

TB nurse case study

Nurse: Kedibone Mdolo

Kedibone Mdolo is the National Projects Coordinator of the Democratic Nursing Organisation of South Africa (DENOSA). In 2008, while working as a community nurse in a rural area she contracted occupational tuberculosis (TB). Here is her story.

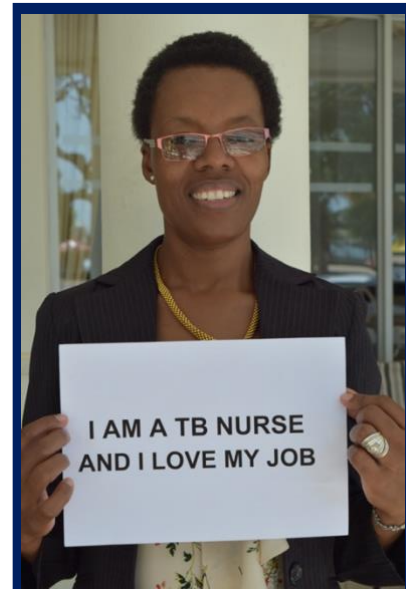
As a little girl, Kedibone Mdolo had always wanted to be a nurse:

‘I loved seeing nurses in their uniforms and the way they acted.’

She started her training in 1990, and immediately her childish ideas about nurses were replaced with a genuine love of the profession.

‘As soon as we went on to the wards and were shown what nurses actually did, I realised the impact they were having on their patients and communities. I knew I wanted to be part of it.’

After working for eight years as a hospital nurse she decided to apply for a job in a community health centre as a public health nurse.



‘That’s when I started working with patients who had tuberculosis. In the community you have patients with all sorts of conditions: diabetes, hypertension, heart disease, and TB was just another one of them.’

‘If people came with a cough, first they were given antibiotics, but if they didn’t respond, you had to consider TB and take a sputum sample for testing.’

Between 2006 and 2008 she worked at a particular clinic as a mobile nurse driving a truck into rural areas.

‘I took my truck to farms and informal settlements where there were no clinics. We were trying to increase access to healthcare to the people who lived outside of the towns and cities.’

The truck had a small clinic room, a hot, compressed space where Ms Mdolo worked in very close contact with her patients.

After a while she began to be unwell and following a number of visits to her doctor, it was decided to test her for TB.

‘It started with an irritable continuous cough. Then I had fever and generally felt tired. I didn’t lose that much weight during the initial infection phase.’

In 2008 she received the diagnosis she did not want: she had tested positive for TB, and soon after she suffered a dramatic weight loss.

‘I felt very angry - how could this happen to me? I used to give my patients clear instructions about how to avoid getting TB, so I was very angry with myself. I think I caught it because of the proximity to patients in the van. We were given masks to

wear, but sometimes you don't wear them continuously – the truck is so congested and hot; you are sweating, and you have to take the mask off to be able to breathe.”

When she told people she had TB their reaction was very negative. People immediately assumed that 'TB' was a euphemism for HIV.

“Even educated healthcare workers assumed that because I had TB, I must also have HIV because I had TB.

‘Suddenly I was not welcomed. The only person who understood was my mum. She was the only one who believed I would beat this disease. She was very supportive: she took me into her home to look after me. After a short while the disease consumed me – I was very sick and very skinny.’”

Ms Mdolo says the treatment was awful, and not being able to tolerate it meant she nearly died. She was angry with herself and she says it was as if her body was in a total state of denial and unable to accept the treatment.

“The first two months of treatment were just hell. It was terrible, those pills were unbearable. I was angry with myself and I could not believe I was infected. I was in a state of denial. I was rejecting the condition and I was rejecting the treatment. I couldn't drink my medication or swallow my pills. I was so skinny, I had to drink five of those big brown pills, but I couldn't swallow them – I would vomit them back up”

After two months of treatment there was an expectation that she would convert from positive sputum to negative sputum. But because she had not been taking the treatment properly her health was deteriorating.

Luckily her doctor had a blunt conversation with her saying if she did not take the medication and find a way to tolerate it, she would die.

“My doctor was aware that I did not accept the disease and he was very honest with me. He said: ‘You have to help yourself so that the medication can help you. Either you want to live, or you want to die’.”

She says it was a turning point in her life. She recognised the sacrifices her mother had made, accepted that she had the infection and that it could be cured, and she started taking the medication and keeping it inside her body.

“Something just clicked in my head - I didn't want to die – and after that it was like a miracle. I was able to swallow my tablets with confidence. And later that month, my sputum came back negative: I was on the affirmative path to be cured.”

Once diagnosed, she was put on paid leave, but she did not receive compensation for occupational TB because she had not been screened for the condition when she was employed.

DENOSA is fighting that policy and insisting that employers test all new employees for TB before they take up their jobs.

“I believe we will win that battle because DENOSA is not fighting alone: we are taking a collective approach with a number of non-governmental organisations.”

Since she was cured Ms Mdolo has been fit and well. Her job with DENOSA means she gets to teach nurses about TB, and with her unique experience she is able to help to fight the stigma of the disease.

“In 2009 multi-drug resistant TB was gaining momentum in South Africa and DENOSA wanted to be part of that fight. If you stigmatise patients or a colleague, it affects their progress and their wellness - I know that from personal experience. I am living evidence that if you don't counsel and accept the person with the disease, you become a hindrance to their treatment.

‘I was privileged to work with the ICN TB/ MDR-TB Project, which empowered me and other nurses with new skills and information and has improved TB care and management.’

She says the hard lessons she learned from her personal journey are important today as the world battles against another highly infectious organism.

“People who get the coronavirus will not be at fault, but they will face stigma. It is important that we prepare people for that fact and do everything we can to reduce its effects as quickly as possible.”