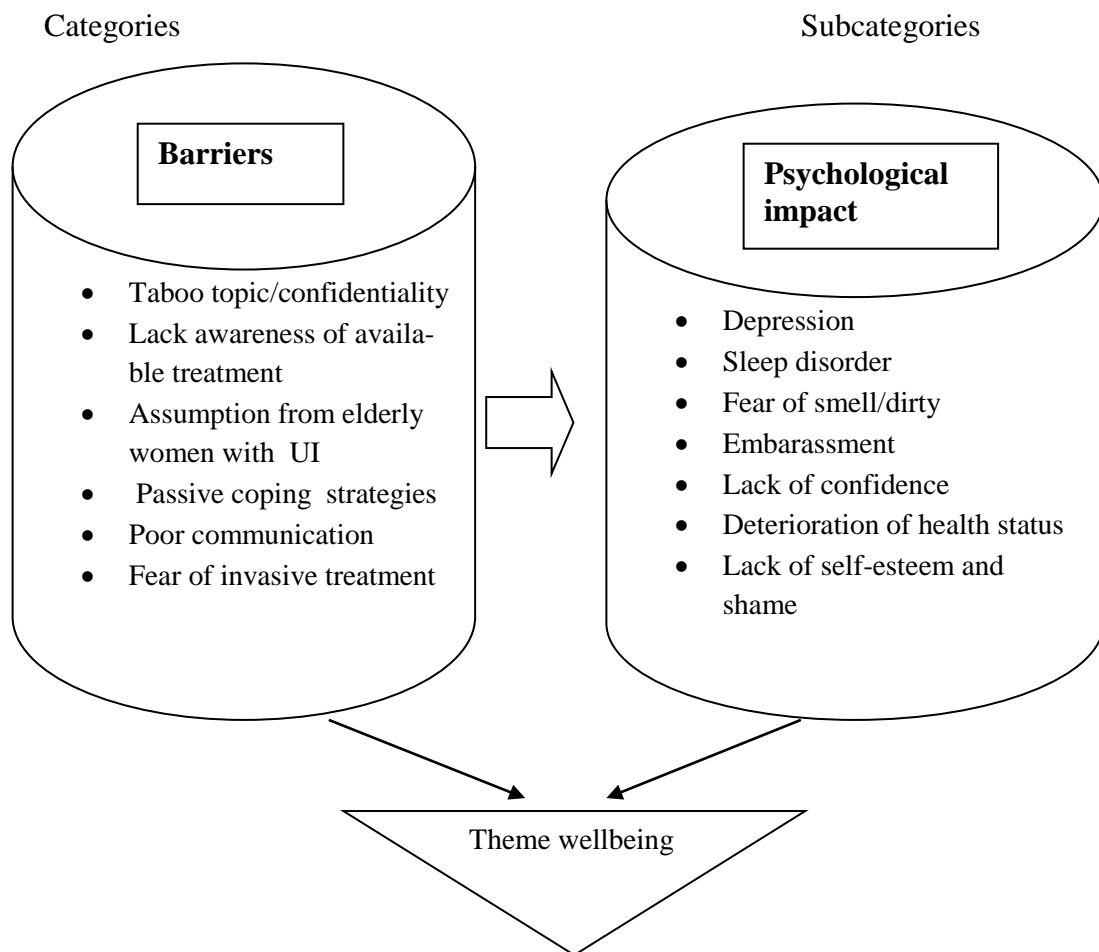
## **6 RESULTS**

This chapter presents the results of this study. As earlier presented, the aim of the study is to map out the psychological and social impact of urinary incontinence among elderly living at home. Analysis of result from the previous studies therefore is a way forward to answer the two research questions that were set for this study. Thus 11 standard published articles were analyzed under one theme and categories and subcategories emerged. However, the questions to this research were more directed toward the consequences of urinary incontinence on the elderly women living at home. The author saw the need to look first at the barriers which provoke these consequences of urinary incontinence. Subsequently, the barriers outlined will give the readers a view of the results

from the articles. Below is a descriptive presentation of the results of each of the research questions.

***What kind of consequences does urinary incontinence have on the psychological wellbeing of elderly women living at home?***

In this subsection of the result it discusses consequences of urinary incontinence related to psychological wellbeing of elderly women living at home. Urinary incontinence is a symptom that is affecting many elderly women. This symptom so far, has greater consequences in their lives. The barriers, the consequences, and wellbeing are shown in figure 1.



*Figure 1 Categories, subcategories and theme, the connection of urinary incontinence consequences to the psychological wellbeing of elderly women living at home.*

## **6.1 Barriers that have negative consequences on the psychological and social wellbeing**

### **Taboo topic/ Confidentiality**

One previous study have shown that although aetiology and severity of symptoms were seen to be vital predicting factors for help-seeking and impact of urinary incontinence that alone do not shed light to the variability which seems to prevail (Shaw 2000). This could be supported with a statement from this article. In the study a woman went to consult to the Doctor about her health problem 'cough' which disturbs her at the time and along that, she was wetting every day. On consulting she did not disclose the burning issue of her wetness but, mentioned only of the cough. This goes same with other patients who suffer the same effect but do not see the need to consult. This however, could be seen that urinary incontinence being a symptom of stigmatization makes people to shy away to discuss the issue plaguing them. This fact can be supported by Fultz et al. (2003) which state among the millions of women who are bothered by stress urinary incontinence symptoms, many have never presented their health problem to a physician.

Teunissen et al. (2006) in the study indicated that patients suffering from urinary incontinence tend to adopt coping strategies to prevent their family members, friends or partners to get an idea of what they are going through. Some of them do this either by making regular visits to the toilet or by wearing pads to contain the waste. In another study it was reported that some patients were unsure about consulting for help seeking indirectly by just mentioning the symptoms as they are attending for regular health checkup. If the Physician did not give a green light to the topic then the elderly women will refrain from saying it again as they were embarrassed to discuss the subject again. (Shaw et al 2001) Avery et al (2013) reported that people due to confidentiality and privacy people stay away for help-seeking solution to their urinary symptoms.



### **Lack awareness of available treatment**

Gathered from two previous articles it shows women are little or not informed about the symptoms of urinary incontinence. In the findings of Fultz et al (2003) it was reported that it results reinforce the need for health professionals to be proactive in questioning and educating the patients about stress urinary symptoms. This shows that women are not well informed on the current study. Urinary symptoms like frequency leakage are mostly being viewed by women as nothing more to be concerned about. They mostly see it as symptoms which are not related to a disease state. Thus, they were completely unaware of the available interventions (Shaw 2001). Also in another study by Brittain & Shaw (2007) they explained how the carer with the patient expressed happiness of managing or using passive coping method against urinary incontinence rather than looking for prevention method. This for itself gives the reluctance for neither the patient nor the informal carer to look for better option of treatment against the symptom.

### **Assumption from elderly women about UI**

Shaw et al (2001) mention that as symptoms were visualized as a ‘medical problem’ they were very often seen as a normal ageing process by elderly women. Hence, passive techniques of management were improvised which was incorporated to the lifestyles of the elderly women. In the same article, it is stated that they only go seeking help when symptoms are very severe. This creates greater implication to the elderly’s wellbeing and creates fear of the future on the state of individual’s health. Also from another study by Avery et al. (2013) it was mentioned that elderly women do have attitudes and beliefs about urinary symptoms that it is inevitable especially for women. Some think that, as women they go through childbirth which it destroys their pelvic floor muscle. Women believe urinary incontinence is a normal process of ageing. From these notions of the elderly women they see no need to seek medical attention. Therefore it is crucial that elderly women and health care professionals get to know urinary incontinence is not a normal process of ageing.

### **Passive Coping strategies**

Passive coping strategies seem to play an important part in the effect of urinary incontinence on the 'sufferers' day to day life (Teunissen et al 2006). Older people were less likely to go and seek medical help. This resulted from the fact that the elderly were brought up with the attitude that the Doctor was only in extreme circumstances consulted. Definitely, they were prepared to 'put up with things and get on with life' and felt it was a nature so difficult to break (Shaw et al 2001). Sometimes the coping and managing strategies are not anyway out for the elderly women likewise the carer. It remains still a burden of stress to both yet they cling to it. Still in the same study, it presents maintaining these strategies can be overwhelming and thus led to isolation. (Brittain & Shaw 2007) Furthermore, Teunissen et al (2006) in their study mentioned patients are feeling forced to take several precautions. This reaction prevents the elderly from seeking medical help. Coping strategies used by elderly who experience the symptom of urinary incontinence are basically problem focused especially considering the potential psychological impact of this condition. (Shaw 2000).

### **Poor communication and health professionals**

In Shaw et al (2001) interpreted the Doctor not addressing the issue in these situations meaning it is an indication that no treatment is available and made assumptions about the Doctor's views of the causes and treatments of urinary incontinence. Here is an excerpt from one respondent in this article.

*'I mentioned it to the doctor but he never picked up on it, never gave me any advice...It seems to be 'oh, you had children, it's something you have to put up with' so I never took it any further' Respondent 14. (Shaw et al 2001).*

Simultaneously, in this same article, when the Doctor did not discuss the symptoms, the elderly sometimes failed to communicate their concerns

## **Invasive treatment**

It was further presented by these same authors that, because of the long-term and treatment time consuming people tend to refrain from it. In the same study is pointed that some elderly women were afraid of surgery and physical examinations. They may never wish to take part in any treatment, no matter how severe their condition was. Shaw et al. (2001)

## **6.2 UI and consequences on the psychological wellbeing**

Figure 1, presents the barriers that keep elderly women away from help seeking behaviour related to the symptoms they are facing. This subsection therefore will table the psychological consequences which are the possible setbacks from barriers of help-seeking.

### **Depression**

In the article Fultz et al (2003) report indicates that factors that were linked to form an association with increased bothersomeness included low education, having self-reported diagnosis of depression and a more self-reported comorbid conditions. From this same article it was noted that reducing UI occurrence is also improving the quality of life and reducing the rate of depression. Checking the report statement from another author Onat et al. (2014) an increased risk of depression (5.90-fold) was found in those with UI compared with those without UI. This similarly is an indication that depression is of a risk factor for those suffering from UI. From some other article the study reported depression was seen not only affecting elderly women but also the carers who cared for the elderly at home. The stigma of loss of control extends over the incontinent person to embrace the carer, who also feels embarrassed, and psychological stress and likewise

depression. (Brittain & Shaw 2007). The presence of urgency incontinence was positively associated with depression in women at the rate of 32.67 percent while for those needing help with ADL 32.85 percent (Sims et al 2010).

### **Sleep Disorder**

In the study of Teunissen et al (2006) it was observed that elderly who were part of this study had some psychological problem which was sleeping disorder. This was as a result that some of them have to get up within the night to empty themselves. This psychological problem was also stated by the authors Teo et al (2006). In their article it is presented that urge urinary incontinence was more common among the elderly women. As a result of this symptom elderly women had problem of poor sleep disorder. Sleep disorder causes elderly women to fall a lot within the day making them to sustain injuries and fractures. In this same study it was reported that nocturia was significantly associated with all of the night time sleep variables except 'trouble with waking up and getting up in the morning'. Furthermore it was concluded in this report that, sleep problems are common in older community-dwelling women. More than a third of the women in this study reported at least one night time of sleep disorder.

### **Fear of Smell/dirty**

In Avery et al (2013) study it explained that elderly women with urinary incontinence their psychosocial activities of day to day living is much more being affected negatively, this makes their psychological wellbeing deteriorating. Despite the conclusion drawn from this study showing urinary incontinence affect women's psychosocial activities. The impact score was for women a bit lower as shown in the result. From this same article some of the respondents reported *'I'm afraid that someone can see I'm wet or can smell it'. Despite the pads I feel always wet and dirty'* (Teunissen et al 2006). In this same article it was reported that forty two patients expressed feelings of disgust at bed wetting and presenting being dirty almost all the time of their life and this negative feeling makes them feeling of becoming old (Teunissen et al 2006).

## **Embarrassment**

From some of the articles embarrassment was seen to be one of the biggest psychological problems. In one article it is stated feelings of embarrassment prevented them from going out of home. Some carers explained how the elderly women they are caring for had decided to isolate themselves from the public because of embarrassment about their urinary symptom (Brittain & Shaw 2007). Other results indicate that half to one-third of the patients felt nervous/anxious, embarrassed, and frustrated because of their incontinence (Teunissen et al.2006).

## **Lack of confidence**

Respondents had their own kind of medical problems to present which to them was vital. As a result of this, they often look at urinary incontinence symptoms to be too trivial to present to a general practitioner. This shows the lack of confidence the patients have to present what they are suffering from or lack of confidence that their case cannot be handled by the GP (Shaw et al.2001). Fultz et al (2003) mentioned 174 women undergo a research in which it was examined that the proportion who noted a moderate to extreme impact of their lives amounted to 42.7 percent which was perceived as the level of confidence they had. (Fultz et al 2003).

## **Deterioration of health status**

In the study of Sims et al (2011) it is reported a significant difference between occasionally and often experiencing incontinence. A greater severity was associated with poor health. Diseases like depression, stroke, diabetes mellitus and conditions like obesity significantly increase the chance of urinary incontinence to occur. Sim et al (2011) further mentioned with regard to reported health conditions, there was a greater prevalence of elderly people who said their health was regular or poor. In the study of Tamanini et al (2009) it is mentioned among the diseases reported, the greatest prevalence

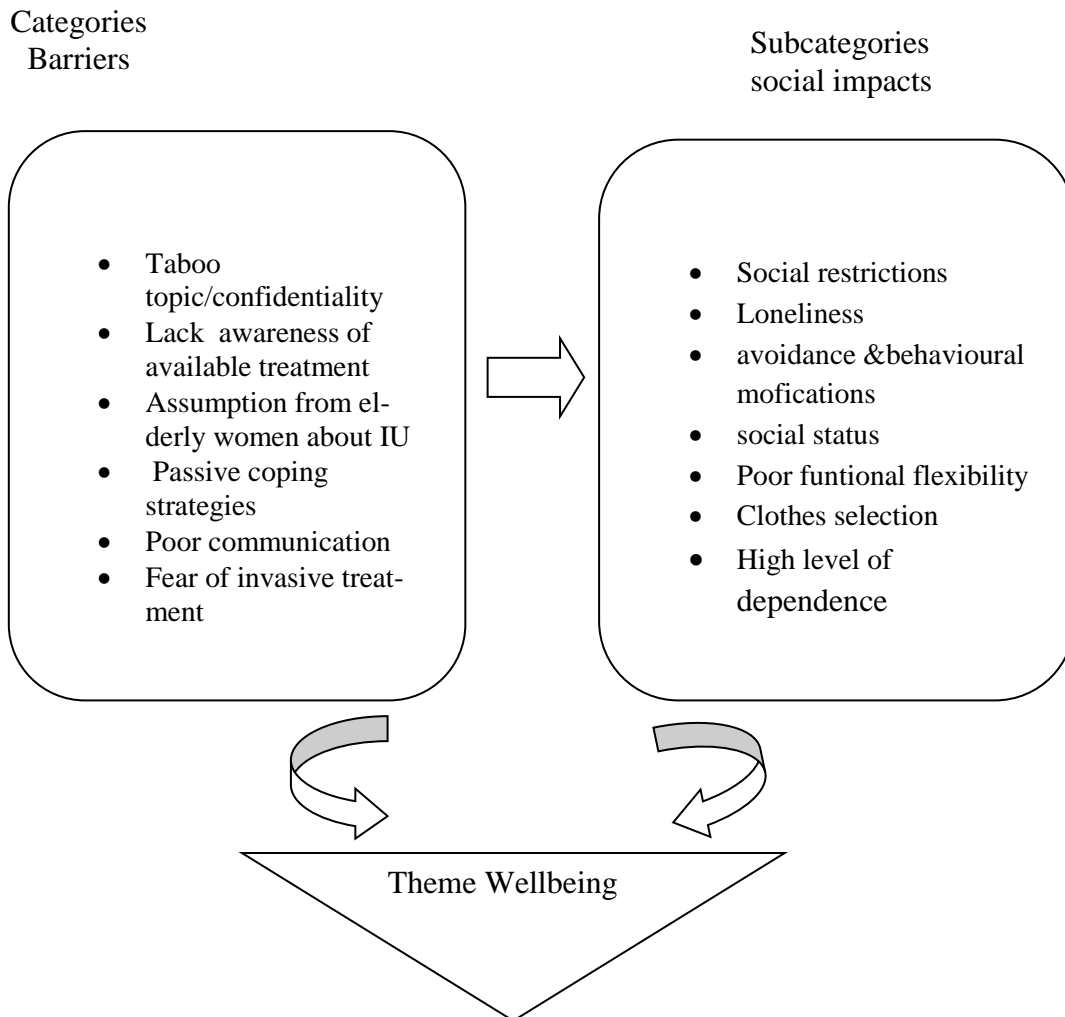
of urinary incontinence related to the presence of stroke, depression, diabetes and extremes of BMI. In another study it was observed that urge urinary incontinence was closely significant with all measured aspects of poor sleep. This study from its result demonstrates how the poor sleep affects the mental health state of the elderly especially when they do have an incident of fall which is an aspect common with elderly with an increase prevalence rate. (Teo et al 2006).

### **Lack of self-esteem /shame**

One article reported that as a result of shame and avoiding lowering pants of carer's relative in public. The carer had to plan her journey around where there is a toilet in order to use when she takes her spouse out for the day. It was really difficult and embarrassing seeing the wife doing cleaning for the husband. In this same study it was reported that dealing with personal care and body work within the caring relationship also caused embarrassment on the part of the stroke survivor suffering from UI and this was also seen as a challenge to their adult status. (Brittain & Shaw 2007) *'I can't just control it'. 'It can always happen despite all of my preparations'*. (Teunissen et al 2006). This aspect is really a big challenge to the sufferers of urinary incontinence. Knowing full well that when you urinate on your dress it smells at one point it makes the individual feel they have actually lost their value as normal human beings. That is the reason some of them described it as a feeling 'old'. Since they feel such behavior can be seen from too old.

## **6.3 UI and consequences on the social wellbeing**

In the background chapter of this work, an explanation was made of what constitutes social wellbeing. So far, this subsection of the thesis will focus on the results gained from the 11 articles related to urinary incontinence impact on the social well-being of elderly women living at home. Figure 2 demonstrates the categories, subcategories and theme. Subsequently, barriers, social consequences or impacts and wellbeing will form the categories, subcategories and theme respectively.



*Figure: 2 Categories, subcategories and theme, the connection of urinary incontinence consequences to the Social wellbeing of elderly women living at home.*

### **Social restriction**

De Vries et al (2012) reported that UI can limit the ability to do things outside home, therefore having critical effects on the psychosocial function of the elderly. In their study Fultz et al. (2003) in their study wanted to see the level at which stress incontinence has an impact of the lives of women who were moderately to extremely bothered about incontinence. The results indicated that of 174 women 36.5 percent were bothered about their social life. This study portrayed social restriction and embarrassment greatly affecting the lives of elderly women. In another article it reported that concerning travel, 31-37 percent of the elderly women reported feeling restricted going to places where they were afraid of toilet unavailability. (Teunissen et al. 2006). Brittain & Shaw (2007) in their study it is explained that carer's described their situation to be socially dead.

Due to the leaking of urine of her spouse at home. They could not invite friends around for dinner for fear of embarrassment related to spouse urinary incontinence problem. The carer explained with the catheter that her spouse got it made a 'world of difference' for them

### **Avoidance and behavioral modification**

De Vries et al. (2012) in their findings indicated how the elderly suffering from new psychological stress are strongly taken new behavioral modification to make way for their lives. This alone was specifically a predictive factor to worsened psychological wellbeing of the elderly women. Fultz et al. (2003) indicated that women could not perform certain activities like lifts, running or dancing as it affects their health status. In the study conducted by Teunissen et al (2006) it was reported that women were feeling forced to take precautions thereby, concealing their problem. One respondent stated *'I cannot be without pads; the need to wear them is terrible. Every time it happens I have to change pads or sometimes my clothes. This is especially annoying when I am out. I always have to take clothes and pads with me and I'm always looking for a toilet'*.

### **Poor functional mobility**

Fultz et al. (2003) indicated in their report that among the 174 women that the research included a total of 54.4 percent of these women reported that their symptoms had a moderate to extreme impact to their physical activities. Still in the same study it was reported that their daily activities was rated 38.6 percent for those who were moderate to extreme bothered about their incontinence condition. In another study is reported that about 10 percent of the elderly women were restricted in physical activities. Also, a substantial number of the elderly women equally indicated that UI did not interfere with their lives. (Teunissen et al. 2006)



## **Loneliness**

Onat et al (2014) realized that elderly women with UI experienced not only loss of physical function, but as well as deterioration in their mental health. Hence, when elderly women's physical function is reduced they will be lonely as they become sedentary. Elderly suffering from urinary incontinence their informal carers or health professionals should always check on their mood change. Negative mood change could subsequently lead to distress and may be loneliness. De Vries et al (2012) the authors in their study reported that persons with new psychological distress were more liable to have functional impairment, arthritis and stroke. From this result it can be argued that with the presence of this comorbidity faced by these elderly they are bound to be lonely as they cannot function adequately like before.

## **Clothes selection**

One of the major problems faced by elderly women suffering from urinary incontinence is the choice of clothes to wear. Urinary incontinence is a symptom that brings embarrassment especially urge incontinence. It happens without the individual knowing at times. This makes them to restrict themselves from wearing certain clothes. Clothes that after urination it cannot be seen. This in a way makes them to always wear black clothes. This colour is obviously preferred as it hides the urine patch on their dresses. Actually, this seems to be a great problem as one will never feel comfortable in wet dresses. These worries can be observed from one of the respondent in one study (Teunissen et al 2006).

## **Social status reduced**

Urinary incontinence is a disease causing extra costs. These costs can be seen from the financial and emotional dimensions of life. Incurring these costs to the sufferers are of great social status dwindling. The persons tend to run short of supply with other necessities of their lives so as to cover the cost of urinary incontinence. This in a way has great social impact to the wellbeing of the elderly and sometimes to their carers. This can be seen as for a specific case mentioned in one of the articles. Brittain & Shaw (2006) mentioned it is emotionally costly to look after someone with urinary leakage and this brings negative impact on the lives of the patients. Besides, urinary incontinence can be

seen as a symptom impacting on the lives of the elderly when they have the feeling that they are relying on others to help them with responsibilities that is supposed to be done by them. This makes them to feel again like a baby. From one of the articles, one respondent stated '*I just cannot control it*'; '*Incontinence makes me feel old*'. (Teunissen et al 2006).

### **High level Dependence**

In one of the previous studies it was observed that 10 percent of the elderly restricted their physical activities, physical recreation, household chores and repair works in the garden or home. (Teunissen et al 2006) This means they were depending for their carers or other family members to do these activities for them. In one article it was reported that the patient's level of dependence was really high. This can be seen in the case where the elderly women are suffering from stroke and urinary incontinence. The elderly women cannot go out alone but have to wait for her carer for assistance. It is reported 'the only time the elderly goes out is either to the doctor or the chiropodist'. This implies the carer is over burdened with her own activities of life and that of the elderly as well. (Brittain & Shaw 2007)

### **Social and psychological wellbeing related to consequences**

It should be noted that the theme for question 1 and 2 respectively, they all focus on one major important concept wellbeing. This means whatever point has been raised in question one and two they are geared to see the consequences related to the wellbeing of the elderly women living at home. Onat et al (2014) in their study suggested that physiological, psychological, and social problems caused by UI to elderly. The elderly women experience reduced social and psychological wellbeing which are great problem to their being these are important problems to be looked at.

## 7 DISCUSSION

This study analyzed the psychological and social impact of urinary incontinence among elderly women living at home. The research questions were seen as the source through which the unanswered questions as concerns this research will be met. From the 11 articles used for the study about 9 of the articles mentioned depression, embarrassment and deterioration of health status as consequences affecting the elderly after having the symptom of urinary disorder. The presence of urgency incontinence was positive associated with depression in women and needing help with ADL (Sims et al 2011).

Question one focused on the consequences of urinary incontinence on the psychological wellbeing of the elderly women living at home. Reading through these articles some of the studies clearly gave an answer to this question. Some of the effects that came from the search was the effect of depression, sleep disorder, fear of smell and dirty, embarrassment, lack of self-esteem, lack of confidence and deterioration of health. It was observed from the results that the effect of depression, embarrassment and deterioration of health status was something bigger in another picture to the psychological wellbeing of the elderly women. This with the interwoven nature of UI with psychological wellbeing the quality of life likewise the wellbeing of the elderly will be worsened.

From the findings the psychological consequences outweighs the social consequences. Under the psychological consequences depression, embarrassment and deterioration of health was the focus in most of the articles related to this study. This claim can be seen in the study of Shaw (2000) which suggested psychological factors may play an aetiological role in detrusor instability. Hence, further research is needed to see this relation more evidently so as to target the interventions effectively. From the authors results it was noticed that the presence of psychological and social consequences have resulted due to barriers for help seeking. As for the social consequences though, some of the consequences like avoidance and behavioral modification, poor functional mobility, loneliness, clothes selection, social status came up. Social restriction and loneliness were seen as the consequences with the most impact on the wellbeing of elderly women.

Although, some elderly women living at home do live with family relations who act as their informal carers, most of the carers do lack certain knowledge or skills. The theoret-

ical framework of this study (Self Determination Theory) fills this need as it assists the patients and the caregivers. The theory of self-determination is all about motivation which is seen as a key element to channel into the patients the intrinsic behaviors they need for psychological growth. In Deci & Ryan (2008a) study it is reported for psychological growth to happen the patients need to be oriented towards it. Psychological growth does not come automatic. It can be gained through relationships and interaction with others. From one's interaction and relationships it can either bring or thwart well-being growth. According to the profunder of this theory it all focused primarily on internal sources of motivation like the need to gain knowledge or independence.

This knowledge or independence can only come through the aid of the informal carers or through other professional workers in the health field. Deci & Ryan (2008a) in their study suggested feeling psychological growth people need to incorporate three basic concepts. The first concept is: Competence to be able to gain mastery of a task and to learn different skills. Secondly, connection or relatedness to others socially and finally should have autonomy to be able to make concretized

decisions about their lives. They further note that when people experience these three things, they become self-determined. For the patients to achieve appropriate psychological and social wellbeing they need autonomous motivation and controlled motivation which both comprises the intrinsic and extrinsic motivation. When these all are instilled into the patients, the concepts. It helps them to integrate it into their sense of self; making them to experience volition or a kind of self-endorsement of their actions as concerns their wellbeing.

Kwon et al (2010) reported that incontinence in women is a global health problem. They said for many women, urinary incontinence is distressing and has a negative effect on health related quality of life. These points of view from these authors support the results of this current study as the barriers set the pace for urinary incontinence impact on elderly women's wellbeing. Moreover, in the background of this study Sinclair & Ramsay (2011), Asoglu et al (2014) mentioned the effect urinary incontinence subtypes is having on the quality of women's life, due to this their psychosocial state is being affected. Furthermore, in the study of Sinclair & Ramsay (2011) it is reported that major depression has been shown to be more common in incontinent women. This makes the

elderly women to suffer low self-esteem, increased social withdrawal and ultimately, a reduction in quality of life. Treatment for urinary dysfunction can be simple but time consuming. However, in milder cases, self-help information concerning bladder re-education or pelvic floor exercises may be sufficient (Shaw et al. 2001).

## **Critical Review**

This study just like any other study came to success after considerable challenges. Writing the earlier chapters of this study like one to three it was much easier. Getting to the methodological section, where it needs compiling of the data and analyzing the result. From this section the challenges started coming in. Sometimes, good materials were seen which have really vital information close to my topic but checking on it. The author will be restricted to use as the materials will not be available in full text, or the data contain information for people at ages from 18 to 45 years. These hitches that arise make the findings of data quiet difficult. Another area where the greater problem came was when to begin the answering of the questions especially question one. Answering the very first question was really hard as the author was confused on what approach to use. The focus came when the author decided it is necessary first to talk about the barriers that led to the consequences before talking about the consequences. Coming first to explain the consequences without shedding some light to the barriers may probably keep some readers in wondering about the untold part hence, it was necessary to present the barriers first.

## **8 CONCLUSION AND RECOMMENDATION**

This study explored the impact of urinary incontinence on the wellbeing of elderly women living at home. These study highlighted barriers that prevent the elderly women to go for help seeking with urinary symptoms. Some of the consequences could be seen as depression and social restriction, embarrassment and deterioration of health status to name a few. As such, the result indicated that urinary incontinence has a greater impact on the psychological and social wellbeing of the elderly women. This has deplorable consequences as can be seen from the result in which the consequences were found in

most of the previous researches read for the study. It should be noted here that, it is not only the wellbeing of the elderly that are affected with urinary incontinence likewise the carers. The feelings of social isolation lead carers sometimes to feel as socially constricted (Brittain & Shaw 2007).

It is recommended that further research should investigate if early diagnosis and what kind of intervention of urinary incontinence can lead to social and psychological wellbeing of the elderly women living at home.

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