



Attitudes towards HIV/AIDS patients and empathic tendencies: A study of Turkish undergraduate nursing students



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SUMMARY

Background: Studies indicate that the attitudes of nurses, nursing students, and other health care professionals towards Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) patients are affected by cultural differences and the fear of HIV/AIDS infection, resulting in both negative attitudes and reluctance to care for these patients. Empathy is critical for all health professionals in the delivery of effective care. Research indicates that as empathic tendencies develop, so do better communication skills, better attitudes, and better quality of care.

Objectives: The purpose of this study was to examine the relationships among demographic factors, familiarity with HIV/AIDS, attitudes towards HIV/AIDS, and empathic tendencies in a Turkish sample of nursing students.

Design and Methods: Using a non-experimental, correlational design, data on demographics, HIV/AIDS Attitude Scale (AAS) and the Scale of Empathic Tendency (SET) were collected.

Participants: The study sample consisted of 614 undergraduate nursing students in two universities located in different geographic regions of Turkey.

Results: The results of this study indicated that attitudes and empathic tendencies are related to knowledge and exposure to patients. As well, those students with more positive attitudes had higher empathic tendencies towards HIV/AIDS patients.

Conclusions: It is important to adopt strategies to improve the empathic tendencies and attitudes of nursing students. These strategic changes would increase the quality of care provided to all patients.

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Introduction

Due to the complex physical and psychological problems presented by patients with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS), nurses should be well educated about these problems and, as with all patients; nurses should have non-discriminatory attitudes towards these patients. However, studies indicate that the attitudes of nurses/nursing students and other health care professionals towards HIV/AIDS patients are affected by both cultural differences and the fear of HIV/AIDS infection, resulting in both reluctance to care for these patients and negative attitudes towards these patients (Peate et al., 2002; Petro-Nustas et al., 2002). As HIV becomes a more and more global chronic disease, AIDS patients receive treatment and care from many different health care professionals throughout their lives and these professionals may have very different attitudes towards their patients (Pita-Fernández et al., 2004). Such diverse attitudes

include being positive and supporting, using unsuitable isolation techniques, communicating in a minimal way, and even refusing to care for these patients (Walusimbi and Okansky, 2004). These observations make it clear that nursing students need to expand their understanding of the HIV/AIDS to provide competent and high quality care to HIV/AIDS patients (Pita-Fernández et al., 2004).

The best way to understand someone is to put oneself in that person's position, to see things in their eyes, to appreciate their feelings and thoughts, and then to convey this understanding to them, namely to empathize with them (Rogers, 1983; Seymen, 2007). This potential to empathize is what is meant by empathic tendency and it is a very important skill that facilitates interpersonal relations in every part of life (Rogers, 1983). The fact that empathy helps people to feel that they are being understood means that empathic tendency is a very important skill for psychiatrists and psychologists. However, it is also an important skill for nurses, educators, and all caring people (Seymen, 2007).

Background

The art and science of nursing is to help patients by establishing effective communication in order to understand the patient's needs. The efficacy of patient care is dependent upon effective communication,

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especially when dealing with specific health problems that can be aggravated by prejudicial attitudes, something that studies show occurs with AIDS patients (Tutuk et al., 2002; Röndahl et al., 2003).

Empathy is one of the most basic qualifications that a nurse should develop to help to identify patient's problems. Empathic tendency is not an innate personality characteristic; it can be developed through education. One of the goals of nursing education is to improve the empathic sensitivity of students who will become health professionals in the future. Therefore, it is essential to create higher empathic tendencies in health professionals (Barrio et al., 2004; Guan et al., 2012; Mete, 2007). Studies of nursing students have determined that students with higher empathic tendency spend more time with patients and nursing programs can effectively improve the communication skills of nursing students (Öz, 1998). Determining the empathic tendencies and empathic skills of nursing students provides insight into the quality of patient care and provides opportunities to ameliorate nursing education (Akıncı and Akgün, 2011).

Considering the nature of the nursing profession, empathy is critical to the delivery of effective care. Batson et al. (1997) determined that empathy allows for the development of more positive attitudes. Similarly, when the relation between empathy and student attitudes to HIV/AIDS patients is examined in this study, it is seen that nursing students with a higher empathic tendency relate more positively to HIV/AIDS patients. Pickles et al. (2012) reported in their study that students who had negative attitudes towards HIV/AIDS patients also had little empathy for them. At the same time, Martin and Bedimo (2000) demonstrated that health professionals with higher empathic attitude show less avoidance behavior to HIV/AIDS patients.

The purpose of this study is to examine in a Turkish sample of nursing students the relationships among attitudes towards HIV/AIDS, empathic tendencies, demographic factors, and familiarity with HIV/AIDS. This study is significant in two respects. First, there have been no previous studies among Turkish nursing students that examined the relationships between empathic tendencies and attitudes towards HIV/AIDS. Second, such a study would provide a baseline assessment so that educational interventions are prepared to improve empathic tendencies and attitudes with the ultimate goal of better outcomes for HIV/AIDS patients.

Methods

Study Design and Sample

This study utilized a non-experimental correlational design. Such designs provide examination of various factors and their relationships to one another. As the very first study of its kind in the Turkish context, this design enabled the researchers to obtain baseline descriptive information as well as relationships on empathic tendencies and attitudes towards HIV/AIDS.

The study population consisted of all students attending the nursing programs of two public universities in the fall semester of the 2011. These universities are located in geographic regions of Turkey that reflect different social and cultural norms. One is located in the largest city of Turkey with a cultural diversity that reflects modern life in Western Turkey. The other is located in a small city that is more conservative and reflects the more traditional lifestyle in Eastern Turkey. These diverse settings provided a sample of nursing students who are more representative of the general undergraduate nursing student population in Turkey.

The study sample included a total of 614 students who voluntarily participated in the study after the disclosure of the study aim and completed data collection forms. The response rate to the questionnaire was 69.96% for the university in the large city, and 97.23% for the university in the small city with a general response rate of 76.08%.

Prior to the beginning of the study, permission was granted by the institutional review boards of both schools. The purpose of the study

and the assurance of anonymity were verbally provided to potential respondents by the researchers or their assistants. In addition, students were informed of the right to refuse to participate or withdraw from the study without any consequences. They were also told that their informed consent was implied by their returned, completed questionnaires. No identifiable data were collected. Completed questionnaires were sealed in envelopes and placed in locked boxes.

Instruments

Research data were collected with a demographic information form, the HIV/AIDS Attitude Scale (AAS) and the Scale of Empathic Tendency (SET).

Background Information Form

The information form included demographic variables such as age, gender, and marital status, self-assessed knowledge and sources of information about HIV/AIDS, whether or not they had been tested for HIV, and whether or not they had cared for a patient with HIV/AIDS. Personal information such as the student's name or identification number was not included in the information form.

HIV/AIDS Attitude Scale (AAS)

The AAS was developed by Bliwise et al. in 1991 to determine medical and nursing students' attitudes towards people with HIV/AIDS. The AAS is a six-point Likert scale ranging from strongly disagree = 1 to strongly agree = 6. The AAS has a total of fifteen items in three subscales: Fear of Contagion (5 items), Professional Resistance (6 items), and Negative Emotions (4 items). Table 1 includes the items in each subscale of the AAS. The AAS and its subscales have documented validity and reliability in the literature. Thirteen items of the AAS are scored directly and two items (one item in the Fear of Contagion subscale and one item in the Negative Emotions subscale) are scored reversely. Items are given from one to six points for "I strongly disagree" to "I strongly agree." The lowest possible score on the AAS is 15 points and the highest is 90. The subscales' possible scores are: Fear of Contagion = 5–30 points, Professional Resistance = 6–36 points, and Negative Emotions = 4–24 points. Higher scores on the AAS and its subscales indicate more negative attitudes towards patients with HIV/AIDS.

In 2005, the AAS was adapted for the Turkish language and the validity and reliability of the Turkish version were examined by Çimen et al. (2005). In their analyses, the Turkish version of the AAS had a test retest coefficient of .82 and a Cronbach's α of .80. These validity and reliability scores are similar to, but lower than, the English version that had the test-retest coefficient of .92 and a Cronbach α of .86 (Bliwise et al., 1991). In this study, the internal consistency coefficient was found to be Cronbach α of 0.80.

Scale of Empathic Tendency

The Scale of Empathic Tendency (SET) was developed by Dökmen (2005) in order to measure an individual's potential of empathizing in everyday life. It is a Likert-type scale, consists of twenty questions, and points from 1 to 5 are given to each question. The questions 3, 6, 7, 8, 11, 12, 13 and 15 are reverse scored. The minimum score possible is 20; the maximum is 100. A high score shows that empathic tendency is high, and a low score shows that empathic tendency is low. The scale reliability obtained from this application is .82. The halfway through reliability of the scale among the even and odd items of the subjects of test was found to be .86 (Seymen, 2007; Dökmen, 2005). In this study, the Cronbach α for SET was 0.73.

Statistical Analysis

Data were analyzed by using the Statistical Package for Social Science for Windows (SPSS 21.0), licensed to Istanbul University. Frequency and

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