
Attracting and Retaining Nurses in HIV Care

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Attracting and retaining nurses in HIV care is essential to treatment success, preventing the spread of HIV, slowing its progression, and improving the quality of life of people living with HIV. Despite the wealth of studies examining HIV care, few have focused on the factors that influenced nurses' choices to specialize in HIV care. We examined the factors that attracted and retained eight nurses currently working in HIV care in two large Canadian cities. Participants were primarily women between the ages of 20 and 60 years. Interviews were conducted between November 2010 and September 2011 using interpretive description, a qualitative design. Factors that influenced participants to focus their careers in HIV care included both attracting factors and retaining factors. Although more research is needed, this exploration of attracting and retaining factors may motivate others to specialize in HIV nursing, and thus help to promote adequate support for individuals suffering from the disease.

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The emergence of HIV infection facilitated advances in the disciplines of microbiology and immunology but also challenged the self-concepts, professional ethics, and attitudes of nurses. As the disease evolved from an acute, debilitating, and often-fatal condition to a chronic, treatable illness, there was hope that the fear associated with providing care for HIV-infected patients would

decrease (Nguyen, Oosterhoff, Ngoc, Wright, & Hardon, 2009; Sears, Cooper, Younai, & Donohoe, 2012). Unfortunately, this has not been the case (Joint United Nations Programme on HIV/AIDS, 2010). Notwithstanding, some nurses did choose to specialize in HIV care despite the fear and the stigma. HIV stigma is experienced by both the individuals with HIV and their health care providers. In this article, we report the results of a study designed to identify factors associated with the decision to specialize in HIV care in a group of Canadian nurses. Understanding these factors could help health care organizations build the capacity needed to manage the increasing incidence of HIV (Centre for Infectious Disease Prevention and Control, 2010).

As the decision to specialize one's nursing practice takes place within a specific context, we begin with a brief description of how HIV care is delivered in Canada. In general, HIV care is provided within the context of the Canadian health care system. Individuals seeking care for HIV are not required to pay for their clinic visits or medications. The government

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of Canada has recently developed a number of specific initiatives with the Public Health Agency of Canada, Health Canada, the Canadian Institutes of Health Research, and the Correctional Service of Canada, related to HIV. These initiatives are delivered in collaboration with provincial and territorial governments and nongovernmental agencies. The aims of these initiatives are to prevent the spread of HIV, slow its progression, and improve the quality of life of people living with HIV (PLWH). The Canadian federal initiative focuses on those populations most affected by HIV: gay men, Aboriginal peoples, people who use injection drugs, prison inmates, women, youth at risk, and people from countries where HIV is endemic (Canadian Institute for Health Information, 2007). The settings from which our study participants were recruited were part of this initiative. The purpose of this study was to identify factors associated with the decisions to specialize in HIV nursing.

Methods

Design

Interpretive description (Thorne, 2008), developed in the nursing discipline, was chosen as the design for this study because of its appropriateness for clinical and other applied research settings. The aim of interpretive description is to provide immediately relevant and practical solutions to clinical problems, such as the shortage of nurses in HIV nursing. In this design, the researcher identifies characteristics, structures, and patterns of a phenomenon, and uses these elements to solve the clinical problem as well as build knowledge about the meaning of the phenomenon for study participants (Thorne, 2008; Thorne, Kirkham, & MacDonald-Emes, 1997).

Sample and Research Setting

The sample included eight nurses working with PLWH. The average age of the nurses was 40 years (range = 20–60 years); one was male and seven were female. The sample included nurses from

diverse nursing backgrounds: medical-surgical, emergency, intensive care, sexually transmitted disease (STD)/sexually transmitted infection (STI), maternity, and public health. The nurses were recruited from three participating clinic settings, including a community health center and infectious disease clinics in large referral hospitals. All participants worked in HIV program settings and provided care for PLWH as required in the study protocol.

Following receipt of ethics approval from the Health Research Ethics Board at the University of Alberta, the first author recruited a convenience sample of registered nurses from among those currently providing care to PLWH in a health care facility or in the community, and who had done so for at least 2 years. Participants were initially recruited from a program in western Canada responsible for providing care for all individuals with HIV in a large geographic area. The first author attended a meeting of program staff and invited those interested in hearing more about the study to contact him. He responded to all questions and obtained voluntary informed consent from those interested in taking part. Participants from a second similar setting located in eastern Canada were recruited using snowball sampling to increase the sample size. Recruitment continued until all data categories were saturated and no new data were obtained.

Data Collection and Analysis

The first author collected all data. Early interviews began with an unstructured interview approach (*Tell me your story about how you came to be working in HIV/AIDS nursing*), and became more focused as the study progressed (Loiselle, Profetto-McGrath, Polit, & Beck, 2012). All eight participants were interviewed one time for about 60 minutes each, and six participants were interviewed a second time for about 30 minutes each. As interviewing progressed, some participants were able to provide relatively complete accounts of their experiences in a single interview. Following reflection on the interviews with some of the other participants, however, we had additional questions about their experiences,

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