

Consequences of meticillin-resistant *Staphylococcus aureus* (MRSA) acquisition

Patient experiences and interactions in health care and daily life

Akademisk avhandling

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Fakultetsopponent

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Avhandlingen baseras på följande delarbeten

- I Skyman E, Thunberg Sjöström H and Hellström L. **Patients' experiences of being infected with MRSA at a hospital and subsequently source isolated.** Scandinavian Journal of Caring Sciences, 2010; 24, 101-107.
- II Skyman E, Bergbom I, Lindahl B, Larsson L, Lindqvist A, Thunberg Sjöström H, Åhrén C. **Notification card to alert for methicillin-resistant *Staphylococcus aureus* is stigmatizing from the patient's point of view.** Scandinavian Journal of Infectious diseases, 2014; 46(6):440-446.
- III Skyman E, Lindahl B, Bergbom I, Thunberg Sjöström H, Åhrén C. **Being met as marked – patients' experiences of being infected with community-acquired MRSA.** (2014) Submitted.



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ABSTRACT

Aims. The overall purpose of this thesis was to follow up the consequences of guidelines installed to prevent transmission of MRSA in healthcare from the patients' point of view and subsequent consequences for everyday life.

Methods. Patients infected with MRSA during two time-periods were studied. A questionnaire, used in 2004 (n=92) and for a new set of patients in 2011 (n=110) focused on the patients' use and beliefs of a MRSA notification card and their encounters when presenting it in health care institutions. In addition qualitative content analysis of written comments was used (**Study II**). Subsequently, interviews were performed with new subsets of patients to deepen the understanding of the patients' experiences. Six of them infected during hospitalization and source isolated (**Study I**) and 12 infected outside the hospital setting (**Study III**).

Results. The findings revealed that MRSA caused humiliation, guilt and anger, and encounters with ignorant staff when seeking health care. Alarmingly, these stigmatizing experiences were more frequent in 2011 than in 2004. These findings were confirmed by the in-depth interviews. The consequences in everyday life contain feelings of being an outsider and refrain from family and friends. The information of how MRSA is transferred was often considered inadequate, sometimes conflicting and a majority were unaware of how they actually acquired MRSA. The patients took responsibility not to infect others, demonstrated in a willingness to show the notification card. Also, isolation, despite described as traumatic, with a feeling of being imprisoned, and having improper rehabilitation, was accepted. However, knowledgeable staff alleviated frustration and the feeling of being an outsider.

Conclusions. Patients with MRSA, feel marked and stigmatized due to experiences of fear and unprofessional behavior from staff. Increased education about resistant bacteria and infection control is urgently needed since competent staff reduce patient suffering.

Keywords: MRSA, patient, experience, transmission, acquisition, source isolation, ignorance, MRSA notification card, stigmatization.

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