

Behind Barriers

Ruth Barratt, Christchurch, New Zealand

A Webber Training Teleclass

Behind Barriers



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Hosted by Jane Barnett
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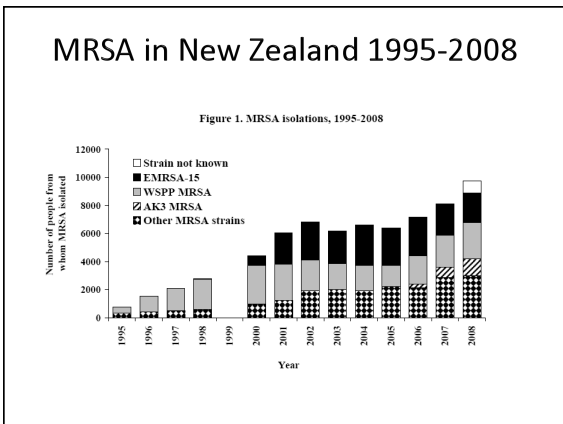
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Behind barriers: Patients' perceptions of source isolation for methicillin-resistant *Staphylococcus aureus* (MRSA)

Research undertaken towards Master of Advanced Practice (Infection Prevention & Control), Griffith University, Queensland.

- ### Overview
- Background to research
 - Research methods
 - Emergent themes and key findings
 - The participants' stories
 - Implications for patient care
 - Implications for health professional training

- ### Background
- MRSA common in healthcare facilities
 - Patient safety focus
 - Significant outcomes of MRSA infection
 - Prolonged hospitalisation
 - Considerable morbidity
 - Increased healthcare costs



- ### MRSA Prevention & Control
- Standard and Contact Precautions
 - Hand hygiene
 - Personal protective equipment (PPE)
 - Source isolation
 - Surveillance
 - Antibiotic stewardship
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Literature review

- Psychological effects
 - stress
 - mood disturbance/depression
 - loneliness
 - anxiety
- Stigmatised
- Abandoned
- Confined/ imprisoned
- Confused / uninformed
- Less contact with healthcare workers
- Rehabilitation affected

Literature review (cont.)

“..... although transmission-based precautions (including source isolation) are necessary for MRSA

the patient’s medical and psychological welfare should not be compromised by unnecessarily restrictive infection control practices”.

Coia et al, 2006

Research Problem

- Quantitative versus Qualitative studies
- Paucity of research on patients’ perspective
- Individuals have different experiences
- Most research undertaken in the northern hemisphere



Study Aim

- To explore:
 - the lived experience of MRSA isolation in hospitalised patients in an acute care setting of a large New Zealand hospital, and
 - the meaning those patients made of those experiences

Research Question

“What is the lived experience of patients in isolation for MRSA?”



Research Methods

- Qualitative research design
- Ethics approval
- Setting – large New Zealand acute care tertiary referral hospital in North island
- Semi-structured interviews
 - Tape recorded and transcribed to text
 - 30 minute duration
 - Patient’s room – quiet time
- Interpretive thematic analysis of data

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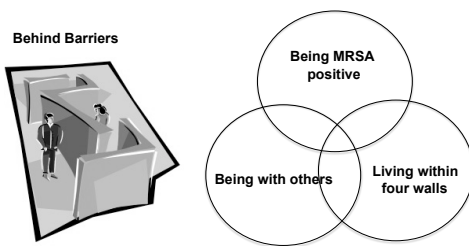
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Participants

- 4 women and 6 men
- Ages ranged from 46 to 78
- Variety of clinical history
 - Cellulitis, 30% burns, renal failure, rehabilitation, cancer, bowel obstruction, bacteraemia
 - MRSA infections - 6 patients
 - MRSA colonisation – 4 patients
- Length of isolation - from 3 to 7 days
- 4 had previous experience of MRSA isolation
- 2 were Maori ethnicity

Participant	Gender / Age	Reason for Admission	Type of Ward	MRSA - infection / colonisation	Isolation History	
					Previous	Current
A (Anne)	F / 74	Cellulitis	Orthopaedic	infection	Yes	14 days
B (Barbara)	F / 69	Cellulitis	Surgical	infection	Yes	17 days
C (Charles)	M / 78	Non-healing leg ulcer	Vascular surgery	colonisation	Yes	3 days
D (Diane)	F / 46	Malignancy	Oncology	colonisation	No	5 days
E (Eileen)	F / 66	Renal failure	Outpatient dialysis unit	colonisation	Yes	3 x a week
F (Fred)	M / 78	Bowel investigations	Medical	colonisation	No	7 days
G (George)	M / 49	35% burns	Plastics	colonisation	No	6 days
H (Harry) (Maori)	M / 49	Cellulitis, anal abscess	Medical	infection	Yes	3 days
I (Ivan) (Maori)	M / 54	Bacteraemia, leukaemia	Haematology	infection	Yes	7 days
J (Joan)	F / 72	CVA	Rehabilitation	colonisation	No	21 days

Emergent Themes



Themes and Subthemes

Themes	Sub-themes
Being MRSA positive	<ul style="list-style-type: none"> • Stigma • Emotional effects • Coping • Knowledge
Being with others	<ul style="list-style-type: none"> • Socialising • Concern for others • Staff relations
Living within four walls	<ul style="list-style-type: none"> • Imprisonment • A room with a view • Passing the time

Being MRSA Positive

- Stigma
- Emotional effects
- Coping
- Knowledge

Stigma

- Visitors, friends & family
- Staff
- PPE
- Signage



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Emotional Effects

- Stress
- Worry
- Anger
- Guilt
- Frustration



Coping

- Passing the time
- Independence
- Understanding
- Communication

Knowledge

- Prior knowledge
- Media
- Understanding



Being With Others

- Socialising
 - Other patients, family, friends
- Concern for others
 - Other patients, family, friends
- Staff relations
 - PPE, avoidance, refusal to provide care

Living Within Four Walls

- Imprisonment
 - Confinement, cultural implications, limits independence
- A room with a view
 - Natural light, sun, outside view, ward corridor, door open
- Passing the time
 - Reading, TV, puzzles, knitting, visitors, diversion therapy, contemplation

Key Findings - Summary



- Isolation experience is affected by previous life experiences and culture
- Isolation interferes with normal socialisation and interpersonal relations in hospital
- Isolation is a barrier to many aspects of hospital care
- Isolation is disruptive
- Isolation is necessary to protect other patients

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The Stories

- Home sweet home
- Feet first
- A bad hair day
- The infectious pen & the sandwich
- A scary sign



Home Sweet Home



Feet First



A Bad Hair Day



The Infectious Pen & The Sandwich



A Scary Sign



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Thoughts from the participants

'My friend's not coming...that might be something we can sort out, I am not making a big deal of it at this stage...not just one friend, several. They have probably all talked and we used to meet every Saturday morning for coffee, a group of us...You go through a very hurtful stage, but I don't want to lose my friends.' (Joan)

'When I see the inconsistencies in the procedures, I realised that they [nurses] probably don't have enough information or the confidence [to explain].' (Eileen)

Thoughts from the participants

'It feels like that you are contaminated... To see them dressed in protective gear, you feel downgraded.' (Harry)

'Okay.. well initially when I was told that I was going into isolation, um, that experience was a bit scary. The nurse came round and sort of said, "Ah, you've got this bug and you have got to go into isolation so we are going to be," ...and said some stuff and I didn't really understand what she was talking about.' (Diane)

Thoughts from the participants

'Well, what worries me is that I've had MRSA...do I have to be isolated every time I come into hospital because I have it?' (Anne)

'I am thinking well maybe if there was so much care taken initially, maybe I wouldn't have MRSA because after all I did pick it up here and I feel a little bit hard done by because of that and it has increased my stay in hospital and made my battle a little bit harder and all.' (George)

Thoughts from the participants

'Oh well, I said, if it's got to be, it's got to be... This is something you got to put up with I suppose.' (Ivan)

'But I truly don't like being in a room like this, I like being with people...I do like the company...just someone else in the room.' (Anne)

'Yeah, well to me, its only common sense that if you have got something that you can pass on, which can cause say half a dozen more to get sick, its only common sense you know, to be on your own till its cured.' (Charles)

Quality of Care

- Missing out on care services
 - Hairdresser
 - Hospital gym use
 - Chiropody
 - Ward catering
- Treated differently
 - Verbal 'abuse' for being out of isolation
 - Perceived less medical and nursing contact

Implications for Practice

- Individualised care
- Promoting independence and control
- Consistent infection control practices
- Consideration of room & facilities
- Principles of MRSA control - working with other health professionals to ensure services are provided
- Education and training for staff
- Information for patients

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Conclusion



- Isolate the organism - NOT the person
- Don't make the patient/client a microbial leper

Thank you



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