



Nurses' willingness to take care of people living with human immunodeficiency virus/acquired immunodeficiency syndrome (HIV/AIDS) – does a teaching intervention make a difference?

Vida Mockiene^{a,c,*}, Tarja Suominen^a, Maritta Välimäki^b, Arturas Razbadauskas^c, Saulius Caplinskas^d, Arvydas Martinkenas^c

^a University of Tampere, Department of Nursing Science, Tampere, Finland

^b University of Turku, Department of Nursing Science/Hospital District of Southwest Finland, Turku, Finland

^c University of Klaipeda, Faculty of Health Sciences, Klaipeda, Lithuania

^d Mykolas Romeris University, Faculty of Social Sciences, Vilnius, Lithuania

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SUMMARY

The aim of this study is to describe the impact of an education intervention programme on nurses' willingness to care for HIV-positive people in Lithuania.

Methods: The study utilizes a randomized controlled trial design (RCT). The total sample comprises 185 nurses working in medical, surgical and gynaecological units, and primary health care centres from the same hospital areas in three Lithuanian hospitals. The data were analyzed using SPSS 12.0 and descriptive statistics.

Findings: Our educational intervention did not have an impact on the nurses' willingness to take care of people living with HIV (PLHIV), as their level of willingness was high already before the education intervention.

Conclusions: Further research on this issue is needed to try to understand the forces acting on our nursing staff in order to ensure appropriate care for PLHIV.

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Introduction

Diseases such as acquired immune deficiency syndrome (AIDS), severe acute respiratory syndrome (SARS) and the Avian influenza seem to raise new challenges for society as well as for nursing research. These new diseases certainly indicate that diseases nowadays are global phenomena and that new problems may be transported around the world rapidly (Hallberg, 2006).

Since the first cases were recorded in 1981, AIDS and its causative agent, HIV (human immunodeficiency virus), have taken an enormous toll around the world. According to the World Health Organization (2009) every day more than 6800 people become infected with HIV and more than 5700 die, mostly because they have no access to HIV prevention, treatment and care services. Despite progress made in scaling up the response over the last decade, the HIV pandemic remains the most serious infectious disease challenge to global public health.

At the front line of the war against HIV, health service providers are positioned to respond with needed services and care (Li et al.,

2007). It is acknowledged that personal factors, health care systems and cultures may have an impact upon the willingness of nurses to work with HIV-positive people (Ives et al., 2009). While general societal attitudes towards PLHIV may be less favourable, these negative attitudes may also be seen among health care personnel (Tyer-Viola, 2007). In Lithuania, the AIDS Centre conducted an anonymous survey in 1990 to clarify the attitude of medical staff towards those living with HIV. The results showed that up to 90% of the medical staff were not willing to care for patients with HIV. Although the situation changed over the years (from 1990 to 1999) and the proportion of staff unwilling to care for patients with HIV was reduced to 52.9%, doctors and nurses, in particular those not working in major cities, still feel a certain fear and tend to separate people living with HIV (Lithuanian country report, 2007). For example, 78% of Lithuanian health care workers would not allow their child to a kindergarten group, which is visited by a HIV-positive child (Lithuania National AIDS Program Evaluation, 2005). These examples show that broad-scale education and extensive information to reduce these barriers are still required.

However, little research has focused on adapting the education interventions to target new behaviours associated with HIV, such as increasing nurses' engagement in HIV health care and supportive services.

The MEDLINE, Cochrane Library, ERIC databases, and Lithuanian AIDS Centre were searched for relevant English-language citations

* Corresponding author. University of Klaipeda, Faculty of Health Sciences, Herkaus Manto St. 84, LT-92294 Klaipeda, Lithuania. Tel.: +370 46398557.

E-mail addresses: mockienevida@gmail.com (V. Mockiene), tarja.suominen@uta.fi (T. Suominen), mava@utu.fi (M. Välimäki), rarturas@takas.lt (A. Razbadauskas), saulius.caplinskas@ulac.lt (S. Caplinskas), arvidmar@ktl.mii.lt (A. Martinkenas).

between 2000 and 2010 using the following search terms: education intervention, HIV, Lithuania, nurse, and willingness to take care. The keywords were used both alone and interchangeably.

Background

Willingness to care is defined as the caregiver's attitude towards providing emotional, physical and instrumental support for PLHIV. When willingness to care is assessed in the context of an existing relationship, the primary concerns are whether the relationship can be sustained over time and what issues or perceptions may need to be addressed to make it mutually functional for caregiver and care recipient (Abell, 2001).

It has been debated whether it is ethically permissible to refuse to treat those with HIV. Ehrenstein et al. (2006) found that 28% of German healthcare workers may abandon work in favour of protecting themselves and family. Another study (Qureshi et al., 2005) found that the most significant barrier to US healthcare workers' willingness to work with PLHIV was fear for their own and their family's health.

Most recent studies (Gurung and Sangchart, 2008; Williams et al., 2006) reported that the majority of nurses are willing to care for and treat PLHIV, but some other studies (Oyeyemi et al., 2008; Cai et al., 2007) showed that nurses are reluctant to deal with these patients. Different background factors have been found to have an impact on whether nurses are willing to provide care or not: cultural values (Oyeyemi et al., 2006), age (Välämäki et al., 2008), gender (Oyeyemi et al., 2008; Cai et al., 2007), whether nurses have met (Tyer-Viola, 2007), taken care of (Oyeyemi et al., 2008; Pisal et al., 2007; Williams et al., 2006; Peate et al., 2002) PLHIV or worked with colleagues with HIV (Kiragu et al., 2004). The number of working years has been shown to be negatively associated with willingness to treat PLHIV (e.g. Worthington et al., 2008). Furthermore, nurses' willingness to take care of PLHIV has been found to be related to whether the HIV-positive people were homosexuals, intravenous drug users or prostitutes (Tyer-Viola, 2007).

Nurses' continuing education may be a way to support nurses' willingness to care for PLHIV. Slaten et al. (2000), for example, reported after seven training workshop sessions during a five-month period a positive impact on nurses' willingness to take care of PLHIV. Buskin et al. (2002) found after two lectures that additional education could help eliminate a substantial amount of unwillingness to be in proximity of a person with HIV. It is not clear, however, what educational methods would be best to make an impact. In most intervention studies educational programmes have included workshops (Williams et al., 2006; Ezedinachi et al., 2002; Slaten et al., 2000) or lectures (Buskin et al., 2002). It has been assumed that the educational programmes related to HIV should consist of various different teaching methods to allow debating and discussion about willingness to take care of PLHIV (Wu et al., 2002; Uwakwe, 2000). Models of education that show most promise are those that use experiential styles of learning. It has been shown that it is possible to increase nurses' empathic ability (e.g. Brunero et al., 2010). Furthermore, Uwakwe (2000) found that an indicator of the degree of success of the programme is the increased willingness of the participating nurses subsequently to work with and treat PLHIV.

The aim of the study is to explore the impact of an intervention programme on nurses' willingness to take care of HIV-positive people in Lithuania.

Methods

Participants and randomisation

In Lithuania, AIDS is a late arrival (Caplinskas, 2004). While the first HIV-positive case was reported in 1988, today there are 1506 positive cases in the country (population about 3.5 million). (Lithuania AIDS Centre, 2009). The study population was made up

of registered nurses in Lithuania who work in the surgical, medical, or gynaecological wards of the hospital and in primary health care centres attached to the hospitals. These nurses were selected because they worked in both hospitals and primary health care areas, and were thus at the front line of HIV prevention, care and advocacy.

All nurses in the selected wards of three Lithuania hospitals (approximately 300 from each) and primary health care centres attached to the hospital areas constituted the selected population. Firstly, nine biggest Lithuanian hospitals were chosen for the study. Three hospital areas were randomly selected from these. A total of 240 randomly selected nurses from these hospital areas were invited to participate in the study. The recruitment occurred at the same time for all groups. The study utilized a randomized controlled trial design with pre-test evaluation and a three-month repeated follow-up evaluation. Randomisation was made by a statistician together with the researchers.

To determine the number of participants needed in the study, we performed a power analysis for a one-way ANOVA. The minimum required number of participants was 55 per group. However, we decided to increase the sample size because of possible dropouts. A total sample of 240 participants was recruited: the first educational intervention (two-day workshop and written material) group consisted of 80 participants (EG1), the second educational intervention (written material) group consisted of 80 participants (EG2), as did the control group (CG). The participants were selected by the cluster random sampling method using the SPSS 12.0 statistical analysis software. Nurses from one hospital were selected for the first intervention group, nurses from the second hospital were chosen for another intervention group and nurses from the third randomly selected hospital were used as a control group. The data collection was conducted between December 2008 and March 2009.

The first data collection sample included 206 participants. The response rate was 86.3% (n = 69) in EG1, 87.5% (n = 70) in EG2 and 83.8% (n = 67) in CG in December 2008. The follow-up data collection consisted of 185 participants. The response rate after one reminder letter (in March 2009) was for the first group 79% (n = 63), for the second group 79% (n = 63) and for the control group 74% (n = 59).

Educational intervention

There were two different educational interventions in this study. The first intervention included a two-day workshop (13 h) and the distribution of written material (20 pages). The content areas covered were: HIV and AIDS related epidemiology and history, prevention, transmission, HIV treatment, and counselling HIV-positive patients and ethical considerations. The intervention included lectures, group discussions, conversations with a HIV-infected person, watching a film about HIV and the distribution of written materials. The lectures were delivered by a physician–nurse pair. Also an HIV-positive person participated in the group discussions. In addition to the lecture handouts, the participants were asked to review Lithuanian academic journal articles (20 pages) of the content areas mentioned above.

The second intervention consisted of the articles (20 pages) that were provided to the EG1 nurses and two pages about new statistics of the HIV situation in Lithuania and in the world from EG1 were provided to EG2. In total, EG2 participants received 22 pages of written materials. CG nurses received no lectures or written materials.

Additionally, the participants from both intervention groups received continuing education credits as participation incentive from the continuing educational centre.

Outcomes

The pre-test was done at the beginning of the first day of the two-day workshop among the members of the first education intervention group (EG1) in December 2008. The other groups (EG2 and CG)

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