EXPLORING THE QUALITY OF LIFE OF MEN LIVING WITH AN 
INDWELLING URETHRAL CATHETER: A STUDY AT TEMA GENERAL 
HOSPITAL.

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THIS THESIS IS SUBMITTED TO THE SCHOOL OF GRADUATE STUDIES, 
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DECLARATION

I, Yvonne Afi Farmmer do hereby declare that with the exception of the references created from other researchers and writers which have been duly acknowledged, this thesis is my original research work which has been supervised by Ms. Patricia Avadu and Dr. Gladys Dzansi, both of the school of Nursing and Midwifery of the University of Ghana, Legon. The undersigned supervisors certify that they have read the thesis and attest that it is the student’s own work. This work has neither in whole nor part been presented to any institution for the award of any degree.

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DEDICATION

This thesis is dedicated to the Grace of God Almighty. To Jesus Christ my Lord, and to the Holy Spirit.
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<td>QoL</td>
<td>Quality of Life</td>
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<tr>
<td>HRQOL</td>
<td>Health related Quality of life</td>
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<td>GU</td>
<td>Genitourinary</td>
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<td>IUC</td>
<td>Indwelling urethral catheter</td>
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<tr>
<td>ISC</td>
<td>Intermittent self-catheterization</td>
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<td>AUR</td>
<td>Acute urinary retention</td>
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<td>BPH</td>
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ABSTRACT

Men living with indwelling urethral catheter, encounter lifestyle changes that affect their perception of quality of life. This study sought to explore the quality of life of men living with indwelling urethral catheter, The Response Shift Model of Sprangers and Schwartz (1999) was the organising framework for this study an explorative descriptive design was employed. A purposive sampling technique was used and data was gathered from 13 participants using semi-structured interview guide. All interviews were audio recorded, transcribed verbatim and analysed using thematic content analyses. Interviews were conducted in three (3) months (January to March, 2018). Confidentiality, anonymity, and privacy were ensured. The themes were based on the framework from the model’s constructs: the antecedents, mechanisms, response shift, and the perceived quality of life. Findings revealed quality of life was perceived as good and poor depending on the antecedents (sociodemographic characteristics and personality). Mechanisms used in response to changes in health state were physical, psychological and spiritual. Managing the stench and positioning catheter well was a major concern. Participants had spousal and family support which facilitated coping. In response to the effect of catheter. Participant also noted the catheter was a threat to employment, marriage, finance, sexual intimacy and caused embarrassment. Psychosocial impact of living with urethral catheter affects quality of life therefore the need to develop interventions that will enhance care. Counselling services and education is recommended for participants at the clinic.
CHAPTER ONE

INTRODUCTION

1.0 Background

Globally, about 6,074 men live with indwelling urethral catheter (Fitzpatrick, Desgrandchamps, Adjali, Guerra, Gomez, Hong, et al, 2012). In America, research has shown that there are a number of patients living with the indwelling urethral catheter (David, Arthur, Dhuck, Hemmings, & Dunlop, 2015). In Europe, it is estimated that 583 men live with an indwelling urethral catheter (Gage, Avery, Flannery, Williams, & Fader, 2016). This number has increased considerably over the decades (Izard & Nickel, 2011). However, in Africa there is paucity of literature on the prevalence rate of people living with the indwelling urethral catheter. Studies have shown that males utilize indwelling urethral catheter more than females due to various health conditions (Mahajan, Frasure, & Marrie, 2013).

Some common causes leading to people living with the urethral catheter includes, benign prostate hypertrophy, urinary retention, prostate cancer among others (Selius & Subedi, 2008) prostate cancer is reported to be the second leading cause of indwelling urethral catheter use in the USA (Siegel,Naishadham, & Jemal, 2013). In Africa, urethral catheterisation among men was reported to be associated with prostate cancer and urinary tract infection (Musau, Kemei, &Wakhisi, 2014)

Joseph and Wikmar (2016) describe the challenges African men faced dealing with catheterisation as a serious menace. Some men using urethral catheter consider their lives miserable (Waller & Pattison, 2013). They also experienced financial problems, poor
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communication from hospital staff, and low self-esteem (Warren, Steinberg, Hebel, & Tenney, 2015). Ghanaian men are not exempted from the menace of living with an indwelling catheter (Gyasi-Sarpong, Yenli, Ali, Arhin, Aboa, Azorlaiade, … Annan, 2012). The men living with indwelling catheter in Ghana were reported to have experienced job interruptions, depletion of family finances, sexual difficulties, and social isolation (Atakro, Boni, & Gross, 2017).

Studies have identified that, men in other parts of the world also encounter challenges with the urethral catheter such as catheter-associated urinary tract infection (Bernard, Hunter, and Moore, 2012). This is reported to be about 35% of hospital-acquired infection worldwide (Labib and Spasojevic, 2013). There are issues like bacteremia, leakage and the catheter blockage which are often observed (Jahn, Beutner, & Langer, 2012; Nicolle, 2014 and Wilde, Mcdonald, et al., 2013). They also have physical problems as, pain (Tambyah & Oon, 2012), genitourinary trauma, and haematuria (Leuck et al., 2012).

Furthermore, the men encounter hitches such as financial difficulties (Maeda, Babazono, Nishi, Yasui, & Harano, 2016). They also indicated increased mortality, long hospital stay, and the high cost of treatment among men living with indwelling catheter as significant challenges confronting these men. Additionally, the men live in denial in order to maintain their dignity and self-image (Shaw & Logan, 2013).

Men living with indwelling catheter who experienced occasional urine leakages, blockage of the tubes, and dislodgement of the tube faced embarrassing situations which led to social isolation of the patients (Wilde, McDonald, Brasch, McMahon, and Fairbanks, et al, 2013). This implies that the patients frequently make adjustments to live such as putting on
sanitary pads to avoid wetting their clothes (Fowler, Godfrey, Fader, Timoney, & Long, 2014).

Psychological effects of indwelling catheter use reported in several studies in high-income countries. (Zhang et al., 2014) indicated that the odour of urine in the urine bag often engulfed the men, and this made them lack self-confidence. Frequent catheter change and treatment also make the patients depressed (Bernard et al., 2012). It is for this reason that the exposure of the patient's genitals to different nurses for catheter change, creates embarrassing moments (Chapple, Prinjha, & Mangnall, 2013). All these psychological concerns, call for the services of clinical psychologists to help deal with their emotional responses (Engkasan, 2014).

Studies report that catheterization impact negatively on the spiritual life of men living with indwelling catheter (Lopes & Nascimento, 2016). Anwar and Anwar, (2016) also observed that urethral catheter patients could not perform their social religious practices, despite studies report that faith and spirituality contribute to patient coping and healing (Paterson, Robertson, Smith, & Nabi, 2015). Therefore, dignity and self-image of men living with indwelling catheter are maintained through effective coping mechanisms (Shaw & Logan, 2013).

Studies have shown that the indwelling urinary catheter liberates the physical difficulties men face with urine incontinence and retention (Feneley, Hopley, & Wells, 2015). Thus, leading to significant improvement in their sleep pattern and also reduce the pain they encounter with urine retention considerably (James, Frasure, & Mahajan, 2014). Nonetheless, men living with indwelling urethral catheter have serious problems discussing their sexual and intimacy issues (Wilson, 2012).
The concept Quality of Life (QoL) has been defined as multifaceted, unclear and broad because it embraces the totality of an individual’s life satisfaction (Padilla et al., 2016). According to World Health Organization (WHO), the term QoL is defined as “an individuals’ perceptions of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns” (WHO, 1996). Quality of life is a substantial way of measuring outcome as it addresses issues that are perhaps of greatest importance to the patient. Individuals may conceptualise and observe quality of life in many different ways which can be difficult when trying to address the issue of quality of life on a more general level (Dijkers 2005; Sprangers & Schwartz, 1999).

It is obvious that living with an indwelling urethral catheter poses challenges to the lives of patients and therefore there is the need to explore the quality of life of men living with indwelling catheter. The purpose of this study is to examine the QoL of men accessing catheter care at Tema General Hospital using the Response Shift Model for QoL as the guiding framework.

1.2 Problem Statement

Globally, the mortality rate among people living with indwelling urethral catheter is on the increase (Rosenthal et al., 2012). The United States of America records about 13,000 deaths annually from catheter associated urinary tract infections (Association for Professionals in Infection Control and Epidemiology [APIC], 2012, Feh, 2015), and the UK records about 2,100 deaths from catheter related complications (Feneley et al, 2015).

Statistics on incidence and mortality rate among men living with indwelling catheter in Africa and Ghana is limited (Mbim, Mboto, & Agbo, 2016). Records from Tema General
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Hospital indicate that, as at June 2017, about 288 men were living with indwelling urethral catheter (Tema General Hospital Records, 2017, Midyear reviewed).

Mbim et al., (2016) reported that in Ghana, most of the readmissions and associated death among people living with indwelling catheter results from complications such as infection. Other studies about men living with urethral catheterisation, revealed severe pain was prevalent (Yenli, Aboah, Gyasi-sarpong, Azorliade, & Arhin, 2015). The existing studies focus on the mortality and morbidity concerns. The psychosocial issues and quality of life of these men are least explored.

The presence of the urinary catheter is an unusual phenomenon that causes a change in the lifestyle of these men. Working at the surgical unit over the past 14 years, I observed that some men reported to the clinic with complaints of accidental catheter removal. The presence of the catheter means the men have to walk around with urine bags. The catheter also limits their ability to have meaningful sexual relationships. Nevertheless, in Ghana, little is known about how the introduction of catheter affects their life and the mechanisms the men use to adapt to the changes. This paucity of literature on the QoL of men living with IUC confirms the need to investigate the phenomenon. Therefore, this study sought to explore the quality of life of men living with indwelling urethral catheter, employing the response shift model by Spranger and Schwartz (1999) as the organising framework. The model explains change over time after an alteration in health status.

1.3 Purpose of the Study

To explore and document the quality of life of men living with indwelling urethral catheter.

1.4 Research Objectives
The specific objectives of the study were to:

1. Define the antecedents influencing the quality of life of men living with the indwelling urinary catheter.
2. Identify mechanisms adopted by the men living with indwelling urethral catheter to maintain their quality of life.
3. Determine the response shift in their QoL due to the presence of the indwelling urethral catheter.
4. Find out the perceptions of quality of life of men living with indwelling urethral catheter.

1.5 Research Questions

1. What are the antecedents influencing the QoL of men living with indwelling urethral catheter?
2. What are the mechanisms used by men living with indwelling urinary catheter to maintain their quality of life?
3. What is the response shift to QoL of men living with indwelling urinary catheter?
4. How do men living with indwelling urethral catheter perceive their quality of life?

1.6 Significance of the study

Findings from this study will help professional nurses provide appropriate plan of care for men living with the indwelling urethral catheter. It will provide useful information that can be used in preparing educational material that will guide the men living with the indwelling urethral catheter that will improve their QoL of care. Based on findings, counselling services provided for the participants will be improved upon to help them adjust to their lives with the indwelling urethral catheter. Findings will also add to knowledge in
nursing and uncover other potential and likely areas of living with urethral catheter for future research.

1.7 Operational definitions of terms

**Indwelling urethral catheter** – a urinary catheter that is kept in the bladder to continually drain urine.

**Men living with an indwelling catheter** - men who have an indwelling urethral catheter inserted and report, at the genitourinary clinic periodically for catheter change.

**Quality of life (QoL):** an individual’s awareness of his situation in life in relation to his goals, expectations, standards and concern considering his culture and values.

**Antecedents:** the individual characteristics of the participants which are likely to influence their life with the indwelling urethral catheter.

**Mechanism:** Behavioural, cognitive or affective practices used by participants to live with their IUC

**Response shift:** a change in the meaning of life after a self-evaluation is done by participants as they live with IUC
CHAPTER TWO

LITERATURE REVIEW

2.1 Introduction

This chapter will present literature review on studies that have been carried out in the area of Quality of life of men living with the indwelling urethral catheter. The objective of this study was to explore and document the quality of life of men living with indwelling urethral catheter. The search involved the use of data bases such as Science Direct, CINAHL, Google Scholar EBSCOhost and MEDPUB. To aid in this search, search terms included “men living with indwelling urethral catheter” and “quality of life”, which were combined with antecedents, coping, experiences, social, spiritual activities, and qualitative study. The search was also confined to a five (5) to ten (10) years range. Apart from reviewing literature related to the study area, there was a description of the organising frame work, the response shift for QoL model was described as well as the justification for use. The literature review was presented in sections that are related to the organising framework: Antecedents influencing living with indwelling urethral catheter, Mechanisms used to live with Indwelling urethral catheter, Response shift and the Perceived quality of life of men living with the indwelling urethral catheter.

2.2 Justification of the Response Shift Model for Quality of Life

In a search for a conceptual framework for this study, the quality of life model by Betty Ferrell was one of the models considered. This model which defines the domain of quality of life in patients with cancer in order to gain insight into lived experience of pain and fatigue and its effect on their health. The model consists of four domains which are physical, social, psychologic al and spiritual wellbeing. The physical domain includes fatigue, sleep
interruption, function, nausea, appetite constipation and pain. The second domain which is the social consist of isolation, role adjustment, affections, leisure activates burden and employment. Psychological domain comprised of anxiety, depression, helplessness, insomnia, fear, lack concentration, and distress. The last but not the least, spiritual domain was made up of meaning, uncertainty, hope, religiosity, transcendence and positive change. However, the model did not include a domain that could investigate how the participants lived with the catheter. Furthermore, the model focuses on the experiences and effect of a disease on an individual. However, this study is looking at activities undertaken by participants to attain a perceived quality of life. Therefore, could not be used in the study.

Another framework that was considered was the biopsychosocial model developed by Engel (1977). This model focuses on the experiences of an individual diagnosed with a disease. It has biological, psychological and social domains. However, the subthemes under these domains were not relevant to this study. Therefore, Engel’s model could not be used. The model that satisfies all the desired entities and was chosen for this study was the Response Shift Model for QoL.

2.3 The Response Shift Model for Quality of Life.

The model which was eventually chosen was the Response shift model for Qol. This model was developed by Sprangers and Schwartz (1999), and it proposes that an experience of a change in life (such as a change in health), acts as the ‘catalyst’ for change in the quality of life. This is to say that, the model suggests change over time in perceived Quality of Life as a result of the interaction of the antecedents, mechanisms, and the response shifts of the individual.
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According to the response shift model, antecedents include characteristics of the person, that is assumed to have an influence on the type of catalysts and mechanisms to be employed. These are the personality and sociodemographic characteristics. Personality consists of an individual’s optimism and self-esteem. Catalysts refer to health state or changes in health state, as well as other health-related measures, treatment interventions, the indirect experience of such events, and other life events assumed to have an impact on Quality of Life. Mechanisms include behavioural, cognitive, or affective practices used to accommodate to the changes induced by the catalysts it entails coping, social comparisons, social support, and spiritual practices. Coping relates to the direct involvement with the catalyst to bear with the new life. In social comparison, the individuals compare themselves to people who have not been affected by same catalyst. Also, social support entails the support that the affected individuals receive from society to accommodate the new life induced by the catalyst. Spiritual practices discuss the spiritual activities individual engage in as they live with the catalyst. Response shift includes changes in the meaning to life after a self-evaluation of Quality of Life resulting from changes in internal standards, values, or conceptualization. Based on the response shift model, the assumption is that men living with an indwelling urethral catheter may either experience a positive or negative quality of life based on the interaction with their subjective antecedent and their subjective mechanism which will influence how they will construct the meaning of their life with the indwelling urethral catheter.
Figure 1: The Response Shift model of quality of life by Sprangers and Schwartz (1999)
2.4 Antecedents Influencing Quality of Life of men living with indwelling urethral catheter

A wide variety of factors affect individual’s quality of life. These factors range from the severity of the disease, the psychological state of the individual, their socio-demographic history and their personality. The factors have been identified in a number of studies. Hongthong, Somrongthong, and Ward (2015) conducted a quantitative study to assess Quality of Life and factors influencing Quality of Life among rural older people in the rural Thai. The sample size was 400 elderly men. Data was collected using the interview tool of WHOQOL-OLD. From their study, the findings revealed that nine factors; gender, age, education, working, income, present illness, drinking, and participating in the elderly club were found to have an influence on the respondents’ quality of life. The study concluded that physical functioning, health status, and finance were the predictors of quality of life.

Chapple, Prinjha, and Mangnall, (2013) also carried out a study to identify factors that were relevant to people living with indwelling urinary catheter. The study interviewed 36 people across the UK living with urethral or suprapubic catheter. The data was analysed by thematic analysis with constant comparison. Their findings, identified that participants’ Sociodemographic data collected included age, gender, occupation and ethnic group A qualitative interpretive approach was used and thematic analysis with constant comparison was used to analyse the data.

Likewise, from a descriptive cross-sectional multicentre study which investigated urinary incontinence in pregnant women and its relations with sociodemographic variables and QOL. After conducting the survey on the day of delivery, it was revealed that, women had urinary incontinence within the last four weeks of pregnancy. This they considered as a
negative impact on QOL. Considering the following variables; level of education below eight years, women with more than three children, black women, obese women and normal vaginal delivery. It was identified that the variables had a relationship with impact of QOL. They concluded that, education, race, having children, and obesity has a severe impact on QOL (Oliveira et al., 2013).

A qualitative study among a sample size of 168 participants, revealed data on optimism, which was a component of personality as one of the characteristics of antecedents. This study examined the role of optimism as a mediator of the relationship between social support and anxiety, depression, hopelessness, and QOL among its patients. It was disclosed that significantly higher levels of optimism are associated with fewer depressive and anxiety symptoms, and less hopelessness and better QOL. (Applebaum, Stein, Lord-Bessen, H. Pessin, and Rosenfeld, 2014).

In a study, it was identified that urination issues are a predictor of low self-esteem in people. The researcher reported that urinary issues suffered during adulthood usually begins in childhood. In Sweden, Neveus and Sillen, (2013) conducted a review with participants ranging from children in the ages of 5 years to adults. This study aimed at providing researchers and clinicians who manage lower urinary tract conditions, with background knowledge regarding the early development of bladder function which they found as the most common disturbance in childhood. Their study revealed that daytime incontinence in children which is evident by experiences of urgency symptoms such as running to the toilet very often or having a habit of postponing urinating for a long time. The researchers further explained that usually, girls use action such as squatting with their heel pressed against the perineum or standing on tiptoe to delay urinating, enuretic people have low self-esteem. The study
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concluded that childhood micturition problems are likely to become adulthood micturition problems.

2.5 Mechanisms used to maintain Quality of life by men living with indwelling urethral catheter.

This section reviewed literature on mechanisms used by men living with indwelling urethral catheter to maintain their QoL.

Psychological coping has been identified by researchers as a mechanism to accommodate urinary catheters, be it indwelling catheter or clean intermittent self-catheterisation. Shaw and Logan, (2013) used a population of people with spinal injury who practised intermittent self-catheterisation, with a sample size of 15 participants. In this qualitative study to explore the experiences of patients with spinal cord injury who practice ISC, and also identify the psychological coping practises that they engage in to manage with the ISC, the study revealed that participants felt satisfied with adaptation or maladaptation. This was the reason for them to exert control over their bladder function. As a result of the satisfaction they had, the participants in their study were inspired to maintain a good self-image. From the participants’ viewpoint, acceptance rather than avoidance as a psychological coping strategy in relation to bladder management is capable of producing a good quality of life, self-esteem, privacy and dignity.

Again, coping was identified as a strategy to improve Qol of people with a chronic ailment of which living with indwelling urethral catheter is not exempted. The type of coping strategy adopted by the patients to maintain their quality of life was influenced by the illness and the geographical location. Montel, Albertini, and Spritz (2011) examined the coping
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strategies of 49 patients with amyotrophic lateral sclerosis. They assessed the relationship of the coping strategies they employed to their perceived quality of life. A strong relationship between coping strategies and quality of life was observed. In dimensions, of emotional support, and physical functioning as well as emotional role. The study was concluded that coping strategies improves quality of life. Besides, a study with a sample size of 17 prostate cancer patients aimed at testing the effect of coping and social support on health related quality of life emotional outcome, considering the self-management behaviours of men. Paterson, Robertson, and Nabi, (2015) reported a noticeable decrease in quality of life in participants who were six months after diagnosis. The study again observed that, social support before radical treatment resulted in a better QoL condition.

Other studies have shown that, people living with the urinary catheter avoid spilling over of urine because participants find it humiliating to have urine smell emanate from their clothes. It is reported that; to avoid humiliation, people living with catheter do not allow their urine bags to get full. Wilde, Zhang, et al., (2013) in their study which aimed at assessing their participants’ response to the perceived value of the intervention of the catheter after the twelve months of living with the catheter, reported that participants pay more attention to the urine output. Therefore, they dedicated more time to the catheter itself by cleaning, and also by choosing to use smaller bags when travelling and larger bags when at home.

An interpretive descriptive study was conducted by Fowler et al., (2014) among long term catheter users within a heterogeneous population, participants age ranged between 22 and 96 years. The findings showed that, to live with the indwelling urethral catheter, their study participants made daily adjustment to impact the life with the IUC. These entailed making night time adjustment, and also managing away from home, the participants again had social interactions, and avoiding catheter problem. Furthermore, Intimacy and body
image was considered as well as support from others. In conclusion, it was realised that some participants decided to avoid problems that come with the catheter while others accepted to live with the catheter. The catheter however, gave some participants the opportunity to live a free life whilst others lived their lives according to the effects of the urinary catheter. Exploring the QoL of men in Ghana who live with IUC will expand understanding of the experiences and offer the participants opportunity to share their stories with other patients in their daily struggles.

It was reported that one daily adjustment that people living with the IUC made was to wear appropriate or functional clothing. Singh and Srivastava, (2016) from their study the authors revealed that, the people living with IUC suffered pain and bruises on the penial skin. This was because of the inappropriate clothing that they wore. The researchers therefore recommended that appropriate clothes with enough room to carry the bag are commended appropriate for indwelling catheter users. Likewise, the study of Woodward, (2014) reported that, friction occurs when the skin rubs against the clothing or absorbent pads. This affects the skin recurrently and is likely, to develop breakdown of the skin.

Further, in a study of catheter related urinary tract infection, blockage and accidental dislodgement that used a randomized control trial to determine effectiveness of self-management intervention in preventing adverse outcomes, a notable decrease in blockage in the first six (6) months by the intervention group was reported. Catheter related urinary tract infection or dislodgement was not noted (Wilde et al., 2015). However, Wilde, McMahon, Crean, and Brasch, (2017) also explored the relationships of catheter associate urinary tract infection and blockage in people with long term indwelling urinary catheters. From analysing secondary data from a sample in a randomised clinical trial, using a descriptive statistic to characterise the sample. It was found that, catheter related urinary tract infection was
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marginally associated with catheter blockage with problems reported by each participant at least once in 12 months recorded: blockage 34%, bladder spasms 59% accidental dislodgment 28%, catheter related urinary tract infection 57%, kinks of tubes 42% catheter pain 49%, leakage 67% and sediment 87%. They concluded the study that blockage and catheter-related urinary tract infection had a relationship with extra high healthcare expenditure.

A study conducted in the UK to understand the patient's perspective of changing urethral or suprapubic catheter by Chaple, Prinjha, and Mangnall, (2013), interviewed 36 participants living with either suprapubic or indwelling urethral catheter. Thematic analysis was used to analyse the data. The findings from the study showed that most of the participants were found to have changed their catheter at the community or health facility. They asked to be made aware of the one supposed to change their catheter at the clinic or in the community, they also preferred nurses who are trained and does not work in a hurry. Again they asked for a 24 hours access service and also the need for continuity of care.

The study of Nevedal, Kratz, and Tate, (2016) sort to identify and describe women’s experiences of living with spinal cord injury and neurologic bladder and bowel. A qualitative study with a secondary analyses of semi-structured interviews was collected over a 3 years period focusing on women with spinal cord injury and neurologic bladder and bowel. The authors of the study reports that the participants complained of inaccessible bathrooms creates obstacle for them to partake in social activities outside of the home. Some women also stated that, they preferred to stay at home to going out to experience hitches of the bladder and bowel. Also they mention that they restricted fluid intake to decrease the need to urinate. However, Labib and Spasojevic, (2013) in their study, recommended that patients in catheter should daily drink two to two and a half litres of water.
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Other studies have also shown that, people who live with urinary catheter have challenges with employment. A quantitative study with a sample size of 202 adults living with a long-term indwelling urinary catheter in a community with diverse race and age reported that only 11 persons were in employment (Wilde, Mcdonald, et al., 2013). Similarly, in Turkey Yldz et al., (2014) in their study with a sample size of 256 males and 91 females to evaluate the treatment methods and follow-ups of neurologic bladder in patients with traumatic spinal cord injury, discovered that, 24 (7.1%) of the participants were still working whilst 312 (92.9%) were unemployed after their injury.

2.6 Response shift in the Quality of life of men with indwelling urethral catheter.

This section describes the process by which the men living with the indwelling urethral catheter consider the benefits and problems of the IUC and make decision on their life.

Hunter, Bharmal, Grape, Dedering, and Jonasson (2013) in a scope review, compared suprapubic catheterisation to intermittent and indwelling catheterisation in adults in relation to patient satisfaction, complications, and health related quality of life. Using all research designs, they excluded papers if the duration of catheterisation was less than 30 days or a single case report. The study revealed that suprapubic catheters are linked to low incidence of urethral injury and stricture but have similar rates of upper tract damage, renal or bladder calculi, vesicoureteral reflux and symptomatic urinary tract infections compared to urethral catheters. Despite its challenges, the study report that, the users indicated a general satisfaction with suprapubic catheters.

Another study to investigate Qol domains with three forms of urinary diversion (ileal conduit, MAINZ pouch, and orthotopic ileal neobladder) in men with bladder cancer. Among
149 men who undertook radical cystectomy and urinary diversion, 70 had ileal conduit, 16 MAINZ pouch, and 63 orthotopic ileal neobladder. The domains comprised of satisfaction of treatment, general, psychological status, physical conditions, sexual life, social status and diversion-related symptoms. It was realised that, the rate of erectile dysfunction did not differ significantly between the three groups (p=0.21) with a higher global satisfaction in Qol (Safarinejad et al., 2013).

To identify and describe issues of intermittent urinary catheter users for future self-management, Wilde, Brasch, & Zhang, (2011) employed a qualitative descriptive study in the United States of America. A sample of 13men and 21 women aged 21-72 and a mean age of 42 years with spinal cord injury or multiple sclerosis were interviewed. It was identified that whereas some of the participants, had the option to choose their catheter, many were not due to the limitations of insurance. However, they settled on adjusting with intake of fluids and activities.

A qualitative study in Malaysia by Engkasan et al., (2014) to explore the factors influencing the choice of bladder management for male patients with spinal cord injury. With a sample size of 17 patients, it was reported that treatment preference, psychological expectations, health practitioner’s contribution, physical preference and social factors influenced the choice of bladder management. Furthermore, the patients’ physical capacity to perform activities and the magnitude of support from family, as well as expected social accomplishment, also influenced their choice.

From a study that employed an integrative review, on the reduction of unnecessary urinary catheter use and other strategies to prevent catheter associated urinary tract infection. Meddings et al., (2013), identified 30 studies which was summarised through the use of
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interventions to remove urinary catheters for meta-analysis. The study concluded that, implementation strategies are essential for the reason that reducing urinary catheter use includes changing well established habits. Furthermore, in Brazil, Silva, Mazzo, Jorge, Valteir, and Fomicelli et al., (2017) in their study to find out the impact of low fidelity stimulation on their participants with neurologic bladder, who use clean intermittent catheterisation were trained. After the training, it was noted that the participants had gained self-confidence and satisfaction.

The participants made their own decisions on their catheter and life. This suggests that people have different views about a phenomenon. Therefore, accepting to live or reject the life with the IUC must always be the patient’s.

2.7 Perceived Quality of Life in Men Living with Indwelling Urethral Catheter in Relation to Quality of Life.

The common side effects of prolonged catheterization included urethral/suprapubic pain, bleeding per urethra, loss of dignity, loss of job or being out of school, lack of sexual intercourse, peri-catheter leakage of urine and recurrent urinary tract infection (Bello et al., 2013). The need to have an indwelling catheter for a prolonged period after AUR is a painful experience and associated with several side-effects. This has a significant negative effect on the patients' QoL and constitutes a significant financial burden to the patients and the government.

In another study conducted to measure and compare the quality of life of neurogenic bladder patients using intermittent urinary catheterization who were going through rehabilitation in Brazil and Portugal showed that Brazilian patients presented higher mean quality of life scores in the psychological domain (68.9) and lower scores in the physical
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domain (58.9) (Fumincelli, Mazzo, Martins, Henriques, & Orlandin, 2017). The Portuguese patients presented higher scores in the psychological domain (68.4) and lower scores in the environment domain (59.4). The execution of intermittent urinary self-catheterization was significant for both countries. The quality of life of patients in the two countries were determined by improvement in urinary symptoms, independence, self-confidence, social relationships and access to work activities.

Watanabe et al. (2017) reported that of the 40% of urinary tract infections, 80% are associated with indwelling urinary catheters which is a potentially preventable problem. Similarly, Wilde et al. (2010) found that 70% of participants reported Catheter-associated urinary tract infection (CAUTI), 74% reported blockage of their catheters, 79% reported leakage, and accidental dislodgement was reported 33%.

Physiologically, QoL of people can be compromised due to signs and symptoms of infections, making patients uncomfortable and thus may need to report to health facilities. Mohamed et al. (2014) reported that patients had physical problems such as pain and bowel dysfunction following treatment of bladder cancer and catheterization. A study conducted in Nigeria showed that patients who had urine retention from BPH were mostly relieved by catheterization, however, most of the study participants suffered complications such as pyuria (18.2%), pericatheter sepsis (17.5%), and haemorrhage during change of catheter (16.8%) (Ugare, Bassey, Udosen, Essiet, & Bassey, 2014). This could be deduced that as patients suffered these complications, their comfort was compromised. Another study also reported that patients living with long term urinary catheters experienced frequent infections when catheter care was not provided regularly (Prinjha & Chapple, 2013).
A study was carried out by Bello et al., (2013) using a cross sectional survey of men attending urology clinic and who are using indwelling urinary catheter in a tertiary hospital in North-Central Nigeria. The study was conducted over a period of six months using interviewer administered questionnaire. The aim of the researcher was to evaluate the causes, estimate out-of-pocket payment and assess concerns associated with prolonged use of urinary catheters, following AUR secondary to benign prostate enlargement. The result of the study revealed that, some of the men with benign prostate enlargement and urinary stricture disease respectively, blamed they're unable to pay for surgery as the cause for prolonged use of catheters. Another common reason was waiting for surgery. It was disclosed that men who were using catheters for less than 6 months described themselves as unhappy considerably more than those using the catheter for long periods. The study concluded that patients not being able to pay for surgery and long waiting list for surgery caused users of indwelling urethral catheter in south Saharan settings extended catheter use and consequently impacting negatively on their quality of life.

Contrarily, a cross sectional survey in the United States of America on the epidemiology and quality of life of people living with underactive bladder revealed that bladder symptoms are common and have a significant impact on the quality of life (Faraj, Doo, Boura, Vereecke, & Chancellor, 2016). The severe the symptoms, the poorer the quality of life experienced by the study participants and desired catheterisation in order to feel comfortable in performing their daily work. This may depict that as people identify their need for catheter, they may adjust with it and thus have improved quality of life since they will accept it as part of their lives. This is further in congruence with Kralik, Seymour, Eastwood, and Koch (2007) who found that patients who were humiliated following incidence of
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incontinence in public felt improved quality of lives after being catheterised. These people could now attend gatherings in a dignified manner.

The use of clean intermittent self-catheterisation (CISC) treatment for patients with urinary incontinence is influenced by the type of catheter product used. Women suffering from limited mobility of their hands found it easy opening the Curran lady catheter, a new type (Woodward, Steggal, & Tinhunu, 2013). This was shown to enhance their quality of life as compared to use of other types of catheters such as the Foley’s. Another study to compare the cost effectiveness of hydrophilic-coated and uncoated catheter use in patients with spinal cord injuries who needed CISC in Japan demonstrated that the uncoated ones were cost effective for their patients (Watanabe et al., 2017). This finding may suggest that a variety of products need to be made available for patients on long term catheters to choose based on affordability and efficacy. This may reduce the financial burden associated with this life-time procedure.

Psychological disturbances have also been with patients who undergo urinary catheterization. Mohamed et al. (2014) reported that patients were depressed, worried about compromise in their sexual functions, and changes in body image because of urinary catheterisation following surgical interventions for invasive bladder cancer. Prinjha & Chapple (2013) also found that participants also had problems with their sexual partners because their sexual roles were changed. Stigma, embarrassment and feelings of rejection from significant others have been reported by female patients who were on CISC in exploring their lived experiences.

Abiola, Ogunwobi, Williams-Abiola, Ayeni, and Adeniyi (2016) also revealed that prolong use of catheters was also associated with poor QoL and psychosocial distress among
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younger age group patients. They further indicated that the prevalence rate of depressive symptoms was 46.1% among the younger age group. Similarly, Ramm and Kane (2011) found in a qualitative study that suffered grief and loss, negative associations and stigma, psychological aversion and embarrassment were common among female patients who were learning to use CISC.

In Nigeria, Ikuerowo, et al. (2007) in a study aimed at identifying QoL implications on people with prolonged indwelling urinary catheter. The study participants comprised of 62 participants living with indwelling urethral catheter on the waiting list for definitive surgery after acute urinary retention. They revealed that side effect of prolonged catheterization such as pain, bleeding, loss of dignity, loss of a job or being out of school, lack of sexual intercourse, leakage of urine and loss of finance contributes to patients’ poor quality of life. The study concluded that, living with a prolonged indwelling catheter stands as a significant negative effect on the patients’ quality of life.

James, Frasure, and Mahajan, (2014) in their study to describe the use of urinary catheterization among patients with multiple sclerosis and determine the difference between those who report positive against negative impact of this treatment on quality of life. Although the study was limited by insufficient data available to determine the impact of catheterization on patients’ quality of life, they came out with the findings that urinary catheter use, had an unpredictable impact on quality of life, although most of the patients reported the impact to be positive. Among current catheter users, (N=1193), 629(52.4%) respondents reported catheterization having a positive impact on quality of life 304(25.3%) reported negative impact and 260(21.8%) reported neutral impact.
2.8 Summary of literature Review

The literature review revealed that living with an indwelling urethral catheter can impact on the quality of life of men positively or negatively. Most of the studies reviewed however are from the developed countries, hence it may not reflect the quality of life of men living with indwelling urethral catheter in Ghana. There is a gap of knowledge on the effect of living with indwelling urinary catheter on men in Ghana. In this study, the quality of life of men living with IUC in Ghana will be determined. It is anticipated that findings from the study will help improve applicable interventions that will speak to the needs of men living with the indwelling urethral catheter.
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CHAPTER THREE

METHODS

3.1 Introduction

This chapter describes the research process employed in this study. The research design, Research setting, Target population, Sample size and sampling technique, Procedure for data gathering and Data analysis, Ethical consideration, Methodological rigour, the management of data to ensure data quality.

3.2 Study Design

A descriptive qualitative design was used for the study. This design was used to explore and understand the subjective reports of the perceived quality of life of men living with indwelling urethral catheter (Wildemuth & Freund, 2012; Ponelis, 2015). According to Moen and Mddelthon, (2015) using a descriptive qualitative design facilitated an understanding of underlining opinions and motives.

Compared with other designs, this approach was flexible and allowed the researcher discover the perspectives of participants. A quantitative study could be used to investigate and establish relationship between the antecedents (Sociodemographic characteristic and personality) on the response shift, mechanisms and perceived quality. However, the focus was to understand the phenomenon rather than quantifying variables and predict their influence. The qualitative investigation allowed for integration of the data from the in-depth interviews with field notes thereby broadening the depth of information on the perception of quality of life of the men living with the indwelling urethral catheter. The design helped to gather enough data which was useful to the researcher (Leppink, 2017).
3.3 Research Setting

The study was done at Tema General Hospital. This is a District Hospital situated in the Tema Metropolis. Built in 1954, it is the largest public health institution in the Tema Metropolis. The catchment area includes the whole of Tema Metropolis and its satellite towns. It serves a population of approximately a total of 623,083. The hospital has 14 wards and a bed capacity of 294. It is a primary referral hospital. Due to its location by the Tema motorway, Tema Akosombo and Tema Aflao roads, lots of RTA cases are seen. Most of the departments of the hospital work 24 hours to enhance patient care. The hospital run clinical and non-clinical services. Clinical services are; Internal Medicine, Surgical /Orthopaedics, Genitourinary, Obstetrics/Gynaecology, Paediatrics, Accident and Emergency, Theatre services, Anaesthesia, Ophthalmology, ENT, Dental care, Public Health, Antenatal services, Physiotherapy, Diagnostic services (Laboratory, X-ray, Ultrasound, Electro Cardiogram.), Blood Bank, Pharmaceutical, Mortuary, and Record services. The non-clinical services are Administration, Supply chain, Catering, Laundry, Estate, CSSD, Security, Social welfare, and Transport. The setting was chosen because it is the main referral point in the Tema metropolis for all the districts and towns around Tema. Hence all the genitourinary cases use the facility whenever necessary.

3.4 Target Population

The target population for this study were all men living with indwelling urethral catheter attending clinic at Tema General Hospital.
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3.5 **Inclusion Criteria**

The inclusion criteria for this study were men who: (a) were living with the indwelling urethral catheter for four (4) weeks or more. (b) could speak audibly and clearly (c) gave consent to be part of the study.

3.6 **Exclusion Criteria**

The following men were excluded from the study (a) men who were living with suprapubic catheterisation. (b) men who could not speak audibly and were ill. (c) men who appeared confused and could not give correct answers to simple questions like giving of their name.

3.7 **Sample Size and Sampling Method**

The sampling size for the study was 13. This was determined after the 13th participant was interviewed. The sample size of a qualitative study is achieved when the researcher does not get any new concept or idea after repeatedly interviewing participants (Fusch & Ness, 2015). The researcher used the purposive sampling technique to recruit eligible participants into the study who had the characteristics of men living with IUC (Moen & Middelthon, 2015). The GU clinic of Tema General Hospital was the outlet for recruitment. However, by using the purposive sampling method limited participants living with catheter inserted through other routes into the urinary bladder, such as the supra public route from being recruited into the study.

Ethical clearance was obtained from Ethical Review Board of the Noguchi Memorial Institute for Medical Research Institutional Research Board and permission from Tema
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General Hospital with introductory letters from the school of Nursing and Midwifery of the University of Ghana.

The nurse in-charge of the Genitourinary clinic, together with a nurse volunteer were involved in aiding the recruitment of the participants. The researcher briefed the two nurses on the aim of the study as well as the inclusion and exclusion criteria. The contact number of the researcher was given to the two nurses who notified her on identification of potential participants. The two nurses identified patients who had indwelling urethral catheter and also fell within the inclusive criteria. The potential participants were contacted by the researcher at the clinic. The study was explained to them and answered questions that they had. The potential participants were screened for eligibility. The researcher booked an appointment with the participants and those who showed interest in participating in the study were scheduled at their convenience to complete the consent form, and then the interview was conducted.

3.8 Data collection Tool

The data collection tool for this study was semi-structured interview. An interview guide (Appendix A) was developed to collect data relating to the QoL of men living with urethral catheter. The questions were open ended and followed with probes. Some of the follow-up questions were dependent on participant response. The interview guide covered the antecedent from the framework which included the sociodemographic characteristics and personality of participants. Other main questions elicited information from the experiences associated with living with urethral catheter and how these impacted their quality of life as well as the mechanism of adjustment. In developing the interview guide the researcher was
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guided by the conceptual framework and literature evidence relating to the quality of life of men living with urethral catheter. The interview guide provided an in-depth conversation.

3.9 Data collection procedure

The data collection lasted over the period of three (3) months a good time to build relationships and engaged in shared experiences with participants. The initial interaction with the participant was to explain the research process. On the day of the interview the participants were called on phone and reminded of the appointment and to reaffirm their consent. Before each interview, a relationship was established between the participant and the researcher, and the purpose of the study was explained. They were allowed to sign the consent form. It made them to share information freely on how they lived with the urethral catheter with regards to their QoL in their own way in response to the interview questions. The interview was recorded and the researcher kept track of ideas for further questions by making short notes. Non-verbal and verbal behaviour of participants were observed.

The interview was conducted at the participants’ convenient time and at a place agreed on by participant and the researcher but privacy was ensured. The language for the interview was determined by the participants and it lasted for 45 minutes to one (1) hour. The interview was more of a conversation between the participant and the researcher. Information was obtained about their antecedents to living with the IUC, their coping strategies adopted, social supports, their expectation about intimacy in their relationship, and their formed ideas about living with the IUC in relation to their QoL. For the researcher to obtain in-depth information probing questions were asked. All participants’ unclear questions during the interview was clarified in a follow up question during the interview. The interviews were transcribed verbatim after each interview. The transcription for each interview was done in a minimum of two (2) days and a maximum of five (5) days. The analysis was done
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concurrently as this provided the chance to know what to ask in the subsequent interview.

Events observed on the field that the recorder could not capture was recorded in the researcher’s field dairy. Two adults who met the inclusion criteria were used to pre-test the interview guide but were not part of the study. This was to find out whether the questions and wording were appropriate to answer the research questions.

The data collection ended when data saturation was realised. This was identified when there were repetitions of what each participant described and confirmation of data previously collected from other participants as suggested by (Malterud, Siersma, & Guassora, 2016). This implies that no new theme would emerge if participants were to continue the interviewing.

3.10 Piloting the Instrument

The efficacy of an instrument to collect the expected response and the modification of the instrument before it was administered to the participants were ensured by piloting the research instrument (Castillo-Montoya, 2016). The instrument (the interview guide) was piloted with two patients at Legon Hospital. The hospital was chosen because it is the only facility in Legon where people living with indwelling urethral catheter visit for change of catheter. The interview guide was used to interview two patients who met the inclusion criteria. Analysis of their response was used to make changes in the interview guide before it was administered to the study participants. The piloting of the study guide furthermore served as a preparation for the researcher for interviewing.

3.11 Data management

Participant were given numbers in a sequential order (1-13) according to the order of the interview. Verbatim transcription followed immediately after each interview. Each
recording was replayed to ensure accurate transcription to reduce oversights and mistakes. The numbers allocated to participants were replaced with codes. A folder was created to contain each transcription file. This was saved with a unique identification. Hard copies of the interview were securely kept by the researcher. Also, participants’ demographic data were separated from hard copies. Electronic copies of the transcription were kept in a folder on a computer with a password to ensure that the data was safe.

3.12 Analysis of Data

In qualitative study, the researcher takes the reader into the setting, with content and the context in mind to give interpretation of the data (Pierre & Jackson, 2015)

Data analysis was done together with data collection. The recorded information was played and transcribed verbatim after each interview, noting emotions expressed during the process. Individual interviews were done at different time intervals. This expedited collection and analysis of data concurrently. Preceding interviews were analysed before conducting another. Research supervisors were involved in the coding and data analysis in order to have a better data analysis. Peer reviews were done with colleagues to cross check the trustworthiness of the data.

The data analysis process involves labelling qualitative information to interpret and identify patterns in the raw data (Ngulube, 2015). The framework analysis approach proposed by Pope, Ziebland, and Mays (2000) was applied. This process consists of familiarising with data, identifying thematic framework, indexing (coding) and charting. The last step in this process is the mapping and interpretation of the data. This approach was used since there were initial thematic areas that the researcher sought to explore. The Nvivo software was used to organise, code, categorise and determine patterns in the data.
Familiarisation with Data. The recorded information was played and transcribed verbatim as a word document after each interview. Field notes were crosschecked with transcript for consistency in order to clean data. The transcript was labelled and researcher read over transcript severally to familiarise with the data. Each transcript was saved as a separate file in a collective folder. Individual interviews were done at different time intervals. This expedited collection and analysis of data concurrently. Preceding interviews were analysed before conducting another. Thus, initial coding was developed by noting specific ideas, words or concepts.

Identifying thematic framework. The research framework and objectives were used to determine the initial coding framework since the analysis was deductive. The transcript was further examined for codes that were outside the thematic framework and this was added to the coding frame.

Coding. Using the Nvivo software sections of the text related to specific thematic codes were labelled. All transcripts were analysed with the same technique and whenever new interviews generated other contextual codes these were added to the coding frame. Previous transcripts were further examined to be sure these were not skipped or overlooked.

Charting the data, the codes were evaluated and grouped into categories. The labels were compared and relationships were identified between categories. Themes and underlying ideas that seem related to all data were noted. The text and contextual data was synthesised and summarised for the thirteen transcripts and that generated five themes and sixteen subthemes.

Mapping and interpretation. The charts were further examined to determine association between the various themes. The themes were also compared with the conceptual framework and the study objective to ensure data interpretation was consistent. The presentation of the
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final report reflected the description of the themes and subthemes with verbatim quotes to support the interpretation.

3.13 Methodological Rigour

Rigour is a main element of a qualitative investigation (Houghton, Casey & Shaw, 2013). It measures for the trustworthiness by showing reliability, validity, and proficiency in a qualitative study (Noble & Smith, 2015). A qualitative study therefore generates new knowledge when it does not lack rigour (Maggs-Rapport, 2001). Trustworthiness which consist of Credibility, Transferability, Dependability, and Confirmability were chosen as the criteria equivalent to reliability and validity to confirm rigour in this study. Other methodological approaches as audit trail, member checks when coding, categorizing or confirming results with participants and peer debriefing to ensure rigour in this study were employed (Lincoln & Guba 1985).

Criteria used to ensure trustworthiness in this study.

Credibility is the truth and value relating to the study. Lincoln and Guba (1985) describe credibility as how reliable the findings of the study are to reality. To achieve this, the researcher purposefully recruited participants who met the inclusion criteria and were able to provide in depth information on the quality of life of men living with indwelling urethral catheter. A repeated process of questioning and probes to produce a comprehensive information from participants was employed. Additionally, the researcher, engaged in member checks in the form of repeated verification to check for accuracy of the data. Conducting a pilot study and liaising with the supervisors regarding data analyses helped to increase credibility of the findings. Also, each preceding interview was transcribed and analysed before the next interview was conducted.
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Transferability describes extent to which the findings in a study are applicable in similar setting or group (Anney, Dar, & Salaam, 2014). The researcher ensured transferability by providing a detailed description on selection of participants, participants characteristics, the research setting, the research design, the method of data collection and analysis, and the sample size. Furthermore, there was a description of the inclusion and exclusion criteria, duration of data collection sections, and the time frame within which the data was collected.

Dependability according to Lincoln and Guba (1985) describes the constancy of the data over time and conditions. It refers to the ability of the study to allow others replicate the methods of the researcher to reach the same conclusion. To ensure dependability of this study, the research process which included the design and implementation, the data gathering procedure, as well as evaluation of the success of the research methodology for future replication by other researchers was written in detail by the researcher (Poduthase & Henry, 2015). Also to ensure that the data collected was a true representation of the participants’ experience, the data (audio) and supporting documents were scrutinized by the researcher’s supervisors and they were consistent with the transcriptions.

Confirmability of findings in a qualitative study, refers to how objective the researcher is. This is reflected by the data accurately representing the information that the participants provided (Poduthase & Henry, 2015). In this study, the observations made by the researcher during the interview were detailed in the field notes. Also, she was mindful of her own attitude and perception of her professional knowledge on the topic so as not to impose them on the data collected. The findings of the study were presented as a reflection of the participants’ perception of the quality of life of men living with indwelling urethral catheter. The researcher kept an audit trail which shows how data was collected, analysed and processed to arrive at the findings of the study.
3.14 Ethical Considerations

Ethical clearance was obtained from the Institutional Review Board of the Noguchi Memorial Institute for Medical Research (IRB), University of Ghana (Appendix D) and permission sought from the Tema General Hospital respectively with an introductory letter from the School of Nursing, University of Ghana (Appendix C). The potential participants were given the information sheet which outlined the purpose and objective of the study. They were assured of confidentiality, the right to leave the study, voluntary participation, anonymity, privacy, and no compensation. The participants were also told about the possible risks and discomfort in this study. The interviews were conducted in participant’s preferred language (Twi) for those who did not understand the English language. A follow-up was done to confirm their participation in the study. A convenient place for the interview sessions was agreed on with each participant for privacy and comfortability. Potential participants, who accepted to be part of this study, were given consent forms to sign. In the case of participants who cannot read nor write, the consent form was explained in their preferred languages in the presence of the participant and a witness. Both the participant and the witness signed or thumb printed the consent form, which was done a week before the interview. This allow the participant time to consider their participation in the study.

Participants were likewise informed that, after signing the consent form, they had the liberty to withdraw from the study and could refuse to answer any question without any consequences. They were assured that all the information they had provided will be kept safe and will not in any way be used against them. To ensure anonymity, participants were given numbers chronologically (01 to 013) in order of recruitment. Therefore, in the findings, chapter codes replaced the numbers where participants were quoted. Furthermore, Participants were assured that the audio-tapes, the consent form, and the information they
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gave will be kept in the researcher's custody for at least a period of five years after the study. Besides, demographic data of the participants have been separated from the hard copies. Also, electronic folders with unique password have been created which contains the copies of the transcription. During the course of the interview, study participants may express upsetting emotions. The researcher arranged with the hospital counsellor to attend to participants who might have required counselling services during data collection should such an eventuality occur.
CHAPTER FOUR

FINDINGS OF THE STUDY

4.0 Findings of the Study

This chapter presents the findings derived after the analysis of data collected from participants on their perceived QOL as they live with the indwelling urethral catheter. In the conduct of analysis, the field notes gathered during the collection of data were taken into consideration, so as to provide a contextual and deeper understanding of the participants’ life with the indwelling urethral catheter. The findings derived from the study were organised into themes in relation to the Response shift model for Quality of life by Sprangers and Schwartz 1999, which was the organising framework for the study. Four (4) themes were described namely; i Antecedents of living with indwelling urethral catheter, ii Mechanism adopted to life with Indwelling urethral catheter, iii Response shift resulting from living with urethral catheter and iv. the Perceived quality of life of men living with the indwelling urethral catheter.

Extra findings were generated outside the constructs of the frame work. From the data one new theme and six subthemes emerged after content analysis of the remaining data. The negative effects of living with the indwelling urethral catheter. Subthemes were generated. In total, there are five (5) themes and nineteen (19) subthemes. The findings are supported with quotes which are reflective of the themes presented. The participants are represented by codes.
### Table 4: Themes and Subthemes

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Source: Field Data, 2018
4.1 Antecedents influencing Living with Indwelling Urethral Catheter.

The antecedents described include the characteristics of the participants, which has the capacity to influence their quality of life. Information was elicited regarding their sociodemographic profile and personality.

4.1.1 Sociodemographic profile of participants

Prior to developing conditions that necessitated the insertion of the indwelling catheter, participants had their individual lifestyle. The antecedents described included the characteristics of the participants, which had the capacity to influence their quality of life. Information was elicited regarding their sociodemographic profile and personality.

Information on the participants’ age, occupation, marital status, ethnicity, language spoken, religious affiliation, diagnosis and educational background was obtained. The profiles of 13 participants (men living with an indwelling urethral catheter) receiving care at the GU clinic were reported individually.

The sociodemographic profiles of the participants are described as below:

MLC1 is 66 years old, married with four children, and lives with his family. He holds a Middle School Leaving Certificate (MSLC) and works as a security officer. He speaks Ga and English and is a Christian. He had the indwelling urethral catheter passed at the age of 59 years, hence he has lived with the urethral catheter for seven (7) years. He was diagnosed with incontinence secondary to Benign Prostate Hypertrophy and had the catheter passed as an interim measure. His hospital bills are usually supported with NHIS and personal resource.
MLC 2 is a 72 years old man. He works as an electrical technician. He is a Christian, married with four children and lives with his family. He holds a diploma from the polytechnic. He is a Kwahu and speaks Twi and English. His urethral catheter was passed at age 70 years. He was diagnosed with Ca prostate and has lived with it for two (2) years. He had the catheter passed as an interim measure.

MLC 3 is a 60 years old man. He has three children and lives with his family. He is a Christian. He is a trader but also holds a professional diploma in welding. He is a Krobo and speaks English, Krobo, and Twi. His catheter was passed at the age of 58 years and has lived with the indwelling urethral catheter for two (2) years. He had a urinary retention which is yet to be diagnosed and is being managed with the urethral catheter.

MLC 4 is a 63 years old mason. who has lived with the indwelling urethral catheter for three (3) years. He is a Fante, a widower and lives with his children. He holds a Middle School Leaving Certificate (MSLC). He is a Christian and speaks Fante and English. He was diagnosed as incontinence secondary to BPH and had the catheter passed as an interim measure.

MLC 5 is seventy 70 years old. He works as a security personnel and has lived with the indwelling urethral catheter for seven (7) months. He is a Christian and is a Dambge. He is married and lives with his family. His educational background is Middle School Leaving Certificate (MSLC). He was diagnosed as incontinence secondary to BPH, hence had his catheter passed as an interim measure.

MLC 6 is 86 years old. He has lived with the urethral catheter for one (1) year and six (6) months and holds a GCE O’Level certificate. He is a retired administrator and is a widower. He lives with a daughter and her family and is a Ga. He speaks Ga and English. He
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is a Christian. He was diagnosed as acute retention of urine secondary to Ca prostate. And had the catheter passed to give palliative intervention.

MLC7 is 72 years old and worked as a Crane operator. He is married with four children and lives with his family. He is a Christian and holds a Middle School Leaving certificate (MSLC). He is a Fante, and speaks Fante and English. He was diagnosed with urine retention secondary to BPH. and has lived with it for two (2) years as an interim measure

MLC8 is 38 years old man. He worked as a footballer and a diver. His formal education ended at Junior High School (JHS2). He is currently separated from his wife and children. He is a Ga and is not associated with any religion. He speaks Ga and English. He was diagnosed with acute urine retention and has an interim measure for acute urine retention. He has lived with the indwelling urethral catheter for two (2) years.

MLC9 was a truck driver. He is 85 years and lives with his wife and grandchildren. He is a Christian and a Dangbe. His formal education ended at the primary level class six (6). He was diagnosed with Ca prostate and has lived with the indwelling urethral catheter for one (1) year as a palliative intervention.

MLC10 is 85 years. He is married with five (5) children and lives with his wife. His formal education ended at the primary level (class two). He was a carpenter. He is a Fante and communicates in Fante and English. He is a Christian. He was diagnosed with acute urine retention secondary to BP.H. and has lived with the indwelling urethral catheter for two (2) years as an interim intervention.

MLC11 is 55 years, married and lives with the family. He holds a master’s degree and works as Chief Revenue Officer for a company. He is a Christian and an Ewe. He speaks
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Twi, Ewe, and English. He has been diagnosed with prostitis and has lived with the indwelling urethral catheter for two (2) months as an interim measure.

MLC12 is a 50 years old fisherman. His formal education ended at primary class four (4). He is a divorcee and lives with his sister. He is a Christian, a Ga and speaks Ga and Twi. He was diagnosed with Ca prostate and has lived with the indwelling urethral catheter for one (1) year as a treatment intervention.

MLC13 is 50 years and works as a cleaner. He is a Christian, a Ga, and speaks Ga and Twi. Although he is married, he is currently separated from his wife and lives alone. His formal education ended at the primary level (class 4). He was diagnosed with retention due to BPH. and has lived with the urethral catheter for five (5) years as an interim measure.

4.1.2 Personality

Personality is described in the response shift model to mean the characteristics that made it possible for individuals to relate with the indwelling urethral catheter. Optimism and self-esteem were noted to improve the adjustment process. The participants indicated living with the indwelling urethral catheter was easier for them because their religious inclination made them optimistic and some participants had low self-esteem.

4.1.2.1 Optimism

Majority of the participants had faith that their life with the catheter will come to an end even without treatment. A participant with a cheerful look, and a smile on his face said;

“...I have always depended on my faith in God when I have challenges and I win. Therefore, I have faith that this will pass even without any treatment…. I know I will be ok soon.” (MLC12)
Similarly, other participants admitted that, the catheter created a limitation for them but in spite of the limitation, they were still hopeful. These were the comment

“... before my life with the catheter, I was always busy with work...I hate to fail. I always fight for excellence. Now, the things I want to do I can’t do them again because of the catheter, yet as a Christian, I know that my God is able, one day I will be free”. (MLC2)

Another participant also demonstrated his faith in God. With a soft voice, mentioned that;

“...I know that anything undesirable that happens in my life is for a reason so it does not remain for long.... I was and still is a very religious person, ... Though the catheter is a challenge to me, God will take me out of this misfortune one day with or without treatment.” (MLS5).

4.1.2.2 Self Esteem

Majority of the participants reported a negative self-esteem. Others felt useless, unfortunate and a few wished they had died due to the presence of the catheter.

One participant who felt useless as a result of the urethral catheter reported this in a frustrated tone;

”. for me anytime I fall sick I’m afraid it may be serious and I cannot handle it. Even now, as I sit here I’m no longer a man, neither am I a woman also. I I’m just useless, I cannot get close to a woman, or work to survive so what is my use.”. (MLC13)

Another participant full of pity for himself, expressed his view about living with indwelling urethral catheter. He describes himself as unfortunate.

“...it looks like I always have bad luck in life.... when I go to the clinic and see a number of people coming to change their catheter, I am convinced that I I’m one of the unfortunate men to live with the catheter’. (MLC10)

Some were close to tears. A participant laments;

“I see myself as useless, I am not good for anything, I say this because as I live, I can’t tell whether am a male or female. I don’t know hmm... (bows his head and shakes it
Participants’ personality invariably influences their quality of life as they experience a change in health status. Participants’ quality of life is challenged due to the presence of the indwelling catheter affecting aspects of their lives. With respect to their sexual health, most of the participants complained of sexual dysfunction. Change in health state of the participants brought about the need for various mechanisms to maintain their quality of life with the indwelling urethral catheter.

4.2 Mechanisms used in living with urethral catheter

Mechanisms are steps taken by the participants to adapt to living with the indwelling urethral catheter to maintain their quality of life. The Sub-themes from mechanisms are coping strategies, social comparison, social support and spiritual practices.

4.2.1 Coping with the urethral catheter to maintain quality of life.

All participants developed physical and psychological strategies to cope with the indwelling urethral catheter. The physical strategies used were controlling the stench of urine, positioning of the catheter during sleep and coping with the catheter out of home. Psychologically they used secrecy and dressing to hide the catheter.

4.2.1.1 Physical Coping Strategies

Controlling the stench of urine

Most of the participants noted that, there was the need to put in efforts into preventing the stench from emanating from their body. They were uncomfortable with the pungent smell that is likely to make people shun their company or undermine them
**Positioning the catheter during sleep**

Majority of the participants positioned the urethral catheter and the urine bag before sleeping such that they did not have to wake up at night to empty the urethral catheter or bag. This allowed them to have sufficient sleep at night. Some placed the urine bag in a bucket and kept it by the bed, others put it in a urine bag and tied it to the bed, and a few found a place for it on the bed.

A participant narrates how he achieves this:

“I do not want to be woken up suddenly with the urge to urinate so I use the urine bag at night. I place it in a container or bucket by my bed to empty the urine at night.” (MLC11)

Other participants found ways to prevent wetting their bed such that they will be able to sleep peacefully. A participant reports;

“When I’m sleeping, I put the urine bag in a rubber bag that is bigger than the urine bag. I tie it to the side of my bed. That is how am sure it is safe from disconnecting from the catheter and even if the bag will leak, it will pour into the rubber bag, then I sleep peacefully”. (MLC5)

Another participant narrates

“...I try to sleep well by carefully placing the urine bag at the edge of the bed so that it does not disconnect from the catheter mistakenly and wet my bed.” (MLC12)

**Coping with the catheter when out of home**

Participants could not be restricted by the IUC, they had to go out from their homes whenever necessary. Therefore, there was the need to manage the indwelling urethral catheter when they were not at home. Majority of participants reduced their fluid intake, others empty their bladder before the program begins and a few tie the urine bag to their inner thigh for safety.
A participant reported how he managed the catheter when he went to church by reducing his intake of fluid. He said:

‘I do attend church service. But for me to be able to stay longer I do not drink water nor tea the whole morning to reduce urine flow. However, I know that to prevent the catheter from blocking, I need to drink lots of water.’ (MLC10)

For some participants, the only way of managing their urethral catheter was to empty their bladder before the function begins. A participant narrates:

"I have always sat on the first row at church which has not changed because I have the catheter on now. The moment I drop my bible; I go straight to the washroom first to empty my bladder. And on days when the program is going beyond our usual closing time, since I have timed myself that every 2hrs or 3hrs I have to go and urinate." (MLC4)

For others, the urine bag is tied to the inner thigh for safety whenever they had to leave home. A participant reports that;

“...I also tie the bag to my inner thigh to ………prevent me from accidentally sitting on it.” (MLC13)

### 4.2.1.2 Psychological coping strategies

#### Dressing to hide the urethral catheter

There was the possibility of the catheter and the urine bag being revealed on the participants’ clothes, most participants avoided this by wearing loose clothes to hide the catheter and the urine bag.

A participant explained that he does not only wear big clothes but makes provision for the bag as well. He had this to say.

“I wear big shorts or trousers to hide the urine bag and catheter and I made a tailor sew a pocket inside my shorts to keep the urine bag.” (MLC13)
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Another participant mentions;

“I have changed the kind of clothes I wear. ..... I now wear loose clothes especially my pair of trousers. So it is difficult to notice the catheter in my dress.” (MLC12)

Others also took into consideration the colour of the garments they wore. This was to prevent the stains of the urine from becoming visible on their clothes. A participant said;

‘I don’t wear white clothes because when the urine leaks and stains the dress it will be very obvious.’ (MLC8)

Secrecy

Most of the participants did not want people to know they had the indwelling urethral catheter. They kept it a secret to prevent gossip by neighbours. Some isolated themselves from associating with people, and others did not want to be seen urinating through the catheter. However, one participants made his situation known to only his sister and another woman who feeds him. He had this to say;

“Only my sister and one woman who gives me food know I live with the catheter, I do not want people, especially my neighbours to know about it. I don’t let people see the catheter on me. they may gossip.” (MLC13)

Others also vowed not to be seen urinating through the urethral catheter.

“No one must ever see me urinating through the catheter, because it is embarrassing. So I hide to urinate through the catheter when am not at home. I have vowed never to let anyone see it.” (MLC9)

Another participant described his decision to keep his urethral catheter as secret from those who were not family members as;

“Now that I have a catheter to urinate, I don’t really associate with people that much, because I don’t want anyone to know that I have a catheter that helps me to urinate, except for my close family.” (MLC4)
4.2.2 Social Comparison

Social comparison refers to participants comparing themselves to other men in society who do not live with the catheter to assess their QoL.

Participants described their quality of life with the urethral catheter by relating it to how they see themselves compared to other men who are not living with urethral catheter. Majority of them expressed sadness, some reported to be worried when they did the comparison.

A participant, expressed sadness when he compared himself to people of his age or older than him. With his head bowed for a few minutes before talking declared:

“when I see men my age and those older than me living without the catheter, I feel very sad, but I can’t express it. I keep my sadness to myself.” (MLC1)

Similarly, others got sorrowful, close to tears he said;

“I am worried to have to live with the catheter……. I spend time thinking and asking where it came from.” (MLC10)

Another one compared himself to people society regarded as truants and are not living with catheter. With a very low tone and a dropped face he expressed himself.

‘At times when I look at ‘kobolo boys’ who live anyhow, but are without the urethral catheter, I say to God, I go to church and live a decent life, now look at me. Madam, I feel very sad very, very, very sad hmm……it’s unfortunate’ (MLC10)

4.2.3 Social Support

Some participants receive support from friends, family members as well as hospital in relation to their efforts to live with their urethral catheter. These assistances were in the form of financial assistance, helping with activities of daily living and accompanying them to the
hospital for urethral catheter change. However, some participants also expressed their displeasure with the support they receive from the hospital. The sub-themes from this theme are as Family and friends support, and Support from the hospital.

4.2.3.1 Family and friends support

Most of the participants received assistance from their friends, children and wives. These were presented in the form of money, and assisting in activities of daily living. Other wives also contributed their supports by providing for the needs of participant.

A participant in an appreciating manner described how his family, especially his daughter supports him by:

“My family is very helpful. My daughter cooks for me, cleans my room and washes my clothes daily. Which I really appreciate.” (MLC1)

Another also narrates:

“My wife provides all we need for the home. She cooks and washes my clothes. Also, she spends time with me chatting and reassuring me. My son accompanies me to the hospital always”. (MLC10).

Another participant in appreciative of support from his children cheerfully had this to say;

“By the grace of God, I have financial support from my social security though it is not much. But the financial support from my children I will say is tremendous.” (MLC6)

Similarly, a participant describes the financial support he received from his school mate;

“A friend of mine who is an old schoolmate paid for my biopsy.” (MLC11)
4.2.3.2 Support from the Hospital

There were however some participants who were displeased because they did not receive support from sources such as the hospital. This discouraged them from paying regular visits to the hospital.

A participant commented with a look of displeasure;

“I don’t get support from the hospital, I pay for everything and the doctor writes expensive laboratory investigation. Because of this, I don’t often come to the hospital as I ought to.” (MLC7).

Another participant reported that he receives some support from health insurance but felt it was not enough. He said;

“With the hospital, health insurance supports, but it does not cover the drugs because they are very expensive.” (MLC9)

A similar remark was passed by another participant as follows;

“Although I have the health insurance card, it does not cover my drugs and cost of the urethral catheter at the hospital.” (MLC12)

4.2.4 Spiritual Practices

Almost all of the participants engaged in Spiritual exercises to maintain their quality of life while living with the indwelling urethral catheter. These involved regular church attendance and offering prayers.

A participant narrates how he attends church service and sits on the first row;

“I have always sat on the first row at church which has not changed. Because I have the catheter on now, the moment I drop my bible, I go straight to the washroom first to empty my bladder. And on days when the program is going beyond our usual closing time, because I have timed myself that every 2hours or 3hours I have to go out to urinate....” (MLC12).
Another explains that to maintain his spiritual practice of praying, he has adopted a new posture to pray. This is by standing due to discomfort from the catheter.

“.... I can no longer do what I used to do ....... Although I worship... I no longer kneel to pray due to discomfort from the catheter.... I stand to pray but not for long period either.” (MLC2)

Similarly, another participant maintains his spiritual practice as praying.

He calmly narrates;

“.... although I no longer go to church regularly because of the urethral catheter, I pray in bed now. Because, I find it difficult to kneel and pray though because of the catheter....” (MLC10)

In adjusting to living with the indwelling urethral catheter, participants employed various mechanisms. These included physical and psychological coping strategies, comparing themselves to others in society who do not live with the indwelling urethral catheter. Which made them feel sad. However, they found consolation in the support from family and friends. As well as engaging in spiritual practices which made them hopeful. By employing the appropriate mechanisms, participants experienced a change in life style that resulted in a meaningful life for some participants.

4.3 Response Shift Associated with Living with Indwelling Urethral Catheter.

The response shift according to the model is a decision arrived at by the participants in relation to living with the indwelling urethral catheter, after they have reflected on the significance of the IUC to their QOL. This is achieved through the participants self-evaluating their QoL and noticing a change in their internal standards, values and conceptualization. The themes here are: Finding life meaningful, Values and Conceptualization of quality of life.
4.3.1 Change in Internal Standards

Most of the participants, in reflecting on their quality of life with the urethral catheter, found life meaningful whilst a few felt the catheter has reduced their standard of living. They shared their views;

A participant had this to say:

“Life is meaningful to me with the catheter, if the catheter had not been passed for me I would not have been able to approach people for help because of the smell of urine. Or even go out or get close to anyone. Life is meaningful with the catheter.” (MLC8)

Similarly, a few more agree with him. A participant said;

“I find life very meaningful for me even with the catheter. With the catheter I don’t have a problem, I can’t expect much because of my age, so I will manage it ...... I think I have a good QOL.” (MLC6)

However, one participant is of a different view he angrily narrates;

“I feel my standard of living has really reduced, I feel my life has gone low, I feel am not my old self again. Because though I can walk, I can’t work. Even in my own house, I am not able to do some chores. Because of the uncomfortable nature of the catheter……. (MLC11)

4.3.2 Values influencing their Quality of Life

This theme considers the participants’ personal values or standard of behaviour that has the ability to influence their quality of life with the IUC. Some said they were strong headed, principled and orderly, and others did not like having friends.

A participant believes his strong headedness has helped him tolerate pains from the urethral catheter. With a serious face he said;

“I am orderly and respect myself. Am strong headed, I don’t panic so I can withstand pain. I do not want people to be worried about me. So I do keep the pains I have from the urethral catheter to myself.” (MCL11)

Another participant, believes he does not get infections with the catheter as a result of his neatness He narrates:
"I'm very principled and keep appointments. I'm punctual as well. .... above all I'm very neat. I am very orderly and careful about everything, so for the two (2) years, I do not get infections with my catheter.... but I am so careful with the catheter. I do not allow anyone to hug or embrace me. And again I don't like going to places that are crowded.... So it has reduced my social life.” (MLC2)

A participant who values spending time with his family at home than going out to visit friends, stated with an aggressive tone

"I don't do friends; I don't want friends, so I don't mingle so much with friends. I have always loved to be in the house with my family, anytime I don’t go to work, you find me at home with my family. ..... And now that I have the catheter, it has even helped me to stay at home.” (MLC1)

However, one participant is displeased with compromising his values and principles because of the catheter. He explains;

"I didn’t use to eat food that was not prepared in my home, so this made me eat only healthy and hygienic food. I believe as a man I must always meet with friends and chat. now because of the catheter, my wife has left me. I didn’t like staying indoors but now I am always indoors because of the catheter. and I sometimes buy food or friends bring me food which I have to accept or go hungry.” (MLC8)

4.3.3 Conceptualization of Quality of Life of Participants

The participants did a self-evaluation on their quality of life, having experienced a change in their health state for some time. Majority believed their quality of life have been impacted positively. A few of the participants reported that, physically they were no longer strong, others felt limited by the urethral catheter, whilst some did not want to think about sex with the urethral catheter.

Some participants no longer feel strong with the presence of the urethral catheter. They complained of not being able to eat well, and drink sufficient water, and do not sleep well. A participant bitterly complains;

"Physically, I am no longer strong, I am now using the walking stick. As a result of the catheter, I am not able to eat well, drink sufficient water and I don’t sleep well too. I don’t attend social functions because I am careful with
Some participants felt limited in traveling anywhere due to the presence of the urethral catheter. A participant had this to say;

“.... with the catheter I am limited I cannot travel any where. it is one of the inconveniences that come with living with the catheter. I am one of the elders in my family but for some time now I have not gone home due to issues with the catheter when travelling.” (MLC11)

Other participants do not want to think about sex with the indwelling urethral catheter and are not willing even if there is a way to have sex with the catheter. A participant report;

“Since I became sick and had to live with the catheter, I have not had sex…. I don’t want to think about sex… even if there is a way that I can have sex with the catheter I won’t try it no, no, no.” (MLC7)

A response shift was achieved by all participants. Some participants reported that they have a meaningful life with the indwelling urethral catheter. Notwithstanding problems as pain, not feeling physically strong, inability to travel and not being able to have sex among others associated with it.

4.4 Perceived Quality of Life

This theme describes how participants describe their QoL as they live with the indwelling urethral catheter. The men described their quality of life as good, poor hence not worth living, and others felt indifferent with the IUC.

4.4.1 Life is Good

A few of the participants perceived their QoL life with the indwelling urethral catheter as good because it prevented them from wetting themselves, no more experiencing pain and urine retention or incontinence.

One participants had this to say;

“.... personally I think the catheter has given me a good quality of life because it relieves me of pain (MLC4)
Another said;

"With the catheter I don’t have any problem, I can’t expect much because of the age, so I will manage it until the day I’m called.” I think I have a good QOL”. (MLC 6)

Whilst this participant also said;

"Though I’m in catheter now I will say my quality of life is good because my clothes do not smell of urine.” (MLC 8)

4.4.2 Life Is Not Worth Living with the urethral catheter

For majority of the participants, they perceived their quality of life as poor because they constantly felt pain, discomfort, frequency in emptying their bladder and an interruption in their sex life.

A participant said he is often in pain and usually wakes up at night to urinate. He narrates;

“I don’t see my quality of life as good. Because I am not comfortable in life. I am always suffering pain, and waking up several times to urinate at night with pains. I don’t want anyone to suffer this in life.” (MLC4)

Another participant believed that his life was not worth living because he could not have sex with his partner. With a painful look on his face he narrates;

“...how can I say my quality of life is good. when a man like me living with a woman and lying by her can’t have sex with her, then what is my use in life...life is not worth living anymore.” (MLC9)

Another participant reported having the urethral catheter has prevented him from having a good quality of life and wished there was an alternative way of relieving his urine retention. He reports;

“I don’t think anyone who has a catheter has a good quality of life. Am compelled to live with it. If there was any other way to relief me of the retention, I would have gone for it instead.” (MLC11)
4.4.3 Indifferent to the Life with The Indwelling Urethral Catheter

Other participants were also indifferent to having the indwelling urethral catheter. As they did not see much change in their lives. They can still carry out with activities they did before the life with the catheter. Others did not feel any difference between their life’s before the catheter and now. While some also ignore the limitations of the urethral catheter and have a social life

A participant narrates how he feels about himself;

“I can’t complain, but find consolation in every situation…I am happy.” (MLC3)

Another participant who often fell ill when he returned from fishing reports;

“My life before my current one that is with the catheter to me was not too good. I often fell ill after returning from fishing. There is no difference between now and then.” (MLC12)

A participant describes his social life with the urethral catheter as;

“My social life has not been affected much, I do attend church, funerals, marriage ceremonies and the likes and am fine. I try not to drink water or beverage any time I need to go out so that I will not have the feeling to urinate. The last thing I do before leaving the house is to empty the catheter.” (MLC10)

Participants perceived their quality of life differently according to their expectation of the presence of the indwelling urethral catheter. A few of the participants saw their QoL as good whilst majority of them described it to be poor or indifferent about its presence

4.5 Negative Effects of Living with The Urethral Catheter

Another theme that emerged from analysing the data is Negative effects of living with the IUC. This theme describes challenge participants face as a result of living with the IUC. These are, Threat to employment, Financial burden, Sexual intimacy, Lack of confidence to discuss issues about sex, Threat to marriage, Embarrassing moments and Ghost patients.
4.5.1 Threat to Employment

Having to live with the IUC affected the employment status of majority of the participants and the businesses of a few. Who though as retired men, had their own running businesses. Some of them were on the brink of losing their jobs whilst others actually lost their jobs.

A participant, who worked as a fisherman could not manage the catheter at sea whenever it got blocked. This made him stop his fishing job. He had this to say;

‘Now I do not go fishing anymore, that has left me jobless. I do not know how I can manage the catheter at sea. I tried once and whilst at sea, the catheter got blocked so my folks had to bring me back. It took us two (2) days to get home to see a doctor. I have children to support and pay bills at the hospital. Even with the catheter.” (MLC12)

Similarly, another participant who is wheelchair bound wished to work as a fish monger but could not due to the catheter. Which he feared would be an interference. He reports;

“I wish to go to the beach, perhaps, I might find some work. But my fear is how will I manage with the catheter. …., I could also sell fresh fish because my family owns a fishing boat. When the fishermen return from fishing, I can ask for some fish to sell. But because of the catheter, it won’t be easy to sell, because when people get to know about the catheter they will not buy my fish. Again, how can I touch the catheter and touch the fish?” (MLC8)

Another participant who is a carpenter and works as a builder. Complained that the presence of the urethral catheter made him stop work. He narrates;

“… I take contracts to build people’s houses by employing mason’s to do the masonry work and I pay them, whilst I handle the carpentry work. But now due to the catheter, I have stopped working.” (MLC10)

However, this participant who is a security officer, was at the edge of losing his job as he had not been going to work because of the urethral catheter and the urine bag. He therefore fears that another person would be employed to replace him. He reports;

“Now I am not working because of the catheter and urine bag, now my place is vacant and if they employ somebody it will affect me. I may lose my job.” (MLC5).
4.5.2 Financial Burden.

The cost of treatment had become a burden to most of the participants as a result, some of them have become poor whilst others found it difficult to borrow money from people who are reluctant to give them money.

A participant report how his meagre salary could not meet his household needs as well as the expenses of his treatment;

“I receive a scanty salary as a security man. It is not enough for me because after taking care of the house, I have to take care of this sickness too, but, remaining money can’t take care of the sickness so it has become a problem.” (MLC1)

Another participant saw himself as a respectable person. But as a result of the treatment, his finances had depleted. Thus placed him in a position where he could not use public toilet when in town as he could not pay for its use. Whilst wiping away tears he narrates;

“Currently I am in debt. I am a very respectable person but I have been brought to this low state. My finances have been affected because of my treatment. I have come to the point where, when there is the need for me to empty the catheter when am out of home I don’t have the means to pay for a public toilet so I have to use a nearby bush.” (MLC3)

Another participant reported how as a result of living with the catheter, his funds had been depleted and he could not borrow money from elsewhere because the creditors felt he could not refund it; he wept and when he had calmed down took in a deep breath and said;

“I have lived in this town for 28years but do not have even 28pesewas on me because of this catheter issue. Even when I go to borrow money, they are reluctant to give because with the catheter they feel I can’t work to pay back.” (MLC13).

4.5.3 Sexual Intimacy

Most of the participants expressed the desire to be sexually intimate with their partners. However, with the presence of the urethral catheter, some say they cannot have sex while others wondered if it can be possible.
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A participant compared himself to other young men and no longer sees himself as a man because he can’t have sex. He mentions that;

“When I compare myself and other young men I don’t see myself as a man, because I can’t have sex with a woman and it makes me sad.” (MLC8)

Another participant said he distracts himself when he feels like having sex. He had this to say;

“I do have the edge to have sex, but since I can’t do anything about it I pick my bible to read as it distracts me.” (MLC13)

A participant desire to have sex with his wife but is worried about how he can have sex with the indwelling urethral catheter. He reports;

“Well, I do have the edge to have sex with my wife, I think about it a lot. But my worry is how it can be achieved with the presence of the catheter.” (MLC10)

4.5.4 Lack of Courage to Discuss Sexual Issues with Health Professionals

Majority of participants complained they could not discuss issues about sexual issues with the health professionals. Some participants want to know if it is possible to have sex with the catheter, others also want to find out how it can be possible to have sex with the catheter.

A participant wants to know if it is possible to have sex with the catheter. He reports;

‘I have a beautiful wife, a black plump lady, I wish I could have a sexual affair with her for only a day. But I don’t know if it is possible, I can’t discuss with my doctor. I do not talk about sex when I go to the hospital. I am afraid I will be seen as someone who is not serious’. (MLC3)

Another participant wants to know how it can be possible to have sex with the urethral catheter. He had this to say;

“... I do have the urge to have sex with my wife, I think about it a lot. But my worry is how it can be possible with the presence of the catheter. I can’t discuss with my doctor; we do not talk about sex at the clinic.” (MLC10).

Similarly, a participant is not able to get clarification for his erection due to fear. He narrates;
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“Surprisingly, I have begun having erection... at the clinic I wish to ask about my experience but ...I can’t ask. I am afraid of the nurses so I can’t ask.” (MLC13)

4.5.5 Threat to Marriage

All participants were concerned about the absence of sex in their marriage due to the presence of the urethral catheter. A Participant disclosed that his wife packed out and terminated a pregnancy, while others anticipates fear of their wives becoming unfaithful one day and others felt pity for their wives.

A participant, expressing his disappointment and pain narrates;

“My wife packed out because she was tired of the life with the catheter. she began to complain about the blood-stained urine. Then the urine also smells very bad, she could not endure the situation. .... One day I returned from the hospital and noticed she had left.... Unfortunately, When the catheter was initially inserted, my wife was four (4) months pregnant, she aborted the baby because she thought with the catheter and the pains I was going to die soon.” (MLC13)

Another expressed fear of his wife eventually becoming unfaithful to him. He narrates;

‘My wife can choose to go out and sleep with other men because she is young. ....... I sometimes think if she gets too tired of my life with the indwelling urethral catheter, she can start a promiscuous life. I’m so afraid.’ (MLC9)

However, this participant feels pity for his wife. He had this to say;

“There are times I see my wife is moody and the least thing she wants to pick on me, then I know she is on edge. Honestly, though she is not complaining about our sex life, I pity her. I wish there could be help for her.” (MLC11)

4.5.6 Embarrassing Moments Influencing Quality of Life of Participants

Participants were often humiliated by the indwelling urethral catheter. The humiliating experience includes the catheter accidentally disconnecting from the bag and the spigot being disconnected from the catheter.
A participant narrated how the frequent disconnection of the catheter from the urine bag ended up wetting his marital bed. This made his wife change her sleeping place to the floor:

“My wife sleeps on the floor now. Because the catheter often disconnects from the bag, so the bed gets wet from time to time. She had to leave the bed for me because getting wet by another person’s urine is not pleasant and it is embarrassing to me.” (MLC11)

Another participant also had his urine bag accidentally disconnected in the presence of his daughter in law. He recounted:

“Recently my son visited me with his wife...... As we sat in my leaving room chatting, the bag accidentally separated from the catheter. My carpet and sofa got wet with urine in the presence of my daughter in-law. I was so ashamed that I didn’t know what to do.” (MLC10)

4.5.7 Ghost Patients

During their visits to the genitourinary clinic for reviews, participant reported that they did not talk nor interact with each other. Whilst waiting, all participants mind their own business or sat silently like ‘Ghosts’ as they waited to be called. However, others would have wished to interact.

A participant describes his experience as follows;

“Even when I go to the hospital to change my catheter, I see a lot of men in catheter too, but they do not talk. So I don’t talk too. Because they may see me in town and start talking about the catheter. We all mind our own business.” (MLC9)

Another also said;

“.... I sit quietly and wait for my turn to see the doctor. We are like ghosts, so I don’t know how anyone feels”. (MLC2)

Some of the participants however wished they could interact with each other. A participant mentioned;

“Even at the clinic I wish to ask the other patients if they also experience an erection, but everyone is quiet so I can’t ask. I am afraid of the nurses too so I can’t ask. (MLC13)
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As the participants paid attention to controlling the urine smell from their clothes and managing the urethral catheter in various situations, they also coped by keeping their life with the catheter from people. They avoided interacting with other people living with the urethral catheter. However, some compared their life with other men who are not living with the indwelling urethral catheter.

Another reported:

“Sometimes, when I am in town and I feel like urinating, because of the catheter I can’t just pee anywhere. But when the urge is strong and I haven’t found a convenient place, I stand still at wherever I am and pee on myself. My shoes get filled up and I feel so embarrassed”. (MLC3)

4.6 Summary

The findings of this study revealed the participants’ perception of quality of life of men living with the indwelling urethral catheter. They were in agreement with the framework of the Response shift model for quality of life developed by Schwartz and Sprangers, (1999).

The findings testified to the participants’ individual characteristics having an influence on their perceived quality of life, which stemmed from the implementation of various mechanisms to live with the urethral catheter. Such as coping with the urethral catheter by, controlling the stench of urine, managing the catheter when sleeping, dressing to hide the catheter, managing the urethral catheter when out of home, being secretive with the catheter and as Ghost patients. Also, they defined their QOL by comparing themselves to others who are not living with the urethral catheter. In addition, they accepted social support from family, friends when it was available. They were rather not satisfied with the support from the hospital. Furthermore, spiritual practices such as praying, reading the bible and attending church services were maintained. Again they kept their lives with the catheter from none family members and cautiously minded their own business at the clinic.
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As participants adopted the mechanisms they employed, a self-evaluation was inspired. The outcome made an impact on how each participant perceived his quality of life with the indwelling urethral catheter. Some said it was good, others did not want to live with it, while a few were indifferent about it. For those who accepted the life;

Physically, they determined to reduce infections, pain, and prevent blockage of the catheter. Socially, participants tried to integrate with society despite their limitations by attending chosen social functions of their choice. Psychologically, participants accepted to live with the indwelling urethral catheter over time. Spiritually, participants have gotten closer to God by praying and reading the Bible.

A new theme as negative effects of living with indwelling urethral catheter emerged from analysing the data however, it was not in consistence with the organising framework.
CHAPTER FIVE

DISCUSSION

5.0 Introduction

This study explored the quality of life of men living with the indwelling urethral catheter. The findings of the study were discussed in relation to existing literature.

Organization of the discussion will be done according to the thematic factors: as antecedents influencing living with indwelling urethral catheter, mechanisms used to live with the indwelling urethral catheter, response shift associated with living with indwelling urethral catheter, and the perceived quality of life of men living with indwelling urethral catheter. These themes were in agreement with the Response shift model for Quality of life by Sprangers and Schwartz (1999). Negative effects of living with the urethral catheter was a new theme that emerged from the data.

5.1 Antecedents influencing life with Indwelling Urethral Catheter

The antecedents influencing the participants’ life with the IUC identified by this study comprised of sociodemographic characteristics and personality of the participants.

Sociodemographic characteristics have impact on quality of life (Żołnierczuk-Kieliszek, Kulik, Janiszewska, & Stefanowicz, 2014). This study’s findings revealed that the age ranges for the participants were 38 to 86 years, thus they were in the middle age and old age ranges. This finding is similar to studies by Chapple et al., (2013) and Hongthong, et al (2015) in which the participants ranged from 22 to 96 years and ≥ 60 years respectively. This shows that the use of indwelling urethral catheter was more among older men. Majority of them were married and lived with their families. This finding agrees with studies of Paterson, Robertson and Smith, et al., (2015) and Waller and Pattison, (2013) who identified majority
of their study participants with catheter to be married. Again this study’s participants were all educated with the levels ranging from primary to the university level. This finding is similar to the study of Zhang and Liao, (2014) in which the participants with indwelling urethral catheter had different levels of education. The sociodemographic data also revealed that, all of the study participants except one were employed either in the private sector or the government sector and this served as their source of income. This findings, however, differs from Chapple et al., (2013) and Hongthong, et al (2015) studies with regards to their participants, not all of them were employed.

With regards to personality, the findings showed that some participants exhibited optimism and hope, whilst others had low self-esteem in relation to living with the IUC. For those exhibiting optimism and hope, this served as a form of reassurance for the participants. This findings partially agrees with Soylu et al., (2016) study. However, unlike this study participants’ optimism and hope served as a motivation for them to learn about their condition and treatment plan. Similarly, in Applebaum, Stein, Lord-Bessen, Pessin, and Rosenfeld, (2014) study participants’ optimism gave rise to less anxiety, less depressive symptoms, less hopelessness but a better QoL. Being optimistic can therefore be described as a factor that propels participants toward better quality of life. This has been confirmed by Hurt, Burn, Hindle, Samuel, Wilson, et al (2014) who have suggested that optimism guards an individual against negative perceptions of illness and at the same time enhances positive Health-Related Quality of Life.

The other participants whose personality showed that they had low self -esteem in relation to the IUC, no longer had confidence in themselves. This made them isolate themselves from social functions which made them become miserable. This conforms with the findings of Neveus and Sillen, (2013). In their study, the participants were described as
having a low self-esteem. But the study did not clearly state how the low self-esteem was expressed. Having self-esteem makes one confident, an achiever, and have respect for others (Zhang & Liao, 2014). For those who had low self-esteem, they expressed depression, lack of confidence, social anxiety, being pessimistic, poor self-image and isolation. Low self-esteem may lead to anxiety and depression (Nima, Rosenberg, Archer, & Garcia, 2013; Joomis, 2007). Low self-esteem has a negative impact on the quality of life of people living with an indwelling device. (Salomé, Almeida, Mendes, Ferreira de Carvalho, Massahud & Massahud 2015).

The participants’ personality and sociodemographic characteristics that were identified in the study, influenced the participants’ life with the indwelling urethral catheter by using various mechanisms.

5.2 **Mechanisms used to Live with the Indwelling Urethral Catheter.**

Participants adopted various strategies to live with the IUC. These included coping, social comparison, social support, and spiritual practices. With regard to coping, participants used physical and psychological coping strategies. Physical coping strategies were demonstrated by controlling the stench of urine, positioning of the urethral catheter during sleep, managing with the catheter when out of the home. Psychological coping strategies such as dressing to hide the catheter and secrecy to live with the IUC. These findings are partially consistent with the study of (Shaw & Logan, 2013), although their participants used psychological coping strategies only, the only difference is that while participants of this study used an indwelling urethral catheter, their study participants used intermittent self-catheterisation. Perhaps, this study’s participants had to employ coping strategies to avoid embarrassment that could lead to stigma, social isolation and also to maintain their self-
image. In Ghana, it is common to have individuals whose clothes smell of urine, face social isolation at communal places such as the churches and hospitals. People also do not come close to them or mingle with them at functions. People who live with the IUC and are aware that they have urine smell in their clothes may feel reluctant to go out freely when the reason for leaving home is not very important to them. Hence their quality of life may be negatively impacted (Santini, Andersson, & Lamura, 2016).

As mentioned earlier, social comparison was one of the mechanisms used by the participants to live with the IUC. This was done by comparing themselves to men who were not living with the IUC. Participants reported they felt sad and pity for themselves. The participants of this study felt sad and pity for themselves because they believed that they were more morally upright than those they compared themselves with. The findings agree with the work of Paterson, Mckenzie, and Lindsay, (2012). Although their study was not about living with IUC, their study participants were adults just like those of this study. It was revealed that often when people compared themselves to others, it ends up in dissatisfaction and depression. Although comparing themselves to other people seemed like an unhealthy psychological approach to living with IUC, it pivoted the participants’ self-consciousness. They realised that the lifestyle of an IUC user is quite different from that of a non IUC user. Therefore, they considered the need to adopt appropriate mechanisms to make the best of their life.

Another mechanism used to live with the IUC was social support. This entailed family, friends and institutional support. Participants of this study mentioned that they received assistance in terms of financial aid and assistance to undertake activities of daily living from friends and family. Owing to family members assistance by paying hospital bills, purchasing drugs, cooking, washing and accompanying them to the hospital, as well as
friends paying for investigative procedures for a participant, they coped better. This finding is similar to findings in the study of Oyegbile and Brysiewicz, (2017) which reports that family members supported their sick relatives. On the other hand, findings from the study of Foster and Williamson, (2010) have reported that, family members in other African countries do not care for their sick relatives rather it is the responsibility of other community members who may volunteer to help. Social support could impact positively on their quality of life.

The findings of the study revealed that the participants engaged in spiritual practices as a mechanism to live with the IUC. The spiritual practices include regular church attendance, praying, and reading the Bible. These findings are consistent with the findings from the study of (Scarinci, Griffin, and Grogoriu, 2013) in which they reported that their study participants also prayed, visited the house of worship and read their religious materials. Probably, the majority of the participants indulged in various forms of spiritual practices to distract themselves from their physical pain and misery. In the study of Yodchai, Dunning, Savage, Hutchinson, and Oumtanee, (2014), it was revealed that people got involved in spiritual practices to deal with situations. It could also be that constant spiritual practices, improved the participants’ relationship with God and strengthened their faith to receive healing. Somehow, the practice of attending church service could expose the participants to be victims of stigma, which could be a reason for only a few attending church service. Thus, the mechanisms used by the participants to live with the IUC, had an influence on their thoughts about the IUC which generated a response shift.

5.3 Response Shift Associated with Living with The Indwelling Urethral Catheter

Participants self-evaluated themselves with regards to their lives with the IUC. The evaluation brought out responses that indicated a call for a change in their internal standards, values and conceptualisation on living the with IUC. They came out with new meaning to
their lives which was referred to as their response shift. A response shift arrived at by some participants was life is meaningful with the indwelling urethral catheter. A meaningful life with the IUC for the participants, could be linked to the freedom to engage in activities like walking, eating, sleeping well and liberty to attend social functions with minimal or no hindrance from the IUC. This finding can be compared with the study of Fowler et al., (2014), in their study though they mentioned that they had the freedom to live a normal life, their explanation of a meaningful life was given as freedom with the catheter. A meaningful life enhances self-confidence (Silva et al., 2017). Perhaps, the age of the participants has an influence on self-evaluation process, since participants above the age of 70 years found the IUC useful. It could also be that the men younger than 70 years less appreciated the presence of the IUC because it interrupted their sexual functions. Therefore, a meaningful life impacts positively on quality of life.

This study revealed that participants’ personal values such as cleanliness and strong-headedness influenced their lives with the urethral catheter in this study. This finding partially agrees with the study of Boer, Fischer, and Fischer (2013), in that, although there is a diversity in the study population, there is some similarity in the findings, which reports that personal values guide an individual’s actions. The value of cleanliness by this study’s participants could be associated with the low incidence of catheter related infections among the participants.

Also, strong headedness was also acknowledged as participants’ consciousness to endure and conceal their pain from family members. This finding is partially consistent with the study of Forgeron, Evans, McGrath, Stevens, and Finley, (2013), which revealed that, individuals with chronic pain often keep it to themselves. Maybe participants of this study did not disclose their pain to protect their family members from getting anxious and showing
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signs of being fed up with them. Which contributed to deception. Being hard on themselves gave them the satisfaction as men. In Ghana, it is speculated that a man does not cry, a man is not expected to express his emotions or pain publicly. However, keeping their pain within them, is likely to predispose them to psychological breakdown and suicidal tendencies due to the persistent pain (Aziato et al., 2016: Adinkrah, 2012).

The process of conceptualisation involved the study participants reflecting on their QOL, considering the benefits and problems associated with living with the IUC. The conceptualisation of a situation becomes the bridge to forming an opinion (Baggetta & Alexander, 2016). From reflection, some participants acknowledged that although they faced physical and social challenges among others with the catheter, they benefited more from the catheter for that reason, they accepted to live with IUC. This finding is consistent with the study of Engkasan et al., (2014) which disclosed that their participants’ acceptance to have a catheter was their own decision based on their physical and psychological attributes. Perhaps, accepting to live with the IUC was through the determination to overcome the challenges of physical, psychological and social challenges that came with it. Therefore, some walk with the aid of a walking stick, attending some social functions and making the effort to hide the catheter and bag in the clothes they wore respectively. This deliberate effort may have resulted in self-confidence as well as esteem.

Although some participants acknowledge that no one will want to live with an indwelling urethral catheter, but then they realised through reflection that they adjusted to it as many would adjust to a prosthesis, or eye glasses and not noticing its presence, realising that the benefits outweighed its problems. Therefore, from reflection, the participants made known their perceived QOL with the IUC.
Perceived Quality of Life

This theme actually expresses participants’ opinion about their QOL with the indwelling urethral catheter. Some participants’ described their perception of their quality of life with IUC as good or poor whilst a few felt indifferent about their quality of life. ‘My quality of life is good’; these were the exact expression of some participants. For those who saw it as good were mostly the elderly, as well as some widowers and they had older children who supported them. These children provided for them financially and provided them with food and also assisted them with activities of daily living. The finding of this study agrees with the findings of Woodward, Steggal, and Tinhunu, (2013) in which it was reported that their patient using the urinary catheter had a good quality of life too. However, in their study participants used clean intermittent self-catheterisation while the participants of this study used indwelling urethral catheter which talked about the advantages of having the urethral catheter by acknowledging that it solved their problems of incontinence and urine retention. They also have the freedom to leave home, sleep, eat and interact with family and friends. These findings related to the finding of (Wassenberg et al., 2012; Hongthong et sal., 2015), who also found that age has an influence on the perception of a good quality of life. Contrary to the findings, a study reported that, old age influence the quality of life of an individual negatively (Maria et al., 2013).

Furthermore, those participants who described their quality of life as poor with the IUC were younger than those who reported a good QoL. In addition, they complained of pain, discomfort and were tired of frequently emptying their urethral catheter as well as their sex life being compromised. The findings of Lubahn et al., (2014) is comparable to the
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finding of this study as both study’s participants report a poor quality of life with the catheter. It may be that, men consider regular sexual intercourse as a determinant of good health, which is consistent with Abraham Maslow’s theory of needs which considers food, shelter, and sex important to the life of an individual (Lester, 2013). A poor quality of life constitutes a life that the individual is not happy about. considering his physical, social, psychological and spiritual welfare (Almeida, Nsrrallah, Almeida De Claro, Ortiz, & Srougi, 2006)

Finally, there were other participants of this study who could not distinctively tell their quality of life to be good or poor. These did not see much change with their lives before the IUC and now because they could carry out activities as before. Obviously, there is the probability that the urethral catheter has become a part of them, therefore, these participants overlooked the problems associated with living with the IUC. Besides they did not consciously think about the urethral catheter. To them the catheter was almost unnoticed unless it had a problem that needed attention such as blockage or leakage. However, there is no literature to substantiate this finding.

Altogether, participants in this study equally would have desired the ability to enjoy normal life activities, taking into consideration the general wellbeing of their lives with the IUC concerning their physical health, social life, employment, freedom and religious activities amongst others. The study identified that participants’ perception about their QoL was based on how much they did benefit from the urethral catheter in relation to their expectation.
5.5 Negative effects of Living with Indwelling Urethral Catheter affecting the quality of life

Even though majority of the study’s participants acknowledged that the indwelling urethral catheter served its purpose of draining urine directly from the urinary bladder, it had its limitation. This included threatening their employment, becoming financially burdened, their marriages were also threatened, it interrupted their sexual intimacy, they did not have the confidence to discuss issues about sex, creating embarrassing moments and behaving as ghost patients. These were labelled as negative effects, which was not part of the study’s organising framework.

Findings from the study identified that the presence of the IUC threatened the participants employment or work. Some participants reported that not being able to work was as a result of reporting late to work and closing earlier. The fishermen could no longer go fishing because they could not manage the IUC at sea. A participant had to take leave of absence from work to be at home to manage his life with the catheter. This finding confirms the findings of other studies where it is reported that only a few catheter users are in employment (Wilde, Mcdonald, et al., 2013; Yldz et al., 2014). This could be as a result of the impact of the IUC on their physical activities. However, some participants had to employ people to help finish contracts they had taken and also ease their financial burden.

Financial burden is another negative effect that was reported in this study. Participants attributed financial burden to high hospital bills, regular change of urethral catheter, purchasing expensive drugs, and transportation. This finding agrees with the findings of Feneley et al., (2015) as they reported that their study participants living with the catheter were financially challenged. Being financially burdened compelled this study’s participants
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to use all their savings. Some of them had to sell their cars to generate income for their treatment. From the study of Mossanen and Gore, (2014), they disclosed that, treatment of long-term conditions come at a high cost. Furthermore, being financially burdened could lead to corrective surgery to be postponed. Thus prolonging the period of living with the IUC by the participants. The study of Timmons, Gooberman-hill, and Sharp, (2013), revealed that, financial challenges have been a cause of surgery to be delayed thus prolonging period of living with the urethral catheter by people. An anticipated problem with financial burden could be that, the study’s participants could be overwhelmed with the challenge of providing for their personal and family needs such as school fees for their children, feeding and utility bills to be maintained. This implies that financial burden causes stress to the family and impacts negatively on the quality of life (Sujata, Gupta, and Sood, 2015).

An additional negative effect identified was the participants having the desire to be sexually intimate with their partners. They wondered how it could be possible with the presence of the urethral catheter. They were also concerned about the functioning of the penis as the majority of them complained of erectile dysfunction. This finding is similar to the study of Kralik, Seymour, Eastwood, and Koch, (2007), it revealed that living with the IUC means accepting life without sex. However, the study of Chapple, et al., (2014b) disclosed that it is possible to have sex with the IUC by folding the catheter over along the penis and held in place by putting on a condom.

Participants of this study might not have known this approach. Besides, they might not have tried any method of having sex with the urethral catheter to get a comfortable one therefore the live in ignorance. Even though, participants expressed that they want to spend intimate moments with their wives, as they felt lonely. However, their partners no longer found them attractive with the IUC, but they see them as patients. Callens et al., (2014),
revealed that having IUC can have an undesirable impact on a person’s sex life. The older participants of this study who were above the age of 70 years did not have many problems with sexual intimacy. This is an indication that, sex was no longer the focus of their life (Chapple, Prinjha, & Salisbury, 2014). One of the men reported that loss of sex in his life makes him feel he is not alive. This tells how men attach preference to sex. In the life of a man, lack of sexual fulfilment may produce low self-esteem, misery, depression, and confusion. Consequently, they ask a question like ‘what is my use in life’. which suggest that the men felt their respect is compromised due to sexual dysfunction. The catheter is a source of worry and agony leading to a poor quality of life (Mackay et al., 2018).

Apart from not being able to have sexual intimacy, their lack of confidence to discuss issues about sex with the health professionals was also identified. This finding is similar to the finding of Paterson, Robertson, Smith, et al., (2015) study which revealed that men living with the catheter had unmet concerns by health professionals about intimacy needs. Majority of the participants who were young were interested to know about sex with regards to living with the IUC. They blamed health professionals for neither being proactive to discuss issues about sex with them nor information concerning the IUC. Whereas they also could not approach the health professionals for help, which may possibly be due to fear of approaching the nurses or doctors due to a reaction from a past experience or they might have also felt that by asking questions about sex they could be branded as not serious. In addition, perhaps, lack of time at the clinic, and finding it out of place to talk about sex at the clinic due to less privacy may not have allowed the participants to talk about sex with the health professionals. Or they lacked the confidence to discuss issues about sex with the health professionals due to cultural reasons. Such as in Ghana issues about sex are not freely
discussed with the opposite sex. People who discuss sexual issues in public are labelled as having bad character (Manu, Mba, Asare, Odoi-Agyarko, & Asante 2015: Nyarko, 2014).

Threat to marriage was another finding of this study. As the marriages of some participants’ faced separation and divorce due to living with the IUC. Studies have identified that living with conditions relating to bladder dysfunction such as incontinence or retention often leads to divorce or separation in marriages. (Hong, Park, Kang, and Palmer, 2014: Zheng, Harrington, Love, Thélémaque, and Anderson, 2013). This separation and divorce was as a result of some wives being afraid that their husbands were going to die from the constant pains from the IUC, others could not tolerate gossip from neighbours, some due to Stigma that could have exposed the family to ridicules in the community and also rejection from the neighbours (Dako-Gyekye and Asumang, 2013: Dako-Gyekye and Baffour, 2016: Adinkrah, 2012). This explains how dreadful individuals perceive the urethral catheter. It is possible that ignorance about the urethral catheter on the part of the family and patients might have contributed to their action. However, length of time the couple have been married could have an effect on the marital relationship.

Majority of the participants reported that they had noticed changes in the attitude of their wives towards them which gives them the course to suspect infidelity. Some participants believe the women could have sexual partners outside their marriage because they were young and beautiful. Findings from other studies have reported that absence of sex in marriage could lead one to seek sexual gratification outside the marriage and also, partners have the tendency to be suspicious of each other when one of them is affected with a chronic illness that challenges their sex life (Allen, Rhoades, Stanley, Loew, and Markman, 2012: Sharpe, Walters, and Goren, 2013).
MEN LIVING WITH INDWELLING CATHETER

Another negative effect that emerged from this study was embarrassing moments. Which was manifested by some participants wetting themselves in town when they could not find a convenient place to empty their catheter or urine bag. Also on a few occasions they wet themselves in public transport when driver could not stop for them on the highway as well as wetting their matrimonial beds. The findings of this study agrees with the studies of (Rantell, 2012: Pilcher & MacArthur, 2012) in which it documented embarrassment as a common phenomenon with living with the IUC. Apart from the embarrassment participants faced by wetting themselves unexpectedly, they again encounter embarrassment at the clinic too where often privacy is not provided during catheterisation. Which means their dignity is compromised and they feel disrespected (Özkan, Irkoren, & Sivrioğlu, 2015).

The participants confessed that feeling embarrassed by the effect of the IUC has socially affected their quality of life negatively.

Another negative effect that emerged from the data was Ghost patients. This described the attitude of the participants toward each other at the GU clinic. The participants refuse to interact with each other for fear of getting familiar with themselves. Behaving as “ghosts” was to protect gossip amongst them (Lillehammer, 2014: Beersma & Van Kleef, 2012). Others feel when they interact there is the tendency to generate friendship which could expose their secret of living with the indwelling urethral catheter to others. Contrary to this, interacting with other patients could result in hope and the opportunity to learn how other people improve their quality of life with the indwelling urethral catheter. A support group could also be born from their interaction as a conduit to get information and support.

Altogether the negative effects of living with the indwelling urethral catheter identified from the remaining data, were challenges that overwhelmed the study participants.
However, the participants found ways of controlling their effects on their QoL. As they gradually adjusted to find solutions to those they could do something about and learnt to live with those that could not be controlled.

5.6 Evaluation of the Response Shift Model for QoL Applied for men living with the indwelling urethral catheter

The response shift model for QoL by Sprangers and Schwartz (1999) was the underpinning framework for this study. It aided the researcher in exploring the QoL of men living with the indwelling urethral catheter. The model had five constructs: The antecedents, catalyst, mechanism response shifts and the perceived quality of life. The constructs were used to formulate the research objectives and to develop the interview guide. The theme antecedents influencing life with indwelling urethral catheter was in agreement with the construct antecedent of the model. Sociodemographic and personality were the subthemes that characterised the antecedents.

The theme mechanisms used to live with the IUC was from the construct mechanism. It was characterised by the subthemes, coping, social comparison, social support, and spiritual practices. The subtheme assisted in drawing responses about the methods used by the participants to live with the IUC. None the less, a sub-subtheme: secrecy emerged which was directly related to the subtheme coping.

Response shift in living with the IUC was also a theme from the construct response shift. It was characterised by the subthemes change in, internal standards, values, and conceptualisation. The researcher used this theme to deduce the participants’ opinion about the IUC after a reflection was made on their life with the IUC. When they had applied the mechanisms to live with the urethral catheter.
And the perceived QoL was the final construct with the theme as the perceived QOL of men living with the indwelling urethral catheter. This construct was used to elicit the participants’ perception of the IUC.

The catalyst represents the intervention used to manage the situation or change in health state. The intervention used in this study to manage the participants’ urinary issues is the indwelling urethral catheter. Which was not the focus of the study but how the participants perceived their life with the catheter. For this reason, the researcher omitted the construct catalyst in the study. This was because the information on the catalyst was not going to add new knowledge.

However, one new theme emerged from the data but was not consistent with the model. The negative effects of living with the IUC. This theme had seven subthemes: a threat to employment, financial burden, marital threats, sexual intimacy, lack of confidence to discuss issues about sex, embarrassing moments and ghost patients.

**Recommendation to The Model**

The researcher suggests, the Response Shift model for quality of life to include constructs that will investigate the challenges faced by patients as they assess their quality of life.
CHAPTER SIX

SUMMARY, IMPLICATIONS, LIMITATIONS, CONCLUSIONS, AND RECOMMENDATIONS

6.0 Introduction

This chapter presents the summary of the study, implications of the findings for nursing practice, research, administration and education. The limitation, conclusion and recommendations from the study are also presented.

6.1 Summary of the Study

In this study, the researcher explored the quality of life of men living with indwelling urethral catheter. To conduct this study a purposive sampling technique was used to identify and recruit the sturdy participants. 13 Ghanaian men living in Tema metropolis and its surrounding environs and receiving genitourinary care at Tema general hospital were involved. Consent forms were signed by participants who agreed to participate in the study. Each participant was interviewed once and data saturation was achieved by the 13th participant. Interview were audio recorded and verbatim transcription of interviews was done concurrently. Data was analysed using a thematic content analysis. The five (5) themes of the study agreed with the constructs the Response shift model for QOL by Spranger and Schwartz (1999).

The findings generated disclosed that most of the participants’ antecedents which are sociodemographic characteristics and their personality influenced their ability to live with the IUC. Also the participants used various mechanisms such as coping, social support, social support and social comparison to live with the IUC. In spite of controlling the smell yet they
still felt smelly. Also The participants received support from family and friends in the form of money and helping them with activities of daily living as well as accompanying participants to hospital for reviews and change of catheter. Furthermore, participants compared themselves to other men who did not live with the IUC and they felt sad and pity for themselves. They engaged in spiritual practices to maintain their relationship with God. Thus, some participants prayed and read their bible regularly they felt their relationship with God got better. All participants experienced a response shift by self-evaluating their life with the IUC. As a result, there was a change in their internal standards to life and majority found life to be meaningful with the catheter. They considered the effect of their personal values on their live with the IUC and also formed new concepts about their lives. However, the outcome of their reflection influenced their perception of their quality of life. Some participants perceived their quality of life as good, a few perceived it as poor and the others felt indifferent about their quality of life.

A new theme that emerged from analysing the data, which was not part of the framework is negative effects of the indwelling urethral catheter. This comprised, of threat to employment, financial burden, sexual intimacy, lack of confidence to discuss sexual issues with health professionals, threat to marriage, embarrassing moments and ghost patients. Due to the discomfort and pains from the IUC, most of the participants could no longer work effectively. One participant whose employers new about his condition was afraid he would be replaced due to the length of time he has been out of work. Threats to their employment exposed some participants to financial burden. for that matter they could not raise money for corrective surgery and as such they have to live with the catheter for a long time. In addition, most of them had their marriages threatened due to the presence and the negative effects of the urethral catheter. Their marriages also lacked sexual intimacy due to inadequate
knowledge about living with the IUC. Similarly, participants lacked the confidence to discuss issues about sex with the health professionals at the clinic. Most of the participants recounted a few embarrassing moments they have had with the IUC. Which involved wetting themselves in town when they could not find a place of convenience to release pressure built in the catheter from a full bladder, likewise in public transports and wetting their matrimonial beds and spouse from accidental separation of the catheter and spigot. Finally, although all participants live with the IUC, they reported that they behaved as ghost patients at the clinic. Each person minds his own business at the clinic. This individuality they said protects them from gossip among family members of participants who accompany them to the clinic and to avoid issues associated with IUC being discussed among them if they should meet in town.

6.2 Implication for Nursing

The findings from this study has implications that needs attention. These implications are presented in relation to nursing research, nursing education, nursing administration and nursing Practice.

6.2.1 Nursing Research /Avenue for future Research.

Participants of this study were Men living with indwelling urethral catheter. They lived with their immediate family who assist them daily with activities of living. These family members spent their time and money on caring for the participants. Therefore, there will be the need if future studies could focus on the quality of life of the family of men living with indwelling urethral catheter, and investigate the well-being of spouses of men living with indwelling urethral catheter.
6.2.2 Nursing Education

The study identified that, some of the participants of this study perceived their quality of life as poor. This was due to inadequate knowledge about the indwelling urethral catheter and living with the catheter. Which could be a result of poor nursing care. Therefore, genitourinary nursing curriculum should be developed for the training of genitourinary post basic GU nursing training and psychosocial management of GU patients should be included in the basic nursing training curriculum. The training will make available specialised skills to render holistic care to patients living with the IUC. Regular in service training should be organised for nurses working at GU to improve upon their nursing skills. Standard educative materials should be prepared for educating men living with the IUC who visit the clinic to improve their quality of life.

6.2.3 Nursing Administration

There is the need for nursing administration to have post basic nurses trained as GU nurses to provide professional care to GU patients. Especially the management of those who have to live with the urethral catheter for a while. To ensure continuous professional care, hand books should be developed and made available to nurses in every department to have some knowledge on GU care. Nurse managers should create a friendly atmosphere in the clinics and wards to allow patients to feel free to ask for clarification whenever necessary. Finally, counselling rooms should be made available for the purpose of ensuring a quiet and private environment for the nurses and doctors to interact with patients on bothering issues. A policy modification to include counselling and public education will be necessary. This will make education on how to live with the indwelling urethral catheter accessible to the patients and the whole population.
6.2.4 Nursing Practice

The findings of this current study revealed that the participants had negative effects of living with IUC. These were challenges that impacted negatively on the participants’ QoL. Should the findings of this study be made available to practising nurses, who care for people living with IUC, it will inform them to provide holistic nursing care to GU patients. This study revealed that the men living with IUC visit the hospital for procedures like change of catheter and for doctor’s review. Nurses at the clinic should be interested in the patients’ psychological, social and physical wellbeing, to enhance their QoL.

6.3 Limitations

Even though the study’s population were all men, the number of younger men in the study was few. Therefore, the quality of life of young men living with the indwelling urethral catheter was not much. Another limitation of this study was that, the participants were all Christians. Participants belonging to other religions were not willing to take part in the study. Therefore, the study conducted could not have a different religious background to compare findings of differences in the approach of living with the IUC.

6.4 Conclusion

Interacting with men living with indwelling urethral catheter has been an interesting learning experience for the researcher. The interest of the researcher was to explore the quality of life of men living with indwelling urethral catheter. The findings of this research revealed that the antecedents of the participants which includes their sociodemographic characteristics and their personality influence their mechanisms used to live with the IUC. The participants used various mechanisms such as coping, social comparison, social support and spiritual practices to adjust to their new life. Although, it was revealed that some
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Participants suffer social isolation due to the stench of urine engulfing them, stigma in their neighbourhood and churches, and have physical impacts of pain and walking with difficulty. However, a response shift, thus a new meaning to life came about after careful reflection was done considering a change in the participants’ internal standard, their values and the conceptualisation of their lives with the IUC. From their response shift, the participants declared how they perceived their QoL with the IUC. In addition, a new theme emerged from the study data which was negative effects of the IUC. From this theme it was realised that, living with IUC posed a threat to participants’ employment which resulted in participants being financially burdened. Their marriages were also threatened due to problems from the catheter and lack of knowledge on how to achieve sexually intimacy with their partners with the presence of the IUC. Furthermore, often they had embarrassing moments with the IUC such as wetting themselves in public when there was no convenient place to empty their full bladder or accidental separation of the catheter and the spigot. And also participants minded their own business at the clinic which was termed ghost patients.

The findings of this study must be given attention to help ease the financial burden of men living with the urethral catheter in order for the men to have a good QoL. It is suggested that, strategic educative programs on living with the IUC be made available and accessible to people living with the IUC. There should be adequate capacity of nursing staff to render holistic nursing care to which the men living with the IUC.

6.5 Recommendations

The following recommendations have been made to the Ministry of Health and Tema General Hospital based on the findings of this study.
6.5.1 Ministry of Health

1. Awareness should be created about genitourinary conditions for the public. There should be clear policy on public education on GU problems to make education on GU problems accessible.

2. The ministry of health should cover the cost of GU conditions either fully or partially.

3. The ministry should formulate Policies for routine screening for every man who visits the hospital.

4. The ministry of health should explore why men are unable to receive adequate treatment in a timely and cost-effective manner for BPH, and to ensure that no man should live with IUC for more than three months to five years while waiting for definitive treatment.

6.5.2 Tema General Hospital

1. The hospital’s management should prepare educational materials towards the needs of men living with the indwelling urethral catheter.

2. Nurses should be given the opportunity to have a post basic training in GU nursing to improve care given to patients at the GU clinic.

3. Counselling services should be included in the treatment of GU patients to take care of their psychological needs.
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MEN LIVING WITH INDWELLING CATHETER


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APPENDICES

APPENDIX A: Interview Guide

UNIVERSITY OF GHANA
SCHOOL OF NURSING

INTERVIEW GUIDE FOR MEN LIVING WITH INDWELLING URINARY CATHETER

Section A: Demographic Data

1. Age: 20-29 years [ ] 30-39 years [ ] 40-49 years [ ] 50 and Above [ ]

2. Educational Level: SHS [ ] Certificate/Diploma [ ] Bachelor Degree [ ]
   Master’s Degree [ ]

3. Marital Status: Single [ ] Married [ ] Divorced [ ]

4. Occupation: ..............................................................

5. Ethnicity: ....................................................................

6. Religion: ......................................................................

Section B: Quality of life of men living with indwelling urinary catheter

Using the response shift model

Antecedents:

Personality:

6. Please tell me how you perceived life before you became ill?

   What was your relationship with other people?
   How do you relate with others now?
MEN LIVING WITH INDWELLING CATHETER

Mechanism
Coping:

7. What mechanisms or strategies have you adopted/employed (both external and internal) to cope with your present condition to maintain a positive quality of life? (Allow interviewee to state as many as possible)

8. Social comparisms: When you look at yourself and other people who do not have the catheter.
   i) How do you see yourself.
   ii) What do you think about yourself.

9. Social support: Please tell me how you support yourself?
   Any support from the institution, family, employers or friends?

10. Reframing Expectation: i) How will you describe your life before the indwelling urethral catheter and now that the catheter is in place?
   ii) Tell me how you feel about getting intimate with your wife. (for those married).
   iii) How do you achieve this?

11. Spiritual Practice: Please tell me the spiritual practices that you engage in as you live with the indwelling urethral catheter.
   ii. How does the indwelling catheter interfere or help in those practices?

12. Reordering Goals: i) I would like to know how the presence of the urethral catheter affects your work and other plans.
   ii) What do you hope to do about it?

13. Response shift:
   Internal standards: i) How has your coping mechanisms being helpful to your current status.
   ii) How have they been helpful to you.

14. Values: i) Please tell me your principles that guide your attitude or standard of behavior.
   ii) How has the presence of the catheter influenced it.
Mechanism
Coping:

7. What mechanisms or strategies have you adopted/employed (both external and internal) to cope with your present condition to maintain a positive quality of life? (Allow interviewee to state as many as possible)

8. Social comparisms: When you look at yourself and other people who do not have the catheter.
   i) How do you see yourself.
   ii) what do you think about yourself.

9. Social support: Please tell me how you support yourself?
   Any support from the institution, family, employers or friends?

10. Reframing Expectation: i) How will you describe your life before the indwelling urethral catheter and now that the catheter is in place?
     ii) Tell me how you feel about getting intimate with your wife. (for those married).
     iii) How do you achieve this?

11. Spiritual Practice: Please tell me the spiritual practices that you engage in as you live the indwelling urethral catheter.
   i. How does the indwelling catheter interfere or help in those practices?

12. Reordering Goals: i) I would like to know how the presence of the urethral catheter affects your work and other plans.
     ii) What do you hope to do about it?

13. Response shift:
Internal standards: i) How has your coping mechanisms being helpful to your current status.
     ii) How have they been helpful to you.

14. Values: i) Please tell me your principles that guide your attitude or standard of behavior.
     ii) How has the presence of the catheter influenced it.
15. **Conceptualization:**

i) I would like to know what you think about the indwelling urethral catheter in relation to your

- Physical wellbeing
- Social well-being
- Your personality
- Your expectation
- Your spiritual identity
- Others.......... (allow interviewee to state any other factors)

ii) please tell me about what you think about people who are living with the catheter and are doing well.
APPENDIX B: Consent Form

CONSENT FORM

Title: Perceived Quality of Life of Men Living with Indwelling Urethral catheter, A Study at a District Hospital in Ghana.

Principal Investigator: Yvonne Afi Farnmer.

Address: Department of Health, School of Nursing and Midwifery, College of Health Sciences, University of Ghana, Legon, Box LG 43, Accra.

General Information about Research

I am a second year MPhil (Nursing) student at the University of Ghana, Legon conducting a study on the above named topic. The study is for academic purpose. The aim of the study is to explore the quality of life of men living with indwelling urethral catheter. You have been selected as a participant in this study, however you are not being forced to, you have the right to withdraw from the study process at any time without any consequences. I will like you to give me information on how your life had been before the rubber tube was put in to collect the urine (urethral catheterization), how you are coping with the rubber tube (indwelling urethral catheter) and how you hope your life to be with the rubber tube. The information will be taken by interview. The interview will be planned and done at your own suitable day, time and venue of choice to ensure privacy and comfort. The interview will be recorded with your permission. In case of any emotional or physical distress, the interview will be stopped and continued at another time that is suitable to you. You will be asked to sign or thumbprint a consent form to signify your willingness to participate in the study.

Possible Risks and Discomforts

There will be no risk involved in the study, however a little discomfort from sitting for more than 30mins during the interview.

Possible Benefits

There are no direct benefits that you will get by being interviewed. However, the study may benefit you later when policy makers initiate change with findings.
Confidentiality

Every information obtained from you will be kept from reach of others in a folder with a password. Except for myself and my supervisor. In the event that the audio tape is asked for by the school for any reason, permission will be sort from you. Every information derived from you will be strictly for academic purpose only. Your name and demographic data will not be audiotaped. A Pseudo name will be given to your information for identification. The recordings will be kept for a maximum period of five years.

Compensation

You will be given a bottle of water during the interview, then a bottle of soft drink and biscuit after the interview.

Voluntary Participation and Right to Leave the Research

You are not forced to participate in the study. However, you can withdraw from the study at any time you wish to, please feel free to do so. nobody will penalize you.

Contacts for Additional Information

For any information regarding the study, kindly contact the following:

Yvonne Afif Ammer.

Tel. No.: 0208727211

Email: afifamer@yahoo.com

Ms. Patricia Avadu.

Tel. No.: 0244560130

Email: patavadu62@yahoo.co.uk

Ms. Gladys Dzansi.

Tel. No.: 0243059316 Email: gladysdzansi@gmail.com

Your rights as a Participant
This research has been reviewed and approved by the Institutional Review Board of Noguchi Memorial Institute for Medical Research (NMIMR-IRB). If you have any questions about your rights as a research participant you can contact the IRB Office between the hours of 8am-5pm through the landline 0302916438 or email addresses: nirb@noguchi.ug.edu.gh
VOLUNTEER AGREEMENT

The above document describing the benefits, risks and procedures for the research title Perceived Quality of Life of Men Living with Indwelling Urethral Catheter has been read and explained to me. I have been given an opportunity to have any questions about the research answered to my satisfaction. I agree to participate as a volunteer.

____________________________________________________

Date Name and signature or mark of volunteer

If volunteers cannot read the form themselves, a witness must sign here:

I was present while the benefits, risks and procedures were read to the volunteer. All questions were answered and the volunteer has agreed to take part in the research.

____________________________________________________

Date Name and signature of witness

I certify that the nature and purpose, the potential benefits, and possible risks associated with participating in this research have been explained to the above individual.

____________________________________________________

Date Name Signature of Person Who Obtained Consent
APPENDIC C: Introductory Letter

UNIVERSITY OF GHANA
SCHOOL OF NURSING

SON/A.12
Ref. No.: ..........................................................

October 12, 2017

The Chairman
Ghana Health Service
Tema General Hospital

Dear Sir/Madam,

DEPARTMENTAL APPROVAL LETTER

This is to introduce to you Yvonne Afi Farmer, an M.Phil Year II student of the above School and to inform the Institutional Review Board of the approval of the thesis topic; “Perceived Quality of Life of men Living with Indwelling Urethral Catheter: A study at a District Hospital Ghana” by the department of Adult Health Nursing, School of Nursing.

Thank you.

Yours faithfully,

Ms. Patricia Avadu
SUPERVISOR

COLLEGE OF HEALTH SCIENCES
P.O. Box LG 43, Legon, Accra, Ghana
Tel: +233 (0) 302 513 258 / 0289 531 213
Email: son@chs.ug.edu.gh
Website: www.nursing.ug.edu.gh
APPENDIX D: Ethical Clearance

NOGUCHI MEMORIAL INSTITUTE FOR MEDICAL RESEARCH
Established 1979
A Constituent of the College of Health Sciences
University of Ghana

INSTITUTIONAL REVIEW BOARD
Post Office Box LGI 581
Legon, Accra
Ghana

My Ref. No. DF.22
Your Ref. No.

4th December 2017

ETHICAL CLEARANCE

FEDERALWIDE ASSURANCE FWA 00001824
IRB 00001276

NMIMR-IRB CPN 029/17-18
IORG 0000908

On 4th December, 2017, the Noguchi Memorial Institute for Medical Research (NMIMR) Institutional Review Board (IRB) conducted an expedited review and approved your protocol titled:

TITLE OF PROTOCOL: Perceived Quality of Life of Men Living with Indwelling Urethral Catheter: A Study at a District Hospital in Ghana.

PRINCIPAL INVESTIGATOR: Yvonne Affummer MPhil Cand.

Please note that a final review report must be submitted to the Board at the completion of the study. Your research records may be audited at any time during or after the implementation.

Any modification of this research project must be submitted to the IRB for review and approval prior to implementation.

Please report all serious adverse events related to this study to NMIMR-IRB within seven days verbally and fourteen days in writing.

This certificate is valid till 3rd December, 2018. You are to submit annual reports for continuing review.

Signature of Chair: [Signature]
Mr. Chris Dadzie
(NMIMR – IRB, Chair)
### APPENDIX E: Sociodemographic Characteristics of Participants

<table>
<thead>
<tr>
<th>Codes</th>
<th>Age in Years</th>
<th>Occupation</th>
<th>Ethnicity</th>
<th>Educational Background</th>
<th>Marital Status</th>
<th>Religion</th>
<th>Duration of Living With Catheter</th>
<th>Diagnosis of participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>MLC 1</td>
<td>66</td>
<td>Security personnel</td>
<td>Ga</td>
<td>MSLC</td>
<td>Married</td>
<td>Christian</td>
<td>7 years</td>
<td>BPH</td>
</tr>
<tr>
<td>MLC 2</td>
<td>72</td>
<td>Electrical technician</td>
<td>Kwawhu</td>
<td>Diploma</td>
<td>Married</td>
<td>Christian</td>
<td>2 years</td>
<td>Ca prostate</td>
</tr>
<tr>
<td>MLC 3</td>
<td>60</td>
<td>Trader</td>
<td>Krobo</td>
<td>Diploma</td>
<td>Married</td>
<td>Christian</td>
<td>2 years</td>
<td>Urine retention</td>
</tr>
<tr>
<td>MLC 4</td>
<td>63</td>
<td>Mason</td>
<td>Fante</td>
<td>MSLC</td>
<td>Widower</td>
<td>Christian</td>
<td>3 months</td>
<td>Incontinence as a result of BPH</td>
</tr>
<tr>
<td>MLC 5</td>
<td>70</td>
<td>Security personnel</td>
<td>Ada</td>
<td>MSLC</td>
<td>Married</td>
<td>Christian</td>
<td>7 months</td>
<td>Incontinence as a result of BPH</td>
</tr>
<tr>
<td>MLC 6</td>
<td>86</td>
<td>Administrative manager</td>
<td>Ga</td>
<td>GCE O’level</td>
<td>Widower</td>
<td>Christian</td>
<td>1 year 6 months</td>
<td>Ca Prostate</td>
</tr>
<tr>
<td>MLC 7</td>
<td>72</td>
<td>Crane operator</td>
<td>Fante</td>
<td>MSLC</td>
<td>Married</td>
<td>Christian</td>
<td>1 year</td>
<td>Urine retention</td>
</tr>
<tr>
<td>MLC 8</td>
<td>38</td>
<td>Diver and footballer</td>
<td>Ga</td>
<td>JHS 2</td>
<td>Separated</td>
<td>Not Religious</td>
<td>2 years</td>
<td>As a result of BPH AUR</td>
</tr>
<tr>
<td>MLC 9</td>
<td>85</td>
<td>Driver</td>
<td>Dambge</td>
<td>Class 6</td>
<td>Married</td>
<td>Christian</td>
<td>1 year</td>
<td>Ca Prostate</td>
</tr>
<tr>
<td>MLC 10</td>
<td>85</td>
<td>Carpenter</td>
<td>Fante</td>
<td>Class 2</td>
<td>Married</td>
<td>Christian</td>
<td>6 months</td>
<td>Urine retention</td>
</tr>
<tr>
<td>MLC 11</td>
<td>55</td>
<td>Chief Revenue Officer</td>
<td>Ewe</td>
<td>Master’s degree</td>
<td>Married</td>
<td>Christian</td>
<td>2 months</td>
<td>As a result of BPH Prostatis</td>
</tr>
<tr>
<td>MLC 12</td>
<td>50</td>
<td>Fisherman</td>
<td>Ga</td>
<td>Class 4</td>
<td>Divorced</td>
<td>Christian</td>
<td>1 year</td>
<td>Ca Prostate</td>
</tr>
<tr>
<td>MLC 13</td>
<td>50</td>
<td>Cleaner</td>
<td>Ga</td>
<td>Class 4</td>
<td>Separated</td>
<td>Christian</td>
<td>5 years</td>
<td>Retention</td>
</tr>
</tbody>
</table>

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MEN LIVING WITH INDWELLING CATHETER