

Shyness During Foley Catheter Insertion

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Abstract--- *Foley catheter insertion in patients treated in hospitals is common. This catheter placement has different goals between one patient and another. Insertion that is done can provide a different experience. The aim of this study was to know the effect of catheter placement in relation to shyness. Shyness and foley catheter were the research variables. This research used a cross-sectional method with 60 respondents has already catheter placement in first day treatment. Consecutive sampling used in this study with distribution frequency analysis with a catheter related bladder discomfort questionnaire were used to get the data in this study. This research was conducted at Sultan Agung Islamic Hospital. Frequency distribution was used for analysis in this study. The results obtained that as many as 47 respondents (76.7%) expressed shyness during insertion, and 25 respondents (41.7%) had shyness during foley catheter placement. Catheter insertion absolutely increases shyness response for most respondents, and during length of placement catheter shyness response decrease. Other research needs to be done on factors related to shyness in patients with foley catheter insertion.*

Keywords: *Foley Catheter Insertion; Shyness*

I. INTRODUCTION

Elderly people have a risk of urinary tract disorders. The disorder can be in the form of obstruction of urine or inability to hold urine out. Nurses in diagnosing these responses can be categorized as nursing diagnoses of urinary incontinence and urinary retention [1]. Some action plans that can be carried out, according to Ackley, Ladwig, & Makic in 2017, are voiding management, monitoring urine output and catheter / Indwelling Urine Catheter (IUC) insertion. The purpose of IUC insertion is to alleviate urinary incontinence, drain the bladder before, during and/ or after surgery, examine urine, reduce urine retention, accurately measure urine output [2]. IUC insertion can impact physical trauma such as urethral injury, leakage in the suprapubis area, bleeding, occurrence of catheter associated urinary tract infection (CAUTIs), and psychological trauma such as discomfort, pain and shyness [3].

Shyness is a subjective response that is felt by the patient due to a mismatch between the norms adopted and the reality faced. The other definition of shyness is a subjective experience characterized by fear and anxiety in interpersonal interactions. As for shame, seen from the perspective of Islam, it is a nature and character in the human soul; shame will increase with character and effort, and shame is diminished by disparaging religious orders and sharia rules. Shyness is a trait in the soul or a trait that stands on in the soul which prevents it from doing bad and ashamed it is a part of faith and one attribute of its own nature. ¹According to [4] who compared IUC with condoms and the results obtained that the insertion of IUC also increased discomfort and pain both when and during IUC were attached compared to the use of catheter condoms. According to [5] there was an increase in pain and discomfort when a permanent catheter was inserted.

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The incidence of CAUTIs is reported in 1-3 patients during acute care in hospital [6]. 12% to 16% of inpatients are attached to IUC during hospitalization where the risk of infection increases by 3% to 7% every day [7]. Other studies suggest CAUTIs are the most common nosocomial infection, accounting for up to 10–70% of all nosocomial infections, especially in intensive care units (ICU) [8]. The impact of urinary tract infections due to permanent catheter placement in 162,503 patients, is 1.73% (95% confidence interval (CI): 1.67-1.80) of patients treated who had urinary tract infections associated with permanent catheter placement. The effect of the infection is a four-day length of stay (95% CI: 3.1-5.0 days), and it significantly reduces hospital admission rates (hazard ratio: 0.78; 95% CI: 0.73-0.83) (Mitchel et al., 2016). Patients who expressed more comfort using a condom catheter were higher at 89.5% while using IUC at 57.6%. Overall, 5% of respondents who had a catheter condom inserted expressed pain; this is very little compared to the pain response due to the use of IUC which is as much as 36.4% [4]. One of the nursing theories used to study and carry out nursing interventions is the theory of comfort [9].

Foley catheter insertion for some people is something that can be uncomfortable. This is understandable because the patient's genitals can be seen by others, which they did not expect before. This is certainly interesting because on the other hand the action of catheter placement must be done to support the patient's recovery but on the other hand this can make the patient uncomfortable. So far, the effects of permanent catheter placement on factors like shyness, pain and discomfort have not been much discussed. For this reason, the purpose of this study was to investigate the impact of permanent catheter placement on patients, especially those related to shyness experienced by patients during catheter insertion and during catheter placement.

AI. METHODS

The study design used was cross-sectional by looking at variables such as the patient's shyness during catheter insertion and during catheter exposure. Shyness response and foley catheter were variables in this study. The total population in this study was 60 patients and the sampling technique used was consecutive sampling. This study was conducted at hospital in Semarang during May-July 2019 and used a catheter related bladder discomfort questionnaire. This study passed the health ethics test at the health research ethics commission of the Faculty of Nursing in Universitas Islam Sultan Agung with number 147/A.1/FIK-SA/IV/2019. Data were collected using questionnaires and interviews. Data analysis used frequency distribution with SPSS software.

BI. RESULTS

The results of the study are presented in a table consisting of age, sex, duration of catheter placement, frequency of catheter placement, patient response to shyness during catheter insertion, during catheter placement.

Table 1. Distribution of sex, sex, frequency of catheter placement, responses during insertion and catheter insertion at Semarang RSISA from May to July 2019 (n = 60)

Variable	n	Total	%
Sex			
	23		38.3
	37		61.7
Frequency of catheter placement			
1 time	59		98.3
2 times	1		1.7
Shyness during catheter placement			
Shyness	25		41.7
No shyness	35		58.3
Shyness during catheter insertion:			
Shyness	47		78.3

Table 2. Distribution based on the average age and length of respondents' catheter placement at RSISA Semarang in May to July 2019 (n = 60)

Variable	Mean ± SD	Median	Min – Max	95% CI	n
Age	43.9 ± 13.5	44.5	23 - 75	40.6 – 47.4	60
Length of catheter placement	3.3 ± 1.3	3	1 - 7	2.98 – 3.66	60

IV. DISCUSSION

- Age

The average age of respondents was 43.9 years old. The dominant age of respondents included productive age. The age range in the study was relatively productive due to this study. Data collection was carried out in the delivery room especially in patients undergoing Cesarean surgery. This is contrary to the theory that an increase in age will be inversely proportional to a decrease in bodily functions. The increase in age associated with urinary function is the increase in the occurrence of prostate hyperplasia (BPH). Age is one of the factors that cannot be avoided, especially if it is associated with urinary disorders.

- Sex

Based on the results of descriptive analysis, the results showed that the most catheter-mounted women were 37 people (61.7%). Based on the cause that most of the women in this study were due to data collection in the delivery room, especially in patients undergoing immediate surgery. Of the total 201 respondents who underwent Cesarean section, 40 respondents (37%) had permanent catheters inserted [10]. This shows that women have a high enough incidence of experiencing pain and discomfort during catheter placement.

- Length of placement of catheter

The patient who had the longest catheter in this study had it for 7 days, while the average length of insertion was 3.3 days. Long attached catheters contribute to urinary tract infections. This is consistent with the results of research which states that catheter placement for less than and more than 6 days contributes to the occurrence of urinary tract infections [11]. Other results suggest that CAUTIs occur on day 10 in patients with catheters [12]. The duration of catheter placement can also be related to the patient's tendency to adapt to the perceived pain response. This was obtained from the results of the study: there was a tendency for pain to decrease after a catheter was placed.

- Shyness

During catheter placement, 78.3% were shy, and 41.7% said they were shy during the catheter insertion. There was a decrease in shyness during the catheter attached because this is because after the catheter is placed the patient's genital area is not exposed by others. Unlike when insertion, the patient's genital area is seen by others.

This is very possible in patients who have catheters attached, especially female patients who are placed by medical personnel of the opposite sex. Shyness can also be experienced if a patient assumes that there is a foreign object attached to the genitals and feels that it is something that is uncomfortable and shyness towards others. Shyness is an important component in supporting patient comfort while being treated. This will certainly have an impact on patient satisfaction. Female patients have a lot of shyness because women are more sensitive than men. This was also supported by the majority of respondents who were Javanese who had a relatively high sense of shyness especially when it came to having a catheter inserted on their genitals. This was evidenced by the high level of shyness when doing a catheter. This condition physical adaptation factors, as well as psychologically to the presence of a catheter

and experience factors play a role in influencing perception anxiety, on the first day serve as experience then respondents study how to overcome anxiety perceived. Relationship which is significant between the length of time attached catheter with level anxiety due to many clients feeling anxious, afraid of pain and deep discomfort facing urine catheterization. They look emotionally confronted treatment measures as well care especially related with the urogenital region of the catheter penetrate into the body [13].

The limitations that arose in this study were that this study did not discuss the cause of the respondents' catheter insertion, did not discuss the difference between patients who had a fixed catheter and a non-permanent catheter or other external catheters, the respondent has not spread throughout the treatment room. This study also didn't observe the sex of the nurse doing the catheter placement. The comparison between men and women is not balanced.

V. CONCLUSION

The conclusion of this research is in the form of complaints felt by patients during insertion, including shyness. Repeated catheter insertion does not reduce a patient's shyness; there is different shyness respond in length of placement catheter. Further research is needed regarding the effect of prolonged catheter placement on pain, shyness and patient comfort and intervention to decrease shyness during catheter placement.

CONFLICT OF INTEREST

The author declares there is no conflict of interest in this research.

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