A Phenomenological study into the experience of training to perform Intermittent Self Catheterisation (ISC) from the perspective of the Patient and the Nurse.

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Introduction

Intermittent Self Catheterisation (ISC) is the preferred method of bladder drainage for individuals with bladder emptying problems over the option of indwelling catheter (Lapides *et al*, 1972). The National Institute for Health and Care Excellence (NICE) identify that ISC as the 'gold standard' and preferred method of bladder emptying for individuals with bladder dysfunction. (NICE, 2015; 2017).

In the past forty five years, there has been a paucity of published qualitative research specifically relating to the individual being trained to perform ISC. Within the literature on ISC, it states that all nurses who train patients in ISC technique will have been trained and are competent (RCN, 2012; Loveday *et al*, 2014; NHS England, 2015), which is in line with the Nursing and Midwifery Council Code (2018). There currently appears to be no literature discussing the perspectives of the nurse's experience, identifying a significant gap in the literature.

Aim

The aims of the study are to explore patient's experiences of being trained to perform ISC and to explore nurse's experiences of training patients to be competent with ISC technique.

Objectives

- To observe the experience of ISC training in the hospital setting.
- To explore the experience of the patient and nurse following ISC training.
- To provide an overall synthesis of the findings from both sets of participants in order to provide a cohesive description of the experience of ISC to inform future education and training.

Inclusion/Exclusion Criteria (Patients) Participants will be recruited from two NHS Foundation Trust Hospitals

Inclusion Criteria	Exclusion Criteria
Men and Women	
>18yrs age	<18 years old
Able to perform ISC technique	Unable to perform ISC
independently	technique independently
Unable to empty bladder (partially or at all) neurological bladder dysfunction, atonic bladder, retention, postoperative retention, bladder outflow obstruction, stricture management.	Previously instructed in ISC/ Dilatation
Orthotopic Bladder Reconstruction	Mitrofanoff Procedure (leading to catheterising via umbilicus through an artificially created tract to the bladder.
Able to provide consent	Unable to provide consent

Philosophy/Methodological Approach

A Descriptive Phenomenological approach will be used for this study. Husserl's phenomenology focuses on the description of the experience (training to perform ISC) in order to get at its 'essence' or 'structure' (Husserl, 1970). Qualitative research focuses on the way in which people make sense of their experiences, the world in which they live and the study of social issues, therefore is suited to the focus of this research. By utilising this approach it will promote understanding, provide insight and challenge existing beliefs to the research topic of training to perform ISC.

Phenomenological methods are known for bringing to the fore experiences and perceptions of individual experiences, therefore these findings will challenge the structural and normative assumptions often made (Crotty, 1996).

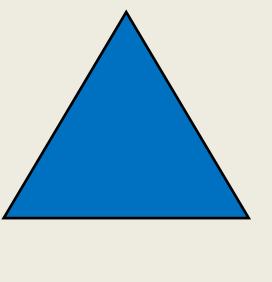
The rationale for using this idea is to allow the individual to construct and

give meaning to their own reality, Using this methodology will allow exploration into the dimensions of those experiences, providing findings that will challenge, inform and support policy within the field of ISC acknowledging the individuals' experience and nurse education.

Triangulation of Data

Observation of ISC Experience (In the clinical setting)

Semi Structured
Interviews with Patients
(Face to face or Online)



Semi Structured
Interviews with Nurses
(Face to Face or Online)

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