

## CLINICIAN'S VIEWS ON INTERMITTENT-SELF CATHETERISATION AND THE POTENTIAL FOR RE-USE OF CATHETERS (PART OF THE MULTICATH STUDY)

### Hypothesis / aims of study

The MultiCath study is examining ways of cleaning and storing re-usable intermittent catheters and will compare single catheter use only with mixed use (some single use and some re-use of catheters) in a randomised controlled trial (RCT). If mixed use is found to be safe and acceptable a change in practice will be required.

Our aim was therefore to understand the views of clinicians prescribing and teaching intermittent catheterisation (IC), identify the primary indicators for the selection of catheter type and explore the barriers and facilitators that may affect the implementation of mixed catheter use, should the results of the RCT merit it.

### Study design, materials and methods

Semi-structured interviews were undertaken with 19 participants who prescribed and or taught IC on a regular basis. The participants were purposively selected to provide a wide range of clinical areas, professions and level of expertise and included 5 continence advisors, 5 continence service managers/consultants, 2 urology nurses, 3 specialist MS nurses, 2 specialist SCI nurses and 2 GPs. Interviews were digitally recorded and transcribed. The transcripts were analysed using thematic analysis (a method for identifying, analysing and reporting patterns in the data) which involved several stages. First the researcher familiarised themselves with the data – reading the first 5 transcripts and identifying initial categories and codes. Next a multitude of codes were then developed for the whole of the data set. Third, the researcher searched for broader themes, collating relevant codes and categories and generating preliminary analysis tables. In the fourth stage, emerging themes were reviewed and refined by the research team at a two day analysis meeting enabling us to produce a 'thematic map'. At this stage May's 'normalization process model'<sup>1</sup> was used as a sensitising theory helping the team to think about and organise emerging themes. The map was then applied to the whole data set and subsequently checked by the qualitative researcher to ensure the map accurately represented all data.

### Results

The analysis revealed that the clinicians' over-riding concerns when recommending catheters were to:

1. 'Minimise health risk' (and)
2. 'Maximise normalcy', that is, the individual's perception of living as 'normal' a life as possible in the face of management challenges associated with illness and/or disability.<sup>2</sup>

These in turn were influenced by a number of inter-related factors including:

Patient characteristics (and behaviour); specifically they considered the patient's capability and suitability (e.g. dexterity and lifestyle); patient preference and choice; self-management and adherence (to recommended procedures of use). Most clinicians felt that offering patients choice and taking into account their preferences enhanced the patient's sense of control over their treatment. This increased the likelihood of adherence (to recommended procedures for use) and of self-management. However, many were very concerned about the additional burden that may be placed on patients and that patients would not adhere to recommended procedures for cleaning and lubrication, increasing the risk of infection and/or damage to the urethra.

Product attributes; catheters needed to have certain characteristics for clinicians to consider showing and recommending them to patients, such as: being portable, discreet, comfortable, easy to use and dispose of.

Socio-cultural attributes; several wider cultural factors were identified as barriers to clinicians recommending and patients adopting reusable catheters, namely a medical culture of 'sterility' and a societal culture of 'convenience'. For professionals to recommend re-use they would need to have evidence based guidelines, education and for most, a change in culture.

Organizational attributes; organisational constraints e.g. arrangement with suppliers could limit the range of catheters they could recommend and to introduce a mixed package could present problems with prescribing and delivery.

### Interpretation of results

To recommend a mixed package or IC clinicians would need to be assured of no additional harm to patients and that there would be minimal additional burden to clinicians when teaching or to patients when using the catheters.

### Concluding message

The development of an IC mixed package would need to address the extent to which reusable catheters maximise (or at least do not undermine) 'normalcy' and minimise (or at least do not pose an increased) health risk in practice as a result of patient behaviour i.e. using inappropriate lubricants or not following recommended cleaning procedures.

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### References

1. May C, Finch T. Implementation, embedding, and integration: an outline of
2. Ferguson, P and Walker H. (2012) 'Getting on with life': Resilience and Normalcy in Adolescents living with chronic illness, International Journal of Inclusive Education (05/2012), DOI: 10.1080/13603116.2012.676082

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