

IS DRY HAPPY?

Hypothesis / aims of study

Current treatment for urinary incontinence (UI) leaves some women dissatisfied. This may be partially because of individuals' personal characteristics, which are not changed by incontinence treatment. Whilst quality of life tools are useful when looking at populations, they help little to inform treatment on an individual basis. This study is one of the preliminary stages of the development of a tool to help formulate individualised treatment plans. Traditionally quantitative approaches are too tightly structured to enable collection of the rich and in depth data required for this study type. A qualitative approach is much more appropriate and it is recognised that the number of individuals interviewed is far smaller than in quantitative research. **The aims of this study are:**

1 to explore emotions relating to the ways in which women's lives are affected by UI.

2 to elicit women's opinions on their care.

3 to provide items for inclusion in development of a treatment plan tool.

4 to provide supplementary information from women who have also undergone the repertory grid technique, thereby providing content validity by triangulation in later stages of the tool's development.

Study design, materials and methods

15 women suffering UI were interviewed. This was a purposive opportunistic sample of articulate women. They had been examined using the repertory grid technique immediately prior to carrying out the interview. They were considered complex cases and were selected from various sources including urogynaecology outpatients and patients undergoing inpatient bladder retraining. Interviews were as unstructured as possible to allow the content and direction to be determined by individual interviewees. Interview text was broken down into segments and thematically analysed. Text segments were grouped into basic themes, organising themes and subsequently thematic networks were developed with global themes at their core. Each text segment was scrutinised to ensure that their place within the thematic network was justified. Theories were developed by examining each text segment in the context of its thematic network.

Results

Thematic networks are outlined below. Bracketed numbers represent the number of text segments included.

Global theme	Organising theme
Start of condition (28)	Theories of cause (14) Presentation (14)
Effect of problems (83)	Restriction on activities (38) Practical considerations (17) Concerns (28)
Coping (15)	Ability to cope (3) Mechanisms (12)
Emotional reaction to problems (24)	Embarrassment (8) Anxiety (4) Depression (3) Conscious of problems (2) Anger (3) Others (4)
Other people (24)	Secrecy (5) Awareness (9) Comparison (10)
Future (26)	Age (12) General fear (5) Hope (4) Uncertainty (5)
Body (10)	Normality (4) Age (3) Other problems (3)
Opinion on care (48)	Staff (42) Role of self (6)
Investigations/treatment (72)	General satisfaction/dissatisfaction (63) Compliance (9)

Theories developed around these networks are extensive and the following are examples:

- There is a wide variety of triggers for presentation.
- UI makes women feel unclean and malodorous.
- Rumination on micturition and toilet location cause people to plan their lives around this.
- People cope with their UI by distracting themselves with other activities
- People worry about discovery and some of those who have been discovered have been ridiculed

-People often complain of feeling old and worry about what will happen to their bladder problems when they get older. Some are more motivated to seek treatment by these fears than how they currently actually feel.

-Patients appear satisfied with their care when they feel that their health professional listens to them and involves them in their care.

Interpretation of results

Whilst many of the theories would be accepted as obvious, many are overlooked in clinical practice to set objectives of treatment. Emotions and concerns such as hygiene, smell, relationships and body image are expressed in relation to UI but it is debatable whether current management addresses all or any of these factors.

The most common source of dissatisfaction for women regarding their care was a lack of communication. The UK National Health Service is moving towards standardisation with the development of integrated care pathways. These factors should be born in mind as a 'one size fits all' approach is likely to lead to dissatisfaction for all concerned.

Concluding message

Patients are individuals and UI is a complex disease, necessitating individualised treatment plans and hopefully this study moves the field of urogynaecology one step closer to being able to provide women with the service they deserve. Rather than just aiming to make patients dry, clinicians may be best aiming to make patients happy and dry.