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Nurse's Experiences of Caring for Patients with HIV/AIDS in Ardabil, Iran

Tazakori Z, Moshfeghi SH*and Karimollahi M

Department of Nursing, Ardabil University of Medical Sciences, Ardabil, Iran

Abstract

Background: While nursing care of HIV patients is tremendously stressful, little is known about nurses' experiences of caring for patients with HIV/AIDS in Ardabil.

Objective: The main aim of this study was to describe nurses' experiences of caring for patients with HIV/AIDS in Ardabil, Iran.

Method: In this study which was conducted using qualitative methods, the data were collected through 5 focus group discussion and in-depth interviews in with participants who were selected using purposive sampling method. 13 nurses who had the experience of contact with AIDS patients during 2016 in Ardabil, Iran were interviewed. Content analysis was used to analyze the data obtained from the interviews.

Results: Data analysis generated 2 major themes, namely occupational exposure, and protective behavior, together with 11 sub-themes which include fear, disrespect and disregard towards the patient, blaming the patient, avoidance from caring, curiosity, limited communication, using safety principles, neutralization of care, encouragement of family and people to support, and religious beliefs.

Conclusion: Nurses who participated in this study stated that they experienced intractable challenges, fear, and stress when facing HIV patients and used protective behavior to normalize their care.

Keywords: HIV; AIDS; Patients, Nurses; Experiences; Caring

Introduction

Both WHO and UNAIDS estimated that 33.3 million people are living with the human immunodeficiency virus (HIV), about 10 million of whom have received drug therapy and others need to be controlled [1]. Although the HIV virus was discovered a long time ago and a great progress has been made over the last decade in extending its prevention, today there is a great fear of communication with people with HIV / AIDS [2]. The fear from AIDS is so serious that in the field of health care it has been known as the most feared infection and a public health catastrophe [3]. The reason for this fear is that there is still no cure for this virus. Regardless of this fact, nurses would be expected to treat them like any other patient [4].

Although HIV/AIDS is spread by anal or vaginal sex, sharing needles, syringes, rinse water, or other HIV-contaminated equipment used for drug injection, and less by birth or breastfeeding [5], most people have a lot of misconceptions regarding casual transmission of HIV and are fearful of transmission from the medical system [6]. White et al. reported diverse impact of the HIV on misperceptions and fear of health providers [7]. Some nurses still have different types of rejection and non-acceptance of such patients and experience stress, fear, fatigue, and frustration when caring for HIV-positive patients [8]. When providing care, they face multiple practical and ethical challenges [9]. Needle stick, unsafe protective materials, and potential exposure with blood or body fluids are the main fear factors among them [10,11]. Olaleye et al. emphasize that nurses feel AIDS phobia because they believe to be at risk continually [12].

Despite earlier predictions which suggested that Islamic countries face a low prevalence of AIDS [13], HIV/AIDS is a public health disaster all over the world even in Islamic countries like Indonesia which have had rapidly expanding HIV epidemics in recent years [14]. 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 [15].

Nurses wish to make sure that their patients receive the best care, but in some conditions like caring for HIV-positive patients, they experience extreme stress [16]. Nursing leaders emphasize that nurses are the closest person to patients and should improve their hope to overcome isolation and major depressive disorders [17], but all nurses are not ready to provide caring for HIV patients. While nursing care of HIV patients is tremendously stressful, little is known about nurses' experiences of caring for patients with HIV/AIDS in Iran and to the best of our knowledge no study has been done in this regard. Therefore, the main objective of this study was to describe nurses' experiences of caring for patients with HIV/AIDS 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 [18].

13 nurses who had the experience of caring for patients with AIDS participated in 5 focus group discussion and explained their perceptions, opinions, beliefs, and attitudes towards caring for patients with AIDS. Nurses were selected through purposeful sampling. At first, the researcher explained the purpose and procedure to all of the nurses and asked them to state their interest (or disinterest) for participating in the focus group. Only two nurses were interviewed individually. During focus group discussion and interviews, we asked the nurses to describe

***Corresponding author:** Moshfeghi Shohreh, School of Nursing, Ardabil University of Medical Sciences, Ardabil, Iran, Tel: +98 45 33728005; Fax: +98 45 33728004; E-mail: nashr.ra@gmail.com

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their working area, situations and experiences that they remembered as being special when taking care of HIV patients. All nurses agreed to perform discussion and interviews in the hospitals. The duration of meeting was 50 to 60 minutes according to the participants' preference. Data collection and analysis were done concurrently and continued until saturation of data.

All of the discussion 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 [19].

As regards ethical consideration and institutional permission, this study was approved in the research department of the nursing faculty. All of the nurses signed written informed consent forms for participating in this study and were assured about the privacy and confidentiality of the data and their anonymity.

Rigor

Auditability, conformability, authenticity, and transferability are a number of measures which can enhance the rigor of a qualitative research [20]. 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 conformability 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, namely occupational exposure, and protective behavior, together with 11 sub-themes which include fear, disrespect and disregard towards the patient, blaming the patient, avoidance from caring, curiosity, limited communication, using safety principles, neutralization of care, encouragement of family and people to support, and religious beliefs.

Theme 1: Occupational exposure

In this study, the nurses reported that in the early days, they did not tend to care for HIV-positive patients. They experienced some challenging issues like fear, disrespect and disregard towards them, blaming the patient, avoidance from caring, and curiosity.

Fear: One 41 years old male said some health care workers still have fear of HIV and avoid caring for these patients. A 35 years old female 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...!"

Other 25 years old female nurse explained: "I was so frightened that when I understood that the patient has HIV, I got needle stick …"

Disrespecting and disregarding the patient: A young male nurse also reported disrespecting and disregarding behaviors toward the patients. For example, one nurse said: "Despite extreme fear of HIV, when the doctor told me that the patient had suffered HIV, I felt he needs my support. I didn't want to blame him and when he called me, I respected him …."

Blame: The majority of the medical staff and nurses blamed patients rather than addressing issues of prevention. One of the young male head nurses explained:" When I heard the term "HIV", I became angry and I wanted to cry and I was nagging that "oh my God, it is not clear what he has done and now we should compensate…".

Another female 37 years old nurse emphasized using universal precautions: "When I found out that the patient has HIV, at first, I left the work by an excuse so that someone else does blood sampling. I was highly feared, but after one shift, I tried to use universal precautions. Now I don't worry that much about catching HIV from my patients."

Curiosity: Curiosity about routs of exposure was another aspect of caring for HIV patients. Nurses were curious to know how the patients got infected by HIV. Below is a quote from one of female nurses:" I was frustrated. I didn't know why. But I wanted to know why the patient had HIV. One day, when I studied his record, I found out that he has been addicted. I became angry that why he endangers himself and the others?! Bad people"

Another old male nurse in this regard said: "While my colleague knew that the patients were infected by HIV,, he turned to me murmuring and said, oh my God, it is not known that what he has done and now we shall be sacrificed….."

Theme 2: protective behavior

Nurses working with HIV-positive patients experienced many psychological and emotional challenges. They applied some strategies to protect themselves including: limited communication, using safety principles, neutralization, encouragement of family and people to support, and emphasizing religious beliefs.

Limited communication is one of the protective strategies that majority of the nurses reported using it. One 45 years old female nurse said:" I don't try to have an intimate and comfortable communication with a patient with AIDS. I respect her/him just by doing his/her works but not as friendly as I do for some other patients"

Safety principle was another protective behavior that nurses reported in this study. One participant explained the following quote in this regard:" When I saw the patient's test, I tried to do safety principles in a way that the patient cannot understand that I have a fear of catching the disease. I asked my friends and staff not to show fear knowing that the patient has HIV".

Neutralization: Also nurses reported neutralization of care for patients with HIV after engagement of head nurses. A young nurse said that: "When the patient stayed in the hospital for a while, I saw that everybody, especially the head nurses, did their tasks normally. Then I lost my fear little by little and then it became normal, but actually I'm always scared of a patient with AIDS and I think that my gloves may have a hole and I might get AIDS …"

Encouragement of family and people to support is one of the most important protective behaviors. One old male nurse said: "Nobody knows about one moment later in life. We shall support each other in order to gain capability to cope with the problems. The family is the first and best supportive element and I always instruct and recommend people who have high impact on the patient to be supporting. Support and encouragement by family could prevent other harms and inject hope to their future life".

Religious beliefs were another important and powerful protective behavior that nurses reported in their interviews. 42 years old female nurse said: "We learnt from the Holy Quran, Sura Baghara, and verse 30 that human being is a successor of God on earth and should be

respected, therefore, I believe when I care for HIV-positive patients, I am in fact caring for God's successor, and I do my best".

Discussion

This study highlights the nurses' experiences as regards caring for HIV-positive patients. Findings of this study generated 2 major themes, namely occupational exposure and protective behavior. At first, the nurses felt fear of contacting patients due to occupational exposure, but little by little, by using universal precautions and protective behaviors, they began to get normalized and their concern about catching HIV from patients decreased.

Theme 1: occupational exposure

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 other study has emphasized that fear of occupational exposure puts health-care workers and others much more likely to contract HIV through their own personal behavior [21]. Ncama and Uys showed that trauma nurses had phobia of contracting HIV/AIDS [10]. Nurses need to know about PEP (post-exposure prophylaxis) and its availability in hospital; this preventable approach can minimize occupationally acquired HIV infection amongst nurses. Regarding disrespect and disregard towards the patients, our findings indicated that nurses have low disrespect and disregard towards the patients which is only limited to the first days. Monico et al. reported that discrimination is decreasing in community [22]. As regards blaming the patients and avoidance from caring, there are different viewpoints. Thabo et al. argues that the 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.

Theme 2: protective behavior

The next theme that emerged from our study was protective behavior which includes limited communication, using safety principles, and neutralization of care, encouragement of family and people to support, and religious beliefs about humanity. Nurses who work with HIV-positive patients experience many psychological and emotional conditions. They use some coping strategies to protect themselves from occupational exposure. Some studies have emphasized that professional communication is needed to improve practice and reduces the risk of HIV acquisition in health providers [23,24]. Supporting HIV-positive patients is very important. Most nurses recommend families to support patients. Evans et al. explained that for good support of patients, nurses require supervision and support to negotiate the challenges and to fulfill their roles effectively [25]. Normalization of care and encouragement of others to support HIV patients are related to religious belief of nurses. Iranian nurses are mostly Muslims with deeply embedded religious beliefs [26]. They 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. According to the Holy Quran, God says to human: "I put you caliph of Allah on the Earth." Therefore, Muslim nurses in Iran believe that when they care for a patient, they are in fact caring for God's successor, and therefore, they do their best [27].

Conclusion

Nurses who participated in this study stated that they experienced intractable challenges, fear, and stress when facing HIV patients and used protective behavior to normalize their care.

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.

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