



Preparing every nurse to become an HIV nurse



Judy A Frain, PhD, RN

Goldfarb School of Nursing at Barnes-Jewish College, 4483 Duncan Avenue, St. Louis, Missouri 63110, United States

ARTICLE INFO

Article history:

Received 5 July 2016

Received in revised form 3 October 2016

Accepted 17 October 2016

Available online xxxx

Keywords:

HIV

Stigma

Education

Nursing students

ABSTRACT

Background: There are currently over 1.2 million people in the United States living with HIV, and that number is increasing. Because persons infected are living longer, they must deal with numerous comorbidities complicated by underlying HIV disease. This may require frequent healthcare visits. The majority of new nurses will not be working in positions focused on HIV care, however many nurses will find themselves called upon to care for patients living with HIV regardless of their employment setting. Unfortunately, as the HIV/AIDS epidemic has faded from the headlines, HIV/AIDS education has decreased in most nursing schools, and undergraduate students receive minimal education about HIV/AIDS. Many nursing students nearing graduation report feeling unprepared to care for patients with HIV. This lack of preparation results from lack of knowledge, which can perpetuate fear and stigmatizing attitudes towards people living with HIV.

Aim of the Study: The purpose of this study was to gauge the impact of utilizing speakers living with HIV, and HIV healthcare professionals in preparing undergraduate nursing students to care for patients living with HIV.

Research Method: To assess HIV-related knowledge and attitudes of undergraduate nursing students we used a quantitative, descriptive pretest-posttest design. Nonparametric related samples tests and Wilcoxon signed-rank tests were conducted to compare knowledge and attitudes of HIV and persons living with HIV, in undergraduate nursing students before and after an HIV educational experience.

Conclusions: There was a significant difference in the overall scores in HIV knowledge after the education experience ($p = 0.000$). Questions related to stigma on the HIV/AIDS Questionnaire for Health Care Providers also revealed statistically significant improvement. Results suggest the benefits of incorporating this curriculum addition as a method of HIV education into the undergraduate curriculum may make a tremendous impact on student readiness to care for persons with HIV.

© 2016 Elsevier Ltd. All rights reserved.

1. Introduction

1.1. Background

There are currently over 1.2 million people in the United States living with HIV, and that number is increasing. Because persons infected are living longer, they must deal with numerous comorbidities complicated by underlying HIV disease. This may require frequent healthcare visits. The majority of new nurses will not be working in positions focused on HIV care, however many nurses will find themselves called upon to care for patients living with HIV regardless of their employment setting. Unfortunately, as the HIV/AIDS epidemic has faded from the headlines, HIV/AIDS education has decreased in most nursing schools, and undergraduate students receive minimal education about HIV/AIDS. Many nursing students nearing graduation report feeling unprepared to care for patients with HIV. This lack of preparation results from lack of

knowledge, which can perpetuate fear and stigmatizing attitudes towards people living with HIV.

1.2. Aim of the Study

The purpose of this study was to gauge the impact of utilizing speakers living with HIV, and HIV healthcare professionals in preparing undergraduate nursing students to care for patients living with HIV.

1.3. Research Method

To assess HIV-related knowledge and attitudes of undergraduate nursing students we used a quantitative, descriptive pretest-posttest design. Nonparametric related samples tests and Wilcoxon signed-rank tests were conducted to compare knowledge and attitudes of HIV and persons living with HIV, in undergraduate nursing students before and after an HIV educational experience.

E-mail address: jfrain@bjc.org.

1.4. Conclusions

There was a significant difference in the overall scores in HIV knowledge after the education experience ($p = 0.000$). Questions related to stigma on the HIV/AIDS Questionnaire for Health Care Providers also revealed statistically significant improvement. Results suggest the benefits of incorporating this curriculum addition as a method of HIV education into the undergraduate curriculum may make a tremendous impact on student readiness to care for persons with HIV.

2. Background

More than 30 years into the HIV epidemic stigma remains a major barrier to obtaining quality healthcare for persons living with HIV (Earnshaw et al., 2013). Stigma is defined as “a set of negative and often unfair beliefs that a society or group of people have about something” (Stigma, Merriam-Webster, 2016). The National HIV/AIDS Strategy for the United States has four stated goals: reduce new infections; increase access to care and improve health outcomes; reduce HIV-related health disparities and health inequalities; and achieve a more coordinated national response to the HIV epidemic (White House Office of National AIDS Policy, 2015).

Nurses, including new graduates, can and should play a crucial role in supporting these critical goals. In order to accomplish this, educators must equip nursing students with knowledge and understanding about HIV and people living with HIV. Clinical skills related to HIV/AIDS patient care can be taught in many undergraduate courses, however reducing stigmatizing behavior towards these patients may best be accomplished by personalizing HIV. Studies have shown that one of the barriers to providing quality healthcare is stigmatizing behaviors from healthcare workers directed at patients living with HIV (Earnshaw et al., 2013). This stigma often occurs when healthcare workers are unfamiliar with HIV, or are uncomfortable caring for patients because of exaggerated fears regarding risk of exposure in the workplace (Magnus et al., 2013; Pickles et al., 2009). Nurses and other healthcare providers sometimes see patients with HIV in a negative light, equating an HIV/AIDS diagnosis with perceived bad behaviors, including injection drug use, homosexuality, and promiscuity (Stringer et al., 2016). Thus, educators must develop curricula that offers students the opportunity to interact with persons working with, and living with HIV (Guth et al., 2010).

Previous work has found that stigmatizing attitudes from healthcare workers results in decreased medication adherence, decreased retention in care, and an increase in the number of new HIV infections (Katz et al., 2013; Sweeney and Vanable, 2016). These factors also contribute to a decrease in quality of life and an increase in morbidity and mortality for this vulnerable patient population (Earnshaw et al., 2015; Holzemer et al., 2009; Stringer et al., 2016). The National HIV/AIDS strategy calls for care that is free from stigma and discrimination, yet the lack of progress on this front tells us that increased education and innovative education strategies are necessary to accomplish this goal.

The purpose of this study was to determine the effect of utilizing HIV professionals and persons living with HIV as expert speakers as a means of increasing undergraduate nursing students' readiness to provide high-quality care for patients living with HIV/AIDS.

3. Method

We assessed HIV-related knowledge and attitudes of undergraduate nursing students at an urban nursing school in the Midwest. We used a quantitative, descriptive pretest-posttest design. Nonparametric related samples tests and Wilcoxon signed-rank tests were conducted to compare knowledge and attitudes of HIV and persons living with HIV, in undergraduate nursing students before and after an HIV educational

experience. Quantitative data were analyzed using IBM SPSS Statistical Software Version 22.

3.1. Sample

A total of 29 undergraduate nursing students took part in this HIV/AIDS education experience, and data was collected on 28. One student declined to sign the informed consent that would allow her data to be used in the analysis. Seventy-five percent of the participants were between the ages of 25 and 39, and 25% were age 40 or older. Ninety-three percent were female, and 7% were male. Sixty-four percent, to their knowledge, had never met anyone who was living with HIV. Only 1 student had participated in any HIV training or education prior to this experience (Table 1).

3.2. Instruments

Quantitative instruments included an HIV knowledge questionnaire (HIV-KQ-18), and items from the HIV/AIDS Questionnaire for Health Care Providers and Staff (International Planned Parenthood Federation/Western Hemisphere Region, 2013). The HIV-KQ-18 is a self-administered instrument designed to measure a person's HIV-related knowledge (Carey and Schroder, 2002). The HIV KQ-18 was designed to be used in a range of settings, including clinical, educational, and public health, and was derived from the longer HIV-KQ-45. In initial testing the instrument was found to be sensitive to knowledge changes resulting from educational components. Strong test-retest reliability was found ($r = 0.83$). The instrument consists of 18 true-false questions with the additional choice of “I don't know.” Higher summary scores equate with greater HIV-related knowledge, the maximum possible score is 18. The survey takes about 10 min to complete.

The HIV/AIDS Questionnaire for Health Care Providers and Staff was developed to test knowledge, attitudes and practices related to HIV/AIDS among persons working with this patient population. The questionnaire was developed and tested by the International Planned Parenthood Federation/Western Hemisphere Region, 2013, and its findings have been used to guide future programming and to develop programs for staff in order to improve health services related to HIV/AIDS. There were a total of 55 questions, including questions related to attitude towards people living with HIV, and HIV knowledge. Responses included true/false, multiple choice, and Likert scale options. This questionnaire takes about 15 min to complete. This questionnaire was chosen because of its healthcare focus, and the mix of knowledge and attitude questions were well-suited for undergraduate nursing students.

Table 1
Study entry demographics.

Variable	Total (%)
Age	
25–29	21 (75)
40 and older	7 (25)
Gender	
Female	26 (93)
Male	2 (07)
Had met someone living with HIV	
Yes	18 (64)
No	10 (36)
Prepared to interact with HIV patients	
Very prepared	2 (07)
Somewhat prepared	18 (64)
Unprepared	8 (29)
Had previous HIV training	
Yes	1 (04)
No	27 (96)
Had heard of ART	
Yes	23 (82)
No/Not sure	5 (18)

Download English Version:

<https://daneshyari.com/en/article/4940797>

Download Persian Version:

<https://daneshyari.com/article/4940797>

[Daneshyari.com](https://daneshyari.com)