

16th Annual Conference of the National HIV Nurses Association (NHIVNA)

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Qualitative Exploration of Adult Nurse's Perceptions of Caring for a Patient with an Infectious Disease, with a Primary Focus on HIV

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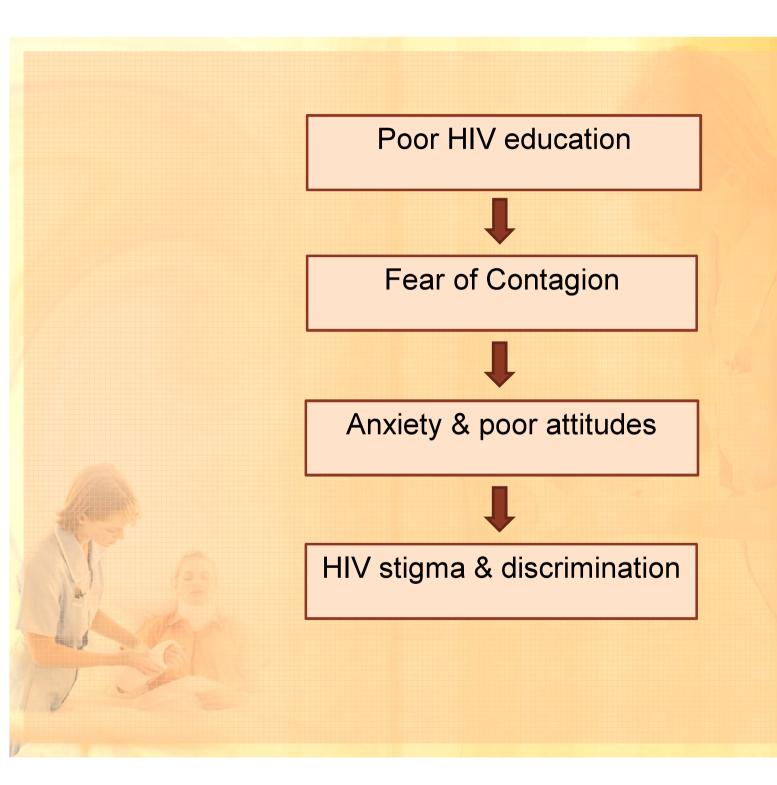
Ethical Considerations



- Ethical approval granted
 - Local hospital's Research and Innovation
 Department
 - Local Research Ethics Committee.
- Informed consent (verbal/written explanation and consent form)
- Confidentiality and anonymity (NMC,2008)
- > All data was kept in a confidential setting.

Background Literature

- Nurses are frequently exposed to different infectious illnesses
- Fear or anxiety of contagion not always a cure or vaccination
- HIV continues to rise
- ❖ 96,000 PLWH at the end of 2011 (HPA, 2012)
- Treatment advances extend the lives of PLWH
- Nurses are often the first-provider or even the primaryprovider for PLWH



HIV-related Stigma and Preconceptions

- Complex psychosocial process
- Implications to patients' wellbeing
- Depression and low self-esteem
- Non-compliance with services
 (Nyblade & MacQuarrie,2006)
- High-risk behaviour
- Low adherence to treatment (Simbayi et al., 2007; Berg,, Michelson, & Safren, 2007)





Research Aims and Objectives:

- To explore nurse's knowledge and perceptions of caring for a patient with an infectious disease, primarily HIV.
- To establish whether there is still stigma in healthcare surrounding caring for patients with infectious diseases.
- Determine if further research and interventions are needed.

Methodology

Data Collection

- Qualitative design as captures nurses' perceptions and experiences (Maxwell, 2005)
- 12 semi-structured interviews (approx. 30-40mins each)
- Interview guide based on Patton (1987)
- Reflective diary

Data Analysis

- Taped and transcribed
- Thematic content-analysis
- Reflective diary





Theme 1: Knowledge and Education

- Few participants had had previous education on infectious diseases
- ❖ Regardless of previous education, all nurses were interested in taking part in additional training.
- Method of training was important
- Directed learning (e.g. short session) opposed to self-directed learning method
- * (P8, B5, Renal): "You get anxieties on the wards... you get patients with all sorts of diseases... the general public expects that nurses know everything about everything, and they can't and there is always going to be something in a certain area that you don't know."

Theme 1: Knowledge and Education

- Knowledge confidence was low, particularly around HIV.
- All had basic knowledge levels
- Poor knowledge of transmission risk
- Time constraints in practise
- Knowledge and confidence was dependent on:
 - 1. Previous experience caring for PLWH
 - 2. Previous education in HIV care

(Chen & Jan, 2010; Gagnon et al., 2010)

Theme 2: Feeling and Anxiety

- When directly asked, participants said they were comfortable caring for PLWH
- * However, this was dependent on:
 - Patients' behaviour.
 - Precautions available
- High fear of contagion around handling blood products.
- Advantage to know a patients status so extra caution can be given around blood.
- Only 3 participants recognised the same caution should be taken with every patients' blood.
- Highlights anxiety is present, contradicting initial response.
- High anxiety around providing emotional support.

Theme 2: Feeling and Anxiety

- Aware of universal precautions
- Some participants mentioned additional precautions (e.g. double gloving/red wrist-band/isolation)
- Correlated with:
 - Previous general nursing experience
 - Previous experience caring for PLWH
 - Previous HIV education
- These factors also contributed to confidence caring for PLWH
- Anxieties witnessed also amongst colleagues
- ♣ P7-B5-Renal: "there is a bit of a misconception regarding the fact that they are going to get it"

Theme 3: Stigma and Preconceptions

- Not initially apparent when directly asked.
- ❖ Most nurses (10/12) believed that HIV stigma still existed in healthcare.
- Witnessed amongst colleagues.
- Multiple stigmatisations
- Detrimental to patients physical, psychological and social outcomes (Auder et al., 2013; Herrmann et al., 2013; Kinsler et al., 2007)
- Contrary to literature, participants did not show intentional discriminatory attitudes
- Discriminatory attitudes around high-risk factors
- Unintentional?
- Poor knowledge, participants with least experience.



STIGMA AND DISCRIMINATI ON

FEAR/ANXIETY
OF
CONTAGION

Implications and recommendations for practice

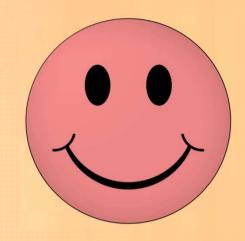
- Findings were interlinked
- ❖ Poor knowledge → Fear of contagion → Unintentional discriminatory attitudes
- Damaging implications
- 'Unintentional' = participants were unaware
- Emphasising the need for two factors:
 - 1. Greater education in this subject area, and
 - 2. More research to determine confirmability of findings.

Implications and recommendations for practice

- Free programmes are already available
- ❖ E-learning method; disliked by all, but one, participant
- Evaluation of existing training programmes
- Continual professional decelopment
- ❖ 35 hours of learning per three years in order to maintain their registration (NMC, 2011)
- Mandatory training during preceptor-ship period
 - 1. Appropriate precautions
 - 2. Risk-factors
 - 3. Transmission rates
 - 4. Clear guidelines and protocols

Limitations

- Small-scale cross-sectional study based on a small sample size (n=12) from one hospital trust.
- Perceptions of nurses in this study may differ to other nurses working in the acute setting - may not be representative of the larger nurse population.
- Cost implications of implementing additional training
- More research required to determine if results can be transferred to a wider population



Thank you for Listening!

Any questions?

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