Women’s experiences of anal incontinence following a history of obstetric anal sphincter injury
An interpretive phenomenological research study.

Julie Marie Tucker
RN, RM, Graduate certificate child and family health,
MN (FUSA), CN, CNA

The School of Nursing
The University of Adelaide

15th June 2012

A thesis submitted as part of Master of Nursing Science, School of Nursing the University of Adelaide, South Australia
# TABLE OF CONTENTS

<table>
<thead>
<tr>
<th>Contents page</th>
<th>i</th>
</tr>
</thead>
<tbody>
<tr>
<td>Declaration</td>
<td>vi</td>
</tr>
<tr>
<td>Acknowledgment</td>
<td>vii</td>
</tr>
<tr>
<td>Abstract</td>
<td>ix</td>
</tr>
</tbody>
</table>

## CHAPTER ONE INTRODUCTION

<table>
<thead>
<tr>
<th>Introduction</th>
<th>1</th>
</tr>
</thead>
<tbody>
<tr>
<td>Context of the study</td>
<td>2</td>
</tr>
<tr>
<td>Statement of research problem</td>
<td>3</td>
</tr>
<tr>
<td>Purpose of the study</td>
<td>3</td>
</tr>
<tr>
<td>Aim of the study</td>
<td>3</td>
</tr>
<tr>
<td>Specific objectives</td>
<td>4</td>
</tr>
<tr>
<td>Statement of research question</td>
<td>4</td>
</tr>
<tr>
<td>Significance of the study</td>
<td>4</td>
</tr>
<tr>
<td>Researcher’s assumptions</td>
<td>5</td>
</tr>
<tr>
<td>Definition of terms</td>
<td>5</td>
</tr>
<tr>
<td>Summary of thesis</td>
<td>7</td>
</tr>
<tr>
<td>Appendices’</td>
<td>9</td>
</tr>
<tr>
<td>Summary of chapter</td>
<td>10</td>
</tr>
</tbody>
</table>

## CHAPTER TWO: LITERATURE REVIEW

<table>
<thead>
<tr>
<th>Introduction</th>
<th>11</th>
</tr>
</thead>
<tbody>
<tr>
<td>Prevalence of anal incontinence</td>
<td>12</td>
</tr>
<tr>
<td>Women’s experiences of anal incontinence</td>
<td>14</td>
</tr>
</tbody>
</table>
Women’s voices and quality of life 16
Summary of chapter 18

CHAPTER THREE: METHODOLOGY 20
Introduction 20
Qualitative research 20
Phenomenology 22
Descriptive phenomenology 23
Interpretive phenomenology 23
Being in the world 24
Prior awareness 24
Hermeneutic circle 24
Temporality 25
Spatiality 25
Max Van Manen’s procedural framework 26
Interpretive phenomenology and nursing practice 28
Summary of chapter 30

CHAPTER FOUR: METHODS 31
Introduction 31
Research sample 31
Sample size 31
Study setting 32
Sample population 32
Recruitment 32
Selection criteria 33
Ethical considerations 34
Consent 34
Anonymity and confidentiality 35
Sub-theme: Loss of young adulthood 67
Sub-theme: Loss of middle adulthood 69
Essential theme: Silence 71
Sub-theme: Keeping silent 71
Sub-theme: Professional silence 73
Sub-theme: Breaking the silence 74
Essential theme: Striving for normality 76
Sub-theme: Retreating inside 76
Sub-theme: Compromise 79
Overview of women’s experiences of AI 80
Summary of the chapter 81

CHAPTER SEVEN: DISCUSSION OF FINDINGS, RECOMMENDATIONS AND CONCLUSIONS 82
Introduction 82
Major findings 82
Study limitations 91
Recommendations 92
Conclusion 93

REFERENCES 95

APPENDICIES 101
Appendix 1 Recruitment flyer 102
Appendix 2 Patient information sheet 103
Appendix 3 Consent form 108
Appendix 4 Ethics approval 109
Appendix 5: Departmental support from Women’s and Children’s Division 110
Appendix 6: Confidentiality agreement 111
Appendix 7: Interview schedule 113
Appendix 8: Excerpts from researcher’s journal
Appendix 9: Development of selected statements, formulated meanings, concepts and sub-themes

Near the edge; loss of young adulthood; loss of middle adulthood
Keeping silent, professional silence, breaking the silence
Retreating inside and compromise
Appendix 10: Formulated statements, concepts, sub-themes and essential themes

Grieving for loss
Silence
Striving for normality
Appendix 11: Formulation of Essential themes

DIAGRAMS
Diagram 1: Van Manen’s procedural framework for methods
Diagram 2: Flow chart Van Manen’s thematic analysis
Diagram 3: Development of essential theme: Grieving for loss
Diagram 4: Development of essential theme: Silence
Diagram 5: Development of essential theme: Striving for normality

TABLES
Table 1: Example of paraphrasing and clarification within the transcribed text
Table 2: Description of repetitious words in illuminating experiences of AI
Table 3: Development of formulated meanings
Table 4: Development of formulated meaning, concepts and subtheme
Table 5: Development on the sub-theme loss of young adulthood
Table 6: Development of sub-theme loss middle adulthood
Table 7: Participants’ profiles
DECLARATION OF ORIGINALITY

The University of Adelaide

This thesis contains no material which has been accepted for the award of any other degree or diploma in any university and that, to the best of my knowledge and belief, the thesis contains no material previously published or written by another person, except where due reference is made in the text of the thesis. I consent to my thesis being made available for photocopying and loan if accepted for the award of the degree.

Signed

.........

Date 15/6/2012
ACKNOWLEDGEMENT

As a woman, mother, wife and professional working with women with anal sphincter injury, I am acutely aware of the emotional vulnerability and devastating impact anal incontinence has on every aspect of their daily lives. The reported research thesis presented an emotionally charged and taxing experience for the researcher and participants. My interest within the research area provided the impetus and ongoing drive to complete my research thesis. The support received from my family, professional colleagues and friends allowed the completion of a journey which has provided a deeper understanding of what it is like to live with anal incontinence.

Firstly, I would like to thank all of the participants for allowing me the opportunity to access their very private worlds. I felt privileged to have had this opportunity.

As an adult novice researcher there are many challenges to navigate through the research journey. These included the research process, basic computer skills, accepted style of writing and presentation of university research. I would therefore also like to thank my family for their ongoing support. Each member contributed to the successful completion of my thesis through countless hours of encouragement, critiquing or technical support. I would like to especially thank my daughter Naomi for her patience and guidance within these areas. Her support has seen a growth within my writing and research that I had not envisaged.

I would like to thank my principal research supervisor Dr Anne Wilson for her ongoing patience, guidance and ability to keep me on task. I am very grateful for Dr Wilson’s teaching style which encouraged initiative and resourcefulness. The stages of analysis and interpretation provided a challenge and at times resulted in much frustration. Dr Wilson’s constant reassurance and direction was much appreciated.
I was also grateful to have the support of Dr Vicki Clifton as a research supervisor. Once again I thank her for her patience and support especially in the early stages of my research. Dr Clifton’s thoughtful critique was valued.

I am very grateful to my colleagues for their passion and interest in my research; this was treasured and provided the much needed drive to completion.

Finally I would like to thank my dear friend Lindsay who had the interest, time and patience to critique my research.
ABSTRACT

Anal incontinence (AI) has a debilitating and devastating impact on a person’s quality of life. However the impact is often unreported due to the social stigma that surrounds AI and the utilisation of ineffective symptom severity scores which accurately assess the impact on quality of life. There is a significant amount of research literature which addresses the prevalence and cause of AI. Less information addresses the increased risk of AI following vaginal delivery and damage to the anal sphincter. Furthermore, women’s experiences of AI following obstetric anal sphincter injury (OASIS) and the impact on their quality of life are poorly reflected within research literature. The research study reported within this thesis adds to the existing body of knowledge surrounding AI, OASIS and impact on quality of life. Accordingly findings from the reported study will assist health professionals to derive a greater understanding of the issues that surround AI and further promote the development of sensitive appropriate healthcare.

The reported interpretive phenomenological study explored and interpreted ten women’s experiences of AI following a history of OASIS, and illuminated the impact of AI on their quality of life. Heidegger’s interpretive phenomenology and Van Manen’s methodological framework guided the reported research study. Semi-structured open ended interviews were adopted as they encouraged a relaxed informal discussion between the researcher and participant eliciting rich in-depth accounts of women’s experiences. Data collection, analysis and interpretation were undertaken utilising Van Manen’s procedural framework. This framework aided the development of three essential themes; grieving for loss, silence and striving for normality.
The research findings highlighted the debilitating physical, social and emotional impact of AI on women’s lives. Women described the need to adopt strategies to cope with the impact of AI. These strategies included lifestyle changes, silence, avoidance and denial.

Furthermore it was evident from within the findings that new knowledge had arisen. Women grieved the loss of their identity, and ability to form successful relationships and loss of control as an adult, a mother and a partner. Loss was further compounded by the insidious and unpredictable nature of AI which negatively impacted on women’s psychological wellbeing.

Findings from the reported research study will challenge the reader’s current assumptions of AI and its impact on women’s quality of life. In addition, health professionals need to be well informed as to the risks and impact of vaginal delivery, OASIS and AI. Recommendations for health professionals practice include adopting a proactive approach in breaking the silence that surrounds AI, illuminating potential health issues and promoting sensitive appropriate health care and informed choice in birthing outcomes.

Paucity within research literature and current findings provide the impetus for further research within the area of AI and importantly, the psychological impact of AI on women’s quality of life.