Registered nurses’ experience of caring for patients suffering from MRSA in the Philippines
A qualitative empirical thesis

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Abstract

Background: Methicillin Resistant Staphylococcus Aureus (MRSA) has developed to be a global problem and inflicts a challenge for health care. Increased traveling leads to heightened transmission worldwide where the Philippines is one of the top five countries that contributes to the spread back home to Sweden. Filipino nurses are struggling with a high workload that ultimately endanger the caring relationship. Previous research has shown that the care and management sometimes can lead to a risk for stigmatization among the affected patients.

Aim: The aim of this study is to investigate registered nurses’ experiences of caring for patients suffering from MRSA in Cebu City, the Philippines.

Method: An empirical qualitative design was used and based on semi-structured interviews with six nurses in the Philippines. The interviews were transcribed and analyzed using a content analysis with an inductive approach.

Result: Three main categories were identified to be the result of this thesis, “Nurses’ reflections on the patients’ life-world”, “The professional role of nursing” and “Nurses’ experience of obstacles in the caring relationship”. The first category describes how attitudes and compliance among the patients affect the care and therefore their life-world. The second category describes all the different aspects of the professional role of nursing while the third category describes the different obstacles the nurses’ experience when caring for patients suffering from MRSA, and how these affect the caring relationship.

Discussion: All of the respondents emphasized the importance of compliance both among patients and nurses to ensure a successful care and a safe environment. Furthermore, they all had an understanding that the management could cause feelings of stigmatization and the requirement of health education to prevent those feelings. The high workload in relation to a non-supportive government made working with a patient perspective difficult, which lead to frustration among the nurses and the feeling of being inadequate.

Key words: MRSA, health education, nursing role, nursing, antibiotic resistance, life-world, caring relationship
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INTRODUCTION

The day when we no longer can treat common infections can be near, as the incidence of antibiotic resistance affects countries worldwide. Goal three in Agenda 2030 (Government Offices of Sweden 2018) declares that all people have the right to a secure and efficient health care which promotes health and well-being. *Methicillin resistant Staphylococcus Aureus* (MRSA) is a by-product of the antibiotic resistance and is threatening to become a burden to healthcare internationally. In Sweden most of the MRSA cases occur because of the increase in travels and the Philippines are reported to be among the top five countries to contribute to the spread.

This thesis is funded by SIDA and they assigned the authors a scholarship each, which gave us the opportunity to get in contact with Filipino nurses. SIDA is an organization that works with international development corporations and is Sweden’s aid administrative authority. The aim of SIDA is to contribute to a sustainable development globally (SIDA 2019).

During our three years of nursing school we have developed an interest in sustainable development. A subject close to our future profession is the problem of antibiotic resistance and we have repeatedly come across MRSA in our studies. Furthermore, we believe that nurses with their profession and knowledge can contribute to a sustainable development by reducing the spread of MRSA. For that reason the aim of this thesis is to investigate how Filipino nurses experience caring for patients suffering from MRSA.

BACKGROUND

The Philippines

The Philippines are located in the Pacific Ocean and consist of nearly 7 100 islands and in year 2018 the population was 107 million inhabitants. During the 1500s the Philippines was a Spanish colony but after the war between Spain and the United States of America (US) in 1898 an American government was introduced to the country. The Philippines was declared independent in 1946 but the relationship with the US continues to be strong. One legacy of the Spanish reign is Catholicism which remains the largest religion in the country even to this day. The political constitution of the country is presidential republic and small dynasties with a base in a certain province or town dominate the politics. After the independence the party system has been instable and it has been hard for democracy to gain a foothold. Political violence between government forces, Muslim Separatists and Communists characterize the modern history of the country and has caused severe crimes against human rights. The Philippines never succeeded in taking part of the fast growing economic evolution that took place in other countries in Southeast Asia and one third of the population still lives below the poverty margin. Furthermore the income gaps are large and the distinction between provinces clearly noticeable (Nationalencyklopedin n.d.).

Cebu City

The City of Cebu is the Queen City of the South and the seal of Cebu City symbolizes a replica of rich cultural heritage and it is one of the oldest cities in the country. According
to the 2015 census it has a population of up to 920,000 inhabitants where the people of Cebu are a strong foundation of Catholic faith (City Government of Cebu 2018).

**Health care in the Philippines**

The average duration of life for the Filipino population has extended during the last decades. Above all, this depends on superior living conditions, a higher access to health care and improved treatment and management of contagious diseases such as pneumonia and tuberculosis. Despite superior living conditions among the Filipinos there are those who are suffering from contagious diseases even though medical interventions exist, for example measles are common in the country. Moreover, globalization and climate changes are circumstances which continue to affect the health of the population in several perspectives. It can contribute to a changed and improved lifestyle due to tourism and transport of products, although it is not only a positive progress. A changed lifestyle increases the prevalence of risk factors such as tobacco smoking and elevated systolic blood pressure. The Philippine’s health system is financed by taxes and contains both a private and public sector (Dayrit, Lagrada, Picazo, Pons & Villaverde 2018).

**Private and public health care in the Philippines**

The Department of Health (DOH) (2016) in the Philippines describes the health care delivery system in their National Objectives for Health 2011-2016. There are four main sources of financing the hospitals in the country: national and local government, insurance, user fees/out of pocket and donors. The DOH supplements that the sector Human Resources for Health (HRH) is struggling with problems such as a small and inadequate amount of employees along with a skewed distribution. In addition to these problems the health system also struggles with the distribution of hospital beds, both in the private and public sector, and almost all regions in the Philippines have an insufficient amount of beds related to the population. The DOH also describes the hospital sector in the Philippines to be highly segmented, meaning that there is a difference depending on whether you have an insurance or not. Lack of financial resources is the main reason for seeking treatment in a public hospital and it is the poorest of the population who are the main users. Unfortunately these public health facilities have inadequacy in their health budget which is especially disadvantageous for the poor who probably need the caring service the most. The low budget leads to lower levels of care because of a deteriorating quality of care, lack of human resources and lack of medical equipment and medicines. In contrast to the public sector there are the private hospitals, where excellent service is the main reason for seeking care and here the patients belong to a more privileged socioeconomic group. Furthermore, reports demonstrate that the government has a stronger involvement in the private sector which indicates an ability for better care.

**Filipino nurses**

The International Council of Nurses (ICN) guides nurses all over the world with an ethical code to create a common approach regardless of national laws. Human rights is the primary standpoint and the ethical code includes four topics for basic values; improve health, prevent illness, restore health and ease suffering (Swenurse 2017). Filipino nurses collaborates with the organization Philippine Nurses Association (PNA) which is a
A member of ICN. Their mission is to prepare Filipino nurses for the global competence, welfare and the image of the profession. The PNA aims to work with basic values, in a similar way as ICN, and these are “Love of God and country”, “quality and excellence”, “integrity” and “collaboration” (Philippine Nurses Association 2019).

Reports indicate that working nurses in the Philippines can be responsible for between 40 to 60 patients where the patients sometimes are forced to share beds due to a lack of rooms. Poor salary and a loading burden in caring cause nurses the experience of despair. For these reasons, in combination with an unstable economic situation in the country, many Filipino nurses choose to emigrate (Lorenzo, Galvez-Tam, Icamina & Javier 2007). This is verified by Perrin Hagopain, Sales & Huang (2007) who also claims the Philippines to stand for the largest export of nurses in the world. Due to the combination of facts that their education is on a bachelor level and English is among their official languages they become attractive to the employment market overseas.

**Antibiotic resistance**

Both gram-negative and gram-positive bacteria can develop the ability to produce the enzyme beta-lactamase, which is the most common way for bacteria to create a resistance, which breaks the antibiotic structure and inactivates the effect. Pathogenic bacteria can survive in the body even after therapy, especially if the treatment has not been completed or the prescription not followed. The bacteria have thus been damaged but not eliminated by the antibiotic and can then develop the ability to tolerate the medicine. Today all Staphylococcus strains are resistant against regular penicillin but the pharmacological industry has developed penicillinase-stable penicillin to solve the problem (Ericson & Ericson 2018, p. 60).

**The evolution of MRSA**

During the 1940s the first penicillin was introduced and suddenly doctors could cure infections that previously were non-treatable and therefor associated with death, for example pneumonia, scarlet fever and wound infections. The penicillin was effective against all Staphylococcus strains and the opportunities seemed to be endless. The antibiotic was prescribed on wide indications and often in inadequate doses, sometimes only with a prophylactic aim. It did not take long before problems started to appear. In the year 1946 resistance was reported among five percent of the Staphylococcus strains and four years later among 50 percent. Methicillin resistance was detected for the first time in the United Kingdom (UK) in 1961 and seven years later the first patient was registered in the US. The MRSA is a strain of Staphylococcus that has developed an even more advanced resistance by producing an enzyme that makes penicillinase-stable penicillin ineffective as well (Ericson & Ericson 2018, p. 60).

**Diagnostics, symptoms and treatment**

The MRSA is transmitted by contact both within the society and the health care where contaminated hands and clothes can carry the infection from patient to patient. Badly cleaned tools and more patients than hospital beds also contribute to the spreading of the bacteria. Staphylococcus Aureus is the main reason for purulent wound infection and
abscesses and the risk to become a carrier of MRSA is greatest when having a damaged skin, for example wounds or eczema. To be a carrier of the bacteria is often temporary and without any symptoms, though the infection can easily be reactivated when new damages to the skin appears. Severe situations that can occur when infected with MRSA are for example wound infections after operations and infections in prostheses. Furthermore sepsis and infected cardiac valves are associated with a high mortality. Since MRSA is a contact infection, basic hygiene routines should be used in all care situations and a bacterial culture sample should be performed if the patient is suspected of being colonized by MRSA (Public Health Agency of Sweden 2018). Infections caused by MRSA do not differ from ordinary Staphylococcus infections which makes them more difficult to treat due to similar symptoms. Though this causes the MRSA infections to be more difficult to treat and sometimes they will also become mistreated before any result from sampling (Hagberg 2019). A sample can be collected from the anterior nose choanae, pharynx, perineum, wounds, skin lesions and urine if the patient have a catheter (Åhrén 2017). An established colonized person in need of care receives it at an infection clinic during isolation, but if the colonization does not lead to any symptoms the affected person can live a normal life with some restrictions (Ericson & Ericson 2018, p. 69). These restrictions include for example to not share towels with others, strict hand hygiene and careful care if any wounds would appear. It is also the carriers’ responsibility to inform health care providers and perhaps keep an information card when diagnosed with the MRSA (Hagberg 2019). Diagnostics are done through samples and the treatment consists of antibiotics that according to the resistance rates are effective (Public Health Agency of Sweden 2018). The health care is obligated to trace the MRSA with the aim to stop the spreading (Trell & Gustafsson 2018).

MRSA – the global threat

Today MRSA composes a serious global problem and inflicts a strong burden and challenge for health care (Andersson, Andreassen Fleissman, Lindholm & Fossum 2016). Research has reported increased international traveling to be the significant and facilitated reason for the transmission of MRSA between continents all over the world (Zhou, Wilder-Smith & Hsu 2014). Thus, MRSA is a growing problem in Asia due to uncontrollable selling of antibiotics on the streets and in markets without prescription from a doctor. This causes a chain reaction of increased antibiotic resistance and transmission of MRSA which keeps being imported to Sweden through travelers that have been infected abroad (Ericson & Ericson 2018, p. 61). Moreover, Hagberg (2019) claims that half of the MRSA infected people in Sweden have been hospitalized overseas. The Public Health Agency of Sweden (2017) reported in their annual summary 1789 cases of MRSA where the patient had been infected overseas. Countries reported to be among the top five regarding transmission of MRSA was Syria, Iraq, Afghanistan and Turkey along with the Philippines.

Sustainable Development Goals and World Health Organization Agenda 2030

In September 2015, the world’s heads of states and governments gathered and adopted the 17 global goals that the United Nations had developed with the aim to gain a sustainable future. The aim of these goals are to end poverty and hunger, comprehend the human
rights of all, accomplish gender equality, empowerment of all women and girls and to ensure the protection of the planet and its natural resources (Government Offices of Sweden 2018).

**Goal 3: Ensure healthy lives and promote well-being for all at all ages.**

A sub-target in Goal three is to achieve universal health coverage. This includes for example access to health-care services with safe, effective, high quality and affordable medicines. Additional sub-targets are to reduce the number of deaths and illnesses because of contamination, among other reasons. Goal three also contains the aim of supporting research and development of vaccines and medicines for developing countries. In particular the least developed countries are aimed to increase health financing and recruitment, development, training and retention of health workers. The goal includes gained knowledge for early warning, risk reduction and management of national and global health risks (Government Offices of Sweden 2018). The specific expertise of a registered nurse includes caring and working with evidence based care. He or she is responsible to offer patients increased possibilities to improve, maintain and regain health as well as giving them equipment to handle their health problems (The Swedish Society of Nursing 2017).

**The World Health Organization**

Furthermore, the World Health Organization (WHO) (2016) describes antimicrobial resistance, which includes antibiotic resistance, as a big threat to our ability to treat infectious diseases. Therefore, they have set out five goals to support a sustainable future. These goals are:

1. improve awareness and understanding of antimicrobial resistance
2. to amplify the surveillance and research
3. reduce the incidence of infections
4. optimize the use of antibiotic
5. ensure sustainable investments.

Antibiotic resistance exist everywhere in the world. The aim of these five goals is to ensure continuity of successful treatment, prevention of infectious diseases and to provide medicines that are effective, safe and accessible to all in need and used with responsibility (WHO 2019).

**Patient perspective**

Skyman, Lindahl, Bergbom, Thunberg Sjöström and Åhrén (2016) describe in their study the consequences of being colonized with MRSA and how nurses with their approach endanger a suffering from care. It is common that patients with MRSA experience the feeling of being violated and stigmatized additionally with a vulnerability. There is an anxiety about carrying the bacteria further and also experiences of having a changed body image. Suffering which affects the life-world perspective is therefore a result of being infected with MRSA. Their existence is threatened because of the changed body image in combination with not being able to control the present situation that they are in.
According to Arman (2015, pp. 38-39) suffering and health goes together, everyone needs to go through suffering to feel health. Suffering is an essential part of people’s life and evolution as well as something deeply personal and do not necessarily mean the same for two different individuals.

**Nurses role related to MRSA**

Ekebergh, Andersson and Eskilsson (2018) claim knowledge among nurses to generate a good ability for caring and to face patients lived experience in both their health and suffering. For caring and learning to affect one and other the caring relationship demands a form of genuine environment including trust, but also that patients narrate about their suffering along with nurses being an active listener. Nurses’ focus should aim to comprehend their patients experience about health to enable a well-being, which signifies nurses to have a reflective approach. According to Ekeberg and Dahlberg (2015, pp. 129-141) the purpose of nursing is to support and strengthen patients health. This becomes obvious when nurses come across the patients and their life-world in combination with a conversation. This dialogue should be about what eases the patients suffering and create a well-being in their present existence. A caring conversation also gives room for learning since each meeting is a source to an understanding process. Ultimately this can lead the patient to increased self-knowledge with the ability to master and strengthen self-esteem.

Research has submitted that the rate of knowledge about MRSA among nurses has an impact when caring for the patient. Nurses with lack of knowledge are at risk of experience fear and insecurity which influence the caring in a negative perspective, both for the patient and the caring relationship. The challenge in caregiving is meeting the patient and be exposed for the risk to become infected and transfer the bacteria further. Additional challenges are that it causes a certain workload and stress for nurses because of the requirement of an isolation room and its management regarding additional hygiene routines. However, nurses with more knowledge and comprehension have a more positive experience when caring for a patient with MRSA (Andersson et al. 2016). Caring for patients implies having knowledge about the patient but also suffering, in parallel with the understanding that the patient requires to be treated with dignity to feel included in their care. Furthermore it is the nurses’ responsibility to eliminate suffering caused by caregivers and also supply a care that gives the patient a chance to regain the feeling of self-control in the existing situation (Skyman et al. 2016).

**PROBLEM STATEMENT**

Humans travel more now than ever, even to destinations earlier considered impossible to reach. With this increase in travels comes the spread of MRSA which has become a global problem and a burden to health care all over the world. Previous research has shown that a low grade of knowledge among nurses cause a fear to treat these patients, which affects the caring relationship. This can result in suffering among the infected individuals where they feel stigmatized with the feeling of no longer recognizing themselves in their own bodies.

The Public Health Agency of Sweden reported in their annual summary (2017) the Philippines to be among the top five countries contributing to the spread of MRSA to
Sweden. Therefore there is a need to investigate how nurses in the Philippines experience caring for patients suffering from MRSA since research in this is lacking. Our thesis can contribute to a reflecting approach among the nurses who we meet in addition to their work with MRSA and its global threat.

AIM

The aim of this study is to investigate registered nurses’ experiences of caring for patients suffering from MRSA in Cebu City, the Philippines.

METHOD

The method used is an empirical qualitative design with semi-structured interviews followed by a content analysis. The reason for choosing this method was because it was appropriate for the purpose of the thesis. Furthermore it assists in creating an understanding for the Filipino nurses’ experiences regarding patients suffering from MRSA. Kvale and Brinkmann (2014, p. 17) write about the qualitative research and how it aims to comprehend the world and develop an understanding from a person's experiences and their lived world.

Qualitative data were in this thesis collected with the assistance of interviews. Henricson and Billhult (2017, p. 115) refer to that scientists have to be adaptable and flexible during the data collection concerning changes that might happen. According to the authors it is beneficial if the selection of respondents constitute a minor heterogeneous group of participants, preferably with a wide range of experiences. This in order for a phenomenon to be explained as descriptive as possible and to narrow down the collected data material.

Danielson (2017, p. 145) describes the method of semi-structured interviews where the questions are formulated as open questions, with as few details as possible in order not to ruin the situation and possibility for interaction during the interview. The structure of the interview does not necessarily have to be in the same order as the guide since the interviewer must adapt to what is being said during the unique interview in order to answer to the problem statement. Kvale and Brinkmann (2014, p. 45) claims that semi-structured interviews seek to understand the respondents life-world with their descriptions and perspectives. To reduce the risk of impact on the conversation it is of great importance that the interviewer has an open-minded approach.

A qualitative content analysis concentrate on interpreting and analyzing the text, primarily when transcribing recorded interviews (Lundman & Häggren Graneheim 2017, p. 211). Furthermore, Elo and Kyngäs (2007) define this qualitative content analysis to be used frequently in nursing research and declares it to be a method that describes and establishes different phenomena. This method is used to develop an understanding of the context of the data collection and to generate increased knowledge. Initially the material should be studied multiple times before it gets arranged into categories. Danielson (2017, p. 287) describes inductive analysis which includes finding meaningful units, from transcribed material, that are essential for the aim and also answers to the content of the text. According to Henricson and Billhult (2017, s. 116) working with an inductive approach demands the author to analyze with an open mind and without any prejudice.
**Selection of respondents**

In order to get in contact with Filipino nurses the authors sent out a request on social media that created a contact with two women living in Cebu City. They helped to establish contact with the respondents where ten nurses were asked to participate and a total of six interviews were conducted. Criteria for participation were at least two years working experience as a nurse and the ages varied from 23 to 27 years of age and the gender distribution included two men and four women. All the respondents spoke English so an interpreter was not required during the interviews. There were no objections of being a part of the thesis among the final respondents. The thesis will be shared with all of the respondents with the hope that they will find it useful in their work and increase knowledge among their colleagues.

Various departments were requested as well as both private and public hospitals to create a result with transferability. The represented departments were a pediatric intensive care unit, an ambulatory services division, a maternity ward, a renal unit, a neonatal unit and one nurse was currently working as a company nurse but had experience of working in a medical ward. Five of the respondents worked at a private hospital and only one at a public hospital and since the standards are higher at private hospitals, according to both the interviewed nurses and previous literature research, this should be taken into account when considering the results.

**Data collection**

Most of the interviews were conducted outside of the respondents working hours which lead the interviews to be placed in the living room of the rented apartment, to guarantee a friendly environment and without distractions. One of the interviews had to be held at a public area since the nurse lived outside the city. Furthermore, the interviews were conducted with one nurse at a time and lasted for approximately 35 minutes. They were recorded using the application Voice Memos on one of the author’s mobile phone. The interview guide consisted of 10 questions (See Appendix 2) with additional follow up questions to be used if the authors felt the need to know more or if the answers were lacking information in some areas. The questions were not asked in the same order as the question guide due to variations of the interviews and the answers among the respondents.

During all interviews M.E. was the one conducting them while E.W. was taking notes and contributed when necessary. The interviews were transcribed into a document consisted of 31 pages. The division of labor with the transcriptions were divided equally between the authors, followed by reading and listening to each other’s transcriptions in order to understand the context.

**Data analysis**

Elo and Kyngäs (2007) qualitative content analysis with an inductive approach was used to analyze the transcribed interviews. The preparation phase consisted of reading and discussing the transcribed material multiple times to comprehend the context and to seize similarities and differences. While reading the material notes, headings were written down in the margins to create and determine meaningful units. The units were interpreted
and given a certain code which subsequently were organized into subcategories. These subcategories were matched together and were organized into different main categories. The workload was equally divided between the authors during the content analysis process.

**Trustworthiness**

Elo and Kyngäs (2007) claims trustworthiness in a qualitative study to be established through accounting the link between the results and the data collection. It is important that the study includes data with proper quality that contains validity and reliability. By using appendix and figures to demonstrate how data has come to a result and by giving a clear picture of the respondents, the authors of this thesis believe the transferability and trustworthiness to be of proper quality. Regarding the questionnaire, it was read by two Swedish nurses currently working at Södra Älvsborgs hospital and by the supervisor of the thesis. This was done in order to ensure and increase the trustworthiness and to make sure that the questions would answer toward the purpose.

**Ethical considerations**

This study was conducted with the respect of the ethical consideration code regarding volunteerism, integrity, confidentiality and anonymity. These considerations are resumed in the four ethical demands that a research is required to fullfill (Olsson & Sörensen 2011, pp. 84-85). To ensure that the thesis would answer to the ethical code, the respondents were given a letter with a presentation of the authors and the study, including their privileges regarding participation (See Appendix 1). Because the interviews were conducted during the nurses’ spare time the hospitals also remained anonymous, to ensure no connection between the respondents and this thesis.

**RESULT**

After having completed the content analysis, three main categories were discovered with several subcategories attached. The main categories were “Nurses’ reflections on patients’ life-world”, “The professional role of nursing” and “Nurses’ experiences of obstacles regarding the caring relationship” (see Figure 1).

*Figure 1.* Presentation of the main categories and subcategories.

<table>
<thead>
<tr>
<th>Main categories</th>
<th>Subcategories</th>
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<tbody>
<tr>
<td>Nurses’ reflections on patients’ life-world</td>
<td>• Compliance and attitudes affects the care</td>
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<td></td>
<td>• Patients’ approach towards antibiotic treatment</td>
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<td></td>
<td>• Stigmatization</td>
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<tr>
<td>The professional role of nursing</td>
<td>• Health education</td>
</tr>
<tr>
<td></td>
<td>• The importance of patient centered care</td>
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<td></td>
<td>• To create a safe environment</td>
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</table>
Nurses’ experiences of obstacles regarding the caring relationship

- Knowledge affects the care
- “Contact precautions”
- Work environment affects the management
- The feeling of being inadequate

Nurses’ reflections on patients' life-world

This main category includes the nurses’ reflections about how MRSA affects patients' life-world and includes the three subcategories “Compliance and attitudes affects the care”, “Patients’ approach towards antibiotic treatment” and “Stigmatization”. The respondents described how the patients’ attitude and compliance impacted the care and therefore their life-world and how they perceived their body image. Furthermore, the respondents had experienced the feeling of losing hope and frustration among their patients affected by MRSA. Many of the respondents described the effects of nursing management when caring and how that could cause the patient feeling stigmatized, though most of them described strategies to ensure that such a complication would not occur.

Compliance and attitudes affects the care

This subcategory includes the nurses experience of the attitude of the patients and how that can affect the compliance and contrariwise. The respondents described how the attitude could vary between patients and sometimes depend on previous experiences. A few respondents also mentioned that the attitude and compliance of the patient sometimes could depend on the nurses’ attitude and ability to care, which also could differ between individuals. Some of the respondents claimed that the patients’ experiences of having MRSA lead to the experiences of a low self-esteem that also affected the treatment. Compliance among patients and relatives was considered to be a challenge in the nurses’ work towards promoting health.

“It (the attitude) really affects because if you are not interested, meaning you are not cooperative, you are uncooperative. So if you are uncooperative you can not meet, you can not meet the specific goal of being healthy. [...] So you need to comply with the specific medicines or the health teaching that have been taught. You need to be compliant about that.” (Respondent #1)

During the interviews the respondents sometimes claimed that they conversed more to the patients families instead of the patient itself, depending on the situation of the patient and the ward. Furthermore, MRSA had a major impact on the life-world for both the patient and their significant others because they did not comprehend the caring or the medical field surrounding the patient. This lead to frustration and accusing thoughts that the nurses had caused the infection. Moreover, ignorance could cause the families to not be cooperative because of their own doubts, which sometimes lead to failed treatment.
Patients’ approach towards antibiotic treatment

This sub-category emerged when the respondents talked about the general attitude towards antibiotic treatment among the citizens of Cebu. The attitude was believed to cause ignorance, antibiotics being misused and consequently an increase in MRSA. One of the respondents explained that antibiotics often could be used to ease simple disorders like toothache due to suggestions from friends or family. According to the respondent, taking antibiotics without a prescription is common. The misuse can cause microorganisms to develop a resistance and to a prolonged hospitalization, which furthermore was believed to increase the incidence of MRSA.

“I have to be honest here in the Philippines, people here take medicine at their own risk. They prescribe it on their own.” (Respondent #2)

This sort of attitude and lack of compliance among patients and their relatives could sometimes create a conflict when hospital care was required and thereby affect the interaction with the nurse.

Stigmatization

The third subcategory includes the respondents’ reflections about the care and management and how that could cause a feeling of stigmatization among patients. All of our respondents thought that the nurses wearing of personal protective equipment (PPE) could influence the patients and make them feel secluded. Wearing the equipment could make the nurse look like an astronaut which would add to the feeling of being stigmatized according to one of the respondents. Almost everyone had come across patients asking questions about the management and one told about a patient that expressed a feeling of being dangerous or contagious to everyone around.

“Because, if the patient is awake, you come in with you gloves, with your gown, with your mask and goggles, the patient will feel ‘Am I secluded?’ ‘Am I that dangerous to you?’ ‘Am I that dangerous or contagious to you?’.” (Respondent #2)

In order to prevent the caring from being implied by any stigma the respondents agreed that patients should never experience being discriminated, ignored or imprisoned by the caregivers. Although stigmatization was a common finding among the MRSA patients, being offended or not could vary between the individual patients. This variation was described as dependent on the ability to comply and comprehend the information, along with the level of knowledge among the patients.

The professional role of nursing

The second main category includes all the aspects of the nurses’ professional role and included three subcategories “Health education”, “The importance of patient centered care” and “To create a safe environment”. After the interviews were conducted it was clear that health education was the primary source to a successful care. Patient centered care emerged as a subject in several aspects and illustrated the reflective approach of the Filipino nurses, where good nursing is promoted by equal care and prevention from suffering. To secure a safe environment is also a part of the professional role of a nurse.
and includes proper endorsements, daily routines and the maintenance of standard protocols within the hospital.

**Health education**

This subcategory appeared to be the one that was most often mentioned throughout the interviews. Health education was illustrated as an important method to make the patient aware of the current situation regarding the MRSA. Establishing and discussing the diagnosis with the patient could also operate as a form of support in their care, where the nurses also could encourage a well-being. Health education also increased the patients’ knowledge and therefore the respondents hoped they could protect the patients from the experience of suffering and feeling offended. The education constantly had to be evidence based and included both the explanation of why the patient was treated with such precaution and the advantage of a careful management. Furthermore, the respondents claimed that both patient- and family education were essential parts of being a nurse and enhanced the importance of constant comprehensible education regarding both medicines and procedures to ensure a patient centered care. Open communication was a significant part of health education, leaving room to exchange experiences of the care and opportunity to generate a greater understanding for the present situation. Communication could include encouragement whenever necessary and advises regarding treatments and management.

“Because as a nurse we have to do comfort and explain to them... and we are educators. And educate them and give them knowledge about the MRSA. So that it will be more controlled […].” (Respondent #4)

Health education was also described as a way to gain a cooperative teamwork between the nurse and the patient which was essential for formulating goals regarding the patients’ health. Furthermore, health education was seen as a resource to help the patient to eliminate MRSA and to achieve set goals. The technique of health education was described differently among the respondents although they all had the same goal and desire to deliver constructive education. Most of the respondents experienced that the health education helped the patient and the relatives to comprehend and accept the care situation which eliminated obstacles in the caring relationship.

**The importance of patient centered care**

The second subcategory includes the respondents’ reflections on the importance of caring for all dimensions of a patient. Equal care and the building of a trusting caring relationship also occur in this subcategory. One respondent discussed the importance of a totality of nursing care and that as a nurse you have to address the psychological aspects as well, including the elimination of or the protection from suffering. While another nurse declared an open-mind from both the patient and the nurse, regarding the diagnosis, to be important while creating a supportive and trusting relationship. In order to benefit a positive health care a trusting relationship should be built upon a truthful, kind and caring conversations and interaction.

“I just want to support him or her. Emotionally, physically, mentally.” (Respondent #6)
Patients with MRSA should not be stereotyped and should be treated equally along with the other patients. Equal treatment and being present when caring for the patient guaranteed that there were no stereotypes created by the nurses. Though the patients suffering from MRSA could sometimes need extra time to communicate and reflect, simply to ease their feelings and to create hope in their present existing. By implementing a patient centered care when nursing could make the patients feel comfortable, where human contact and communications were factors contributing to a trusting and equal relationship.

“I am equal to them.” (Respondent #1)

To create a safe environment

The third subcategory in the second main category includes endorsements and other responsibilities that a nurse have to address in their professional role, ultimately how proper management generates a proper care. The respondents talked about being a keen observer of signs of infections to be able to control the risk of transmission. Also the Filipino nurses mentioned a yearly physical examination for the nurses to maintain a safe environment and to prevent transmission among healthcare personnel. A sustainable knowledge included being a constant researcher for evidence based care and treatment, along with teamwork among nurses and to always be aware of the consequences of poor management.

As answers to questions about safe environment almost all of the respondents talked about the importance of proper endorsements, to always ensure that special considerations or precautions were mentioned and reported among colleagues. One of the nurses also addressed the importance of not discriminating patients with MRSA regarding the creation of a safe surrounding for that specific patient. The explanation of every step of the care was described as a way to make the patient feel secure about the care he or she was receiving which contributed to safe surroundings. Furthermore, some of the respondents talked about the importance of learning a sterile technique regarding procedures and compliance when it comes to hand washing and protective equipment. These interventions would ensure the care to be what is right for the patient. Ultimately, the importance of daily routines such as cleaning of patients’ personal space at every shift.

“Safe environment is very important, especially in taking care of the neonates. Because there are a lot of attachments […], we have to keep that in mind. […] We have to be a keen observer so that we can help.” (Respondent #5)

Nurses’ experience of obstacles in the caring relationship

The last main category includes four subcategories consisting of ”Knowledge affects the care”, “Contact precautions”, “Work environment affects the management” and “The feeling of being inadequate”. These categories describe in different perspectives how the Filipino nurses experience obstacles in the relationship with the MRSA patient. The diagnosis caused extra precautions, meaning use of PPE’s and following specific
protocols adapted for the diagnosis, along with a high workload and made the management insufficient at times. Attitudes, bad compliance and lacking knowledge among nurses emerged during the interviews, which further affected the care for the MRSA patient. Furthermore, contact precautions was described as an obstacle in the relationship since it delayed care and did not leave space for the interaction between the patient and the nurse. Ultimately, the respondents expressed feelings of being inadequate when caring which consequently caused frustration.

Knowledge affects the care

This subcategory emerged when analyzing the interviews where it became clear that the level of knowledge about MRSA affected the caring relationship. All of the respondents insisted on the importance of proper management when caring, though they also mentioned bad compliance and attitudes among nurses. Lacking knowledge lead to bad compliance and nurses not using their protective equipment, something that could differ between individuals. This lack of knowledge caused nurses to not perform their professional role as supposed to, which also excluded supporting and encouraging the patient.

The knowledge among the respondents also affected if they were scared or not to get infected themselves. A few of the respondents expressed fear of the future and not knowing what would happen if they got infected but they amplified the importance of knowledge to protect yourself from the infection. One respondent also stressed the importance of acting professionally and to never show fear. Instead of being afraid, nurses should be able to fall back on standards and protocols. Proper management, wearing the PPE’s and working after standard protocols would enable a caring relationship without barriers. Meaning that nurses with adequate knowledge and confidence, when caring for the MRSA patient, could implement effective care without any obstacles.

“If you have got knowledge about that illness, that disease you will not get afraid. Because you know what is the mode of transmission of that, what is the precaution.”
(Respondent #6)

Contact precautions

The second subcategory includes the respondents’ first thoughts when discussing MRSA and was presented as “contact precaution”. Due to the transmission of MRSA being direct skin to skin contact, the management of the patients included wearing PPE’s, use of indicating signs about contact precaution and the possibility of an isolation room with negative pressure. By the respondents this was shortly described as contact precautions. However, this contact precautions caused obstacles in the caring relationship and the nurses’ daily work. One of the respondents thought that it was a barrier since it became an obstacle and interfered with the desired care while one thought that it was time consuming.

Obstacles when managing contact precautions took time and affected especially the patient care, causing delayed care and treatment when trying not to attract MRSA. Furthermore, the plan of care could be interrupted by the MRSA when the goal was to
prevent transmission and reduce risks of infection, considering that the patient needed constant care and help. The patient suffering from MRSA had to be prioritized as the last patient in the ward to nurse, due to the contact precautions and working against any spreading.

“Well basically, it can affect especially on the patient care. Because it will be delayed because [...] we will need to wear this personal protective equipment. It takes time…” (Respondent #2)

Work environment affects the management
This subcategory illustrates how the respondents discussed the high workload as an obstacle in their time management, especially in public hospitals where there were many patients who often had to share hospital beds and only a few nurses per shift. This affected the amount of nursing that they were able to perform which also affected how the nurses perceived themselves and their work. A high workload combined with a shortage of nurses caused basic hygiene procedures to be forgotten which induced transmission. Furthermore, it was also an obstacle in the caring because the nurses expressed that they did not have the time to talk to their patient or be a part of the bedside care due to other responsibilities.

“Because like, as much as I really want to spend a lot of time talking with this patient I can not do that because I only have limited time [...] like spending less than ten minutes in a patient. So it is just very limited and you can not do all the holistic care that you, we really ought to do or are supposed to be doing to that patient.” (Respondent #3)

According to the nurse working at a public hospital, and confirmed by the other respondents and local citizens, the budget provided by the government is not sufficient enough to meet the needs of the population. This leads to too many patients per nurse and to not having the time or the standards to supply good care to the patients. Furthermore, the insufficient budget meant that the hospitals did not store certain antibiotics due to high costs which forced the patients to turn to other organizations for help.

The feeling of being inadequate
The last subcategory presented includes how the nurses felt about caring for patients suffering from MRSA and how that could leave them feeling inadequate. The respondents described feeling pity for their patients and struggling with seeing how helpless and weak some of them could be while infected. The fact that effective antibiotics are rare caused the nurses feeling like their care was not enough which made them losing hope. On the contrary, it was important for the respondents to point out that their experiences were not to be transferred to their patients, simply to avoid stigma. Furthermore, the nurses expressed frustration because there was limited time to perform care for all dimensions of the patient as desired. The Filipinos attitude towards antibiotic and a non-supportive government resulted in MRSA to be taken for granted, this also caused frustration among the respondents. They expressed sadness regarding the lack of support and meant that this was an obstacle to the development of their profession. The lack of support was also described as a reason for nurses wish to emigrate to other countries.
“You want to give all your nursing care to them and then there are no antibiotics that can help eliminate that microorganism, you can feel that it is not really enough that you just take care of them.” (Respondent #1)

The sometimes lack of understanding among the patients’ relatives could also lead to the feeling of being inadequate among nurses. This was primarily described by the nurses working with children and their family members. This was shown by comparing the hospital to another hospital implying that the care would be better in other hospitals. Even though this was frustrating it was also seen as a defensive act from the relatives.

DISCUSSION

Methodological discussion

Before travelling to the Philippines data about MRSA were collected as well as a literature research for the background. Finding information about experiences of caring for patients suffering from MRSA in the Philippines was difficult so the authors had to broaden their search. This ensured the knowledge about MRSA however, it did not provide an understanding of the patient perspective. Therefore, articles based on the patient perspective in Sweden were included which could have interfered with the result. The authors were aware that culture, history and religion affects the patient perspective but regards it as an important element of this thesis.

Although the population speaks good English, due to the fact they used to be a colony of the US, it is not their native tongue or the authors first language which leads to a risk of misunderstanding of words and phrases. The language barrier also made it hard to visualize terms often used within caring science. An interpreter was not needed which detached a third part, something the authors believed to benefit the result. The selection of respondents was left to the contact persons that the authors had established in Cebu City which may have resulted in a lack of variation in ages among the respondents. In contrast to the interviews being conducted at a hospital, which could have given the authors the possibility to choose the respondents and therefore get a wider variety of ages and therefore a variation of experiences. Regarding the distribution of the respondents’ gender, the authors experienced similar answers during the interviews but do not know whether a different distribution of gender may have modified the message slightly or not. As previously mentioned only one of the respondents worked at a public hospital and that should be taken into consideration regarding the result. Thus, the thoughts and reflections of this respondent became a minority, compared to the other respondents working in the private sector, in the analyzing process.

The fact that none of the authors had any experience of conducting interviews or constructing interview questions could also have an effect on the result, although both authors felt like the interviews improved over time. Two nurses withdrew before the interviews were conducted which problematized the search for respondents. That is also the reason why one interview was held outside of the rented apartment. This caused the surrounding to not be as relaxing and the recording was harder to transcribe. However, the quality of the interview itself was still sufficient. There is also risk that the respondents
answered the questions in a way that would not damage the reputation of the health care in the Philippines, or that they answered what they believed the authors wanted to hear. By creating a relaxing environment, ensuring anonymity and explaining the aim of the thesis the authors hoped that the respondents felt secure to speak the truth.

To ensure a deeper understanding of the gathered material the authors read through and listened to all of the interviews, and not only the ones they themselves had transcribed. This has hopefully strengthened the analysis and thereby made the results more trustworthy. The reason a mobile phone was used instead of a dictaphone was because the authors felt more secure with the phone and in more control over the situation whereas the dictaphone felt foreign and hard to understand.

**Result discussion**

The main categories that appeared from this study were “Nurses’ reflection on patients’ life-world”, “The professional role of nursing” and “Nurses’ experiences of obstacles regarding the caring relationship”. These categories reflect the respondents’ first thoughts and experience of caring for patients suffering from MRSA in the Philippines and includes the subjects most discussed. The outcome showed that the nurses may use different techniques to gain compliance among their patients but they all emphasized its importance. Furthermore, they discussed how compliance and attitudes, both among patients and nurses, could affect the caring relationship. All of the respondents mentioned stigma among these patients and they had an understanding that the management and treatment may cause the patients to feel stigmatized. The respondents expressed how time consuming management could interfere with the patient perspective though they all considered health education to be their main resource to prevent stigmatization and to gain compliance. The high workload could also cause the nurses to feel inadequate and frustrated.

The Filipino nurses’ reflections were similar regarding the patient perspective as presented in the background. The respondents illustrated their experiences in several aspects which was interesting because of the reflective approach a nurse should acquire. Even though the Filipino nurses described how they gave accurate information to their patients they could comprehend how the caring sometimes caused the patients to suffer. The majority of the respondents had genuine arguments, regarding the patient perspective, which could possibly have something to do with the PNA and their aim to work with basic values. Berglund, Sjögren and Ekebergh (2012) claim reflection as an aim in the care practice that is necessary for a complete view of the patient perspective. Reflection is a significant approach that a nurse should pursue, including to be open-minded and an active listener to focus on the patients’ life-world.

There was an existing approach among the respondents which had value for the care, meaning their knowledge and compliance regarding MRSA could affect the patient. As described in the background the management and treatment of patients infected with MRSA could cause violation, which all of the respondents described and understood. However, regarding compliance and attitudes among patients and their relatives in the Philippines, some of the respondents informed about the misuse or failed treatment with antibiotics in the country. Despite an ongoing development in the country, poverty is still
an issue everywhere you go and there is a lack of education amongst the local citizens. Even though poverty as well as lack of education may be prejudiced among the respondents, they expressed how they anyway treated all of their patients in a way that would not cause stigmatization. By approaching MRSA patients in the same way as a non-contagious patients they hoped to prevent stigmatization and ensure a successful care.

The results indicate that health education was a main source for a successful care and an essential part of the professional role, connected with the nurses’ level of knowledge. All of the respondents manifested accurate knowledge about MRSA and its requirements in management. In positive aspects this affected the nursing leading to a safer environment, both in the patient centered care but also the perspective where preventing transmission was a priority. A supporting and trustful relationship was essential for a valuable care that also affected the patient toward a sustainable life outside of the hospital, including honest conversations and caring with an open mind. The Filipino nurses expressed how they were confident when caring for patients suffering from MRSA because of their level of knowledge, possibly also because of their annual physical exam. In that matter, the patients felt more secure and well taken care of, since they got proper health education along with support to manage their life situation. With this patient centered care that could ultimately increase self-esteem and strengthen their existence, a successful result could be resubmitted to the nurses’ professional role. Nearly all of the respondents expressed the importance of equal care and declared it to be the nurses’ responsibility to treat everyone the same regardless of the diagnosis. However, there were also negative aspects among the respondents that sometimes could affect the care. The MRSA itself obliged a specific management that caused obstacles in the caring relationship. It required time consuming management that could delay the care and at a public hospital that could affect the caring relationship in several aspects. For instance, when the nurses had limited time to care that could cause a limited handling with contact precautions. It is unfortunate how the Filipino nurses, along with their knowledge and trying to care with basic values, struggle every day in their work were MRSA is highly present. Especially since all of the respondents expressed the importance of a safe environment including caring with dignity.

As presented in the results, the nurses work environment affected the management and the caring relationship with the patients suffering from MRSA. The results additionally clarified how MRSA caused an advanced treatment and management followed by a prolonged hospital stay in most of the situations. A high workload with up to 50 or more patients per nurse, in public hospitals, made the time limited when nursing and reflecting about the management and patient perspective is a requirement. This aligns with discussions that the authors had with nursing students from a university in Denmark doing their internship at a public hospital in Manila, who described a care being far from the one that was performed in the Scandinavia. It was not a revolutionary discovery when the respondents described frustration and feelings of being inadequate. This was also because of the lowly prioritized and valued nursing profession in the Philippines. Thus, the non-supportive government affects the sustainable social development, since the nurses rarely get an opportunity for further education or research up to the level of their knowledge and expertise. Some of the respondents expressed their desire to emigrate to the US to start a new life with greater opportunities as a nurse, along with an accurate salary and fair
working conditions, leaving the Philippines with a struggling development regarding the nursing profession. Ultimately, the Filipino nurses are considerate care givers and essential sources when preventing MRSA and its global threat.

**CONCLUSION**

All of the respondents emphasized the importance of health education to prevent the feeling of stigmatization among their MRSA patients. How much time the nurses had to give proper education depended on the type of ward and if they worked at a private or public hospital. None of the respondents experienced it hard to care for patients suffering from MRSA, they treated them equally to other patients, but all the extra precautions were time consuming and could either lead to delayed care or failed management. In a sustainable development perspective this can be devastating and increase the spread of MRSA.

The economic situation of the country and the prevalence of tuberculosis, a disease that frightens the population more than MRSA, were reasons that MRSA had been taken for granted for a long time, which furthermore could have contributed to the spread. This together with a non-supportive government caused feelings of frustration among the nurses. Half of the respondents wanted to continue their nursing career in the US, two of them already preparing for the application. This emigration of nurses makes an already fragile health system even more fragile.

As a nurse it is important to comprehend how culture affects the life-world of the patient and to never forget the person behind the diagnosis. These are two factors that are taught in nursing schools in Sweden and they were clearly visualized when interviewing Filipino nurses.
REFERENCES


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Appendix 1 – Consent letter

Consent letter to whom it may concern,

Our names are Elin and Malin, we are two nurse students at the age of 27 and 28. We are currently attending our last semester at nursing school at the University of Borås, Sweden. Before starting this education Malin worked as an assistant nurse in an ICU ward at the local hospital and Elin as a personal assistant for people with a functional limitation. We have now begun the work with our final thesis before receiving our bachelor’s degree. The aim of the thesis is to investigate Registered nurses’ experience of caring for patients suffering from MRSA in the Philippines. Our wish are to interview nurses with at least two years of working experience as a nurse and we would really appreciate your help with this. Our hope is to gain a deeper understanding of the MRSA-situation that is threatening to become a global issue. We will have a few questions about the subject and the interviews should not take longer than an hour. We will be located in Cebu City from the 17th of October to approximately the 7th of November and we would be honored if you would allow us to conduct interviews at your hospital. It is our hope that this thesis will be of a benefit for you as much as it is for us. We will therefore share our thesis with you and anyone else who contributed to the result once we are done.

The thesis is partly founded by an agency called SIDA. SIDA works on behalf of the Swedish government and aim to contribute to a sustainable global development. Our project plan has been approved by representatives at our university.

For you who would like to be a part of this thesis -

During the interview or the work with the thesis you can withdraw your consent at any time and without explanations. The material that is collected will only be used for this thesis and kept in a safe place for no one but the authors. No individual identities will be used in any report or publications and all recorded and written material will be given a code and stored separately from any names. Once we are finished with the result all recorded interviews will be deleted.

If you have any questions about the thesis please call or email either Elin or Malin at any time. We would be honored and forever thankful!

Kind regards,

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Appendix 2 – Interview guide

Interview guide

The aim of this study is to investigate nurses’ experiences of caring for patients suffering from MRSA in the Philippines.

Age?
Gender?
Which hospital (public or private) and ward/department do you work at?
For how long have you been working as a nurse?

Can you shortly describe a day at your work?

How often do you come across MRSA in your work?

Can you describe your first thoughts when hearing that a patient is infected with MRSA?

How did you experienced/or how do you think you would experience caring for this/these patients?

How do you think MRSA affects the caring situation?

Are there any obstacles in the relationship between you as a nurse and the patient?

With your experience -

How do you believe you can support your patient?
How do you get an open and honest conversation with the MRSA-patient?
How do you maintain a safe environment when caring for the patient?

Last question -

Is there anything else you would like to add to this interview?

Follow up questions:

Please tell me more about…
Why do you think that happened?
Do you mean…?
What in this experience do you think caused…?
Can you describe with as much details as possible…?