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The lived experiences of patients with long- term urinary catheter in Cameroon.

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Abstract:

The aim of part one of the study was to describe the experiences of patients living with the urinary catheter from a literature study of existing research studies. Databases such as CINAHL, Medline, and PsycINFO were used in searching for the documents of which ten articles were found to be relevant in relation to the aim of the study. It was found that most of the studies were carried out in New York. Hence there was a need for other researches to be done in other communities.

The aim of the empirical study was to describe the lived experiences of patients with long term indwelling urinary catheter in Cameroon.

A purposive sample of six subjects with ages ranging from 34-78 yrs from Mbingo baptist hospital living with the indwelling urinary catheter were included in the study with the duration of living with the urinary catheter ranging from 3months –2,1/2 yrs.

The data collection method was a face-to-face interview between the author and the participants that lasted from 30-1hr, which were audiotape and transcribed from Pidgin to English by means of the content analytic method.

Themes such as, communication gap, financial difficulties, loss of ones dignity, pain, the device being important and unimportant, the device a ‘killer’, hindrance to daily activities, and consciousness of the proper functioning of the urinary catheter.

From the interview with the participants with the long term indwelling urinary catheter, participants faced a lot of difficulties and even during their meetings with the healthcare professional, which showed lack of understanding between the participants and the healthcare professionals. Interview with the participants showed that for proper functioning of the catheter to be achieved care was emphasized on the drainage tube and clamp.

Health care professional should be conscious of the fact that communication should be a two way process and that it should involve all the parties who are involve.

There is also the need for the health care professionals to educate the patients according to their individual needs.

Keywords: Urinary catheterization and urinary catheter disorder, life with an indwelling urinary catheter, lived experience, experiences with long-term urinary catheter.

GENERAL INTRODUCTION

Urinary catheterization is a procedure carried out by both nursing and medical staff to relieve patients suffering from urine retention or incontinence. The urinary catheter is an important device used in both medical and surgical patients, relieving them from the burden of urine incontinence or retention, providing an indispensable benefit to the patients. In providing this benefit the device also has dominant risk factors for hospital acquired urinary tract infection, and other untoward effects. It also leads to increase health care cost, patient's discomfort, morbidity and even death (Saint et al. 2002). The long- term urinary catheter has a practical effect on restraining the patient to one point which in some cases it is being used inappropriately, in a study carried out by Jain et al. (1995), it was found that the initial insertion of the catheter was unjustified in 21% of hospitalized patient and that continuous use of the urinary catheter use was unwarranted for almost half of the day patients who were catheterized.

The context of health care in Cameroon

Cameroon is situated in the west of central Africa, a country classified by the World bank and the international monetary fund as one of the country in the world with a low income, with about 40% of the population estimated to be below poverty line (http://en.wikipedia.org/wiki/economy_of_Cameroon) and couple with the increase health cost which is associated with living with the urinary catheter, in relation to a Cameroonian patient it is worth listening to patients living with these devices in order to understand and discover what is hidden behind this phenomenon, were by this may enable nurses to help patients in solving their problems and nurses can also learn from patients through listening.

The health care system in Cameroon takes four different forms:

- The Government Hospitals
- The mission Hospitals
- Lay private clinics

- Traditional healers frequently called as the “witch Doctors” by the western culture.

Traditional healers prevail as dominant “provider” system with a greater number of “clients” having encounters during any significant illness.

In Cameroon one can receive health care from the Government, private, mission hospital or local patent medicine stores and pharmacies as well as traditional or folk medicine doctors. In the government owned hospitals, physicians, nurses, and nurses midwives may prescribe within specific limit, including the prescription of common drugs like painkillers and antibiotics.

The Government hospitals are divided in to four levels of referral system with the health centres being at the first level. The health centre is the first point of contact, between the health care system and the community. Patients from the health centre are referred to the district hospital, which is found at the second level of the health care system. The district hospitals are found in all the district of Cameroon. Patient from the district hospital are referred to the provincial hospital which is at the third level and found in all the provinces in Cameroon. Patient from the provincial hospital are referred to the general hospital which is at the fourth level of the health care system and found in two provinces in Cameroon. The patient and his/her guardian are responsible for the daily needs of the patient such as bathing and feeding.

The Baptist convention is one of the conventions having the largest health care services in Cameroon after the Government of Cameroon. The health services of the Baptist convention provide a considerable percentage of health care available to the people of the North West province and other parts of Cameroon. The two main hospitals of the Baptist convention are, the Mbingo and Bansoh Baptist hospital. The health centres of the Baptist convention are also found in all the provinces of Cameroon.

My function as a nurse in Cameroon will vary depending on the health care service I work with. There are health care services that I might not have a limit in performing some activities, for example i worked in one private clinic where I was the nurse in charge in that private clinic and some of my responsibilities were; suturing of wounds, administration of treatments, consultation,

prescription of drugs and referring cases that were above my limits to the hospital. There are also hospital were my responsibilities are strictly nursing care of patients for example administration of drugs to patients and dressing of wounds to name a few. There are institutions were administrative duties are included to the above functions as a nurse e.g. the organisation of the working schedule.

Facts about urinary catheterization and urinary catheters

The word catheter comes from a Greek word meaning a thing put down (Harmer & Henderson 1955). A catheter is a slender hollow, flexible tube of varying lengths, bores and shapes that is inserted in to a structure (e.g. a vein or a hollow organ) in this case a urethral; used to distend a hollow tube or passage, to distend or maintain an opening, or injecting, instilling, or withdrawing fluid from a body cavity (Blackwell's dictionary of nursing 1994; Lewis et al. 1996).

The urethral catheter is one of the most venerable of medical devices, having been used for urine retention on an intermittent or indwelling basis for centuries. In 1920s, Foley introduced a catheter, which could be held in place with an intra- bladder balloon. The urethral catheter has a multitude of function; as stent, as drainage tube and for diagnostic purposes in the operating room (Rothrock 2003). The urethral catheter is divided in to two categories, the plain and the indwelling ranging from different sizes, with the Foley's being the most frequently used (Rothrock 2003).

Urinary catheters are made of soft or hard rubber, gum, elastic, glass, rubberized silk; silver and other metals; some are radio opaque. The urinary catheters are often designates as French; sizes 16 – 18 French are usually used for adults.

Urinary catheters vary in construction materials tips shape and size of the lumen. The urinary catheters are sized according to the French scale. Each French unit equals 0.33mm of the diameter. The diameter measured is the internal diameter of the catheter. The size used varies with the size of the individual and the purpose for the catheterization. In women the urethral catheter sizes 14F to 16F to 18F are most common; in men, size 16F to 18F is used (Lewis et al. 1996).

Different types of commonly used urinary catheters; simple urethral catheter, much room or de

Pezzar (can be used for suprapubic catheterization), winged tip or malecot catheter, indwelling with Coude´ tip or Tiemann and the three- way indwelling (the third lumen is used for irrigation of the bladder).

Indwelling catheters often have self-retaining balloons to keep the catheter in place.

Catheterization of the Urinary Bladder:

Urinary catheterization is the process of introducing or inserting the urinary catheter through the external opening or meatus in to a body cavity or channel (Harmer & Henderson 1955; Royles & Walsh 1992; Lewis et al. 1996; Blackwell’s Dictionary 1994; Royles & Walsh 1992). The general purpose of urinary catheterization is to drain the bladder.

Indications for Urinary Catheterization:

- 1) Relief of urine retention caused by lower urinary tract obstruction, paralysis, or inability to void.
- 2) Bladder decompression preoperatively and operatively for lower abdominal or pelvic surgery.
- 3) Facilitation of surgical repairs of the urethra and surrounding structures.
- 4) Splinting of ureters or urethra to facilitate healing after surgery or other trauma in the area.
- 5) Instillation of medication in to the bladder.
- 6) Accurate measurement of urine out put in critically ill patients.
- 7) Measurement of residual urine after urination.
- 8) Study of anatomic structure of the urinary system.
- 9) Urodynamic Testing.
- 10) Collection of sterile urine sample in selected situations (Harmer & Henderson 1955; Lewis et al. 1996).

Reasons not indicated for catheterizations are; (1) routine acquisition of a sterile specimen for laboratory analysis.

(2) Convenience of the nursing staff or the patient’s family (Lewis et al. 1996).

Catheterizations for sterile urine specimen may occasionally be indicated when patient have

complicated urinary infection history (Lewis et al. 1996).

The urinary system can be catheterized by the following methods;

Urethral Catheterization:

The most common route for urinary catheterization is inserting the urinary catheter through the external meatus in to the urethral, past the internal sphincters in to the bladder (Royle & Walsh 1992; Lewis et al. 1996). With this method the ureteral catheter is placed through the ureters in to the renal pelvis. The ureteral catheter is inserted either; by being threaded up the urethra and bladder to the ureters under cystoscopic observation or by surgical insertion through the abdominal wall in to the ureters. The ureteral catheter is used after surgery of the genitourinary system to splint the ureters and to prevent them from being obstructed by edema (Lewis et al. 1996). Sometimes the ureteral catheter is used as a stent and not expected to drain.

Suprapubic Catheterization:

Suprapubic catheterization is the simplest and oldest of urinary diversion. The two methods of insertion of suprapubic catheter in to the bladder are ;(1) through small incision in the abdominal wall, (2) By the use of a trocar.

A suprapubic catheter is placed while the patient is under general anesthesia for another surgical procedure or at the bedside with local anaesthetic (Royle & Walsh 1992; Lewis et al. 1996). The catheter may be sutured in to place, but a Foley catheter is usually used. The suprapubic catheter is used in temporary situations such as bladder, vesical, neck, prostate and urethral surgery.

A limitation to suprapubic catheterization is that the suprapubic catheter is prone to poor drainage because of mechanical obstruction of the catheter tip by the bladder wall, sediments and clots (Lewis et al.1996).

Intermittent Catheterization:

An alternative to a long-term or indwelling urinary catheter is intermittent catheterization. Intermittent catheterization is the insertion of a urethra catheter in to the urethral bladder every 3 to 5 hours (Lewis et al. 1996). The patient or the care provider may insert the catheter. The bladder is emptied and the catheter is removed. It is being used with increasing frequency, in conditions characterized by neurogenic bladder (e.g. spinal cord injuries, chronic neurologic disease) or bladder outlet obstruction in men. This type of catheterization may be used in the oliguric and anuric phases of acute renal failure to reduce possibilities of infection from an indwelling urinary catheter; it is also used postoperatively, after a surgical procedure for female incontinence or radioactive seed implantation in to the prostate for cancer. The main goal of intermittent catheterization is to prevent urinary retention, stasis and compromised blood supply to the bladder caused by prolonged retention.

BACKGROUND

Urinary catheterization was a procedure performed while I was a student nurse in one hospital in Cameroon. I became interested in studying patients living with long- term urinary catheter after my practical experience in a hospital there, were many patients with indwelling urinary catheter. Even though my area of experience was not connected to these patients as such what attracted my interest to them was their behaviour, the colour of the content of the drainage bag and the way some of the patients handled the drainage bag. From my observation I concluded that the patient lack knowledge on the way the urinary catheter should be cared for and the consequences of mishandling the device. In another hospital i observe that most of the patient with urinary catheter in situ did not have any drainage bag connected to the drainage tube. Instead a bucket or a bottle was used as an improvised drainage bag with the danger of the drainage tube slipping out of the improvised drainage bag. While in other hospitals patients with the urinary catheter have a closed drainage system therefore only those who are financially capable can be able to have such necessities in case they are to be catheterized. My

observations made me to wonder about the feelings of the patients with urinary catheter in general, what they are thinking about the urinary catheter and the effects of this appliance on their health.

The fact that bacteriuria in urinary catheterized patients is directly related to the duration of catheterization with the rate of acquiring bacteriuria being 3% to 10%. In patients with bacteriuria, 10% to 25% will develop symptoms of local urinary tract infection and 3% will develop bacteraemia, which is a serious and possible life threatening complication (Saint et al. 2002). In other words patients living with an indwelling urinary catheter live with a threat to their rights, comfort, and dignity with a medical consequence of increase health cost.

There are many reasons for studying patient with long-term urinary catheter. Although these devices provide indispensable benefit there are problems associated with their use such as blockage, expulsion with the most dominant being the risk of urinary tract infection. According to Ouslander, Roe & Brocklehurst in Manely & Bellman (2000) urinary tract infection are the most common problems associated with instrumentation (urinary catheterization). From a survey conducted by Emerson in Manley & Bellman (2000) it was estimated that about 23.3% of hospital acquired infection were those of urinary tract infection. Urinary catheterization is one of the common causes of urinary tract infection (Royle & Walsh 1992; Lewis et al. 1996). The consequences of bacteriuria may be urinary tract infection or bacteraemia and septicaemia with significant patient morbidity. There is also the potential for creating a reservoir for multiple resistance microorganisms, which has implication, both for the patient and the institution, when highly toxic and expensive antibiotics have to be used as the choice is reduced by the resistance of the microorganism.

PHILOSOPHICAL FRAME

Human experience are complex and novel, there is the need for the experiences to be understood. Primary to experiences are their nature and meanings, which can be understood only through descriptions and to make such description and understanding possible, one is required to get

behind social and scientific conceptualisations and follow Husserl's dictum of returning to the things themselves, of apprehending human experiences as it occurs and which it helps to shape. That is to approach the world as it is experienced in all variety (Dahlberg et al. 2001). Thus Dahlberg et al. (2001) also puts it as, the picture of those for whom we care is always incomplete without taking in to consideration their own understanding of themselves, their lived bodies, and the meaning that their life situations hold for them. The inability of the body to control urination, there by enabling the introduction of a urinary catheter is a situation which meaning is embodied. The habitual body according to Benner & Wrubel (1989) includes all the cultural and socially learned postures and gestures. In this way the skilled body learn to live with a urinary catheter and takes over bodily awareness of the urinary catheter, and the urinary catheter becomes perceptible not completely transparent but yet not foreign and alien as it seems in the beginning. In this way the habitual body sets up a particular relationship with situations whether complex, where by according to Merleau – Ponty (1989) is the grasping of significance. Merleau- Ponty (1989) further explains that habit expresses our power of dilating our being in the world and this could only be understood through inquiry. The patients living with urinary catheter are placed in the position of creative contributors to the meaning of their world.

Through living with an indwelling urinary catheter is to be situated, this implies that the patients has the past, the present, and the future which can only be understood through an inquiry system. In other words human being assign meaning to their experiences which develops lines of clinical inquiry that go beyond a mere mapping of symptoms on to presenting explanation.

AIM

Over all aim of the thesis is, to describe the experience of patients living with long – term urinary catheter.

Research questions: see appendix

PART I: LITERATURE STUDY

AIM OF THE LITERATURE STUDY

The aim of the literature study is to describe the lived experiences of patient with long- term urinary catheter.

METHOD

Literature review

The systematic search of the literature started in January 2005, and the search included the use of the following data bases in order to identify articles on the lived experiences of patients with long-term urinary catheter; CINAHL (Ovid version), Medline (Ovid version), and PsycINFO (Ovid version) the dates of publication were unspecified in order to have a wide range of choice, since it was difficult to find articles describing the lived experience of patients with this condition.

Search Words: *Lived experience, Experience with long term urinary catheter, life with an indwelling urinary catheter, patient experiences, urinary catheterization and urinary function disorder.*

Inclusion and exclusion criteria

In selecting document to be included in the literature review takes three steps when employing the matrix method; reviewing the abstract, skimming the documents, and photocopying the documents (Garrard 2004).

To review the abstract is a strategy, which is done by reading the abstract to see if it is relevant for the study. Skimming the documents involves making decision about whether or not to keep a copy of the documents for possible inclusion in the literature review. The process of photocopying is being carried out only for documents, which are relevant to the study. The literature study was limited to qualitative studies since it is only in the qualitative research that can be found the actual expressions of

people lived experiences. Only studies on adults of age 18 years and above were included in the literature study. Even though the dates of publications of articles on this topic were unspecified, documents published were between the year 1994 and 2003.

Included were qualitative studies describing the experience of living with long-term urinary catheter, patients lived experience with an ileoanal reservoir and an ostomy and a neobladder were also included in the study since the conditions are the same as living with an appliance or in an

unnatural condition. Studies describing both the quantitative and qualitative method could be included only if, the findings were reported and discussed separately. Studies from any country were eligible for inclusion in order to have a wide knowledge on how this condition is experience by individual since experiences are not the same across different cultures. Only one study on gender specification was included due to the fact that the experience on long-term catheter was mentioned in the study.

The matrix method was used in reviewing all the 10 documents, which were found to be relevant in accordance with the aim of the study. Constructing a matrix is a three-step process (Garrard 2004).

1. Organizing the documents: The document area is organize chronologically by arranging the source documents from the oldest to the most recent by year of publication and this has been done.
2. Choosing topics: This section involves deciding which topics to use for the review of the literature.
3. Abstracting the documents: This step involves reading and abstracting each source document in a chronological order from the oldest to the most recent and notes are recorded under each topic. The rectangle below is the review matrix of the articles, which were found to be relevant according to the aim of the study. According to Garrard (2004) the review matrix method is a rectangular arrangement of or a matrix in which rows always have the articles or paper listed down the side and topics or issues to be abstracted for each article always listed across. The reason for this is to create order out of chaos.

Table: 1 Hits, identified abstracts, and saved abstracts from CINAHL, Medline, Psyc INFO.

Data bases	Search words	Hits	Identified abstracts	Saved abstract
CINAHL	Lived experience	703	105	16
	Catheterization	4349	51	27
	Urinary function disorder	146	0	0
	Micturition experiences	1	1	1
	Experience and long term and urinary catheter	15	6	5
	Life with indwelling urinary catheter	11	4	4
	Patient experiences	186	15	3
Medline	Lived experience	222	62	4
	Catheterization	4706	21	8
	Urinary function disorder	387	0	0
	Micturition experiences	0	0	0
	Experience and long term and urinary catheter	1	1	1
	Life with indwelling urinary catheter	9	3	1
	Patient experiences	269	24	0
PsycINFO	Lived experience	367	57	3
	Catheterization	4	1	1
	Urinary function disorder	183	3	3
	Micturition experiences	0	0	0
	Experience and long term and urinary catheter	1	1	1
	Life with indwelling urinary catheter	13	3	0
	Patient experiences	178	15	0
Total		11751	373	78

Using the above databases with the keywords, 11751 hits were found, 373 abstracts were identified and 78 were saved (table 2). Only one hit was found on using the search word Micturition experiences and this was in CINAHL.

Table: 2 Number of identified and saved abstracts.

Data bases	Identified Abstracts	Saved abstracts
CINAHL	182	56
Medline	111	14
PsycINF O	80	8
Total	373	78

From the literature search a total of 373 abstracts were identified 78 were saved (table 2). From the 78 saved abstract 10 were found to be relevant to the study in accordance with the aim of the study.

Table: 3. The review matrix of documents relevant to the aim of the literature study.

Author, title, journal and year of publication	Purpose	Method	Participants	Results
Getliffe K. A. (1994). The Characteristics & management of patients with recurrent blockage of long - term urinary catheter. <i>Journal of Advance Nursing</i> , 20, 140-149	1) To determine if the occurrence of catheter encrustation is a continuum experienced to some degree by all catheterized patient or whether patients can be classified in to one of two discrete groups “blockers” or “non blockers” 2) To determine the factors which contribute to recurrent encrustation, and blockage.	A longitudinal study. Patient were assessed by discussion through semi structured interview and where appropriate by observation to assess mobility and blood pressure.	18 male aged 27 – 90 years and 24 female aged 58 – 90 years. Forty seven long term catheter users in the community.	43% of blockers were significantly less mobile than non blockers. More female than men were blockers. Blockage was characterized with high urinary PH & ammonium concentration. Majority of blockers expressed early warning symptoms impending blockage. Blockage was not related to fluid intake. Blockers were managed by “crisis care” in response to leakage or retention rather than planned recatheterization. Age, medication, alcohol consumption, bowel habit or smoking did not correlate with blockers status. The results are presented using the qualitative and quantitative methods. Data analysis was based on information collected from 42 participants.
Beitz J. M. (1999). The lived	To understand the lived	Phenomenological Approach of Van Manen. Face to	Purposive convenience	-The participant explained the out come of the ileoanal reservoir in relation with the

<p>experience of having an ileoanal reservoir: A Phenomenological study. <i>Journal of wound, ostomy, and continence nursing</i> 26, 185-200</p>	<p>experience of people who have had construction of an ileoanal reservoir</p>	<p>face interview lasting for 1 – 2 hours.</p>	<p>sampling of ten Participants of aged 28 – 52 years meeting monthly at the hospital in a major east coast city. White of European descent.</p>	<p>stage of their illness: The persons with severe ulcerative colitis and frequent stooling and pain found the ileoanal reservoir as helpful to them even though imperfect and those with mild symptoms or without asymptomatic cancer of the rectum were less satisfied.</p> <ul style="list-style-type: none"> - Self help supportive group was important for the patient through their interaction with others who share the stigma allowed the sharing of the knowledge, mutual acceptance and moral support that was not available from persons who had not had this experiences. - Patient had strange experiences which were not discussed before the construction of the ileoanal reservoir.
<p>Jakobsson L., Hallberg I. R. & Lovén L. (2000). Experiences of Micturition problems indwelling urinary catheter treatment and sexual life consequences in men with prostate cancer. <i>Journal of Advance Nursing</i> 31(1), 59 – 67.</p>	<p>To investigate the experiences of micturition problems, indwelling catheter treatment and sexual life consequences in men with prostate cancer.</p>	<p>Hermeneutic phenomenological. Interview focusing on Micturition problems, indwelling urinary catheter treatment and sexual life lasted 1-1.5hours.</p>	<p>Twenty five men with prostrate cancer. Age 63-72yrs in a Swedish urologic clinic.</p>	<p>The study resulted to practical and technical description rather than emotional.</p> <ul style="list-style-type: none"> - Experiences were described with negligence regarding personal wellbeing and the impact of the problems. -Micturition problems, catheter treatment and sexual life problems affected the patients' autonomy, life quality and change the life continuum. Some men concealed illness consequences. Living with urinary catheter meant change life quality, social withdrawal in order not to be seen with the catheter. - Catheter put an end to sex life. <ul style="list-style-type: none"> • The men describe deprivation of manliness autonomy when having to wear a catheter.
<p>Carlson E., Berglund B. &</p>	<p>Exploration of the</p>	<p>Descriptive explorative study.</p>	<p>Six participants 3</p>	<p>It was found that, the daily activity of the participants</p>

<p>Nordgren S. (2001). Living with an ostomy and short bowel syndrome: Practical aspects and impacts on daily life. <i>Journal of wound and continence Nursing</i> 28: 96 – 105.</p>	<p>practical aspects and impact of short bowel syndromes (SBS) and an ostomy on daily life.</p>	<p>Interview using a semi structured and written questionnaire on nutrition and excretion.</p>	<p>males and three females of age 38- 68 years interviewed in the home of subjects.</p>	<p>involved considerable planning. - Some participants did not accept ostomy and other expressed acceptance. Two participants described special voiding patterns, which affected their social life and express desire for contact.</p> <p>Participants expressed insecurity, fear of leakage, noise, odor and having to locate near by toilets when out in unfamiliar environment as the most negative aspect of living with the ostomy. The participants found the support group to be of great help.</p>
<p>Wilde, M., H. (2002a) Urine Flowing: A Phenomenological study of living with a urinary catheter. <i>Research in Nursing and Health</i> 25, 14-24.</p>	<p>Investigation of the experiences of people living with a long-term urinary catheter in order to provide more thoughtful and meaningful nursing care. To discover patient taken for granted knowledge about catheter care.</p>	<p>Phenomenological method of Van Manen and Merleu- Ponty. Face to face interview</p>	<p>14 participants living with an indwelling urinary catheter. Five males and nine females of age 35- 95 years who lived in the urban and rural area of central New York</p>	<p>The result showed that the participants were aware of the flow of urine through their catheters. They were aware of when emptying of the bag is needed and when urine flow seem sluggish or obstructed through paying attention to their bodies. Participants expressed their vulnerability related to urine flow. Embarrassments at lack of control of the noise from the urine bag. Some of the participants used metaphor in describing their urinary catheter. `Water work`. Their knowledge about keeping the urine flow was acquired through paying attention to their body. NB: This was the first phenomenological study with limitation of all participants being white of European descent. There is a need to study adult of African origin.</p>
<p>Wilde, M., H. (2002b). Understanding urinary catheter problems from the patient's point of view. <i>Home Health Nurse</i> 20 (7) 449-456.</p>	<p>To examine the lived experiences of individuals with urinary catheter focusing on catheter</p>	<p>Phenomenological study.</p>	<p>Adult age 35 – 95. Nine females and five males living with long term urinary catheter Participants</p>	<p>Participants express feeling of satisfaction when the catheter functioned well indicating that the function of the catheter was vital to the participants. Problems with the catheter such as obstruction resulted to feeling of frustration and</p>

	related problem.		lived in the urban and rural area of New York.	vulnerability in case when the improper functioning of the device could not be managed.
Wilde, M., H. (2003a). Life with an indwelling urinary catheter: The dialectic of stigma and acceptance. <i>Qualitative Health Research Vol.13</i> No 9, 1189-1204	To describe the lived experience of long term users of urinary catheter	Hermeneutic Phenomenology	Adults (9 female and 5 men) aged 35 – 95 year with long term urinary catheter ranging from 6 months – 18 years who lived in the urban and rural areas of central New York.	Living with a urinary catheter involved a swing between acknowledgement of the catheter as “a part of me” and a feeling of alienation and vulnerability when it was experienced as a stigma. NB: People of minority not included in the study.
Wilde, M., H. (2003b). Meanings and practical knowledge of people with long-term urinary catheters. <i>Journal of wound ostomy and nursing</i> 30: 33-43	To describe and interpret the lived experience of people with long- term urinary catheter.	Hermeneutic phenomenology.	Nine female and five male aged 35- 95 years who lived in the urban and rural areas of central New York.	The catheter was recognised as a valuable device in their daily lives and weighed it positive features against concern associated with its long term use. Individual meaning included making aesthetic harmony with a new catheter, the convenience of the catheter compared to the inconvenience of incontinence and the catheter as a symbol and reminder of one’s mortality. The practical knowledge related to participants awareness of their catheter needs and practices such as features of supplies, intervals for changes, catheter insertions, emptying the urine bags and changes associated with sex. Most participants view the catheter in a balance way minimizing the negative and emphasizing on the positive aspects. It was a necessity to treat medical problems related to underlying diseases or injury. Knowledge of the lived experiences with urinary catheter can assist nurses in sensitive decision making about care and help them become better patients advocate.
Wilde, M., H. & Carrigan M., J.	To identify urine flow	Descriptive study.	24 participants 12 males and	- Of the 13 participants who experienced blockage six

<p>(2003). A chart audit of factors related to urine flow and urinary tract infection. <i>Journal of Advance Nursing</i> 43(3), 254-262.</p>	<p>and the factors contributing to urinary tract infection in home care clients having a urinary catheter for at least three months.</p>		<p>12 females of age 31 – 102 years. In a home care agency in New York State.</p>	<p>had urinary tract infection and seven did not. - Of the 11 participants who did not experience blockage none had urinary tract infection. -Catheter blockage and low urine out put are the only indicators significantly related to urinary tract infection.</p>
<p>Beitz, J., M. & Zuzelo, P., R. (2003). The Lived experience of having a Neobladder. <i>Western Journal of Nursing Research</i> 25(3), 294-316.</p>	<p>To describe the experiences of people with constructed neobladder.</p>	<p>Phenomenology</p>	<p>Purposive sampling of 10males and 4 female aged 48-71 years. Participants were connected to a large urological surgical service at major tertiary care centers.</p>	<p>The participants experienced challenging ways in dealing with the surgical event and needed to learn how to manage the tubes and drains. In responding to incontinence the neobladder recipients paid attention to the relationship with the amount of fluid they drank and the time of the day and the types of fluid they selected to incontinence episode in order to adapt to the change in the body function. They recognised the importance of drinking fluids in keeping the neobladder healthy even though this was challenging to some of them. The participants found exercises and positive thoughts to be an important coping strategy. Reflecting on the neobladder choice most of the participants reaffirmed the decision to have it while some preferred having an external appliance. The participants were connected to family and friends for support and participated in support groups and this was found to be helpful.</p>

Analysis:

A synthesis of all the data will be done in order to summarise the different contents of the research through using the review matrix this is done in order to pull the disparate parts together in a logical coherent whole (Garrard 2004).

Summary of the meta-analysis

Living with an indwelling urinary catheter

From the literature study, it is evident that only one researcher in the United State of America in the New York has carried out all the studies on the lived experiences of patients with long-term urinary catheter. No other studies on the lived experiences of patients with long-term urinary catheter could be found elsewhere.

The experiences of living with a urinary catheter was researched in different methods; using the hermeneutic phenomenology and the descriptive phenomenological approach. Wilde (2002) investigated the experiences of people living with a long- term urinary catheter in order to provide more thoughtful and meaningful nursing care and to discover the taken for granted knowledge about catheter. Fourteen participants who have been living with an indwelling catheter from 6 months to 18 years, 9 females and 5 males (aged 35 -95 years) of Europeans descent were involve in the study. The participants indicated an awareness of the flow of urine through their catheters, they were also aware when emptying of the catheter was needed and when urine flow seem sluggish or obstructed by being attention to their bodies. The participants were embarrassed at lack of control of the noise from the urine bag coupled with the fact of lack of control related with urine flow, made them to express their vulnerability.

The lived experiences of individuals with urinary catheter focusing on catheter related problems was examined by (Wilde 2002) in order to understand urinary catheter problems from the patient point of view with the number of participants and the same age and gender distribution (age 35 – 95 years, nine females and five males). This phenomenological study resulted to patients expressing feeling of satisfaction when the catheter functioned well indicating the vitality of the catheter to the participants. Problems with the urinary catheter such as obstruction resulted to the feeling of frustration and vulnerability when the improper functioning of the device could not be managed.

Wilde (2003) applied the hermeneutic phenomenological method in order to describe the lived experience of long term users of the urinary catheter on the same population (adult age 35 – 95 years nine females five males) long term users of urinary catheter ranging from 6 months – 18 years. It was found that living with a urinary catheter is dialectic of stigma and acceptance. The participants expressed their experience of living with a urinary catheter as involving a swing between acknowledgement of the catheter as “a part of me” and a feeling of alienation and vulnerability when it was experienced as a stigma.

A hermeneutic phenomenological study was carried out by (Wilde 2003) to describe and interpret the lived experience of people living with long term urinary catheter focusing on their meaning and practical knowledge of living with a long term urinary catheter. The study population was same with the same age and gender distribution (35- 95years and 9 females 5 males). The participants recognised the urinary catheter as a valuable device in their daily lives and weighed it positive features against concern associated with its long term used. Individual meanings included making aesthetic harmony with a new catheter, convenience of the urinary catheter compare with the inconvenience of incontinence and the urinary catheter as a symbol and a reminder of one’s mortality. The practical knowledge related to participants awareness of their urinary catheter needs and practices such as features of supplies, intervals for changes, urinary catheter insertion emptying the urine bags, and changes associated with sex. Most of the participants view the catheter in balance way minimizing the negative and emphasizing on the positive aspects. It was a necessity to treat medical problems

related to the underlying disease or injury.

Problems associated with urinary catheter and the management of patients

Urinary catheter blockage and urinary tract infection are some of the problems associated with the long-term urinary catheter. In a longitudinal study carried by (Getiliffe 1994) to determine if the occurrence of catheter encrustation is a continuum experienced to some degree by all catheterized patients or whether patients can be classified in to one of the two discrete groups “ blockers or non blockers” and to determine the factors which contributed to recurrent encrustation and blockage. Eighteen male aged 27 – 90 years and 24 females aged 58 – 90 years who were long-term users of the urinary catheter were assessed by discussion with semi- structured interview and through observation of mobility and blood pressure. It was found that 43 % of the blockers were significantly less mobile than non blockers and more female than male were blockers and the blockage was characterised with high urine PH and ammonium concentration. It was also found that the blockage was not related to fluid intake. Blockers were managed by “crisis care” in response to leakage or retention rather than planned catheterization prior to catheter blockage. Age, medical condition, blood pressure, medication, alcohol consumption, bowel habit or smoking did not correlate with blockers status. Majority of the blockers experienced early warning symptoms impending blockage.

In a descriptive study by (Wilde & Carrigan 2003) to identify urine flow and the factors contributing to urinary tract infection in home care clients having urinary catheter for at least three months, 24 participants (12 males and 12 females) of age 31 – 102 years were included in the study. Of the 13 participants who experienced blockage six had urinary tract infection and seven did not. Of the 11 participants who did not experience blockage none had urinary tract infection. Thus urinary catheter blockage and low urine out put are the only factors significantly related to urinary tract infection (Wilde& Carrigan 2003).

The autonomy of a catheterized patient

Jakobsson & Hallberg (2000) investigated the experiences of micturition problems, indwelling urinary catheter and sexual life consequences in 25 men (age unspecified) with prostate cancer by employing the hermeneutic phenomenological approach. The interview resulted to the fact that micturition problems, indwelling catheter treatment and sexual life problem affected the patient's autonomy, life quality and change in the life continuum. Some men concealed illness consequences. Living with the urinary catheter meant changed life quality, social withdrawal in order not to be seen with the catheter. The catheter put an end to sex life, all these problems affected the autonomy of the participants and they described it as a deprivation of manliness when having to wear a catheter.

Experience of having a constructed organ in the body

A phenomenological study to understand the lived experiences of people who have had construction of an ileoanal reservoir, ten participants of age 28 – 52 years using a purposive sampling method were included in a study carried out by (Beitz 1999). The experiences of the participants were explained in terms of outcome of the ileoanal reservoir in relation with the stage of their illness; the persons with severe ulcerative colitis and frequent stooling with pain found the ileoanal reservoir as helpful to them even though imperfect, and those with mild symptoms or with asymptomatic cancer of the rectum were less satisfied. The participants found self help support groups to be important since through their interactions with others who share the stigma allowed the sharing of knowledge, mutual acceptance and moral support that was not available from persons who had never had this experience. The participants also expressed the strange experiences they had which were not discussed before the construction of the ileoanal reservoir.

Carlson et al. (2001) explored the practical aspects and impact of short bowel syndromes and an ostomy on the daily life of a population of six patients (3 males and 3 females of age 38 – 68 years) by employing a descriptive explorative approach with interview and semi structured questionnaire on

nutrition and excretion. They found out that the daily activities of participants involved considerable planning; some of the participants did not accept the ostomy where as other expressed acceptance. Two participants described special voiding patterns, which affected their social life, and they also expressed desire for contact. Insecurity, noise of the ostomy bag, odour, and having to locate near by toilets when out in unfamiliar environments were experienced as the most negative aspects of living with the ostomy. Support group was of great help to the participants.

With a phenomenological method conducted by (Beitz & Zuzelo 2003) to describe the lived experiences of people with constructed neobladder 14 participants (10males and 4 Females) were involve through the purposive sampling method. It was found that participants experienced challenging ways of dealing with the surgical event and needed to learn how to manage the tubes and drains. In responding to incontinence the neobladder recipients paid attention to the relationship with the amount of fluid they drank and the types of fluid they selected to incontinence episode in order to adapt to change in the body function. The participants recognised the importance of drinking fluids in order to keep the neobladder healthy even though this was challenging to some of them, also positive thoughts and exercise were found to be important coping strategies. Reflecting on the choice of the neobladder most of the participants reaffirmed the decision of having it while other preferred having an external appliance.

The participants were connected to family and friends for supports and also participated in support groups, which they found to be helpful.

RESULTS

The literature study resulted to the contents below;

The impact of mobility on the urinary catheter

Mobility has an impact on the urinary catheter resulting to blockage. This lead to crisis care in another way this may disruption on the pre-planned caring activities.

Beliefs concerning the urinary catheter

The inability for some men to carry out normal life activities was mostly related to the urinary catheter other than the illness, which was the cause for the urinary catheter to be in situ. Thus the urinary catheter was seen as a sort of deprivation to manliness.

Even though the urinary catheter was a form of hindrance to some patients others saw it as being a necessity to their life describing it as a “water work”. Due to their vulnerability and their lack of control to urine flow, thus expressing their satisfaction when it functions well, with meanings such as “making aesthetic harmony with a new catheter”.

Mixed feelings surrounding the lives of patients with urinary catheter

There are times where by the catheter is regarded with acknowledgement, as a valuable device their lives “as part of me” and there are times when patients felt alienated and vulnerable in relation to others view on them.

The convenience of the catheter was related to the inconvenience of incontinence and others also realised themselves as mortal being due to the inability to function without the device, “catheter as a symbol and remembrance of ones mortality”.

Coping with a constructed body devices

Having a constructed organ in the body enable the patients to acquire skills in managing the construction by closely observing their fluid intake and the time of the day by recognising the importance of keeping the construction healthy. This was done through exercise and positive thoughts in the case of the patients who were having the neobladder construction.

DISCUSSION

Methodological consideration

Part one of this study was a literature study with the aim at describing the lived experiences of patients with the indwelling urinary catheter, which was done making use of the matrix method (Garrad 2004). The strength of this method is that from it one could see how much has been done as concerning qualitative research on this topic. The method was also good due to the fact that through it order could be created out of disorder of the many documents, which could be seen as concerning the study. It had limitations since only qualitative research describing the lived experiences of patients with the long term urinary were needed and only studies on adults of age 18 and above were included in the literature study.

From the literature study, which was to synthesise, published documents on the lived experiences of patients with long-term urinary catheter through reading, analysing, and summarizing the articles (Garrard 2000). There was no limitation in including documents relating to the aim of the study as concerning the country in which studies on the experiences with long term urinary catheterization were carried out; with this condition it was not still easy to find published documents on the lived experiences with long term urinary catheter. It was found that most of the published documents, which are not included in the study, were related to the management of the urinary catheter. Of the ten published documents which were included in the literature study, documents which were written on the lived experiences of patient with long term urinary catheter and other body devices which were relevant to the aim of the literature study, seven were carried out in the USA, and three of the studies which also describe how it is to live with the urinary catheter and other body devices were carried out in Sweden. It was also found that the participants acquire skills in living with their devices and there was also a mixed feeling as concerning the way the devices were perceived by the patients, it was also found that there was an impact of mobility on the functioning of the catheter, The method which was used in recruiting the participants (purposeful sampling) and sampling size was appropriate in relation to the data analytical (phenomenological descriptive and the hermeneutic

phenomenological method) since the purposive sampling method is recruiting participants based on the information needed (Holloway & Wheeler 1996). Hence those who were long-term users of the indwelling urinary catheter were included in the studies. There were no documents on the cultural aspects of living with the long term indwelling urinary catheter.

Urinary catheterization is a procedure which is common place and nurses care for patient with urinary catheter both in the hospital and in their homes which implies that nurses encounter catheterized patient in their every day caring activities and still yet less has been done as concerning the research of patients living with the urinary catheter. Wilde (2002) suggests possible reason why nurses avoid research on urinary catheterization;

- Certain aspects of nursing care such as those dealing with bodily care, excrements, and sexuality may make people feel uncomfortable and social norms may inhibit discussions about such topic. She expressed her surprise on how often nurses ask her why she was interested in catheter care research and also how they convey discomfort with the topic through laughter and negative facial expression referring to catheter as “those yucky things”.
- Nurses not talking about the urinary catheter care might be a response to the stigma of doing “dirty works” that reminds nurses about their domestic roots.

Furthermore Wilde (2002) explains that the hidden nature of bodily care impedes development of associated practical knowledge, as nurses find it difficult to discuss such care. Wilde concluded that because of the common place technology of the urinary catheter nurses might not recognise the effort involved for a patient to adjust to a long- term catheter. Comparing nurses’ awareness of the impact of colostomy to that of urinary catheter she found out that there exist support group for patients living with colostomy and none existed for patient living with urinary catheter.

CONCLUSION:

There is a need for such a study to be carried out in a different population or group of people with differences in ethnicity and race since cultural changes might make a difference in the results. Since issues on the cultural aspect of living with the urinary catheter were not mentioned in the articles which were included in the literature study there is need for such a study to be carried out.

PART 2 EMPIRICAL STUDY

INTRODUCTION AND BACKGROUND

From a literature study carried out to describe the lived experiences of patients living with a long-term urinary catheter, it was found that not much has been done on the topic. Studies that were directly linked with the experiences of living with a long term urinary catheter were four and were done by one researcher in the United State of America, one of the studies was on experiences of micturation problems indwelling urinary catheter treatment and sexual life consequences in men with prostrate cancer in Sweden, and the rest of the studies on lived experiences were on illnesses other than the long term urinary catheter.

In Cameroon there are no home care services responsible for the care of patients with chronic illnesses living in their homes. Patient living with chronic illnesses such as living with an indwelling urinary catheter are being taken care of in their homes by close relatives, where by they go to the hospitals only on appointments made by the doctor, for treatment and change of their catheter. Living with the indwelling urinary catheter is a condition that needs the patient to be taking care of by skilled professional or trained personnel base in the community. Considering the lack of adequate means of communication in some parts of the country and considering the fact that not everybody can afford communicating by means of phoning it becomes a problem to the patients in relation to the burden of illnesses and problems associated with urinary catheterization (expulsion of the urinary catheter, blockage, and leakage of urine etc.).Living with an indwelling urinary catheter at home seems to have an impact on the patient daily activities, especially in a situation were a patient will want to go to his or her farm with the catheter in situ since most people depend on their farm products for their daily living and not everybody can afford a health insurance that can take care of them when they are having chronic illness. One can imagine a situation where the catheter accidentally falls off whiles the patient is in the farm. Thus it is important in caring science to pay attention on the patients' perspective on how they experience their illnesses in

such conditions in order to come up with methods to better manage their problems. Caring research according to Dahlberg et al. (2001) should be taken from the patients' perspective regarding their health, illnesses, life world, and nursing care. Living with an indwelling urinary catheter is a life world that needs to be understood.

AIM

The aim of the empirical study is to describe the experiences of patients living with long-term urinary catheter in Cameroon.

RESEARCH QUESTION

Taking in to consideration the importance of urinary catheterization in relieving tension and anxiety in patient with micturation problems, it is necessary to have the urinary catheter in situ but again the urinary catheter in the urethral as a foreign body and the problems associated with it, is another thing else.

Since not much have been done as concerning the research on the lived experiences of patient with long- term urinary catheter, and even the present researches been done only in the United State of America specifically in the New York. From the results of the research on patients with long term urinary catheter expressions such as vulnerability related to urine flow, vulnerability when the catheter was experience as a stigma, frustration when the improper functioning of the catheter could not be managed, effect of the catheter on the sexual life of the patients with the most problematic being the embarrassment at lack of control of the noise from the drainage bag were some of the problems encountered by the participants. With no other studies elsewhere, especially in Africa there is the need for question such as (see appendix III).

METHOD

The qualitative research design, with the phenomenological approach of enquiry, as a philosophy was employed in the study. Since it seeks to understand the experiences of the individual within their “Life world” (Polit & Hungler 1999). It was also suitable for the study since it offered a methodology where lived experiences are the central in an inquiry system (Fridlund & Hildingh 2000). With the aim of the study being to describe the lived experiences of patients with long term urinary catheter, the method of inquiry will best at describing fully the experience and the perceptions to which it gives rise (Polit & Hungler 1999; Cormack 2000). In this way the world is to be approach as it is lived in all variety.

Subjects and setting

Even though it is not easy to determine the number of research participants of a study at the start (Morse & Field 2002), a purposeful sampling of sample which consisted of six participants with long-term indwelling urinary catheters who were interviewed both in the conference room of the Mbingo Baptist hospital and in their homes. The interview took 30 minutes – 1hour. The purposive sampling method was employed in order to select the subjects’ judge to be representative of the population in question (those who had the urinary catheter from three months) (Polit & Hungler1999). This method of sampling was used due to the fact that the participants were to be selected base on the information needed (Holloway& Wheeler 1996). The criterion for selection was willingness to participate.

The participants were selected, by the health care professional of the health service who was responsible for their treatment of the patients since he/she knew best about them. Thus Holloway & Wheeler (1996); Cormack (2000) emphasised on the important of contacting organisational and professional gatekeepers of an institution where a research study has to be carryout hence the director of the Cameroon Baptist health board was contacted before the study could start.

The participants were patients who have had the urinary catheter from three months and aged

18 - 65 years and above. The participants were those living in their homes but who have contact with the hospital for their treatment and follow up of their condition.

Table 1 sex distribution and duration of living with the urinary catheter.

Patients	Sex	Duration with the indwelling urinary catheter
A	Male	2 1/2yrs
B	Male	5 months
C	Male	5months
D	Female	3months
E	Male	2yrs
F	Male	8months

Data collection

The data was collected through interview, between the researcher and the informants, making use of unstructured questions with the researcher helping the informants to describe their experiences without leading the discussion (Polit & Hungler 1999;Cormack 2000) and it was taped recorded. With interview, the researcher tries to gain entrance into the informants' world giving them the opportunity to describe their experiences in their own word. The data were collected making use of Pidgin English since it is the commonest language used in communicating and is understood by most of the people in Cameroon.

Analysis

The qualitative analysis with content analysis being the method of choice for analysing the data of the study was employed. Content analysis is one of the analytic methods used in nursing research and education (Ganeheim & Lundman 2003). The latent content analysis was used to analysis the transcribed data since with the method the underlying meaning of the transcribed text will

be interpreted in order to determine themes and patterns (Morse 1994; Denzin & Lincoln 1998; Polit & Hungler 1999). Since themes are seen as expression of the latent content of the text (Graneheim & Lundman 2000). The transcribed interviews from pidgin to English language were content analysed by:

Table 2. Example of the data analysis

Meaning unit	Condense meaning unit	code
There times that when the catheter is placed I will have to go back to the hospital for recharge since I could not cope, with the pains as a result of the newly placed catheter.	Inability to cope with a newly placed urinary catheter	Pain
I have to change the catheter every month and I have to be coming with money in all the visits In addition to my transport fare. This is what is going to be.....is only money issue	Foreseen problems in respecting monthly appointments.	Financial difficulties.

Ethical consideration:

The ethical principle of respect for autonomy, non- maleficence (doing no harm), beneficence (doing good) and justice was taken in to consideration since the research involved human subjects (Beauchamp & Childress 2001; Berglund 2002). The research participants’ right to privacy, inform consent and their free will to participate in the study was respected (Polit & Hungler 1999). They were also informed of their right to participate and their right to withdraw from the study at any time that they wish to (See appendix 2 for informed consent). In order for the study to be carried out approval was done by the institutional review board of the Cameroon Baptist convention health board. This was done through phone contact and the proposal was sent by E- mail and the ethical aspects of the study examined.

While in Cameroon the participants were given a verbal explanation of the study in Pidgin English

in order to ensure that they understood what the study was all about and then the consent form was given for them to sign if in accordance with the purpose of the study. For those who could not read, a verbal explanation was done in the simplest way.

RESULTS

A total of six participants were interviewed in pidgin English on their experiences with long term urinary catheter and the participants describe their experiences such that the following themes emerged; acceptance, isolation, communication gap, loss of dignity, financial difficulties, the device as a killer, the device as important when concerning urination and un important when concerning sexual intercourse, adjustment, hindrance to daily activities.

Acceptance

From the study it was found that some of the participants preferred living with the urinary catheter where as some had no option due to their conditions which made them to accept the urinary catheter and to some it was as a result of lack of finance that made it impossible for them to be operated upon.

“Doctor be tell me se idem go work me but for me I know sei if dem for work me I for don die because I think sei the age we idem for work me don pass, but I no be fit for explain so for doctor.”

“The doctor told me that I needed to be operated upon but to my own understanding I would have died if I were being operated upon since I thought that the age I would have been operated upon had passed but I could not explain it to him.”

“Yes I been dei na sei, I no be fit piss even though this tube di hot me.”

‘ Yes it was due to the fact that I was having difficulties in urinating even though even though I am still feeling pain in urinating with the catheter in situ’.

“As dem be bring me for hospital after the accident dem be see say my dem de don die and piss and sheet be di kommot with no control and then dem be put me this tube.”

'As I was brought to the hospital after an accident it was found that my lower limbs were not functioning and I had faecal and urine incontinence and I was catheterized'.

“ This one be dei na the only thing we idem be fit do since dem be get for work me and as I no be get morney nai wei dem put me this tube.”

'This was the only option. I was told that I was to be operated upon but due to the fact that I was not financially viable the catheter was placed in situ.'

Hindrance to daily activities

Participants expressed themselves as being useless in living with the urinary catheter.

“ I no fit go for farm, even for root da small grass wei di grow for my compound.”

'I am unable to go to the farm even to uproot the herbs in my environment'.

Participants also saw themselves as culturally and socially isolated from friends. Cultural association, which is an important aspect in the African society, was a problem to the participants since they were unable to attend cultural meeting for fear of urine accidents. The participants expressed it as such;

“I di pass me for piss for place wei plenty people dey because before I piss I get for losen da rope wei I tie me for round my waist.”

'I face difficulties in urinating in a gathering due to the fact before urinating I will have to untie this tube around me waist and again there is leakage of urine unnoticeably.'

Loss of dignity

Participants express their inability to have sexual intercourse as a means of their loss of control over themselves. And it was expressed as; *with this catheter in sit;*

“ I no fit see woman I no di feel myself like man, I di just wait for my own day for come.”

“ I cannot have sexual intercourse with my wife; I don't feel as a normal man I am just waiting for day I am going to die.

Pain

Pain was expressed by all of the participants as being inevitable in living with the urinary catheter.

The participants expressed it as such;

“Since dem put me this tube I no dei feel fine at all I dey hot me.”

‘Since this catheter was placed I am not feeling fine it pain’s’

For some time if I come dey changeam and I go for house I get to come back for hospital because of the pain wei I go feel I no go fit stay with the tube and I go get for come make dem changeam.”

‘There are times that after the catheter is changed I had to go back to the hospital for recharge on the same day since I could not cope with the pains that I felt as a result of the new catheter.’

Financial difficulties

The problem of affording money in order to go for the monthly catheter change was a general problem to all the participants. The participants expressed difficulties in paying the monthly fees as they expressed it as;

“I get for change this tube every month and I get for di come with morney plus my transport. Na that one go bena only the morney palaba you know sei morney hard.”

‘I have to change the catheter every month and I have to be coming with money in the entire visit in addition to my transport fare. This is what is going to be.....is only money issue, you know that to have money is not easy’

Consciousness to the proper functioning of the urinary catheter

The participants were aware of the proper functioning of the device by properly taking care of the device during urination and bedtime.

“ I di make sure say make the tube no twist, I dei move that hook when I want piss and I dei putam tight after I finish for piss.”

‘I make sure that the tubing is not twisted, I remove the clamp during and after urinating I placed the clamp tightly.’

“When I want piss or sheet, I go hold that rubber make I no comot.”

'When I want to stool, and urinate I hold the drainage tube to prevent it from expulsion.

Communication gap

The participants expressed their interaction with the health care professional with respect to the information giving to them on the regular monthly change of the urinary catheter and were expressed by others as a sense of neglect when being out patients. Some of the participants express their desire for mutual respect in their meetings with the health care professional;

“ Dem bi tell me for di come and I don do am so for two years now.” You know, when you don comut for hospital dem no go care for you like if you be dey for bed and if you no know how for waka I go disturb you plenty and too money palaba na som other thing wey if I no dej you go suffer the penalty of your sickness.

'I was told to be coming every month for the catheter change and I have done that for the passed two years.'

'You know here in the hospital immediately when you are discharged they don't take that care as they use to do. They treat you as an out patient and if you don't know the way to move it will disturb you a lot and probably finance is the real cause. When there is finance they will treat you as a patient and when the finance is not there you will suffer the penalty of your sickness.

'There is no problem. The only thing in a relation to be good is mutual respect

The device as important and unimportant:

Patients had mixed feeling as concerning the importance of the device to their life; For some way I be important because I fit pis, for some other way I no be important because I no fit see woman.

'It is important in a way in another way it is important. It is important because I am able to urinate and not because I can not have sexual intercourse'

I be important but I no be something wej I fit stay for man I body for some long time.

'It is important but it is not something can stay in the body for long.'

I be important because I fit pis.

'It has been important because I am able to urinate.'

The participants acknowledged the importance of the device by expressing their desire to direct other patients who needed to be catheterized to the hospital;

I go tell any man with this sick for go for hospital because na only the people wej di work for hospital know weti for do and na only for hospital wej man fit get good care.

' I will tell the person to go to the hospital since it is only the health care professional who knows what can be done and it is only in the hospital that one can receive a good treatment.'

The device a 'Killer'

Even though the participant knew the importance of the device the also expressed the important of respecting the monthly appointments in respect to the device as a 'killer'

I go tell all people wej get this tube say make the respect weti wej that people for hospital di talk.because this tube fit kill man.

'I will tell all the patients living with the urinary catheter to respect appointments i.e. if they are be told to change their catheter every month it should be done as such if not this device can kill.'

Adjustment

From the interview it was found that not all the participants were able to adjust to living with the urinary catheter and even those who had adjusted was not actually because they loved it but it was due to their condition. Those who could not adjust to living with the urinary catheter expressed it thus;

Them get for move this tube because if them no do am so the trouble wej dej with am no go finish.

'This catheter should be removed because if it is left in my body the problems associated with it will never get through.'

DISCUSSION

The overall aim of the study was to describe the experiences of patients living with long-term urinary catheter in Cameroon. The phenomenological approach of inquiry as philosophy helped me to explore how participants experience their living with the indwelling urinary catheter. It is thought that the urinary catheter is just a device which helps people to feel as normal people when urinating but from the expressions of the participants of the study it was realised how the urinary catheter affected them not only in their daily activities but to their socio-cultural relationship as well. This study has described their experiences as was expressed by them.

Study participants described their experiences of living with long term urinary catheter, which showed that there was a lot of communication gap between the study participants with the health care professionals since they were unable to express their feelings as concerning their illness. Living with the urinary catheter was regarded as important when it was seen as a device that aid in urination but again as unimportant when regarded as a device which prevented sexual intercourse with the participant experiencing a sense of loss of dignity.

Participants had to adjust to the living with the urinary catheter not because they loved it but as a result of their conditions.

Participants seriously expressed their embarrassment of urine leakage when in a gathering due to malfunctioning of the urinary catheter thus leading to isolation from other members of the family.

Speaking in pidgin was a way to guide for better understanding of the participants. In order to better interpret the interview text it was transcribed from pidgin to English. Due to the fact the interviewed text was transcribed to English before interpretation might have affected the results, of the research in some way, as a result of transcribing from the original language of interview to English but this in some way was minimised due to the researcher understanding of the original language.

During the interview and the analysing process my personal opinion or pre-understanding on the experiences of catheterised patient how ever might have been a risk through the questions which have portrayed bias through directing the participant on how to response to the questions but this was taking care of since I tried to bracket my pre-understanding during the interview and the analysis of the text.

From the study it was found that in responding to how the catheter could be cared for the participants' responses indicated that their care for the catheter was out of their own knowledge since none of the participants explain how they were being thought to care for the urinary catheter.

Finance, which is the key factor if the patient is to continue with the care of the urinary catheter, was a problem to all the participants as they expressed their difficulties in affording for the fees, which they were to provide in order for their urinary catheter to be changed on monthly basis.

Methodological consideration:

The qualitative research method with interview as a means of getting information from the participants in this study has its strength and limitation in that by means of interviewing the participants on their experiences with the long term urinary catheter gave an insight into the participants' experiences in all the varieties, with limitations such as the risk for participants to spend time on irrelevant information that are not needed in the study. The Latent content analytic method, which was used in the interpretation of the interviewed text, was a good method since a text might consist of multiple meanings and trustworthiness will increase if the reader could look for alternative interpretations. What was revealed by the patients could only be gotten by making use of the qualitative method with interviews in the form of narratives in order to acquire understanding of the participants' world.

CONCLUSION

From the result of this study on the experiences of patients with long term urinary catheter in Cameroon it is evident that they were suffering not only because of the problems associated with the urinary catheter in situ but also to problems of finance, communication etc. Thus health care professionals should consider their meeting with patients as a process where communication should be a two-way process and not one-way; and also a time when communication should be regarded as free from imposing. As emphasised by (Liselotte 2002), nurses may contribute to the maintenance of personal autonomy. He also emphasised that individual nursing information and teaching of practical catheter handling, together with psychosocial support during catheter treatment period may decrease to

maintenance of autonomy. Encouraging the patient to talk about his or her life experiences with other patients can also help to reduce pains (Siddle 2003) thus through good communication between the health care professional and the patient can help to reduce the pain felt by patients with urinary catheter. As adjusting to the urinary catheter was a problem to some of the study participants (wilde 2004), suggested that support from nurses at the crucial stages of the trajectory can help to improve the health quality of life and reduce incapacity.

Living with the urinary catheter can be a challenge, but with the support and information concerning the living with this device, individuals can adapt to the changes involve. Thus interest and time should be showed in the care of patients with long term indwelling urinary catheter since the participants could come forward with their problem and explain in their own ways when time was given to them. Since there are some areas in the result, which did not provide a unified picture of problems, healthcare professional should treat patients as individual by giving opportunity for them to speak about their problem.

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Appendix I

INSTITUTION PERMISSION PERMISSION TO CONDUCT A RESEARCH:

The Director,
Health Services,
Cameroon Baptist Convention,
Box 1 Bamenda,

Dear Sir,

Re: Request for permission to conduct a research study in your institution.

I here by wish to ask for permission to conduct a research study in your institution on the experiences of patient living with urinary catheter. I am a student at the school of health Blekinge institute of technology, studying in the master program in caring science with a major in nursing. This study is a requirement for the award of a master degree. The aim of the study is to illuminate how it is to live with indwelling urinary catheter from the patients' point of view. The phenomenology approach as a philosophy will be employed in the study as a method of data collection.

A consent form will be provided to each participant of the study after a verbal explanation of the purpose of the study. If accepted by the participant then the data will be collected.

The study will be voluntary and participants may withdraw from the study at any time. There will be no remuneration. The study has no harm to the participants, their families and any institution in which they belong.

The place, date and time for the interview will be discussed with the participants in order not to interfere with their individual activities.

I shall be grateful with your response.

Accept, sir the assurance of my high esteem

Yours faithfully

Bertha Neh Akum

Appendix 2

INFORMED CONSENT TO STUDY PARTICIPANTS

LIVED EXPERIENCES OF PATIENT WITH LONG – TERM INDWELLING URINARY CATHETER:

You are here by asked to participate in a study conducted by; Bertha Neh Akum from the school of health Blekinge institute of technology, Karlskrona, Sweden.

The purpose or the aim of the study is to describe your experience of living with a long- term urinary catheter.

If you accept to participate in this study you will be asked to describe your experiences of living with an indwelling urinary catheter in about an hour or more if need be.

The study does not entail any remuneration to any participant of the study or there will be no payment for participating.

Any information that will be obtained in connection with this study will remain confidential and will be disclosed only with your permission. Participants will be given pseudonyms and the data, which will be collected by tape recording and will be handled only by the researcher.

You can choose whether to be in the study or not. If you volunteer to be in the study you may withdraw at any time without consequences of any kind. You may exercise the option of removing your data in the study, you may also refuse to answer any question you don't want and still remain in the study.

I understand the information provided for the study (experiences of living with an indwelling urinary catheter) as described herein. My questions have been answered to my satisfaction, and I agree to participate in this study. I have been given a copy of this form.

Signature of participant.

Date.

In my judgment the participant is voluntarily and knowingly giving informed consent and possesses the capacity to give informed consent to participate in this research study.

Signature of investigator.

Date.

Appendix 3

Interview Guide:

Opening questions

- How long have you been living with the urinary catheter?
- Was the urinary catheter the only option? Why?

Main questions

- How do you feel in having the urinary catheter?
- What do you do to ensure that your catheter function well?
- How is your interaction with the health care professionals?
- How has the urinary catheter affected your life since you have been living with it?
- Can you please tell about your life with the urinary catheter?

Closing question

- In case you meet some body that have to undergo the same procedure what can you tell the person?
- Do you think this procedure has been important in your life?
- What are some of your suggestions in general to those with these devices and to the health care professionals?