

Title

A Qualitative Systematic Review (Meta-Synthesis) of the Provision and Management of HIV Testing from a Health Professional Perspective

Background

Expanding the provision of HIV testing services, and encouraging greater uptake of HIV testing among key populations are important health service priorities (British HIV Association et al., 2008). For individuals who are HIV positive, HIV testing is the gateway through which the complications associated with late diagnosis can be minimised, effective treatment started and onward transmission avoided (Montaner, 2011). For those who are HIV negative, HIV testing still offers an important opportunity for discussion of concerns, and for health promotion around lifestyle related risk factors. Most countries, including the UK, are now promoting provider initiated opt-out HIV testing in a range of health service and community settings. In the UK context, as in other regions, there are plans to shift the delivery of HIV testing and care to non-specialist settings, and calls for all nurses to become 'HIV nurses' (Evans, 2011).

Nurses are the key professional group involved in undertaking HIV testing. Yet, research and anecdotal evidence suggests that many (especially non-specialist nurses) remain hesitant about their HIV-related knowledge, about adopting a diagnostic role and about their ability to provide adequate support to clients through the process (Health Protection Agency, 2010). Much of the existing educational material for nurses is orientated primarily to information giving to fill a perceived gap in HIV-related knowledge (e.g. National HIV Nursing Association, 2010). However, the on-going hesitancy expressed by nurses, suggests it may be useful to undertake a comprehensive review of the existing literature on health professional views and experiences of HIV testing to identify more clearly other key areas of concern and perceived issues that affect practice (Sauka and Lie, 2000, Sobo et al., 2008, Worthington and Myers, 2003). The results of such a review can then be used to further develop innovative training materials and methodologies (e.g. Weeks and Wharrad, 2012) and to make recommendations for improvements to service delivery processes.

There have been several systematic reviews of factors influencing uptake of HIV testing from a client perspective (e.g. Minnie et al., 2009, Obermeyer and Osborn, 2007) – but none to date that have synthesised the provider perspective. The recent client-orientated meta-syntheses have shown that perceived trust in, and quality of, health services have a major impact on HIV testing uptake and subsequent retention in care (Fakoya et

al., 2011, Lorenc et al., 2011, Musheke et al., 2013). It is essential therefore that the clients' experience of HIV testing is a positive one – but this hinges to a large extent on provider attitudes, confidence and competence (Halve It, 2010, National HIV Nursing Association, 2007).

Review Aim

To explore and synthesise health professional's views on, and experiences of, HIV testing.

Objectives

1. To describe health professional's experiences of conducting HIV testing
2. To identify ways in which client or provider characteristics such as gender, sexuality, socio-economic status, age, ethnicity, culture, professional background or professional role influence HIV testing practice
3. From a health professional's perspective, to identify personal factors, practices or contexts that support or hinder HIV testing provision
4. From a health professional's perspective, to identify personal factors, practices or contexts that facilitate or hinder the management of client or provider anxiety during HIV testing
5. From a health professional's perspective, to identify personal factors, practices or contexts that facilitate or hinder the management of a new HIV diagnosis
6. From a health professional's perspective, to identify personal factors, practices or contexts that facilitate or hinder health promotion around sexual risk and other life style issues during HIV testing

Methodology and Methods

Due to the focus on provider experiences and practices, a review of qualitative evidence is appropriate (i.e. a meta-synthesis). The qualitative review process will follow the pragmatic meta-aggregative approach (Hannes and Lockwood, 2011) set out by the Joanna Briggs Institute (JBI) – a well established and well known global organisation that supports systematic reviews and evidence based healthcare by providing an equivalent infrastructure to Cochrane but in the context of qualitative reviews (Pearson et al., 2005). The JBI also provides a software programme (QARI) to support the reviewing process which will be used by

the team.

Systematic Review Team

The systematic review team consists of experienced HIV nurses/academic researchers, an HIV nursing practice expert, an expert in systematic reviewing and a senior librarian. This combination will ensure that the review will be conducted with utmost rigour. In addition, the skill mix will ensure that the findings will be interpreted and disseminated in ways that are relevant to the day to day needs and priorities of practising nurses/nurse managers, but can also be used to inform future research or educational developments. The team has 5 members - as follows: -

- Dr. Catrin Evans, BSc, RN, MA, PhD, Lecturer in Nursing and International Health, University of Nottingham, NHIVNA Executive Committee Member
- Mr John McLuskey, BSc, RN, MPH, Lecturer in Nursing and Sexual Health, University of Nottingham (and a 4th yr doctoral student)
- Ms. Michelle Croston, RN, RHV, BMedSci (hons), BA Science (hons), Grad dip Aesth Med, NHIVNA Executive Committee Member & Specialist Nurse North Manchester General Hospital
- Dr. Fiona Bath-Hextall, BSc, MSc, PhD, Reader in Evidence Based Healthcare, University of Nottingham
- Ms. Wendy Stanton, BSc, MSc, Information Scientist (Senior Librarian), University of Nottingham

Methodological Expertise: All members of University of Nottingham staff (above) have undertaken comprehensive systematic review training through the Joanna Briggs Institute, a global network that provides an infrastructure for promoting evidence based practice. In addition, Fiona Bath-Hextall has undertaken reviews within the Cochrane Collaboration, and Catrin Evans has undertaken specialist training in methods for qualitative systematic reviews. All have considerable experience of undertaking, teaching, supervising and publishing systematic reviews.

Subject Area Expertise: John McLuskey, Catrin Evans and Michelle Croston are all nurses with experience of HIV care and HIV testing. Catrin Evans has successfully undertaken several research projects exploring HIV health promotion practices, including HIV testing and uptake in different settings. These projects have all been finished on time and published in professional and academic journals. John McLuskey's doctorate is currently exploring men's experiences of a new HIV diagnosis and initial findings have identified the importance of the HIV testing

experience in influencing an individual's subsequent coping and engagement with the healthcare system. Michelle Croston's doctorate is currently exploring how nurses elicit patients concerns and then manage these concerns once they have been raised. This growing interest in communication has led to the development of an advanced communication program for HIV nurses.

Dissemination

The findings of the review will be disseminated in several different ways according to the different needs of practitioners, managers, policy makers and researchers, as follows: -

- A final project report will be submitted to NHIVNA by June 2014.
- An abstract will be submitted to the June 2014 NHIVNA conference – for oral or poster presentation.
- A short summary of the review findings will be submitted for publication in HIV Nursing – by September 2014.
- A detailed academic paper based on the review will be submitted for publication in an international peer reviewed nursing journal – by September 2014.
- A paper outlining the methods and process of qualitative systematic reviews for Evidence Based Nursing will be submitted to HIV Nursing – by March 2014.