

MANAGING CONTINENCE ISSUES IN THE WORKPLACE

This article presents a review of the author's study, which examined the impact incontinence can have on a person's ability to work. It highlights the issues faced by people with bladder and bowel problems at work and discusses the significance of a proactive and collaborative approach from specialist healthcare professionals. The article will also suggest possible product management solutions, including pads, sheaths, male body-worn urinals and pull-up disposable pants. The article examines problems due to specific working practices.

Debra Evans is Information and Knowledge Manager for PromoCon, which provides information on continence products. Helpline: 0161 384 2001; www.promocon.co.uk

In the authors' role as Information and Knowledge Manager for PromoCon, she became aware of an increase in the number of calls from individuals who, for a number of reasons, were finding it difficult to cope with continence problems in the workplace.

There has been minimal research into the impact continence problems can have on a person's working life. A number of studies in the USA have tended to focus on women with urinary incontinence in specific employment settings (Fitzgerald et al, 2000; Kirkland et al, 2001; Fitzgerald et al, 2002; Palmer and Fitzgerald, 2002).

However a study undertaken by Fultz et al (2005) did consider the practical issues involved in

managing incontinence at work, although once again this research was targeted at women. A five-page questionnaire was sent to females in 5,130 US households. Thirty-seven per cent of the respondents reported urine loss during the last 30 days.

The most common strategies for managing incontinence at work included frequent bathroom breaks and wearing pads. Eighty-eight per cent of employed women with the most severe symptoms reported at least some negative impact on their concentration, performance of physical activities, self-confidence or the ability to complete tasks without interruption.

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A more recent survey of individuals with overactive bladder (OAB) conducted by Irwin et al (2006) found that 76% of individuals found it more difficult to perform daily activities, with men significantly more likely

than women to report OAB with incontinence as having an impact on their daily work life.

People can spend up to 60% of their waking hours in work (Health Education Authority, 1997), therefore health and well-being at work has a significant role in enhancing their quality of life. Consequently, a proactive approach to continence management in the workplace should be high on the agenda of healthcare professionals.

DATA ANALYSIS

Sixty-two individuals participated in the author's study. These were found through a mixture of advertising (for example, on the PromoCon website) and asking individuals who called the PromoCon helpline if they would participate. Six telephone interviews (three men/three women) informed the design of the subsequent postal/email questionnaire that was sent out. Seventy-three per cent of the final 62 respondents were men and 27% women, suggesting that men may find it more difficult to manage continence problems.

Ninety per cent of respondents had bladder problems, of which 82% were incontinent of urine during what they considered 'working hours'. However, it was important to consider individuals who experienced enuresis, as this can cause anxiety when working away from home or in occupations where individuals have to sleep at work.

The majority of individuals (97%) had consulted a healthcare professional about their problems. Eighty-nine per cent had consulted a GP, however, none of the respondents were asked how they managed their bladder problems at work. This might be because the GP is considered as the gateway to more specialised services such as the continence adviser or consultant.

Good Practice in Continence Services (Department of Health [DoH], 2000) highlights the importance of assessing and reviewing symptoms in relation to activities of daily living. Twenty-nine per cent of respondents indicated that their continence adviser had not discussed how continence problems impacted on their working life.

Of more concern are the individuals (55%) who attended secondary care but found that the subject of their working lives was not incorporated into the consultation or discharge process. Incidentally, one of the reasons for this study was the amount of men contacting the PromoCon helpline after prostatectomy or treatment for cancer.

Many were given little or no guidance on how to manage their

resulting incontinence. From a clinical perspective they were fit to return to work, however, they were too embarrassed to do so and spent increased time on sick leave, avoiding the workplace.

It should be considered that some healthcare professionals do not believe it is within their remit to discuss continence issues in a social context. A further explanation for not initiating discussions about continence in the workplace is that healthcare professionals may presume other colleagues have addressed the issue. Consequently, the management of bladder and bowel problems at work is not addressed.

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Healthcare professionals are failing their patients in this area of continence management, yet with a proactive approach they can be pivotal in improving their patients' quality of life. The document Health, Work and Well-being (Department of Work and Pensions, 2005) emphasises the significance of 'supporting and engaging healthcare professionals so they recognise the importance of work for their patients' well-being and ensure that they can provide the assistance necessary to fulfil their role in helping their patients to remain in and return to work'.

Respondents' experiences of returning to work without adequate preparation from healthcare professionals are

illustrated by the following comments:

'Due to my work as a nurse I found my working life very much affected by my continence problems, which in turn contributed to my leaving the NHS. I now work in an office-type environment and I have found it easier to accommodate my continence problems.' (Office Manager and ex-Nurse)

'About a year ago my need for disposable diapers got out and everything went downhill. Construction workers aren't the most easy-going bunch. I had lost the respect of the crews and thereby couldn't do my job any more.' (Construction Manager)

PRODUCTS

Specialist healthcare professionals are central to the assessment and review process. It is their clinical knowledge combined with an awareness of new products and treatments that has the ability to improve the quality of patients' lives. On the industry side, companies in the continence field invest heavily in research to design new and improved products, drugs and treatments.

Good Practice in Continence Services (DoH, 2000) highlights the importance of 'periodic re-assessment' (at least yearly) to check that needs have not changed or that there is not a newer more suitable product available. The author's study highlighted that 16% of respondents had not seen a continence adviser in the past two years and a further 18% had never seen one.

The Association for Continence Advice's document A Survey of Patients (ACA, 1999), highlighted the desire of patients to keep up with changing services and products: 'They [patients] were very concerned about keeping up-to-date with the latest developments. Patients felt it was vital to feel confident they were not suffering more than they needed to from a condition that causes so much distress.'

Some healthcare professionals may not fully appreciate that a slight variation in product design can offer individuals considerable benefits. Providing patients with information on the range of products available enables them to make informed choices as to which product would best suit their lifestyle.

The main concern of respondents was that products were not discreet (48%) and could leak (57%). Seventy-three per cent of respondents on the study were men, and the most common method of management was disposable pads, despite other options such as sheaths and body-worn urinals being available. However, the male respondents' reliance on disposable pads could be due to ignorance of the availability of alternative products or lack of confidence in a product design as a result of a bad experience.

Concern at taking products to the toilet (73%) and disposing of soiled pads (74%) came through in the study as a major issue, especially for men. Although there is an awareness of the issues relating to the lack of

disposal facilities in toilet cubicles, especially for men, what had not been considered was the general lack of bins in toilets due to the widespread installation of electrical hand-dryers.

PROBLEMS AND PRODUCT SOLUTIONS

Respondents highlighted a variety of problems associated with continence products:

'A slight variation in product design can offer individuals considerable benefits.'

'I work in a "dirtyish" environment and it is difficult to find an opportunity to self-catheterise as frequently as I would like.' (Engineer)

'Going on aeroplanes is a nightmare. The toilets are far too small to get a wheelchair in and if it is a long flight it is embarrassing to have to perform intermittent self-catheterisation behind a curtain into a jug.' (Support Services Manager)

The respondents highlighted here could have benefited from using catheter kits. The kits comprise an intermittent catheter with integral lubricating solution in a sterile package that doubles as a urine collection bag. The bag can be sealed after use and disposed of when convenient. Catheter kits are available from companies including Astra Tech, B Braun, Coloplast and Hollister.

Sheaths

Many male respondents cited particular difficulties with sheaths:

'I have problems with sheaths leaking. I keep pads in the boot of my car. One day I had a kink in the end of my sheath and it "blew off" wetting the chair and the floor as well as me.' (Railway Worker)

'I once wore a sheath that by the end of the day had come loose and when I needed to urinate, the sheath, which was attached to a leg bag, came off and the urine soaked my trousers at work.' (Chemist)

Over the past few years companies including Clinimed, Coloplast, Hollister, Manfred Sauer and Rochester Medical have put substantial investment into improving the design of sheaths. This increased investment has led to improvements in the materials from which sheaths are made and the adhesives used to ensure maximum efficiency, as well as the development of more discreet packaging.

Male body-worn urinals

Consideration should also be given to male body-worn urinals. However, for many healthcare professionals, suggesting these devices as a management option may be considered a backwards step due to their cumbersome appearance. Healthcare professionals new to the continence field may never have seen these products, as few companies actively promote their use.

The main advantage of this group of products is that they do not adhere to the penis, which for some men is a distinct advantage.

Bullen Healthcare has developed two products, which are more aesthetically pleasing than traditional body-worn urinals, in particular the Acti-Brief (Bullen Healthcare, Liverpool). This product comprises a slip brief, with incorporated flange that attaches to a draining bag, similar in design to a stoma bag. The combined product is discreet and conventional in design.

Pads

If an individual has had a bad experience with a sheath or body-worn urinal, they may revert to pads. It has already been established that disposing of pads in men's toilets is particularly problematic. Therefore, when patients are periodically reviewed for pads, they should be made aware of this and have the opportunity to try different product ranges.

Respondents highlighted the following problems with using pads:

'I was required to do occasional work on another farm seven miles away. I would find myself needing to change pads out in the field.' (Farm Foreman)

'It is very, very difficult to take pads to the toilet for changing in an office environment.' (Pharmacist)

The changing and disposal of continence pads is problematic, therefore, consideration should be given to the suitability of different pad designs. Several respondents commented on the difficulty of changing pads in toilet cubicles due to a lack of space, especially

when using all-in-ones. If the individual is obese the situation is exacerbated:

'Space for changing can be difficult – I am not obviously disabled so using the disabled facilities is not always possible.' (Management Consultant)

Suggesting a 'T-Shaped' product, such as Tena-Flex (SCA Hygiene, Chesterfield) or Abri Wing (Abena Healthcare, Coventry) may make it easier for the individual to fit their pad in a confined space.

'If an individual has had a bad experience with a sheath or body-worn urinal, they may revert to pads.'

A number of respondents highlighted that pads were not discreet in certain work environments. This was a cause of anxiety for individuals such as engineers, plumbers, builders and electricians who regularly had to crawl, stretch or squat. There was a tendency for their shirts or T-shirts to come out of their trousers, revealing the top of the pad:

'When I was coming out of a customer's loft, the hatch caught on my shirt and lifted it revealing the top of my waterproof pants and pad to the chap holding the ladder.' (Architect)

'It is difficult to find pads to wear that are invisible at the back.' (International Sales Manager)

A possible solution is the use of body-vests (Abena Healthcare, Coventry). The company have a range of products, which

fasten under the crotch to stop the garment 'riding-up'. To the uninitiated they resemble a vest or T-shirt and ensure the product remains hidden from view.

Pull-up disposable pants

Pull-up disposable pants are available from several companies including Abena, Ontex, Paper Pak, Paul Hartmann, SCA Hygiene, Shiloh and Tyco Healthcare. There is controversy within continence services relating to their supply due to the cost implications as they are expensive. However, it is essential that patients are made aware of the availability of these products, giving them the opportunity to purchase them themselves if they wish.

Job-specific problems

Healthcare professionals should also bear in mind those individuals in specific employment settings who find it difficult to access the toilet:

'It was difficult to leave a class in mid-lesson to go to the toilet. Colleagues used to complain about my classes waiting outside my locked room when I disappeared to use the toilet urgently between lessons.' (Unemployed Science Teacher)

'I teach design and technology in a secondary school. The constant need to visit the toilet could prove very dangerous with pupils engaged in practical activities in a workshop.' (Secondary School Teacher)

Working with occupational health Thirty-six per cent of respondents had access to occupational

health services but decided not to disclose their continence problems. This meant they were not accessing practical and emotional support from specialist healthcare professionals who were in a position to initiate change in the working environment or in working practices. Fifteen per cent indicated that they did not trust the staff in the occupational health department to keep information confidential:

'One situation that has been inconvenient is the availability of company-funded private medical cover, which necessitates the disclosure of your previous medical history. I know the information does not stay confidential so I am not prepared to submit an application, even though it means not taking advantage of the offer.' (Accounts Clerk)

It should be considered that occupational health professionals may not always be aware of the prevalence or the implications of incontinence and will therefore not consider it as an issue in their setting. However, 50% of respondents indicated their bladder or bowel problems have resulted in sick leave. This may have been due to a physical symptom or a mental health issue, such as stress, anxiety or depression. Twenty-one per cent of respondents had over one month's sick leave in a two-year period, with 5% being absent from work for over six months. Twenty-four per cent of respondents did not inform their employers that their sick leave was due to continence issues and instead cited other medical

conditions. This was possibly due to embarrassment.

However, the wider implication is that there is an under-reporting of sick leave due to incontinence problems, once again masking the prevalence of what is still a taboo subject:

'On more than one occasion I have been unable to leave my office to travel home on the train because of severe cramps and needing to go to the toilet. This has been very embarrassing and stressful which in turn makes the condition worse.' (Civil Servant)

'Now I just feel so dirty and humiliated and embarrassed. I say nothing to anyone if at all possible. While writing this I can feel myself getting very weepy again.' (Nursery Nurse)

CONCLUSION

Continence specialists and occupational health professionals would benefit from collaborative working with regards to workplace continence and advising people on the most appropriate products and where to get them. **CE**

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Key Points

- » There has been minimal research to explore the impact continence problems can have on a person's working life.
- » It should be considered that occupational health professionals may not always be aware of the prevalence or the implications of incontinence and will therefore not consider it.
- » Continence specialists and occupational health professionals would benefit from collaborative working with regards to workplace continence.

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