The ReDUCe Study

Reducing the Duration of Urinary Catheters

Patient engagement and communication behaviours around prompt urinary catheter removal: a prospective theory-based correlational study

Contact email: rashmi.bhardwaj1@ncl.ac.uk

Clinical Context
- 2 million people require a urinary catheter annually during their hospital stay in the UK.
- 300,000 develops catheter associated urinary tract infections (CAUTI).
- Cost the UK National Health Service around £165 million annually.
- CAUTI accounts for 20% of total healthcare acquired infections in the UK hospitals.
- Presence of a catheter results in bacterial bladder colonisation at a rate of 5% per day.

Behavioural Context
- Delayed catheter removal is likely to be due to both patient and healthcare professionals (HCPs) behaviour related factors.
- Identification of these factors using theory-based approach may help change patterns of care to reduce unnecessary prolonged catheterisation.

Aims
- To identify predictors of patient related behaviours around catheter duration.
- To inform the development of theory-based, behaviour change intervention to reduce catheter duration.

Methods & Recruitment
- Prospective TDF based questionnaire study (phase 2)
- Informed by preceding TDF-based interview study (phase 1)
- Correlational design (baseline & follow-up)
- Hospitalised patients age ≥16
- With a planned short-term urinary catheter (up to 14 days)
- From medical and surgical wards

Results
- 95% response rate to follow-up

Intention Model: (MEANt4.21, SDt2.38, R²adj t0.23)
- Self-efficacy (MEAN=3.77, SD=1.42)
- Outcome expectations (MEAN=4.44, SD=1.45)
- Social support (MEAN=3.91, SD=2.01)

SCT constructs predicted medium amount of variance to patient’s Intention

Behaviour Model: (MEANt1.01, SDt1.43, R²adj t0.03)
- Habit (MEAN=4.09, SD=1.93)

Habit predicted small amount of variance to patients’ Behaviour

Conclusions
- First study to explore patient related barriers and enablers to urinary catheter care and its duration using a systematic theory-based approach.
- Findings show that patients had the intention to engage with HCPs to advocate timely catheter removal but most patients are not yet engaging in this behaviour.
- Future intervention targeting self-efficacy and social support could encourage patients to prompt HCPs for early catheter removal leading to fewer CAUTIs.