
Knowledge, Attitudes, and Practices of OB/GYN Nurses and Auxiliary Staff in the Care of Pregnant Women Living With HIV

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The purpose of this study was to explore the knowledge, attitudes, and practices (KAP) of health care workers caring for HIV-infected pregnant women. A KAP survey was formulated in order to achieve this goal. Obstetric and gynecological (OB/GYN) health care workers (n = 121) in both inpatient and outpatient settings in an academic and an affiliated community-based hospital in a large urban academic medical center in the northeastern United States were surveyed. Findings suggest that KAP requires further improvement among OB/GYN staff, particularly in the areas of prevention of HIV and psychosocial care of patients with HIV. Further research is needed to determine the best strategies to improve clinical practice for pregnant women living with HIV.

(Journal of the Association of Nurses in AIDS Care, 25, 158-167) Copyright © 2014 Association of Nurses in AIDS Care

Key words: AIDS, HIV, knowledge, nurses, obstetrics, pregnancy

Introduction

As of 2009, more than 195,000 women were living with HIV in the United States (Centers for Disease Control and Prevention [CDC], 2012b), and the

majority of women with HIV were of childbearing age (Nesheim et al., 2012). The incidence rate of HIV infections among women has declined slightly since 2009, although HIV still disproportionately impacts women of color (CDC, 2012a). HIV treatment has greatly improved the health of those living with HIV and this has resulted in an increase in live births among women with HIV (Sharma et al., 2007), including women who acquired HIV perinatally (Badell & Lindsay, 2012). One third of HIV-infected women in the United States now report a desire to have children, a rate similar to that of

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women without HIV infection (Finger, Clum, Trent, & Ellen, 2012). HIV disease has shifted from an acute, debilitating illness to a treatable chronic condition, and women with HIV are choosing to have and raise children in numbers similar to those of women without HIV (Sharma et al., 2007). Nurses and other obstetrics and gynecology (OB/GYN) staff play a central role not only in the reproductive health care of women living with HIV but also, once women are pregnant, in the overall experience of pregnancy and childbirth.

There have been few previous studies of knowledge, attitudes, and practices (KAP) of health care workers who provide care to HIV-infected women in the United States. In an early study performed by Prince, Beard, Ivey, and Lester (1989), surveys were distributed to nurses who worked in perinatal care in five Midwestern hospitals. Despite a high level of knowledge (nurses answered 75% of the knowledge questions correctly), more than 85% of respondents expressed a moderate to high fear of AIDS, and only 24% said they would volunteer to care for patients with AIDS. Another early study examining the knowledge of nurses working with patients with HIV infection or AIDS demonstrated that nurses could benefit from increased education (Akinsanya & Rouse, 1992).

Initial recommendations following these studies called for increased education of those working with patients infected with HIV. Despite subsequent awareness campaigns and increased knowledge, attitudes toward people with HIV continued to be less positive (Tyer-Viola, 2007). Tyer-Viola's 2004 dissertation study (as cited in Tyer-Viola, 2007) of OB nurses showed that these nurses described pregnant women with HIV as "irresponsible" and stated that they were to blame for their infection. Knowledge related to HIV and attitudes towards women with HIV may greatly influence each other and the quality of nursing practice with patients.

The purpose of this study was to explore the knowledge, practices, and attitudes of health care workers providing care to HIV-infected pregnant women. A survey was developed and distributed among OB/GYN health care workers in an academic medical center and an affiliated community-based hospital in a large, urban academic medical center in the northeastern United States. The findings from this survey are reported here.

Methods

This cross-sectional descriptive study was conducted through an on-line survey between September 2010 and March 2011. The staff participating in the study completed self-administered, anonymous online survey questionnaires through SurveyMonkey.com.

Eligibility for Participation

Nursing personnel and auxiliary workers (i.e., health care workers) were eligible to participate if they were employed on a unit that provided inpatient or outpatient GYN or inpatient OB care, including labor and delivery, nursery, or maternal-fetal services. Personnel who self-identified as certified nurse-practitioners/midwives, registered nurses, or nursing assistants were included. Licensed practical nurses were not included, as they were not employed in the medical center. Auxiliary workers were also eligible to participate if they self-identified as patient care technicians, surgical technicians, clinical associates, or clinical technicians. There were no exclusion criteria related to length of employment or experience. The survey was written at an eighth-grade literacy level. Demographic characteristics of the sample are described in Table 1.

Survey Instrument

Knowledge questions, 18 in total, were extracted from the medical literature and the CDC guidelines on the use of antiretroviral therapy (ART) in pregnancy (Panel on Treatment of HIV-Infected Pregnant Women and Prevention of Perinatal Transmission, 2010). The attitudes portion of the questionnaire was modified from the Attitudes Toward Women with HIV/AIDS Scale (ATWAS; O'Hea, Sytsma, Copeland, & Brantley, 2001) to reflect women of childbearing years and pregnancy. Items on practices were developed using clinical guidelines for OB and HIV care among women of childbearing age as well as expert opinion.

Before implementation, the knowledge and practice survey components were piloted with a panel of 10 HIV and/or OB nurses and physician specialists. The examiners were asked to review each item and to rate the item as *relevant* or *not relevant* and as

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