

# TB nurse case study

**Nurse:** Tania Monteiro

Tania Monteiro says she always liked to help people and since she was a little girl, she has always wanted to do something useful for the world. She felt empathy for people who needed help, and that's why she decided to become a nurse.

IN 2005, two years after qualifying, she was offered a job in a unit caring for people with Tuberculosis (TB).

"I'm glad I made the decision to be a nurse and in the past 17 years has been a great experience. I worked in the TB unit from 2005 till 2012. It was considered a centre of excellence and we even had a visit from World Health Organization experts. It was after that meeting that I was invited to be a TB trainer for the International Council of Nurses."



Even though the unit was well equipped, with personal protective equipment and had negative pressure rooms, it was while she was working at the unit that Ms Monteiro contracted TB.

"My TB took two years to diagnose because it was extra-pulmonary or abdominal TB. My symptoms were not very clear, and in fact at first I was told I had ovarian cancer. It was very tough – I lost 15 kg, I had to take pain killers to be able to move, and I had a big swollen abdomen full of fluid. And I remember when I attended the hospital the doctor looked at the tomography and my mother was beside me. And the doctor said: 'You have something in your ovary, it's cancer'."

After 22 days waiting for the results of a biopsy of the fluid from her abdomen, she was told that she had tested positive for TB.

"The first time the doctor told me the 'cancer' could be TB I said if it's cancer you are forbidden to do anything, you can't even talk with my parents. And if it's TB, I can't handle it.

'A colleague came and spoke to me, but I was in denial and convinced I wouldn't be able to handle the treatment. I was crying for two hours, then I rang the call bell and said, 'bring the medicine'. And I started the treatment there and then."

She says her parents were distraught, and her father wouldn't talk about it and even lied to people about the diagnosis.

"I think he was aware of the stigma around TB. He told the neighbours: 'Tania has an infection'. Some of my friends came to see me in hospital others didn't, and I understood that.

'I had a very bad reaction to the treatment. Every time I took it, I vomited. My mother said I should stop the treatment because it was killing me, but I didn't stop. After a week I was admitted to my own unit: one week I was a nurse, the next I was a patient."

Ms Monteiro says it was a terrible situation because she was feeling so ill, and her colleagues did not seem to want to take care of her.

“It wasn’t because they were afraid. It was because the year before another colleague had been admitted to the unit, and she had died. They were sensitive about it because I was the second nurse from the unit to have the diagnosis.

‘Once I started the treatment, the side-effects were terrible. I was vomiting all the time and I even vomited the pills that were given to me to prevent the side-effects. But in my mind, I kept thinking that I must not give up. I knew I had to keep taking the pills until I could keep them down. My mother was saying ‘You’re going to die, you have to quit,’ and at one point I had a near-death experience. I felt I was in a tunnel and I saw my entire life. I was having breathing difficulties because I had fluid in my lungs, and it started to get worse. And I told my mother I was going to die but I that I was in peace.

‘But I never gave up, and I stayed in the hospital for two months to take the treatment and recover.’”

She says it took three years before her employer conceded that she had contracted occupational TB while at work, and now she receives a very small pension each month.

She says that apart from some residual scarring on her lungs, she is fit and well and has no after-effects from the TB. And she feels blessed that she lives in a country where treatment is readily available.

“When I recovered, I went to Mozambique to do some TB training for nurses for the ICN TB/MDR-TB Project. One night in the hotel I saw the minister of health crying on the TV and saying there had been no TB treatment available in his country for six months. And I realised how lucky I was to be from Portugal. I never had to worry whether I would get treatment or not.

‘I went back to work on the unit, and it was very interesting. When I would give my patients their pills, I could see from their expressions what they were feeling. And I would say ‘You are feeling this, this and this’ and they would ask how I knew.’

‘My advice to nurses is get the right information about how TB is spread - people still have some misinformation about it. And value what the patients tell us. If the patient says they are feeling this or that, it’s because it’s true – I have some experience of that. The first day I attended the hospital and told a nurse how I was feeling, I could tell she doubted me. I told her that’s why patients lie to us - because we don’t believe them.

‘Nurses need to know how to communicate and how to read people: it’s very important to listen in a way that can help.

‘I am very happy and grateful and blessed to have the nurses who took care of me. Because in the times when I couldn’t move, or days when I didn’t know what was happening to me, I know that I was very well treated. God bless nurses and doctors.’”