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CLINICAL MANAGEMENT OF URINARY INCONTINENCE IN WOMEN BY FAMILY HEALTH STRATEGY NURSES

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ABSTRACT

Objective: To analyze the performance of nurses from the Family Health Strategy (ESF) in the clinical management of urinary incontinence in women in a planning area in the city of Rio de Janeiro (RJ), Brazil. **Method:** Descriptive research, with a quantitative approach, was carried out in seven Basic Health Units, in the city of Rio de Janeiro. The sample consisted of 27 nurses who worked in the ESF. Data analysis was performed using simple descriptive statistics, with a description of relative and absolute frequency. **Results:** Weaknesses were shown in the identification of aspects involving an early approach, risk factors for its development, treatment, and educational activities. **Conclusion:** Despite recognizing that the ESF has the resources for the treatment of uncomplicated urinary incontinence, some actions are not carried out by the nurses, such as involving the team in the care of women with this condition, prescribing exercises to strengthen the pelvic floor and evaluating and carry out non-pharmacological treatment, as well as the investigation of women without complaints of urinary loss. Therefore, the results indicate the urgent need for training of nurses who work in the ESF.

DESCRIPTORS: Urinary incontinence. Women. Primary health care. Nursing.

MANEJO CLÍNICO DA INCONTINÊNCIA URINÁRIA EM MULHERES POR ENFERMEIROS DA ESTRATÉGIA DE SAÚDE DA FAMÍLIA

RESUMO

Objetivo: Analisar a atuação dos enfermeiros da Estratégia de Saúde da Família (ESF) no manejo clínico da incontinência urinária em mulheres numa área de planejamento do município do Rio de Janeiro (RJ). **Método:** Pesquisa descritiva, com abordagem quantitativa, realizada em sete Unidades Básicas de Saúde, no município do Rio de Janeiro. A amostra foi composta de 27 enfermeiros que atuavam na ESF. A análise dos dados deu-se por meio de estatística descritiva simples, com descrição de frequência relativa e absoluta. **Resultados:** Evidenciaram-se fragilidades na identificação dos aspectos que envolvem a abordagem precoce, os fatores de risco para o seu desenvolvimento, o tratamento e as atividades educativas. **Conclusão:** Apesar de se reconhecer que a ESF possui os recursos para o tratamento da incontinência urinária não complicada, algumas ações não são realizadas pelo enfermeiro, como envolver a equipe no cuidado das mulheres com esse acometimento, prescrever exercícios de

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fortalecimento do assoalho pélvico e avaliar e realizar o tratamento não farmacológico, bem como a investigação das mulheres sem queixa de perda urinária. Portanto, os resultados indicam a necessidade premente de capacitação dos enfermeiros que atuam na ESF.

DESCRITORES: Incontinência urinária. Mulheres. Atenção primária à saúde. Enfermagem.

MANEJO CLÍNICO DE LA INCONTINENCIA URINARIA EN LA MUJER POR ENFERMERAS DE LA ESTRATEGIA DE SALUD DE LA FAMILIA

RESUMEN

Objetivo: Analizar el desempeño de los enfermeros de la Estrategia Salud de la Familia (ESF) en la gestión clínica de incontinencia urinaria en mujeres en un área de planificación de la ciudad de Río de Janeiro (RJ). Método: Investigación descriptiva, con enfoque cuantitativo, realizada en siete Unidades Básicas de Salud, de la ciudad de Rio de Janeiro. La muestra estuvo compuesta por 27 enfermeros que laboraban en la ESF. El análisis de datos tuvo lugar utilizando estadística descriptiva simple, con descripción de frecuencia relativa y absoluta. Resultados: Se evidenciaron debilidades en la identificación de aspectos que involucran el abordaje temprano, los factores de riesgo para su desarrollo, tratamiento y actividades educativas. Conclusión: a pesar de reconocer Aunque la ESF cuenta con recursos para tratar la incontinencia urinaria no complicada, algunas acciones no están realizado por la enfermera, cómo involucrar al equipo en el cuidado de la mujer con esta condición, prescribir ejercicios de fortalecimiento del suelo pélvico y evaluar y realizar tratamientos no farmacológicos, así como investigación de mujeres sin quejas de pérdida urinaria. Por lo tanto, los resultados indican la necesidad apremiante de formación de enfermeras que trabajan en el FSE.

DESCRIPTORES: Incontinencia urinaria. Mujeres. Atención primaria de salud. Enfermería.

INTRODUCTION

Urinary incontinence (UI) is a public health problem with significant social and economic impact, as it affects millions of people of all ages and directly reflects on the quality of life. For the International Continence Society, UI is any involuntary loss of urine, considered the third largest health problem, behind only heart disease and cancer[1].

The prevalence of UI is higher in women, with an occurrence ratio of two for every man. In Brazil, 11 to 23% of women have the disease. In older adults, the prevalence among women is around 20 to 35%, and in men, 10 to 15%. Although the problem often manifests itself with increasing age, it should not be treated as a natural consequence of aging[2].

As for its classification, UI can be defined as stress urinary incontinence (SUI), urge urinary incontinence (UUI) and mixed urinary incontinence (MUI). SUI is the involuntary loss of urine with increased intra-abdominal pressure after coughing, laughing, sneezing and physical exercise. In UUI, there is leakage of urine due to the inability to delay urination after perceiving a feeling of fullness in the bladder. At the same time, MUI is the complaint of urinary loss associated with urgency, but also with effort, sneezing or coughing[1,3].

UI has a multifactorial origin, and the literature points to several risk factors for its development in women, such as constipation, caffeine consumption, alcohol, smoking, overweight, vaginal deliveries, multiparity, advanced age and diabetes. It is worth noting that many of the risk factors presented can be modified with an improved lifestyle, such as physical exercise and a healthy diet[4,5]. However, the problem predisposes to urinary and genital tract infections, maceration and skin rupture, facilitating the formation of lesions associated with incontinence and cellulitis. In addition, it favors the loss of kidney function and sexual dysfunction and alters sleep quality, leading to falls, especially in elderly women[6]. Added to this is the fact that it interferes with women's quality of life, reducing

self-esteem, limiting autonomy, causing social, occupational, domestic, sexual and psychological problems, and also increasing morbidity, stress and depression[7].

Concerning therapeutic forms, depending on health conditions, type and stage of UI, treatment can be behavioral, conservative, physiotherapeutic, drug or surgical. Through it, the woman can obtain a cure, minimize symptoms, or learn to deal better with the problem[7].

In this context, it is in primary care that UI care should be carried out, as it is the care coordinator and order of actions and services available in the network, the main gateway to the Unified Health System. Doctors and nurses working in primary care can be family and community medicine specialists or family and community nurses responsible for urogynecological care[8]. However, studies indicate that UI has remained invisible at this level of health care. Women end up not looking for the service due to the negative feeling caused by the disease and the belief in normality due to aging. In addition, the investigation of symptoms by health professionals sometimes needs to happen accurately.[9,10].

In this sense, it is necessary that health professionals, especially nurses, understand the importance of approaching women early, taking into account the multi factors involved in the occurrence of UI. For women to be assisted, it is also necessary for health professionals to be committed to the identification and adequate treatment of UI.

This study aimed to analyze the performance of nurses from the Family Health Strategy (*Estratégia de Saúde da Família* -ESF) in the clinical management of UI in women in a planning area in the city of Rio de Janeiro (RJ).

METHOD

The present is a descriptive field research with a quantitative approach carried out in seven Basic Health Units (*Unidades Básicas de Saúde*-UBS) in a planning area in the city of Rio de Janeiro.

The sample consisted of 27 nurses who worked in the ESF, thus capturing 100% of the population that met the eligibility criteria: acting as a nurse in an ESF unit in the planning area of Rio de Janeiro for at least one year. Nurses on leave during this period, on vacation or sick leave, were excluded from the study.

Data collection was carried out through the application of an online questionnaire. The participant received the access link to the questions via Google Forms and email during the data collection period between December 2020 and January 2021.

It should be noted that, initially, contact was made with the UBS managers by telephone and email to present the project and authorize data collection. After approval, the instrument was made available to the participants. The instrument was only opened after the participant had accepted it through the Free and Informed Consent Form, made available via email by the National Council for Research Ethics guidelines.

The instrument was composed of two parts:

- Professional characterization, considering the following variables: gender, age, education, performance and professional qualification;
- Nurses' practice in the clinical management of UI in women through a five-point Likert-type scale, which quantifies attitudes and behaviors by estimating the degree of response. To this end, the instrument included 27 affirmative sentences about the practice of nurses, with the following response options: never, rarely, sometimes, often and always, with only one response option being provided to the participants.

Data were tabulated using Microsoft Office Excel 2010, and their analysis was performed using simple descriptive statistics describing relative and absolute frequency.

As recommended by Resolution nº 466/2012 of the National Health Council, ethical precepts were obeyed, which regulate the development of research involving human beings. This investigation was approved by the Research Ethics Committee, under opinions numbered 4,238,480 and 4,387,599.

RESULTS

The study included 27 nurses aged between 25 and 51 years, 93% (n = 25) female and 7% (n = 2) male. Training time ranged from two to 16 years, and time working in the ESF from one to 16 years. Regarding the bond in the ESF, 78% (n = 21) are nurses, and 22% (n = 6) are resident nurses. Regarding practical performance in the ESF, 74% (n = 20) worked only in the care area and 26% (n = 7) in the management and care areas. Concerning education, 85% (n = 23) declared having a *lato sensu* specialization, 11% (n = 3) a master's degree and 4% (n = 1) others. As for specialization in family health, 63% (n = 17) reported that they had it, and 37% (n = 10) said they did not.

As for the practice of nurses in the clinical management of UI in women in a planning area in Rio de Janeiro, the data presented in Table 1 stand out.

Table 1. Distribution of Family Health Strategy nurses' work on the clinical management of urinary incontinence in women in a planning area in the city of Rio de Janeiro, Rio de Janeiro, Brazil, 2021 (n = 27).

prezada autora indicar um titulo para esta coluna

	Never		Rarely		Sometimes		Often		Always	
	n	%	n	%	n	%	n	%	n	%
1. I investigate urinary incontinence in women of any age group with complaints of urinary loss	6	22.2	7	26.0	8	29.6	1	3.7	5	18.5
2. I investigate urinary incontinence in elderly women with complaints of urinary loss	-	-	4	15.0	7	26.0	9	33.0	7	26.0
3. I investigate signs and symptoms of urinary incontinence in women of any age group, even when they do not complain of urinary loss	17	63.0	5	19.0	3	11.0	-	-	2	7.0
4. I investigate signs and symptoms of incontinence urinary tract in elderly women even when not complain of urinary leakage	7	26.0	8	30.0	7	26.0	3	11.0	2	7.0
5. I investigate signs and symptoms of urinary incontinence in pregnant women even when they do not complain of urinary leakage	6	22.0	8	30.0	6	22.0	1	4.0	6	22.0
6. I investigate signs and symptoms of urinary incontinence in women with neurological disorders even when they do not complain of urinary loss	12	44.4	6	22.2	6	22.2	2	7.4	1	3.7
7. I investigate habits such as smoking associated with urinary incontinence	15	55.6	5	18.5	6	22.2	1	3.7	-	-
8. I investigate the intake of alcoholic beverages associated with urinary incontinence	12	44.0	6	22.0	5	19.0	3	11.0	1	4.0
9. I investigate the practice of rigorous exercises associated with urinary incontinence	7	26.0	10	37.0	7	26.0	2	7.0	1	4.0
10. I investigate the presence of constipation associated with urinary incontinence	9	33.0	7	26.0	5	19.0	6	22.0	-	-
11. I investigate the intake of caffeinated foods and beverages (coffee, chocolate and teas) associated with urinary incontinence	15	55.6	7	25.9	3	11.1	1	3.7	1	3.7
12. I investigate the intake of carbonated beverages (sparkling water and soda) associated with urinary incontinence	17	63.0	5	18.5	3	11.1	1	3.7	1	3.7

continue...

Table 1. Continuation...

	Never		Rarely		Sometimes		Often		Always	
	n	%	n	%	n	%	n	%	n	%
13. I investigate the intake of spicy foods associated with urinary incontinence	18	66.7	5	18.5	1	3.7	2	7.4	1	3.7
14. I investigate the intake of citrus fruits and beverages such as pineapple, orange, lemon, lime and tomato (tomato sauce and ketchup) associated with urinary incontinence	15	55.6	6	22.2	4	14.8	1	3.7	1	3.7
15. I investigate the presence of comorbidities such as diabetes, collagen disease, obesity, neuropathy (associated with urinary incontinence)	3	11.0	3	11.0	6	22.0	10	37.0	5	19.0
16. I identify the use of a device for urinary incontinence, such as diapers, pads and/or pads	2	7.4	2	7.7	6	22.2	9	33.3	8	29.7
17. I request the completion of a voiding diary in women with urinary incontinence	15	55.6	5	18.5	3	11.1	3	11.1	1	3.7
18. I ask what the methods were and how many times the woman had to empty her bladder in the last four weeks	6	22.0	4	15.0	5	19.0	6	22.0	6	22.0
19. I investigate the use of medications that may make it difficult to empty the bladder, causing overflow urinary incontinence	10	37.0	8	30.0	1	4.0	6	22.0	2	7.0
20. I prescribe nursing care and advise on pelvic floor strengthening exercises (their importance and how to do them)	1	4.0	2	7.0	2	7.0	8	30.0	14	52.0
21. I evaluate the impact of urinary incontinence on women's quality of life	2	7.4	3	11.1	2	7.4	11	40.8	9	33.3
22. I involve the team (doctors, Family Health Support Center) in the care of women with urinary incontinence assisted in the Family Health Strategy	5	18.5	4	14.8	3	11.1	7	26.0	8	29.6
23. I manage to treat women with urinary incontinence with the resources offered by primary care	4	15.0	9	33.0	3	11.0	10	37.0	1	4.0
24. I refer women with urinary incontinence to secondary care	6	22.0	3	11.0	4	15.0	7	26.0	7	26.0
25. I carry out individual health education activities for clarification and guidance on urinary incontinence in the Family Health Strategy	3	11.0	6	22.0	5	19.0	4	15.0	9	33.0
26. I carry out collective health education activities for clarification and guidance on urinary incontinence in the Family Health Strategy	14	51.9	7	25.9	5	18.5	-	-	1	3.7
27. I carry out continuing education activities with the nursing team regarding urinary incontinence in women (signs and symptoms, approach and clinical management)	16	59.3	5	18.5	5	18.5	-	-	1	3.7

DISCUSSION

The ESF was pointed out by 37% of the nurses as being often able to offer the necessary resources to perform the UI treatment. As for referral to secondary care, 26% of professionals often and always do, which aligns with the literature, which points out that the ESF has the necessary resources to treat uncomplicated UI since conservative treatment is the first choice. Complicated UI cases should be referred to specialized care or when treatment fails[7,11].

Regarding multidisciplinary care, the ESF teams comprise at least a doctor, nurses, nursing assistant and/or nursing technician and community health agent. It may have an oral health team, with a dental surgeon and oral health assistant or oral health technician, and also count on the Expanded Center for Family Health and Primary Care, which constitutes a multidisciplinary and interdisciplinary team that works to support clinical, sanitary and pedagogical to family health professionals[9]. In this care context, of expansion of the minimum team, given a holistic approach to the user, in all aspects involving the health-disease process, it is suggested in cases of women with urinary loss, a multidisciplinary approach to favor the detection and adequate treatment, since only 29% of the participants stated that they always involve the team in care.

Regarding the approach to women, a study points out that health professionals do not have the practice of questioning women about UI symptoms, and they are only assisted according to the main complaint they have. Such an attitude means that UI is neither investigated nor prioritized in care[12]. In the present study, data revealed that 29.6% of professionals explore UI sometimes in women of any age group, and 33% often do it in elderly women. However, in women who do not complain of UI, 63% never investigate signs and symptoms, 44.4% never investigate signs and symptoms of UI in women with neurological disorders, and 30% rarely investigate elderly and pregnant women.

In this sense, it is essential for a good prognosis that health professionals identify, in the initial assessment of women with UI, the time of occurrence, the severity of the symptoms, the association with other symptoms, lifestyle habits, comorbidities, and the resulting discomfort[13]. Thus, these individuals are expected to use some devices, including the voiding diary, which is easy to use and has a low cost, which is fundamental in evaluating and promoting bladder re-education. Its request is recommended as part of the conservative treatment[14]. However, 55.6% of nurses never requested a voiding diary, which aligns with what is described in the literature.

Regarding the investigation of the presence of comorbidities such as diabetes, obesity, neuropathy and collagen disease associated with UI, 37% of the participants often do it, corroborating research that demonstrates the close relationship between comorbidities and UI[4,5]. Another study found that weight reduction in obese women can improve bladder continence. Of these women, 70.59% do not have UI when undergoing bariatric surgery[15].

Concerning research on medications that may make it difficult to empty the bladder, causing overflow UI, 37% of professionals have never carried it out. The same happens with risk factors for UI, as most professionals never or rarely investigate habits such as smoking, constipation, rigorous exercise, intake of alcoholic beverages, caffeinated foods and beverages, carbonated beverages, spicy foods, fruits and citrus drinks associated with UI, thus demonstrating a lack of knowledge, which can impact the quality of care for these women, as guidance and care positively impact treatment[16].

In addition to physical problems, UI has an economic impact due to the behavioral changes resulting from using pads, panty liners and geriatric diapers[17]. Thus, it is necessary to identify the use of such devices, and the study found that 33.3% of professionals often use this approach. As for the question about the methods and the number of times the woman had to empty her bladder in the last four weeks, the result was divided into never, often and always, each with a response of 22.2%.

There is a consensus in the literature that UI can adversely affect the quality of life. Therefore, the International Continence Society has recommended its evaluation in all incontinent patients[18]. This survey showed that 40.8% of nurses often evaluate such an impact. Through the result, it is possible to carry out interventions, providing well-being and improving the quality of life of these women.

Pelvic floor strengthening exercises are an accessible and eligible resource for all types of UI and prevention related to the pregnancy-puerperal cycle, depending only on the professional's adequate instruction and the woman's understanding. According to opinion No. 4/2016/CTAS of the Federal Nursing Council, nurses with generalist training have support to exercise this guidance with a view to conservative treatment[19].In the study, 52% of professionals always prescribe this care, in line with the provisions of the legislation.

Concerning educational activities, such as the nurse's role in clinical management, the professionals' fragility in carrying out such activities was verified: 59.3% never carry out permanent education activities with the team, and 51.9% present the same behavior regarding collective health education activities with the population. As for individual health education activities, the responses varied: 33.3% always carry them out, and 22.2% rarely carry them out.

It is similar to the study's findings, a survey on knowledge, attitudes and practice of ESF doctors and nurses in a city in the interior of São Paulo[20].

Therefore, the study points out weaknesses in the practical work of nurses in the clinical management of UI in women, demonstrating the importance of a multidisciplinary approach and technical, scientific and legal knowledge of nurses intending to contribute to a clinical practice based on evidence and supported rightfully. Added to this is the need for permanent training in the primary care network on the clinical practice of an early approach, treatment and rehabilitation of women at risk of UI or who have developed it.

Among the study's limitations, the Covid-19 pandemic stands out, which promoted drastic changes in the healthcare network, with repercussions on the care practice of nurses in the ESF. Furthermore, the practice of a small sample was evidenced. Therefore, the data cannot be generalized, besides the scarcity of current literature to subsidize the data found.

CONCLUSION

When analyzing the practice of ESF nurses in the clinical management of UI in women, the present study showed several areas for improvement, mainly in aspects involving an early approach, risk factors for its development, treatment and educational activities.

It is noteworthy that, despite recognizing that the ESF has the resources for the treatment of uncomplicated UI, some actions are not carried out by the nurse, such as involving the team in the care of women with this condition, prescribing exercises to strengthen the pelvic floor and evaluate and carry out non-pharmacological treatment, as well as investigate women without complaints of urinary loss. The results indicate the urgent need to train nurses in the ESF.

Based on these findings, it is essential to sensitize nurses who work in primary care to develop investigative competence on the occurrence of UI in women at this level of care. It is also vital to provide training for nurses to provide adequate treatment and promote prevention, thus reducing complications and damage to the health of this population group.

AUTHORS' CONTRIBUTION

Substantive scientific and intellectual contributions to the study: Sousa FR and Gomes HF; **Conception and design:** Sousa FR and Gomes HF; **Collection, analysis and interpretation of data:** Sousa FR, Gomes HF, Mello LF, Peres EM, Vellasques AP and Pires BMFB; **Article writing:** Sousa FR, Gomes HF, Mello LF, Peres EM, Vellasques AP, Pires BMFB, Silva FH, Silva MTN, Andrade PCST, Jesus PBR, Andrade JMC, Paula VG and Costa CCP; **Critical review:** Sousa FR, Gomes HF, Mello LF, Peres EM, Vellasques AP, Pires BMFB, Silva FH, Silva MTN, Andrade PCST, Jesus PBR, Andrade JMC, Paula VG and Costa CCP; **Final approval:** Sousa FR, Gomes HF, Mello LF, Peres EM, Vellasques AP, Pires BMFB, Silva FH, Silva MTN, Andrade PCST, Jesus PBR, Andrade JMC, Paula VG and Costa CCP.

DATA STATEMENT AVAILABILITY

All data were generated or analyzed in the present study.

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