

# **There's TB Standards and There's Everyday Practice**

**Understanding the Relational Work  
of TB Nursing**

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# Managing & Monitoring Tuberculosis

- Education (Ailinger, Lasus, & Dear , 2003)
- Screening (Mayo et al., 1996)
- Treatment adherence (WHO, StopTB Strategy, 2008)
- Socio-structural factors (Upshur et al., 1999; Farmer, 1999, 2005)



# TB Standards and Guidelines

- International Standards of Tuberculosis Care (2006)
- The Patients Charter for Tuberculosis Care (2006)
- Best Practice For The Care of Patients with Tuberculosis. A Guide for Low-income Countries (2007)
- Canadian Tuberculosis Standards (2007)
- International Council of Nurses TB Guidelines (2008)

# Assumptions about Nursing Relationships

- Relationships are work that requires skill and personal involvement.
- Understanding relationships relies on experiential (embodied & situated) knowledge.
- Relationships constitute and are constituted partly by the places in which they happen.
- Relational work is taken-for-granted and therefore often rendered invisible as key in the success of population-focused programs like TB.

# What is the nature of relational work in TB nursing in public health?

- How do nurses & clients understand & express the meaning of their relationships as part of overall care?
- What knowledge & skills are understood as essential & practised?
- How does place shape the work?
- How is relational work supported & developed?

# Methodology: Interpretive Phenomenology

- Explicit attention to the nonconscious/non-reflective dimension of lived experiences

Data Collection: Observation & Interviews

Data Analysis: Thematic Analysis & Exemplars

# Participant Profile

- **9 Nurses:** all female, 8 born in Canada; speak combined total of 3 languages, 7 DOT team, 2 Case Management Team
- **24 Clients:** 14 male, 10 female; 3 born in Canada; speak combined total of 17 languages; “infectious” and “non-infectious”

# Setting(s)

- Homes: houses, apartment buildings, boarding home, supported housing
- Nurses' cars: side-streets, parking lots
- Transition places: motel room, the street, public benches
- Hospitals



# Results:

## Welcome Intrusions

- Place: Public Health, Geographical & Social Locations
- Space: Private and Public
- Time: Duration of Treatment & Duration of Daily Visits

# Welcome Intrusions

- 'Getting Through the Door'
- 'Doing TB But More Than That'
- 'Beyond Professional'

# Doing TB But More Than That

“... she told me about the disease. About what TB is and what is bad about it, how it can spread and all that... And then she told me ‘the medicine you are taking is this strong’... that is the main reason why I somehow kept on taking the medicines. Otherwise, I would have seriously stopped, and had she not come or had she not be so friendly, I would have found some way to throw out the medicines.”

(Kwame, client interview)



# Doing TB...

- Knowledge of TB
- Isolation and Masking
- The Pragmatics of Pills
- Watching without Watching



# Watching without Watching

“You’re trying to take the attention off the fact that, bottom line is, I need to watch you swallow your medication. And until I see that being swallowed, I can’t leave. There are patients..., where they’ll have their dosette open and they’ll start taking their pills, and you get ready to leave and you see there’s one pill still on the napkin. So you’re just lingering, trying to make conversation with them,... and take attention off the fact that I’m there to observe... Or, they’ll sometimes keep their pills in their hand. I had a patient who used to do that. Like peanuts, he used to pop one in his mouth. Do you know how people do that?... [makes the gesture] sort of like that. And I always wanted to wait ‘til he opened his hand to see if they were all gone, and it is awkward. So I’ll come up with anything. Like, shake their hand so that I can see their palm is open... You have to come up with little tricks, right? Just trying to let them know that you are watching but that you’re not guarding them.”

(Karen, nurse interview)



# ... But More Than That

“Just going in and doing TB, giving the TB pills, that’s such a small part of it. The rest of it is support. Because TB does have that stigma, and they’re afraid of it or they’ve come from a country where they’ve seen people die from it. And so you realize your real objective is much bigger. Your scope is much bigger than just watching them, y’know, making sure the right pills going at the right time, ... or monitoring for symptoms and that kind of thing. It’s really about how they’re feeling and about how you’re going to help them get through the whole thing”

(Leslie, nurse interview)



# ... But More Than That

- Calming Fears & Challenging Stigma
- Socializing-with-Purpose
- Understanding Displacing Experiences

# Calming Fears

“The one is thing is that it’s very scary. Yeah. And people like Karen... work to take the *fear* out of it. So I don’t *fear* like I did the first couple weeks.... I was all, so scared. But they saw me every day, or phoned me or whatever, they took the *fear* away... once in a while, say, I’m coughing. I cough a lot but the fear is gone.”

(Ivan, client interview)



# Challenging Stigma

"I would always attempt to sit where ever she sat down first, like, I would never sit *away* from her, y'know? And I'm always like that with my patients, especially regardless if they're infectious or not. If I'm going in, I'm masking, they're already alienated and the stigma attached to, 'ooh you're dirty and nobody wants to touch you'. I try *not* to do that with my body language when I meet them. So...I've always sat in the same spot, and then it's her decision if she wants to sit further away cuz she's got morning-breath or whatever (laughs)..."

(Paulette, nurse interview)

# Socializing-with-Purpose

He tells her that he thought of her the other day because he was reading something about [tropic island], and asks about her friends. Louisa tells him they are fine, they smile, he nods and says that's good. Louisa turns to me and says, "I love [tropic island]. I have friends there and go a lot", and Ahmed and I have talked about [it]. Ahmed continues, saying they talk about [other] countries, including his own country.

(Louisa & Ahmed, obs notes)

Alicia asks Evelyn if she told her that she's taking driving lessons. Evelyn, smiling, says 'no you didn't tell me, that's great!' They begin a long discussion about how the lessons are going. Evelyn shares own memories of learning to drive, and they debate which is easier: manual and automatic transmissions... Evelyn comments that being able to drive will make it easier for the family. Alicia says she will take the test in September and feels that gives her enough time to practice. Evelyn interjects often with "good for you", "you'll do great", "you'll be fine".

(Evelyn & Alicia, obs notes)



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# Understanding Displacing Experiences

“There are so many areas in Canada where I have been and I’m treated like I’m not a normal person. Or, somebody looks like, ‘uh, you are from *Africa*?’ I say, ‘yes’, and it’s like, his mood is not well to do with the Africans. There is always somebody behaves strange... So, in certain areas, that is what you can expect... [referring to health professionals] There is maybe a big gap. So, her service, or his service, to you, will be minimized... Rude. Harsh... But as far as this Leslie and Karen are concerned, there hasn’t been any difference. It’s like we are *same* people... besides me being Black, for them White. They have not exercised anything like any cultural difference.”

(Akello, client interview)



# Understanding Relational Work

- TB knowledge is essential in practice
- Education is a key strategy of practice
- Support is an obligation for practice
- The Relation underpins all & tending to it takes practice

# Practice Considerations

- New Staff Orientation ?
- Peer Support ?
- Supervision ?
- Ongoing Professional Development ?



# Thank You!

- Questions?
- Comments?
- Reactions?
- Suggestions?

