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## Continence Care: The Need for Creativity and Innovation

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# **Editorial**

# Continence Care: The Need for Creativity and Innovation

n April 2007, I attended a conference quite different from anything I had previously experienced. The conference, Innovating for Continence: The Engineering Challenge, was hosted by the Simon Foundation for Continence. As the title implies, this was not your usual conference about the diagnosis, treatment, and management of urinary incontinence. Rather, it was a conference dedicated to exploring technological advances in continence care. The central question throughout this two-and-a-half day event was, "What can be done to stimulate continence technology to ensure the most effective management for persons who suffer with this problem?"

The conference attracted an international audience of nearly 150 attendees, including health care providers (physicians and nurses), academic and industry engineers, corporate executives, organizational leaders of professional and lay non-profit groups (including SUNA), as well as caregivers and clients. What was so amazing about this gathering of people was the collective interest in examining the problem of urinary incontinence from an entirely different point-of-view. As participants, we were continually challenged to think outside the box. Could technologies developed for space programs or other medical specialties be re-envisioned and adapted for use in continence care? Could advances in odor science or textile engineering improve continence management? Is there any way to create a female collection device that might actually work?

Any doubts one might have had about the need to accelerate development and advance technologies for continence care were diminished by the poignant stories of caregivers and clients about their difficulties in managing urinary incontinence. While behavioral strategies were appropriately utilized as a primary approach to managing incontinence, many admitted that behavioral interventions alone were often not enough to assure effective and confident continence care. Products or devices were frequently used as compliments to create a comprehensive approach to



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care, but often, what worked for one person was not effective for another. The pleas for creativity and innovation in continence management were heartfelt and could not be ignored.

Creativity is a core human drive that all individuals possess to some degree. The problem is that we often become so comfortable within our areas of expertise that we resist the opportunity to consider ideas outside of the proverbial box we have created for ourselves. Some believe that we are cursed by the knowledge that propels us down the path of tried and true approaches when confronted with a chal-

lenge (Rae-Dupree, 2007). Our comfort in what we already know allows us to solve the problem or accomplish the task, but often at the expense of stifling creativity.

Creative thinking leads to innovation. Yet, the ability to think creatively takes practice. According to Ditkoff (2007), some ways that you can stimulate creative thinking may include brainstorming daily with a coworker, identifying three alternatives to every solution you originate, asking five people how they might improve your idea, creating an idea piggy bank and making deposits daily, attempting to make connections between seemingly disconnected things, and simply choosing to be more creative. But let's face it, being creative can be hard work, and most people would just prefer to wait for someone else to think up the next great idea to better solve the problem.

We cannot advance continence care without the collective, creative ideas of knowledgeable individuals from diverse backgrounds. We must also engage in a continuing dialogue to identify a common ground from which to generate new solutions to old problems. Above all, innovation for continence needs the commitment of people with a variety of skills who are willing to share new ideas, embrace innovation, and promote change. This is a tall

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Heit, M., Mudd, K., & Culligan, P. (2001). Prevention of childbirth injuries to the pelvic floor. Current Women's Health Reports, 1, 72-80.

Hvidman, L., Foldspang, A., Mommsen, S., & Nielson, J.B. (2003). Postpartum urinary incontinence. Acta Obstetricia et Gynecologica Scandinavica, 82, 556-

Kelleher, C. (2003). Investigation and treatment of lower urinary tract dysfunc-tion. Gurrent Obstetrics and Gynaecology, 13, 342-349.

Leslie, M.S. (2004). Counseling women about elective cesarean section. Journal of Midwifery and Women's Health, 49(2), 155-159.

Lingam, K. (2001). Genuine stress incontinence. Current Obstetrics and Gynaecology, 11, 353-358.

Lukacz, E.S., Lawrence, J.M., Contreras, R., Nager, C.W., & Luber, K.M. (2006). Parity, mode of delivery, and pelvic floor disorders. Obstetrics Gynecology, 107(6),1253-1260.

Mayerhofer, K., Bodner-Adler, B., Bodner, K., Rabl, M., Kaider, A., Wagenbichler, P., et al. (2002). Traditional care of the perineum during birth. Journal of Reproductive Medicine, 47, 477-482.

Mayberry, L.J., Hammer, R., Kelly, C., True-Driver, B., & De, A. (1999). Use of delayed pushing with epidural anesthesia: Findings from a randomized trial. controlled Journal Perinatology, 19(1), 26-30.

McCandlish, R. (2001). Perineal trauma: Prevention and treatment. Journal of Midwifery and Women's Health,

46(6), 396-401.

McFarlin, B.L. (2004). Elective cesarean birth: Issues and ethics of an informed decision. Journal of Midwifery and Women's Health, 49(5), 421-429.

Melnyk, B., & Fineout-Overholt, E. (2005). Evidence-based practice in nursing and health care: A guide in best practice. Philadelphia: Lippincott, Williams & Wilkins.

Morkved, S., Bo, K., Schei, B., Salvesen, K.A. (2003). Pelvic floor muscle training during pregnancy: A singleblind randomized controlled trial. Obstetrics and Gynecology, 101, 313-319.

National Guideline Clearinghouse. (2008). Inclusion criteria. Retrieved April 12, 2008, from http://www.guideline.

gov/submit/inclusion.aspx

Nygaard, I. (2005). Should women be offered elective cesarean section in the hope of preserving pelvic floor function? International Urogynecology Journal, 16, 253-254.

Nygaard, I. (2006). Urogynecology: The importance of long-term follow up. Obstetrics and Gynecology, 108(2),

244-245.

Peeker, I., & Peeker, R. (2003). Early diagnosis and treatment of genuine stress urinary incontinence in women after pregnancy: Midwives as detectives. Journal of Midwifery and Women's Health, 48(1), 60-66,

Penna, L. (2004). Caesarean section on request for non-medical indications. Current Obstetrics and Gynaecology, 14, 220-223.

Piotrowski, K.A. (2004). Labor and birth complications. In D.L. Lowdermilk & S.E. Perry (Eds.), Maternity and women's health care (8th ed., pp. 289-326). St. Louis, MO: Mosby.

Roberts, J.E. (2002). The "push" for evidence: Management of the second stage. Journal of Midwifery and Women's Health, 47(1), 2-15.

Roberts, J., & Hanson, L. (2007). Best practices in second-stage labor care: Maternal bearing down and pushing. Journal of Midwifery and Women's Health, 52(3), 238-245.

Salvesen, K.A., & Morkved, S. (2004). Randomized controlled trial of pelvic floor muscle training during pregnancy. British Medical Journal, 329, 378-

Saunders, R.B. (2004). Nursing care during pregnancy. In D.L. Lowdermilk & S.E. Perry (Eds.), Maternity and women's health care (8th ed., pp. 397-447). St. Louis, MO: Mosby.

Simm, A., & Ramoutar, P. (2005). Caesarean section: Techniques and complica-Current Obstetrics

Gynaecology, 15, 80-86.

Stepp, K.J., Siddiqui, N.Y., Emery, S.P., & Barber, M.D. (2006). Textbook recommendations for preventing and treating perineal injury at vaginal delivery. Obstetrics and Gynecology, 107(2, pt. 1), 361-366.

Sultan, A.H., & Fernando, R. (2001). Maternal obstetric injury. Current Obstetrics and Gynaecology, 11, 279-

U.S. Preventive Services Task Force, U.S. Department of Health and Human Services. (2007). About USPSTF: The new U.S. Preventive Services Task Force. Retrieved April 12, 2008, from http://www.ahrq.gov/clinic/uspstfab.htm

Varney, H., Kriebs, J.M., & Gregor, C.L. (2004a). The profession and history of midwifery in the United States. In H. Varney, J.M. Kriebs, & C.L. Gregor (Eds.), Varney's midwifery (4th ed., pp. 3-27). Sudbury, MA: Jones and Bartlett Publishers, Inc.

Varney, H., Kriebs, J.M., & Gregor, C.L. (2004b). Screening for and collaborative management of selected complications during the first and second stages of labor. In H. Varney, I.M. Kriebs, & C.L. Gregor (Eds.), Varney's midwifery (4th ed., pp. 821-851). Sudbury, MA: Jones and Bartlett

Publishers, Inc.

Varney, H., Kriebs, J.M., & Gregor, C.L. (2004c). Cutting an episiotomy and repairing episiotomies and lacerations. In H. Varney, J.M. Kriebs, & C.L. Gregor (Eds.), Varney's midwifery (4th ed., pp. 1275-1293). Sudbury, MA: Jones and Bartlett Publishers, Inc.

Viktrup, L., Rortveit, G., & Lose, G. (2006). Risk of stress urinary incontinence twelve years after the first pregnancy delivery. Obstetrics Gynecology, 108(2), 248-254.

Visco, A.G., Viswanathan, M., Lohr, K.N., Wechter, M.E., Gartlehner, G., Wu, J.M., et al. (2006). Cesarean delivery on maternal request: Maternal and neonatal outcomes. Obstetrics and Gynecology, 108(6),1517-1529.

**Additional Reading** 

Hendrix, S.L., Cochrane, B.B., Nygaard, I.E., Handa, V.L., Barnabei, V.M., & Iglesia, C.(2005). Effects of estrogen with and without progestin on urinary incontinence. Journal of the American Medical Association, 293(8), 935-948.

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request, but I am certain that there is someone reading this editorial who has a clever idea for continence management worth sharing. If that person is you, mark your calendar now to attend the next Innovating for Continence conference scheduled for April 6-8, 2009.

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#### References

Dikoff, M. (2007). The heart of innovation - 100 simple ways to be more creative on the job. Retrieved April 9, 2008, from http://www.ideachampions.com/weblogs/archives/ 2008/04/post 7.shtml#more

Rae-Dupree, J. (2007, December 30). Innovative minds don't think alike. The New York Times. Retrieved April 9, 2008, from http://www.nvtimes.com/2007/12/30/business/30know.html?em&ex=1199336400&en=f5eead8284bd563a &ei=5087%0A

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