

# Enhancing Women's Lives through Bladder Health



Mary H. Palmer, PhD<sup>1</sup>; Jennifer M. Wu, MD, MPH<sup>2</sup>; Celine S. Marquez, BSN<sup>1</sup>; Betty Rupp, MPH<sup>2</sup>; Mitchell M. Conover, MSPH<sup>3</sup>; Diane K. Newman, DNP<sup>4</sup>

<sup>1</sup>University of North Carolina at Chapel Hill School of Nursing, <sup>2</sup>University of North Carolina at Chapel Hill School of Medicine <sup>3</sup>University of North Carolina at Chapel Hill Gillings School of Global Public Health, <sup>4</sup>University of Pennsylvania, Perelman School of Medicine

### Background

The prevalence of lower urinary tract symptoms (LUTS) such as urinary incontinence (UI) and overactive bladder (OAB) reaches 40% by age 80, yet little is known how women define bladder health and the terms they use to describe it.

Less than 50% of women seek healthcare for LUTS; instead they engage in behaviors to 'manage' their LUTS, such as reducing their fluid intake to prevent or delay voiding. Thus, our objective for this study was to use information from focus group data to revise a toileting behaviors questionnaire (TB-WEB) to be used to develop a better understanding of women's behaviors related to urinary elimination.

#### Methods

Women, aged 21 years and over from ethnically diverse backgrounds living in the community, were recruited to participate in four focus groups, regardless of LUTS presence. A structured interview guide was used to elicit responses about the meaning of the term "bladder health" and to identify behaviors women use to empty their bladders at home and away from home.

- ◆ Two focus groups (N = 4 women in each focus group) were conducted with women who attended urogynecological clinic in Chapel Hill, North Carolina.
- ◆ Two focus groups (N = 8 women in each focus group) were conducted with women who attended activities at a senior center in downtown Philadelphia.
- Each focus group lasted for approximately one hour and women were given a \$25 gift card at the end of the focus group.
- ◆ Institutional review boards' approval and written informed consent were obtained prior to study.
- Focus group data were audio-taped and transcribed for coding using Atlas.ti 7.
- Qualitative data analysis was used for the identification of themes.
- Short questionnaire with demographic items and validated items about urinary symptoms.

#### Results

Table 1 provides information about the sample. The women were engaged in talking with the moderator and each other throughout the sessions. There was laughter and animated talking over each other in each focus group. Terms used when discussing bladder health and toileting behavior are displayed in Figure 1.

Women noted that the language and behaviors they used at home were different than in public places. As one woman noted: FG1 ID4: "Mostly it's—right, yes it, you're absolutely correct, it depends on where you are. If you're at home, it's, Oh, I have to go pee.' Or I have to go, you know—.... And if you're somewhere and you're trying to be polite about it, well, (just go?) to the ladies room, [talking over each other] to the restroom." Women engaged in different behavior at home and away from home. Many worried about cleanliness of public toilets.

Three themes emerged from the focus groups, see Table 2.

Produced in part by the Department of Communications, School of Nursing; The University of North Carolina at Chapel Hill (LSmith, MA, MSIS 10/2015)

Figure 1. Word Cloud of frequently used words



Table 1. Characteristics of women who participated in focus groups

	Overall	North Carolina	Pennsylvania
N	24	8	16
Age in years (SD)	68 (13.4)	56 (14.5)	74 (7.8)
Race (%)			
White	7 (29.2%)	6 (75.0%)	1 (6.3%)
Black	15 (62.5%)	2 (25%)	13 (81.3%)
Missing data	2 (8.3%)	0 (0%)	2 (12.5%)
Ethnicity			
Hispanic	1 (4.2%)	0 (0%)	1 (6.3%)
Non-Hispanic	21 (87.5%)	8 (100%)	13 (81.3%)
Missing data	2 (8.3%)	0 (0%)	2 (12.5%)
BMI (SD)	30.7 (9.4)	24.0 (4.0)	34.1 (9.6)
Presence of UI (%)	18 (75.0%)	5 (62.5%)	13 (81.3%)
Presence of OAB (%)	21 (87.5%)	6 (75.0%)	15 (93.8%)

## Table 2. Three themes identified from focus group analyses Cues/triggers/alerts: What gets women started regarding toileting?

**FG2 ID8:** "And most of the time also when you sit down, relax, you don't have to go to the bathroom a lot. But when you stand there—"

**FG1 ID4:** "It's a mental cue. You walk past a water fountain, a bathroom, you know, anything that correlates with going, like a flow."

**FG2 ID5:** "Oh, WOW! I just have kind of a pressure kind of feeling. You know, and it'll start off small, and if you wait too long then it's a real pressure and you feel like you have to really hurry."

**FG4 ID32:** "And running water. Yeah, that's when it— And somebody else have to go, then you say, I better go too. [Chuckling] Running water (make it come down?) too."

#### Toileting as an irritant and nuisance

**FG1 ID1:** "I find having to go to the bathroom a pain in the neck. I find it like, Oh, god, I've got to go to the bathroom!"

**FG1ID3:** "Sometimes on days when I'm like super hydrated and I feel like I'm going to the bathroom more often and it's kind of, it's kind of a pain in the rear end, I will, when I finish I like, Oh, I feel good, I feel better, I wish that would last longer."

**FG2 ID6:** "I think it was that. I think it was a lot of that. Just enough to take the pressure off to then to get on to the next thing."

## Situational Awareness: Considering the environment, their own functional abilities, and other people

**FG1 ID2:** "—it's the cleanliness of it. But here's a thought I had, I've thought about this, I thought, if you're sitting on the seat, I wonder how many germs, really, from the last person, or how long those germs survive on the seat."

FG2 ID6: "Oh, I would almost probably always stalk out where the bathroom was. Always."

**FG1 ID2:** "—there's certain toilets I will not use. One is in an airplane. Unless it's absolutely necessary. I will hold it for hours before I will—and I'm bad about that."

**FG1 ID3:** "Or if I hear somebody and it feels like they're—sounds like they're pouring a five gallon bucket, I'm like, Good lord, how much did you drink? I perceive other people, I have noticed other people going, so I worry that they are paying attention to me—which they probably aren't."

#### Discussion

The women readily described behaviors they used to manage urination. A surprising finding was that some women do not fully empty their bladders when they urinate, usually while away from home. Women described different toileting behaviors at home and away from home where there were concerns about cleanliness of the toilet and its environment. Some women do not sit on public toilet seats or do not urinate until they return home. Researchers need to further explore the influence of these behaviors on bladder health. The TB-WEB was revised based on the information to include items about complete emptying and differentiating behaviors used at home and away from home.

#### Conclusion

Understanding how women think and talk about their bladders and the behaviors they use to manage urination will assist researchers in identifying factors that may affect bladder health, including toileting behaviors. This information will also facilitate the development of public health messages to raise women's awareness about LUTS and to seek help when symptoms are present.

#### Disclosures

University of North Carolina at Chapel Hill IRB# 14-2808
University of Pennsylvania IRB# 821937
Funding Source: Carolina Women's Center Faculty Scholar Award 2014-2015