Vocational Counseling of HIV-infected People: A Role for Nurses in HIV Care



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People living with HIV (PLWH) face various workrelated problems, such as stigma and physical difficulties. Health care professionals can help improve the employment situation of PLWH. Nurses who work in HIV care play a central role in the care of PLWH in the Netherlands. The aim of this crosssectional study was to investigate the contributions of nurses to the vocational counseling of PLWH, and to make an inventory of needs for future care. Our findings, collected with a self-administered survey, clarified that HIV nurses in the Netherlands regularly faced patients with problems at work, but that they didn't have the required knowledge to provide assistance. Our study emphasized the important role of HIV nurses in vocational counseling because of their central positions in care and their confidential relationship with patients. The study underlined the importance of available, up-to-date knowledge about HIV and work, as well as a clear referral network.

(Journal of the Association of Nurses in AIDS Care, 26, 330-339) Copyright © 2015 Association of Nurses in AIDS Care

Key words: employment, HIV, nurse, vocational counseling

Since the availability of effective antiretroviral therapy, HIV has become a manageable chronic disease. This implies that people living with HIV (PLWH) have to deal with not only their physical situations, they also have to focus on activities in daily life and participation, such as employment (Anandan,

Braveman, Kielhofner, & Forsyth, 2006). Employment is an important quality-of-life factor for all people, including those living with chronic diseases. Research on employment in relation to various chronic diseases has shown that work brings social, economic, and emotional benefits (Boonen et al., 2001; Chorus, Boonen, Miedema, & van der Linden, 2002; Minis et al., 2013). Reduced work participation leads to fewer financial resources, reduced independence, and a higher prevalence of depression and anxiety disorders (Dutta, Gervey, Chan, Chou, & Ditchman, 2008; Heijmans, van der Veer, Spreeuwenberg, & Rijken, 2011).

The employment rate of people with chronic diseases is significantly lower than that of healthy people (Detaille, Heerkens, Engels, van der Gulden, & van Dijk, 2009). In the European Union, about 47%

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of persons with disabilities are employed, compared to 72% of persons without disabilities (Academic Network of European Disability, 2013). In the Netherlands, in 2010, a quarter of all chronically ill people had a paid job of at least 12 hours a week, compared to 67% of the total labor force (Heijmans et al., 2011). Studies in Western industrialized countries and the United States have shown that the unemployment rate among PLWH ranges from 45% to 60% (Dray-Spira et al., 2005).

People with HIV face various problems at work or when returning to work (Braveman, Levin, Kielhofner, & Finlayson, 2006; Chan, McMahon, Cheing, Rosenthal, & Bezyak, 2005; Studdert, 2002). Stigma is one of the main issues PLWH face. Lack of knowledge among employers and colleagues is a cause of stigma and discrimination. Furthermore, PLWH often experience physical and psychological complaints such as fatigue, cognitive impairment, and distress. These factors are negatively associated with work participation or productivity at work (Barkey, Watanabe, Solomon, & Wilkins, 2009; Black, 2008; Burns, Young, & Maniss, 2006; Fogarty, Zablotska, Rawstorne, Prestage, & Kippax, 2007; Jong et al., 2010; Lem et al., 2005; Martin, Steckart, & Arns, 2006; Vetter & Donnelly, 2006). In order to improve vocational counseling for PLWH and to reduce employmentrelated problems in the Netherlands, a multidisciplinary, evidence-based guideline, "HIV and Work," was developed (Rotterdam University of Applied Sciences, Research Centre Innovations in Care, 2012; Wagener, Roelofs, et al., 2015). This evidence-based guideline consisted of a comprehensive literature review about HIV and work. Based upon the literature and the opinions of experts, recommendations for practice were formulated. One of these recommendations was to discuss issues about HIV and work more thoroughly between patients and various professionals who provide treatment and care, such as the general practitioner, medical specialists for HIV, and nurses who work in HIV care. The consensus among the developers was that health care professionals were able to help improve the employment situation of PLWH. Therefore, attention to employment should be part of everyday clinical practice (Maurits, Rijken, & Friele, 2013). However, with regard to work-related problems, it remains unclear how different health care providers can address tasks and responsibilities.

In the Netherlands, HIV nurses play a central role in the care of PLWH. They counsel patients on a regular basis and are easily accessible. The HIV nurse supports the HIV-infected patient on a medical and social level, by giving advice, instructing, and consulting. Additionally, HIV nurses enhance the expertise of other care providers by informing them about HIVspecific problems (Professional Association of HIV/ AIDS Nurses, 2004). Because of their central position in HIV care in the Netherlands, the HIV nurse is a good candidate for a central role in the vocational counseling of PLWH. Therefore, in the guideline "HIV and Work" (Rotterdam University of Applied Sciences, Research Centre Innovations in Care, 2012), this role was recommended for the HIV nurse. However, it was unclear if this task would be entirely new for HIV nurses, to what extent it would fit into the competences that nurses had acquired in their educations, and how often nurses were confronted with work-related issues. For this reason, we conducted a cross-sectional study with the primary aim of investigating the current contribution of HIV nurses to vocational counseling for PLWH in the Netherlands. A second aim was to make an inventory of needs and recommendations in HIV nurses to acquire sufficient competencies for this task.

Methods

Study Design

The main goal of this cross-sectional study was to gain insight into the contribution of HIV nurses to vocational counseling for PLWH. We distributed a questionnaire with mainly closed-ended questions to obtain quantitative data. On some topics, if more insight in experiences and opinions was desired, open-ended questions were posed. The open-ended questions were analyzed as qualitative data.

Participants

Our cross-sectional study was conducted in the Netherlands. We asked 78 nurses who specialized in adult care and were stationed in 25 HIV outpatient

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