



## National HIV Nurses Association (NHVNA)

Secretariat: Mediscript Ltd

1 Mountview Court, 310 Friern Barnet Lane, London N20 0LD

Tel: +44 (0)20 8446 8898 Fax: +44 (0)20 8446 9194 Email: nhvna@mediscript.ltd.uk Web: www.nhvna.org

### **A national evaluation of HIV nurses' knowledge, attitudes and practices towards 'treatment as prevention'**

#### **1. Context: Nursing Implications of TasP**

There is now strong evidence indicating that a significant reduction in population level HIV transmission can be achieved when: (i) an undetectable viral load is achieved and sustained in HIV positive patients, and, (ii) if ART is initiated early. In response, the British HIV Association (BHIVA) treatment guidelines (2012) now recommend that clinicians should discuss the evidence for the effectiveness of antiretroviral treatment as prevention with all patients with HIV, and that antiretroviral medication should be offered to all HIV-positive people who want to protect their partners from the risk of HIV infection – even if they have no immediate clinical need for treatment themselves. Likewise, the BASHH/BHIVA guideline (2011) on safer sex advice recommends advising clients that taking ART and having an undetectable viral load reduces the risk of transmission (but should include advice that a residual risk may nonetheless remain).

The potential public health benefits of 'treatment as prevention' are contingent upon a wide range of health system and service delivery factors, including increasing uptake of testing and supporting retention in treatment and ART adherence. Nurses are the largest health professional group, and, in the UK, are increasingly leading service delivery in all aspects of routine HIV testing and HIV care. It is essential that HIV nurses have the knowledge, skills and confidence to address the potentially complex issues that TasP may raise for clients. Translating new technologies of prevention into the everyday world of individuals and helping patients to make informed choices about treatment, risk, protection and well being will require a high level of expertise from HIV nurses. Indeed, new technologies to facilitate communication and decision making between nurses and patients may be as important in the TasP approach as the ART itself. In the UK, there is a lack of information about HIV nurses' views on TasP or on their related training and support needs. This is a gap that the current initiative proposes to fill.

#### **2. Aim**

To evaluate self-perceived knowledge, attitudes, skills and practices of HIV nurses in the UK in relation to TasP in order to identify training and support needs.

#### **3. Objectives**

- To explore nurses' knowledge, attitudes and beliefs in relation to TasP
- To identify any knowledge gaps around TasP
- To identify any skills deficits that nurses describe in relation to communicating about sensitive issues with patients
- To identify and explore barriers that nurses may face within clinical practice in relation to TasP
- To establish if there is a need for an e-learning module to support and compliment nurses existing knowledge on this subject area
- To establish the most acceptable format for additional learning materials or skills development in relation to this topic

#### **4. Design and Methods**

A national evaluation of HIV nurses will be undertaken using a sequential mixed methods design, comprising an on-line survey followed by semi structured telephone interviews.

Stage 1 will involve the administration of an on-line survey to all NHIVNA members (n=300). Efforts will be made to increase the sample size by requesting NHIVNA members to forward the on-line survey to any non-NHIVNA colleagues who are also working in the HIV field. Data will be analyzed in SPSS using descriptive statistics.

Stage 2 will comprise 10 semi structured telephone interviews with nurses based in different geographical regions of the UK (London, Midlands, North). The interviews will follow up on key findings emerging from the survey and will enable complex topics to be explored in more depth than is possible through a questionnaire. Each interview will be digitally recorded and transcribed. The data will be analyzed thematically.

#### **5. Ethical Issues**

The project is currently envisaged as a 'service evaluation'. Further advice on this categorization will be sought and obtained in writing from a relevant ethics/R&D body. Established principles of ethical conduct in research will nonetheless be strictly adhered to.

#### **6. Expected Outcomes and Dissemination**

- An evaluation report to be made available through the NHIVNA website and to be disseminated at the June 2014 NHIVNA conference and in a peer reviewed journal
- Recommendations for the development of training materials
- Recommendations for undertaking further nursing research or systematic review in this area

#### **7. Project Team**

The evaluation will be led by a small steering committee (SC) which will be chaired by a NHIVNA Executive Committee member.