Cultures of control: A historical analysis of the role of the infection control nurse in Ireland

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Overview...

- Introduction and background
- Method
- Findings
- Conclusions

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Staphylococcus aureus
Background...

1873: [Nursing is] ‘employment of the strictest decency, cleanliness and morality’ (Rumsey, 1873)

1883: ‘A great part of good nursing consists in preserving cleanliness’ (Board of Superintendence of Dublin Hospitals 1883)
**Background: Precedents...**

- **1934:** Hérold Hospital in Paris appoints Professor Robert Debré, a medical doctor, as a ‘whole-time specialist devoted to the prevention of hospital infections’

- **1956:** ‘The growing menace of antibiotic-resistant organisms [is] creating endemic conditions in hospitals’
  

- **1958:** ‘Hospital-acquired staphylococcal disease is possibly the most serious current communicable disease problem’
  

- **1959:** Appointment of Miss EM Cottrell as the first ‘whole-time infection control sister’ at Torbay Hospital
  
  (AMN Gardner, M Stamp, JA Bowgen, B Moore *The infection control sister: A new member of the control of infection team in general hospitals* *The Lancet*, 280, (7258), 1962, pp. 710-711)
Background: Irish context

- 1975: Jane Strong appointed as the first infection control nurse in Ireland at Dublin’s Mater Hospital
- 1979: Roma Ruddy is appointed at Dublin’s Mater Hospital
- 1979: JBCNS329 course in Infection Control established at High Wycombe (UK) by Jane Stronge, Peter Meers, Cathy Harr. Attended by Roma Ruddy (participant)
- 1980: Second JBCNS course in Infection Control established at Birmingham (UK) by Graham Ayliffe and Lynda Taylor. Attended by Marena Burd (participant) and Eilish Creamer.
- 1990: First Infection Control Nursing course established at Beaumont Hospital School of Nursing, Dublin by Eilish Creamer and Roma Ruddy. Attended by Sheila Donlan (participant)
Participants in this study

<table>
<thead>
<tr>
<th>Name</th>
<th>Hospital of appointment</th>
<th>Start date in infection control</th>
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<tbody>
<tr>
<td>Roma Ruddy</td>
<td>Mater Hospital, Dublin</td>
<td>1979</td>
</tr>
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<td>Patrick Evans</td>
<td>Cork University Hospital, Cork</td>
<td>1979</td>
</tr>
<tr>
<td>Ena O’Mahoney</td>
<td>St James’ Hospital, Dublin</td>
<td>1983</td>
</tr>
<tr>
<td>Marena Burd</td>
<td>Tullamore, Portlaoise and Mullingar Regional Hospitals</td>
<td>1983</td>
</tr>
<tr>
<td>Joan Flynn</td>
<td>St James’ Hospital, Dublin</td>
<td>1986</td>
</tr>
<tr>
<td>Helen Murphy</td>
<td>Our Lady’s Children’s Hospital, Crumlin, Dublin</td>
<td>1986</td>
</tr>
<tr>
<td>Sheila Donlan</td>
<td>Cavan General Hospital, Cavan</td>
<td>1994</td>
</tr>
</tbody>
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Method: Biographical Narrative Interpretive Method (BNIM)

- Systematic approach to eliciting individuals’ stories about their lives

- Allows the historian to get closer to the lived experience and the subjective culture of a given individual, group, institution or situation

- Focus on eliciting narratives of past experience, rather than explicit assertions of present or remembered ‘position’

- Open-narrative structure allows or requires the interviewee to give their own form and sequence to what they choose to recall and tell

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Six structuring elements of their stories

1. Beginning
2. Overcoming fear, suspicion and threat
3. A new species: the dimensions of the role
4. Crossing disciplinary boundaries and networking
5. Contamination
6. Role erosion and decline
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Structuring Element 1:
Beginning
Structuring Element 1: Beginning

“every time I stepped outside of my office, everybody gave me these monstrous problems, huge, huge problems.” (Helen)

“I can’t emphasize enough the steep learning curve, [which] I think all infection control nurses go through in their first year. It is mind blowing!” (Marena)
Structuring Element 2:

Overcoming fear, suspicion, threat
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Structuring Element 2: Overcoming fear, suspicion, threat

“So I came to one particular ward, it was a surgical ward and the ward sister there told me in no uncertain terms that she didn’t know what infection control was but whatever it was she didn’t need it, she had no infections on her ward, never had infections on her ward and didn’t plan to have any” (Marena)

“...they’d fight you every bit of the way, so you had to reinvent the wheel as to why you had to wash your hands, you had to make a case for everything suggested and there would have been ... a mindset that believed that “you want me to clean that item”, or “you want me to do that” as though it’s you that wants them, it’s a personal thing” (Helen)
Structuring Element 2: Overcoming fear, suspicion, threat

“I’ll never forget the medical director of it, he was like the wild man from Borneo and he was sitting down at the table and he’s literally like this, (slams table) number one, he didn’t ask for me, who the hell sent me in and who the hell was I and what authority had I to interfere with the running of his hospital” (Marena)

“It’s very important for an infection control nurse is to have a high principle of confidentiality ... you are one person that tends to go to all different particular areas in the hospital and that you wouldn’t be known to carry stories, stories of cross infection” (Roma)
Structuring Element 3:

A new species – dimensions of role

“...there was great work satisfaction because I recognised I had a clinical role, I had an administrative role, I had an educational role, I had a consultative role, I was allowed to be a leader...” (Roma)
Structuring Element 3: A new species – dimensions of role

“a few of [the lab techs] were, particularly within the laboratory, not seeing a sick person, not seeing patients in the bed because they are remote, they feel removed and some of them felt quite faint when I brought them up to the intensive care unit, they’d see people on ventilators and the sample from the ventilator tubing....So they could say, ‘yes I know what you you’re looking for, I know there is a person, this is consequences, if this is contaminated then the person may get an infection’, ....to know that there was actually a person at the end... they found this very helpful for their work and it enhanced their work as well, they felt, ‘well I’m doing something important for somebody that’s in the bed towards their better clinical care and outcome” (Roma)
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Structuring Element 4:
Boundaries and networks
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“Although it was never my place to give advice because that was outside my remit ... I would often say to a junior house officer, “well I think Dr Cryan would most probably advise you to use ciprofloxacin, but do not take my word for it, if I were you I’d give him a call” and he’d appreciate the call or else I’d alert [the microbiologist] to the fact, so I was very much his eyes and ears on the ward ” (Pat)
Structuring Element 5:

Contamination

“get involved in the dirty stuff” (Helen)
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Structuring Element 5: Contamination – the profane

“So the babies, I used to leave them on the outside and wrap them in a blanket and you’d show the parents, wouldn’t show anybody else, because they were [HIV] positive, so nobody else would go near. And so nobody knew” (Helen)

“I think sometimes you’re trying to weigh up infection control versus the psychological and the care of the [patient] and so, but the guidelines would have said we had to use cadaver bags. Now try telling a parent that you have to put their child into a cadaver bag” (Helen)
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Structuring Element 6:
Role erosion and decline
Structuring Element 6: Role erosion and decline

“I never see an infection control nurse. They will come to do a hand hygiene audit once a year. And there’s about six of them now I think. They’re very office based and you get everything by emails, you don’t see any faces. And I think there’s nothing to beat the face at the door explaining to people and talking to people face to face... our head of housekeeping has taken on a huge part of their job and it has been taken from them I think and I can’t see why they’d let it go” (Joan)
Conclusions ...

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E. Coli
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