

# What are the perceptions of nurses health and social care essay



**ASSIGN  
BUSTER**

## **Abstract**

**Background:** Current advances in the field of health have allowed better care for patients living with HIV/AIDS. These advances have transformed HIV/AIDS to a chronic but manageable health condition. Nurses play critical roles in caring for these patients. However, studies in the past have suggested that they carry negative perceptions on patients with HIV/AIDS, which negatively impacts the quality of care received by the patients. It is necessary to determine if the same perception still persists amongst nurses today. **Aim:** This study aimed to describe current perceptions of nurses on people living with HIV/AIDS. **Method:** Relevant keywords were entered in different academic databases to extract relevant studies. Twenty-seven studies of nurse perceptions and attitudes were included in the literature review, and 13 were explored in greater detail. All 13 studies were published in the last 10 years and presented current findings on how nurses perceived caring for patients with HIV/AIDS. **Findings:** A total of six inter-related themes were found in the reviewed studies: HIV/AIDS Patients as Homosexuals; Poor Level of Knowledge of HIV/AIDS; Misconception on HIV/AIDS Transmission; Reluctance to Care for Patients with HIV/AIDS; Stigma on Patients; Patient's Experiences with Nurses. **Conclusion and Recommendations:** Negative perceptions still continue to persist amongst nurses caring for patients with HIV/AIDS. However, there is a paucity of literature on the nurses' perceptions of HIV/AIDS patients in the UK context. Although the condition is largely controlled in the UK, new cases are still identified. It is imperative that this issue in the UK is explored further to ensure that appropriate interventions

can be put in place that prevent those with HIV/AIDS being discriminated against by nurses and health practitioners.

## **Chapter One: Introduction**

### **1. 1 Context/Background**

Acquired immune deficiency syndrome (AIDS) is developed in individuals who have been infected with the human immunodeficiency virus (HIV). Green (2007) states that approximately 42 million individuals are thought to be infected worldwide, with 20 million individuals having died from AIDS across the globe since the first known deaths in the early 1980s (Pickles et al., 2009). As of yet, there is no cure (Green, 2007). However, the development of various treatments has prolonged the life expectancy of those with HIV and AIDS in the West. This led to a complacent behaviour on the condition in highly developed countries. Kelly and Kalichman (2002, p. 636) observed that, " decline in deaths caused by HIV/AIDS because of better antiretroviral medications may be creating a false sense of public complacency concerning the disease". Lewis (2010) also claimed that the prevailing belief that HIV/AIDS epidemic has disappeared is a mistake. Current medications and breakthrough in medicine has allowed HIV/AIDS patients to live longer, transforming the condition to a chronic but manageable condition (Lewis, 2010). Nurses have vital roles in ensuring that patients with HIV/AIDS continue to receive optimal care. Some nurses have been found to be reluctant to help care for individuals with HIV/AIDS. The reasons behind this reluctance have been found to be due to a fear of being contaminated with the condition (Goldenberg & Laschinger, 1991; Tierney, 1995; Robinson, 1998), and a lack of education and knowledge (Pickles et al., <https://assignbuster.com/what-are-the-perceptions-of-nurses-health-and-social-care-essay/>

2009). The United Nations AIDS task force report (UNAIDS, 2006) reported that negative attitudes and ideas that some nurses have of individuals with HIV/AIDS have resulted in a poorer level of quality in care for HIV/AIDS sufferers. Nurses serve in the forefront of delivery in care and in direct contact with people living with HIV/AIDS (PLWHA). Hence, their attitudes towards their patients should be positive in order to provide appropriate care (Health Protection Agency, 2012). The Department of Health (2012) emphasised that quality of care begins with the positive attitudes of health care providers. The quality of care has been strongly associated with the health outcomes of the patients (British HIV Association, 2012). Hence, when nurses have negative attitudes towards their patients, the quality of care could also be influenced. Earlier studies have portrayed nurses as fearful in caring for patients with HIV/AIDS (British HIV Association, 2012). This fear is a product of poor knowledge on the condition and a discriminatory attitude towards the patients (Department of Health, 2012). The same review also revealed that in the late 1980s and early 1990s, nurses in the UK were found to have discriminatory attitudes towards this group of patients. Earlier predictions that incidence of HIV/AIDS will rapidly rise prove to be exaggerated in developed countries (British HIV Association, 2012). However, less-developed countries such as those in Africa continue to suffer from high incidence of HIV/AIDS. Considering the importance of delivering quality care to patients with HIV/AIDS, it is important to determine if nurses' perceptions on HIV/AIDS and attitudes towards PLWHA have improved. It is also vital to determine the factors that influence the perceptions of nurses on this group of patients. The main aim of this study is to review current studies on the perceptions of nurses on PLWHA.

<https://assignbuster.com/what-are-the-perceptions-of-nurses-health-and-social-care-essay/>

## **1. 2 Questions to be addressed in review**

This study aims to answer the following questions: What are the perceptions of nurses on people living with HIV/AIDS? What are the factors that influence these perceptions? How do the perceptions of the nurses influence the quality of care they provide to their patients? What are the perceptions of patients on the attitudes of nurses on caring for patients with HIV/AIDS?

## **1. 3 Significance of the Study**

This literature-based study seeks to determine current perceptions of nurses on patients with HIV/AIDS. Nurses have increasing roles in the treatment and management of different health conditions, including HIV/AIDS. They also increasingly fulfil leadership roles in all areas of health care. Determining current perceptions would be necessary to identify factors that influence positive and negative perceptions for these patients. Findings of this review would be used to inform policies and actions on how to improve the quality of care for patients with HIV/AIDS. Since the nurses' attitudes largely determine the quality of care, this study would provide important information on whether the negative perceptions in the past has changed in recent years.

## **Chapter Two: Methods**

### **2. 1 Design**

This is a literature-based study and critically reviewed studies in the last 10 years. A literature-based study is an effective way of synthesising and evaluating current evidences on a research phenomenon that has been widely studied in the past (Aveyard, 2007). Quality literature-based study

provides nurses and other health care practitioners important information on a research question. Greenhalgh (2010) remarked that to address the complex nature of disease management, a health care practitioner should be able to critically review current evidences and relate these with current and future practices. Developing the skill of critically appraising studies is therefore necessary in providing evidence-based care. It should be noted that evidences come from published studies, one's own experiences, expert opinions, guidelines and the experiences of colleagues (Greenhalgh, 2010). This literature-based study would offer current information on how nurses perceive patients with HIV/AIDS.

## **2. 2 Search Strategy**

A variety of electronic databases were searched, such as SAGE Publications, ScienceDirect, Blackwell Synergy, CINAHL, Wiley Interscience, MEDLINE and Journals@Ovid, for publications that contained the keywords: Nursing AND HIV/AIDS AND Perceptions OR attitudes. The search was limited to the last 10 years only to provide current information on the perceptions of nurses on HIV/AIDS. It has been shown that in the past, nurses' perceptions on patients living with HIV/AIDS have been largely negative. However, it was unclear whether nurses upheld the same attitude in the last 10 years. The inclusion criteria for selecting the studies were perceptions of nurses towards those living with HIV/AIDS; primary research studies; studies published in the English language; peer reviewed articles; studies that were conducted in major regions across the world. Studies that recruited nurses regardless of their speciality and years of experience in caring for patients with HIV/AIDS were include in this review. Studies that recruited student nurses were also

included in this review. This would allow for comparison on how more experienced and new nurses perceive patients suffering from HIV/AIDS. It was necessary to include studies from the UK and around the world, particularly in Africa, to determine the general trend on the perceptions of nurses on patient with HIV/AIDS. Exclusion criteria included studies not conducted in English, studies that were not peer-reviewed and those which were older than 10 years.

### **2. 3 Search Outcome**

An initial search by the researcher revealed 321 studies. This initial search was conducted via a reading of the title and abstract in order to ascertain the relevance of the study; 285 were deemed irrelevant to this study, leaving 36 for a more detailed examination. These studies were read in more detail to ascertain whether they fully met the inclusion criteria, of which 27 were found to be acceptable for inclusion into this study. There was a mix of qualitative and quantitative research studies included in this review. A more detailed review of the quality of the 27 extracted studies was done to identify only those which fully met the inclusion criteria set in the study. Studies older than 10 years old were excluded. Finally, 13 studies were fully reviewed and critiqued with appropriate critiquing tools.

### **2. 4 Critiquing Tools**

The Critical Appraisal Skills Programme (CASP, 2010a, 2010b) (Appendix A) was utilised to critique the studies in this review. This critiquing framework has been strongly suggested by the Health Research Unit in the UK and allows a researcher to identify the quality of the studies (CASP, 2010a, 2010b). The CASP has critiquing tools for both qualitative and quantitative <https://assignbuster.com/what-are-the-perceptions-of-nurses-health-and-social-care-essay/>

studies. Specifically, CASP has critiquing tools for randomised controlled trials, reviews, case control studies, cohort studies, diagnostic tests, economic evaluations and qualitative studies.

## **2. 4 Problems and Limitations with Review**

The challenge encountered with many of the studies incorporated in this review is that they involve quantitative data, which is not especially helpful when attempting to assess the perceptions and attitudes of nurses towards those living with HIV and AIDS. Rather, qualitative research methods ensure that this area can be studied in-depth. Qualitative research methods, such as observation and in-depth interviews, are the most appropriate research method when investigating experiences, feelings, ideas, perspectives, attitudes, and perceptions, and would therefore have been much more appropriate for those research studies that were not attempting to find a statistically significant result, but identify the primary themes that were salient to the participants, such as in those studied undertaken by Smit (2005) and Pendukeni (2004). Furthermore, many of the earlier studies conducted postal questionnaire surveys, which involve a multitude of limitations, such as delays, misplaced questionnaires, the safety of information, the effort the participants must put into answering and reposting the questionnaires. Postal surveys also elicit low response rates, which entail inviting a large sample of nurses to achieve the desired number of participants in the study (Polit and Beck, 2009). A response rate of 30% in any postal survey is already considered as a good response rate (Polit and Beck, 2009). The relationship between nurse perception and those living with HIV/AIDS is complicated, especially given the impact that perceptions may



have on nurse behaviour. This study was limited in describing the perceptions and attitudes of nurses and related these with the perceived quality of care received by the patients. As a literature-based study, the author was limited to describing and critically appraising findings and only suggesting possible relationships between the perceptions of nurses and the factors that could have influenced these perceptions. Furthermore, different countries may have different results; there is a substantial paucity of qualitative research in the UK concerning this topic. As we move further into the twenty-first century, it becomes imperative that current changes and updates in the medical field are incorporated into the practice and knowledge of nurses, in order to ensure the best quality care possible for those living with HIV/AIDS.

## **Chapter Three: Results of the Literature Review**

### **3. 1 Introduction**

A total of 13 quality studies were reviewed in detail in the final review. A total of 27 studies were initially identified, however only 13 of these studies were published in the last 10 years and fully met the inclusion criteria set in this study. The remaining studies which were extracted but did not fully meet the inclusion criteria were still used to provide context to the findings of this literature review. A total of 6 themes were identified from the 13 studies published from 2002 until 2010. These themes were: HIV/AIDS Patients as Homosexuals; Poor Level of Knowledge of HIV/AIDS; Misconception on HIV/AIDS Transmission; Reluctance to Care for Patients with HIV/AIDS; Stigma on Patients; Patient's Experiences with Nurses.

### **3. 2 Theme 1: HIV/AIDS Patients as Homosexuals**

The third theme emerging from the literature review is homophobia, with Christensen (2005) claiming that homosexual patients did not receive compassionate or high quality care. With HIV/AIDS being dubbed the 'gay plague' in the Swedish media (Rondahl et al., 2003), it would not be surprising if those treating individuals with HIV/AIDS assume that they are homosexuals. Rondahl et al. (2003) in their widespread quantitative review of nurses found that 26% of the nurse student participants in this study would avoid treating individuals with HIV if they could. Similarly, 36% of health care professionals would also avoid caring for patients with HIV/AIDS. While it was unclear whether these nurses also had homophobia, this study suggested that lower levels of knowledge on HIV/AIDS allowed nurses to have misconceptions about the condition. This includes the misconception that HIV/AIDS is generally a disease of gay people. The findings of Rondahl et al. (2003) highlighted the need to educate student nurses and professional nurses about homophobia and how it affects the quality of care received by the patients. Earl and Penny (2003) amongst others found that nurses in their study were prone to homophobic attitudes (75% of participants), and compassion by nurses was mainly shown to those individuals who had contracted AIDS via a blood transfusion, instead of other means of contraction. The degree of homophobia in a country was directly correlated to the attitudes of individuals, including nurses, towards those with HIV/AIDS. Interestingly, the levels of homophobia were not indicative of or correlated with the levels of homosexual individuals contracting HIV/AIDS. For instance, the NHS Milton Keynes Annual Public Health Report (2009) found that 78% of

all individuals being diagnosed with HIV/AIDS contracted the illness as a result of heterosexual contact.

### **3.3 Theme 2: Poor level of knowledge on HIV/AIDS**

The most common theme that continually reoccurred in the studies reviewed in this paper was the lack of education and knowledge about HIV/AIDS. In the United States and Canada, various studies asked the question, ' what is the cause of negative perceptions of health professionals towards those with HIV/AIDS?' and a lack of education in HIV/AIDS was identified as being the main cause of the ensuing negative perceptions and attitudes of nurses, and their unwillingness to care for these patients (Earl & Penny, 2003). These findings were also supported in studies carried out in Jordan (Petro-Nustas et al. 2002), South Africa (Madumo & Peu, 2006; Smit, 2005) and Turkey (Bektas & Kulakac, 2007). Early and Penny (2003) explored the knowledge, attitudes, and beliefs of student nurses on caring for patients with HIV/AIDS. Findings of the study showed that a lack of education on HIV/AIDS led to the judgemental attitude of the student nurses. Further, the study had important implications in nursing practice since an understanding of the impact of this sexually transmitted infection on rural communities is needed in order to deliver quality care. A critical review of this study would reveal that only a small sample population was recruited (Creswell, 2009). Since the study was descriptive, it was only limited in describing the attitudes and perceptions of students nurses. An important limitation of this study was that it recruited student nurses instead of registered nurses who already had actual experiences in caring for patients with HIV/AIDS. The knowledge and perceptions of student nurses could have been formed by readings on

HIV/AIDS or actual observation of senior nurses caring for patients with HIV/AIDS. It is noteworthy that in this study, it was clearly shown that lack of knowledge led to poorer understanding of the condition, how it impacts the community, and how nurses could improve the quality of care received by these patients. In a study conducted in Jordan (Petro-Nustas et al., 2002), a convenience sample of 126 senior Bachelor of Nursing (BSN) students were recruited. This study recruited half of the participants from a university in Jordan while the other half from a university in the US. This comparative study revealed that 73% of the American students had significantly greater knowledge on HIV/AIDS compared to only 52% of Jordanian students.

Relatively, American Nursing students had better perceptions on patients with HIV/AIDS as compared to the Jordanian students. This study also highlighted the association between correct knowledge on HIV/AIDS and the perceptions and attitudes of the student nurses on patients suffering from this condition. A critique would show that the study investigators were professors of the respective schools where the study was conducted. While this might present some bias on the interpretation of the results, the quantitative study design of the study helped eliminated researcher bias as inferential statistics were used to analyse data. Researcher bias is possible in qualitative studies where investigators might analyse verbatim transcripts according to their preferences (Polit and Beck, 2009). The use of a self-administered questionnaire also increases the risk of over-reporting amongst the students. Students might answer the questionnaires according to what they believe the professors want them to answer. Hence, it would be necessary to compare the findings of this study with others who also

recruited student nurses to determine if poor HIV/AIDS education is indeed  
<https://assignbuster.com/what-are-the-perceptions-of-nurses-health-and-social-care-essay/>

associated with negative perceptions on HIV/AIDS patients. Further, the findings of this study could not be generalised to a larger and more heterogeneous population due to the small sample size and lack of randomisation of participants (Creswell, 2009). A study amongst Turkish Nursing students also revealed similar findings (Bektas and Kulakac, 2007). A total of 227 nursing students were recruited in the study from a nursing school in Antalya, Turkey. Mixed methods were used to investigate the attitudes and level of knowledge on HIV/AIDS. Qualitative method explored the perceptions of students on patients with HIV/AIDS while the quantitative part collected data on HIV/AIDS knowledge. Findings suggested that students only had moderate levels of HIV/AIDS knowledge. Older students had better knowledge of HIV/AIDS. The study also revealed that students feared of being infected but harboured feelings of pity for those with HIV/AIDS. Interestingly, the students were willing to provide care for PLWHA. The combination of quantitative and qualitative methods strengthened the findings of the study and improved the rigour of the study (Creswell, 2009). The relatively larger sample size also increased credibility of the findings of the study. However, there were no randomisation of participants, which make it difficult to apply the findings to a large and more heterogeneous population. Despite these limitations, the study had important implications since it showed the need to strengthen education on HIV/AIDS, especially amongst the younger nurse students. Similar findings were also noted in a qualitative study of Madumo and Peu (2006). Focused group discussions were conducted amongst nursing students (n= 12). One of the major theme highlighted in the study was how lack of knowledge on HIV/AIDS contributed to poorer understanding of the condition and negative perceptions on caring

<https://assignbuster.com/what-are-the-perceptions-of-nurses-health-and-social-care-essay/>

for patients with HIV/AIDS. Findings of qualitative studies could not be generalised to a larger and more heterogeneous population due to the sampling method used and the small sample size (Parahoo, 2006). However, this study strengthened the finding that low levels of knowledge amongst student nurses on HIV/AIDS would lead to negative perceptions on patients suffering from this condition. This important finding was not only seen amongst student nurses but was also evident amongst registered nurses. For instance, Smit (2005) conducted in-depth interviews with 35 nurses working at a public hospital in the Gauteng province of South Africa. This researcher asked, ' how do nurses feel about treating individuals with HIV/AIDS?' The findings included seven themes: helplessness, fear, emotional stress and fatigue, anger and frustration, occupational-related concerns, empathy, and self-fulfilment. The researcher concluded that those with a greater understanding of HIV/AIDS had a greater level of empathy, and gained higher levels of fulfilment from their jobs. Those nurses with lower educational levels of the HIV/AIDS virus were more fearful, fatigued, and angry at caring for those with HIV/AIDS.

### **3. 4 Theme 3: Nurses Acquire HIV/AIDS through Patient Contact**

The fear of contracting HIV/AIDS whilst caring for people with these illnesses was the third theme found in the reviewed literature. This fear was prevalent in literature from a multitude of countries. For instance, a study in South Africa, Madumo and Peu (2006) found that 63% of nurses were fearful that they could contract HIV from contact with patients in hospital. In Rondahl et al. (2003), 33% of registered nurses and 26% of nursing students would

refrain from caring for patients with HIV/AIDS. This quantitative descriptive study was conducted in Sweden and recruited both professional and student nurses. It aimed to compare the attitudes of registered nurses and student nurses on HIV-infected patients. It also aimed to measure the participants' fear of contracting HIV. It also sought to investigate whether both groups would refrain from caring for patients infected with HIV. The study followed ethics in research with all participants giving their informed consents prior to data collection. A total of 165 student nurses (62% response rate) and 57 nurse professionals (67% response rate) completed the self-administered questionnaire. The high response rate of the participants would suggest that those invited regarded the topic of the study as important (Creswell, 2009). Findings of the study showed that professional nurses were more reluctant to care for HIV-infected patients compared to student nurses. However, both groups reflected low levels of fear of HIV contagion. This was interesting to note since a third of all participants did not want to care for HIV/AIDS patients. The low degree of fear of contracting HIV/AIDS and a more empathic attitude towards the patient did not translate to higher desired to care for HIV/AIDS patients. Meanwhile, greater education led to lowered levels of fear in some US nurses (Earl & Penny, 2003). In a qualitative research study by Pendukeni (2004) in one regional hospital in Namibia, focus groups and semi-structured interviews with 34 nurses revealed that as the number of individuals with HIV/AIDS rose, and the shortages of staff grew more apparent, more nurses were becoming afraid of contracting HIV/AIDS themselves, due to a lack of knowledge in how to manage HIV/AIDS patients. Since this study utilised a qualitative method, the findings of the study would only be true to the sample population (Parahoo, 2006). There were also

<https://assignbuster.com/what-are-the-perceptions-of-nurses-health-and-social-care-essay/>

issues on the trustworthiness of the findings of the study since the investigator did not mention whether participants validated the findings of the study. This issue is of relative importance since Pendukeni (2004) conducted the study alone. Validating the findings of the study would not only increase trustworthiness but also improve the credibility of the findings. Further, other issues such as rigour in research were also not explicitly discussed. Parahoo (2006) argued that issues of transferability, trustworthiness, validity and rigour should be addressed in any qualitative study to ensure that the study was credible. Despite failing to mention these research issues, Pendukeni (2004) revealed the need to improve knowledge on patient management in order to reduce the fear amongst nurses of contracting HIV/AIDS.

### **3. 5 Theme 4: Reluctance to care for people with HIV/AIDS**

High levels of fear and homophobia were considered by many studies to be responsible for the reluctance of some nurses to care for individuals living with HIV/AIDS. This was found in Bektas and Kulakac's (2007) study of Turkish nurses, who stated that their fear of contagion was the main reason for their unwillingness to care for individuals with HIV/AIDS. However, in the USA (Earl & Penny, 2003) homophobia was identified as being one of the main reasons for participants' reluctance to care for individuals with HIV/AIDS, Bektas and Kulakac's (2007) study did not find homophobia to be a factor. Rather, the notion that those with HIV/AIDS 'brought it on themselves', that is, were responsible for their own infection was found to be one of the main reasons for why these Turkish nurses were unwilling to care for individuals with HIV/AIDS. Some studies conducted in China found that



many nurses believed it was their choice whether or not they decided to treat/care for an individual with HIV/AIDS. For instance, Dong (2008) surveyed 658 nurses in 14 hospitals in Guangzhou and revealed that 20% of participants were unwilling to care for individuals living with HIV. However, given the fact that this research involved quantitative surveys, the reasons for this unwillingness remain unclear. This study recruited a relatively large sample of nurses from the 14 hospitals in Guangzhou. However, Dong (2008) failed to randomise the participants. Participants were invited through the hospitals where they were employed. Dong (2008) also failed to indicate the response rate of the study to determine if a large base of nurses were recruited beforehand. This is important to determine if the number of nurses who completed the self-administered questionnaire were representative of the nurses in the 14 hospitals. A survey method has some advantages since it is easier and more convenient to carry out (Polit and Beck, 2009). The absence of the researcher at the time the nurses completed the questionnaire also eliminates possible bias in answering questions to please the investigator. A survey method is also less expensive and does not require extensive resources such as field investigators to conduct face-to-face interviews. However, this method also has some limitations. For instance, causal relationships could not be established (Polit and Beck, 2009). Hence, it is impossible to determine why nurses were reluctant to provide care for patients with HIV/AIDS. A qualitative study could have provided context on the reluctance of these nurses. He (2010) conducted another study, commissioned by the Xiang Nan College (Hunan Province), in which 343 nurses were interviewed, and only 35.6% of participants were willing to treat a hand injury on someone living with HIV/AIDS, and 83.4%

<https://assignbuster.com/what-are-the-perceptions-of-nurses-health-and-social-care-essay/>

claimed that those patients that were HIV positive should be moved to special units or hospitals for infectious disease. This study was also a survey and similar to Dong (2008), it could not determine why nurses were reluctant to treat hand injury on a patient with HIV/AIDS. In addition, a survey method only measures attitudes or practices but could not establish causal relationships of variables (Polit and Beck, 2009). Despite these limitations, this study was important since it showed that negative perceptions amongst nurses when caring for patients with HIV/AIDS continue to exist today.

### **3. 6 Theme 5: Stigma of HIV/AIDS**

The final theme found in the review is consistent with the themes found by Pickles et al. (2009). Germov (2005) notes that stigma involves the negative reactions (avoidance, intolerance) that is experienced by some individuals as a result of a particular attribute or trait (physical or social). Those with HIV/AIDS in this review were found to experience high levels of stigmatisation, including from nurses. However, this depended on the socio-cultural context of the study, as Chan et al. (2007) found. These researchers quantitatively studied Thai nursing students, and found a statistically significant increase in stigmatisation of those with HIV/AIDS when they were believed to be both intravenous drug users and have HIV/AIDS. However, given that, as Chan et al. (2007, p. 154) note, sex on a commercial basis is "more widely practiced and tolerated" in Thailand, there was little stigma attached to commercial sex and homosexuality. A total of 144 nursing students were recruited in the study from one nursing college in Bangkok. The researchers presented the students with vignettes that described a person with different diagnosis. Using a social distance measure, students

assessed the hypothetical person portrayed in the vignette. The persons in the vignettes had an assumed diagnosis ranging from no disease, leukemia and AIDS and co-characteristics as commercial sex worker, injecting drug use, transfusion and no co-characteristics. Interestingly, the findings of the study suggested that HIV/AIDS was less stigmatised as compared to injecting drug use. The methodological strength of this study was it was the first time that student nurses were presented with vignettes of hypothetical persons and were asked to assess these patients using a questionnaire. This method eliminated recall bias most common in the survey method. However, it could not be established why Thai nursing students have less discrimination and stigma against drug users as compared to HIV/AIDS patients. The study was only limited to describing the perceptions of the students on HIV/AIDS patients when compared to patients suffering with leukemia or no disease. It was also not clear why the investigators in the study chose to compare patients with HIV/AIDS with those who have leukemia. It was also difficult to establish how the attitudes of the students nurses on HIV/AIDS patients would translate in actual care settings.

### **3. 7 Theme 6: Patients' Experiences with Nurses**

Weatherburn et al. (2002), in a quantitative study commissioned by Sigma Research, asked patients whether they were happier with the treatment they received from health professionals and nurses over the last five years, and found that of the 1, 767 individuals with HIV/AIDS surveyed, 15% (n = 265) declared that they were unhappy with their relationship with health professionals, and 27% (n = 488) claimed that they had experienced issues with health professionals, including nurses, in the last year. The most

prevalent problem that was reported was the 'negative attitudes' of health care professionals, which manifest themselves in rudeness, arrogance, dismissiveness, insensitive comments and the fact that they were sometimes treated as an illness instead of a person. 24 participants claimed that they had been actively discriminated against, not simply because of their HIV status, but as a result of gender, age, immigration status, and, most critically, sexuality. Many did not receive the information they required, nor did they feel they were listened to. Interestingly, Weatherburn et al.'s (2002) survey revealed that 25% of discrimination, when experienced, was perpetrated by hospital staff without HIV specialist experience, such as nurses. The study concluded that despite the increasing incidences of individuals with HIV/AIDS, hospital staff, especially nurses, were not becoming more knowledgeable about or comfortable with treating HIV/AIDS. The experiences of those living with HIV/AIDS, whilst not the main focus of this study, reveal the negative perceptions of nurses towards these individuals, and the discriminatory practice that often ensues as a result. A critical appraisal of the study would reveal that the authors of the study are experts in the field of nursing and HIV/AIDS. This increases the credibility of the study since the authors have high levels of knowledge on the topic (Polit and Beck, 2009). The research question, aims and objectives were clearly presented. The authors also acknowledged that ethics in research was observed through informing the participants of the survey on the study's aims and objective and getting their informed consents (Creswell, 2009). An ethics committee also observed the study. However, the study was descriptive, which was only limited in describing the knowledge, attitudes and perceptions of nurses on patients living with HIV/AIDS and the

<https://assignbuster.com/what-are-the-perceptions-of-nurses-health-and-social-care-essay/>

perceptions of patients on how nurses treat them. The descriptive design of the study would only show correlations of variables and does not allow for causation (Creswell, 2009). Causations are only established in experimental studies such as randomised controlled trials (Roberts, 2010). The survey method employed in the collection of data also has some limitations. This method often elicits a small response rate requiring the researchers to invite a large sample size in order to arrive at the desired number of participants (Roberts, 2010). In the study, it was unclear whether Weatherburn et al. (2002) invited a large sample size since they did not indicate the response rate of the participants. Further, a self-administered questionnaire also increases recall bias amongst the participants (Polit and Beck, 2009). In the study, the patients were required to recall their experiences with nurses who cared for them. Similarly, the nurses also had to recall their attitudes, knowledge and perceptions when caring for patients with HIV/AIDS. Both patients and nurses might have difficulty accurately recalling their experiences (Polit and Beck, 2009). Despite the limitations of this study, it had important implications for nursing practice since it showed that negative perceptions on caring for patients with HIV/AIDS still persist. Word count so far 5428

## **Comments**

Chapter 3 is meant to be about 4500 words but have only got 3448. Short by about 1500 words. Word count (5428) Still working on

## **Chapter 4: Discussion (1500 words)**

## **Chapter 5: Conclusion and Recommendations (500 words)**