



QI Month 2024

Attitudes of Healthcare Staff Working in Older Peoples Unit towards Urinary Catheter Care

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Background

Catheter associated urinary tract infection (CAUTI) remains a challenge in healthcare. In a study by Smith et.al in 2019 in the United Kingdom, almost 4% of inpatients with urinary catheter developed CAUTI and 4.8% of them progressed to blood stream infections. The most important risk factor for CAUTI is having long-term urinary catheter (CDC 2024) and this can be seen in older populations due to urinary dysfunction associated with comorbidities and age (Zhao, Du and Zhou 2022). CAUTI causes significant burden to individuals affected and to the healthcare systems (Werneburg 2022). Therefore, prevention of this healthcare associated infection is paramount and suggests huge health economic gain.

To tackle the problem, healthcare institutions utilise guidelines and best practices to ensure urinary catheter care are standardised and evidence-based. However, the success of these measures heavily rely on healthcare workers (HCW) compliance. Review of some evidences suggest HCW's attitude or belief is an essential predictor of practice and behaviour. Therefore, understanding their attitudes towards urinary catheter care could help shape out improvement strategies on compliance to guidelines.

Methods

The study utilised the JBI Implementation model. A literature review was conducted to determine and understand the problem of CAUTI in older population, and the relationship of staff compliance to urinary catheter guidelines and development of CAUTI. A survey was then conducted to measure HCW attitudes towards urinary catheter care and CAUTI in four older people's unit in acute and community NHS Trusts in the UK. The results of the survey was presented to a focus group, comprised of HCWs from the surveyed departments. Themes were extracted and analysed from focus group discussions and recommendations were made.

Findings

- 88% consider themselves as competent in urinary catheter care.
- More than half of respondents believe that older people with urinary catheter are expected to have UTI.

The survey revealed a positive attitude of staff towards urinary catheter care. These include confidence in reviewing urinary catheters and making decisions on removing them. They believed that preventing CAUTI heavily relies on training and education of the staff and patients. The survey also highlighted that healthcare workers agree that completing urinary catheter care plan help to reduce CAUTI, they have adequate time in completing them and they have adequate support from their colleagues if needed.

However, HCWs believe that having CAUTI is expected in people with urinary catheter and the risk of CAUTI will increase if patient participates in their catheter care. There is split response about the indication of catheterisation and if ANTT is required on removal of catheter.

Conclusion

Overall, the study revealed that HCWs in older people's unit have a positive attitude towards urinary catheter care and the prevention of CAUTI. Although many believes that CAUTI is an expected outcome of urinary catheterisation, the staff expressed willingness to undertake measures to prevent it, given the right training and education. Contrary to some studies that a barrier to compliance in IPC are overwhelming workload or lack of time, the study revealed that it is the opposite for staff working in older people's unit. They believe that they have enough time to provide urinary catheter care, and the amount of workload is irrelevant to their capacity and capability to do it. This suggests that staff attitudes and behaviour may differ across settings and specialities. Furthermore, the study highlighted that staff experience powerlessness in dealing with urinary catheters, unstandardised practice in urinary catheter care within the organisation and the lack of clear training and education pathway in managing this invasive device.

Next steps

Considering the outcome of this study, a clear pathway of training and education on management urinary catheter is suggested, along with identifying what roles and responsibilities each HCWs has when it comes to urinary catheter care. Furthermore, a standardised system of reviewing urinary catheter is recommended.

The study supports that behaviours of HCWs is a factor in influencing outcome for the patients. Therefore, it is important to understand and map out system of behaviours when implementing change project. The study recommends utilising behaviour change theories and models to translate guidelines to practice.