**Behind Barriers**

**Ruth Barratt, Christchurch, New Zealand**

**A Webber Training Teleclass**

### 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 in New Zealand 1995-2008

![Graph showing MRSA infections 1995-2008](image)

**Figure 1. MRSA isolations, 1995-2008**

### 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/uniformed
- 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”.

Cola 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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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, bacteremia
  – 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

Emergent Themes

Being MRSA positive
Being with others
Living within four walls

Themes and Subthemes

Themes                Sub-themes

Being MRSA positive    • Stigma
                       • Emotional effects
                       • Coping
                       • Knowledge

Being with others      • Socializing
                       • Concern for others
                       • Staff relations

Living within four walls  • Improvement
                         • A room with a view
                         • Painting, the tiled

Behind Barriers

Stigma

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

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<table>
<thead>
<tr>
<th>Emotional Effects</th>
<th>Coping</th>
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<tbody>
<tr>
<td>• Stress</td>
<td>• Passing the time</td>
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<tr>
<td>• Worry</td>
<td>• Independence</td>
</tr>
<tr>
<td>• Anger</td>
<td>• Understanding</td>
</tr>
<tr>
<td>• Guilt</td>
<td>• Communication</td>
</tr>
<tr>
<td>• Frustration</td>
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<table>
<thead>
<tr>
<th>Knowledge</th>
<th>Being With Others</th>
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<tbody>
<tr>
<td>• Prior knowledge</td>
<td>• Socialising</td>
</tr>
<tr>
<td>• Media</td>
<td>– Other patients, family,</td>
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<tr>
<td>• Understanding</td>
<td>friends</td>
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<td>• Concern for others</td>
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<td>– Other patients, family,</td>
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<td></td>
<td>friends</td>
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<td></td>
<td>• Staff relations</td>
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<tr>
<td></td>
<td>– PPE, avoidance, refusal</td>
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<td>to provide care</td>
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<table>
<thead>
<tr>
<th>Living Within Four Walls</th>
<th>Key Findings - Summary</th>
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<tbody>
<tr>
<td>• Imprisonment</td>
<td>• Isolation experience is</td>
</tr>
<tr>
<td>– Confinement, cultural</td>
<td>affected by previous life</td>
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<tr>
<td>implications, limits</td>
<td>experiences and culture</td>
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<tr>
<td>• A room with a view</td>
<td>• Isolation interferes with</td>
</tr>
<tr>
<td>– Natural light, sun, outside</td>
<td>normal socialisation and</td>
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<td>view, ward corridor, door open</td>
<td>interpersonal relations</td>
</tr>
<tr>
<td>• Passing the time</td>
<td>in hospital</td>
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<tr>
<td>– Reading, TV, puzzles, knitting,</td>
<td>• Isolation is a barrier</td>
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<td>diversion therapy, contemplation</td>
<td>to many aspects of</td>
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<td></td>
<td>hospital care</td>
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<td></td>
<td>• Isolation is disruptive</td>
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<td>• Isolation is necessary to</td>
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<td></td>
<td>protect</td>
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<td>other patients</td>
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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 came 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 all 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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• Isolate the organism - NOT the person
• Don't make the patient/client a microbial leper

References

References (cont)