

Autonomy and Justice; experiences of patients and clinicians where Contact Precautions have been implemented to manage hospital transmission of multi-resistant organisms

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INTRODUCTION

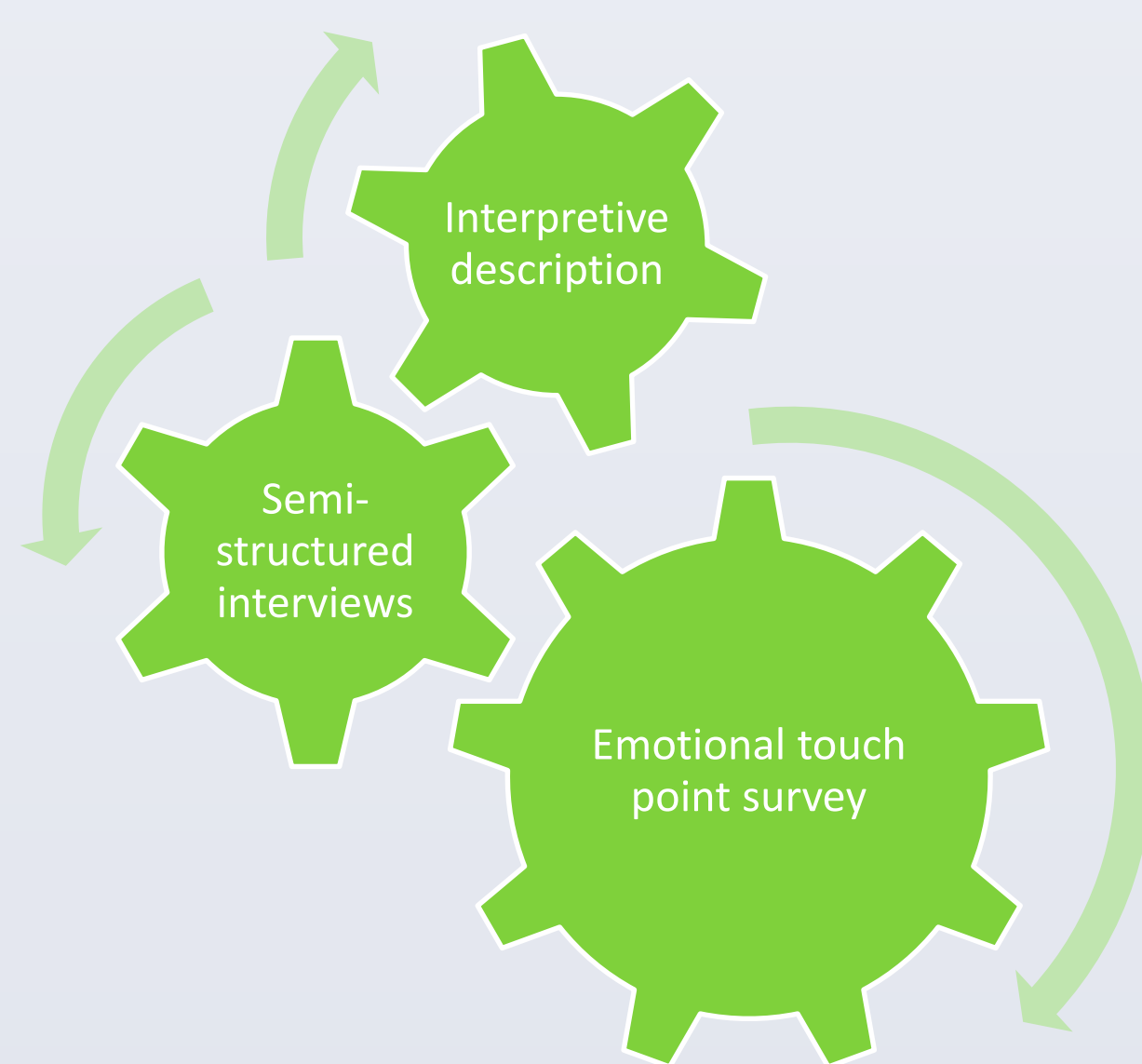
Respect for Autonomy and Justice are fundamental bioethical principles demonstrated in activities such as disclosure of information to patients and are also necessary for the professionals applying Contact Precautions, in order that they are not disadvantaged or stressed by infection prevention and control policy implementation.

Autonomy is demonstrated when people have suitable information and power to make choices about the things they do and the way they do them. Justice can be described as a state of fairness and lack of discrimination.

The objective of this study was to examine patients and professionals' feelings and experiences of having discussions about multi-resistant organisms (MRO) and Contact Precautions, viewed through a bioethical lens.

METHOD

A mixed methods approach involving semi-structured interviews analysed using interpretive description to explore patients' experience (N=7) of being informed about their MRO colonisation, and health professionals' (Doctors N=2; Physiotherapist N=1; Occupational Therapist N=1; Nurses N=2) experiences of having these discussions, followed by a survey of health professionals (N=56) using a framework of 53 'emotional touch point' words to describe their experiences.



RESULTS

Semi-structured interviews

Patients reported an inconsistent approach to the disclosure of information about their MRO colonisation and many did not recall being told. Patients described feeling that health professionals had a suboptimal understanding of MROs and were unable to confidently and comprehensively answer their questions.

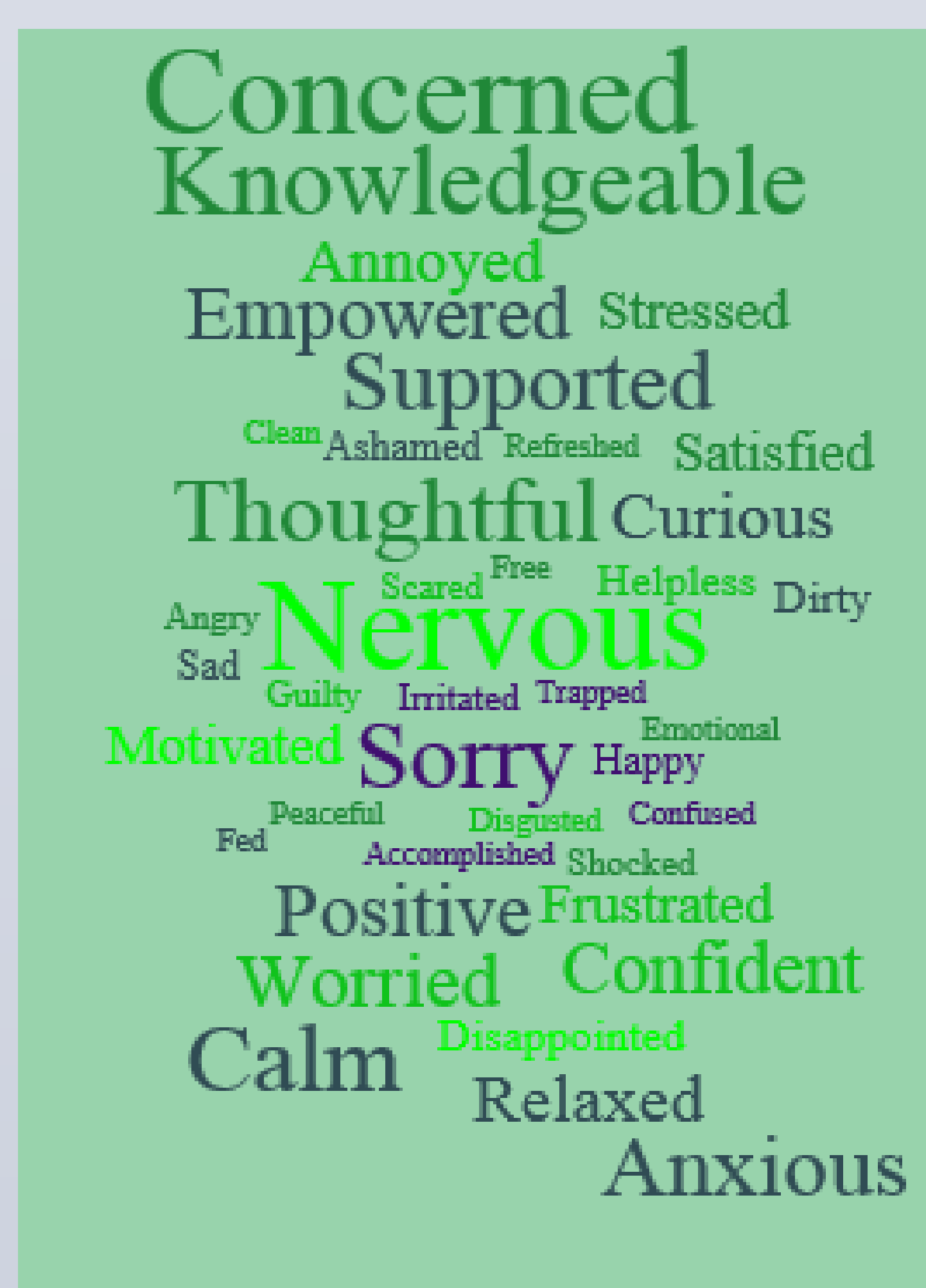
Health professionals reported difficulty in finding the time to explain MROs in plain English and answer patients questions effectively. Staff also reported not being certain about whose job it is to discuss MRO colonisation and Contact Precautions with patients.

Survey

Of the 53 suggested 'emotional touch point' words, 40 were selected to describe participants' feelings when discussing MROs. A word cloud of these words is shown below. Font size correlates to the frequency of selection of this word within the cohort.

18 staff reported not having had discussions with patients or family members regarding MROs and the need for Contact Precautions. For 6 of these staff this was attributed to their role as dentists, oral health dental assistants, or nurses working in operating theatres or mental health settings. 4 gave the reason that others had already explained the MRO to the patient and 3 felt that patients were not aware, did not want to know or just accepted previously provided information. 4 gave no response and 1 stated that MROs don't happen in their service (maternity).

To support further analysis the selected words were grouped into either 'positive' or 'negative'.



The top 5 (69/263) 'positive' words were Knowledgeable, Calm, Thoughtful, Supported and Empowered. The top 5 (83/263) 'negative' words were Nervous, Concerned, Sorry, Anxious and Worried. Statements were provided for 155 chosen words to describe why that word had been chosen. Examples include;

"I have the knowledge base" "Worried about families reaction"
"Feel inadequate (dumb)" "Frustrated that it increases my workload"
"I feel annoyed with myself for not having the time to explain properly"
"Sorry - because it still happens" "Empowered; I was able to explain"
"Hoping I can convey the right information so my audience can understand. Also not wanting to implicate any of my colleagues"

44 of the 56 participants provided examples of behaviours witnessed in colleagues in relation to patients being managed under Contact Precautions. Examples include;

"Kitchen staff hesitate to enter the rooms" "There can be an internal eye roll"
"Wearing gloves when not necessary" "Stating 'dirty' patient. Referring to rooms as 'infectious room'"
"Placed last on the list in theatres or for radiation"
"more anxious dealing with the patient, unsure of what to do with them"
"nurses have said to other patients not to touch an MRO patient as 'they have a dangerous infection' "
'Most nurses are scared of touching a patient with MRSA or VRE because they think they might catch something'

DISCUSSION

The use of an emotional touch point survey and qualitative analysis of interviews has enabled a multi-dimensional understanding of the impact that the application of Contact Precautions has on the fundamental bioethical principles of Autonomy and Justice.

Autonomy requires an informed base on which to form opinion and make valid choices. Many professionals reported feeling empowered, calm and confident in their discussions, representing evidence of their autonomy. Patients and clinicians describe the need for clearly written, and easily accessible resources to facilitate this, so that staff can increase their confidence in supporting patients and their colleagues and patients receive consistent and appropriate messages. Participants' feedback using this methodology has identified that clinicians appreciate the support of the infection prevention and control team in providing necessary education and this improves their confidence in decision-making and prevents them from feelings of stress when discussing Contact Precautions with their patients or their colleagues.

The principle of Justice centres around fairness and avoidance of discrimination. It is concerning to see that patients and clinicians in this study cite numerous examples demonstrating that the application of Contact Precautions continues to drive decision-making that is based on fear and uncertainty and is therefore more pathogen-focused than patient-centred.

CONCLUSION

This study has confirmed the importance of infection prevention and control teams having an understanding of the emotional connection that exists between clinicians and their patients and colleagues when Contact Precautions are in place. It is the responsibility of infection prevention and control teams to ensure that clinicians are not placed in the position of feeling disadvantaged or stressed due to not having appropriate education, resources and other necessary support made freely available to them. This will in turn help clinicians to more effectively support patients and their families so that they are not subjected to discriminatory practices and reflexive self-protective decision-making founded on the presence of a pathogen rather than the identified needs of the patient.

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