
The Evolution of HIV Education for Nurses in Australia



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Key words: *education, HIV, nursing roles, professional development*

The number of people living with HIV infection (PLWH) in Australia is growing due to a gradually rising annual incidence of new HIV diagnoses (The Kirby Institute, 2012) along with an increasing life expectancy as a result of improved therapies and access to evidence-informed models of care (Savage, Crooks, & McLean, 2009). HIV is no longer an acute infectious disease requiring only prevention and management but an emerging chronic lifelong health issue that is continually evolving and increasing in management complexity. This evolution and complexity is apparent in many different spheres. For example, male-to-male transmission remains the predominant mode of HIV transmission in Australia; however, rates of newly acquired HIV diagnoses attributed to heterosexual transmission have gradually increased and now account for 10% of newly acquired HIV each year (The Kirby Institute, 2012). Despite the changes to affected population profiles over the last decade, there continues to be lower awareness of women's risks and needs among health care workers in Australia (Commonwealth of Australia, 2010).

Another aspect of change is that the majority of new diagnoses attributed to heterosexual transmissions are occurring in people from or with partners from high prevalence countries (The Kirby Institute, 2011). HIV nurses in Australia have, therefore, been required to develop greater understanding of

global HIV epidemiology, along with cultural awareness and competence to meet the needs of the diverse and continually changing community of PLWH. These and other pressures have placed significant demands on educators to ensure that nurses across a broad spectrum of settings have the awareness, knowledge, and skills to provide best practice, gender, sexuality, and culturally appropriate, client-centered care to PLWH.

In Australia, HIV models of care vary across the states and territories, but clinical services are predominately provided in publicly funded sexual health clinics, specialist HIV services, and primary health care general practice settings (Savage et al.,

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2009). Queensland has 16 HIV care service providers, the majority being publicly funded specialist sexual health and HIV services (Mijch & Vujovic, 2009). And while these services provide integrated and coordinated holistic continuity of care using a multidisciplinary client-centered model, the evolution of HIV infection has increased the need to move to share care models accessible across a wide range of settings (Hopwood et al., 2013). The move from acute clinical models of care to chronic disease and community-based primary health care models has further influenced the roles of nurses within the HIV multidisciplinary team. Regardless of these changes, HIV nurses continue to play an integral role in providing optimal care to people living with and affected by HIV (Association of Nurses in AIDS Care [ANAC] and American Nurses Association [ANA], 2007; Rowe, 2009).

Nurses who specialize in HIV in Queensland have access to high-quality tertiary and continuing professional development education. However, there is limited understanding about HIV knowledge, awareness, and the education needs of other nurses, who are not considered HIV specialists, providing care for HIV-infected populations. As the HIV epidemic continues to evolve and PLWH are aging and living longer with complex health issues, there will be an increasing need for all nurses to be aware and knowledgeable about HIV in the context of their areas and scopes of practice (Bradley-Springer, Stevens, & Webb, 2010). Consequently, educators and employers will also need to ensure that all nurses and other health care workers are educationally prepared to provide optimal care to PLWH in a range of health care settings. Vast differences in international, national, and local educational curricula related to HIV education, at all levels, has led to enormous knowledge disparities in relation to HIV and other sexual health-related issues as well as to nurses' willingness and preparation to provide care to PLWH (Nyamathi et al., 2008; Pickles, King, & Belan, 2009; Williams et al., 2006). Entry into practice nurses will also need to be considered, as limited education is a factor underpinning the apparent widespread negative attitudes and beliefs that nursing students hold about providing care to PLWH (Pickles, King, & Belan, 2012; Relf, Laverriere, Devlin, & Salerno, 2009).

National education and regulatory changes in nursing, including the introduction of a Nursing and Midwifery Board of Australia, came into effect in Australia in July 2010 under the Australia Health Practitioner Regulation National Law Act of 2009 (Australian Health Practitioner Regulation Agency [AHPRA], 2011). These changes included the introduction of national standards of practice and accreditation of education, and they have the potential to improve outcomes for PLWH when they support practice and education opportunities that incorporate knowledge and awareness of HIV as a core component of all undergraduate, postgraduate, and vocational nursing education programs (AHPRA, 2011). While beyond the scope of this paper, addressing the HIV education needs at entry to practice and for the generalist nurse is a growing area of interest to educators in Queensland.

Specifically, our paper explores how the role of HIV nursing and associated education is changing in response to the evolving HIV epidemic. A subjective review of literature from on-line article databases and government reports published after 2000 using the key words HIV, nursing, education, role change, and evolution, shows how the changing HIV profile has led to the need to reflect on what underpins nursing roles within models of HIV care and the accompanying education necessary to prepare nurses to practice in the evolving era of the HIV pandemic. Some of the steps taken to assist nurses in Queensland to obtain the necessary education to prepare them to practice will be presented in this paper. Our discussions will also use findings from an external review of the Queensland University School of Medicine HIV and HCV Education Project, conducted in 2009, to identify gaps and future directions for HIV nursing education in Queensland (Mijch & Vujovic, 2009).

HIV Nursing is Changing

The specialty of HIV nursing emerged due to the recognition of HIV as a global health concern in the early 1980s (ANAC & ANA, 2007). In the early HIV era, nurses working in acute inpatient hospital environments were best placed to provide quality care and role modeling. With the changing profile

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