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Seven nurses' experiences of support and education with
emphasis on aspects of how to handle compliance problem
in the treatment of patients with leprosy

A qualitative Minor Field Study in Kwara State, Nigeria

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Abstract

This study was sponsored by the Swedish International Development Cooperation Agency (SIDA) as a Minor Field Study.

Background: The treatment of leprosy patients in endemic countries is free of charge. Despite that, leprosy is still a disease that is spreading and can lead to severe consequences such as disability. With leprosy comes also social stigma, discrimination and poverty which often affect the decision of seeking treatment at an early stage, or even treatment at all until the resulting disability forces the patient to seek help. With this study I wish to increase the knowledge of the importance of compliance and education in health care system with patients with leprosy, and to enlightening how nurses can promote this in their daily work.

Problem rationale: Even though the importance of seeking early treatment is known, people tend not to seek treatment because of reasons such as stigma. As a nurse, one has responsibilities to care for the whole patient and to give the right information to handle the situation, but because of factors, such as stigma, it constitutes a challenge for nurses within the care of leprosy.

Aim: To investigate nurses' experiences of educating patients with leprosy, with emphasis on aspects of how to handle compliance problems in the treatment and how to support a patient with leprosy.

Method: A qualitative study based on interviews held according to an interview guide with semi-structured questions.

Result: The findings in this study emphasize the significance of education in order to gain and maintain compliance of treatment with the patients with leprosy even though nurses had many different ways of supporting by education. The findings were divided in to four main categories with in total eleven subcategories to present the techniques and methods of supporting the patients.

Discussion: The importance of supporting the patients with leprosy in different ways by education has showed very clearly in the study. Though, at the same time nurses educate with medical knowledge, the patients are the experts in this case of the lived knowledge and this could be a problem to satisfy both aspects unless they complement each other. To do so, a dialog and a relationship of trust must be present between the

patient and the nurse, and this could be done through giving the patients time to express themselves and ask their questions of concern. When the questions and thoughts have been heard, the nurse can satisfy the patient's need in a more accurate way and continue to support the patient with education and encouragement.

Key words: *Nurses' experiences, leprosy, education, compliance, stigma, qualitative, Nigeria, Minor Field Study.*

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Yours sincerely,

Anna Almén Burman
Kwara State, Nigeria 2013

INTRODUCTION

Nigeria is, according to World Health Organization (WHO), among the top six leprosy burdened countries in Africa and is at risk of expansion of the disease. WHO empathizes how essential it is to start the medical treatment as soon as possible in cases with leprosy, to prevent transmission and spreading of disability. According to WHO, leprosy is also a source of discrimination, poverty and social stigma, which is one of the reasons why some of the patients tend to not seek treatment early, when leprosy is suspected. One of the priorities of WHO's leprosy program is to raise understanding and knowledge among people affected by leprosy and to health workers and communities. The goal is to eliminate leprosy at all district levels and in all countries by 2020 (WHO 2013b,d).

This study will investigate how nurses motivate the patients to early and fulfilled treatment, as a way of preventing the spreading and the impacts of leprosy.

BACKGROUND

Nigeria

The Federal Republic of Nigeria is a country in West Africa at the Gulf of Guinea; it became independent in 1960 and a republic in 1963. The capital city is Abuja and Nigeria is Africa's most populous state with 173,6 million inhabitants with English as the official language. There are nearly 500 different indigenous languages where three are the most common. Poverty increased drastically during the 1980s and the 1990s, and today nearly 90 percent of Nigeria's population is living in poverty (they live on less than 2 U.S dollars per day) and only 40 percent on the countryside have access to clean water. Of the adult population 61 percent is estimated to know how to read and write. The life expectancy for the inhabitants (2011) is 52 years and the annual urbanization rate is high, many live crowded in poor housing, which increase the risks for tropical infections and parasitic. Among the most widespread tropical infectious and parasitic diseases in Nigeria are malaria, leprosy and meningitis. The public health care system is insufficiently developed, especially on the countryside. There are four doctors (2008) and five hospital beds (2005) per 10 000 inhabitants. (Nationalencyklopedin, (NE) 2013b).

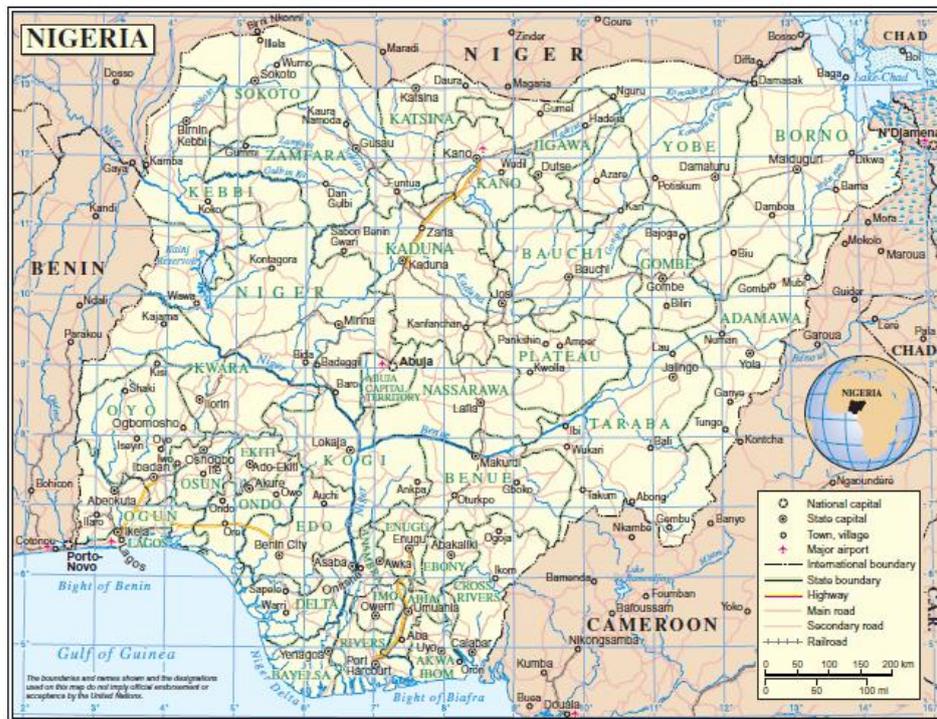
Religion

In year 2010 it was estimated that every second person was Muslim and the others were Christians, this besides approximately 10 percent of Nigeria's population practice native religions. In the north, Nigeria it is dominated of Hausa, Fulabi and Kanuri tribes and Islam is the major religion within these. In the southwest, the Yoruba tribe can be found and amongst them there is approximately as many Christians as Muslims. Even though Christianity and Islam are dominating religions, many are still influenced by traditional urban culture and religion. In

south the majority is practicing Christianity and so as well in the east part of Nigeria (NE 2013b).

Kwara State

The Federal Republic of Nigeria has 36 states and Kwara State is located in the southwest part of Nigeria. Kwara State is divided into 16 Local Government Areas (LGAs) with approximately 2.5 million inhabitants and the capital city of the State is Ilorin. Thanks to the peaceful relations between the multicultural and different religions, mainly Christianity and Islam, but also traditional, the State is known as the State of Harmony. The main medical institution in the state is the University of Ilorin Teaching Hospital supported by specialist and general hospitals, health clinics and rural health centers. The main tribes within the State are first of all Yoruba, but also Bariba, Fulani and Nupe. Yoruba is the major tribe for the whole south-western part of Nigeria and has probably its roots from an ancient civilization called the Oyo Empire (Kwara State Government 2013).



Picture 1. Map of Nigeria, collected from United Nations (2004).

Leprosy

Leprosy, also called Hansen’s disease, is an infectious disease caused by Mycobacterium leprae, which is an acid-fast bacterium that mainly affects the skin and nerves. During the Middle Ages leprosy had a large presence in the world, but started to become less common from the 16th century, which can be explained partly by the isolation of the sick in institutions (NE 2013a). As late as the 1940s Leprosy was considered incurable when the drug Dapsone came. Unfortunately

Mycobacterium leprae developed resistance to this drug, but two more components Rifampicin and Clofazimine, were added in the early 1960s and these three drugs together formed multidrug therapy (MDT). The infection is spread from person to person mainly direct and by droplet infection from the upper respiratory tract. Pathogenic infection occurs only by prolonged and frequent contact with untreated cases, such as within a family. Lack of living space and malnutrition, which affects the immune system and makes the infection easily spread, is one of the reasons why leprosy is called the sickness of the poor. The incubation period ranges from six months to several years (WHO 2013b,c).

There are two main types of leprosy: *Tuberculoid leprosy* occurs in people with relatively good immune system and has a comparatively mild development. The skin stains occur with reduced pigmentation in the middle and slightly raised perimeter. The stain is impaired by inflammation of sensory nerves and attacks on motor nerves can cause muscle weakness. *Lepromatous leprosy* generates a significantly higher proliferation of leprosy bacteria resulting in skin inflammation and nerve damage. If left untreated, the risk of permanent physical disability increases, these cured nodules (leprom) deform the body, especially the face. Ulceration of the skin may occur partly by inflammation and by the reduced ability to perceive pressure, temperature and abrasion caused by the sensory nerve damage (WHO 2013a; Sundelin & Sörman, 2004, p. 24). The disease often manifests itself as an intermediate form between the two main types (Borderline leprosy). WHO recommends MDT as treatment for leprosy since 1981 and the treatment is usually between 6-12 months, but in cases with a single skin lesion a single dose is considered as sufficient (NE 2013a). MDT protocol consists of two or three drugs respectively for pauci-bacillary (PB) and multi-bacillary (MB) cases of leprosy. The classification between PB and MB is, in order to be classified as PB the patient has five patches and one nerve has been affected, when the patient has more than five patches and two or more nerves has been affected it is classified as MB. Since 1995, MDT has been made available worldwide by WHO and is distributed free of charge in order to achieve the target of reducing the disease burden drastically over the world in endemic countries. The key element for eliminating and preventing further transmission of the disease is early diagnosis and treatment with MDT. WHO estimates that during the past 30 years MDT had prevented about four million people from being disabled by the means of early detection and treatment (WHO 2013b,d). One of WHO's strategies to eliminate leprosy is to raise community's understanding and changing the image of leprosy, and thereby promote and encourage self-reporting and early treatment (WHO 2013c). In order to achieve this, WHO concentrates on integrating the awareness of leprosy into the general health services. Methods required to diagnose leprosy must be taught to health workers at all levels, and in all primary health centers MDT must be made available. Decision-makers, health providers and communities must be provided clear information about the world wide target in eliminating leprosy, and one of WHO's roles is to provide support to all levels in this global effort (WHO 2013f).

Leprosy in Nigeria

Among the six countries that are burdened by high leprosy in Africa you have Nigeria, but as well Tanzania, Mozambique, Madagascar, Ethiopia and Democratic Republic of the Congo (WHO 2013b). Statistics show that leprosy in Nigeria is decreasing and the majority of the states have succeeded in reaching WHO's target for elimination and more than 50 percent of them are counted to have a low endemic status, but still there are some parts, especially in the southeast, who are still struggling. Nigeria is fighting against leprosy according to WHO's global effort and by help from WHO and NGO's the understanding of leprosy is now spreading in order to step by step eliminate leprosy (WHO 2013b). There seems to be a substantial difference in prevalence of leprosy amongst the geographical areas. For instance it is more common with registered leprosy in the east than west, and north than south (Ogbeiwi, 2005, p. 73). Ogbeiwi speculate about the reason to this and believes it has to do with the ethnical and religious base. According to Ogbeiwi, since Islam is more dominating in the north than in the south, the attitude towards leprosy deformities is more accepting. This therefore affects the stigmatizing in a decreasing aspect which then also would lead to promote reporting and treatment of leprosy cases (Ogbeiwi, 2005, p. 73).

Education

According to Klang Söderkvist (2008, p.11) the human basic need of knowing and understanding come into existence in the daily routines, activities and happenings. Klang Söderkvist continues with depending on which context a person is coming from, the needs of knowledge changes but also the person's motivation to what considers being important changes. When someone is facing a sincere or prolonged sickness, he or she often experience, according to Klang Söderkvist, feelings of inferiority– which many times could be related to the absence of professional knowledge and becoming in a position of dependence of care and treatment related to the sickness. Klang Söderkvist stresses knowledge and confidence to one's own ability to be among the determining factors in the foundation for the patient to feel secure and empowerment. Security, knowledge and confidence are born in the dialog between the patient and the caregiver, this serves its purpose as the foundation in order to preserve or improve one's health or quality of life when the changes in life strikes, such as sickness (Klang Söderkvist, 2008, p. 11).

In the meeting with a patient it is of significant importance to create an environment where trust can be built between the patient and caregiver, this leads to a phenomena and concept called the caring relationship. The caring relationship is characterized by a professional devotion and with a reflective approach within the caregiver. This approach creates openness between what happens in the care and to the patient's life-world and the caring relationship is created in an honest interaction with respect, dignity, integrity and intimacy (Dahlberg, Segesten, Nyström, Suserud & Fagerberg, 2003, pp. 46-49).

In order to give the patient a sense of context, meaning and facilitate behavior of change, education is very important. Through education and support of caregivers or relatives, it is possible to affect the behavior, thoughts and feelings positively (Klang Söderkvist, 2008, p. 126). By teaching and education the nurse is helping the patients to manage and understand their situation better. The process of learning takes place in a person, and leads to new knowledge, understanding and insight (Fagermoen, 2009, p. 17). Also Pilhammar (2007, p. 16) emphasis the need of education by saying that the patient will face different phases during the time when the patients learn to coop with their sickness and therefore most education proceed from where in the phases and process the patient is. International council of Nurses (ICN) (2012) states in the first code that nurses are obliged in their role as professionals to give the information and education needed to obtain informed consent.

Compliance

If patients are going to complete the treatment, understanding of effects and consequences of the medication is essential. The patient's adherence for following the medical prescription and recommendations is called compliance. By compliance you can prevent decisions to stop the medical treatment because factors such as mistrust or lack of education and knowledge about the treatment (Hansson Scherman, 1998, p. 12).

Stigma

According to Goffman (1972, p. 11-14), each society decides what counts to be normal or abnormal and what is undesirable characteristics for a human being. Something that one society decides to be normal could thereby be considered abnormal in another society. When the society comes up with these norms it leads to what Goffman calls stigma for someone who has these abnormal and undesirable characters. When a person deviates from the society's norms, that person will then be stigmatized, and for those who live up to these norms they will be counted and seen as the normal ones. What is considered normal varies also by the context and situation, which means that everybody could be stigmatized depending on the context. Stigma and loss of status only occurs in view of the stigmatizer, but therefore it does not mean that the discrimination or loss of status for the stigmatized would be any easier (Goffman, 1972, p. 143). To the person who suffers from this sickness and faces the challenges of everyday life with this, for that person the meaning and apprehension of the sickness is different comparing to the person who is observing the sickness from the outside in a medical context (Hansson Scherman, 2008, p. 17). This means that the way things appear and if they are classified as normal or not, differs depending on if you are the one who is observing, especially if the observing leads to prejudice, or if you are the one with the disease and its subjective truth. In order to understand sigma's lived experience you also must understand and acknowledge stigma as dialectical social and an ongoing process (Harris, 2011, p. 135).

Interaction theory

The theory of interaction emphasizes the interaction between patient and nurse as a foundation for nursing. Joyce Travelbee considered nursing as an interaction where the nurse offer support by preventing, manage or finding purpose in sickness and suffering, but also to help the patient to accept his or hers vulnerability (Kristoffersen, 2007, pp. 26-32). The nurse's role is, according to Travelbee, to use him- or herself therapeutic in the interaction with the patient. This in order to help the patient to manage, carry and find purpose in the experiences that comes with sickness and suffering. Travelbee states that the goal and aim with interaction theory is to find and restore hope, and by supporting hope within the patient the nurse also helps the patients to manage suffering in a greater and deeper way. A human being who has lost hope can no longer see a possibility to change and improve the situation, and that is why it is crucial, according to Travelbee, for the nurse to help the patient to restore hope and meaning (Kristoffersen, 2007, p. 27). Travelbee stresses the nurse's ability to empathy in order to create contact and closeness, which also can contribute to trust and then hope (Kristoffersen, 2007, p. 30).

PROBLEM RATIONALE

In cases of leprosy, the importance of early and fulfilled treatment is essential in preventing disability and further transmission. Though, leprosy constitutes a source of poverty, discrimination and social stigma which makes the treatment and the life of patients with leprosy more complicated. One of the obstacles that still remain within stigma that is associated with leprosy, is self-reporting which then can lead early treatment. To be able to eliminate leprosy the health care system must create an environment, in which the patients will not doubt or hesitate to come forward for diagnosis and to seek treatment, this work must be done at a global, national and local level (WHO 2013c,d). Nurses have an important, but challenging, task to reach out to those who are infected or are at risk to be. The challenge lies within the situation of the stigma that comes with this diagnose – even though someone might suspect being infected, he or she tend to not seek care because of the social effects that follows this diagnosis.

AIM

The aim of this study is to investigate nurses' experiences of educating patients with leprosy, with emphasis on aspects of how to handle compliance problems in the treatment and how to support a patient with leprosy.

METHOD

Interview method

This is a qualitative study based on seven interviews, including the pilot interview, conducted by the author, with nurses regarding their experiences from education and compliance in treatment of patients with leprosy. Achieving an increased understanding and knowledge is the goal with qualitative studies, according to Friberg (2006, p. 105), and there by gain better understanding for how life itself manifests and how people experience it. When the understanding increases, the tools of how that person's need and experiences can acknowledge will also follow. Starrin and Reneck (2000, p. 52, 60) emphasizes that every interview in itself is a unique social interaction based on social rolls between two strangers, though at the same time it is one of the interviewer's challenges and tasks to co-create the result. The result of the interviews is valuable factors and in itself results from the interaction between the participant and the interviewer. Another challenge, according to Rosberg (2008, p. 88), is to make the participants get in contact with their experiences and to be able to put this experiences in words.

The interviews were held in English and according to an interview-guide with semi-structured questions. The interview-guide was written by the author and the questions were carefully adjusted in order to match the aim of this study. The interview-guide was used to avoid influencing the nurses' answers and to be sure that all nurses got the same questions. In this way the author hoped to cover nurses' emotional and ethical aspects and professional experiences of leprosy patients. Dahlberg (1997, pp. 55-58) states that the method of using interviews as data collecting is suitable when inquiring a phenomenon with a qualitative nature. Because of the complexity within the phenomena of health care system and experiences it is difficult to measure, and therefore the possibility to enlighten and describe it will be given with interviews. Also Friberg (2006, p. 113) states that by using interviews as a method you give the informants opportunity to express themselves and their experiences with their own words. It is important to create an environment for the interviews where the atmosphere is tranquil and comfortable to make the informants give as opened and honest answers as possible, since the interaction between the informant and the interviewer is very essential (Thomsson, 2002, pp. 37-40).

An inductive approach has been used, and according to Lundman and Hällgren Graneheim (2008, p. 160) this is an unprejudiced analysis of an experiences based text. To be aware of my own preconceptions, I have tried to write these down to reduce their affect on the interviews. By that, I have tried to obtain an open mind for the nurse's experiences and thoughts. According to Starrin and Renck (2000, p. 60) some background knowledge is important in order to locate and state the aim of a study, but it is of sincere importance that the knowledge dose not comprehend the ability to keep an open mind during the interviews. In order to get to know the culture and context of where this study was conducted, the author spent two weeks

within the state of Kwara to identify possible norms and customs before the interviews started. In that way the author hoped to increase the knowledge about suitable manners to be able to create a comfortable environment for the interviews and participants to feel relaxed. The knowledge of understanding more of the context and culture where the study is conducted is of great importance to increase the credibility of the study (Lundman & Hällgren Graneheim, 2008, p. 162; Starrin & Renck, 2000, p. 61). Even though the study were conducted in a unique context and the results testify how nurses in Kwara State work to support their patients with leprosy, the result carries essential knowledge that nurses worldwide can learn from.

Data collection

Seven face to face interviews were conducted, of which one was a pilot interview, with nurses using a pilot-tested semi-structured interview-guide. The author tried to have an equal amount of female and male nurses to get a wider picture of the results. By variations in the group of participants the credibility strengthens according to Lundman and Hällgren Graneheim (2008, p. 170). Also with that knowledge the author used criteria of inclusion to select the group of nurses regarding their age, gender and urban or rural. The health minister and author hand-picked the nurses for the interviews based on their possibility to participate, by their experiences and knowledge of patients with leprosy. The selected nurses work within Kwara State, southwest Nigeria. One of the nurses were working in a leprosy village at a hospital, four of them were working on the field within the area of Ilorin at primary health centers, and two of them were working at a general hospital in Erin-Ile in Kwara State. All nurses were registered nurses and had studied three years in order to get their Bachelor and authorization as nurses. Four of the nurses had added master's degree such as midwife or trauma nurse. Of all chosen nurses there were four male and three female, their age ranged from 33 to 49 and their years of being in the profession as registered nurses ranged from 1 year to 28 years. The interviews were conducted between 2013-11-04 and 2013-11-13. The interviews lasted between 20 and 45 minutes. The nurses were first informed about this study by the health minister in Kwara State or by the head-doctor at the hospital. Afterwards the nurses decided to meet with the author and were then given the letter of participation and information (appendix 2 and 3). Notes were taken during the interviews as a complement to the recordings by the dictaphone, in this way the author's hope was to get the results more accreted during the transcription. The given data during these seven interviews was considered to be enough for this study and aim, even though the knowledge of more interviews or participants might contribute with other or deeper insights to this study. The author felt satisfied with the provided data with consideration to the limited time for this study.

All of the interviews were conducted in privacy where the participants made the decision of where the interviews were going to be conducted and where they believed they would feel most relaxed without disturbance. According to Starrin and Renck (2000, p. 64) it is important that the participants feel comfortable and

that the climate is open since that increases the chances for the participants to reflect and answer open-hearted. Also the interviewer has to feel comfortable and relaxed to create such an environment (Starrin & Renck, 2000, p. 64). One of the interviews was conducted at the author's house, four interviews at the office of the health minister of Kwara State and two interviews at two offices at the hospital and clinic in Erin-Ile. The interviews begun with some initial questions about their education, personal basic-facts and thoughts about their profession, to make the participants feel relaxed and ready for further questions (appendix 3). Then, the main question was asked; "what are your experiences, as a nurse, of the treatment of leprosy?" In order to keep the flow in the interviewing the author continued to ask follow up-questions with corresponding words, which had been written down in an interview guide (appendix 1) to make sure that each participant got the same questions and that the interviews followed to same structure. According to Lundman and Hällgren Graneheim (2008, p. 161) it is of value to use a questionnaire and in that way bring some distance to the interview and then being able to vary between distance and close. The questionnaire that was used in these interviews was semi-structured to give both distance and to be able to follow the flow of the participant's experiences and way of thinking. Some of the participants spoke freely from the beginning of the interview, but some needed more follow up-questions to start describing their experiences.

Testing of interview guide

The interview-guide that was used during the interviews was pilot-tested by the author with one of the nurses working at the hospital, in Okegbala in Kwara State, to see that the questions and their aim were correct. During this pilot-test the author got answers that answered to the aim of this study, so also the pilot-interview was included in the result. After the pilot-test the questions were adjusted and improved by small changes of the questions accordingly to respond to the aim of this study. The pilot-test lasted for 36 minutes and was recorded with a dictaphone.

Data analysis

The data analysis was made according to the content analysis by Lundman and Hällgren Graneheim. They emphasizes that the focus of the content analysis lies on the ability of describing variations – both as similarities and differences – of the collected data (Lundman & Hällgren, 2008, pp. 159, 162). In order to this content analysis the process of analyzing the data begun with first reading each transcribed interviews several times to get a deeper knowledge of the contents before dividing it into codes, and therefore not to lose the context or the statement within but to see it as a coherent text. After this was done the author identified meaning units and then condensed to make the material more able to overview but then again this was done without losing the core of the texts. The condensed meaning units were then divided into codes of shorter meaning or abstracted words, which were divided into four main categories with in total eleven subcategories that covered and reflected the substance of what had been expressed in the interviews. Examples of the

division can be seen in the table 1. With the hazard of losing the context or lacking in the reflection of the text the author tried to never work too close to the text for a longer time and therefore the awareness of this was taken in consideration during the process. In order to this awareness is has also helped the author during the reflections of the subcategory and codes because it was processed and analyzed several times each. To avoid the risk of losing data that did not answer to the aim of this study it was taken into consideration to supply with one more category, but this was not necessary because all the meaning units could be well ordered into the existing ones. At the end of the data analyses all the subcategories and categories where provided with deeper explanations and reflections and during this time suitable citations were picked to demonstrate the results from the interviews.

Table 1. *Data analysis*

Meaning unit	Condensed meaning unit	Code	Subcategory	Category
You have to let the person know that you feel for him or her, you know, that you are human being like him or her, that you have a feeling for being infected by that bacteria, so you let him know that it's curable, you start explaining, you talk and talk, you'll health educate as much as you can – they have to know it's curable. Lot of them thinks it's a terminal disease and lot of this that it's not curable. Leprosy is curable and you don't have to fear and the drug are free.	Feeling of empathy and responsibility due to the knowledge with in the profession.	To feel empathy and responsibility to support.	To show empathy	Supporting the patient

Ethical considerations

Approval from the health minister in Kwara State was given to conduct the interviews. The participant was first informed about the study by the head-doctor or by the health minister and then by the author. The participants were also given an information letter (appendix 2) from the author with ethical consent provided with contact information signed by the author, declaring that the data would be handled confidentially. The participants were informed that they could anytime discontinue

the interviews and the study without any reasons, and the participation was voluntarily. All the participants were informed that the interview was going to be recorded with a dictaphone and all the participants were given the choice of not being recorded.

Even though much effort, and help from the health minister of Kwara State, was put into searching for existing ethical guidelines of research in Nigeria no such things could be found. Therefore the author has taken the Swedish law (2003:460) on ethical review of research involving humans as ethical guidelines instead. The purpose of this law is to protect and respect human rights, one's liberty and human dignity in research. The participants should be informed about the study, its aim, methods and that participation in the study is voluntarily and can at any time decide to not participate in the study without further questions. The ones who decide to participate have to sign a participation letter (appendix 3) and thereby given their informed consent in writing (Svensk författningssamling, 2003). All the participants was given an information letter with the information written above, and also with the information of that all information would be handled confidentially and would be de-identified by removal of the participants names. All the recordings from the interview were deleted after transliteration and until then the recordings were kept safe in a locked place.

Credibility

Throughout the entire study the awareness of the author's pre-understanding has been taken in consideration. According to Lundman and Hällgren Graneheim (2008, p. 160-161,170) pre-understanding is of importance and unavoidable factor in the interpretation of data, because the result arise from reflection and discussion through the analysis. The pre-understanding could be aspects such as assumptions and pre-existing theories by the author which may affect the study.

Also in order to maintain the credibility in the study, the author decided to not change the quotes and thereby preserve the true and expressed meanings in the interviews.

RESULT

The result was divided into four main categories with in total eleven subcategories that had emerged during the process, to be seen in table 2. In order to increase the credibility of the result citations has been chosen to empathize and demonstrate. In order to know from which one of the interviews the citations referees to each and one have been provided with a number to make it more clear.

Table 2. *Subcategories and categories*

Subcategories	Categories
<ul style="list-style-type: none"> • To offer a different explanatory model • To create conditions for nursing. • To show empathy. 	Supporting the patient
<ul style="list-style-type: none"> • To offer hope. • To provide with advice. • To follow up given advice. 	Encouraging and motivating the patient
<ul style="list-style-type: none"> • To give the patient time to express him- or herself. • To create trust. 	Making the patient feel comfortable
<ul style="list-style-type: none"> • To help with self-care. • To enlighten the patient. • To offer support groups. 	Empowering the patient

Supporting the patient

This category illustrates how nurses support their patients by normalizing the situation and by comforting the patient in different ways in order to establish a foundation of trust and knowledge of not being alone.

To offer a different explanatory model

Many of the nurses were sharing the experience of how afraid many patients were of getting the diagnoses of leprosy because they feared it would be the end of their life and non-treatable. The fear of being cursed by God or a witch was common and the nurses expressed how they tried to neutralize the disease of telling the patients that the cause of leprosy was by bacteria and that it is curable. By telling the patients this, they hoped to make the situation manageable for the patients and to give them hope by their support. One of the nurses expressed the need of normalizing and highlighted the need of knowing that leprosy is not caused by a curse but by bacteria and that there is cure, and in that way also try reduce the effects of stigmatization.

“Our people that still stigmatize them, they are still there, some people still don’t understand it that it’s caused by bacteria. They feel it’s a curse of God or witch that have decided to attack that particular person. So, they still stigmatize them. If you have leprosy they don’t like to move near you, if I move near you I can contagion the disease, they still have that fear, people still remain..they don’t understand it. We continue with enlightens, give education on that. We tell them the really cause of this and that it’s curable, it’s not the end. It’s only caused by bacteria and it’s curable.” (Interview no. 3)

To create conditions for nursing

All nurses expressed different ways of how to support the patient but one thing that was important to all of them was the interaction and how you welcomed the patient, and all this in order to make the patient feel comfortable. The patient's need of comfort had to be acknowledged and somehow satisfied before they could continue to educate and enlighten about leprosy and it is course. Some of the nurses emphasized more of the duty and responsibilities as nurses and had that as the main reason for support meanwhile some nurses stressed that comfort and support is a natural act between human beings. Some of the nurses comforted their patients by offering practical support by informing about the possibility to rehabilitation, habilitation or offering a glass of water, meanwhile some of the nurses expressed their support and comfort in physical was such as a hand on their shoulder or letting the patient sit down with you to calm down.

“It must be a good interaction between you and your patient, before that patient can put trust and confidence in you. You calm them down. There must be good relationship between you and your patient before you can proceed... by touching you can pass on healing to patients at time.” (Interview no. 1)

To show empathy

Different ways of expressing support by empathy and love has been revealed among during the interviews. Some of the nurses expressed it as showing the patient respect by their attitude and manners, and some showed it through putting their feelings into words and action such as health educating.

“You have to let the person know that you feel for him or her, you know, that you are human being like him or her, that you have a feeling for being infected by that bacteria, so you let him know that it's curable, you start explaining, you talk and talk, you'll health educate as much as you can – they have to know it's curable. Lot of them think it's a terminal disease and lot of this that it's not curable. Leprosy is curable and you don't have to fear and the drugs are free.” (Interview no. 6)

All nurses had in common that empathy is an essential ability that every nurse should cherish and maintain in order to be able to support the patient. Even though they all saw this as one of the fundamental factors, they expressed different ways of showing empathy, some of them believed that you cannot truly give satisfying care without empathy and that your empathy will be shown in all the actions and word. Meanwhile especially one of the nurses believed that the best way of showing empathy and love was by offering belonging and making the patients feel like a member in the nurse's family, with more focus on the actions only than the words.

Encouraging and motivate the patient

In this category the focus is on how nurses show encouragement and motivation for the patients to embrace and comply with the treatment and the given advice, in order to make the treatment as sufficient as possible and to get cured and free from the disease.

To offer hope

Since the patient's fear of leprosy being caused by a curse and because of the fear the diagnosis would be the end of life, the nurses expressed how important it was to convince and prove that leprosy was caused by bacteria and that they can be cured from it as long as they attend to the treatment. In order to do that the nurses demonstrated this by shown previous cases and other material such as posters of before- and after-cases.

“You have to form it out, you talk and talk and talk and put samples and put demonstration, do you understand. They will need it, they will be calm, they may even not want to go and leave you because they'll be happy and feel hope. So they need your advice, so if you didn't see them today and you just look at the time tomorrow morning you'll visit them...” (Interview no. 6)

All of them talked of how significant it was to take time for explanation and giving thorough health education with emphasis on the hope of being cured. Some of the nurses also expressed the importance of stand firm by the patient side and to be ready to give the patient some time to process the information given, but then also be prepared to then seek for the patient and emphasis the danger of not attending to treatment in early stage.

To provide with advice

When the patient felt they had knowledge and knew how to handle the daily life both during treatment and after, all the nurses has experienced that patient had it easier to receive encouragement to comply. The nurses expressed their patient's need of advice in order to be able to feel that there were hope and the tendency for patients to seek early treatment had increased when the knowledge in the society had been know about its significance. One of the nurses expressed the result of reporting the disease early would result in a very simple treatment.

“I tell everyone that if somebody have the disease, he or she will report that early, the treatment is very simple. And you will give them the drug and they comply with this. So, what we do most is that, the moment you get a patient with this case you let them sit down and then you have discussion with them, you tell them the importation – the importance of

compliance with the drug – everything, you sorting out all this things. We give them quality health education...” (Interview no. 3)

To follow up given advice

All nurses in the study stated that in order to have a patient who complies and who follows the advice given it is of great importance that the patients feel the support from the nurse. All nurses could testify that they have met both patients who easily follow the advice given, but they have also met patients who, for different reasons, did not want to. Since both of these attitudes and behaviors from patients had been seen all nurses emphasized the significance of follow up and supervising. This could be done by visiting the patients at their homes or during the time when the patients visit the clinic. To give them a time for follow up after the treatment is also one of the ways that the nurses stressed was of importance.

“We use to let them know proper way to use their drugs, because people would sometimes collect the drugs so they wont really even take the drugs, so we tell them to take it with daily regulation. And then we supervise to make sure that they get it all, and follow up is also important, because we use to give them some time to come back, at least to recheck themselves.” (Interview no. 1)

Making the patient feel comfortable

During the time of sickness many things may chance for the patient and the nurses testified about how the patients experienced fear and that the future felt uncertain for them. This category show how nurses are working to increase and establish the feeling of being secure and comfortable in the course of treatment, and what to expect from the results if the treatment has been completed.

To give the patient time to express him- or herself

All nurses expressed how important it is for the patient to get time and space to express him- or herself, this in order to be able to build a foundation of comfort and feeling of being secure. The patient must be able to express the worries and thoughts about the situation that now has come. The nurses talked much about the fear many of the patients felt, the fear of what will happen to them and to those around them – especially when the opinion is that leprosy is caused by a curse. The majority of the nurses felt it was necessary to give the patient time for expressing thoughts in order for the nurse to better connect with the patient, but as well in order to know in which area the focus of health education should be to so the best way of assisting would be known.

“You know, if you give them information, you give them health educations, you give time for them to ask questions and allowing them to express their feelings, without interruption, calming them down and

giving them advice, then you ask them to replay what you've told them before – you now understand that they are able to pick from what. That question try to error misunderstanding and it will help you with assisting the patient” (Interview no. 5)

The nurses emphasized of what great value it was due to the treatment and compliance if the patient was given time to replay what they have been told in order to error misunderstandings that could occur, so giving the patient time to express him- or herself is essential for both making the patient feel comfortable and secure but also for increasing the chance of compliance with treatment.

To create trust

“The confidentiality and trust should be there. So if you would be able to protect the secrets of your patient, in fact they will rely more on you than any other person.” (Interview no. 7)

To be able to create an environment and relationship for the patient where he or she felt comfortable and secure, all nurses talked about trust as a main key. By creating trust they stressed how important it is to ensure and maintain the patient's privacy and with the confidentiality all the care and treatment would be given with. The value of privacy and confidentiality increased because of the stigma that is associated with leprosy still, so all nurses felt that to truly make the patient feel secure and comfortable they have to know that they are in good hands. As nurses they felt the great responsibility of handling their patients and the information given with respect and carefulness. They made it clear how important that was with every kind of patients, but with patients who had leprosy is was even more important and in order to create and maintain that many of the nurses had agreed to meet their patients on locations and times where the patients felt secure and not be seen by others. The nurses said that because of stigma many of the patients do not tell others of their diagnosis since they feel ashamed and fear what people would do or say to them. One of the nurses talked much about how to approach the patient, because the nurse believed that by the way you approach the patient that is also the way you will get your result. So for that nurse it was essential to find ways to maintain the privacy and confidentiality for the patient by agreeing to other locations for a meeting in order to keep the patients feeling of being comfortable and secure.

Empowering the patient

This category is describing how nurses supported the patients by empowering them. All nurses talked how the patient had tendency to feel overwhelmed by finding out that they were infected by leprosy, so one of the main ways for the nurses to prepare the patient for the treatment and after treatment was to give the strength and desire of life back. The nurses talked about two ways of doing this, which can be seen below.

To help with self-care

A way of giving the power back to the patient during and after treatment is to teach the patient of how to take care of him- or herself in the best way and to prevent further complications or damages. The nurses highlighted how essential the need of knowledge and education is in these situations, because if a patient knows how to manage him- or herself then much time, suffering and effort could be spared for both patient and nurse. One of the nurses was talking about the need of self-care in various situations such as how to adjust with their diagnosis to their daily life routine and the life within the home but also of self-care about practical things such as how to soak and oil their legs to prevent dryness and cracks, and some of the advice was about how to clean and take care of wounds.

“...we visit them, we give home-care – self-care like how to soak and oil their legs and we give various health education. You will feel happy as a patient, because you know what to do.” (Interview no. 2)

The main thing the nurses enlightened the patients about was how to have awareness about their body and about the environment they are in, especially to be aware places to avoid such as near the fire to prevent further damages. The nurses talked about when a patient know how to take care, then he or her will also be a happy patient, which will lead to that you as a nurse will be happy too.

To enlighten the patient

“Before you start the treatment you have to explain the all things for them; what leprosy is, the course of leprosy, the clinical future of leprosy, the treatment of leprosy, the complications and where they can assert treatment. And the treatment is free throughout everywhere in Nigeria treatment is free. So you now tell them the lightly danger, you tell the complications if you don't take your drug...” (Interview no.2)

In order to feel comfortable and secure, all nurses talked about the need of health education about the course of treatment, complications, side-effects from medication and how to prevent deformities. For the patient, to able to prepare him- or herself to face the treatment the knowledge of what to expect and all the facts must be provided first. When that had been done, the nurses experienced that the patient was feeling much more secure and comfortable in the situation and its future. Some of the nurses also said that when a patient feel comfortable and secure the result of the treatment tend to be better since a patient who is secure and contented most likely comply and fulfils their treatment without problem. The nurses also talked of the importance of that the health education that being given must be reassured it was understood, and due to that the need of an interpreter because languages barrier between tribes could accrue. If that was the situation, the nurses talked even more about how important it was go also give the patient time to

ask their questions and to repeat what has been told before to reassure that I had been understood correctly.

To offer support groups

According to the nurses this is especially important for the patients who have loss of sensitiveness related to nerve damage. Particularly one of the nurses talked about the need of forming groups for the patients to support each other and give advice to throughout their life.

“...those people that have loss of sensitiveness they need supervision throughout their life and later on when this care-group is coming then it's more easy, easier, cause we organize them to go and form a support group and support each other and they are meeting sometimes with me, depending on the distance from the clinic, so they come together. So during the process we emphasis and teach how to take care of themselves.” (Interview no. 4)

In order to empower the patient it is important that the patient feel prepared of what to expect from treatment and of life after treatment. Of that reason some of the nurses emphasized the need of always informing the patient about the course of treatment so both patient and nurse can expect when the treatment will be done, which also would make it easier for the patient to comply and not default. Some of the nurses stressed the significance of repeating the information as many time as possible for the patient, because you could never know if the patient had forgotten or if the need of information had changed. In order to that they said that too much information would never harm anyone but if there was a patient with too less of information – that could harm both the patient and those around.

One another aspect of empower the patient was to sensitize the “pre-patients” to come and seek treatment early, through jingles on radio, posters and village campaigns with megaphone where they then enlighten about signs and symptoms of leprosy and that leprosy is curable. In this way the nurses hope to be able to bring courage and strength to those who feared they had leprosy but did not dare to confirm, and the nurses thought one of the reasons to that was because the patient feared it would be the end of life and not curable. Therefore the nurses believed that the “pre-patients” would be empowered by the sensitizing that was given.

DISCUSSION

Method discussion

Design

To get the participants perception a qualitative design is the most suitable and appropriate, and therefore the author chose this method. In order to illuminate a

person's feelings and perceptions the qualitative method is the only way (Paulsson, 2008, pp. 73-76; Friberg, 2006, p. 105).

Interview method

There is always a risk with semi-structured interviews that the participants tries to answer according to what they think the interviewer needs or would like to hear. Therefore by asking questions with the aspects of personal and professional experiences and questions with both disadvantages and advantages the author hoped to reduce this risk. Since a semi-structured interview guide was used, in order to strengthen the credibility this was pilot tested and then small adjustments were made, such as using another synonym to make it more understandable. The method of using observations to collect data was considered because in that way maybe more objective data could be found. The author feared though that the nurses or patients would act differently by having someone observing, which then would lead to a similar conclusion as when interviewing. With that knowledge and with the ethical considerations, such as the emotional situation the patients already are in and might therefore not be comfortable in being observed, it did not feel suitable according to the author to perform observations. Since this study was the first study to be conducted by the author, this also contributed to the decision because the author considered observations of nurses and patients to be more sensitive and vulnerable than interviewing nurses about their experiences with patients.

The risk of pre-understanding has been taken under consideration and the author have been aware of that pre-understanding in this case is unavoidable and therefore has the author paid special attention to this and to reflect as much as possible during the analysis of the data.

Data collection

One of the advantages was that there were almost as many females as there were males in the study and in this way the author believe that a wider perspective was given in the interviews. Also the fact that the collected nurses came from different hospitals and areas within the Kwara State also contributed to this variation in the group, which also strengthens the credibility according to Lundman and Hällgren Graneheim (2008, p. 170). The variation of years of experiences, as a registered nurse, among the participants ranged from 1 to 28 years. The author is aware of that one year of experience might not be considered to be enough and is not ultimate for participation in a study based on experiences. Even though, this particular nurse contributed to the study with experiences of significant value and were of that reason included. All the interviews were conducted face to face with the nurse and the author which gave me a better understanding to what the nurse was saying by emphasis with mimic and body language, if the interviews had been conducted by phone this knowledge would have been lost.

The interviews did not include an interpreter, even though this had been taken under consideration, but the decision of not using an interpreter was made since English is the official language in Nigeria. To conduct the interviews without an interpreter resulted in one person less in the room during the interviews, which might have made the nurses to feel more comfortable. The duration of time for interviewing was also decrease because the questions and answers did not need to be translated. By speaking with the participant face to face also contributed to the flow in the interview with asking suitable follow up-questions. The possibility for the nurses to feel comfortable and relaxed increased since the participants was given the choice to decide the location of the interviews, and consideration to that I believe that the answers more lightly reflect the reality with honest answers than if the location would have been decided by someone else.

Since this was the first time for the author to accomplish a study like this and first time of interviewing, it was very helpful to have an interview guide for the structure, even though the author is aware of that an interview guide could limiting the flow or open mind.

One of the disadvantages was that since the nurses were asked by the doctor, by colleagues or by the minister of health there was a risk that the nurses might have felt obliged to participate, which then also could have affected the study. Another aspect that could have affected the interviews was that, even though all the interviews were conducted somewhere privately and the location was decided by the nurses for comfort and less distractions as possible, disturbance still occurred such as noise coming from outside the window, phones ringing and people who entered the door – and this might have disturbed the nurses in their reflections.

Data analysis

During the analysis of data consideration to the context from where the data had been collected from was made and according to Lundman and Greneheim (2008, p. 160) it is essential to do so. The author is aware of that the interviews, transcribing and analyzing was done by the author alone and without someone else perspectives expect from the supervisors advice and supervision, which could result in less reflected or subjective result. In order to this the author had taken this into consideration and to never stay too close to the text each time pauses in between was of great importance. The author also assured to read the transcribed texts a several times before analyzing and then went back to the transcribed text to read through again. The text has been processed and analyzed by the author and the result was created through me, and this interpretation might change or be different in the eyes of the reader but that does not state that something is right or wrong but only viewed from another perspective just as valuable.

Credibility

In order to strengthen the credibility more ways of collecting the data could have been used such as focus groups or observations of nurses' work with the patients who have leprosy. Focus groups was taken into consideration, but the author thought that since the topic of leprosy vulnerable subject, part time because of the stigma, the believe of that the answers would be more accurate in an interview in privately. The time for complementing the study did not exist though, but could be an idea for possible future research.

Result discussion

The aim of this study was to investigate nurses' experience of education and compliance of treatment and how nurses support patients with leprosy, and the main finding was that nurses have many different ways of supporting the patients in their wellbeing. For all of the nurses education was much significant in order to achieve and maintain compliance of the treatment, even though different ways of educating and supporting occurred in this study. The first category stated that by offering a different explanatory model, creating conditions for nursing and to show empathy was one way of supporting the patient. The following category showed different ways of encouraging and motivate the patient by offering hope, providing with advice and to follow up the given advice – all different ways of supporting and helping the patients in their wellbeing. The third category presented how nurses supported the patients by making them feel comfortable through giving the patients time to express themselves and to creating trust. The last detected category showed how the nurses worked with empowering the patients by giving them help with self-care, enlighten them but also offering them support groups. All these categories were influenced by education in different ways and angles in order to support and meet the patient's need in the best way. The nurses were all convinced that without health education and sensitizing the patients would not have compliance to treatment or feel secure and comfortable.

Hansson Scherman talks about knowledge in two ways: the lived knowledge and the medical knowledge. The knowledge nurses educate with and about is the medical knowledge of how signs, symptoms can occur, or of the course of treatment and what to expect during this time and the nurse is the expert in this matter, but on the other hand the patient will be the expert of how it is to live with the disease from the experiences from the daily life (Hansson Scherman, 2008, p. 101). These experiences that the patients have could also be about the challenges to balance between the demands from the medical knowledge of how to treat and the demands from the relationships around that patients, for example house holding. This could result in different ways of thinking about the disease from the two perspectives and the lived knowledge could in fact threat the ability of receiving the medical education and knowledge, but it does not necessary have to happen. Hansson Scherman continues with the importance for nurses to acknowledge the lived knowledge and try to combine that knowledge with the medical in order to

promote the ability for the patient to accept both perspectives and combine them. According to me, I agree with the risk Hansson Scherman is describing, but at the same time my perception from what the nurses expressed was that they tried to avoid this hazard by both giving the patients time to express themselves and by letting the patients ask their questions. Arborelius (2008, p. 139) emphasize the need of having a dialog with the patient in order to get a perception of how the patient thinks about the disease, because according to Arborelius it is essential to know the patients theory, since this is also affecting how the patient act and behave. When nurses and caregivers knows the patient's perceptions about the disease and its course, then the care and support easier could meet the need of information and thereby being able to give adequate actions and ways of educate in in order to increase the possibility for the patient to see and understand the connections between lifestyle and health.

According to both the statistics from WHO and the nurses' experience, it has been showed that leprosy is now gradually decreasing in the State of Kwara. Though, until leprosy has been eliminated the challenge for nurses is, as I see it, to enlighten the villages and the society in hope of reducing and eliminate the stigma. Even years of sensitizing with goal to promoting to increase the knowledge of leprosy as curable and caused by bacteria, despite all these efforts and the result it has given so far, much are still to be done. One of the nurses talked about how satisfied he was of knowing that leprosy is decreasing, but at the same time expressed the fear of celebrating this goal to fast, because there were still untreated cases who have not sought for treatment. The nurse emphasized the importance of continuing to educate and to still have leprosy on the curriculum in order to not lose the awareness until leprosy has been totally eliminated.

The nurses' passion for the profession and their patients is testified and showed throughout the result. All nurses emphasized the need of education and knowledge in order to make the patient feel secure, and how trust and hope can be built from that. The creativity and passion in the nurses profession is something nurses worldwide can learn from – how to create an caring relationship in a situation when the patient need it the most but because of stigma, or other reasons, turn away. Both Travelbee and Dahlberg emphasize the importance of creating the environment and relationship of trust and hope between caregiver and patient (Dahlberg et al., 2003, pp. 46-49; Kristoffersen, 2007, pp. 26-27). According to Travlebee should nurses be therapeutic in the interactions with patient, and in that way help the patient to manage and find purpose in sickness and suffering. When the patient can find purpose in sickness and suffering, then hope has also been restored (Krisoffersen, 2007, p 27). From what the result has shown, hope and support was among the main keys for the nurses and all of them were devoted in their profession and showed empathy and creativity in admirable ways. The caring relationship became reality and was essential in order to truly see and meet the patients and their needs. As nurses all over the world, each and one meeting and professional relationship with the patient is unique, which makes it a challenge as much as it is a blessing. The need of passion, creativity and empathy is essential in the profession as nurses,

and from what is revealed in the result – this study is highly relevant and can enrich nurses and caregivers worldwide.

With that said, the battle against leprosy in Kwara State continues and by the nurses' effort of sensitizing and support to their patients through different ways and methods, it brings me hope. Hope that one day leprosy will be eliminated and the stigma associated with it. The essential need of education, both for them who have not yet sought for care and for those under treatment, is obvious and more than once stressed in this study. With education comes amplified compliance and also more secure, confident and empowered patients. In order to give education that the patients are receptive for, trust and confidentiality must be provided. The nurses in this study are working with this in their daily work and with every patient that they meet – because the foundation of trust and manners must be there according to them all. Some of the nurses believed that the profession was a calling, and some saw it as a great responsibility against the community, but they all could agree that nursing was a noble and unique profession which they loved.

CONCLUSIONS AND CLINICAL IMPLICATIONS

The conclusions to make from this study, is that nurses within Kwara State in Nigeria have deep knowledge and experience from various methods in order to support the patient in their wellbeing. It has been established that education is one of the main keys in order to increase compliance of treatment and to feel secure as a patient with leprosy. The nurses have also emphasized the importance of respectful manners, approach and keeping the confidentiality in order to gain and maintain the patient's trust. The nurses' awareness of the significance of meeting the patient's need of knowledge, encouragement and advice has been shown. Also the conclusion of the nurses' hard work and effort to promote people to seek treatment as early as possible, and their effort to spread the knowledge of leprosy as curable, has been detected. The result of this study could be used as a complement for further researches and it is the author's hope that this study will bring deeper knowledge about how nurses in Kwara State support patients with leprosy through education in order to promote prevalence of compliance with treatment of leprosy.

FUTURE RESEARCH

As the author I was unable to find resembling research concerning nurses' experiences of patients with leprosy and it would also be of interest to make observation studies on the subject to reduce the risk of so called "ideal" answers. It would be of great interest if more studies were to be made on this subject for both deeper and wider knowledge and understanding.

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Appendix 1

Interview guide

The interviews will be conducted at a tranquil place and I will start by explaining who I am and with the aim of this study. The person may then read the participation letter and sign if what is written is approvable. Questions that the informants may have will be answered before the interview begins, the Dictaphone will not be used during that time.

Age:

Gender:

Questions for warming up:

- For how long have you been working as a nurse?
- What do you think about your profession?
- Are there any advantages or disadvantages?
- For how long have you been working with patients with leprosy?
- Are you working with patients with different diagnosis than leprosy?

Main question: **What are your experiences, as a nurse, of the treatment of leprosy?**

Possible follow up-questions:

- What are your thoughts when you hear the word leprosy?
- What is the main problem in dealing with patients with leprosy as you see it?
- In what way do you support these patients?
- How do you give information to the patients and to those who are at risk of become infected? What do you give information about?
- What is your experience of early treatment?
- What is your experience of completed treatment?
- What is your experience of compliance with patients with leprosy?
- Can you tell me about your experience of stigma in patients with leprosy?
- Can you give me an example of a special occasion when you met a patient with leprosy? What did you do? How did the patient react?
- Do you think that the patients follow your advice?
- Do you think that patients feel like that they can trust you?
- How do you build a professional relationship between you and your patients?

Corresponding words:

- How...?
- Why/why not...?
- What do you mean by...?
- Can you give me an example?
- Can you tell me more about...?

Final question: **Are there other things you wish to add?**

Thank you for your participation!

Appendix 2

Information letter

Dear participant,

My name is Anna Almén Burman and I am a nursing student studying at the University of Borås, the Institution of Health Science, in Sweden. I am undertaking a field study as my Bachelor thesis about “Nurses’ experiences of education and compliance in the treatment and how to support a patient with of leprosy”. I have been rewarded on behalf of SIDA (Swedish International Development Cooperation Agency) with a scholarship to accomplish this field study.

The thesis aims to investigate nurses’ experiences from education and compliance in patients with leprosy. I wish to increase the knowledge of the importance of compliance and education in health care system with patients with leprosy and lift how nurses in their daily work promote this. If you choose to take part in the study you, and five other nurses, will be asked to be interviewed individually and answer questions regarding your experiences of education and compliance in treatment of leprosy. The interviews will be the essence in this study, which later on will be published scientifically. It is my hope that this information can benefit and increase the knowledge about the importance of early and completed treatment of leprosy. There are no identified risks from participating in this research.

All information collected during the study will be treated confidentially and will be coded so that you remain anonymous. Participation in this research is completely voluntary and you may refuse to participate at any time without consequence. The interview will take approximately 45 minutes to complete. You will receive a small gift as a thank you for your time and participation.

To insure safe and proper research procedures, auditors of the University of Borås Institution of Health Science and regulatory authorities will be granted direct access to the research data without violating the confidentiality of the participants.

Thank you for your time and cooperation!

If you have any questions or later would like to know the results of this research, contact the following:

Student/Researcher: Anna Almén Burman Telephone: 0046762568612, 002348155508052 Email: s110189@student.hb.se	Supervisor and mentor: Claes Wikström Telephone: 004633435 59 50 Email : claes.wikstrom@hb.se
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Yours sincerely,

Anna Almén Burman

Date

Appendix 3

Participation letter

Dear participant,

My name is Anna Almén Burman and I am a nursing student studying at the University of Borås, the Institution of Health Science, in Sweden. I am undertaking a field study as my Bachelor thesis about “Nurses’ experiences of education and compliance in the treatment and how to support a patient with leprosy”. I have been rewarded on behalf of SIDA (Swedish International Development Cooperation Agency) with a scholarship to accomplish this field study.

The thesis aims to investigate nurses’ experiences from education and compliance in patients with leprosy. I wish to increase the knowledge of the importance of compliance and education in health care system with patients with leprosy and lift how nurses in their daily work promote this. If you choose to take part in the study you, and five other nurses, will be asked to be interviewed individually and answer questions regarding your experiences of education and compliance in treatment of leprosy. The interviews will be the essence in this study, which later on will be published scientifically. It is my hope that this information can benefit and increase the knowledge about the importance of early and completed treatment of leprosy. There are no identified risks from participating in this research.

All information collected during the study will be treated confidentially and will be coded so that you remain anonymous. Participation in this research is completely voluntary and you may refuse to participate at any time without consequence. The interview will take approximately 45 minutes to complete. You will receive a small gift as a thank you for your time and participation.

To insure safe and proper research procedures, auditors of the University of Borås Institution of Health Science and regulatory authorities will be granted direct access to the research data without violating the confidentiality of the participants.

Thank you for your time and cooperation! If you have any questions or later would like to know the results of this research, contact the following:

Student Researcher: Anna Almén Burman
Telephone number: 0046762- 568612,
002348155508052
Email: s110189@student.hb.se

Supervisor and mentor: Claes Wikström
Telephone: 004633- 435 59 50
Email: claes.wikstrom@hb.se

I have understood the information given above and I am hereby giving my permission to participate in the study.

Signature and date