



NURSES' EXPERIENCES ABOUT ACCEPTANCE OF HIV/AIDS PATIENTS ARDABIL, IRAN

Giti Rahimi¹, Shohreh Moshfeghi², Asieh Movahedpour³, Zahra Tazakori⁴, Mansoureh Karimollahi⁵, Effat Mazaheri^{6*}, Sima Sadeghzadeh Diman⁷, Maryam Namadi Vosogh⁸

1 - Assistant Professor in Gynecology , School of Medicine, Ardabil University of Medical Sciences, Ardabil,Iran

2- MSc. in Pediatric Nursing, School of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran, Address: Ardabil, Daneshgah st. Ardabil Complex Univesity Phone Number: (098-45) 33522247-53 Fax: (098-45) 33522196 Postal Code: 56189-85991

3- Department of Nursing, Ardabil Medical Sciences Branch, Islamic Azad University, Ardabil, Iran.

4- PhD Associate Professor, faculty member of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran.

5- PhD Associate Professor, faculty member of Nursing and Midwifery, Ardabil University of Medical Sciences, Ardabil, Iran.

6- PhD student of School of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran.

7- Department of Medicine, Tehran Medical Sciences Branch, Islamic Azad University, Tehran, Iran.

8- Department of Nursing, Ardabil Medical Sciences Branch, Islamic Azad University, Ardabil, Iran. PhD student of School of Nursing and Midwifery, Tabriz University of Medical Sciences, Tabriz, Iran.

ARTICLE INFO

Received:

03th Jun 2017

Accepted:

29th Nov 2017

Available online:

14th Dec 2017

Keywords: HIV, AIDS, Patients, Nurses, Experiences, Accepting, Caring.

ABSTRACT

Background& objective: Still there is a great fear of acceptance of HIV-positive patients, this study aimed to describe Nurses' experiences about acceptance of HIV/AIDS patients Ardabil, Iran.

Material and Methods: thirty nurse who had the experience of contact with HIV/AIDS patients' aged 23 to 49 years, enrolled to participate in this study. A qualitative study, using content analysis performed in Ardabil, Iran. Data were collected through group and individual

Finding: Data analysis generated 2 major themes; "Individual factors", "Occupational moderator Factors" with 8 subthemes include: fear, negative feelings and discomfort and a range of acceptance to rejection, using special nurse, isolated room, paying much money for care, and other encouragement.

Conclusion: Nurses who participated in this study stated that "Individual factors" and "Occupational moderator Factors" are important factors for accepting HIV/AIDS patients.

Copyright © 2013 - All Rights Reserved - Pharmacophore

To Cite This Article: Giti Rahimi, Shohreh Moshfeghi, Asieh Movahedpour , Zahra Tazakori, Mansoureh Karimollahi , Effat Mazaheri et al, (2017), "Nurses' experiences about acceptance of HIV/AIDS patients Ardabil, Iran", *Pharmacophore*, **8(6S)**, e-1173034

Introduction

Although, there are very advances in HIV/AIDS treatment, rejection is still experienced by these patients and those close to them. WHO and UNAIDS estimated that 33.3 million people are infected with the human immunodeficiency virus (HIV) that approximately 10 million of them received treatment and others need to be controlled (1) Despite increasing public awareness and medical discourse for 'normalization' of HIV, stigmatizing remains as major health challenge and makes the issue of disclosing one's HIV status severely complex(2). Still there is a great fear of treatment of HIV-positive patients (3). A holistic approach is necessary to overcome the marginalization of these people (4). Unfortunately fear from HIV/AIDS is so serious that in the field of health, it has been known as the most feared infection and a public health catastrophe(5). The reason for this fear is that there is no certain cure for this virus (6). Nurses are worried risk of needle steak accidents (7). HIV/AIDS is a

Corresponding Author: Effat Mazaheri PHD, Adress: Tabriz University of Medical Sciences, Tabriz, Iran, Email: e.mazaheri@arums.ac.ir

public health disaster all over the world even in Islamic countries like Indonesia which have had rapidly expanding HIV epidemics in recent years (8). According to Iran's Ministry of Health reports, HIV/AIDS continues to be debated and is a major threat to public health in Iran; therefore, research in this regard is important for the country (9). Nursing leaders emphasize that nurses are the closest person to patients and should improve their hope to overcome isolation (10). Little is known about factors and barriers to acceptance HIV/AIDS patients in our city and to the best of our knowledge no study has been done in this regard in our area, therefore, the main objective of this study was to describe Nurses' experiences about acceptance of HIV/AIDS patients in Ardabil, Iran.

Methods

This study was done using a qualitative method. In-depth interviews were conducted to understand the Iranian nurses' experiences of caring for patients with HIV/AIDS. According to Strauss and Corbin, the qualitative method is helpful for the exploration of a phenomenon about which little is known (11).

13 nurses who had experiences of working with infected HIV/AIDS patients participated in group discussion and individual interviews in this study and explained their perceptions, opinions, beliefs, and attitudes towards barriers of acceptance of HIV/AIDS patients. At first, the researcher explained the purpose and procedure to all of the participants and asked them to state their interest (or disinterest) for participating in us researches. Only two nurses were interviewed individually. During study, we asked them to describe their situations, and experiences after knowing that their patients infected by HIV and what factors were barrier for acceptance of HIV/AIDS patients. All of nurses agreed to perform interviews and group discussion in the hospitals of Ardabil. The duration of meeting was 50 to 60 minutes according to the participants' preference. All of the discussions and interviews were digitally audio-recorded and transcribed verbatim. Content analysis was used to analyze the data for which we proceeded through the following steps: listening to the recorded interviews and transcribing them on paper, checking the contents of the writings and observer notes, paying attention to the non-verbal behavior of the participants, reading interview texts carefully, coding data based on the differences and similarities in order to make categories, and extracting the central themes from the categories (12). For regards ethical consideration and institutional permission, this study was approved in the research department of the nursing faculty. All of the participants signed written informed consent forms for interviews and were assured about the privacy and confidentiality of the data and their anonymity. Auditability, confirmability, authenticity, and transferability are a number of measures which can enhance the rigor of a qualitative research (13). First, the researcher used reflective memos for audit trail of research process. Credibility was also enhanced through field note taking, member checking, or participants' revisions and peer checking. Findings were reviewed with 2 participants who had shared more personal reflections about their caring experiences. Maximum variation of sampling was used for the confirmability and credibility of the data. This study provided sufficient descriptive data for some of the nurses to judge whether the results would be transferable.

Findings

Data analysis generated 2 major themes; "Individual factors", "Occupational moderator Factors" with 8 subthemes include: fear, negative feelings and discomfort and a range of acceptance to rejection, using special nurse, isolated room, paying much money for care, and other encouragement.

Theme 1: "Individual factors"

Individual factors represent an individual's perception, beliefs and emotional state about an unique and different situation (confronting with diagnosis of HIV / AIDS).Most of nurse showing different reaction or "psychological responses" such as fear, negative feelings and discomfort and a range of acceptance to rejection.

Acceptance: Nurses may be uncomfortable caring of these patients due to fear of being infected. Unfortunately awareness of this issue is still not high, even in the medical and specialized group. Some nurses accept caring of any kind of diagnosis because they believe patients with every race and diagnosis should be treated fairly.

Fear: Nurses said some health care workers still have fear of HIV and avoid caring for these patients. A nurse described her experience: *"Actually, when I understood that the patient has HIV and needs oral suction and may have injections, I asked the doctor to give oral medications and suspend the suction. The head nurse put on gloves and glasses and did the suction. What should I do?! I have a fear...!"*

Negative feelings and discomfort: Other nurse explained about her negative feelings and discomfort: *"I was so frightened that when I understood that the patient has HIV, I got needle stick ..."*

Acceptance: A nurse described her experience *"For me, a patient with any diagnosis is ill, I trust in God I feel: I should do my best and care any patients, and at the same time I should be careful not to be sick myself"*

Rejection: One of new nurses described his experience *"When I my boss asked me care from HIV- positive patient I did not accept ...I stumbled over and rebuked"*

Theme 2 "Occupational moderator Factors"

Nurses working with HIV-positive patients experienced many psychological and emotional challenges. They must comply with the rules and care from all kind of patients, but are afraid of being infected with the AIDS virus. According to the rules and ethic, they must do care of all patients with any race and problems. Unfortunately injections, catheterization and dressing

are important crisis that nurses encounter with them. They suggested some Occupational moderator Factors to protect themselves including: using special nurse, isolated room, paying much money for care, and other encouragement Using special nurse" Some nurses believed that using special nurse is useful way for preventing other nurse fear for care from HIV-positive patients.

One nurse said: "*Instead of all nurses encounter with AIDS patients, it is better, a number of nurses with more pay and benefits employ to take care of these patients. I am not comfortable communication and working with them. I respect all patients but I afraid infected my self*"

Isolated room was another suggestion that nurses reported in this study. One participant explained the following quote in this regard: "*If these patients speared from others all nurses and other patients feel more comfortable did not show their fear from knowing that the patient has HIV*".

Paying much money for care: Also nurses reported paying much money can engaging nurses to care more comfortable. A young nurse said that: "*I saw some everybody, especially the particularly low-income who are ready to take care for any illness and do not have anxiety and scared of a patient with AIDS but I have big fear and I think that my gloves may have a hole and I may get AIDS ...*"

Other encouragement ways are important occupation factors to improve caring of these patients with more comfort. One nurse said: "*Providing incentive leave and other welfare benefits to nurses is effective to cope with caring of HIV patients*".

Discussion

This study highlights the nurses' experiences as regards caring for HIV-positive patients. Findings of this study generated 2 major themes, "Individual factors", "Occupational moderator Factors" with 8 subthemes include: fear, negative feelings and discomfort and a range of acceptance to rejection, using special nurse, isolated room, paying much money for care, and other encouragement.

Theme 1: "Individual factors"

Individual factors represent an individual's perception, beliefs and emotional state about an unique and different situation (confronting with diagnosis of HIV / AIDS). Most of nurse showing different reaction or "psychological responses" such as fear, negative feelings and discomfort and a range of acceptance to rejection. The majority of nurses experience occupational exposure once or more each year. In our study some nurses experienced extreme fear leading to needle stick. Similar to our finding, one showed that nurses had phobia of contracting HIV/AIDS (14). Nurses had negative feelings and discomfort from caring of these patients, one study emphasized that greater coordinated efforts and new system approaches are needed to help new nurse to adapt HIV- positive patients care(15).

Also nurses reported range of acceptance to rejection. Some novice nurses refuse to accept HIV/AIDS patients' care, because they worried have needle stick and some experienced and expert nurses were comfort with caring them. One study demonstrated that although burden of providing care for AIDS patients on nurses has developed reactions such as depression and withdrawal from clients and excessive fatigue in and among them, but nurse-led self-management program for people with HIV can significantly improve these patients conditions(16). Also nurses behave and act according to the social system of religious enforcement combined with personal and cultural beliefs as well as the material taught in the nursing ethics courses which teaches them to respect all people without considering their ideology, religion, and ethnicity (17).

Theme 2 "Occupational moderator Factors"

According to the rules and ethic, nurses must do care of all patients with any race and problems. They suggested that using special nurse, isolated room, paying much money for care, and other encouragement methods can help normalization of care for these patients. One study demonstrated that, there are currently over 1.2 million people only in the United States who living with HIV, and that number is increasing and most of new nurses did not like working in positions focused on HIV care, however many nurses will find themselves encounter with them in employment setting. Many nurses report feeling unprepared to care for patients with HIV, therefore we should prepare nurses to care for patients living with HIV(18).

Some studies have emphasized that using special nurse can improve care of HIV-positive patients and reduces the risk of HIV acquisition in health providers (19, 20). Nurses require supervision and support to negotiate the challenges and to fulfill their roles effectively (21).

Isolated room: even if the isolation room can prevent other nurses from infection with HIV, it's not a suitable strategy because patients may feel humiliating. One study showing that unable to be a Human Being in Front of Other People which led to isolation of patients among other can damages the Psychological condition of patients, therefore implications for provision of multidisciplinary care in medical settings should be considered, including culturally appropriate strategies to decrease health disparities(22).

Paying much money for care and other encouragement methods can improve care of HIV/AIDS patients, one study found that the coordination of treatment plans with a high cost of AIDS care has progressed greatly(23). Other study emphasizes that cash payments can use as a useful strategy for HIV prevention (24). Another research demonstrated Medicines, money and motivated health workers are keys for HIV/AIDS prevention, treatment and care(25).

Conclusion

Nurses who participated in this study stated that "Individual factors" and "Occupational moderator Factors" are important factors for accepting HIV/AIDS patients.

Conflict of Interest

All authors report no conflicts of interest relevant to this article and submitted the Current HIV Research Form for Disclosure of Potential Conflicts of Interest.

Acknowledgements

We offer our deepest thanks to the nurses who took part in this study. This article was extracted and prepared directly from the research department of the faculty of Nursing & Midwifery in Ardabil University of Medical Sciences with any additional support.

References

1. Report U. Joint United Nations Programme on HIV/AIDS (UNAIDS) 2010. UNAIDS Report on the global AIDS epidemic WHO Library Cataloguing-in-Publication Data.2010.
2. Smith C, Cook R, Rohleder P. 'When it comes to HIV, that's when you find out the genuinity of that love': The experience of disclosing a HIV+ status to an intimate partner. *Journal of health psychology*. 2017 Mar 1:1359105317691588. PubMed PMID: 28810431.
3. Lambdin BH, Cheng B, Peter T, Mbwambo J, Apollo T, Dunbar M, et al. Implementing Implementation Science: An Approach for HIV Prevention, Care and Treatment Programs. *Current HIV research*. 2015;13(3):244-9. PubMed PMID: 25986374. Pubmed Central PMCID: 4460284.
4. Feuillet P, Hamelin C, Spire B, Dray-Spira R, Lert F, The Anrs-Vespa Study G. Intimate ties of people living with HIV in France resulted both from social status and the experience of being HIV-infected: results from the ANRS-Vespa2 study, France. *AIDS care*. 2017 Dec 28:1-10. PubMed PMID: 29284284.
5. Famoroti TO, Fernandes L, Chima SC. Stigmatization of people living with HIV/AIDS by healthcare workers at a tertiary hospital in KwaZulu-Natal, South Africa: a cross-sectional descriptive study. *BMC Med Ethics*. 2013;14 Suppl 1:S6. PubMed PMID: 24564982. Pubmed Central PMCID: 3878339.
6. Chen WT, Han M. Knowledge, attitudes, perceived vulnerability of Chinese nurses and their preferences for caring for HIV-positive individuals: a cross-sectional survey. *Journal of clinical nursing*. 2010 Nov;19(21-22):3227-34. PubMed PMID: 21040024. Pubmed Central PMCID: 3586537.
7. Olaleye AO, Tsibolane Y, Van-Turha L, Monareng S, Chikobvu P, Boleme MS, et al. I don't know what I am doing because I am doing everything: perceptions and experiences of nurses about HIV counselling and testing among children in Free State Province, South Africa. *AIDS care*. 2016 Mar;28 Suppl 2:21-8. PubMed PMID: 27391995.
8. Waluyo A, Culbert GJ, Levy J, Norr KF. Understanding HIV-related stigma among Indonesian nurses. *The Journal of the Association of Nurses in AIDS Care : JANAC*. 2015 Jan-Feb;26(1):69-80. PubMed PMID: 24759060. Pubmed Central PMCID: 4519004.
9. Health Mo. HIV/AIDS statistics. 2010.
10. IsHak WW, Vilhauer J, Kwock R, Wu F, Gohar S, Collison K, et al. Examining the Impact of Patient-Reported Hope for Improvement and Patient Satisfaction with Clinician/Treatment on the Outcome of Major Depressive Disorder Treatment. *International neuropsychiatric disease journal*. 2016;7(2). PubMed PMID: 27294164. Pubmed Central PMCID: 4902012.
11. Corbin J, A. S. *Basics of Qualitative Research: Techniques and Procedures for Developing Grounded Theory*. London, UK Sage; 2015.
12. Hesse-Biber SN, P. L. *The Practice of Qualitative Research*. Thousand Oaks, CA: Sage2011.
13. Denzin N, Lincoln Y. *Handbook of Qualitative Research*. : London, UK: Sage; 2005.

14. Ncama BP, Uys LR. Exploring the fear of contracting HIV/AIDS among trauma nurses in the province of Kwazulu-Natal. *Curationis*. 2003 Aug;26(2):11-8. PubMed PMID: 14596129.
15. Sutherland JL, Spencer GA. HIV screening intentions, behaviors, and practices among nurse practitioners. *Journal of the American Association of Nurse Practitioners*. 2017 May;29(5):264-71. PubMed PMID: 27860463.
16. Nurse-led intervention improves adherence to HIV medication. *Nursing standard*. 2017 Mar 22;31(30):16. PubMed PMID: 28327034.
17. Valizadeh S, Tazakori Z, Mohamadi E, Hassankhani H, Foladi M. Spiritual Care Experiences of Iranian Nursing Students A Descriptive, Exploratory Study. *Journal of Hospice & Palliative Nursing*. 2012;14(4):269-74.
18. Frain JA. Preparing every nurse to become an HIV nurse. *Nurse education today*. 2017 Jan;48:129-33. PubMed PMID: 27810630. Pubmed Central PMCID: 5319828.
19. Aminde LN, Takah NF, Dzudie A, Bonko NM, Awungafac G, Teno D, et al. Occupational post-exposure prophylaxis (PEP) against human immunodeficiency virus (HIV) infection in a health district in Cameroon: assessment of the knowledge and practices of nurses. *PloS one*. 2015;10(4):e0124416. PubMed PMID: 25879442. Pubmed Central PMCID: 4400151.
20. Makhado L, Davhana-Maselesele M. Knowledge and uptake of occupational post-exposure prophylaxis amongst nurses caring for people living with HIV. *Curationis*. 2016 Mar 29;39(1):1593. PubMed PMID: 27246789.
21. Evans C, Ndirangu E. Implementing routine provider-initiated HIV testing in public health care facilities in Kenya: a qualitative descriptive study of nurses' experiences. *AIDS care*. 2011 Oct;23(10):1291-7. PubMed PMID: 21939406.
22. Xie T, Yang JP, Simoni JM, Shiu CS, Chen WT, Zhao H, et al. Unable to be a Human Being in Front of Other People: A Qualitative Study of Self-Isolation Among People Living with HIV/AIDS in China. *Journal of clinical psychology in medical settings*. 2017 Dec;24(3-4):211-22. PubMed PMID: 29086186. Pubmed Central PMCID: 5709208.
23. Remme M, Vassall A, Lutz B, Luna J, Watts C. Financing structural interventions: going beyond HIV-only value for money assessments. *Aids*. 2014 Jan 28;28(3):425-34. PubMed PMID: 24670525.
24. Pettifor A, MacPhail C, Nguyen N, Rosenberg M. Can money prevent the spread of HIV? A review of cash payments for HIV prevention. *AIDS and behavior*. 2012 Oct;16(7):1729-38. PubMed PMID: 22760738. Pubmed Central PMCID: 3608680.
25. Medicines, money and motivated health workers are key to universal access to HIV/AIDS prevention, treatment care and support. *Indian journal of medical sciences*. 2006 Sep;60(9):392-4. PubMed PMID: 17001805.