

# *Implementation Process of a Canadian Community-based Nurse Mentorship Intervention in HIV Care*

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*We describe salient individual and organizational factors that influenced engagement of registered nurses in a 12-month clinical mentorship intervention on HIV care in Canada. The intervention included 48 nurses and 8 people living with HIV (PLWH) who were involved in group-based and one-on-one informal mentorship informed by transformative learning theory. We evaluated the process of implementing the mentorship intervention using qualitative content analysis. The inclusion of PLWH as mentors, the opportunities for reciprocal learning, and the long-term commitment of individual nurses and partner organizations in HIV care were major strengths. Challenges included the need for multiple ethical approvals, the lack of organizational support at some clinical sites, and the time commitment required by participants. We recommend that clinical mentorship interventions in HIV care consider organizational support, adhere to the Greater Involvement of People Living with HIV/AIDS principles, and explore questions of professional obligations.*

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Stigma and discrimination toward people living with HIV (PLWH) continue to occur in health care settings; however, it is now more difficult to detect than early in the epidemic (Mill, Edwards, Jackson, MacLean, & Chaw-Kant, 2010). One factor perpetuating stigma amongst health care providers (HCP), including nurses, may be related to a lack of knowledge and educational preparation about HIV prevention and HIV clinical management and counseling (Ekstrand, Ramakrishna, Bharat, & Heylen, 2013; Mill et al., 2014). Furthermore, Mill and colleagues (2014) noted that opportunities for continuing education in relation to HIV care were lacking for practicing nurses. Providing health care for PLWH is influenced by prevalent societal attitudes, and beliefs and opportunities to engage in supportive and collegial learning opportunities (Vance & Denham, 2008).

To address this ongoing issue, we developed, implemented, and evaluated a mentorship intervention to increase nurses' knowledge about HIV care in two rural and two urban sites across Canada. The intervention utilized a mentorship intervention that brought experienced nurses and PLWH together with nurses who wanted to learn more about HIV nursing care. In this article, we discuss the process of conceptualizing and implementing the yearlong mentorship intervention across Canada. Specifically we: (a) describe the *development and implementation* of the mentorship intervention, (b) highlight the *strengths and challenges* that occurred during the implementation, and (c) provide *recommendations* for the future implementation of mentorship interventions with health care professionals in HIV care. Findings from our study related to HIV education for nurses are presented elsewhere (Mill et al., 2014), while quantitative and qualitative outcome changes in knowledge, attitudes, and practice will be presented in a future paper (Worthington et al., 2015).

## Literature Review

Countries that have been most successful in reducing HIV incidence and mortality are those that

have recognized the need to address stigma and ensure access to services for all (Wiktor, Ford, Ball, & Hirnschall, 2014). Despite extensive efforts in HIV education, HIV-related stigma still exists in health care (Shah, Heylen, Srinivasan, Perumpil, & Ekstrand, 2014). Since the first global review of interventions to reduce HIV-related stigma (Brown, Macintyre, & Trujillo, 2003), two additional systematic reviews have been conducted to evaluate the impact of interventions to increase HIV knowledge, decrease stigma, improve infection control practices, and increase willingness by HCP to treat PLWH (Sengupta, Banks, Jonas, Miles, & Smith, 2011; Stangl, Lloyd, Brady, Holland, & Baral, 2013). Sengupta and colleagues (2011) reviewed 19 studies, including four interventions to evaluate nurses' willingness to provide care for PLWH. Of the 19 studies reviewed, 14 reported a reduction in HIV stigma; however, only two of these studies were rigorously designed and had used valid and reliable tools to measure a reduction in HIV stigma. Stangl and colleagues (2013) systematically reviewed 48 studies completed during the previous 10 years; 11 interventions were conducted with HCP and, of those, three were with nurses (Pisal et al., 2007; Uys et al., 2009; Williams et al., 2006) and one with nursing students (Yiu, Mak, Ho, & Chui, 2010). Interventions included combinations of organized education courses and other informal learning methods, some coupled with opportunities to interact with PLWH. Stangl and colleagues (2013) concluded that, although progress had been made in stigma intervention, more studies to evaluate interventions to reduce stigma were needed.

Uys and colleagues (2009) conducted a stigma reduction intervention using nurses and PLWH to co-facilitate the sharing of HIV information in health care settings in five African countries. This intervention was well received and "led to understanding and mutual support between nurses and people living with HIV and AIDS" (p.1065). Despite well-documented evidence of HIV stigma and its impacts (Lowther, Selman, Harding, & Higginson, 2014), limited research has described interventions to help minimize HCP-generated HIV stigma, and even less research has specifically focused on nurses in HIV care in North America. In addition, the lack of educational preparation and continuing education as well

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