

What job needs to be done?

Patient-reported functional goals in long-term catheter use

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- ① **Background**
While clinical catheter indication is typically diagnosis-driven, the functional purpose patients attribute to catheter use had previously been investigated on a large scale. We applies the Jobs-to-be-done framework to identify which functional ‘jobs’ patient expect their catheter to perform (Fig. 1) [1].

Fig 1. The Jobs-to-be-done lens in catheter care



[1] Christensen CM, et al. Competing Against Luck: The Story of Innovation and Customer Choice. Harper Business; 2016.

- ② **Methods**
- Cross-sectional survey, n = 594 (response rate 12.1%)
- Mean age 75 years; 79% male; 49% suprapubic catheter
- Two questions: (1) primary self-reported reason for catheter use (the ‘job to be done’ - 9 categories); (1) patient-reported diagnosis as identified by their physician (8 categories)

- ③ **Key Findings**
- Urinary retention-related jobs predominated (nearly 60%),
- In total, 21.6% reported incontinence management, impaired toilet access, pain relief, or nocturia; within this group, neurogenic bladder (35.4%) and overactive bladder (26.8%) predominated. As indwelling catheterization is not first-line for these problems, more targeted alternatives may better serve their needs.
- Nearly 1 in 8 patients reported no personal functional goal, attributing catheter use solely to medical authority: a potential missed opportunity for shared decision-making.

Fig 2. Patient-reported primary reason for catheter use (‘job-to-be-done’) (n=594)

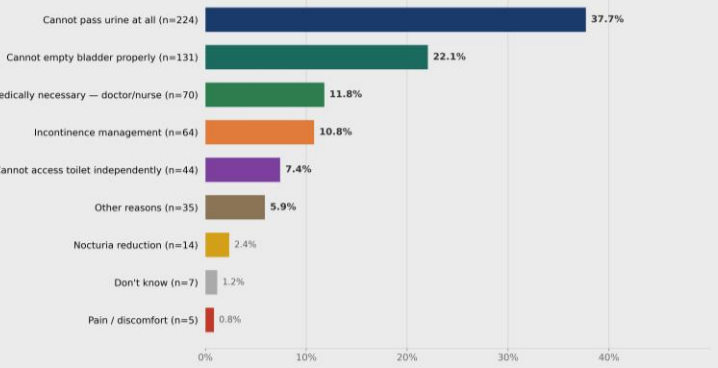


Fig 3. Distribution of diagnoses per patient-reported ‘job-to-be-done’

