INTRODUCTION

Contact isolation precautions are a necessary aspect of the health care profession, as they enable both healthcare professionals and patients to remain in a safe environment. Recent research has shown that while it has always been key to prevent contamination to a minimum, patient emotional well-being and healthcare worker suggestions have been all but ignored. Patients are experiencing an overall negative perception of being isolated, often due to the lack of social interaction or lack of understanding as to why they are being isolated. Healthcare professionals also have an overall negative perception of isolation precautions as they feel overwhelmed due to lack of time (i.e. donning appropriate personal protective equipment in emergency situations) or an insufficient amount of equipment available to decrease contamination risks when moving from patient to patient. Both patients and healthcare professionals are facing a difficult challenge as they currently have no guidance as to how to manage these issues and a gap in literature with regards to how isolation has resulted in a lack of evidence based guidelines or protocols.

REVIEW OF QUALITATIVE LITERATURE

According to Barratt, Shaban, and Moyle (2010) evaluation of ten patients under isolation precautions for three or more days, patients experienced both negative and a few positive feelings with regards to the treatment they received. The overall experience was deemed negative as being in isolation left the patients feeling as though “barriers had been imposed inhibiting the expression of their own identity and normal interpersonal relationships” (Barratt, Shaban, & Moyle, 2010, p. 53). It was concluded that contact isolation precautions influence the quality of care received and in particular the emotional supportive care (Barratt, Shaban, & Moyle, 2010).

Seibert, Speroni, Mj, Oh, De Voe, and Jacobsen (2014) performed a study evaluating the perceptions and feelings of healthcare workers with regards to contact isolation precautions. The healthcare worker sample consisted of nurses, a physician, allied health professionals and other support staff. After interview evaluation the researchers determined the overall perceptions were negative, the healthcare workers recognized the necessity of the protocol but established that both time and equipment were strained when dealing with isolation precautions. The researchers concluded that isolation protocols and guidelines needed to be revised to take into consideration the barriers imposed.

Wyer, Jedema, Jorn, Armstrong, and Hor (2015) examined the lived experiences of 17 contact isolated adult patients and evaluated the emotional support received as well as the physical/medical treatment quality. The overall consensus of the patient was a desire to protect themselves and others from contamination but a negative experience with regards to medical treatment and time spent with physicians and other healthcare professionals. The researchers determined that a lack of guideline or protocol concerning patients emotional well-being in isolation leaves healthcare professionals without a solid basis to support patients in these circumstances (Wyer et al., 2015).

Researchers, Newton, Constable, and Senior (2001) delved into the lived experiences of 17 contact isolated adult patients and evaluated the emotional support received as well as the physical/medical treatment quality. The overall consensus of the patient was a desire to protect themselves and others from contamination but a negative experience with regards to medical treatment and time spent with physicians and other healthcare professionals. The researchers determined that a lack of guideline or protocol concerning patients emotional well-being in isolation leaves healthcare professionals without a solid basis to support patients in these circumstances (Wyer et al., 2015).

As the review of qualitative literature demonstrates the researchers of four different studies indicated that there currently are no hospital protocols that detail how to maintain a patients psychological well-being while isolated. Further research needs to be conducted to determine what opportunities present themselves that allow for healthcare professionals to assess the emotional status of an isolated patient.

The OHSU Healthcare (2013) guideline explicitly details the procedures that need to be followed by healthcare professionals with regards to limiting contamination. These protocols are extremely detailed, encompassing 11 different aspects of the patients stay that need to be strictly monitored and maintained. The protocol does not however indicated any changes that need to be made to the healthcare professionals work load to allow them to monitor and maintain them.

The main complaints from healthcare workers regarding isolation status are time management and limitations on equipment (Seibert et al., 2014). The guideline does not indicate that a healthcare professional should have a decreased patient load nor does it indicate the need for the hospital to have the necessary type or amount of equipment needed to keep contamination risks at a minimum.

This isolation precaution guideline details all of the necessary protocols needed to maintain isolation precautions. It does not cover, in any aspect, ways to maintain patient psychological and emotional well-being nor does it discuss the need to ease the burden on the healthcare professional if contamination risks are to be kept minimal. There are currently no evidence based guidelines or protocols available that address the perceptions and lived experiences of those associated with isolation status.

EVIDENCE BASED GUIDELINE/PROTOCOL

Oregon Health & Science University released a guideline in 2013, Transmission-based Isolation Precautions, which details all of the requirements and procedures that need to be followed when placing a patient or treating a patient in contact isolation precautions. The guideline covers everything from screening procedures to guidelines that need to be followed for visitation to take place. It also clearly states that it is the healthcare worker’s responsibility to understand the policy and maintain/comply with all of the policy protocols (OHSU Healthcare, 2013). However, the guideline provided by this agency or any agency fails to detail how the healthcare professional should assess and maintain a patients psychological and emotional well-being.

IMPACT ON NURSING PRACTICE

As there is currently no evidenced based guideline or protocol available on this particular topic of study the impact on nursing practice has not been fully established. The research has offered some insight but further studies need to be conducted for a detailed evidence based guideline to be created. The research has recommended the following:

- Recognize and affirm patient feelings
- Communicate/interact with isolated patients the same way one communicates with non-isolated patients
- Ensure patients have access to a window, television, or phone to decrease feelings of entrapment and total social isolation
- Ensure all healthcare professionals provide the same quality of treatment of patients in isolation regardless of the inconvenience it causes staff to prepare to enter isolation.

(Seibert et al., 2014)

Implementing these items into everyday nursing practice could lower the incidence of contamination and increase the emotional well-being of the patient in isolation. Further research must be conducted to create an evidence based guideline that can detail additional items to impact nursing practice.

DISSEMINATION OF INFORMATION

As further information is gathered regarding this topic of study and evidence based guideline or protocol can be created. The information contained in said protocol can be disseminated by means of:

- Continuing education units (CEUs)
- Implementation of the evidence based guideline or protocol within hospitals.
- Nurses at the bedside.
- Physicians at the bedside.
- Social work or psychiatric consultations.
- Community outreach education programs.

REFERENCES


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