

**MASTERARBEIT**

**Burden of Disease -  
Physische, psychische und soziale Belastungen und Auswirkungen  
von Inkontinenz (Harn-, Stuhl-, Doppelinkontinenz)  
bei Erwachsenen unter 65 Jahren -  
Literature Review**

eingereicht von  
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Wien, am 31. August 2014

## **Ehrenwörtliche Erklärung**

Ich erkläre ehrenwörtlich, dass ich die vorliegende Masterarbeit selbständig und ohne fremde Hilfe verfasst habe, andere als die angegebenen Quellen nicht verwendet habe und die den benutzten Quellen wörtlich oder inhaltlich entnommenen Stellen als solche kenntlich gemacht habe.

Wien, am 31. August 2014

Maria Lehmann, BSc

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# Inhalt

Glossar .....	VI
Abkürzungsverzeichnis .....	IX
Abbildungsverzeichnis.....	XI
Tabellenverzeichnis .....	XI
Zusammenfassung.....	XII
Abstract.....	XIII
1 Einleitung .....	1
1.1 Definitionen .....	2
1.1.1 Inkontinenz .....	2
1.1.2 Burden of Disease .....	3
1.2 Prävalenzdaten zu Inkontinenz .....	3
1.3 Ursachen und Risikofaktoren von Inkontinenz .....	5
1.4 Theoretischer Bezugsrahmen .....	8
1.5 Ziel der Arbeit und Forschungsfragen .....	11
2 Methodik.....	12
2.1 Literaturrecherche .....	12
2.2 Limits.....	13
2.3 Ein- und Ausschlusskriterien .....	13
2.4 Kritische Bewertung der eingeschlossenen Studien .....	15
2.4.1 Bewertung der qualitativen und quantitativen Studien .....	15
2.4.2 Bewertung der systematischen Übersichtsarbeit.....	15
3 Ergebnisse .....	17
3.1 Physische Auswirkungen von Inkontinenz.....	25
3.2 Psychische Belastungen und Auswirkungen von Inkontinenz .....	28
3.3 Soziale Belastungen und Auswirkungen von Inkontinenz .....	33
3.4 Schwangerschaft und Inkontinenz .....	36

4	Diskussion.....	39
4.1	Einbettung der Ergebnisse in den theoretischen Rahmen .....	44
4.2	Limitationen.....	46
4.3	Implikationen für die Pflegepraxis .....	47
4.4	Empfehlungen für weitere Forschung.....	48
	Literaturverzeichnis .....	iv
	Anhang.....	xi
1	Literaturrecherche in den Datenbanken und Suchmaschinen.....	xi
2	Kritische Bewertung der Studien .....	xiii
2.1	Qualitative Studien .....	xiii
2.2	Quantitative Studien.....	xliii
2.3	Systematische Übersichtsarbeit.....	xcii

## Glossar

**Boole'sche Operatoren:** Boole'sche Logik definiert Beziehungen zwischen Begriffen in einer Suche. Boole'sche Operatoren sind AND, OR und NOT. Mit deren Hilfe kann eine sehr breite oder enge Suche durchgeführt werden (EBSCO 2014, Ü. v. M. L).

**Keyword:** ein wichtiger Begriff, der für die Suche von Literatur in Datenbanken gebraucht wird und der von AutorInnen verwendet wird, um die Wahrscheinlichkeit zu erhöhen, dass ihr Artikel gefunden wird (Polit & Beck 2012, Ü. v. M. L).

**Konfidenzintervall (CI):** Bereich, innerhalb dessen die Ergebnisse mit einer bestimmten Wahrscheinlichkeit (meist CI = 95 %) nicht auf Zufall beruhen (Polit & Beck 2012, Ü. v. M. L).

**Limits:** engen den Fokus der Suche ein (EBSCO 2014, Ü. v. M. L).

**Literaturreview:** kritische Zusammenfassung eines Forschungsthemas (Polit & Beck 2012, Ü. v. M. L)

**MeSH Term:** Schlagwörter, die von Datenbanken zum Indexieren verwendet werden. Sie helfen AutorInnen, Schlüsselbegriffe für ihre Artikel bei der Recherche zu identifizieren (Polit & Beck 2012, Ü. v. M. L).

**Odds Ratio (OR):** Quotient zweier Chancen (Verhältnis zwischen der Wahrscheinlichkeit des Auftretens und des Nichtauftretens eines Ereignisses). Eine OR von 1,0 zeigt keinen Unterschied zwischen den Gruppen (Polit & Beck 2012, Ü. v. M. L).

**p-Wert:** Wahrscheinlichkeit, mit der Ergebnisse in statistischen Tests auf Zufall beruhen. Ergebnisse sind statistisch signifikant, wenn der p-Wert unter 0,05 (oder 0,01) liegt (Polit & Beck 2012, Ü. v. M. L).

**Population:** Gesamtmenge der Individuen oder Objekte, die gemeinsame Charakteristiken besitzen (Polit & Beck 2012, Ü. v. M. L).

**Prävalenz:** der relative Krankheitsbestand zu einem bestimmten Zeitpunkt (Weiß 2008, p. 112).

**qualitative Forschung:** Untersuchung eines Phänomens in tiefgründiger und ganzheitlicher Weise durch die Sammlung von ergiebigen und narrativen Daten unter der Verwendung eines flexiblen Forschungsdesigns (Polit & Beck 2012, Ü. v. M. L).

**quantitative Forschung:** Untersuchung eines Phänomens durch präzise Messung und Quantifizierung oft unter der Verwendung eines rigorosen und kontrollierten Forschungsdesigns (Polit & Beck 2012, Ü. v. M. L).

**Relatives Risiko (RR):** bezieht die Inzidenz einer Erkrankung unter einer geprüften Exposition auf die Inzidenz ohne Exposition. RR von  $>1$  spricht für einen gefährdenden, RR von 1 für einen neutralen und RR von  $<1$  für einen protektiven Effekt der Exposition (Walter de Gruyter GmbH 2012).

**Setting:** Ort und Bedingungen, unter denen die Datensammlung der Studie stattfindet (Polit & Beck 2012, Ü. v. M. L).

**Signifikanz:** die Wahrscheinlichkeit, dass ein beobachteter Effekt das Ergebnis eines Zufalls ist. Eine Signifikanz von 5% bedeutet, dass das Ergebnis mit einer 5%igen Wahrscheinlichkeit auf einen Zufall zurückzuführen ist (Polit & Beck 2012, Ü. v. M. L).

**Standardabweichung (SD):** Grad der Variabilität in einer Gruppe von Werten (Polit & Beck 2012, Ü. v. M. L).

**Stichprobengröße:** Anzahl der Personen, die an einer Studie teilnehmen (Polit & Beck 2012, Ü. v. M. L).

**Trunkierung und Wildcard:** Symbole, die für die Suche nach Wörtern mit multipler Schreibweise oder unterschiedlichen Endungen verwendet werden (EBSCO 2014, Ü. v. M. L).

## Abkürzungsverzeichnis

&	und
%	Prozent
Abb.	Abbildung
bzw.	beziehungsweise
CI	Konfidenzintervall (confidence interval)
CINAHL	Cumulative Index to Nursing and Allied Health
DI	Doppelinkontinenz (double incontinence)
et al.	und andere (et alii)
FIQL	Fecal Incontinence Quality of Life Scale
HI	Harninkontinenz
ICF	Internationale Klassifikation der Funktionsfähigkeit, Behinderung und Gesundheit (International Classification of Function)
ICS	International Continence Society
k.A.	keine Angabe(n)
LUTS	Symptome der unteren Harnwege (Lower Urinary Tract Symptoms)
MeSH	Medical Subject Headings
MUI	Mischinkontinenz (mixed urinary incontinence)
n	Stichprobengröße
NICE	National Institute for Health and Clinical Excellence
OAB	überaktive Blase (overactive bladder)
OR	Odds Ratio
p	p-Wert
RR	Relatives Risiko
SD	Standardabweichung (standard deviation)
SF 36	36-Item Short Form Health Survey (Gesundheitsfragebogen)
SI	Stuhlinkontinenz
SUI	Stressinkontinenz (stress urinary incontinence)
Tab.	Tabelle
UII	Dranginkontinenz (urgency urinary incontinence)
Ü. v. M. L.	Übersetzung von Maria Lehmann
vs	versus

WHO Weltgesundheitsorganisation (World Health Organization)  
z.B. zum Beispiel

## Abbildungsverzeichnis

Abb. 1: Arten der Harninkontinenz.....	2
Abb. 2: Wechselwirkungen zwischen den Komponenten der ICF .....	10
Abb. 3: Keywords der Literaturrecherche .....	12
Abb. 4: Flussdiagramm der Literaturrecherche .....	14
Abb. 5: Ergebnisdarstellung anhand des Modells der ICF .....	44

## Tabellenverzeichnis

Tab. 1: Ursachen von Harninkontinenz.....	5
Tab. 2: Risikofaktoren von Harninkontinenz .....	6
Tab. 3: Ursachen von Stuhlinkontinenz .....	7
Tab. 4: Risikofaktoren von Stuhlinkontinenz.....	8
Tab. 5: eingeschlossene Studien.....	18
Tab. 6: Physische Auswirkungen von Inkontinenz.....	25
Tab. 7: Psychische Belastungen und Auswirkungen von Inkontinenz .....	28
Tab. 8: Soziale Belastungen und Auswirkungen von Inkontinenz.....	33
Tab. 9: Belastungen und Auswirkungen von Inkontinenz in der Schwangerschaft	36

## Zusammenfassung

**Hintergrund:** Inkontinenz stellt ein international weitverbreitetes Gesundheitsproblem dar, das sowohl Frauen als auch Männer jeden Alters betreffen kann. Es handelt sich um keine lebensbedrohliche Erkrankung, jedoch können Symptome das physische, psychische und soziale Wohlergehen von Betroffenen ernsthaft beeinflussen. Bestehende Literatur berichtet vorwiegend von inkontinenten Personen über 65 Jahren, Studien über Belastungen und Auswirkungen von Inkontinenz bei jüngeren Betroffenen sind limitiert. Inkontinenz ist ein Tabuthema, wenige Erkrankte suchen professionelle Hilfe, weil sie Scham empfinden. Manche inkontinente Individuen suchen Unterstützung, wenn Symptome zunehmen und dadurch ihre Lebensqualität weiter sinkt.

**Ziel:** Ziel der vorliegenden Arbeit ist es, darzulegen, welche physischen, psychischen und sozialen Belastungen und Auswirkungen von Inkontinenz (Harn-, Stuhl- und Doppelinkontinenz) bei Erwachsenen unter 65 Jahren in der internationalen Literatur beschrieben werden und wie Betroffene diese Belastungen erleben.

**Methode:** Von 10. Februar bis 5. Mai 2014 wurde eine systematische Literaturrecherche in den Datenbanken CINAHL, Cochrane Database of Systematic Reviews via OvidSP, PsycINFO via OvidSP und PubMed durchgeführt. Zusätzlich zu der Recherche in den Datenbanken erfolgte eine Handsuche über die Internetsuchmaschine MetaCrawler sowie über die Referenzlisten der eingeschlossenen und kritisch bewerteten Artikel.

**Ergebnisse:** Inkontinenz beeinflusst das gesamte Leben von Betroffenen. Inkontinente Personen leiden unter geringem Selbstwert und empfinden Scham. Sie reduzieren körperliche Aktivitäten, verringern soziale Kontakte und erfahren Probleme im Erwerbsleben. Oft führt die Erkrankung zu Beeinträchtigungen in der Partnerschaft und Sexualität. Jüngere Personen erleben diese Probleme belastender als Ältere.

**Schlussfolgerung:** Um zur Enttabuisierung von Inkontinenz beizutragen, sollte bei Health Professionals Bewusstsein über die Lebenssituation von inkontinenten Personen geschaffen werden. Aufklärung bekommt einen hohen Stellenwert und Strategien gehören entwickelt, um Betroffene bei der Bewältigung zu unterstützen.

## **Abstract**

**Background:** Incontinence is an internationally prevalent health problem, which can affect females and males of every age. It is not a life threatening disease, but symptoms can influence the physical, psychological and social wellbeing of those affected. Existing literature frequently reports on incontinence in the elderly, but there is a lack of studies concerning the burdens and effects of incontinence in people under the age of 65. Incontinence remains a taboo topic, very few people seek medical help because they feel ashamed. Some of them look for help only when their symptoms have increased and their quality of life has decreased.

**Aim:** The aim of this master thesis is to summarize the physical, psychological and social burdens and effects – as they are described in the international literature – which incontinence (urinary, faecal and double incontinence) has on adults under the age of 65. It is also aim to describe and summarize how individuals experience these burdens.

**Method:** A systematic search of the literature was conducted in the databases CINAHL, Cochrane Database of Systematic Reviews via OvidSP, PsycINFO via OvidSP and PubMed, from 10<sup>th</sup> of February until the 5<sup>th</sup> of May, 2014. Additionally, a manual search was performed using the Internet search engine MetaCrawler and the reference lists from critically assessed and included articles.

**Results:** Incontinence influences life of those affected. Incontinent individuals are suffering from low self-esteem and they are ashamed. They reduce physical activities, decrease social contacts and experience problems at work. Often partnership and sexuality is affected by disease. Younger people experience these burdens worse than older.

**Conclusion:** In order for incontinence to cease being a taboo topic, health professionals should be aware of the living conditions of those affected. Enlightenment takes on an important role and strategies must be developed to support incontinent individuals trying to cope with their disorder.

# 1 Einleitung

Inkontinenz stellt ein international weitverbreitetes Gesundheitsproblem dar, das sowohl Frauen als auch Männer jeden Alters betreffen kann. Es handelt sich um keine lebensbedrohliche Erkrankung, jedoch können die Symptome das physische, psychische und soziale Wohlergehen von Betroffenen ernsthaft beeinflussen (Coyne et al. 2013; NICE 2013; Milsom 2009; Niederstadt & Gaber 2007).

Bestehende Literatur berichtet vorwiegend von Inkontinenz bei über 60-jährigen Personen, weil die Prävalenz der Erkrankung mit dem Alter steigt. Jedoch können Menschen jeden Alters von Inkontinenz betroffen sein, es wird von einem Anstieg der Prävalenz von Stressinkontinenz (SUI) bei Frauen im mittleren Alter berichtet (Landefeld et al. 2008; Madersbacher 2014; Milsom 2009; Niederstadt & Gaber 2007). Ebenso kann Stuhlinkontinenz (SI) in jedem Alter auftreten und Frauen wie Männer betreffen (Landefeld et al. 2008; NICE 2007).

Unter 65-jährige Menschen sind nicht nur im privaten Bereich, sondern auch am Arbeitsplatz mit ihrer Inkontinenz konfrontiert, was Einschränkungen in der Produktivität, Konzentration und Zufriedenheit mit sich bringt (Fultz et al. 2005).

Inkontinenz ist ein Tabuthema und führt dazu, dass wenige Betroffene professionelle Hilfe suchen, einige sehen Inkontinenz nicht als Krankheit, andere sind der Meinung, es sei ein natürlicher Prozess des Alterns und empfinden Scham, was ein Mitgrund dafür ist, keine Hilfe zu suchen. Manche Betroffene suchen Unterstützung, wenn die Symptome ernster werden und dadurch ihre Lebensqualität weiter sinkt (NICE 2007; Niederstadt & Gaber 2007; Peden-McAlpine, Bliss & Hill 2008; Saadoun et al. 2006; Wang et al. 2011).

Madersbacher (2003) zeigt durch die Befragung von 1262 Frauen in Österreich auf, dass nur 5% der Betroffenen eine Ärztin/einen Arzt konsultieren.

Schwangerschaft und Entbindung stellen für Frauen ein höheres Risiko dar, an

Inkontinenz zu erkranken (Milsom et al. 2009 zitiert in Abrams et al. 2009; Niederstadt & Gaber 2007). Patientinnen berichteten von fehlender Aufklärung vonseiten der Health Professionals bezüglich Inkontinenz bei Schwangerschaft und auch nach Operationen, was das Gefühl von Scham verstärkte. Wenn sie sich überwinden und ihr Problem ansprachen, fühlten sie sich von Ärzten und Ärztinnen sowie von Pflegepersonen nicht verstanden und nicht ernst genommen (Peden-McAlpine, Bliss & Hill 2008; Rasmussen & Ringsberg 2009; Wilson 2007).

## 1.1 Definitionen

### 1.1.1 Inkontinenz

Nach der Definition der International Continence Society (ICS) ist Harninkontinenz (HI) *„the complaint of any involuntary loss of urine.“* (Abrams et al. 2010, p. 213).

Folgende Abbildung gibt einen Überblick über die verschiedenen Arten von HI definiert nach der Symptomatik:

Dranginkontinenz (UUI)	<i>„the complaint of involuntary leakage accompanied by or immediately preceded by urgency“</i>
Mischinkontinenz (MUI)	<i>„the complaint of involuntary leakage associated with urgency and also with exertion, effort, sneezing or coughing“</i>
Stressinkontinenz (SUI)	<i>„the complaint of involuntary leakage on effort or exertion, or on sneezing or coughing“</i>

Abb. 1: Arten der Harninkontinenz (Abrams et al. 2010, p. 213)

Lower Urinary Tract Symptoms (LUTS) fasst Störungen des unteren Harntraktes (Beschwerden bei der Harnspeicherung und Harnentleerung) zusammen (Abrams

et al. 2010, p. 213; Niederstadt & Gaber 2007, p. 7).

Overactive bladder (OAB), die überaktive Blase, welche der UUI zugeordnet wird, ist charakterisiert durch schwer unterdrückbaren Harndrang und kann mit und ohne Inkontinenz einhergehen (Niederstadt & Gaber 2007, p. 10).

Stuhlinkontinenz (SI) wird definiert als „*the involuntary loss of faeces-solid or liquid.*“ Analinkontinenz inkludiert des Weiteren den unfreiwilligen Verlust von Flatus (Abrams et al. 2009, p. 73).

Doppelinkontinenz (DI) wird definiert als „*urinary and faecal incontinence*“ (NICE 2007, p. 16).

### **1.1.2 Burden of Disease**

Burden of Disease, die Belastungen durch Inkontinenz nimmt Bezug auf nicht-ökonomische Dimensionen. Inkontinente Personen können psychisch, physisch und sozial belastet sein. Auswirkungen der Inkontinenz unterscheiden sich durch Alter, Geschlecht, Art der Inkontinenz, persönlicher Stressbewältigung und dem Vorhandensein sozialer Unterstützung (Landefeld et al. 2008, p. 451).

Physische Einschränkungen können zu psychischen Belastungen führen, daher werden neben Belastungen und Auswirkungen auch körperliche Einschränkungen in die vorliegende Arbeit inkludiert. Wenn eine inkontinente Person z. B. aufgrund ihrer Erkrankung nicht mehr Laufen, Tanzen oder Wandern kann, stellt das eine psychische Belastung dar.

## **1.2 Prävalenzdaten zu Inkontinenz**

Internationale Daten zur Prävalenz variieren aufgrund unterschiedlicher Definitionen von Inkontinenz und unterschiedlicher Erhebungsinstrumente, sowie

der Tabuisierung der Erkrankung stark (Coyne et al. 2013; Landefeld et al. 2008; Niederstadt & Gaber 2007).

Frauen haben ein höheres Risiko, an Inkontinenz zu erkranken. (Milsom 2009). Aufgrund von Anatomie und Physiologie des weiblichen Beckens verstärkt sich das Risiko während Schwangerschaft und Entbindung (Landefeld et al. 2008; Niederstadt & Gaber 2007).

Bei Schwangeren wird von einer Prävalenz von HI zwischen 32%-64% berichtet (Milsom et al. 2009 zitiert in Abrams et al. 2009).

20%-30% der jungen erwachsenen Frauen (<35 Jahre) sind von HI betroffen, 30%-40% der Frauen mittleren Alters (35-60 Jahre) und 30%-50% der älteren Frauen (>60 Jahre) (Franzen et al. 2009).

Schätzungen zufolge leiden 24%-40% der berufstätigen Frauen an HI (Fultz et al. 2005).

Die Prävalenz von HI bei Männern liegt zwischen 5%-15% (Landefeld et al. 2008). Schätzungen gehen davon aus, dass jede vierte Frau und jeder zehnte Mann in Österreich im Laufe des Lebens von HI betroffen sein wird (Madersbacher 2014).

Etwa 5% der ÖsterreicherInnen leiden an SI (Wunderlich 2014).

Schätzungen zufolge liegt die Prävalenz von SI zwischen 0,4%-18% in der allgemeinen Bevölkerung. Die Differenz beruht auf unterschiedlicher Datensammlung und in der Zurückhaltung von Betroffenen, über Symptome zu berichten (Alsheik et al. 2012). Bei unter 40-jährigen Frauen liegt die Prävalenz von SI bei 6%, bei älteren Frauen bei 15% und bei Männern zwischen 6%-10%.

Etwa 50% der Frauen und Männer mit SI leiden auch an HI (Landefeld et al. 2008). In der berufstätigen Bevölkerung sind zumindest 5% der Menschen von SI betroffen (Wunderlich 2014).

Es herrscht ein Mangel an Prävalenzdaten von DI in der allgemeinen Bevölkerung, laut Lacima und Pera (2003) variieren die Werte bei Frauen zwischen 5%-69%.

### 1.3 Ursachen und Risikofaktoren von Inkontinenz

Zur besseren Veranschaulichung werden Ursachen und Risikofaktoren von Inkontinenz in folgenden Tabellen zusammengefasst dargestellt:

Tabelle 1 zeigt Ursachen von HI (Madersbacher 2014; Niederstadt & Gaber 2007):

Tab. 1: Ursachen von Harninkontinenz

<b>Ursachen von Harninkontinenz</b>
<ul style="list-style-type: none"><li>• Schwangerschaft(en)</li><li>• genetische Disposition (Auftreten von HI in der Familie)</li><li>• Diabetes mellitus</li><li>• Schlaganfall</li><li>• neurologische Erkrankungen (z.B. Multiple Sklerose)</li><li>• hormonelle Veränderungen (Hormonmangel, vergrößerte Prostata)</li><li>• Medikamente</li><li>• Verletzungen nach medizinischen Eingriffen (Hysterektomie, Prostatektomie, Katheterisierung)</li><li>• Unfälle mit Verletzungen im Unterbauch- oder Beckenbereich</li><li>• Querschnittslähmung</li><li>• Herzinsuffizienz</li><li>• Depression</li><li>• Harnwegsinfekte</li><li>• Bestrahlungen im Beckenbereich</li></ul>

In Tabelle 2 sind Risikofaktoren von HI (Madersbacher 2014; Niederstadt & Gaber 2007) dargestellt:

Tab. 2: Risikofaktoren von Harninkontinenz

<b>Risikofaktoren von Harninkontinenz</b>
<ul style="list-style-type: none"><li>• beruflicher oder privater Stress</li><li>• schweres Heben</li><li>• Adipositas</li><li>• Rauchen</li><li>• Koffein</li><li>• Menopause</li><li>• wenig körperliche Aktivität</li><li>• falsche Entleerungsgewohnheiten (zu starkes Pressen, zu häufiges Harnlassen)</li><li>• zunehmendes Alter (Demenz, Multimorbidität, Multimedikation, Einschränkungen in der Mobilität)</li></ul>

Tabelle 3 fasst Ursachen der SI nach ICS (2013) und Wunderlich (2014) zusammen:

Tab. 3: Ursachen von Stuhlinkontinenz

<b>Ursachen von Stuhlinkontinenz</b>
<ul style="list-style-type: none"><li>• Geburt(en)</li><li>• Verletzungen des Schließmuskels durch operative Eingriffe</li><li>• angeborene Anomalien</li><li>• chronische Obstipation</li><li>• Hämorrhoiden</li><li>• Rektalprolaps</li><li>• chronische Darmstörungen (Diarrhoe)</li><li>• neurologische Störungen, bei denen das Empfinden und/oder Muskelkontrolle gestört sind (z.B. Rückenmarksverletzungen, Multiple Sklerose)</li><li>• Diabetes mellitus</li><li>• Degeneration des Nerven- und Muskelgewebes als natürlicher Prozess des Alterns</li><li>• Alter (vorwiegend bei gebrechlichen Älteren in Pflegeeinrichtungen, verursacht durch Obstipation aufgrund verminderter oraler Zufuhr, Medikation, Krankheiten und Immobilität)</li></ul>

In Tabelle 4 sind Risikofaktoren von SI (Milsom et al. 2009 zitiert in Abrams et al. 2009) dargestellt:

Tab. 4: Risikofaktoren von Stuhlinkontinenz

<b>Risikofaktoren von Stuhlinkontinenz</b>
<ul style="list-style-type: none"><li>• Alter</li><li>• Geschlecht</li><li>• Übergewicht</li><li>• Geburt(en) und Art der Entbindung(en)</li><li>• Altenheim/Pflegeheim</li><li>• Diarrhoe</li><li>• Operation(en)</li><li>• neurologische Erkrankungen (Multiple Sklerose, Morbus Parkinson, Schlaganfall)</li><li>• Diabetes Mellitus</li></ul>

## 1.4 Theoretischer Bezugsrahmen

Den theoretischen Bezugsrahmen dieser Arbeit bildet das von der World Health Organization (WHO) entwickelte bio-psycho-soziale Modell der International Classification of Function (ICF) 2005, mit dessen Hilfe die funktionale Gesundheit einer Person beschrieben werden kann.

*„Eine Person gilt als funktional gesund, wenn vor ihrem gesamten Lebenshintergrund (Kontextfaktoren)*

- 1. ihre körperlichen Funktionen (einschließlich des mentalen Bereiches) und Körperstrukturen denen eines gesunden Menschen entsprechen (Konzept der Körperfunktionen und –strukturen),*
- 2. sie all das tut, bzw. tun kann, was von einem Menschen ohne Gesundheitsproblem erwartet wird (Konzept der Aktivitäten),*

3. *sie ihr Dasein in allen Lebensbereichen, die ihr wichtig sind, in der Weise und dem Umfang entfalten kann, wie es von einem Menschen ohne gesundheitsbedingte Beeinträchtigung der Körperfunktionen und-strukturen oder der Aktivitäten erwartet wird (Konzept der Partizipation an Lebensbereichen“ (ICF 2005, p. 4).*

*„Kontextfaktoren umfassen zwei Komponenten, die den Lebenshintergrund eines Menschen abbilden:*

1. *Umweltfaktoren bilden die materielle, soziale und einstellungsbezogene Umwelt, in der Menschen leben und ihr Leben gestalten. Diese Faktoren liegen ausserhalb des Individuums, und können seine Leistung als Mitglied der Gesellschaft, seine Leistungsfähigkeit zur Durchführung von Aufgaben bzw. Handlungen oder seine Körperfunktionen und -strukturen positiv oder negativ beeinflussen.*
2. *Personbezogene Faktoren sind der besondere Hintergrund des Lebens und der Lebensführung einer Person und umfassen Gegebenheiten des Individuums, die nicht Teil ihres Gesundheitsproblems oder –zustandes sind“ (ICF 2005, p. 4).*

Die ICF liefert eine wissenschaftliche Grundlage für das Verstehen eines Gesundheitszustandes. Mit ihrer Hilfe wird eine gemeinsame Sprache für die Beschreibung der funktionalen Gesundheit zur Verfügung gestellt, um die Kommunikation zwischen Health Professionals verschiedener Disziplinen zu verbessern. Außerdem wird die Möglichkeit eines Datenvergleichs zwischen Ländern gegeben.

Folgende Abbildung zeigt das bio-psycho-soziale Modell der Komponenten der Gesundheit der ICF:

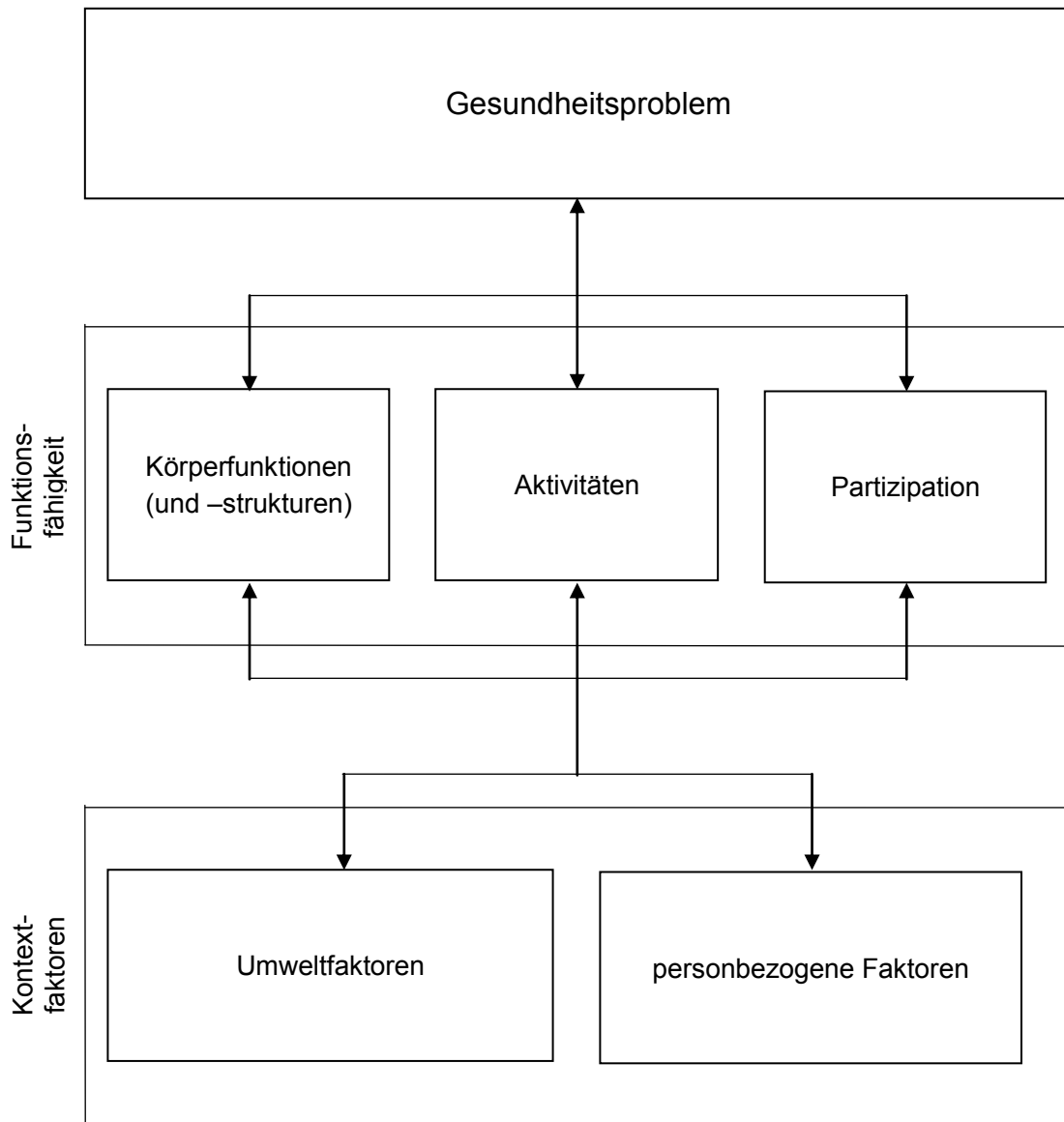


Abb. 2: Wechselwirkungen zwischen den Komponenten der ICF (eigene Darstellung in Anlehnung an ICF 2005, p. 23)

In Abbildung 2 ist die Funktionsfähigkeit einer Person als Wechselwirkung zwischen Gesundheitsproblem und Kontextfaktoren dargestellt. Wenn in einer der Ebenen eine Beeinträchtigung vorliegt, ist die Person somit in ihrer funktionalen Gesundheit beeinträchtigt.

## 1.5 Ziel der Arbeit und Forschungsfragen

Studien, die über Belastungen und Auswirkungen von Betroffenen mit Inkontinenz berichten, beschränken sich entweder auf Harn- oder Stuhl- oder Doppelinkontinenz bei vorwiegend über 60-jährigen Personen. Wie Prävalenzdaten der internationalen Literatur belegen, sind jüngere Menschen ebenso von der Erkrankung betroffen, wodurch sie Beeinträchtigungen in ihrem täglichen Leben erfahren. Ziel dieser Arbeit ist es, darzulegen, welche physischen, psychischen und sozialen Belastungen und Auswirkungen von Inkontinenz (Harn-, Stuhl- und Doppelinkontinenz) bei Erwachsenen unter 65 Jahren in der internationalen Literatur beschrieben werden und wie Betroffene diese Belastungen erleben. Damit sollen Health Professionals darüber informiert werden, wie die Erkrankung Betroffene in ihrem täglichen Leben beeinflusst. In Anbetracht dessen, dass Inkontinenz ein Tabuthema ist, bekommt Aufklärung einen hohen Stellenwert. Des Weiteren können auch Strategien entwickelt werden, wie Betroffene bei der Bewältigung unterstützt werden können.

Daraus ergeben sich folgende Forschungsfragen:

1. Welche physischen, psychischen und sozialen Belastungen und Auswirkungen von Inkontinenz (Harn-, Stuhl- und Doppelinkontinenz) werden bei Erwachsenen unter 65 Jahren in der internationalen Literatur beschrieben?
2. Wie wird das Erleben dieser Belastungen von Betroffenen mit Inkontinenz (Harn-, Stuhl- und Doppelinkontinenz) in der internationalen Literatur beschrieben?

## 2 Methodik

### 2.1 Literaturrecherche

Von 10. Februar bis 5. Mai 2014 wurde eine systematische Literaturrecherche in den Datenbanken CINAHL (Cumulative Index to Nursing and Allied Health), Cochrane Database of Systematic Reviews via OvidSP, PsycINFO via OvidSP und PubMed durchgeführt. Zusätzlich zu der Recherche in den Datenbanken erfolgte eine Handsuche über die Internetsuchmaschine MetaCrawler und über die Referenzlisten der eingeschlossenen und kritisch bewerteten Artikel.

Die Recherche erfolgte mit englischen Keywords (Abbildung 3), welche durch MeSH Terms, Trunkierungen, Boole'sche Operatoren, Wildcards und Limits den jeweiligen Datenbanken angepasst wurden (siehe Anhang 1 Literaturrecherche in den Datenbanken und Suchmaschinen).

(incontin* [Mesh] OR urinary OR f?cal OR double)	<b>AND</b>	(psych * OR phys* OR soc*)
		<b>OR</b>
		(burden [Mesh] OR stress* OR affliction* OR load*)
		<b>OR</b>
		(experience* [Mesh] OR feel* OR percept* OR perceive*)

Abb. 3: Keywords der Literaturrecherche

Zuerst wurden die Titel der Ergebnisse durchgesehen. Ein Titel wurde als passend bewertet, wenn eine Form von Inkontinenz genannt wurde, HI, SI oder DI. Bei interessierendem Titel wurde der Abstract gelesen. Ein Abstract war dann von Relevanz, wenn physische, psychische und/oder soziale Belastungen und

Auswirkungen bei Erwachsenen unter 65 Jahren mit Inkontinenz oder das Erleben dieser Belastungen beschrieben wurden. Bei passendem Abstract wurde nach dem Volltext gesucht.

## **2.2 Limits**

Vor der Recherche wurden folgende Limits festgelegt: das Alter der inkontinenten Personen ist unter 65 Jahren, die Studie wurde in der Zeit zwischen 2004 und 2014 veröffentlicht, der Forschungsartikel wurde in deutscher oder englischer Sprache verfasst. Des Weiteren erfolgte bei der Suche eine Einschränkung der Keywords auf Titel und/oder Abstract.

## **2.3 Ein- und Ausschlusskriterien**

Eingeschlossen wurden Studien, bei denen physische, psychische und/oder soziale Belastungen und Auswirkungen bei Erwachsenen unter 65 Jahren mit Inkontinenz (HI, SI, DI) erforscht wurden und Studien, die das Erleben dieser Belastungen beschrieben. Ausgeschlossen wurden Studien, die sich mit medizinischen Aspekten von Inkontinenz befassten, beispielsweise Operationen, medikamentösen oder hormonellen Therapien. Artikel, die Inkontinenz speziell im Zusammenhang mit weiteren Erkrankungen erforschten, wie z.B. Alzheimer, Depression, Demenz, Diabetes Mellitus oder anderen psychischen Krankheiten wurden ebenso ausgeschlossen wie Studien, bei denen pflegerische Interventionen, wie Arten und Verwendung von Inkontinenzeinlagen oder diesbezüglichen Schulungen von Betroffenen und/oder Pflegenden fokussiert wurden. Artikel, welche eine andere Sicht als die der Betroffenen beleuchteten, oder die sich mit Betreuungsangeboten auseinandersetzten, wurden ausgeschlossen. Ebenso wurden Studien, die sich mit Messinstrumenten zum Thema Inkontinenz befassten, nicht in diese Arbeit inkludiert.

Folgende Abbildung gibt einen Überblick über die Literaturrecherche:

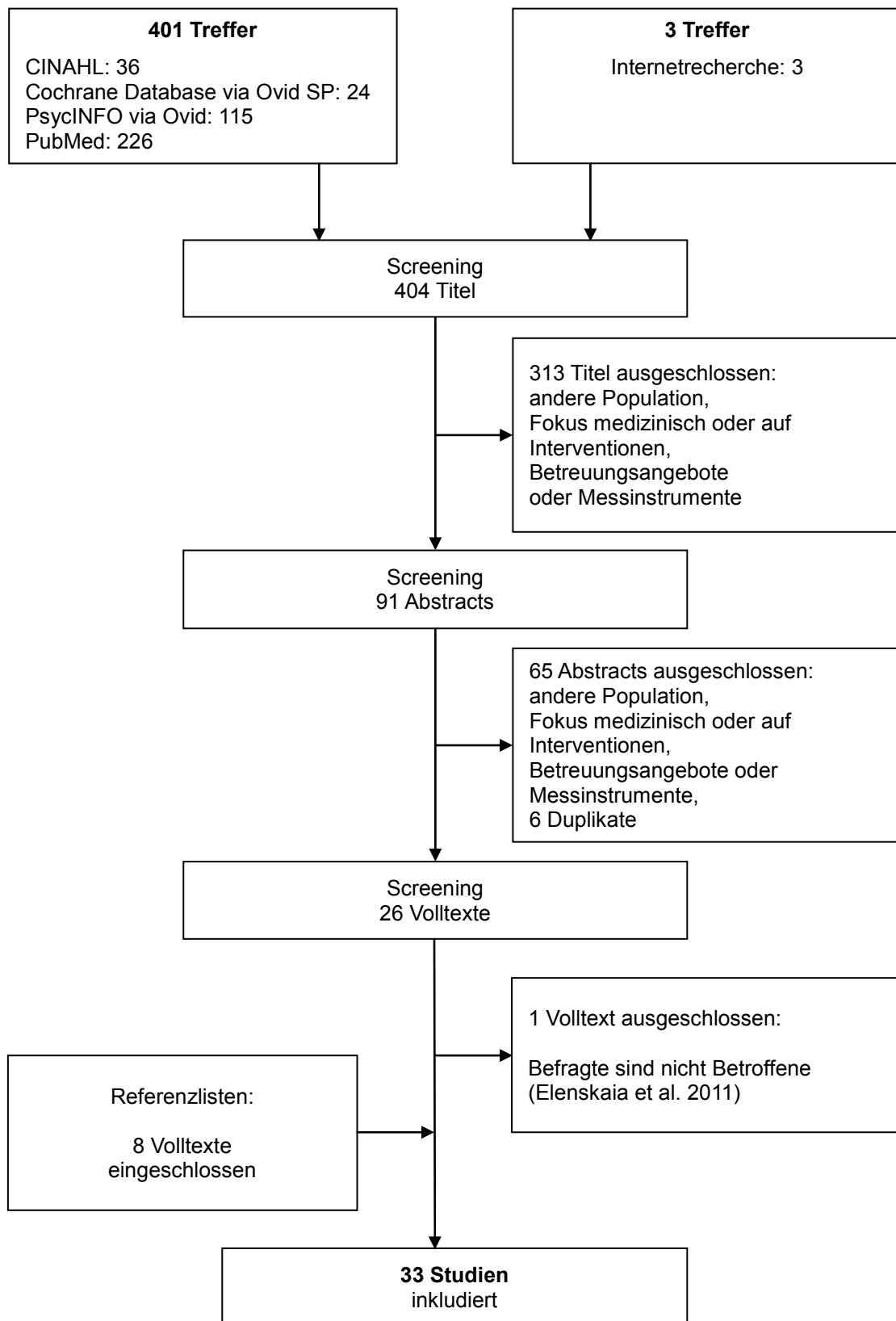


Abb. 4: Flussdiagramm der Literaturrecherche

## **2.4 Kritische Bewertung der eingeschlossenen Studien**

Die durch die Literaturrecherche gewonnenen und ausgewählten Artikel wurden von der Autorin dieser Arbeit anhand von Beurteilungsbögen kritisch bewertet. Diese Bewertung dient dazu, Stärken und Schwächen von Studien sorgfältig einzuschätzen und aufzuzeigen (Polit & Beck 2012).

### **2.4.1 Bewertung der qualitativen und quantitativen Studien**

Alle qualitativen und quantitativen Artikel dieser Arbeit wurden hinsichtlich des Titels und Abstracts, der Einleitung und Methode, der Ergebnisse, der Diskussion, sowie der zusammenfassenden Aspekte, z.B. Gesamtaufbau der Studie, Expertise der ForscherInnen und Glaubwürdigkeit der Ergebnisse anhand des „Guide to an Overall Critique of a Qualitative/Quantitative Research Report“ von Polit und Beck (2012) kritisch bewertet. Nach erfolgter Bewertung wurde eine Gesamtbenotung der Qualität jeder Studie vorgenommen. Diese Benotung erfolgte von 1-6, wobei die Note 1 sehr gute Qualität, die Note 2 gute Qualität der Studie bedeutet, 3 zeigt befriedigende und 4 ausreichende Qualität auf. Eine Benotung von 5 zeugt von mangelhafter und 6 von ungenügender Qualität. Artikel mit einer Benotung von 1 bis 4 wurden in diese Arbeit eingeschlossen. Insgesamt wurden 33 Studien in die vorliegende Arbeit inkludiert. Ein Artikel, die österreichische Studie von Elenskaia et al. (2011) wurde nach Durchlesen des Volltextes ohne kritische Bewertung von der Autorin aus der vorliegenden Arbeit ausgeschlossen, da die befragte Population nicht an Inkontinenz leidet. Dies war nach Screening von Titel und Abstract zuvor nicht ersichtlich (Abbildung 7).

Die kritischen Bewertungen und Benotungen zu den einzelnen Studien finden sich in Anhang 2.

### **2.4.2 Bewertung der systematischen Übersichtsarbeit**

Die inkludierte systematische Übersichtsarbeit wurde anhand des Bewertungsbogens „Beurteilung einer Systematischen Übersichtsarbeit oder Meta-Analyse“ von Behrens und Langer (2006) beurteilt. Folgende Kriterien

wurden hierbei bewertet: Glaubwürdigkeit in Bezug auf Fragestellung, Titel, Literaturrecherche, Studiauswahl und Bewertung der Studien. Ebenso erfolgte eine Beurteilung der Aussagekraft der Ergebnisse und eine Bewertung der Anwendbarkeit der Ergebnisse in der Praxis in Bezug auf Population, Setting, Nebenwirkungen und Kosten (Behrens & Langer 2006). Eine Gesamtbenotung der Qualität der Studien wurde nach denselben Benotungskriterien wie bei qualitativen und quantitativen Artikeln vorgenommen.

### **3 Ergebnisse**

Es wurden 33 Artikel in die vorliegende Arbeit inkludiert, eine systematische Übersichtsarbeit, zwölf qualitative und 20 quantitative Studien. 23 der inkludierten Studien handeln von HI, acht Artikel von SI, eine Studie berichtet über HI und SI und ein Artikel von DI.

Die Ergebnisse werden in Anlehnung an das bio-psycho-soziale Modell der ICF, welches den theoretischen Rahmen für diese Arbeit darstellt, in drei Kategorien unterteilt: physische Auswirkungen, psychische Belastungen und Auswirkungen und soziale Belastungen und Auswirkungen. Aufgrund der hohen Prävalenz von Inkontinenz während Schwangerschaft und Geburt und erhöhtem Risiko für schwangere Frauen an Inkontinenz zu erkranken, wird diesem Thema ein eigenes Kapitel gewidmet.

Folgende Tabelle gibt einen Überblick über die eingeschlossenen Studien, dabei erfolgt die Anordnung der Artikel alphabetisch nach AutorInnen:

Tab. 5: eingeschlossene Studien

<b>AutorInnen</b> <b>Publikationsjahr</b> <b>Land</b>	<b>Fokus des Artikels</b>	<b>Art der Inkontinenz</b>	<b>Studiendesign</b> <b>Methode der Datenerhebung</b>	<b>Stichprobe<sup>+</sup></b> <b>Alter</b> <b>Setting</b>	<b>Beurteilung der Qualität der Studie nach kritischer Bewertung*</b>
Akyuz et al. 2014 Türkei	Erleben des Sexuallebens mit Inkontinenz	HI	qualitativ, Phänomenologie semistrukturierte Interviews	12 Frauen 39-58 Jahre Krankenhaus	1
Alsheik et al. 2012 USA	Inkontinenz und Lebensqualität	SI	quantitativ, Querschnittstudie Fragebögen	43 Frauen, 15 Männer 22-84 Jahre Krankenhaus	1
Bartlett, Nowak & Ho 2009 Australien	Auswirkungen von Inkontinenz auf die Lebensqualität	SI	quantitativ, Querschnittstudie Fragebogen	127 Frauen, 27 Männer 56,2 Jahre Durchschnittsalter (SD 14,3) Krankenhäuser	1
Bharucha et al. 2005 USA	Belastungen durch Inkontinenz	SI	quantitativ, Querschnittstudie Fragebogen	2800 Frauen 20-80 Jahre Haushalte und Langzeitpflege	1
Boreham et al. 2005 USA	Auswirkungen von Inkontinenz auf die Lebensqualität	SI	quantitativ, Kohortenstudie Fragebögen	457 Frauen (130 mit SI) 18-65 Jahre sechs Universitäten und ein Krankenhaus	1
Coyne et al. 2008 USA	Auswirkungen auf Lebensqualität, Leistungsfähigkeit in der Arbeit, Sexualität und emotionale Gesundheit	OAB, LUTS	quantitativ, eingebettete Fall-Kontroll-Studie Telefonumfrage	932 Frauen, 502 Männer (1434 Fälle), 932 Frauen, 502 Männer (1434 Kontrollen) ≥18 Jahre Haushalte	1

<sup>+</sup> tatsächlich in der Studie bewertete Stichprobe

\* detaillierte Beschreibung der kritischen Bewertung der Studien siehe Anhang 2

fortlaufende Tabelle

<b>AutorInnen Publikationsjahr Land</b>	<b>Fokus des Artikels</b>	<b>Art der Inkontinenz</b>	<b>Studiendesign Samplingmethode</b>	<b>Stichprobe<sup>+</sup> Alter Setting</b>	<b>Beurteilung der Qualität der Studie nach kritischer Bewertung*</b>
Coyne et al. 2013 USA	Persönliche Belastungen durch Inkontinenz	UUI	systematische Übersichtsarbeit	70 Studien Erwachsene	3
Engström et al. 2005 Schweden	Selbst eingeschätzte Traurigkeit und Glück in Bezug auf Belastungen durch Inkontinenz	LUTS	quantitativ, Fall-Kontroll-Studie Fragebögen	748 Männer (411 Fälle, 337 Kontrollen) 40-80 Jahre Haushalte	2
Franzen et al. 2009 Schweden	Inkontinenz und Lebensbedingungen	HI	quantitativ, Fall-Kontroll-Studie Fragebögen	4609 Frauen (1332 Fälle, 3277 Kontrollen) 18-79 Jahre Haushalte	1
Fultz et al. 2005 USA	Auswirkungen von Inkontinenz am Arbeitsplatz	HI	quantitativ Kohortenstudie Fragebogen	3364 Frauen (867 mit HI) 18-60 Jahre Haushalte	1
Hayder & Schnepp 2010 Deutschland	Erleben und Organisation des täglichen Lebens mit Inkontinenz	HI	qualitativ, Grounded Theory problemzentrierte Interviews	22 Frauen, 10 Männer 38-83 Jahre Haushalte und an öffentlichen Plätzen	1

<sup>+</sup> tatsächlich in der Studie bewertete Stichprobe

\* detaillierte Beschreibung der kritischen Bewertung der Studien siehe Anhang 2

fortlaufende Tabelle

<b>AutorInnen</b> <b>Publikationsjahr</b> <b>Land</b>	<b>Fokus des Artikels</b>	<b>Art der Inkontinenz</b>	<b>Studiendesign</b> <b>Samplingmethode</b>	<b>Stichprobe<sup>+</sup></b> <b>Alter</b> <b>Setting</b>	<b>Beurteilung der Qualität der Studie nach kritischer Bewertung*</b>
Hayder & Schnepf 2010 Deutschland	Umgang mit Inkontinenz und Erleben der Inkontinenz	HI	qualitativ, Grounded Theory problemzentrierte Interviews	22 Frauen, 10 Männer (15 Angehörige) 38-83 Jahre Haushalte und an öffentlichen Plätzen	1-2
Hägglund & Ahlström 2007 Schweden	Bedeutung und Erleben der Inkontinenz	HI	qualitativ, phänomenologisch hermeneutischer Ansatz narrative Interviews	14 Frauen 34-52 Jahre Haushalte oder bei den AutorInnen	1-2
Higa et al. 2011 Brasilien	Erleben der Inkontinenz von Betroffenen mit niedrigem sozialen Status	HI	klinisch-qualitativ, purposive sample semistrukturierte Interviews	8 Frauen 30-45 Jahre Institution (keine genaue Angabe)	2
Kocaöz, Talas & Atabekoğlu 2010 Türkei	Inkontinenz während der Schwangerschaft und Lebensqualität der schwangeren Frauen	HI	quantitativ, Querschnittstudie Fragebögen	393 Schwangere ≤19 - ≥30 Jahre Krankenhaus	1
Komorowski & Chen 2006 China	Erleben und Wahrnehmung der Inkontinenz	HI	qualitativ, Phänomenologie semistrukturierte Interviews	15 Frauen 24-81 Jahre Krankenhaus	1

<sup>+</sup> tatsächlich in der Studie bewertete Stichprobe

fortlaufende Tabelle

\* detaillierte Beschreibung der kritischen Bewertung der Studien siehe Anhang 2

<b>AutorInnen</b> <b>Publikationsjahr</b> <b>Land</b>	<b>Fokus des Artikels</b>	<b>Art der Inkontinenz</b>	<b>Studiendesign</b> <b>Samplingmethode</b>	<b>Stichprobe<sup>+</sup></b> <b>Alter</b> <b>Setting</b>	<b>Beurteilung der Qualität der Studie nach kritischer Bewertung*</b>
Leroy & Lopes 2012 Brasilien	Inkontinenz im Wochenbett und Auswirkungen auf die gesundheitsbezogene Lebensqualität	HI	quantitativ, Fall-Kontroll-Studie Fragebögen	344 Frauen (77 Fälle, 267 Kontrollen) 13-45 Jahre Krankenhaus	1
Li, Low & Lee 2007 China	Erfahrung in der Bewältigung von Inkontinenz	SUI	qualitativ-exploratorisch, purposive sample semistrukturierte Interviews	9 Frauen 42-77 Jahre Krankenhaus	4
Liao et al. 2009 Taiwan	Auswirkungen von Inkontinenz auf die Lebensqualität von Pflegepersonen	LUTS	quantitativ, Fall-Kontroll-Studie Fragebogen	907 weibliche Pflegepersonen (590 Fälle, 317 Kontrollen) 26-35 Jahre Krankenhaus	1-2
Malmstrom et al. 2010 USA	Inkontinenz und Lebensqualität	HI und SI	quantitativ, Querschnittstudie Fragebögen	853 Personen (davon Betroffene: HI: n=103, davon 12,2% Frauen, 11,9% Männer; SI: n=42, davon 6,1% Frauen, 3,4% Männer) 52-68 Jahre Haushalte	1
Margalith, Gillon & Gordon 2004 Israel	Lebensqualität und Belastungen verbunden mit Inkontinenz	SUI	quantitativ, Querschnittstudie Fragebögen	131 Frauen 22-65 Jahre Krankenhaus	1

<sup>+</sup> tatsächlich in der Studie bewertete Stichprobe

\* detaillierte Beschreibung der kritischen Bewertung der Studien siehe Anhang 2

fortlaufende Tabelle

<b>AutorInnen</b> <b>Publikationsjahr</b> <b>Land</b>	<b>Fokus des Artikels</b>	<b>Art der Inkontinenz</b>	<b>Studiendesign</b> <b>Samplingmethode</b>	<b>Stichprobe<sup>+</sup></b> <b>Alter</b> <b>Setting</b>	<b>Beurteilung der Qualität der Studie nach kritischer Bewertung*</b>
Nilsson, Lalos & Lalos 2009 Schweden	Auswirkungen von Inkontinenz auf Lebensqualität und Partnerschaft	HI	quantitativ, Querschnittstudie Fragebögen	109 Frauen (109 Partner) 18-74 Jahre Krankenhaus	2-3
Nilsson et al. 2011 Schweden	Auswirkungen von Inkontinenz auf Partnerschaft und Sexualität	HI	quantitativ, Querschnittstudie Fragebögen	99 Frauen (99 Partner) 18-74 Jahre Krankenhaus	1
Pang et al. 2005 Hong Kong	Auswirkungen von Inkontinenz auf die Lebensqualität	HI	quantitativ, Querschnittstudie Telefonumfrage Fragebögen	749 Frauen 10-90 Jahre Haushalte oder am Arbeitsplatz der Betroffenen	1
Papanicolaou et al. 2005 Frankreich, Deutschland, Spanien, England	Einschätzung der Belastung durch Inkontinenz und Auswirkung auf die Lebensqualität	HI	quantitativ, Querschnittstudie Fragebögen	1573 Frauen 18-59, ≥ 60 Jahre Haushalte	1
Peden-McAlpine, Bliss & Hill 2008 USA	Erfahrungen mit Inkontinenz	SI	qualitativ, Phänomenologie unstrukturierte Interviews	10 Frauen 35-78 Jahre Haushalte	1

<sup>+</sup> tatsächlich in der Studie bewertete Stichprobe

fortlaufende Tabelle

\* detaillierte Beschreibung der kritischen Bewertung der Studien siehe Anhang 2

<b>AutorInnen</b> <b>Publikationsjahr</b> <b>Land</b>	<b>Fokus des Artikels</b>	<b>Art der Inkontinenz</b>	<b>Studiendesign</b> <b>Samplingmethode</b>	<b>Stichprobe<sup>+</sup></b> <b>Alter</b> <b>Setting</b>	<b>Beurteilung der Qualität der Studie nach kritischer Bewertung*</b>
Rasmussen & Ringsberg 2010 Dänemark	Leben mit postnataler Inkontinenz	SI	qualitativ, Grounded Theory Interviews	9 Frauen 28-50 Jahre Haushalte und im Büro der Interviewerinnen	1
Saadoun et al. 2006 Frankreich	Negative Auswirkungen von Inkontinenz auf die Lebensqualität	HI	quantitativ, Kohortenstudie Fragebögen	556 Frauen 49-61 Jahre Arbeitsplatz	1
Slieker-ten Hove et al. 2010 Niederlande	Einfluss von Inkontinenz auf die Lebensqualität	DI	qualitativ, Querschnittstudie Fragebögen	1869 Frauen (494 mit DI inklusive Flatus, 213 mit DI ohne Flatus) 45-85 Jahre Praxen von AllgemeinmedizinerInnen	2
Wang et al. 2011 Taiwan	Erleben und Kontrolle der Inkontinenz	LUTS	qualitativ, Grounded Theory Interviews	16 Frauen 41-75 Jahre k.A. zu Setting	1
Wesnes et al. 2009 Norwegen	Inkontinenz während und nach der Schwangerschaft	HI	quantitativ, Kohortenstudie Fragebögen	12679 Erstgebärende 15-45 Jahre Krankenhäuser und Geburtsstationen	1

<sup>+</sup> tatsächlich in der Studie bewertete Stichprobe

\* detaillierte Beschreibung der kritischen Bewertung der Studien siehe Anhang 2

fortlaufende Tabelle

<b>AutorInnen</b> <b>Publikationsjahr</b> <b>Land</b>	<b>Fokus des Artikels</b>	<b>Art der Inkontinenz</b>	<b>Studiendesign</b> <b>Samplingmethode</b>	<b>Stichprobe<sup>+</sup></b> <b>Alter</b> <b>Setting</b>	<b>Beurteilung der Qualität der Studie nach kritischer Bewertung*</b>
Wilson 2007 England	Auswirkungen der Inkontinenz auf die Lebensqualität	SI	qualitativ, konstruktivistische Grounded Theory Interviews	22 Betroffene (k.A. zu Geschlecht) k.A. zu Alter Haushalte	3
Wilson & McColl 2007 England	Erfahrungen im Leben mit Inkontinenz	SI	qualitativ, Grounded Theory Interviews	22 Betroffene (k.A. zu Geschlecht) k.A. zu Alter Setting ungenau beschrieben; zehn von 22 in Haushalten	3-4

<sup>+</sup> tatsächlich in der Studie bewertete Stichprobe

\* detaillierte Beschreibung der kritischen Bewertung der Studien siehe Anhang 2

### 3.1 Physische Auswirkungen von Inkontinenz

Tabelle 6 gibt einen Überblick über physische Auswirkungen von Inkontinenz:

Tab. 6: Physische Auswirkungen von Inkontinenz

<b>Physische Auswirkungen von Inkontinenz</b>
<ul style="list-style-type: none"><li>• körperliche Aktivitäten</li><li>• Sexualleben</li></ul>

Um die Probleme durch ungewollten Harnverlust besser kontrollieren zu können, verzichten Frauen auf bestimmte körperliche Aktivitäten wie z.B. Hüpfen, Laufen, Tanzen oder Spaziergehen (Komorowski & Chen 2006; Nilsson, Lalos & Lalos 2009; Wang et al. 2011).

Inkontinente Frauen in der Studie von Hägglund und Ahlström (2007) berichteten, auf körperliche Aktivitäten, bei denen die Gefahr des Urinverlustes besteht, völlig zu verzichten.

Interviewte Betroffene erzählten in einer Studie von Hayder und Schnepf (2010a), dass sie die Zeit von einem Toilettengang bis zum nächsten Harndrang zur Planung der Aktivitäten berechnen und sich somit vorzugsweise im privaten Bereich aufhalten, wo der Gang zur Toilette jederzeit möglich ist und saubere Kleidung und Hilfsmittel rasch verfügbar sind.

Harn- und stuhlinkontinente Frauen berichteten, öffentliche Toiletten zu lokalisieren, bevor sie einen Ausflug machen und vor jedem Ausgehen weniger zu trinken bzw. zu essen (Hayder & Schnepf 2010a; Li, Low & Lee 2007; Peden-McAlpine, Bliss & Hill 2008; Wang et al. 2011; Wilson 2007).

Bei längerer HI ist die Zunahme an Erfahrung mitverantwortlich, dass Betroffene sich nach und nach wieder zutrauen, ihre Aktivitäten aufzunehmen (Hayder & Schnepf 2010b).

Hayder und Schnepf (2010b) zeigen in einer qualitativen Studie auf, dass viele Paare durch HI der Partnerin Einschränkungen in ihrer Sexualität erleben. Spontaneität geht aufgrund einer nötigen Vorbereitung auf den Geschlechtsverkehr verloren und bestimmte sexuelle Praktiken können aufgrund dessen, dass sie unangenehme Gefühle oder sogar Schmerzen verursachen, nicht mehr praktiziert werden.

43% von 99 Frauen gaben an, HI habe negative Auswirkungen auf ihr Sexualleben (Nilsson et al. 2011).

Drei von 15 Frauen gaben in einer Befragung an, HI schränkt ihr Sexualleben ein, da die Lust verloren geht, was zu Unzufriedenheit führt (Komorowski & Chen 2006).

Bei einer Befragung von 114 inkontinenten Frauen stellte sich heraus, dass psychische Belastung durch HI und Beeinträchtigung der sexuellen Aktivität eng zusammenhängen. Je höher die sexuelle Beeinträchtigung, desto höher ist die psychische Belastung ( $p < 0,001$ ) (Margalith, Gillon & Gordon 2004).

Akyuz et al. (2014) befragten zwölf türkische Frauen im Alter von 39-58 Jahren mit HI über ihr Beziehungs- und Sexualleben. Fünf Frauen berichteten, dass HI bzw. das Schamgefühl während des Geschlechtsverkehrs für einen Verlust des sexuellen Verlangens verantwortlich sind. Drei der zwölf Befragten haben dadurch keinen Geschlechtsverkehr mehr.

Um den unfreiwilligen Urinverlust während des Geschlechtsaktes zu minimieren, gehen die Frauen kurz vor dem Akt auf die Toilette und zwei der Frauen spannen während des Geschlechtsverkehrs die Beckenbodenmuskulatur an.

Bei der Befragung von 2010 Frauen und Männern in einer Studie von Coyne et al. (2008) stellte sich heraus, dass inkontinente Personen weniger sexuell aktiv sind als kontinente Personen (62,4% vs 68,2%;  $p < 0,002$ ).

Eine befragte Frau in der Studie von Wang et al. (2011) gab an, dass sie drei bis vier Mal während einer Nacht aufstehen muss, um auf die Toilette zu gehen. Sie teilt das Bett nicht mehr mit ihrem Ehemann, um ihn damit nicht zu stören.

In einer Studie von Nilsson, Lalos und Lalos (2009), in der Frauen mit HI befragt wurden, die in einer Partnerschaft leben, gaben 107 (von n=109) an, offen mit ihrem Partner über Inkontinenz zu sprechen, 104 von ihnen berichteten von ebenso großer Offenheit bezüglich ihres Sexuallebens. Nur 50 (von n=107) Frauen gaben an, Inkontinenz beeinflusse gemeinsame Unternehmungen mit ihrem Partner negativ. Diese Ergebnisse stammen von 109 Frauen, deren Partner ebenso bereit waren, an der Studie teilzunehmen.

Partner von 61 der inkontinenten Frauen verweigerten die Teilnahme. Bei der Hälfte der Frauen, von denen die Partner nicht an der Studie teilnahmen (n=61) fehlt es an offener Kommunikation in Bezug auf HI im Vergleich zu etwa einem Viertel der Frauen, deren Partner auch teilnahmen (n=109) ( $p < 0,05$ ).

33% (von n=44) der jüngeren Frauen (25-49 Jahre) im Vergleich zu 10% (n=63) der älteren Frauen (50-75 Jahre) berichteten, dass sich die körperliche Nähe zu ihrem Partner signifikant verminderte ( $p < 0,05$ ).

Im weiteren Vergleich von jüngeren mit älteren Frauen waren erstere weniger zufrieden mit ihrer psychischen Gesundheit, ihrem Sexualleben und der Freizeitgestaltung ( $p < 0,05$ ).

Ein Leben mit HI zu akzeptieren, ist für jüngere Frauen schwieriger als für Ältere, weil die Erkrankung bei 50-Jährigen häufiger auftritt als bei 30-Jährigen (Hägglund & Ahlström 2007).

Je jünger die betroffenen Frauen, desto höher ist die psychische Belastung durch HI, besagt die Studie von Margalith, Gillon und Gordon (2004).

Ältere Frauen sind zufriedener mit ihrer Freizeitgestaltung und ihrem Sexualleben (Nilsson, Lalos & Lalos 2009).

Eine Befragung von 1573 harninkontinenten Frauen von Papanicolaou et al. (2005) in vier Ländern zeigt auf, dass mit steigendem Alter der Grad der Belastung durch HI von Betroffenen sinkt. Jüngere Frauen ( $\leq 60$  Jahre) scheinen eher durch die Symptome der HI belastet zu sein, was die AutorInnen der Studie darauf zurückführen, dass jüngere Frauen aktiver sind, ihre Ansprüche in Bezug auf Karriere und persönliches Leben noch in Einklang zu bringen versuchen, während ältere Frauen ( $\geq 60$  Jahre) bereits sesshaft geworden sind und somit von diesen Aspekten des täglichen Lebens weniger wahrscheinlich betroffen sind.

Saadoun et al. (2006) befragten 556 inkontinente Frauen und fanden heraus, dass Frauen mit stärkeren Symptomen eher eine Ärztin/einen Arzt aufsuchten als solche mit mildereren Symptomen ( $p < 0,001$ ).

Von 2080 Frauen mit SI suchten insgesamt 10% eine Ärztin/einen Arzt auf. Davon litten 5% der Frauen an milden, 10% an moderaten und 48% ( $p < 0,0001$ ) der Frauen an schweren Symptomen (Bharucha et al. 2005).

### 3.2 Psychische Belastungen und Auswirkungen von Inkontinenz

Folgende Tabelle gibt einen Überblick über psychische Belastungen und Auswirkungen von Inkontinenz:

Tab. 7: Psychische Belastungen und Auswirkungen von Inkontinenz

<b>Psychische Belastungen und Auswirkungen von Inkontinenz</b>
<ul style="list-style-type: none"><li>• Selbstwert</li><li>• Scham</li><li>• Lebensqualität</li></ul>

Befragte Personen mit HI und SI sind in ihrem Alltag eingeschränkt, fühlen sich unflexibel, hilflos, verletzlich, zornig, voller Wut und auch der Selbstwert leidet aufgrund der Erkrankung (Akyuz et al. 2014; Hayder & Schnepf 2010a; Hägglund & Ahlström 2007; Wilson & McColl 2007).

Betroffene Frauen fühlen sich emotional isoliert, einsam, ausgeschlossen, frustriert, verärgert, traurig und ängstlich, was neun von zehn Betroffenen auf ihre reduzierten Aktivitäten zurückführten (Komorowski & Chen 2006).

In den eigenen vier Wänden fühlen sich sowohl urin- als auch stuhlinkontinente Personen freier als in der Öffentlichkeit, wo sie Unsicherheit, Furcht und Scham erleben (Hayder & Schnepf 2010b; Peden-McAlpine, Bliss & Hill 2008; Wilson

2007).

Dass sich harninkontinente Menschen täglich mit den Problemen des Harnverlusts auseinandersetzen müssen, verursacht Stress auf verschiedene Arten. Sie erleben Scham (6 von n=15) und fühlen sich schmutzig (2 von n=15), wenn sie nach erfolgtem Harnverlust nicht sofort ihre Kleidung wechseln können, weil dann unangenehmer Geruch entsteht (Komorowski & Chen 2006).

Wenn ein Ausflug vorgenommen wird, tragen inkontinente Menschen vorzugsweise dunkle und dickere Kleidung, um zu verbergen, wenn es zu einer ungewollten Blasen- oder Darmentleerung kommt (Hayder & Schnepf 2010a; Peden-McAlpine, Bliss & Hill 2008; Wilson 2007).

Wang et al. (2011) erzielten ähnliche Ergebnisse bei der Befragung von 16 Frauen. Zwei Drittel (77 von n=108) der befragten Frauen einer Studie von Nilsson, Lalos und Lalos (2009) berichteten, sie hätten Angst unangenehm zu riechen, 76 (von n=105) fürchteten sich davor, dass Menschen um sie herum den ungewollten Harnverlust bemerken und ihr Problem entdecken könnten (78 von n=106). Die Frauen berichteten von einem Drang, ihre Kleidung regelmäßig zu wechseln und fühlen sich durch HI weniger attraktiv (78 von n=104).

Margalith, Gillon und Gordon (2004) verglichen die Lebensqualität von 131 harninkontinenten Frauen mit 405 gesunden Frauen anhand des SF 36 Fragebogens (36-Item Short Form Health Survey), der acht Domänen (Physical Function, Role Physical, Body Pain, General Health, Vitality, Social Functioning, Role Emotional, Mental Health) in Bezug auf gesundheitsbezogene Lebensqualität misst. Die Lebensqualität der inkontinenten Frauen war in allen acht Domänen niedriger als bei der gesunden Population ( $p < 0,001$ ).

Signifikante Zusammenhänge konnten auch zwischen den Belastungen, verursacht durch HI und der Lebensqualität gemessen werden ( $p < 0,05$  in allen acht Domänen). Je höher der Belastungsgrad durch HI, desto geringer die Lebensqualität, wobei jüngere betroffene Frauen diese Belastungen als schlimmer empfanden als die Älteren ( $p < 0,002$ ).

Gleichartige Ergebnisse erzielten Malmstrom et al. (2010) bei der Befragung von 102 harninkontinenten (12,2% Frauen und 11,9% Männer) und 42

stuhlinkontinenten Personen (6,1% Frauen und 3,4% Männer). Alle Werte des SF-36 Fragebogens waren signifikant niedriger bei inkontinenten Menschen im Vergleich zu nicht inkontinenten Menschen (HI:  $p < 0.001$ ; SI:  $p < 0.01$ ).

Urininkontinente Personen sind signifikant höher von Demütigungen betroffen als kontinente Personen (OR=1,29; CI=1,12-1,50;  $p < 0,01$ ), berichteten Franzen et al (2009) in ihrer Querschnittstudie, bei der sie 4609 Personen befragten. Je höher der Schweregrad der HI, desto höher die Unannehmlichkeiten. Der Schweregrad von Inkontinenz variiert in Menge und Frequenz (Franzen et al. 2005; Fultz et al. 2005; Landefeld et al. 2008; Papanicolaou et al. 2005; Saadoun et al. 2006).

Über 80% von 1573 harninkontinenten Frauen in vier Ländern in einer Befragung von Papanicolaou et al. (2005) berichteten, dass HI unangenehm sei, 45% von ihnen bezeichneten die Symptome als mäßig bis extrem psychisch belastend. Signifikante Unterschiede konnten in Bezug auf den psychischen Belastungsgrad durch HI festgestellt werden, die psychische Belastung für Frauen stieg mit dem Schweregrad der HI ( $p < 0,01$ ). Ebenso berichteten betroffene Frauen von schwerwiegenderen psychischen Auswirkungen durch die Symptome bei stärkerer Ausprägung der HI ( $p < 0,01$ ).

Von 93 Frauen mit SI erzielten jene mit flüssiger SI ( $n=57$ ) niedrigere Werte in der Fecal Incontinence Quality of Life Scale (FIQL) als Frauen, die von SI betroffen sind, bei der vorwiegend Winde abgehen ( $n=36$ ). Das heißt, erstere erleben eine signifikant höhere Belastung auf ihre Lebensqualität in allen vier Bereichen des FIQL (Lifestyle:  $p=0.003$ , Coping:  $p < 0.001$ , Depression  $p < 0.001$ , Embarrassment:  $p < 0.001$ ) (Boreham et al. 2005).

Diese Ergebnisse werden durch eine Querschnittstudie von Bartlett, Nowak und Ho (2009) bestätigt, in der 154 Betroffene mit SI (127 Frauen und 27 Männer) denselben Fragebogen beantworteten. Steigende Menge ( $p < 0.01$ ) und Frequenz ( $p < 0.001$ ) der Inkontinenz haben signifikant negative Auswirkung auf die Lebensqualität in allen vier Bereichen des FIQL.

Befragte, die an fester und flüssiger SI gleichermaßen leiden, erleben eine schlechtere Lebensqualität als jene, die nur an einer Form von SI leiden.

In der Befragung von 58 Betroffenen (43 Frauen, 15 Männer) durch Alsheik et al. (2012) berichteten 48% von schlechter Lebensqualität. Betroffene mit flüssiger/weicher Stuhl haben signifikant geringere FIQL Werte als Betroffene mit geformtem Stuhl ( $p=0.005$ ) oder abwechselnd weichem/geformtem Stuhl ( $p=0.05$ ).

Bharucha et al. (2005) erlangten bei der Befragung von 2080 stuhlinkontinenten Frauen ähnliche Ergebnisse. Der Schweregrad der Symptome beeinflusst die Auswirkungen auf die Lebensqualität. 6% der Frauen mit milden Symptomen, 35% mit moderaten Symptomen und 82% der Frauen mit schweren Symptomen berichteten über mäßige bis schwere Auswirkungen auf die Lebensqualität. Belastungen werden von Frauen mit DI als schlimmer empfunden als von Frauen mit HI. Es besteht ein signifikanter Zusammenhang zwischen dem Anstieg der Symptome und unangenehmerem Empfinden der Belastungen ( $p<0.005$ ) (Sliker-Hove et al. 2010).

In allen vier Bereichen des FIQL konnten Bartlett, Nowak und Ho (2009) bei der Befragung von 154 Betroffenen mit Stuhl (127 Frauen und 27 Männer) keine signifikanten Unterschiede in Bezug auf das Geschlecht finden.

Die Studie von Alsheik et al. (2012) Studien hingegen spricht von signifikanten geschlechterspezifisch unterschiedlichen Auswirkungen von Inkontinenz auf die Lebensqualität von Individuen. So hatten Frauen in dieser Befragung signifikant niedrigere Durchschnittswerte in Bezug auf Lebensqualität als Männer ( $p<0,03$ ).

Engström et al. (2005) erforschten die selbst eingeschätzte Gesundheit, Traurigkeit und Glück von Männern, die an LUTS leiden ( $n=411$ ) und Männern, die nicht an LUTS erkrankt sind ( $n=337$ ) mittels dem SF-36 Fragebogen. LUTS wurde in dieser Studie in zwölf Arten eingeteilt. Alle zwölf LUTS Arten reduzierten den Glück Score der Männer, die von LUTS betroffen sind signifikant im Vergleich zu Männern, die nicht an LUTS leiden ( $RR=0,5-0,7$ ;  $CI=0,3-0,9$ ). Männer ohne LUTS wiesen im Vergleich zu Männern mit LUTS deutlich höhere Werte für Glück auf (64% vs 40%;  $RR=1,6$ ;  $CI=1,4-1,9$ ).

Die Befragung von 2010 Frauen und Männern in einer Studie von Coyne et al. (2008) zeigt, dass inkontinente Personen ihr Sexualleben weniger genießen können als kontinente Menschen (15,4% vs 2,8%;  $p<0,001$ ).

Zwei von zwölf Frauen mit HI versuchen, während des Geschlechtsaktes positiv zu denken und entspannt zu bleiben, um unfreiwilligen Urinverlust zu vermeiden (Akyuz et al. 2014).

Paare, die länger zusammen sind und bei denen ein Partner an Inkontinenz leidet, können offener mit der Thematik umgehen als solche, die erst vor kurzem eine Partnerschaft eingingen. Doch machen sich manche Betroffene in längerer Beziehung Sorgen um den Bestand ihrer Partnerschaft, weil sich Inkontinenz negativ auf ihre Sexualität auswirkt, ergab eine Befragung von 22 betroffenen Frauen und zehn betroffenen Männern (Hayder & Schnepf 2010b).

Nilsson et al. (2011) bestätigen die Ergebnisse von Hayder und Schnepf (2010b) durch die Befragung von 99 inkontinenten Frauen, die in Partnerschaft leben, mittels Fragebögen. Paare, die bereits länger in Beziehung leben und zwischen denen offene Kommunikation stattfindet (95%), können auch über HI in Bezug auf Sexualität mit ihrem Partner besser sprechen (64%).

Weniger als die Hälfte von zwölf türkischen Frauen besprachen den Verlust ihres sexuellen Verlangens aufgrund von HI mit ihren Ehemännern (Akyuz et al. 2014).

Bei der Befragung von acht brasilianischen Frauen aus sozial niedrig gestellter Schicht mit sehr geringem Einkommen im Alter von 30-45 Jahren mit HI stellte sich heraus, dass Schweigen für sie ein Bewältigungsmechanismus ist und sie damit ihr Leid und ihre Angst zum Ausdruck bringen.

Anfängliche Verleugnung der vorhandenen HI resultiert aus nicht vorhandenem Wissen und fehlendem Verstehen darüber, dass HI eine behandelbare Krankheit ist. Betroffene verleugneten ihre Erkrankung aus Scham und um Kritik oder Spott von anderen zu umgehen (Higa et al. 2011; Li, Low & Lee 2007; Sliker-ten Hove et al. 2010; Wilson & McColl 2007).

### 3.3 Soziale Belastungen und Auswirkungen von Inkontinenz

Tabelle 8 gibt einen Überblick über soziale Belastungen und Auswirkungen von Inkontinenz:

Tab. 8: Soziale Belastungen und Auswirkungen von Inkontinenz

<b>Soziale Belastungen und Auswirkungen von Inkontinenz</b>
<ul style="list-style-type: none"><li>• Freundschaften</li><li>• Unternehmungen</li><li>• Partnerschaft</li><li>• Erwerbsleben</li></ul>

95% (n=109) der befragten Frauen einer Studie von Nilsson, Lalos und Lalos (2009) berichteten von negativen Einflüssen von HI auf ihr Leben, fast die Hälfte (n=47) erzählten von negativem Einfluss auf ihr Sozialleben in Bezug auf Aktivitäten wie z.B. Treffen mit FreundInnen, Theaterbesuche, Reisen oder Einkaufen zu gehen.

14 von 15 Frauen in einer Studie von Komorowski & Chen (2006) sagten in einem Interview auf die Frage, wie sich HI auf ihr Leben auswirke, dass sie einige Änderungen vornehmen mussten. Sie blieben lieber zu Hause, anstatt auszugehen und sähen FreundInnen nicht mehr so oft.

Um die Probleme durch ungewollten Harnverlust besser kontrollieren zu können, reduzieren Frauen Aktivitäten in der Natur (z.B. Berggehen), vor allem wenn keine öffentlichen Toiletten in der Nähe sind, weil ihnen das ein Gefühl der Unsicherheit gibt (Komorowski & Chen 2006; Nilsson, Lalos & Lalos 2009; Wang et al. 2011).

In einer Telefonumfrage von Pang et al. (2005) gaben chinesische Frauen mit HI die größte Beeinträchtigung im Bereich soziale Aktivitäten (5,1% von n=393) und im Bereich emotionale Gesundheit an (5,6% von n=393).

Stuhlinkontinente Betroffene berichteten, sie hätten sie einige Dinge zu planen,

bevor sie eine Einladung annehmen würden, z.B. die Distanz von zu Hause dorthin oder die Einholung der Informationen, was es da zu essen gäbe. Oft blieben sie einfach zu Hause, weil sie da alles hätten was sie im Notfall bräuchten (Peden-McAlpine, Bliss & Hill 2008; Wilson 2007).

ProbandInnen in der Studie von Wilson und McColl (2007) mit SI berichteten, sie würden Verabredungen absagen, weil sie Angst davor hätten, jemand könnte bemerken, dass sie Probleme mit dem Darm hätten.

Stuhlinkontinente Frauen leben in ständiger Angst, jemand könnte ihr Problem entdecken. Viele sprechen mit niemandem über die Erkrankung, nur manche vertrauen sich Familienmitgliedern oder sehr nahen FreundInnen an (Peden-McAlpine, Bliss & Hill 2008; Wilson & McColl 2007).

Singles mit Inkontinenz haben Schwierigkeiten, sich auf eine Beziehung einzulassen. Einerseits ist es schwer für sie, über ihre Erkrankung zu sprechen, andererseits haben sie Angst vor Zurückweisung (Hayder & Schnepf 2010a; Hayder & Schnepf 2010b; Wilson 2007).

Die Ergebnisse der systematischen Übersichtsarbeit von Coyne et al. (2013) zeigen auf, dass Produktivität am Arbeitsplatz durch Inkontinenz signifikant beeinträchtigt ist. Betroffene sind konstant wegen Unterbrechungen während der Arbeit beunruhigt, sorgen sich um Kündigung oder frühzeitige Pensionierung. Bei der Befragung in einer Fall-Kontroll Studie von 2010 Frauen und Männern unter 65 Jahren fanden Coyne et al. (2008) heraus, dass inkontinente Personen signifikant höher von Arbeitslosigkeit betroffen sind als Personen ohne Inkontinenz (42,0% vs 33,6%;  $p < 0,001$ ).

Fast ein Viertel der Betroffenen (24,7%) gab an, bei der Arbeit durch Inkontinenz beeinträchtigt zu sein, im Vergleich zu den nicht Betroffenen mit 12,2% ( $p < 0,001$ ).

40,8% von 131 befragten inkontinenten Frauen sind in ihrer Arbeit beeinträchtigt, 39,5% von ihnen gaben an, weniger leisten zu können als sie wollten (Margalith, Gillon & Gordon 2004).

HI beeinflusst das Verhalten im täglichen Arbeitsleben von inkontinenten

Personen. Betroffene nehmen sich am Arbeitsplatz regelmäßig Pausen, um ins Badezimmer zu gehen (Fultz et al. 2005; Komorowski & Chen 2006).

Eine Lehrerin berichtet, während der Arbeit Lachen zu reduzieren und immer mit aneinander gepressten Beinen zu stehen, um Harnverlust zu vermeiden (Komorowski & Chen 2006).

Andere Maßnahmen von Betroffenen, HI und SI während eines Arbeitstages zu kontrollieren, sind: Heben zu vermeiden, wenig zu trinken, extra Kleidung mitzuführen und bevorzugt dunkle Kleidung zu tragen. Der Prozentsatz der angewandten Methode steigt mit dem Schweregrad der Inkontinenz. HI hat negative Auswirkung auf die Konzentrationsfähigkeit, das Selbstbewusstsein, die Ausführung von körperlichen Arbeiten und auf die Fähigkeit, Arbeiten ohne Unterbrechungen durchzuführen (Fultz et al. 2005; Liao et al. 2009).

Ähnlich gestaltet sich das Arbeitsleben von Frauen mit SI. In den eigenen vier Wänden können sie produktiver sein als am Arbeitsplatz, weil sie dort in ständiger Angst vor der Erniedrigung leben, die sie bei unkontrolliertem Stuhlverlust vermuten. Zwei von zehn Betroffenen suchten aufgrund ihrer SI um frühzeitige Pensionierung an (Peden-McAlpine, Bliss & Hill 2008).

Einige Betroffene in der Studie von Wilson (2007) berichteten, ihre Arbeit aufgrund von SI nicht mehr ausüben zu können, was zu Traurigkeit, Zorn, Frustration und Langeweile führte.

### 3.4 Schwangerschaft und Inkontinenz

Folgende Tabelle gibt einen Überblick über Belastungen und Auswirkungen von Inkontinenz in der Schwangerschaft:

Tab. 9: Belastungen und Auswirkungen von Inkontinenz in der Schwangerschaft

<b>Schwangerschaft und Inkontinenz</b>
<ul style="list-style-type: none"><li>• Selbstwert</li><li>• Scham</li><li>• Lebensqualität</li><li>• Sexualeben</li><li>• Partnerschaft</li><li>• Freundschaften</li><li>• Unternehmungen</li></ul>

Bei Schwangeren wird von einer Prävalenz von HI zwischen 32%-64% berichtet (Milsom et al. 2009 zitiert in Abrams et al. 2009). Während einer Schwangerschaft und Entbindung werden speziell der Bauchraum und das Becken stark beansprucht. Neben der hormonellen Veränderung sind die mögliche Beschädigung der Beckenmuskulatur und des Bindegewebes sowie die vaginale Entbindung, besonders bei Mehrlingsschwangerschaften wesentliche Faktoren für die Kontinenz. Auch nach einem Kaiserschnitt besteht das Risiko, an Inkontinenz zu erkranken (Niederstadt & Gaber 2007).

In der Studie von Kocaöz, Talas und Atabekoğlu (2010), in der 393 Schwangere befragt wurden, lag die Prävalenz von HI bei 26,97% (n=106), 54,7% (n=58) litten an SUI, 25,5% (n=27) an UUI, 16% (n=17) an MUI und 3,8% (n=4) an anderer HI.

Wesnes et al. (2009) erforschten die Prävalenz von HI während und nach der Schwangerschaft von 12679 erstgebärenden Frauen, die vor der Schwangerschaft kontinent waren. 14% (n=1815) von ihnen hatten einen Kaiserschnitt. 31% der Frauen litten sechs Monate postpartal an HI. 52% (2605 von n=5026) der Frauen, die während der Schwangerschaft inkontinent waren, waren sechs Monate nach

der Geburt wieder kontinent. 21% (1562 von n=7451) der Frauen, die während der Schwangerschaft kontinent blieben, waren sechs Monate postpartal inkontinent. Mit 14% war SUI die häufigste Art der Inkontinenz sechs Monate nach der Geburt.

Wenn eine Frau an HI während einer Schwangerschaft leidet, ist die Wahrscheinlichkeit, zu einem späteren Zeitpunkt im Leben an HI zu erkranken erhöht (Leroy & Lopez 2012).

Statistisch signifikante Zusammenhänge ( $p < 0,05$ ) wurden zwischen HI und HI während vorheriger Schwangerschaft gefunden ( $p = 0,0001$ ), zwischen HI und wenn eine HI nach früherer Geburt bestand ( $p = 0,0001$ ), einer früheren Harnwegsinfektion ( $p = 0,025$ ) und wenn die Mutter oder Schwester an HI litten ( $p = 0,0001$ ).

Eine statistisch signifikante Beziehung konnte auch zwischen HI und Altersgruppe gefunden werden, je älter die Schwangere, desto höher die Wahrscheinlichkeit, an HI zu erkranken ( $p < 0,05$ ) (Kocaöz, Talas & Atabekoğlu 2010).

Die von Leroy und Lopez (2012) durchgeführte Befragung von 77 Frauen ergab, dass HI im Wochenbett die Lebensqualität von Betroffenen beeinträchtigt (70,1%). Die gesundheitsbezogene Lebensqualität wurde in dieser Studie mittels dem SF-36 gemessen und ergab folgende signifikante Unterschiede zwischen den inkontinenten Frauen (n=77) und den kontinenten Frauen (n=267): Physical Aspects ( $p = 0,0047$ ), Pain ( $p = 0,0419$ ), General Health Status ( $p = 0,0002$ ), Vitality ( $p = 0,0072$ ) und Social Aspects ( $p = 0,0318$ ). Mit 45,5% (n=35) war SUI die häufigste Art von HI.

In der Studie von Kocaöz, Talas und Atabekoğlu (2010) gaben die meisten Teilnehmerinnen (92,6% von n=364) an, sich sozial abgesichert zu fühlen. Zwischen Betroffenen mit dieser sozialen Sicherheit und Betroffenen ohne diese Stabilität gab es einen statistisch signifikanten Unterschied ( $p = 0,009$ ). 70,8% (n=75) der Schwangeren gaben an, HI beeinflusse ihre Lebensqualität negativ, wobei dieses Ergebnis von Frauen stammt, die laut eigenen Angaben mild oder moderat von HI betroffen waren. 29,2% (n=31) gaben an, HI beeinflusse ihre Lebensqualität überhaupt nicht.

Rasmussen und Ringsberg (2009) befragten neun Frauen, die postpartal an SI litten. Eine von ihnen erzählte im Interview, dass sie vor ihrer Erkrankung in Stresssituationen kämpfte, um wieder die Kontrolle zu erlangen, aber seit sie von Inkontinenz betroffen ist, besitze sie sehr geringes Selbstwertgefühl und behalte ihre Probleme für sich, anstatt dagegen anzukämpfen.

Einige sagten, sie würden weder FreundInnen noch KollegInnen von der SI erzählen, es sei viel zu beschämend und erniedrigend. Acht der Frauen, die in Partnerschaft lebten gaben an, sie führten eine offene Beziehung, jedoch gaben einige von ihnen im Interview an, ihren Partnern nicht von der Erkrankung zu erzählen. Die Frauen hatten Angst, dass ihre Partner sie nicht mehr attraktiv finden würden, wenn sie von der Erkrankung wüssten.

Das Sexualleben war bei allen Frauen durch SI beeinflusst, einige sagten, sie seien auf die Befriedigung ihres Partners konzentriert und achteten darauf, SI während des Sexualaktes unter Kontrolle zu halten.

Alle Frauen berichteten, sie hätten nicht genug Kontrolle über Stuhl- und Windabgang, so leben sie in ständiger Angst, Menschen um sie herum könnten ihre Inkontinenz hören oder riechen und sie seien ständig verzweifelt auf der Suche nach Toiletten in der Umgebung.

Eine der Frauen erzählte, sie verzichte auf bestimmte Nahrungsmittel, weil sie so den Stuhlabgang teilweise unter Kontrolle habe. Eine andere berichtet, sie verzichte vollständig auf gesellschaftliche Zusammenkünfte, weil es meist Alkohol und Süßigkeiten gäbe. Durch diese Einschränkungen fühlen sich Betroffene belastet und marginalisiert.

Alle Betroffenen wollen mehr Sinn im Leben erfahren, nicht nur existieren. Sie wünschen sich ihr Leben zurück, in dem sie ihre persönlichen Ziele erfüllen können. Die befragten Frauen wurden vom Pflegepersonal über das Risiko postpartaler SI nicht aufgeklärt und betrachteten es deshalb als nicht anerkanntes Leiden, was das Gefühl von Scham verstärkte. Zum Teil versuchten sie, mit ihrer praktischen Ärztin/ihrem praktischen Arzt oder dem Pflegepersonal über ihre SI zu sprechen, fühlten sich jedoch von den Health Professionals nicht verstanden und ernst genommen, weil keine/r sich dem Problem der Frauen annahm.

## 4 Diskussion

Ziel dieser Arbeit ist es, darzulegen, welche physischen, psychischen und sozialen Belastungen und Auswirkungen von Inkontinenz (Harn-, Stuhl- und Doppelinkontinenz) bei Erwachsenen unter 65 Jahren in der internationalen Literatur beschrieben werden und wie Betroffene diese Belastungen erleben. Zur Beantwortung der Forschungsfragen wurden nach einer systematischen Literaturrecherche 33 Studien aus verschiedenen Ländern herangezogen. Diese wurden kritisch bewertet, die Ergebnisse extrahiert und anschließend synthetisiert.

Die Ergebnisse dieses Literature Reviews zeigen, dass sich Inkontinenz auf das gesamte Leben von betroffenen Menschen auswirkt. Es zeigen sich sowohl physische Auswirkungen, als auch psychische und soziale Belastungen und Auswirkungen.

Personen, die an Inkontinenz leiden (Harn-, Stuhl- oder Doppelinkontinenz) reduzieren körperliche Aktivitäten oder verzichten komplett auf jegliche Art von körperlicher Tätigkeit. Sie trinken und essen weniger, um ungewolltem Harn- bzw. Stuhlverlust vorzubeugen.

Kleidung zum Wechseln führen sie immer mit, vorzugsweise dunkle, damit man Verunreinigungen nicht sofort sehen kann.

Sie planen vor Unternehmungen genau, ob sich öffentliche Toiletten in ihrer Umgebung befinden (Hayder & Schnepf 2010a; Hägglund & Ahlström 2007; Nilsson, Lalos & Lalos 2009; Peden-McAlpine, Bliss & Hill 2008; Wang et al. 2011).

Landefeld et al. (2008) bestätigen diese Ergebnisse. Harn- und stuhlinkontinente Menschen erleben aufgrund ihrer Erkrankung physische Einschränkungen in ihrem Leben, die zu Belastungen führen.

Aus den genannten Gründen halten sich inkontinente Personen vorzugsweise im privaten Bereich auf, wo ihnen saubere Kleidung und eine Toilette jederzeit zur Verfügung stehen (Hayder & Schnepf 2010a; Hägglund & Ahlström 2007; Nilsson, Lalos & Lalos 2009; Peden-McAlpine, Bliss & Hill 2008; Wang et al. 2011).

Einzig die Studie von Franzen et al. (2009) widerspricht diesen Ergebnissen nach

einer Befragung von 4609 Personen, denn sie konnten keinen Zusammenhang zwischen HI und persönlichen Angewohnheiten, wie körperlichen Aktivitäten, nachweisen. Gründe dafür könnten unterschiedliche Fragestellungen in den Fragebögen sein oder die mehr oder weniger bewusste Absicht der Befragten, die Frage verharmlost zu beantworten.

Inkontinenz hat negative Auswirkungen auf Sexualität, auch hier erleben Betroffene Einschränkungen. Spontaneität geht verloren, und viele Praktiken können aufgrund von unangenehmen Gefühlen oder sogar Schmerzen nicht mehr durchgeführt werden. Sexuelle Aktivität nimmt ab, weil Personen durch Inkontinenz die Lust verlieren. Inkontinente Personen sind weniger sexuell aktiv als kontinente Personen.

Ebenso vermindert Inkontinenz gemeinsame Unternehmungen mit dem Partner. Kommunikation zwischen inkontinenten Frauen und deren Partnern bezüglich der Erkrankung funktioniert besser, je länger die Paare bereits in Beziehung sind. (Hayder & Schnepf 2010b; Komorowski & Chen 2006; Nilsson et al. 2011).

Diesem Ergebnis widerspricht die Studie von Akyuz et al. (2014). Bei der Befragung von zwölf türkischen Frauen gab mehr als die Hälfte an, ihr Problem nicht mit den Ehemännern zu besprechen. Gründe hierfür könnten kulturelle Unterschiede in Bezug auf Partnerschaft und Kommunikation sein.

Alleinstehende Frauen berichten von Schwierigkeiten, wieder einen Partner zu finden und sich erneut auf eine Beziehung einzulassen, weil sie sich unsicher fühlen, schämen und nicht über ihre Erkrankung sprechen wollen (Hayder & Schnepf 2010a; Hayder & Schnepf 2010b; Nilsson et al. 2011).

Inkontinente Personen verwenden Wörter wie Hilflosigkeit, Verletzlichkeit, vermindertes Selbstwertgefühl, Einsamkeit, Isolation, Ängstlichkeit, Demütigung und Frustration, um ihr Leben zu beschreiben (Akyuz et al. 2014; Hägglund & Ahlström 2007; Hayder & Schnepf 2010a; Peden-McAlpine, Bliss & Hill 2008; Wilson & McColl 2007).

Die tägliche Auseinandersetzung mit dem Thema Inkontinenz verursacht Stress auf verschiedene Arten bei den Betroffenen, sie erleben dadurch Belastung und

Scham (Komorowski & Chen 2006; Wang et al. 2011) und leben täglich mit der Angst, jemand könnte ihre Erkrankung entdecken (Nilsson, Lalos & Lalos 2009; Peden-McAlpine, Bliss & Hill 2008; Wilson 2007).

Landefeld et al. (2008) bestätigen diese Ergebnisse, sowohl HI als auch SI haben ernste Auswirkungen auf das psychische Wohlbefinden von Individuen, welche aufgrund ihrer Erkrankung Scham und Peinlichkeit empfinden und mit der ständigen Angst vor Entblößung leben.

Studien berichten von verminderter Lebensqualität, die Betroffene aufgrund von Inkontinenz erfahren (Engström et al. 2005; Landefeld et al. 2008; Margalith, Gillon & Gordon 2004; Papanicolaou et al. 2005).

Der Grad der Belastung von inkontinenten Frauen sinkt mit steigendem Alter (Hägglund & Ahlström 2007; Margalith, Gillon & Gordon 2004; Nilsson, Lalos & Lalos 2009; Papanicolaou et al. 2005). Papanicolaou et al. (2005) finden eine Erklärung darin, dass jüngere Frauen (<60 Jahre) eher durch Symptome belastet sind, weil sie aktiver sind, ihre Ansprüche in Bezug auf Karriere und persönliches Leben noch in Einklang zu bringen versuchen, während Ältere bereits sesshaft wurden.

Bartlett, Nowak und Ho (2009) konnten keine geschlechterspezifischen Unterschiede in Bezug auf Lebensqualität bei stuhlinkontinenten Personen feststellen.

Alsheik et al. (2008) fanden jedoch signifikante Unterschiede zwischen den Geschlechtern, so hatten Frauen mit SI signifikant niedrigere Durchschnittswerte in Bezug auf Lebensqualität als Männer.

Landefeld et al. (2008) bestätigen diese Ergebnisse, auch sie berichten von Unterschieden zwischen den Geschlechtern bei SI.

Auf das Sozialleben von betroffenen Menschen hat Inkontinenz negative Einflüsse. Sie reduzieren soziale Kontakte und Unternehmungen (Nilsson, Lalos & Lalos 2009). Manche verzichten gänzlich auf soziale Unternehmungen und bleiben lieber zu Hause (Komorowski & Chen 2006; Pang et al. 2005; Peden-McAlpine, Bliss & Hill 2008; Wilson 2007; Wilson & McColl 2007).

Landefeld et al. (2008) berichten ebenfalls von sozialer Isolation von Betroffenen mit HI oder SI, viele betroffene Individuen ziehen sich aufgrund ihrer Erkrankung aus ihrem sozialen Umfeld zurück.

Viele Betroffene sprechen mit niemandem über ihre Erkrankung, manche vertrauen sich Familienmitgliedern oder sehr engen FreundInnen an (Peden-McAlpine, Bliss & Hill 2008; Wilson 2007).

Landefeld et al. (2008) bestätigen, dass viele inkontinente Menschen sich mit ihren Problemen oft niemandem anvertrauen, weder der Familie oder FreundInnen, noch ihrer Ärztin/ihrem Arzt.

Die Produktivität am Arbeitsplatz ist durch Inkontinenz, wegen häufiger Unterbrechungen durch das Aufsuchen des Bades, vermindert.

Die Erkrankung hat Auswirkungen auf die Konzentrationsfähigkeit und auf das Selbstbewusstsein von Betroffenen (Coyne et al. 2013; Fultz et al. 2005; Komorowski & Chen 2006; Liao et al. 2005; Margalith, Gillon & Gordon 2004).

Auch Landefeld et al. (2008) berichten von geringerer Produktivität am Arbeitsplatz von harn- oder stuhlinkontinenten Personen.

Die Arbeitslosenrate ist bei inkontinenten Personen höher als bei kontinenten Personen (Coyne et al. 2008).

Bei inkontinenten Schwangeren treten dieselben Belastungen und Auswirkungen durch Inkontinenz auf wie bei nicht schwangeren inkontinenten Personen. Schwangere Frauen erfahren durch Inkontinenz verminderte Lebensqualität, fühlen sich im täglichen Leben eingeschränkt und marginalisiert und leiden unter vermindertem Selbstwertgefühl (Kocaöz, Talas & Atabekoğlu 2010; Leroy & Lopez 2012; Rasmussen & Ringsberg 2009).

Inkontinenz beeinflusst die Partnerschaft und das Sexualleben von erkrankten Schwangeren.

Sie reden kaum mit jemandem über ihr Problem, meist auch nicht mit dem Partner, weil sie Angst davor haben, für diesen an Attraktivität zu verlieren (Rasmussen & Ringsberg 2009).

Dass Inkontinenz ein Tabuthema ist, kann durch die vorliegende Arbeit bestätigt

werden. Dadurch fragen wenige betroffene Individuen um professionelle Hilfe, sie verleugnen ihre Erkrankung aus Scham und um Kritik oder Spott von anderen zu umgehen (Higa et al. 2011; Li, Low & Lee 2007; Sliker-ten Hove et al. 2010; Wilson & McColl 2007). Einige schwangere Frauen waren in der Studie von Rasmussen und Ringsberg (2009) der Meinung, Inkontinenz sei eine vorübergehende Unannehmlichkeit, was ein Mitgrund dafür war, dass sie sich niemandem anvertrauen.

## 4.1 Einbettung der Ergebnisse in den theoretischen Rahmen

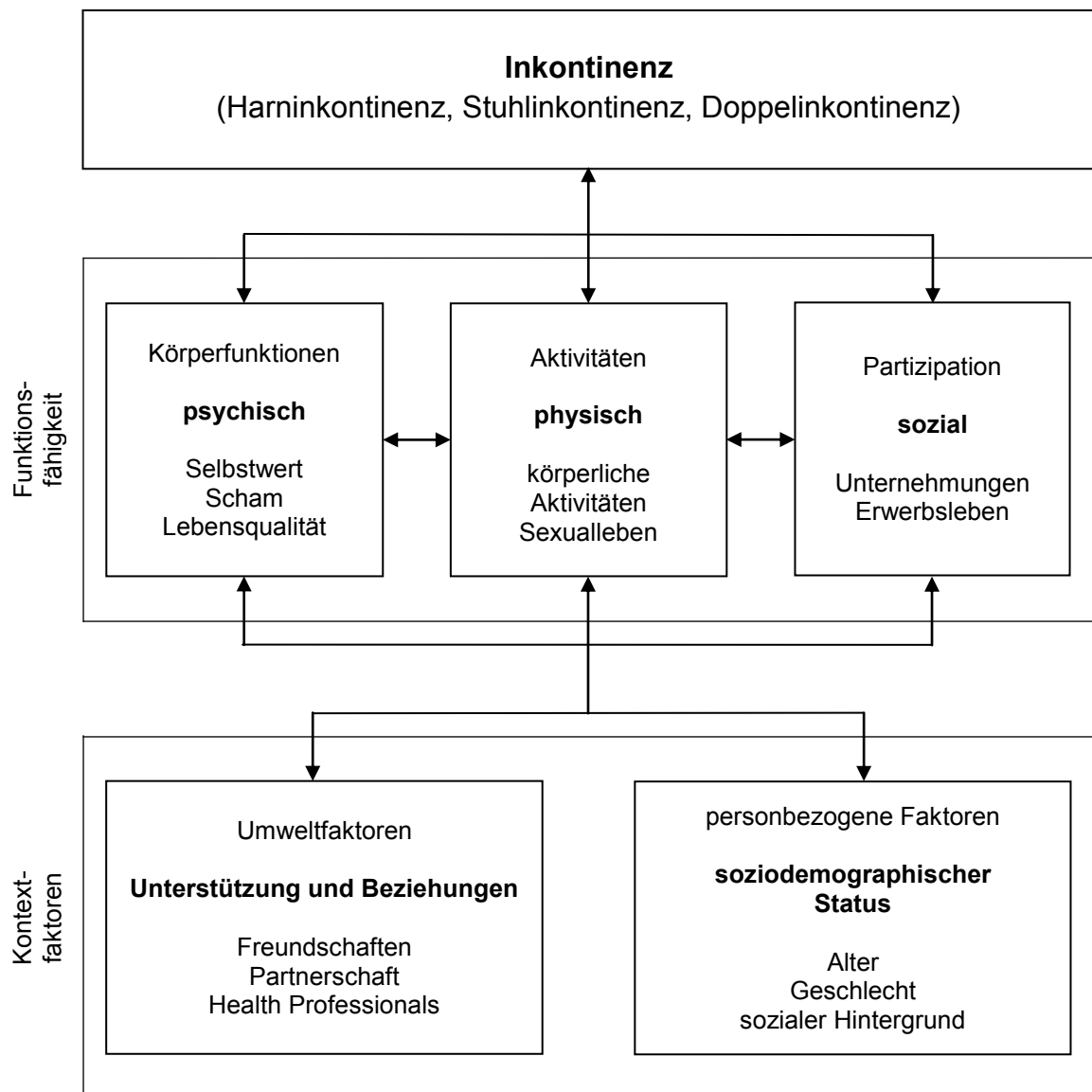


Abb. 5: Ergebnisdarstellung anhand des Modells der ICF (eigene Darstellung in Anlehnung an ICF 2005, p. 23)

Abbildung 5 zeigt die Funktionsfähigkeit einer Person als Wechselwirkung zwischen Gesundheitsproblem und Kontextfaktoren der ICF, die Kontextfaktoren wurden hier mit den Ergebnissen der vorliegenden Arbeit ergänzt. Durch die Wechselwirkung ist die Person in ihrer funktionalen Gesundheit beeinträchtigt, wenn eine Beeinträchtigung in nur einer der Ebenen vorliegt. Nach ICF (2005) beinhaltet die Ebene Körperfunktionen alle physiologischen Funktionen von Körpersystemen inklusive psychischer Funktionen. Körperstrukturen sind

anatomische Teile des Körpers. Auf eine nähere Beschreibung der Anatomie und Physiologie der Erkrankung wurde in der vorliegenden Arbeit verzichtet, weil diese nicht Inhalt der Forschungsfragen sind. Somit wurde die Ebene Körperstrukturen für die Ergebnisdarstellung dieser Arbeit aus dem Modell entfernt. Im Bereich Körperfunktionen erfahren inkontinente Personen Beeinträchtigungen in ihrem Selbstwert, erleben Scham, Angst, Frust, Traurigkeit, Ärger und Einsamkeit.

Die Ebene Aktivitäten beinhaltet physische Auswirkungen von Inkontinenz. Betroffene reduzieren ihre körperlichen Aktivitäten, bei denen die Gefahr von Harn- oder Stuhlverlust besteht, oder verzichten gänzlich darauf. Hierzu zählen Freizeit- oder Sportunternehmungen, wie Spaziergehen oder Tanzen und auch sexuelle Aktivitäten, bei denen Betroffene aufgrund von Schmerzen oder wegen verminderter Spontaneität Einschränkungen erleben.

In die Kategorie Partizipation fallen soziale Aktivitäten, wie Unternehmungen mit FreundInnen und das Erwerbsleben einer Person. Einschränkungen hierbei zeigen sich in reduzierter sozialer Aktivität, Einladungen von FreundInnen werden weniger oft angenommen oder ganz ausgeschlagen. Unternehmungen wie Theaterbesuche, Einkaufen oder Reisen werden aufgrund der Erkrankung seltener ausgeübt.

Zu den Umweltfaktoren zählen Freundschaften und Partnerschaft, welche bereits im Kontextfaktor Partizipation erläutert wurden und auch Health Professionals, denen in der Aufklärung, Prävention und Therapie von Inkontinenz eine große Rolle zukommt.

Zu den personbezogenen Faktoren werden Gegebenheiten des individuellen Lebenshintergrundes gezählt, welche nicht Teil ihres Gesundheitsproblems sind, z.B. Alter, Geschlecht, sozialer Hintergrund oder ethnische Zugehörigkeit, die bei Beeinträchtigung auf jeder der Ebenen Einfluss üben können, jedoch nicht in der ICF klassifiziert sind. In Bezug auf das Alter von Erkrankten bestehen Unterschiede in der Prävalenz und im Bewältigungsverhalten. Frauen sind wesentlich häufiger von Inkontinenz betroffen als Männer. Ältere Inkontinente können die Erkrankung leichter annehmen als jüngere Erkrankte. Ergebnisse

unterschieden sich in Bezug auf geschlechterspezifische Belastungen und Auswirkungen durch Inkontinenz und zeigen, dass Personen mit niedrigerem sozialem Status über ihre Erkrankung schweigen, was für sie ein Bewältigungsmechanismus ist.

Die Ergebnisse dieses Literature Reviews zeigen, dass Menschen durch Inkontinenz vor ihrem gesamten Lebenshintergrund Beeinträchtigung erfahren. Physische Auswirkungen, psychische und soziale Belastungen und Auswirkungen lassen sich nicht gesondert darstellen, sie gehen ineinander über. Das betroffene Individuum ist ganzheitlich belastet, die Erkrankung wirkt sich auf die gesamte Lebensführung aus. Die Beeinträchtigung auf einer der Ebenen beeinflusst alle anderen Ebenen.

## **4.2 Limitationen**

In der vorliegenden Arbeit wurde das Alter der untersuchten Population auf Erwachsene unter 65 Jahre eingegrenzt. 20 der inkludierten Artikel untersuchten jedoch teilweise auch Personen, die über 65 Jahre alt waren, zwei Studien gaben kein Alter der untersuchten Population an. Eine Unterscheidung der Antworten auf das Alter bezogen ist nicht uneingeschränkt möglich, weil nicht alle Studien ihre Ergebnisse nach Alter aufgelistet darstellen.

Es wurden ausschliesslich Studien in diese Arbeit inkludiert, die innerhalb der letzten zehn Jahre durchgeführt wurden.

Eine Verwendung von unterschiedlichen Instrumenten zur Erfassung von Lebensqualität in den Studien erschwert einen Vergleich der Ergebnisse, jedoch bestätigen einheitliche Ergebnisse trotz unterschiedlicher Instrumente wiederum die negativen Auswirkungen von Inkontinenz (Coyne et al. 2013), was durch die vorliegende Arbeit bestätigt werden kann.

In vielen Studien wird HI als Überbegriff für verschiedene Formen der Harninkontinenz verwendet, es wird nicht zwischen den Subtypen von HI unterschieden.

Ebenso existieren verschiedene Definitionen für SI, manche inkludieren Flatus, andere sind auf Stuhl begrenzt. Eine weitere Limitation liegt in der Untererfassung von Symptomen (Landefeld et al. 2008).

### **4.3 Implikationen für die Pflegepraxis**

Wenige Betroffene suchen professionelle Hilfe. Sie glauben, Inkontinenz sei ein natürlicher Prozess des Alterns und dass nichts dagegen getan werden könne. Sie sehen Inkontinenz nicht als eine Erkrankung und empfinden Scham, was ein Mitgrund dafür ist, keine Unterstützung zu suchen. Manche Betroffene sind der Meinung, Inkontinenz bestehe nur vorübergehend (Kocaöz, Talas & Atabekoğlu 2010; Niederstadt & Gaber 2007; Peden-McAlpine, Bliss & Hill 2008; Wang et al. 2011; Wilson & McColl 2007).

Frauen einer Studie von Komorowski & Chen (2006) sagten, sie gäben sich selbst die Schuld an ihrer HI. Die Begründungen hierfür waren z.B. Nicht-Einhaltung der Bettruhe nach der Geburt oder Gewohnheiten aus der Kindheit.

Manche inkontinente Personen suchen Unterstützung, wenn die Symptome ernster werden und dadurch ihre Lebensqualität weiter sinkt (Saadoun et al. 2006; Slieker-ten Hove et al. 2010; Wang et al. 2011).

Belastungen und Auswirkungen durch Inkontinenz sind weitgehend subjektiv und jeder Mensch als Individuum definiert diese auf eine einzigartige Art und Weise, was eine große Herausforderung für Health Professionals darstellt. So sollte jeder/jedem Betroffenen eine individuell angepasste Hilfestellung geboten werden (Papanicolaou et al. 2005).

Außerdem sollten inkontinente Menschen ausreichend Informationen bezüglich ihrer Erkrankung und der nötigen Behandlung erhalten. Health Professionals sollten Strategien entwickeln, dieser Problematik bewusst entgegenzuwirken. Betroffenen kann das Gefühl von Scham und Peinlichkeit genommen werden,

wenn sie von Health Professionals direkt auf die Erkrankung angesprochen werden, weil damit das Schweigen gebrochen wird (Alsheik et al. 2012).

Daher sollten bei PatientInnen, die einer Risikogruppe angehören, Fragen bezüglich Inkontinenz in die Anamnese aufgenommen werden. Betroffene Menschen sollten ganzheitlich betrachtet werden, Inkontinenz beeinflusst unter anderem auch das Sexualleben von Betroffenen. Wenn erforderlich, sollten Health Professionals daran denken, auch die Partnerin/den Partner der erkrankten Person in ein Gespräch miteinzubeziehen.

#### **4.4 Empfehlungen für weitere Forschung**

Die vorliegende Arbeit inkludiert 23 Artikel über HI, acht Studien über SI, eine Studie über HI und SI und einen Artikel über DI. HI wurde ausführlicher beforscht als SI. Die Anzahl der Studien über SI und DI sind limitiert (Landefeld et al. 2008). Weitere Forschung ist daher nötig, um Belastungen und Auswirkungen der Erkrankung auf betroffene Individuen ausführlicher beschreiben zu können.

Aufgrund unterschiedlicher Methoden ist ein internationaler Vergleich von Prävalenzen der Inkontinenz schwierig. Ergebnisse zu Prävalenz stammen vor allem aus Befragungen, welche jedoch mit unterschiedlichen Methoden und für unterschiedliche Zielgruppen durchgeführt wurden. Standardisierte Erhebungen wären für Vergleichbarkeit und Verlässlichkeit vonnöten (Milsom et al. 2009 zitiert in Abrams et al. 2009; Niederstadt & Gaber 2007).

Eine Studie, die sich ausschliesslich der Inkontinenz bei Männern widmet, wurde in die vorliegende Arbeit inkludiert, sechs Studien erforschten Inkontinenz bei beiden Geschlechtern. Weitere Forschung über Inkontinenz bei Männern ist nötig, es gibt für Frauen mehr empirische Ergebnisse als für Männer (Landefeld et al. 2008; Milsom et al. 2009 zitiert in Abrams et al. 2009; Niederstadt & Gaber 2007).

Verschiedene Ergebnisse wurden in Bezug auf geschlechterspezifische Unterschiede auf die Lebensqualität von inkontinenten Individuen gefunden.

Alsheik et al. (2012) stellten fest, dass es keine Studien mit Hauptaugenmerk auf geschlechterspezifische Auswirkungen der Lebensqualität gibt.

Weitere Studien über Inkontinenz sind nötig, um die Beziehung zwischen Geschlechtern und Lebensqualität konkreter zu erforschen, damit gezielte Interventionen geschlechterspezifisch gesetzt werden können.

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## Anhang

### 1 Literaturrecherche in den Datenbanken und Suchmaschinen

#### Literaturrecherche in der Datenbank CINAHL am 8.4.2014

Suche	Keywords	Treffer
#1	(MH "Incontinence+")	7832
#2	(MH "Psychosocial Aspects of Illness+")	45865
#3	(MH "Stress, Psychological+")	36439
#4	(MH "Life Experiences+")	15672
#5	(MH "Emotions+")	48695
#6	psychol* OR phys* OR soc*	0
#7	#2 OR #3 OR #4 OR #5	134426
#8	#1 AND #7	258
#9	#1 AND #7 AND Limits	36

Limits: Published Date (last 10 years), Age (19-64 years), Languages (English, German)

#### Literaturrecherche in der Datenbank Cochrane Database of Systematic Reviews via OvidSP am 8.4.2014

Suche	Keywords	Treffer
#1	incontin* OR urinary OR fecal OR double AND Limits	24
#2	burden OR stress* OR afflict* OR load* OR experience* OR feel* OR percept* OR perceiv* AND Limits	28
#3	psych* or phys* or soc*	6558
#4	#2 OR #3	6559
#5	#1 AND #4 AND Limits	24

Limits: Year Published (Last 10 Years), Full Systematic Reviews, New Reviews, Recently Updated Reviews, Latest Update

**Literaturrecherche in der Datenbank PsycINFO (1806 to May Week 1 2014)  
via OvidSP am 9.4.2014**

Suche	Keywords	Treffer
#1	exp Urinary Incontinence/ or exp Fecal Incontinence/ or double incontinence + Limits	188
#2	psych* or phys* or soc* + Limits	137670
#3	exp "Quality of Life"/ + Limits	6221
#4	exp Stress/ + Limits	8053
#5	exp Emotions/ + Limits	24259
#6	exp Attribution/+ Limits	918
#7	#2 OR #3 OR #4 OR #5 OR #6	150460
#8	#1 AND #7	115

Limits: Publication Year (last 10 years), Age Group (18-64 years), Languages (English, German), Population Group (Human)

**Literaturrecherche in der Datenbank PubMed am 7.4.2014**

Suche	Keywords	Treffer
#1	"Urinary Incontinence"[Mesh] OR "Fecal Incontinence"[Mesh] OR double incontinen* AND Limits	12060
#2	"Cost of Illness"[Mesh] AND Limits	10799
#3	"Stress, Psychological"[Mesh] AND Limits	34449
#4	"Life Change Events"[Mesh] AND Limits	8138
#5	"Emotions"[Mesh] AND Limits	64503
#6	psychol* OR phys* OR soc* AND Limits	878814
#7	#2 OR #3 OR #4 OR #5 AND #6	92735
#8	#1 AND #7	226

Limits: Field (Title/Abstract), Publication dates (last 10 years), Ages (19-64 years), Languages (English, German), Species (Humans)

**Literaturrecherche in der Internetsuchmaschine MetaCrawler am 15.4.2014**

Suche	Keywords	Treffer
#1	incontinence and (psycholog* or physic* or social or burden or stress or experience or impact or effect)	> 5 Seiten 3 Treffer

Limits: keine; Durchsicht der ersten fünf Seiten (je zehn Treffer).

## 2 Kritische Bewertung der Studien

Die Anordnung der bewerteten Artikel erfolgt alphabetisch nach AutorInnen.

### 2.1 Qualitative Studien

#### Kritische Bewertung der qualitativen Studie `In Her Own Words: Living with Urinary Incontinence in Sexual Life` (Akyuz et al. 2014) nach Polit & Beck (2012)

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously and is it easy to identify?</li> <li>• Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>• Are research questions explicitly stated? If not, is there absence justified?</li> <li>• Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		<b>+</b>
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	Ja
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Ja
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there “tick description” of the context, participants, and findings, and was it at a sufficient level to support transferability?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate “product” (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> <li>• Are the interpretations consistent with the study's limitations?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>• Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

### Kritische Bewertung der qualitativen Studie `Experiencing and Managing Urinary Incontinence: A Qualitative Study` (Hayder & Schnepf 2010) nach Polit & Beck (2012)

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously and is it easy to identify?</li> <li>• Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>• Are research questions explicitly stated? If not, is there absence justified?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	
Literature review	<ul style="list-style-type: none"> <li>• Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		<b>+</b>
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	Ja
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Ja
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there "thick description" of the context, participants,</li> </ul>	Ja

	and findings, and was it at a sufficient level to support transferability?	
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate “product” (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> <li>• Are the interpretations consistent with the study’s limitations?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>• Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Ja. Darstellung der Ergebnisse mittels Tabellen wäre wünschenswert.
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers’ clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der qualitativen Studie `Umgang mit Harninkontinenz – Ergebnisse einer qualitativen Studie mit Betroffenen und pflegenden Angehörigen` (Hayder & Schnepf 2010) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
Title	<ul style="list-style-type: none"> <li>• Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
Abstract	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously and is it easy to identify?</li> <li>• Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>• Are research questions explicitly stated? If not, is there absence justified?</li> <li>• Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		<b>+</b>
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Ja
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	Ja.
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within</li> </ul>	Ja

	the context of prior studies? ● Are the interpretations consistent with the study's limitations?	
Implications/ recommendations	● Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?	
<b>Global Issues</b>		<b>+</b>
Presentation	● Is the report well written, organized, and sufficiently detailed for critical analysis? ● Is the description of the methods, findings, and interpretations sufficiently rich and vivid?	Ja. Darstellung der Ergebnisse mittels Tabellen wäre wünschenswert.
Researcher credibility	● Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	Ja
Summary assessment	● Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results? ● Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1-2</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der qualitativen Studie `The meaning of women's experience of living with long-term urinary incontinence is powerlessness` (Hägglund & Ahlström 2007) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	● Is the title a good one, suggesting the key phenomenon and the group or community under study?	Ja
<b>Abstract</b>	● Does the abstract clearly and concisely summarize the main features of the report?	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	● Is the problem stated unambiguously and is it easy to identify? ● Does the problem statement build a cogent and persuasive argument for the new study? ● Does the problem have significance for nursing? ● Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?	Ja
Research questions	● Are research questions explicitly stated? If not, is there absence justified? ● Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?	Ja
Literature review	● Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?	Ja

	<ul style="list-style-type: none"> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		<b>+</b>
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	Ja, unvollständige Angaben über Charakteristika der Population, z.B., Familienstand, sozioökonomischer Status.
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Ja
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there "thick description" of the context,</li> </ul>	Ja

	participants, and findings, and was it at a sufficient level to support transferability?	
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate “product” (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	Ja.
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> <li>• Are the interpretations consistent with the study’s limitations?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>• Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Ja.
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers’ clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1-2</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der qualitativen Studie `The Meanings of Silence in Brazilian Women With Urinary Incontinence` (Higa et al. 2011) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
Title	<ul style="list-style-type: none"> <li>● Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
Abstract	<ul style="list-style-type: none"> <li>● Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		+
Statement of the problem	<ul style="list-style-type: none"> <li>● Is the problem stated unambiguously and is it easy to identify?</li> <li>● Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>● Does the problem have significance for nursing?</li> <li>● Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>● Are research questions explicitly stated? If not, is there absence justified?</li> <li>● Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>● Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>● Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>● Are key concepts adequately defined conceptually?</li> <li>● Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		~
Protection of participants' rights	<ul style="list-style-type: none"> <li>● Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>● Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>● Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>● Was an adequate amount of time spent in the field or with study participants?</li> <li>● Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>● Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>● Was the group or population of interest adequately described? Were the setting and</li> </ul>	Ja. Schneeballsystem,

	<p>sample described in sufficient detail?</p> <ul style="list-style-type: none"> <li>● Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>● Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>● Was the sample size adequate? Was saturation achieved?</li> </ul>	<p>purposive sample. Nicht ersichtlich, wo die erste Teilnehmerin rekrutiert wurde.</p>
Data collection	<ul style="list-style-type: none"> <li>● Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>● Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>● Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	<p>Ja</p>
Procedures	<ul style="list-style-type: none"> <li>● Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>● Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	<p>Keine Angabe, wo genau die Interviews durchgeführt wurden. Transkribierung nicht ausführlich beschrieben.</p>
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>● Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>● Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>● Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>● Is the evidence of researcher reflexivity?</li> <li>● Is there “thick description” of the context, participants, and findings, and was it at a sufficient level to support transferability?</li> </ul>	<p>Ja</p>
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>● Are the data management and data analysis methods sufficiently described?</li> <li>● Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>● Did the analysis yield an appropriate “product” (e.g., a theory, taxonomy, thematic pattern)?</li> <li>● Do the analytic procedures suggest the possibility of biases?</li> </ul>	<p>Ja</p>
Findings	<ul style="list-style-type: none"> <li>● Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>● Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>● Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	<p>Ja</p>
Theoretical integration	<ul style="list-style-type: none"> <li>● Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>● Are figures, maps, or models used effectively</li> </ul>	<p>Darstellung der Ergebnisse mittels Tabellen wäre wünschenswert.</p>

	to summarize conceptualizations? ● If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?	
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>● Are the findings interpreted within an appropriate social or cultural context?</li> <li>● Are major findings interpreted and discussed within the context of prior studies?</li> <li>● Are the interpretations consistent with the study's limitations?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>● Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>~</b>
Presentation	<ul style="list-style-type: none"> <li>● Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>● Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Ja.
Researcher credibility	<ul style="list-style-type: none"> <li>● Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>● Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>● Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>2</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:

**+gute Qualität ~moderate Qualität –unzureichende Qualität**

### **Kritische Bewertung der qualitativen Studie `Female Urinary Incontinence in China: Experiences and Perspectives` (Komorowski & Chen 2006) nach Polit & Beck (2012)**

<b>Aspects of the Report</b>	<b>Critiquing Questions</b>	<b>Critical Assessment</b>
<b>Title</b>	<ul style="list-style-type: none"> <li>● Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>● Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>● Is the problem stated unambiguously and is it easy to identify?</li> <li>● Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>● Does the problem have significance for nursing?</li> <li>● Is there a good match between the research problem</li> </ul>	Ja

	on the one hand and the paradigm, tradition, and methods on the other?	
Research questions	<ul style="list-style-type: none"> <li>• Are research questions explicitly stated? If not, is there absence justified?</li> <li>• Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		<b>+</b>
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	Ja
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Ja
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures</li> </ul>	Ja

	<p>and decision processes sufficiently that findings are auditable and confirmable?</p> <ul style="list-style-type: none"> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there “tick description” of the context, participants, and findings, and was it at a sufficient level to support transferability?</li> </ul>	
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate “product” (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> <li>• Are the interpretations consistent with the study’s limitations?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		
Presentation	<ul style="list-style-type: none"> <li>• Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>• Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Ja. Sehr gute Darstellung der Ergebnisse.
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers’ clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der qualitativen Studie `Chinese women`s experiences in coping with urinary incontinence` (Li, Low & Lee 2007) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Kein Abstract vorhanden.
<b>Introduction</b>		~
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously and is it easy to identify?</li> <li>• Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>• Are research questions explicitly stated? If not, is there absence justified?</li> <li>• Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Sehr kurze Einleitung, nur zwei Literaturangaben.
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		-
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja, aber zu ungenau beschrieben.
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or</li> </ul>	Einleitung: Population: community-dwelling women-

	<p>gain access to the site productive and appropriate?</p> <ul style="list-style-type: none"> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	eine Probandin ist verwitwet, keine Angaben über Zeitpunkt der Befragung. k.A. über Sättigung.
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	Zu ungenau beschrieben.
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Zu ungenau beschrieben.
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?</li> </ul>	Nein.
<b>Results</b>		~
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	Ergebnisse mit Diskussion zusammengefasst, keine Angabe über Bias.
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or</li> </ul>	Ja. Keine Abbildungen, keine Tabellen.

	patterns linked to it in a cogent manner?	
<b>Discussion</b>		~
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> <li>• Are the interpretations consistent with the study's limitations?</li> </ul>	Ja. Wenig Literatur, welcher die Ergebnisse gegenübergestellt werden.
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		~
Presentation	<ul style="list-style-type: none"> <li>• Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>• Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Teilweise. Zu ungenaue Beschreibung der Methodik, Datenanalyse und Ergebnisse.
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Teilweise. Insgesamt zu ungenau.
<b>Gesamtbenotung der Qualität der Studie</b>		<b>4</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der qualitativen Studie `The Experience of Community-Living Women Managing Fecal Incontinence` (Peden-McAlpine, Bliss & Hill 2008) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
Title	<ul style="list-style-type: none"> <li>• Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
Abstract	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously and is it easy to identify?</li> <li>• Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>• Are research questions explicitly stated? If not, is there absence justified?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	
Literature review	<ul style="list-style-type: none"> <li>• Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		<b>+</b>
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	Ja
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Ja
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there "thick description" of the context, participants,</li> </ul>	Ja

	and findings, and was it at a sufficient level to support transferability?	
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate “product” (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> <li>• Are the interpretations consistent with the study's limitations?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>• Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der qualitativen Studie `Being involved in an everlasting fight-a life with postnatal faecal incontinence. A qualitative study` (Rasmussen & Ringsberg 2010) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously and is it easy to identify?</li> <li>• Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>• Are research questions explicitly stated? If not, is there absence justified?</li> <li>• Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		<b>+</b>
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Ja
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there “thick description” of the context, participants, and findings, and was it at a sufficient level to support transferability?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate “product” (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> <li>• Are the interpretations consistent with the study's limitations?</li> </ul>	Ja

Implications/ recommendations	<ul style="list-style-type: none"> <li>Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der qualitativen Studie `Doing the Best to Control. The Experiences of Taiwanese Women With Lower Urinary Tract Symptoms` (Wang, Chen, Jou & Tsao 2011) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>Is the problem stated unambiguously and is it easy to identify?</li> <li>Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>Does the problem have significance for nursing?</li> <li>Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>Are research questions explicitly stated? If not, is there absence justified?</li> <li>Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>Are key concepts adequately defined conceptually?</li> <li>Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made</li> </ul>	Ja

	explicit and is it appropriate for the problem?	
<b>Method</b>		<b>+</b>
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	Ja
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	Ja. Ort der Durchführung der Interviews nicht angeführt.
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Ja
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there "tick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of</li> </ul>	Ja

	biases?	
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> <li>• Are the interpretations consistent with the study's limitations?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>• Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Ja. Sehr übersichtliche Tabelle über Charakteristika und Abbildung über Ergebnisse.
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der qualitativen Studie `The impact of faecal incontinence on the quality of life` (Wilson 2007) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously and is it easy to identify?</li> <li>• Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>• Are research questions explicitly stated? If not, is there absence justified?</li> <li>• Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition, conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?</li> </ul>	Ja
<b>Method</b>		<b>~</b>
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation</li> </ul>	Population ungenau beschrieben. k.A. über Geschlecht, Alter (teilweise in Ausschnitten aus den Interviews ersichtlich).

	achieved?	
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	k.A. über Art der Fragen der InterviewerInnen.
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	Ja. Ort der Durchführung der Interviews nicht angeführt.
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of data gathered?</li> <li>• Did the analysis yield an appropriate "product" (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	Ja. Keine Tabellen, Figuren, Abbildungen.
<b>Discussion</b>		<b>-</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> </ul>	Nein

	<ul style="list-style-type: none"> <li>• Are the interpretations consistent with the study's limitations?</li> </ul>	
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Nein
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>• Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Teilweise
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>3</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

### Kritische Bewertung der qualitativen Studie `The experience of living with faecal incontinence` (Wilson & McColl 2007) nach Polit & Beck (2012)

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, suggesting the key phenomenon and the group or community under study?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously and is it easy to identify?</li> <li>• Does the problem statement build a cogent and persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem on the one hand and the paradigm, tradition, and methods on the other?</li> </ul>	Ja
Research questions	<ul style="list-style-type: none"> <li>• Are research questions explicitly stated? If not, is there absence justified?</li> <li>• Are the questions consistent with the study's philosophical basis, underlying tradition, or ideological orientation?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Does the report adequately summarize the existing body of knowledge related to the problem of phenomenon of interest?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual underpinnings	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is the philosophical basis, underlying tradition,</li> </ul>	Ja

	conceptual framework, or ideological orientation made explicit and is it appropriate for the problem?	
<b>Method</b>		~
Protection of participants' rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study subject to external review by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design and research tradition	<ul style="list-style-type: none"> <li>• Is the identified research tradition (if any) congruent with the methods used to collect and analyze data?</li> <li>• Was an adequate amount of time spent in the field or with study participants?</li> <li>• Did the design unfold in the field, giving researchers opportunities to capitalize on early understandings?</li> <li>• Was there an adequate number of contacts with study participants?</li> </ul>	Ja
Sample and setting	<ul style="list-style-type: none"> <li>• Was the group or population of interest adequately described? Were the setting and sample described in sufficient detail?</li> <li>• Was the approach used to recruit participants or gain access to the site productive and appropriate?</li> <li>• Was the best possible method of sampling used to enhance information richness and address the needs of the study?</li> <li>• Was the sample size adequate? Was saturation achieved?</li> </ul>	Population ungenau beschrieben. k.A. über Geschlecht, Alter (teilweise in Ausschnitten aus den Interviews ersichtlich).
Data collection	<ul style="list-style-type: none"> <li>• Were the methods of gathering data appropriate? Were data gathered through two or more methods to achieve triangulation?</li> <li>• Did the researcher ask the right questions or make the right observations, and were they recorded in an appropriate fashion?</li> <li>• Was a sufficient amount of data gathered? Were the data of sufficient depth and richness?</li> </ul>	k.A. über Dauer der Interviews.
Procedures	<ul style="list-style-type: none"> <li>• Are data collection and recording procedures adequately described and do they appear appropriate?</li> <li>• Were data collected in a manner that minimized biases? Were the staff who collected data appropriately trained?</li> </ul>	k.A. über Bias
Enhancement of trustworthiness	<ul style="list-style-type: none"> <li>• Did the researchers use effective strategies to enhance the trustworthiness/integrity of the study, and was the description of those methods adequate?</li> <li>• Were the methods used to enhance trustworthiness appropriate and sufficient?</li> <li>• Did the researcher document research procedures and decision processes sufficiently that findings are auditable and confirmable?</li> <li>• Is the evidence of researcher reflexivity?</li> <li>• Is there "thick description" of the context, participants, and findings, and was it at a sufficient level to support transferability?</li> </ul>	k.A.
<b>Results</b>		+
Data analysis	<ul style="list-style-type: none"> <li>• Are the data management and data analysis methods sufficiently described?</li> <li>• Was the data analysis strategy compatible with the research tradition and with the nature and type of</li> </ul>	Ja

	<p>data gathered?</p> <ul style="list-style-type: none"> <li>• Did the analysis yield an appropriate “product” (e.g., a theory, taxonomy, thematic pattern)?</li> <li>• Do the analytic procedures suggest the possibility of biases?</li> </ul>	
Findings	<ul style="list-style-type: none"> <li>• Are the findings effectively summarized, with good use of excerpts and supporting arguments?</li> <li>• Do the themes adequately capture the meaning of the data? Does it appear that the researcher satisfactorily conceptualized the themes or patterns in the data?</li> <li>• Does the analysis yield an insightful, provocative, authentic and meaningful picture of the phenomenon under investigation?</li> </ul>	Ja
Theoretical integration	<ul style="list-style-type: none"> <li>• Are the themes or patterns logically connected to each other to form a convincing and integrated whole?</li> <li>• Are figures, maps, or models used effectively to summarize conceptualizations?</li> <li>• If a conceptual framework or ideological orientation guided the study, are the themes or patterns linked to it in a cogent manner?</li> </ul>	Ja. Keine Tabellen, Figuren, Abbildungen.
<b>Discussion</b>		-
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are the findings interpreted within an appropriate social or cultural context?</li> <li>• Are major findings interpreted and discussed within the context of prior studies?</li> <li>• Are the interpretations consistent with the study's limitations?</li> </ul>	Keine Diskussion, Ergebnisvergleich mit existierender Literatur findet sich im Ergebnissteil.
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further inquiry – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		~
Presentation	<ul style="list-style-type: none"> <li>• Is the report well written, organized, and sufficiently detailed for critical analysis?</li> <li>• Is the description of the methods, findings, and interpretations sufficiently rich and vivid?</li> </ul>	Teilweise
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Do the study findings appear to be trustworthy – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>3-4</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

## 2.2 Quantitative Studien

Die Anordnung der bewerteten Artikel erfolgt alphabetisch nach AutorInnen.

### Kritische Bewertung der quantitativen Studie `Fecal Incontinence: Prevalence, Severity, and Quality of Life Data from an Outpatient Gastroenterology Practice` (Alsheik et al. 2012) nach Polit & Beck (2012)

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the</li> </ul>	Ja

	internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?	
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>Does the report address the issue of the generalizability of the findings?</li> </ul>	
Implications/recommendations	<ul style="list-style-type: none"> <li>Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

### Kritische Bewertung der quantitativen Studie 'Impact of fecal incontinence on quality of life' (Bartlett, Nowak & Ho 2009) nach Polit & Beck (2012)

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>Is the problem stated unambiguously, and is it easy to identify?</li> <li>Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>Does the problem have significance for nursing?</li> <li>Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>Is the literature review up to date and based mainly</li> </ul>	Ja

	<p>on primary sources?</p> <ul style="list-style-type: none"> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Prevalence and Burden of Fecal Incontinence: A Population-Based Study in Women` (Bharucha et al. 2005) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
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<b>Title</b>	<ul style="list-style-type: none"> <li>● Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>● Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>● Is the problem stated unambiguously, and is it easy to identify?</li> <li>● Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>● Does the problem have significance for nursing?</li> <li>● Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>● Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>● Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>● Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>● Is the literature review up to date and based mainly on primary sources?</li> <li>● Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>● Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>● Are key concepts adequately defined conceptually?</li> <li>● Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>● Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>● Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	k.A.
Research design	<ul style="list-style-type: none"> <li>● Was the most rigorous possible design used, given the study purpose?</li> <li>● Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>● Was the number of data collection points appropriate?</li> <li>● Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>● Is the population described? Is the sample described in sufficient detail?</li> <li>● Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>● Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>● Are the operational and conceptual definitions congruent?</li> <li>● Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or</li> </ul>	Ja

	methodologic qualifications and experience enhance confidence in the findings and their interpretation?	
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Anal incontinence in women presenting for gynecologic care: Prevalence, risk factors, and impact upon quality of life` (Boreham et al. 2005) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally</li> </ul>	Ja

	<p>reviewed by an IRB/ethics review board?</p> <ul style="list-style-type: none"> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a</li> </ul>	Ja

	meta-analysis, and with sufficient information needed for EBP?	
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie 'The impact of overactive bladder, incontinence and other lower urinary tract symptoms on quality of life, work productivity, sexuality and emotional well-being in men and women: results from the EPIC study' (Coyne et al. 2008) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>

Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately</li> </ul>	Ja

	<p>described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</p> <ul style="list-style-type: none"> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to</li> </ul>	Ja

	the nursing discipline?	
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Self-assessed health, sadness and happiness in relation to the total burden of symptoms from the lower urinary tract` (Engström et al. 2005) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Nicht ersichtlich, dass Population männlich ist.
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		~
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja. Einleitung sehr kurz, ausführlichere Definition von LUTS wäre wünschenswert.
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		~
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	k.A. darüber, wer die Daten sammelte und verarbeitete.
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>

Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>2</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Urinary incontinence in women is not exclusively a medical problem: A population-based study on urinary incontinence and general living conditions` (Franzen et al. 2009) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja

Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>

Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Prevalence, management and impact of urinary incontinence in the workplace` (Fultz et al. 2005) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Frauen als Population nicht ersichtlich.
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are</li> </ul>	Ja

	those implications reasonable and complete?	
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

### **Kritische Bewertung der quantitativen Studie `Urinary incontinence in pregnant women and their quality of life` (Kocaöz, Talas & Atabekoğlu 2010) nach Polit & Beck (2012)**

<b>Aspects of the Report</b>	<b>Critiquing Questions</b>	<b>Critical Assessment</b>
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat</li> </ul>	Ja

	analysis performed? • Were problems of missing values evaluated and adequately addressed?	
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja. Nicht alle Ergebnisse in Tabellen dargestellt.
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/ recommendations	• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja. Ergebnisse über quality of life könnten detaillierter sein.
Researcher credibility	• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:

**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Urinary incontinence in the puerperium and its impact on the health-related quality of life` (Leroy & Lopes 2012) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
Title	• Is the title a good one, succinctly suggesting key variables and the study population?	Ja

<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	Ja
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose,</li> </ul>	Ja

	<p>variables being studied, and the study population?</p> <ul style="list-style-type: none"> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja

Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Prevalence and impact on quality of life of lower urinary tract symptoms among a sample of employed women in Taipei: A questionnaire survey` (Liao et al. 2009) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Pflegepersonen als Population nicht ersichtlich.
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally</li> </ul>	Ja

	<p>reviewed by an IRB/ethics review board?</p> <ul style="list-style-type: none"> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		~
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> </ul>	Ja. Prävalenz ausführlich beschrieben, Quality of Life zu wenig

	<ul style="list-style-type: none"> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	ausführlich, obwohl auch Ziel dieser Studie.
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1-2</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

### Kritische Bewertung der quantitativen Studie 'Urinary and Fecal Incontinence and Quality of Life in African Americans' (Malmstrom et al. 2010) nach Polit & Beck (2012)

Aspects of the Report	Critiquing Questions	Critical Assessment
Title	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
Abstract	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>

Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately</li> </ul>	Ja

	<p>described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</p> <ul style="list-style-type: none"> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to</li> </ul>	Ja

	the nursing discipline?	
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Urinary incontinence in women under 65: Quality of life, stress related to incontinence and patterns of seeking health care` (Margalith, Gillon & Gordon 2004) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Zustimmung der Probandinnen eingeholt, k.A. über Ethikkommission
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance</li> </ul>	Ja

	<p>interpretability of the findings?</p> <ul style="list-style-type: none"> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed</li> </ul>	Ja

findings	<p>within the context of prior research and/or the study's conceptual framework?</p> <ul style="list-style-type: none"> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:

**+gute Qualität ~moderate Qualität –unzureichende Qualität**

### **Kritische Bewertung der quantitativen Studie `The Impact of Female Urinary Incontinence and Urgency in Quality of Life and Partner Relationship` (Nilsson, Lalos & Lalos 2009) nach Polit & Beck (2012)**

<b>Aspects of the Report</b>	<b>Critiquing Questions</b>	<b>Critical Assessment</b>
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>-</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja

Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Einleitung sehr kurz; Definition von HI fehlt
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	nur drei Literaturangaben
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		~
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Gesamtanzahl der inkludierten Population unklar. Exklusion von Probandinnen ungenau beschrieben
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja

<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja, Signifikanzniveau angegeben. Nicht alle Ergebnisse aus dem Text tabellarisch angeführt.
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>2-3</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie 'Impact of Female Urinary Incontinence and Urgency on Women's and Their Partners' Sexual Life' (Nilsson et al. 2011) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		~
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Einleitung sehr kurz; Definition von HI fehlt.
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		+
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to</li> </ul>	Ja

	<p>enhance the sample's representativeness? Were sampling biases minimized?</p> <ul style="list-style-type: none"> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/ recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja

Global Issues		+
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie 'The impact of urinary incontinence on quality of life among women in Hong Kong' (Pang et al. 2005) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for</li> </ul>	Ja

	the new study?	
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		~
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Implikationen für Pflegepraxis fehlen.
<b>Global Issues</b>		+
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja, obwohl Implikationen für Pflegepraxis nicht erwähnt.
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:

**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Assessment of bothersomeness and impact on quality of life of urinary incontinence in women in France, Germany, Spain and the UK` (Papanicolaou et al. 2005) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
Title	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja

<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose,</li> </ul>	Ja

	<p>variables being studied, and the study population?</p> <ul style="list-style-type: none"> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja

Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Negative Impact of Urinary Incontinence on Quality of Life, a Cross-Sectional Study Among Women Aged 49-61 Years Enrolled in the GAZEL Cohort` (Saadoun et al. 2006) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> </ul>	Ja

	<ul style="list-style-type: none"> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed</li> </ul>	Ja

	for EBP?	
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		<b>+</b>
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?</li> </ul>	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `Prevalence of Double Incontinence, Risks and Influence on Quality of Life in a General Population` (Sliker-ten Hove et al. 2010) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		~

Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Einleitung sehr kurz; Literatur der Definitionen angegeben, aber nicht erklärt.
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		<b>+</b>
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance interpretability of the findings?</li> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	Ja
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja

Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		~
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Obwohl im Titel erwähnt, kaum Informationen über Lebensqualität.
<b>Discussion</b>		+
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's conceptual framework?</li> <li>• Are causal inferences, if any, justified?</li> <li>• Are interpretations well-founded and consistent with the study's limitations?</li> <li>• Does the report address the issue of the generalizability of the findings?</li> </ul>	Ja
Implications/recommendations	<ul style="list-style-type: none"> <li>• Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?</li> </ul>	Ja
<b>Global Issues</b>		+
Presentation	<ul style="list-style-type: none"> <li>• Is the report well-written, organized, and sufficiently detailed for critical analysis?</li> <li>• In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study?</li> <li>• Is the report written in a manner that makes the findings accessible to practicing nurses?</li> </ul>	Ja
Researcher credibility	<ul style="list-style-type: none"> <li>• Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?</li> </ul>	Ja
Summary assessment	<ul style="list-style-type: none"> <li>• Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results?</li> <li>• Does the study contribute any meaningful evidence</li> </ul>	Ja

	that can be used in nursing practice or that is useful to the nursing discipline?	
<b>Gesamtbenotung der Qualität der Studie</b>		<b>2</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

**Kritische Bewertung der quantitativen Studie `The effect of urinary incontinence status during pregnancy and delivery mode on incontinence postpartum. A cohort study` (Wesnes at al. 2009) nach Polit & Beck (2012)**

Aspects of the Report	Critiquing Questions	Critical Assessment
<b>Title</b>	<ul style="list-style-type: none"> <li>• Is the title a good one, succinctly suggesting key variables and the study population?</li> </ul>	Ja
<b>Abstract</b>	<ul style="list-style-type: none"> <li>• Does the abstract clearly and concisely summarize the main features of the report (problem, methods, results, conclusions)?</li> </ul>	Ja
<b>Introduction</b>		<b>+</b>
Statement of the problem	<ul style="list-style-type: none"> <li>• Is the problem stated unambiguously, and is it easy to identify?</li> <li>• Does the problem statement build a cogent, persuasive argument for the new study?</li> <li>• Does the problem have significance for nursing?</li> <li>• Is there a good match between the research problem and the paradigm and methods used? Is a quantitative approach appropriate?</li> </ul>	Ja
Hypothesis or research questions	<ul style="list-style-type: none"> <li>• Are research questions and/or hypotheses explicitly stated? If not, is their absence justified?</li> <li>• Are questions and hypotheses appropriately worded, with clear specification of key variables and the study population?</li> <li>• Are the questions/hypotheses consistent with the literature review and the conceptual framework?</li> </ul>	Ja
Literature review	<ul style="list-style-type: none"> <li>• Is the literature review up to date and based mainly on primary sources?</li> <li>• Does the review provide a state-of-the-art synthesis of evidence on the problem?</li> <li>• Does the literature review provide a sound basis for the new study?</li> </ul>	Ja
Conceptual/theoretical framework	<ul style="list-style-type: none"> <li>• Are key concepts adequately defined conceptually?</li> <li>• Is there a conceptual/theoretical framework, rationale, and/or map, and (if so) is it appropriate? If not, is the absence of one justified?</li> </ul>	k.A.
<b>Method</b>		
Protection of human rights	<ul style="list-style-type: none"> <li>• Were appropriate procedures used to safeguard the rights of study participants? Was the study externally reviewed by an IRB/ethics review board?</li> <li>• Was the study designed to minimize risks and maximize benefits to participants?</li> </ul>	Ja
Research design	<ul style="list-style-type: none"> <li>• Was the most rigorous possible design used, given the study purpose?</li> <li>• Were appropriate comparisons made to enhance</li> </ul>	Ja

	<p>interpretability of the findings?</p> <ul style="list-style-type: none"> <li>• Was the number of data collection points appropriate?</li> <li>• Did the design minimize biases and threats to the internal, construct, and external validity of the study (e.g., was blinding used, was attrition minimized)?</li> </ul>	
Population and sample	<ul style="list-style-type: none"> <li>• Is the population described? Is the sample described in sufficient detail?</li> <li>• Was the best possible sampling design used to enhance the sample's representativeness? Were sampling biases minimized?</li> <li>• Was the sample size adequate? Was a power analysis used to estimate sample size needs?</li> </ul>	Ja
Data collection and measurement	<ul style="list-style-type: none"> <li>• Are the operational and conceptual definitions congruent?</li> <li>• Were key variables operationalized using the best possible method (e.g., interviews, observations, and so on) and with adequate justification?</li> <li>• Are specific instruments adequately described and were they good choices, given the study purpose, variables being studied, and the study population?</li> <li>• Does the report provide evidence that the data collection methods yielded data that were reliable and valid?</li> </ul>	Ja
Procedures	<ul style="list-style-type: none"> <li>• If there was an intervention, is it adequately described, and was it rigorously developed and implemented? Did most participants allocated to the intervention group actually receive it? Is there evidence of intervention fidelity?</li> <li>• Were data collected in a manner that minimized bias? Were the staff who collected data appropriately trained?</li> </ul>	Ja
<b>Results</b>		<b>+</b>
Data analysis	<ul style="list-style-type: none"> <li>• Were analysis undertaken to address each research question or test each hypothesis?</li> <li>• Were appropriate statistical methods used, given the level of measurement of the variables, number of groups being compared, and assumptions of the tests?</li> <li>• Was the most powerful analytic method used (e.g., did the analysis help to control for confounding variables)?</li> <li>• Were Type I and Type II errors avoided or minimized?</li> <li>• In intervention studies, was an intention-to-treat analysis performed?</li> <li>• Were problems of missing values evaluated and adequately addressed?</li> </ul>	Ja
Findings	<ul style="list-style-type: none"> <li>• Is information about statistical significance presented? Is information about effect size and precision of estimates (confidence intervals) presented?</li> <li>• Are the findings adequately summarized, with good use of tables and figures?</li> <li>• Are findings reported in a manner that facilitates a meta-analysis, and with sufficient information needed for EBP?</li> </ul>	Ja
<b>Discussion</b>		<b>+</b>
Interpretation of the findings	<ul style="list-style-type: none"> <li>• Are all major findings interpreted and discussed within the context of prior research and/or the study's</li> </ul>	Ja

	conceptual framework? ● Are causal inferences, if any, justified? ● Are interpretations well-founded and consistent with the study's limitations? ● Does the report address the issue of the generalizability of the findings?	
Implications/ recommendations	● Do the researchers discuss the implications of the study for clinical practice or further research – and are those implications reasonable and complete?	Teilweise
<b>Global Issues</b>		<b>+</b>
Presentation	● Is the report well-written, organized, and sufficiently detailed for critical analysis? ● In intervention studies, is a CONSORT flow chart provided to show the flow of participants in the study? ● Is the report written in a manner that makes the findings accessible to practicing nurses?	Ja
Researcher credibility	● Do the researchers' clinical, substantive, or methodologic qualifications and experience enhance confidence in the findings and their interpretation?	Ja
Summary assessment	● Despite any limitations, do the study findings appear to be valid – do you have confidence in the <i>truth</i> value of the results? ● Does the study contribute any meaningful evidence that can be used in nursing practice or that is useful to the nursing discipline?	Ja
<b>Gesamtbenotung der Qualität der Studie</b>		<b>1</b>

Beurteilung von Introduction, Method, Results, Discussion und Global Issues:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**

## 2.3 Systematische Übersichtsarbeit

Kritische Bewertung des Systematischen Reviews `Comorbidities and personal burden of urgency urinary incontinence: a systematic review` (Coyné et al. 2013) nach Behrens & Langer (2006)

Aspects of the Report and Critiquing Questions	Critical Assessment
<b>Glaubwürdigkeit</b>	~
Wurde eine präzise Fragestellung untersucht?	Ja
Waren die Einschlusskriterien für die Auswahl der Studien angemessen?	Ja
Ist es unwahrscheinlich, dass relevante Studien übersehen wurden?	Nur in PubMed gesucht. CINAHL, PsycINFO und Cochrane Database of Systematic Reviews könnten auch relevante Studien liefern.
Wurde die Glaubwürdigkeit der verwendeten Studien mit geeigneten Kriterien eingeschätzt?	k.A. über Qualität der Studien, Unterteilung nur in Anzahl der ProbandInnen.
Ist die Beurteilung der verwendeten Studien nachvollziehbar?	Quellen der Studien angegeben, keine Bewertung der Studien vorhanden.
Stimmten die ForscherInnen bei der Bewertung der Studien überein?	drei unabhängige ReviewerInnen. k.A. zu Diskussionen/Konsens oder Grad der Übereinstimmung.
Waren die Studien ähnlich?	Anzahl der ProbandInnen sehr unterschiedlich. k.A. zu Heterogenität.
<b>Aussagekraft</b>	~
Was sind die Ergebnisse?	Odds ratio angegeben
Wie präzise sind die Ergebnisse?	Konfidenzintervalle nicht immer angegeben, keine Gewichtung der Studien
<b>Anwendbarkeit</b>	+
Sind die Ergebnisse auf meine PatientInnen übertragbar?	Ja
Wurden alle für mich wichtigen Ergebnisse betrachtet?	Ja
Ist der Nutzen die möglichen Risiken und Kosten wert?	Ja
<b>Gesamtbenotung der Qualität der Studie</b>	<b>3</b>

Beurteilung von Glaubwürdigkeit, Aussagekraft und Anwendbarkeit:  
**+gute Qualität ~moderate Qualität –unzureichende Qualität**