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# Initial perceptions of HIV nurses involved in delivering a community-based intervention to improve engagement of HIV patients in care and treatment – Qualitative enquiry

Charlie Hughes

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In relation to this presentation I declare that I have no conflict of interest

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Charlie Hughes, Sheffield Teaching Hospitals NHS Trust

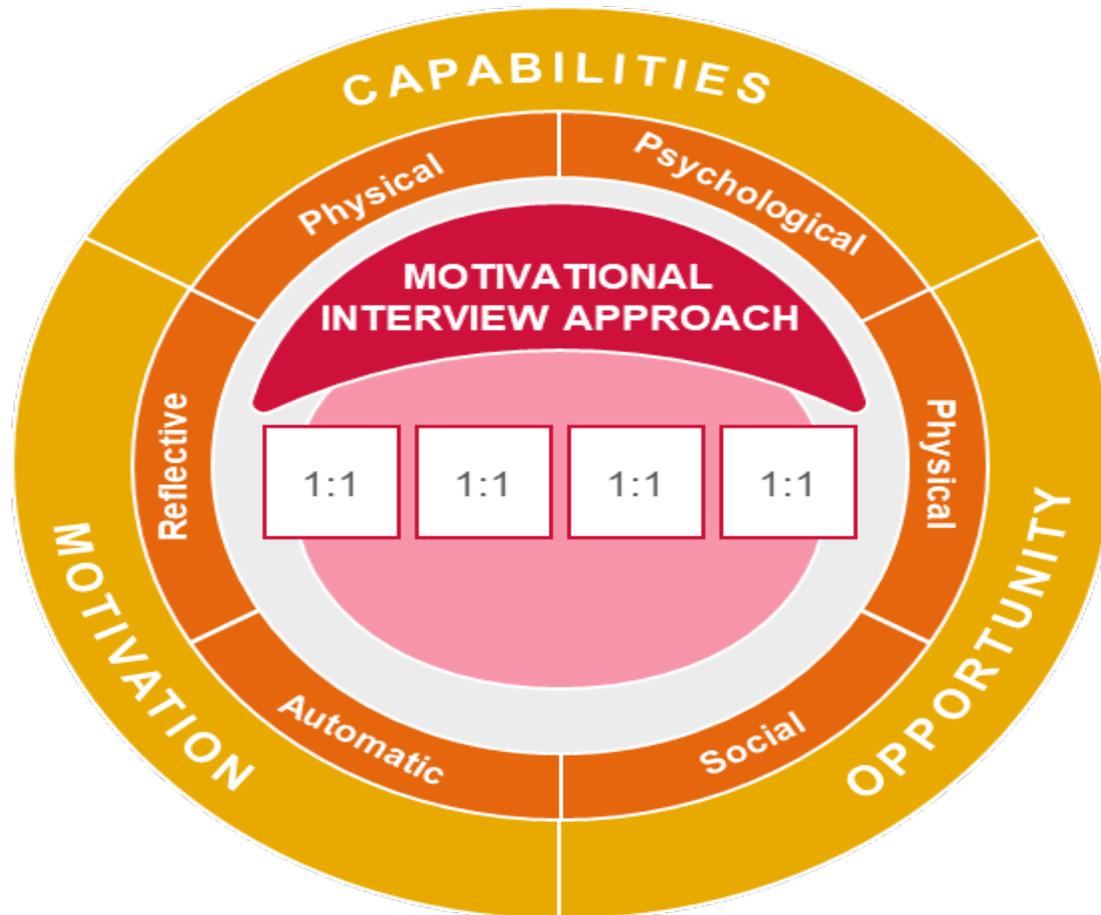
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# Consequences of disengagement



- Interrupted treatment
- Onward transmission
- Hospital admissions
- Poor health outcomes
- Increased mortality rates

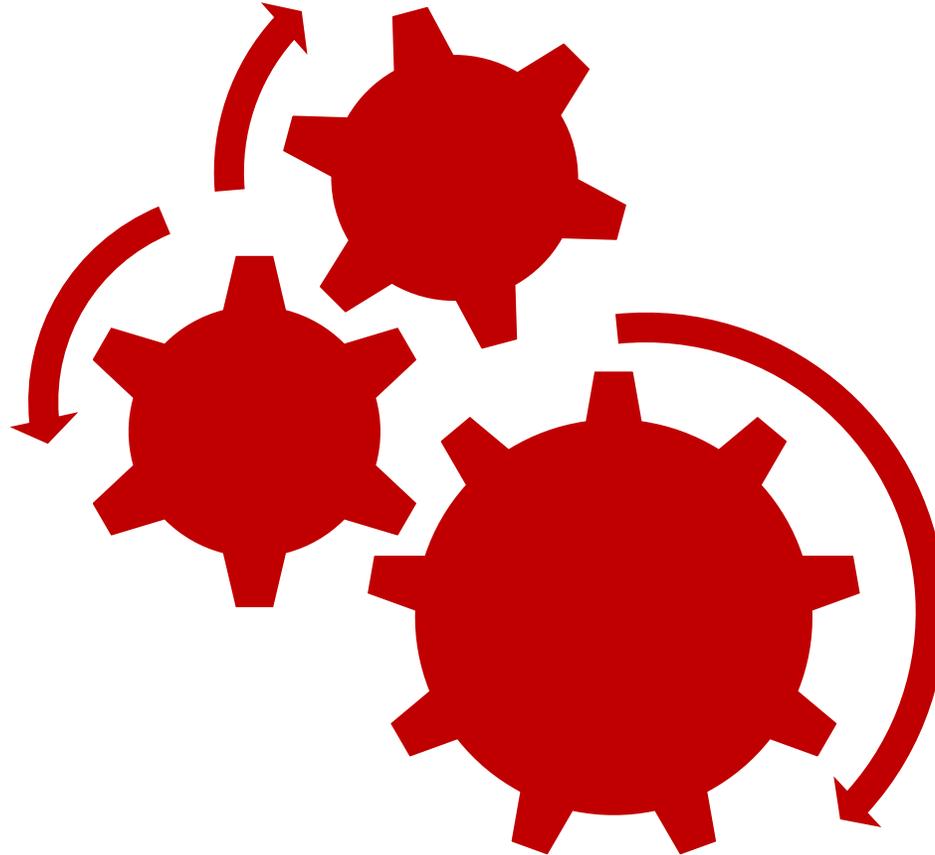
# PILOT Development - CONECT



- Identify the patients/eligibility check
- Invite to participate
- Initial home visit/meet
- Complete an agreed number of visits to complete the individualised intervention
- Measure progress/effectiveness
- Final visit/self-assessments & six month post intervention (data collection only)

# INTERCONNECT

- **Significant role changes**
- **Developments**
- **Opportunities**
- **Training**
- **Support and Supervision**



**Competent &  
Confident  
Staff**

# INTERCONNECT

## Aim

- Understand the initial perceptions of HIV nurses involved in delivering a community based intervention to improve engagement of HIV patients in care and treatment.

## Objectives

- To gain an insight into their understanding of the community intervention and how it will be delivered
- To gain an insight into what issues they anticipate when delivering the intervention
- To gain a detailed insight into the personal and professional challenges and opportunities they anticipate when delivering the intervention.
- To synthesise the evidence and develop an action plan to inform delivery of the intervention.

# Methodology

- A qualitative methodology provides the overarching study design.
- Ethical approval for the project was secured from Sheffield Hallam University
- PPI - South Yorkshire HIV Lay Expert Advisory Panel (LEAP)
- Recruitment - four staff team members were invited to participate in the study, thankfully all agreed.
- Data collection method - individual semi-structured face to face interviews structured around a topic guide, to ensure all objectives were met.
- Interviews were digitally recorded each lasting between 35-50 minutes
- Interview data was transcribed verbatim and fully anonymised
- Data Analysis - Framework analysis method was used.

# Theme One

## Collaborative Working

- Networking
- Supportive

# Collaborative Working

Reengage them back into attending their clinic appointments by whatever way we can really, and working as part of the team to do that.

I think it will be very important to work very closely as a team to support each other.

I think we should have supervision as a team and that just gives us opportunity to identify any problems or anything we're struggling with

we need to all communicate as a team to make sure that patient's got sufficient care that they need. – talking to other services. Being aware of what can be offered by who.

# Theme Two

## Boundaries

- Therapeutic Relationships

# Boundaries

I guess that therapeutic relationship is really important to get them to move forward.

setting the boundaries is important at the beginning, so that the patient understands what your role is and why you're there

To ensure boundaries aren't blurred so, because you're in their house, dynamics might change, they might want you to sort other things rather than actually what we're there for. You know like for instance, you know, washing machine broken. So I guess it's setting those boundaries and sticking to them

It's having those tools to be able to deescalate situations, to read situations well, to make sure that we're safe. But I feel quite, I feel quite OK about that

# Theme Three

## Realism

- Understanding
- Apprehension

# Realism

We have to also know when we can't fix it. We're there to enable the patient to identify their own goals really and to know when we're not achieving that and perhaps revisit it at a later time.

You can't sit there for three hours talking about the weather. You need to try and keep it on track, keep it structured, perhaps set out a timeframe when you go in.

And I guess one of the difficulties that I have as a nurse and I think lots of nurses have is that you want to fix everything. And actually some things you can't fix

my role would be to assess the patient's need and develop a care plan with goals, which is mutually agreed by the patient

I think I'd acknowledge it and just be honest and just say I can see that things aren't working out

# Findings

- Invaluable to the development of the Community Project – CONECT
- Crucial to the success to the community service
- Allowed tailored training to meet the needs of the nursing team
- Opportunity for ongoing educational developments
- Highlighted the need for protected supervision
- Reflection on role changes and development



# Thank you

Many Thanks to my Research Supervisor Dr Hilary Piercy for her support and guidance.