

NURSE'S WILLINGNESS TO CARE FOR PEOPLE LIVING WITH HIV/AIDS: A QUALITATIVE STUDY

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ABSTRACT

Background: *The prevalence of HIV infection in Vietnam is increasing; thus, more nurses are caring for patients with HIV/AIDS. Nurse's willingness to care for people living with HIV/AIDS was not well known in Vietnam. Objectives:* *To explore a nurse's willingness to care for people living with HIV/AIDS and its reasons. Materials and methods:* *A qualitative study in which a semi-structured interview guide was used to conduct interviews with 30 nurses who met inclusion criteria: having experience indirectly taking care of HIV/AIDS patients, seniors working in the nursing profession for at least 6 months. Data were analyzed by NVivo 10 software and were verified by an independent researcher. Results:* *Most nurses were willing to take care of people living with HIV/AIDS. The participants credited their willingness to their professional responsibility, nurse's compassion, and clinical status of the patient. Those nurses' unwillingness to look after people with HIV positive was attributed to negative behaviors and attitudes of patients and/or their relatives toward the nurse and fear of infection. Conclusions:* *Continuous attention to the quality of care for all vulnerable patients is essential. Therefore, it is necessary to develop further service education for nurses as well as communication and health education about HIV/AIDS for society.*

Keywords: *nurse; willingness; stigmatization; discrimination; HIV/AIDS.*

I. INTRODUCTION

Currently, Human Immunodeficiency Virus (HIV) is an important health problem of global significance with 38.0 million people living with HIV/AIDS (PLWHA) and 1.7 million people newly infected with HIV in 2019 worldwide [14]. In Vietnam, HIV is also a threat to the health community. In 2019, the incidence of HIV infection was estimated at 5,200 cases with 5,000 deaths related to AIDS, and the prevalence was estimated at 230,000 (0.4% population) [14]. In Can Tho city, HIV continues to pose many potential risks in the community with 6,031 PLWHA by the end of 2018 and approximately 200 new cases of infected HIV are detected every year [12].

In addition to antiretroviral therapy, a PLWHA has been treated as an outpatient and inpatients 5.1 times more than a person without HIV/AIDS with an estimated annual average healthcare cost for a PLWHA is 188 USD [13]. Besides, HIV/AIDS creates an increased risk for health care workers who may be at increased risk of HIV transmission when caring for or treating PLWHA [3]. According to ethical principles, ethical standards of Vietnam nursing, health care workers have to care and treat fairness for all patients [15]. Moreover, article 8 of the law on HIV/AIDS prevention and control prohibited stigmatizing and discriminating against PLWHA and refusing medical examination or treatment to a patient for knowing or suspecting that such person is infected with HIV [16]. However, stigmatization and discrimination toward PLHA often occur in medical facilities by health care workers. The study of Koji Wada (2016) on nurse's reluctance to care for patients infected with HIV, hepatitis B, or hepatitis C showed the results that 41% of nurses did not want to care for PLWHA [17]. In Vietnam, the quantitative research by Tomohiro Ishimaru (2017) on nurse's willingness to care for patients infected with HIV, hepatitis B, or hepatitis C had better results with 55.8% of nurses in this study willing to care for PLWHA [4].

The willingness to care for PLWHA is related to the readiness without reluctance to take care of the patients [11]. However, specific information and evidence on nurse's willingness to care for PLWHA, and its causes are still limited in Vietnam. The emotions, attitudes, perceptions, and knowledge of nurses directly influence the care PLWHA receives in a health care setting. Therefore, this study aimed to identify nurse's willingness to care for people living with HIV/AIDS and to explore the related causes.

II. MATERIALS AND METHODS

2.1. Study population

Research participants were nurses working in clinical departments of Can Tho Central General Hospital. The eligibility criteria for nurses included (a) caring current or past for PLWHA; (b) working experience for at least 6 months; and (c) full-time employment. Participants who were absent during data collection, such as sick leave or maternity leave, were excluded.

Purposive sampling was conducted to recruit the sample. A total of 35 nurses were recruited in this study in which 5 nurses participated in a pilot study and 30 participated in the main research. Five departments with the highest number of PLWHA were selected, which are: the infectious disease (W1), the Respiratory (W2), the Gastroenterology (W3), the General Surgery (W4), and the Neurosurgery department (W5).

2.2. Study design: An explorative qualitative study was selected.

2.3. Study contents

Based on the Health Belief Model (HBM) [8], the research group focused on main topics, including demographic characteristics of the participants, nurse's willingness to care of PLWHA or not, and its reasons (a) nurse's self-efficacy, (b) nurse's perceived about HIV infection issue, (c) nurse's stigmatization and discrimination against PLWHA, (d) nurse's awareness of the benefits of willingness to care for PLWHA, (e) nurse's perceived of barriers to care for PLWHA, and (f) cues to be willing care for PLWHA.

2.4. Data collection

Data collection was carried out from February to May 2019 by semi-structured in-depth interviews. The interview guide was developed based on the overview of the literature and the HBM [4]. It had 21 open and yes/no questions that the main question of study is about nurse's willingness to care for PLWHA. Based on the participant's responses, the order of the questions may change and generate additional questions.

The researcher contacted 35 nurses to schedule interviews. The research group performed the pilot interview with 5 nurses to modify the interview guide. In the main interviews, the researcher confirmed again that participants understood the purpose, benefits, and risks of research and agreed to participate. Then, check again the tape recorder and start the interview as the interview guide. The researcher only asks a single question for a moment. For questions that participants did not answer clearly, the researcher would ask other questions to fully exploit the information. The interview continues until each participant has no shared new information expressed by repeating what they have mentioned. The average time of an interview in this study was 30 minutes.

2.5. Statistical analysis

The data were analyzed in 4 steps by Nvivo 10 software. First, the audio recordings and interview notes were transcribed by the primary researcher. A total of 30 transcripts were transcribed verbatim into Word documents and included in the data analysis. Data from the pilot study were not included in the analysis. Second, the research group read, summarized, and merged data obtained from transcript files in two main themes which is the willingness to take care of PLWHA and its causes. Third, reread and continue to analyze according to the principle of inductive logic. The individual data appeared prominently in the transcript file and gathered all the data related to a concept into a sub-theme for each major theme. Finally, the complete analysis results were checked by a qualitative researcher who did not attend our study. This researcher randomly checked the data encryption of the 6 transcript files. The data in a paragraph is consistent if both the researchers assign similar one or more codes to this paragraph as them or sub-them. This process was performed independently by 2 researchers. Then, both researchers worked together to discuss and complete the coding of themes and sub-themes for 162 paragraphs of 6 transcripts. Cohen Kappa index is 0.61 at the first checking and 1 at the second time.

2.6. Ethics Approval

This study was permitted ethical approval by the medical ethics committee of the University of Medicine and Pharmacy, Ho Chi Minh City. The research participants were provided the procedures to assure anonymity, confidentiality, and voluntary participation to potential subjects.

III. RESULTS

In this study, the number of male and female nurses is equal. Most of the nurses are Kinh people. About two-thirds of the nurses are married. The majority of participants are young nurses aged 35 or under, accounting for 66.7%. Most nurses have a working time of more than 5 years (73.4%). Nurses with the college degree have the highest rate (70%), the intermediate degree is 23.3% and only 6.7% of nurses have bachelor's degrees.

3.1. Nurse's willingness to care for people living with HIV/AIDS

Most of the participants shared that they are willing to care for PLWHA when asking if they would care for PLWHA:

"I'm willing, I'm doing that job every day and I'm going to continue" (P6, W1). *"Must be willing ... Still willing"* (P12, W1 with unhappy attitude). *"This is my job so I am willing to do it. If I have not done it, I could not entrust it to anyone. So, I have to do it"* (P21, W2).

However, some nurses do not affirm that they are willing or not willing to care for PLWHA. Someone else appears reluctant when they say they are willing.

"I have a little bit unwilling...honestly, to choose between a PLWHA and other patients, we are always going to want to take care of other patients" (P11, W1). *"Honestly...I have to limit contact... I say I am willing; it is a lie"* (P20, W5).

3.2. Reasons affecting nurse's willingness to care for people living with HIV/AIDS

3.2.1. Causes of willingness to care for people living with HIV/AIDS

Sub-theme: Professional responsibility, assigned tasks, professional passion, reminiscent of family members

Most nurses shared that the main reason affecting their willingness to care for PLWHA is a professional responsibility. It is love, passion spending for their job, a good perception that they have to care for these patients like their relatives as well as they have to complete their assigned tasks.

"In the past, I picked this job because... I loved it" (P6, W1). *"They are my patients; therefore, I am willing to take care of them. Because I am a nurse, I have to be conscientious and put it on top"* (P10, W1).

Sub-theme: A compassion, empathy of nurses for PLWHA.

"Everyone is away from them, no one cares for them, I feel they are a little poor" (P13, W1). *"The reason is that I sympathize...love these patients"* (P18, W5).

Sub-theme: Want patients to cooperate more in treatment.

Some nurses are willing to take care of PLWHA because they want the patient's psychology to be better.

"I am willing. In my opinion, if a patient cooperates, I will be willing to care for them to help them integrate with the community" (P22, W5). *"Psychology is very important to PLWHA. Thus, I have to be open, sociable with them...to give them the most comfortable life"* (P34, W3).

Sub-theme: Worry for colleagues.

One nurse said that he was willing to care for PLWHA and replaced his colleagues to care for these patients because he worried his colleagues may be infected with HIV.

"Because I'm afraid of my younger colleagues, who are new and careless, a needle may be stabbing their hand or the other hand after injecting a patient... It will be a debt for them...On the contrary, I am careful, I just do slowly instead of them..." (P23, W4).

Sub-theme: Knowledgeable about HIV/AIDS

One nurse thought that she is knowledgeable about HIV; therefore, she is willing to take care of PLWHA like all other patients.

“We have been trained and known about the path of infection, so we have a way to prevent it. We still keep the normal psychology” (P32, W4).

3.3.2. Causes of unwillingness to care for people living with HIV/AIDS

Sub-theme: Patients’ attitude

Most nurses shared that the patient’s non-cooperative attitude or family member was one reason that reduced their willingness to care for these patients. Sometimes, it is the aggression and difficulties of patients and relatives, but sometimes it is the inferiority and avoidance of PLWHA themselves.

“It depended on the attitude of the patient. In many cases, patients look very gypsy, very caddish. Their attitude is very annoying. When they don’t cooperate as I say ... It makes me don’t want to care for them” (P7, W1). “I am willing to take care of PLWHA, but there are many causes...they are self-deprecating ... I feel that people create a fence. They don’t let us (nurses) get close to them. I felt a little sad and I didn’t want to take care of them” (P8, W1).

Sub-theme: Fear of HIV infection and affecting their relatives

Another reason that nurses are not willing to care for PLWHA is their fear of being infected with HIV and may be affecting their relatives because of infection of HIV.

“HIV/AIDS is less likely to spread, but does not mean that it does not spread. For example, if I am infected with HIV, my family surely take care of me” (P11, W1). “I am just confident at that level. In the case of the drug addict, I fear a little bit that they will pull the needle and stab me” (P15, W1).

Sub-theme: The severity of the patient’s status

The severity of a patient’s symptoms is currently also a cause of reducing nurse’s willingness to care for these patients.

“Because they have that disease (HIV/AIDS), I feel ... uncomfortable. I don’t want to take care of those patients” (P8, W1). “PLWHA often has pneumonia, then it gets worse, it progresses in a bad way continuously. So, taking care of those patients is more tiring than other patients” (P7, W1).

IV. DISCUSSION

The current study adds to evidence that most nurses were willing to care for PLWHA. Although the willing level of each nurse may be different depending on the way of their answering and non-verbal expression. Because this is a qualitative study, we did not describe exactly this willingness in the number. In previous studies, the proportion of nurses who are unwilling or reluctant to care for PLWHA is quite high [6], [7], [17]. The strength of the quality, especially the individual in-depth interviews and recording the interview allowed us to find the reasons underlying a nurse’s willingness or unwillingness to care for PLWHA. Then, it is possible to develop educational programs to improve the nurses’ willingness to care for PLWHA in the future.

In this study, the most important reason that all nurses mentioned is professional responsibility. Similar to Truong Minh Hoang Oanh’s study (2011), all nurses are aware of the responsibility of a nurse who is always conscientiously caring for all patients [9]. Besides, the conscience and compassion of nurses are also a reason for their willingness to

care for PLWHA. Nurses sympathize with patients whose behaviors put them at risk for HIV infection. They also sympathize with patients who are alienated by others. Nearly half of nurses in the study by Truong Minh Hoang Oanh (2011) also expressed sympathy and regret PLWHA [9].

In addition, some nurses directly confirmed that they are willing to take care of PLWHA because they would like these patients to have better psychology as well as better treatment outcomes. In this study, about two-thirds of participants believed that if they are willing to take care of PLWHA, these patients will be better cared for. Nurses also shared that their not-good attitude can have a direct and/or indirect impact on patients' health. In truth, the overview analysis results showed that mental health has direct and indirect effects on physical health and vice versa; past mental problems had a strong indirect effect on current physical health and vice versa [10].

Another cause is nurse's care for their colleagues. One nurse shared that he was willing to take care of PLWHA instead of younger colleagues who were inexperienced. He expressed concern they could be careless and be infected with HIV, which will affect their life later. With willing care for PLWHA, most nurses received encouragement and help from their colleagues and families in this study. It is a positive effect and needs to be maintained to make nurses feel comfortable and take care of best. A few nurses worried that the process of caring for PLWHA if infected with HIV will affect their families. The few remaining nurses have received negative comments from friends and family, such as "*how dare you to care for those people*". However, these nurses said that the willingness to take care of PLWA was their own decision, it was not affected by these cues. Generally, all nurses in our study did not get secondary stigmatization or discrimination because of caring for PLWHA. The qualitative research of Pham Nguyen Ha *et al.* (2012) confirmed the relationship between stigmatization against PLWHA and secondary stigmatization against health care workers from their families, colleagues, and society because of their association with PLWHA [5]. In fact, in the current study, participants also reflected barriers to be willing care of PLWHA such as salary, overload working, leaders, stigmatization toward PLWHA, and lacking modern tools to take care of patients. Therefore, there is a need to improve the satisfaction of health care workers in terms of salary increases, support monitoring, stigma reduction toward PLWHA, and ensure workplace safety.

Moreover, nurse's confidence in their knowledge has also contributed to their willingness to care for PLWHA. Nurses said that they had been trained on HIV/AIDS and understood clearly about HIV transmission routes, so they can actively prevent themselves. However, only a few nurses in our study were confident in their understanding of HIV. It is completely inactivated within a few minutes by treatment with strong detergents; therefore, post-exposure management measures will be helpful to limit the risk of HIV infection [3]. Therefore, increasing HIV/AIDS training programs or seminars for nurses to enhance their confidence in their knowledge is also necessary.

Most nurses said that a not good attitude of patients or their relatives makes nurses not want to care for PLWHA. That is the patient's self-deprecating and negative attitude; no respect or aggression, threatening nurses. The study of Truong Minh Hoang Oanh (2011) also showed the nurses were angry and resentful because they were treated with impoliteness, even not being appreciated for their care by PLWHA [9]. However, it is not easy to improve the patient's attitude towards medical staff. Instead, improving the nurses' willingness to care for PLWHA leads to enhance the quality of care for these patients that

means changing the patients' attitude as well as their family members toward medical staff.

Similar to Truong Minh Hoang Oanh's study (2011), most nurses in this study also mentioned the fear of HIV infection or being harmed by these patients or their relatives. It made nurses not be willing to take care of PLWHA as well as could not care for them well and a good measure to prevent HIV exposure that participants shared is "be careful yourself" [9]. In addition, implementing other measures to prevent HIV such as good adherence to the professional process is one of the important reasons that can help nurses to be confident not to be infected when taking care of PLWHA. However, similar to the study by Athley Hanna (2018) and Tomohiro Ishimaru (2017), no one was confident that carefulness and other preventive measures would help them not to be infected with HIV [1], [6].

In a few cases, nurse's willingness is reduced or becoming reluctant when they take care of PLWHA or end-stage patients with severe symptoms. This issue expressed the stigmatization and discrimination against PLWHA. However, most participants said that they did not stigmatize and discriminate against PLWHA, they are only afraid of being infected with HIV; therefore, they are always aware of being self-careful when caring for these patients. Only a few nurses frankly admitted that they stigmatize and discriminate against PLWHA; however, they still complete the professional orders of these patients and try to prevent them from recognizing their stigmatization. Most nurses also understood that stigmatization and discrimination against PLWHA are not good and it will negatively affect these patients. Indeed, stigmatization against PLWHA is a major barrier to HIV prevention and management [2], [8]. It also affects the alignment in the care process between nurses and patients, the physical and mental well-being of the patient, making them feel inferior as in our study mentioned. Therefore, it is necessary to have specific strategies to reduce stigmatization and discrimination against PLWHA [8].

V. CONCLUSIONS

Most nurses were willing to take care of PLWHA. The participants credited their willingness to their professional responsibility, nurse's compassion, and clinical status of the patient. Those nurses' unwillingness to care for PLWHA was attributed to negative behaviors and attitudes of patients and/or their relatives toward the nurse and fear of HIV infection. Therefore, training and continuing education for nurses; communication, and health education about HIV/AIDS for society are essential. In addition, to achieve optimal results for these research issues, it is necessary to continue carrying out follow-up studies in the direction of multi-center research, using a mixed-method study design, coordinating multiple collection methods, and collecting data for qualitative research.

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