Journal of Hospital Infection 95 (2017) 268–274

Available online at www.sciencedirect.com

Journal of Hospital Infection

journal homepage: www.elsevierhealth.com/journals/jhin

Signs of stigma and poor mental health among carriers of MRSA

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ARTICLE INFO

Article history:
Received 11 July 2016
Accepted 9 September 2016
Available online 17 September 2016

Keywords:
MRSA
Isolation
Quarantine
Stigma
Mental health

SUMMARY

Background: Many countries have implemented guidelines to prevent transmission of meticillin-resistant *Staphylococcus aureus* (MRSA). Important contextual factors of stigma can be identified in the context of MRSA. Over the past decade, concerns have been raised over a possible stigmatizing effect of these actions.

Aim: To identify and quantify the occurrence of MRSA-associated stigma, and to explore its association with mental health in a country with an MRSA 'search and destroy' policy.

Methods: In 2014, a questionnaire study among 57 Dutch MRSA carriers (people that carry MRSA without signs of MRSA infection) was performed. Stigma was measured with an adjusted version of the Berger HIV Stigma Scale. Mental health was measured with the five-item RAND Mental Health Inquiry.

Findings: Thirty-two (56%) MRSA carriers reported stigma; of these, eight (14%) reported 'clear stigma' (Berger score >110) and 24 (42%) reported 'suggestive for stigma' (Berger score 76–110). Educational level, female sex and intensive MRSA eradication therapy were associated with higher stigma scores. Poor mental health (RAND score <60) was reported by 33% of MRSA carriers. Stigma and mental health scores were inversely correlated. Stigma was experienced most frequently in healthcare settings, and was seldom experienced in the religious community or at sport facilities.

Conclusion: A substantial proportion of MRSA carriers reported stigma due to MRSA, and stigma was associated with poor mental health. Anticipation of MRSA-associated stigma is warranted, both in the way that care is delivered by hospital staff and in the way that care is organized within the hospital.

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http://dx.doi.org/10.1016/j.jhin.2016.09.010
0195-6701/

Introduction

Over the past decade, many countries have installed guidelines to prevent the in-hospital spread of meticillin-resistant *Staphylococcus aureus* (MRSA). These MRSA guidelines focus on screening of patients and staff at risk for MRSA, and implementation of actions to prevent transmission, such as isolation of MRSA-positive patients and MRSA eradication therapy.[1–3] Following such guidelines is successful for maintaining a low incidence of healthcare-associated MRSA. A downside is possible stigmatizing effects for MRSA carriers.[4–7] Identification, knowledge and comprehension of MRSA-associated stigma is important as stigma can contribute to the burden of illness and influences the effectiveness of treatment and case finding.[8,9] Stigma is typically described as 'a social process, experienced or anticipated, characterized by exclusion, rejection, blame or devaluation that result from experience, perception or reasonable anticipation of an adverse social judgement about a person or a group'.[8] Stigma is greatly influenced by situation and context.[8] Figure 1 shows a conceptual framework for MRSA-associated stigma. In the context of MRSA, some important stigma-enhancing factors emerge. First, communicable diseases are prone to stigma in general as there is a delicate, but distinct, balance between stigma and appropriate precautions against transmission.[8–10] Second, over the years, public perception of MRSA has changed from a mostly scientific debate to an alarming public discourse of a 'hospital superbug' that 'heralds the end of the golden age of medicine'.[11] Third, MRSA carriers are reported to perceive barriers in access to health care, and the way in which

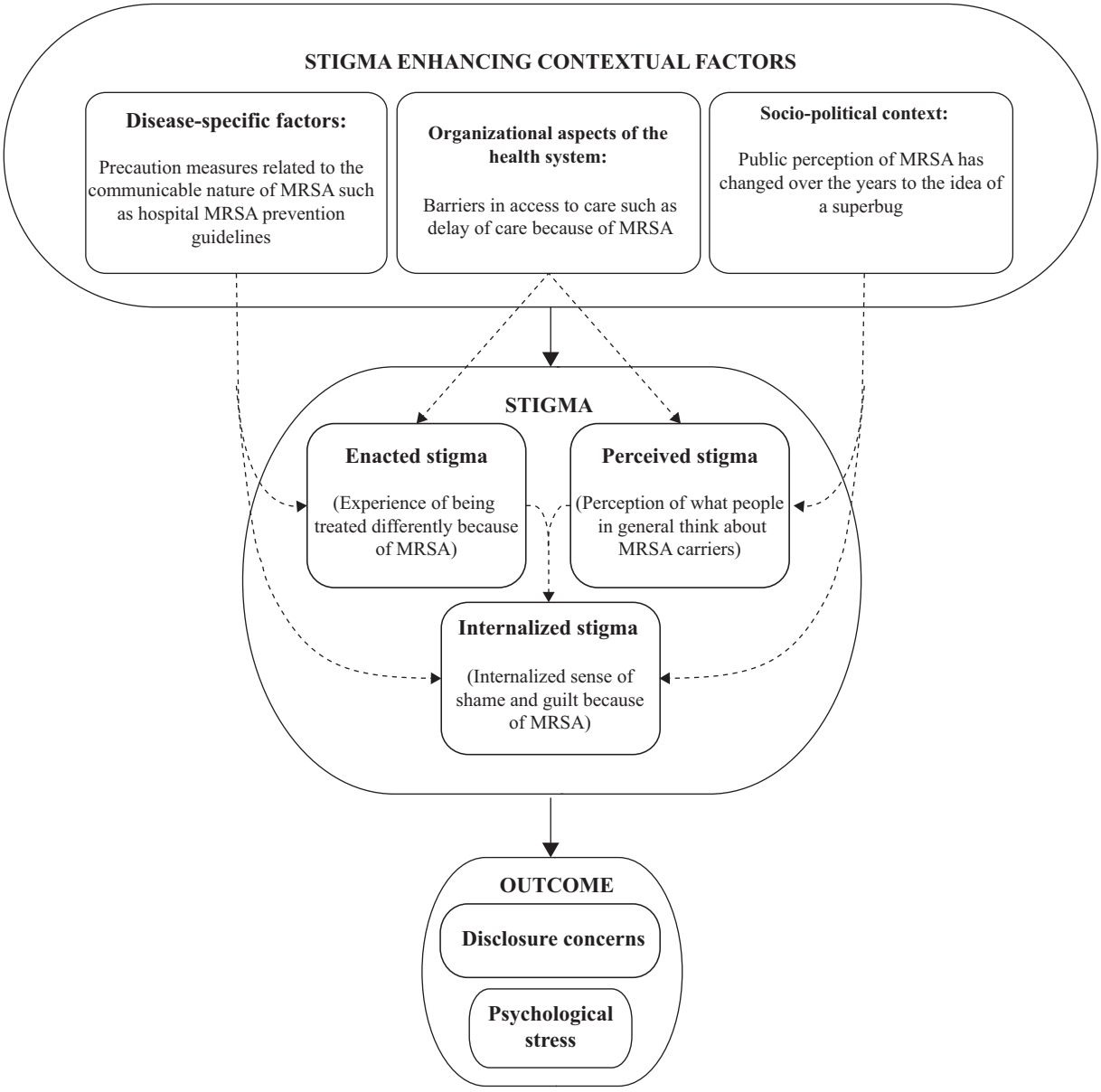

Figure 1. Conceptualizing meticillin-resistant *Staphylococcus aureus* (MRSA)-associated stigma. In the context of MRSA, three stigma enhancing factors emerge. These contextual factors lead to experiences of being stigmatized. Stigma results in loss in wellbeing and disclosure concerns.