



Review

The role of nurses in HIV screening in health care facilities: A systematic review



Judith Leblanc^{a,b,i,*}, Espérie Burnet^c, Kayigan Wilson D'Almeida^d, France Lert^d,
Tabassome Simon^{e,f,g}, Anne-Claude Crémieux^{h,i}

^a Assistance Publique – Hôpitaux de Paris (AP-HP), Groupe Hospitalier des Hôpitaux Universitaires Est Parisien, Clinical Research Center of East of Paris (CRC-Est), 184, rue du Faubourg Saint Antoine, 75012 Paris, France

^b Doctoral School of Public Health 420, Versailles Saint-Quentin University, Versailles, France

^c AP-HP, Groupe Hospitalier des Hôpitaux Universitaires Centre Parisien, Paris, France

^d Epidemiology and Population Health Research Center, Team 11 Inserm U1018, Villejuif, France

^e AP-HP, Hôpital St Antoine, Department of Clinical Pharmacology, Clinical Research Center of East of Paris (CRC-Est), Paris, France

^f INSERM U-698, Paris, France

^g University Pierre et Marie Curie, Paris 6, Paris, France

^h AP-HP, Hôpital Raymond-Poincaré, Infectious disease department, Garches, France

ⁱ EA 3647, Versailles Saint-Quentin University, Versailles, France

ARTICLE INFO

Article history:

Received 19 November 2014

Received in revised form 26 March 2015

Accepted 3 April 2015

Keywords:

Emergency service

Health care facilities, manpower and

services

HIV

Nurse

Nursing

Review, systematic

Screening

ABSTRACT

Objective: To examine nurse-driven HIV screening in various health care settings in terms of its impact on test offering, acceptance and delivery rates, nursing responsibilities, staff perceptions and long-term implementation.

Design: Systematic review.

Review methods: The systematic review conducted in September 2014 adheres to the Preferred Reporting Items for Systematic Reviews and Meta-Analyses (PRISMA) statement. Two independent reviewers extracted and summarised the eligible studies using a standardised form.

Study eligibility criteria: All studies published from 2004 to 2014 that explored nurse-driven HIV screening practice in health care facilities in countries with comparable concentrated HIV epidemics were included.

Data sources: MEDLINE, EBSCO CINAHL.

Results: Overall, 30 quantitative, qualitative and mixed methods studies fulfilled the eligibility criteria. The studies showed a trend in higher test offering, better acceptance and higher delivery rates with the implementation of nurse-driven HIV screening. However, among the 23 studies (77%) that evaluated these aims, only 13 studies (56%) had a control group, and 4 studies (17%) were randomised controlled trials (RCT) in few centres (i.e., 1 or 2). In 2 studies that compared nurse-driven HIV test offering to physician intervention, the participation of nurses was higher than that of physicians (85% vs. 54%, $p < 0.001$; 47% vs. 28%, $p < 0.05$). In a third study, the intervention of a dedicated nurse increased the test offering from 96.5% to 99.5% (OR = 7.27, 95% CI = 1.02–316.9). Acceptance rates increased with the nurse intervention in 2 RCTs (75% vs. 71%, $p = 0.025$; 45% vs. 19%, $p < 0.05$) and in a cohort study (74.8% vs. 84.3%, OR = 1.82, 95% CI = 1.14–2.88), whereas it decreased in 2

* Corresponding author at: Assistance Publique – Hôpitaux de Paris, Groupe Hospitalier des Hôpitaux Universitaires Est Parisien, Clinical Research Center of East of Paris (CRC-Est), 184, rue du Faubourg St Antoine, 75012 Paris, France. Tel.: +33 1 49 28 22 02.

E-mail addresses: judith.leblanc@sat.aphp.fr (J. Leblanc), esperieburnet@gmail.com (E. Burnet), kayigan.wilson@inserm.fr (K.W. D'Almeida), france.lert@inserm.fr (F. Lert), tabassome.simon@chusa.jussieu.fr (T. Simon), anne-claude.cremieux@rpc.aphp.fr (A.-C. Crémieux).

other studies. The testing rates increased in 7 out of 10 studies, with a maximum absolute increase of 65.9%. Nurse-driven HIV screening was evaluated at the time of routine HIV screening implementation in 27 studies (90%) and provided nurses with new responsibilities in 9 studies (30%). The few studies (23%) that explored how health care professionals, including nurses, perceived the strategy showed that this approach was well received. However, several operational barriers, such as lack of time, prevented its long-term implementation.

Conclusion: The review supports the implementation of nurse-driven HIV screening. However, the evaluation of the impact of the nurse approach by RCTs was scarce, calling for additional research to better evaluate the impact of the nursing profession's contribution to HIV screening. Moreover, the perceptions of nurses and health care staff were seldom evaluated and require further exploration to improve nurse-driven HIV screening implementation.

© 2015 Elsevier Ltd. All rights reserved.

What is already known about the topic?

- Late diagnosis of HIV remains common place in countries with concentrated epidemics even though early diagnosis and early antiretroviral therapy initiation decrease mortality, morbidity and onward transmission.
- Nurses have been involved in preventative care and HIV screening in many countries, particularly in specialised and prenatal care settings.

What this paper adds?

- Nurses have been involved in HIV screening in non-specialised settings, such as Emergency Departments, over the past 10 years as a result of the implementation of national recommendations for routine screening.
- Nurse participation has shown a trend in higher test offering, acceptance and delivery rates compared to other healthcare professionals' interventions. However, randomised controlled trials evaluating these aims were scarce.
- The implementation of nurse-driven HIV screening faces operational barriers, such as lack of time and staffing limitations, that might be improved following an evaluation of nurses' and other healthcare professionals' perceptions of its feasibility.

1. Background

Over the past several years, the nursing profession has undergone major changes in many countries in terms of scope of practice, particularly in the field of preventive and public health. In the United States and the United Kingdom, for example, the evolution of nursing qualifications and post-graduate specialisation has enabled nurses to play an essential role in increasing the reach of preventive care (Hing and Uddin, 2011; McDonald et al., 1997; Stanley et al., 2009). In France, a new curriculum raised the nursing diploma to the equivalent of a Bachelor's degree in 2009 and emphasised the involvement of nurses in preventive care and public health, as reaching the greatest possible number of patients is crucial in this field (MSS, 2009).

In the field of HIV/AIDS care and prevention, the identification of HIV-infected persons and implementation of follow-up care is a critical public health issue. In countries with concentrated epidemics (i.e., where "HIV

has spread rapidly in a defined sub-population, but is not well-established in the general population" (WHO, 2007)), late diagnosis remains common-place (Cazein et al., 2010; Haukoos et al., 2010; McNaghten et al., 2014) even though early diagnosis and antiretroviral therapy initiation have been shown to decrease mortality, morbidity and onward transmission (Cohen et al., 2011; Lanoy et al., 2007).

Over the last decade, national guidelines have fostered the implementation of systematic HIV screening in all health care settings.

In the United States, the Centers for Disease Control and Prevention (CDC) published a set of recommendations in 2006. These recommendations promoted routine HIV screening for all individuals aged 13–64 who present to any health care facility unless the prevalence of undiagnosed HIV infection had been documented to be lower than 0.1% (CDC, 2006). These recommendations encouraged the participation of all providers, including nurses, in expanding the reach of HIV screening (CDC, 2006). In 2008, the British HIV Association (BHIVA) also issued a set of national guidelines for HIV screening that aimed to reduce the number of patients with undiagnosed HIV, stating that "all doctors, nurses and midwives should be able to obtain informed consent for an HIV test in the same way that they currently do for any other medical investigation" (BHIVA, 2008). Two years later, the French Ministry of Public Health, *Ministère de la santé et des sports* (MSS), published a directive that encouraged routine HIV screening in all health care settings, including the Emergency Department (ED) (MSS, 2010).

Before such recommendations were published, nurses had been involved in HIV screening, particularly in specialised and prenatal care settings (Middleton, 1989; Munday et al., 2005; Walter et al., 1998). Over the past decade, with the publication of national guidelines, they have been encouraged to participate more actively in the promotion of screening, thus advancing their clinical skills and core competencies. Therefore, it is pertinent to analyse the results of studies that were published in the last 10 years that address the topic of "nurse-driven HIV screening", i.e., obtaining consent for and administering the test, in countries characterised by similarly concentrated HIV epidemics (WHO, 2007). A review of the literature provided a means to gain an understanding of the role that the nursing profession has recently played in the field of HIV/AIDS care and prevention and to gain

Download English Version:

<https://daneshyari.com/en/article/7515744>

Download Persian Version:

<https://daneshyari.com/article/7515744>

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