

Adults experienced a long term indwelling urinary catheter as living with the forces of flowing water

Wilde MH. *Urine flowing: a phenomenological study of living with a urinary catheter*. *Res Nurs Health* 2002 Feb;25:14–24.

QUESTION: What are the experiences of adults living with indwelling urinary catheters?

Design

Phenomenology.

Setting

Central New York, USA.

Participants

14 adults (age range 35–95 y, 64% women) with long term indwelling urinary catheters (duration 6 mo to 18 y) who lived in the community. The primary reason for wearing the catheter was urinary retention caused by disease conditions, including multiple sclerosis, cerebrovascular accident, enlarged prostate, and spinal cord injury.

Methods

7 participants were interviewed once, and 7 were interviewed twice. Interviews were audiotaped and transcribed. The transcripts were analysed to identify themes. Written summaries of the data were clarified and verified with participants.

Main findings

Living with a urinary catheter was found to be like living with the forces of flowing water. The following themes emerged. *Vulnerability: the force of flowing water* was a metaphor to describe the similarity of the movement of urine into the catheter bag to water that is let into and out of a dam. Participants expressed how much their everyday lives depended on the proper functioning of the catheter bag, and how a failed catheter bag made them feel vulnerable. *Embarrassment at lack of control: "swish/whoosh"* described profound embarrassment over the lack of control of urine flow, especially getting wet in public. The sudden flow of urine was described as a bursting dam. *Watchful attention to urine flow: "running all the while"* described the continuous flow of urine through the catheter and into the catheter bag. Participants expressed the constant need to be aware of this flow in order to avoid overfilling of the bag and wetting episodes. *Noise in the urine bag: "slosh-slosh"* referred to the sound of the urine sloshing around in the catheter bag. This noise was not unpleasant but was used as a reminder for emptying the bag. *The metaphor of "the spring"* was used by 1 participant, who described the catheter as the "waterworks" and the bladder as the "spring". This participant placed great importance on not dislodging the catheter. *Embodied knowledge of urine flow: "paying attention"* represented how participants paid attention to their own urine flow patterns and checked their catheter tubing for kinks to help keep the urine flowing freely. Participants were aware of early signs of disrupted urine flow, such as a feeling of fullness or pressure over the bladder.

Conclusions

Adults living with an indwelling urinary catheter found the experience to be like living with the forces of flowing water. They depended on the proper functioning of their catheter bag and felt vulnerable when it failed. They felt a lack of control of urine flow and embarrassment at public wetting episodes. They were constantly aware of the flow of urine through their catheters and paid attention to when their bags needed emptying and when urine drainage seemed obstructed.

COMMENTARY

Qualitative research has not previously been done on the experience of having an indwelling urethral catheter. Several studies have explored the experiences of incontinence from a qualitative perspective.¹ This study by Wilde adds to this body of knowledge by helping healthcare practitioners understand the unique situations that patients face in dealing with an indwelling catheter to manage incontinence.

Generally, the methodology of this phenomenological inquiry is strong. However, as the author herself comments, the full range of perspectives of community dwelling people with incontinence may not be represented by this homogeneous sample of white adults of European descent.

These findings have implications for nurses caring for patients with urinary incontinence. Indwelling catheterisation is usually considered a last resort because of the high incidence of complications, the number of other interventions that are available, and, as this study shows, the profound impact on the person's life.² Nurses must advocate for better options for the management of urinary incontinence. For those patients where indwelling catheterisation is unavoidable, this study points to areas of patient education and counselling that nurses should consider. Generally, the participants of the study had reasonable knowledge of the fundamentals of catheter care, but lacked knowledge in the practical aspects of living with the catheter during daily activities. During patient education on catheter care, nurses should also provide instruction on the proper use and attachment of equipment to prevent the embarrassing situations that the participants described. Because of the sensitive nature of this topic, nurses must facilitate the patients' comfort in discussing these practical issues so they do not have to endure stressful situations that threaten their dignity. Future research that explores nurses' perceptions of what it is like to provide catheter care would help us to understand this phenomenon from both sides of the caring dyad.

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- 2 Doughty DB. *Urinary and fecal incontinence: nursing management*. 2nd edition. St Louis: Mosby, 2000.