International Journal of Technology and Education Research

https://e-journal.citakonsultindo.or.id/index.php/IJETER

E-ISSN: 2986-0733

Gerontological Nursing Care For Mr. S With Urinary Incontinence At The Pematangsiantar Social Service Unit For The Hearing And Speech Impaired And The Elderly

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Abstract

Introduction: Urinary incontinence is a condition characterized by the inability to control urine output, resulting in involuntary urine leakage. According to the World Health Organization (WHO), the global elderly population is projected to reach 2.1 billion by 2050. This study aims to provide gerontological nursing care.

Methods: A qualitative research design was employed, specifically a descriptive study using a case study approach. The sample consisted of one respondent—an elderly individual experiencing urinary incontinence. The study was conducted from April 12 to April 16, 2026, at the Pematangsiantar Social Service Unit for the Hearing and Speech Impaired and the Elderly.

Results: Assessment revealed that the client was experiencing stress urinary incontinence accompanied by self-care deficits and sleep pattern disturbances. Following five days of nursing care—comprising Kegel exercises, fluid management, and personal hygiene—the frequency of urination decreased from 20 times to 10 times per 24 hours. During a 10-hour observation period, the frequency of urination dropped from 11 times to 8 times; urine leakage diminished, self-care ability improved, and sleep quality enhanced. All nursing problems were determined to be partially resolved.

Conclusion: Five days of gerontological nursing care helped improve the condition of the client suffering from urinary incontinence. Recommendation: Nurses are expected to provide ongoing education regarding Kegel exercises, bladder training, fluid intake management, and scheduled toileting to improve urinary control and the quality of life for elderly individuals with urinary incontinence.

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International Journal of Technology and Education Research

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Keywords: Elderly, Urinary Incontinence, Gerontological Nursing Care, Kegel Exercises

INTRODUCTION

Nursing geriatric is branch knowledge nursing that focuses on care holistic for elderly (advanced) age), includes aspect physical, mental, social, emotional, and spiritual. The goal is increase quality life and independence elderly in the middle change due to the aging process, Through the nursing process start from assessment until evaluation, Nurse geriatric give targeted, collaborative, and community - based interventions proof For guard health, prevent complications, as well as support elderly in undergo a meaningful and dignified life (Polit & Beck, 2012).

Carry on age abbreviated with elderly is someone who has reach age more from 60 years to above, Every creatures life will experience all the processes that are named become old or aging, The aging process the is not something disease, but is a gradual process result in change cumulative, where there is a process of decline Power stand body in face stimulation from inside and outside body (Chiu et al., 2021)

Urinary incontinence is something condition Where inability sphincter external in control urine output from bladder urine so that cause urine leakage that can ongoing in a way continously or little by little, Condition This common occurs in older adults old, but also can affecting older adults young and in significant impact on health and quality life, Urinary incontinence is common happen Because muscles weakened pelvis or damage to the channel urinate, Women often experience incontinence urine especially after give birth to or during menopause ((Sanchez et al., 2020).

Reason primary in elderly who suffer from urinary incontinence is the existence of " instability" bladder urine ". Some damage innervation result in somebody No capable prevent contraction muscle bladder urine in a way effective (detrusor muscle) and may also be complicated by problems others, such as limitations movement and confusion, Incontinence can happen moment urine pressure inside bladder urine control ability muscle internal and external sphincters (which are respectively participate Good in a way aware or No aware) to holding urine, still is at in bladder urinary incontinence urine is inability temporary or permanent muscle sphincter external For control the exit urine from bladder urinary tract, Causes incontinence among other things, the aging process, enlargement gland prostate spasm bladder urine, decreased awareness, using drug sedative narcotics (Lee & Seo, 2022).

According to data from the World Health Organization (2025) the number of residents aged 60 years and above in 2020 amounted to 1.4 billion, while in 2050 the number residents

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aged 60 years to the top estimated will folded double to 2.1 billion, According to the World Health Organization (2020) the number residents who experience Urinary incontinence affects 200 million people worldwide soul whereas For elderly people who experience urinary incontinence totals 46 million souls, According to the National Library of Medicine in 2021, the number of woman carry on age experienced urinary incontinence in developed countries in the United States reach around 48 million souls (14%) of the total population around 341 million souls in European countries that are experiencing urinary incontinence reached 277 million souls (37%) of the total population around 745 million soul in the country developing in Africa which is experiencing urinary incontinence reached 634.2 million souls (45.3 %) from population around 1.4 billion soul (Rozveh et al., 2023).

Handling urinary incontinence in the elderly can done in a way pharmacology, non-pharmacology, or combination therapy pharmacology aim reduce symptoms and improve quality live, with type drug customized type incontinence, In incontinence urgency, used antimuscarinic (such as oxybutynin, tolterodine, solifenacin) for hinder contraction bladder urinary tract, as well as beta-3 agonists such as mirabegron which are more safe for elderly Because effect beside it more light, (Darsini, 2025).

The results of research by Djusad, (2023) show that urinary incontinence can lower quality life Woman so that need done effort prevention and if has happens, it is necessary managed with good, Efforts that can be made done is modification style life covering decline weight loss, reduce consumption caffeine, regulate intake fluid body, bladder training, exercise muscle base hips (exercise kegel), and therapy physical (biofeedback, therapy) magnetic, and stimulation electric). Note daily urinate used For identify intake and urination patterns Then done modification behavior (Yao et al., 2023).

In research by Alrashdi et al., (2023) Shows that care nursing For patient with incontinence urine involving evaluation comprehensive For identify types and causes fundamental incontinence, as well as For adapt appropriate intervention, Interview patients and examinations comprehensive physical must done For gather information about history health patient, factors style life, and medicine whatever is possible contribute to the problem urine (Polit & Beck, 2022b), Support education is very important ; nurses play role important in teach patient about exercise muscle base pelvis, technique training bladder urine, and its importance management fluids, In addition, nurses must facilitate communication open,b (Watson & Simms, 2018). create room safe for patient For discuss concerns and preferences they about incontinence they, Implementation plan individual care is very important For optimize results patient, This may be including coordinate references to specialists, such as expert urology or

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physiotherapist, if need (Watson & Simms, 2022).

The role of nurses in care elderly with feel it urinary incontinence is improve level knowledge health and ability elderly in overcome his health and improve change behavior elderly in overcome problem incontinence nurse play a role as educator with give information about causes, types, treatment urinary incontinence, (Khaira, et al. 2022).

Based on the data above so researchers interested For take Scientific papers with Title Care Nursing Gerontic In Mr. S With Urinary Incontinence at the Service Unit Deaf Social Speech and Continuation Age Pematangsiantar

METHOD

Research used on the work write scientific This that is qualitative with type study descriptive, with approach studies case study, Qualitative research is method research deep For understand phenomena, experiences, or behavior man holistically in context naturally, not past numbers, but rather through description of words (text, audio, video) for dig meaning, perception, motivation, and reasons behind something thing, with researchers as a key instrument that interacts Direct (Daryaswanti, 2024). Descriptive research done with objective For describe or to draw facts about population in a way systematic, and accurate (Basit et al., 2023).

Location and Time

The research location was conducted at the Social Services Unit for the Deaf, Mute and Elderly in Pematangsiantar. The research was conducted from April 12 to April 16, 2026 (Polit & Beck, 2022b).

Informant Research

Informant study is a very central and fundamental element, Informant can described as an individual or a group of people who on purpose selected by researchers For interviewed or invited interact Because they own knowledge, experience and depth unique understanding as well as specific about phenomenon, problem, or current social context studied (Hafizrianda, Urip & Purbariani, 2025). The number of samples used in study This as many as 1 respondent (Nia Khusniyati et al., 2025).

Data collection technique

Data collection techniques are one method For describe study is as a systematic process

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solution problem used in service information For solve problem, The data collection method is technique or a series possible procedures used researchers For collect data (Mardhiyah et al., 2023). Technique for describe an abstract and intangible word nature figurative language only can observed its implementation through questionnaires, interviews, observations, examinations (tests), documentation, and other methods others (Shi et al., 2023).

Analysis and Data Presentation

Qualitative data analysis is the process of organizing, categorizing, interpreting, and drawing meaning from non-numerical data (such as interview transcripts, observation notes, documents, etc.) to gain a deeper understanding of social phenomena. Qualitative data is descriptive and narrative in nature, so its analysis techniques emphasize the meaning and patterns of human experience or behavior (Sumantri, 2025).

RESULTS

Researchers conducted nursing care for the elderly at the UPT Yansos for the Deaf, Mute and Elderly Pematangsiantar, which is a shelter that provides social services to the Deaf, Mute and Elderly with several facilities available, including male and female dormitories for socially disabled residents with deaf speech and elderly, study rooms, sewing skills rooms for males and females, beauty salon rooms, polyclinic rooms, dining rooms, offices and halls (Mulyasari et al., 2023).

The case study conducted in this research is providing nursing care to elderly patients experiencing urinary incontinence (Sharma et al., 2025). The researchers conducted this research from April 12, 2026, to April 16, 2026. Activities included assessment, nursing diagnosis, nursing intervention, nursing implementation, and nursing evaluation (Huang et al., 2022).

Data analysis

Table 1. Data Analysis

No	Data	Etiology	Problem
1.	**DS :** - The client complained of difficulty controlling urination and often urinating without realizing it.	Urine output is not controlled ↓ Urinary incontinence	Stress urinary incontinence

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	- The client said that urine comes out when coughing and sneezing without realizing it, resulting in bedwetting. - The client stated that he urinates frequently, with a frequency of +20x/day. During the day +14x and at night 6x - The client said that urine comes out little by little after urinating. **DO :** - The client appears to frequently go to the bathroom 5 times. - The client appears unable to delay urination before reaching the toilet. - the client's lower clothing appears wet due to bedwetting	↓ weakness muscle base pelvis ↓ Sigh go out urine <50 ml at increased abdominal pressure (when standing, laughing, running) or lift object heavy), no urine output complete, urgent urination, frequency urinate increase ↓ Stress urinary incontinence	
2.	**DS :** - The client said he often wet the bed - The client said he often changed his clothes because his clothes were wet due to urine that came out without him realizing it. - The client said feel No comfortable when clothes wet with urine. - The client complained that there were abrasions/redness in the genital area. **DO :**	Difficulty controlling the bladder ↓ Excessive urine output ↓	Self-Care Deficit

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	- The client appears 5 times going to the toilet because No capable holding urine. - Clothes often wet due to urine coming out without realized	Difficulty maintaining cleanliness ↓ Bedwetting, inability to control urine flow ↓ Self-Care Deficit	
3.	**DS :** - The client said often woke up Evening day consequence want to urinate, - The client said Sleep No soundly and frequently disconnected, - The client said only Sleep about 4–5 hours every Evening - The client said woke up at night day as many as 6 times for urinate **DO :** - the client's face looks tired and dull, and there are dark circles around the client's eyes. - The client appears to have provided a special place or container under his bed to anticipate urinating at night. TTV : BP: 140/90 mmHg HR : 87 x / minute RR : 2 0 x / minute T: 37.5 °C	Decline capacity bladder urine ↓ Frequent urination, bedwetting, bladder distension urination, enuresis, increased residual urine volume ↓ Sigh difficult sleeping, complaining often awake, ↓ complaining No satisfied Sleep	Disturbance pattern Sleep

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		Disturbance pattern Sleep	

DISCUSSION

The researcher has provided nursing care to a patient diagnosed with urinary incontinence, this action was carried out for 5 days starting from April 12, 2026 to April 16, 2026, on Mr. S at the Social Services Unit for the Deaf, Mute, and Elderly in Pematangsiantar (Halter, 2018). In this discussion, the researcher will discuss the suitability of the theory and the results of nursing care that have been carried out by the patient. The activities carried out include nursing assessment, nursing diagnosis, nursing intervention, nursing implementation, and nursing evaluation (Basri et al., 2022).

Assessment Nursing

Based on the results assessment nursing gerontic in Mr. S with diagnosis medical urinary incontinence at the Social Services Unit for the Deaf Speech and Continuation Age Pematangsiantar, data was obtained that client experience difficulty control urine output, increase frequency urinate, urine comes out little by little (seeping / dripping), and often woke up at night day For urination (nocturia). At the time done inspection Physically, the perineum and genitalia areas were found looks damp and risky experience irritation skin consequence repeated exposure to urine, According to theory, urinary incontinence in the elderly happen due to the aging process that causes it decline function muscle base pelvis, descent capacity and elasticity bladder urinary bladder (vesica) urinaria), as well as weakness control sphincter internal urethra and external (Nurazizah & Rantesigi, 2023).

Nursing Diagnosis

A nursing diagnosis is a clinical assessment of a client's response to a health problem or life process, whether actual or potential. In establishing priorities and formulating the nursing problem in this case study, the author referred to the Indonesian Nursing Diagnosis Standards (SDKI) developed by the Indonesian National Nurses Association (PPNI). This diagnosis is based on an analysis of subjective and objective data found during the assessment to determine appropriate and measurable nursing interventions (Rahandi et al., 2020).

Stress urinary incontinence is related to pelvic floor muscle weakness characterized by the client saying that he is often unable to hold his urine before reaching the toilet, the client says that he often urinates in his pants (bedwetting), the client says that urine often comes out

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without realizing it, the client says that he often urinates with a frequency of 20 times/day and a little urine comes out after urinating, the client appears to frequently go back and forth to the bathroom 5 times, the client appears to be unable to delay urinating before reaching the toilet, the client says that urine comes out little by little after urinating, BP 140/90 mmHg, HR 87 x/minute, RR 20 x/minute, and temperature 37.5°C. Self-care deficit related to the inability to maintain personal hygiene due to uncontrolled urine output characterized by the client saying frequent bedwetting, the client saying the client's pants are often wet because of urine, the client saying feeling uncomfortable when clothes are wet by urine, the client appears to go to the toilet several times because he is unable to hold his urine, clothes are often wet due to urine that comes out without realizing it, the client says there are abrasions/redness in the genital area, BP 140/90 mmHg, HR 87 x/minute, RR 20x/minute, and temperature 37.5°C (Sümen & Öncel, 2021). Sleep pattern disturbance related to. increased frequency of urination at night (nocturia) is characterized by the client saying he often wakes up at night due to the need to urinate, the client says his sleep is not restful and is often interrupted, the client says he only sleeps about 4-5 hours every night, the client wakes up at night 6 times to urinate, the client appears to go to the bathroom frequently at night, BP 140/90 mmHg, HR 87x/minute, RR 20x/minute, and T 37.5°C (Polit & Beck, 2022a).

Self-care deficit related to the inability to maintain personal hygiene due to uncontrolled urine output is characterized by the client saying that he often wets the bed, the client says that his pants are often wet because of urine, the client says that he feels uncomfortable when his clothes are wet with urine, the client appears to go to the toilet several times because he is unable to hold his urine, his clothes are often wet due to urine that comes out without him realizing it, the client says that there are abrasions/redness in his genital area, BP 140/90 mmHg, HR 87 x/minute, RR 20x/minute, and temperature 37.5°C. besides that, condition This is also supported by research Dwi Nurul Hijrayanti Wijaya, et al, (2024) who found that decreased muscle tone base pelvis is trigger main level urinary incontinence in the elderly which can intervened through Kegel exercises regular (Achyar et al., 2019).

Implementation Nursing

Implementation nursing care for Mr. S was carried out for five days in accordance with interventions that have been arranged based on three diagnosis nursing that is stress urinary incontinence, Deficit maintenance self, and disturbance pattern sleep, Implementation carried out covering action observation, therapeutic, educational, and collaborative in accordance with Standard Intervention Indonesian Nursing (SIKI)(Related et al., 2022).

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Evaluation Nursing

The nursing evaluation showed that Mr. S's condition improved after five days of nursing care, comparing the results achieved with the established outcome criteria. The evaluation was conducted using the SOAP (*Subjective, Objective, Assessment, Planning*) format (Al-Zein & Al-Khawaldeh, 2015).

24 hours and 11 times during the 10-hour observation. Urine leakage began to decrease compared to the previous day. The client was able to perform pelvic floor muscle exercises with the nurse's guidance and began to be able to hold urine for longer periods through bladder training. Day Three: Urinary frequency decreased to 15 times in 24 hours and 10 times during the 10-hour observation. The client reported that urine leakage was decreasing and urinary retention was improving. The client was able to perform Kegel exercises with better technique and maintain pelvic floor muscle contractions for longer periods (Akbaş & Yiğitoğlu, 2020).

CONCLUSION

Based on the results giving care nursing care for Mr. S with a medical diagnosis urinary incontinence performed for five days, can concluded that the nursing process has implemented in a way systematic covering assessment, nursing diagnosis, planning, implementation, and evaluation,at the stage assessment obtained subjective and objective data that shows that Mr. S experienced difficulty control marked urine output with often urinate, no capable withhold desire urinate, urine comes out little by little (dribbling), and often experience urine seepage before reach the toilet. In addition, the client also experienced disturbance Sleep consequence often woke up at night day For urination (nocturia), so that quality Rest become decreased, Condition This also has an impact on the ability client in maintain cleanliness self Because clothes often wet consequence urinary incontinence (Folami, 2017).

Based on the results assessment said, obtained three nursing diagnoses priority, namely Stress Urinary Incontinence relate with weakness muscle base pelvis, Deficit Self -care related with difficulty control bladder urinary tract infections, and sleep pattern disorders are related with nocturia management non-pharmacological in accordance Standard Intervention Indonesian Nursing (SIKI), including monitoring pattern urine elimination, exercise muscle base pelvic floor (Kegel exercises), bladder training, scheduled toileting, maintaining perineal area hygiene, education regarding personal hygiene, regulation intake liquid, as well as modification environment Sleep For increase comfort Rest client

Evaluation results show existence repair condition client, Frequency urinate decrease from 20 times to 10 times in 24 hours, while frequency urinate during 10 hours of observation

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decrease from 11 times to 8 times. Ability client control urine output increases, urine seepage decreases, ability do maintenance self become more good, and quality Sleep increase along decrease frequency nocturia,

In a way overall, implementation nursing give change positive to condition client, However, because time implementation care nursing only five days, the three nursing diagnoses stated resolved partly, Therefore that, Kegel exercises, bladder training, scheduled toileting, personal hygiene, as well as arrangement intake fluid need Keep going to be continued in a way independent with monitoring power health For maintain and improve function urinary elimination as well quality life client,

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