

Title:

Barriers of Contact Isolation Precautions: Healthcare Professional's Perceptions and Patient's Experiences

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Session Title:

Rising Stars of Research and Scholarship Invited Student Poster Session 1

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Patient Contact Isolation, Patient Engagement and Qualitative Methods

References:

Barratt, R., Shaba, R., & Moyle, W. (2010). Behind barriers: Patients' perceptions of source isolation for methicillin-resistant staphylococcus aureus (MRSA). *Australian Journal of Advanced Nursing*, 28(2), 53-59.

Newton, J. T., Constable, D., & Senior, V. (2001). Patients' perceptions of methicillin-resistant Staphylococcus aureus and source isolation: A qualitative analysis of source-isolated patients. *Journal of Hospital Infection*, 48, 275-280. doi: 10.1053/jhin.2001.1019

Seibert, D. J., Speroni, K. G., Mi Oh, K., DeVoe, M. C., & Jacobsen, K. H. (2014). Preventing transmission of MRSA: A qualitative study of health care workers' attitudes and suggestions. *American Journal of Infection Control*, 42, 405-411. doi: 10.1016/j.ajic.2013.10.008

Abstract Summary:

Participants will be provided knowledge regarding the qualitative barriers between patients and healthcare professionals under contact isolation precautions. The presentation will evaluate the standard isolation practices and its impact on patient wellness.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to implement the nursing process for patients in contact isolation.	The presentation will bring awareness to patient perceptions of inadequate healthcare due to isolation status.
The learner will be able to recognize a lack of interconnectedness with an isolated patient due to physical barriers.	The presentation will bring to light that there is no evidence based protocol guiding the therapeutic communication with an isolated patient.

Abstract

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Prepared By: Samantha K. Barber, SN

Background: The main objective of this research review was to explore the lived experiences of patients under source contact isolation precautions and the perceptions and suggestions of healthcare workers interacting with patients under source isolation conditions. Patients and healthcare workers were interviewed over a period of time that allowed for the elaboration of personal feelings and perceptions to

be articulated. The general consensus for both groups was deemed negative and the researchers were able to determine that one of the contributing factors was a lack of guiding knowledge in the form of an evidence based guideline or protocol.

Summary of Literature: The Oregon Health & Science University Healthcare guideline, transmission-based isolation precautions, explicitly details the information needed to maintain isolation status but does not detail how to assess or maintain patient emotional and psychological well-being, nor does it take into consideration the perceptions of healthcare professionals and their role in the treatment of patients under source isolation. The lack of guideline decreases both patient and staff satisfaction and allows for subjective treatment of the patient under source isolation.

Relationship to Nursing Practice: Implementation of suggestions and recommendations posed throughout the research, such as, communicating with isolated patients as one would with non-isolated patients, could improve the overall emotional well-being in patients. Also, identifying the biggest barriers associated with healthcare worker dissatisfaction, including but not limited to staff to patient ratio, and overcoming them would improve the ability of healthcare professionals to increase overall patient satisfaction. Future research is still needed to create an evidence based guideline or protocol that will encompass this area of interest and implementation of the findings will impact healthcare practice by improving the emotional and psychological well-being of both patients and healthcare professionals.