



Continence Improvement Program: Education and Resources for Caregivers in Assisted Living Facilities

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Introduction

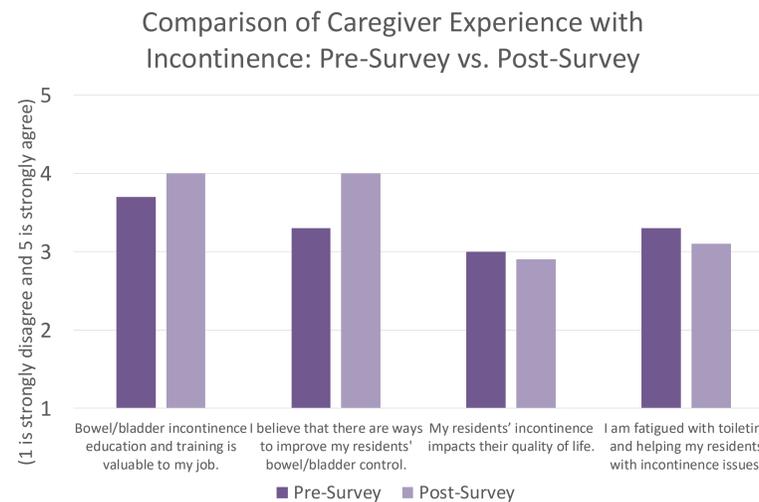
- An estimated 70% of older adults in long term care experience bowel and/or bladder incontinence (Suskind et al., 2021). In the USA, by 2030, one in five people will be over 65, meaning they are eligible for retirement (U.S. Census Bureau, 2024). This will increase the demand for caregivers, particularly in Colorado which has the second fastest increase in the older adult population in the USA (AgeWise Colorado, 2024).
- Incontinence can lead to skin breakdown, higher risk of falls, and overall decline in a patient's quality of life (Sayabalian et al., 2019).
- In addition, caregivers in these facilities can experience burnout and risk of injury while helping residents with toileting (Di Rosa & Lamura, 2016). Furthermore, Suskind et al. (2021) reports that "medical education is lacking in continence care for professionals and caregivers".
- There are no documented programs in Colorado to help caregivers with strategies to reduce the risk factors associated with bowel/bladder incontinence.
- The purpose of this capstone project was to create an easily accessible resource for caregivers to implement with their residents to improve bowel and bladder incontinence at Turnberry Assisted Living Facility (ALF) in Fort Collins, Colorado.

Methods

- The capstone student created and implemented six weekly learning modules to educate residential caregivers on continence improvement strategies. The learning modules included education on:
 - Types of Incontinence
 - Stress incontinence, urge incontinence, mixed incontinence, overflow incontinence, functional incontinence, overactive bladder, and bowel incontinence
 - Reviewed each type and specific examples
 - Exercise to Improve Continence
 - Emphasized the importance of walking and breathing exercise for this population
 - Included home education program with specific exercises targeting accessory muscles of the pelvic floor
 - Diet to Improve Continence
 - Highlighted importance of fluids and fiber with this population
 - List of bowel/bladder irritants as well as foods high in fiber
 - Strategies for Bladder Incontinence
 - Information about importance of timed voiding
 - Included timed voiding logs
 - Strategies for Bowel Incontinence
 - Positioning while toileting
 - Bristol Stool Chart
 - Bowel regularity recipe
 - Tips and Tricks
 - Included information on assistive technology (i.e. bidets, toilet aids, squatty potty)
- The learning modules were provided during in-person sessions via discussions and handouts.
- Participants included 11 caregivers at Turnberry ALF.
- Pre- and post-Qualtrics surveys were created and given to participating caregivers to determine the effects of the program on the caregiver burnout and knowledge related to incontinence.
- Quantitative survey results include caregivers' perception on the impacts that incontinence has on caregiver fatigue/burnout and on clients' quality of life (QoL)
- Trends among qualitative data are noted in the discussion.

Results

- Participants
- 10 caregivers in total participated in the study and completed at least 1 part of the survey
 - 3 caregivers completed both the pre- and post-survey
 - 3 caregivers completed the pre-survey only
 - 4 caregivers completed the post-survey only
- Results
- 0.3 increase in caregiver perception on the importance of incontinence education
 - 0.7 increase in caregiver perception on if education will improve clients' continence
 - 0.1 decrease in caregiver perception that incontinence affects client's Quality of Life (QoL)
 - 0.2 decrease in caregiver perception that incontinence affects caregiver fatigue and burnout.
 - Overall, the sample size (n=3) is not large enough for statistically significant results



Benefits of Bowel/Bladder Education for caregivers Pre-Program vs Post-Program

Pre-Survey	Post-Survey
<p>better quality of life helping the residents feel better <small>To see if there are methods that can improve incontinence know how to recognize signs of bowel bladder movements encouraging resident to go to the bathroom</small></p> <p>Less/easier toileting</p>	<p>boost client self-esteem improve resident's quality of life <small>It helps me better care for my residents identify poop with Bristol scale better control and hygiene</small></p>

Discussion

- Survey Results:
- 6 out of 7 caregivers that completed the post-survey reported that the bowel/bladder caregiver program was clear and easy to understand
 - 7 out of 7 caregivers that completed the post-survey reported that the information provided in this program was relevant; however, 2 of the 7 suggested improvements on content relevancy
 - Qualitative data shows caregiver support for future implementation of the program
 - Qualitative data supported that the creation of the continence improvement program provided helpful information to caregivers at Turnberry ALF

Limitations and Areas of Improvement:

- Small sample size (n=3)
- Broaden program to other assisted living facilities in the area
- Inconsistencies with caregiver survey completion for both pre- and post-survey possibly due to lack of communication or no knowledge of the survey
- Possible survey bias due to student spending more time with certain caregivers at the beginning of the project

Conclusion

Implications:

- Due to the small sample size (n = 3), an inferential statistical analysis was not conducted. Mean response scores of individual items were reported to show caregivers' perceptions of incontinence after receiving the educational program on continence improvement strategies.
- Continence education and interventions must be addressed in assisted living facilities to help alleviate caregiver fatigue and burnout as well as to decrease risk to client's health and wellbeing.

Future research:

- Pilot data supports that this program, along with other resources for continence improvement would be beneficial to implement in similar facilities.
- Ask more specific questions in the pre- and post-survey to better understand the projects strengths and weaknesses.

References



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