

A National Evaluation of HIV Nurse's Knowledge, Practices and Attitudes towards 'Treatment as Prevention' {TasP}

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Background

There is now strong evidence indicating that a significant reduction in HIV transmission can be achieved when HAART is started early in the course of infection and an undetectable viral load is achieved and sustained in HIV positive individuals (1). The BHIVA position statement (2013), (2) recommends that clinicians should "discuss the evidence for the effectiveness of antiretroviral treatment as prevention (TasP) with all patients with HIV".

It is therefore essential that nurses have the knowledge, skills and confidence to address the potentially complex issues that TasP may raise for patients.

In the UK, there is a lack of information about HIV nurses' views on TasP and on their related training and support needs. This is a gap that this project proposed to fill.

Study objectives

1. To evaluate self-perceived knowledge, attitudes, skills and practices of nurses working in the field of HIV in the UK in relation to TasP.
2. To inform the future development of educational materials and resources to support nurses in this aspect of their role.

Methods

- Ethical approval was obtained from the University of Nottingham, Faculty of Medicine and Health Sciences Ethics Committee.
- A concurrent mixed methodology was used. Part 1) an on-line survey and Part 2) 10 semi structured interviews conducted by telephone. This poster reports of the findings of Part 1.
- All NHIVNA members (n =244) were sent an on-line questionnaire during April 2013. This consisted of approximately 20 questions to assess:
 1. Nurses' knowledge, understanding and confidence in discussing TasP in clinical settings
 2. The perceived impact of TasP on clinical practice
 3. Further education and training needs

Results

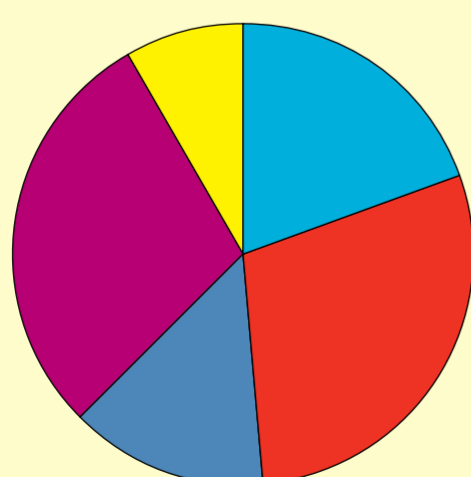
81 questionnaires were returned, i.e. a 33 % response rate. The results of the 78 questionnaires returned by UK based members are included in this report.

Respondents worked in a variety of settings, including the community, Infectious Disease Units, GUM and specialist inpatient and outpatient departments. 27% were working in more than one area.

Cohort size varied, from less than 100 patients (13% of respondents), to larger units where 1000 or more patients were registered (34% of respondents).

Geographical region of workplace

Northern Ireland = 0
Wales = 0
Scotland = 6
London = 27
Midlands & East = 10
South = 21
North = 14



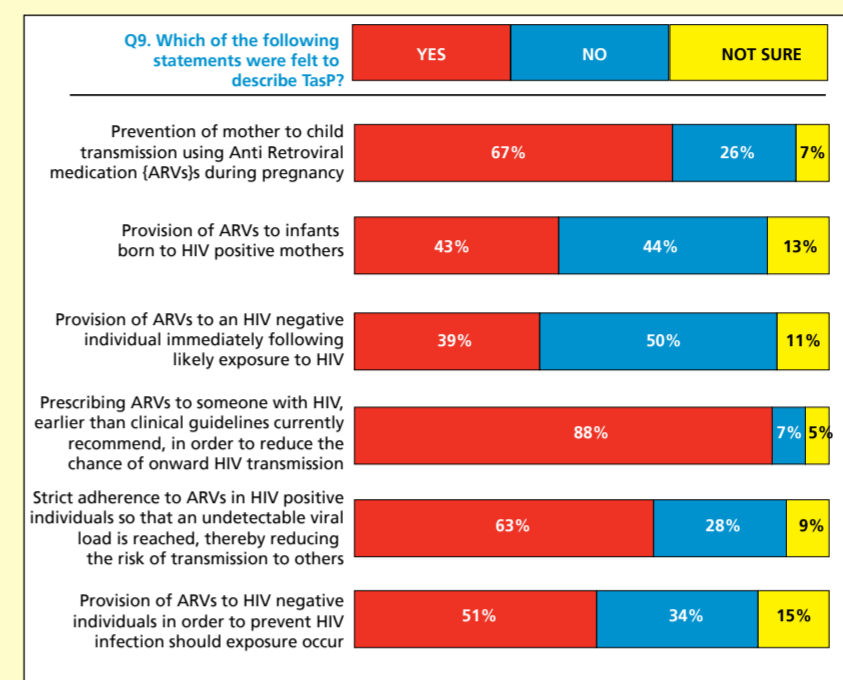
Geographical demographics were representative of the entire NHIVNA membership

The majority were very experienced and senior nurses in the field, with an average of more than 10 years experience.

The vast majority felt discussing TasP with service users to be a role for any Health Care Professional who was suitably competent; and more than half had had such a discussion with a patient.

1. Knowledge and Confidence

- Two thirds were aware of the recent BHIVA and EAGA statements on the subject.
- There was considerable variability in what nurses understand is meant by the term 'TasP', illustrated by the responses below.



- 65% felt unsure or disagreed with the statement that they possessed up to date knowledge on TasP.
- Only a third felt confident discussing the issue with their patients.

2. Impact on Clinical Practice

- About half the respondents felt that they currently have sufficient time to discuss this issue in patient consultations.
- A considerable proportion (77%) did not feel well informed about funding for access to TasP in their area.

3. Requirements for Further Education and Support

- Only 22% had received formal training on the subject of TasP but the vast majority had accessed information in some form.
- A wealth of resources were identified as being potentially useful in helping nurses gain knowledge and confidence in order to advocate for their patients in this respect.

Type of resource	Percentage selecting
Better background knowledge	72% (56)
More clinical evidence	60% (47)
Communication skills training	24% (19)
Educational resources for patients	69% (54)
More support from other HCPs	27% (21)
More support from other HCPs	6% (5)
Clearer local clinical framework/pathways	67% (52)
Additional resources not required	5% (4)
More time in consultations	38% (30)

Key points for discussion

- There is a notable lack of clarity as to the meaning of/defining TasP and a perceived lack of available clinical guidance.
- While nurses report having the general skills needed; eg feeling able to have discussions with patients about sexual risk behaviours, they feel less well equipped and guided on the specific issue of TasP, especially in more complex patient scenarios.
- Lack of awareness regarding funding and apparent lack of local policy initiatives may impact of nurses ability and confidence to facilitate access to TasP.
- A variety of educational resources, (especially those that are interactive), are needed by nurses to enhance knowledge and confidence in relation to TasP.
- Further resources, such as patient orientated materials, are also required to support this aspect of care.

Next Steps

The interviews for Part 2 will explore these key findings in more depth. They will be analysed and a full report will be published later this year. Recommendations will be made to develop a variety resources which meet nurses needs as identified in this study.

References

- 1) Cohen M et al, Prevention of HIV 1 Infection with Early ART .DOI; 10.1056/NEJMoa 1105243 (2011).
- 2) BHIVA/EAGA Statement on the use of Treatment for the Prevention of HIV transmission. Fidler S et al, HIV Medicine 14 259-262.

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