

Perception of Nurses in Relation to the Behavior, Attitudes and their Knowledge to Patients With Hiv / Aids

PhD Glodiana Sinanaj¹, Arjan Harxhi¹, PhD Mikel Nakuci³

¹Faculty of Public Health, University "Ismael Qemali" Vlore

²Associate Professor, Public Health, University "Ismael Qemali" Vlore

³Tirana University Hospital Center "Mother Teresa"

Abstract: Introduction: In many countries HIV / AIDS is seen and treated as a health issue, ignoring the social, economic and human dimensions that impact on both prevention and treatment of it. HIV/AIDS acts as a radiation, exposing inequalities, including gender inequality, globally. HIV / AIDS epidemics are more pronounced in regions where poverty and economic inequality are obvious and acute, where gender inequality and access to public services is weak or almost there. Objectives: To evaluate the behavior attitudes and knowledge of nurses towards HIV / AIDS. Materials and methods: This is a cross-sectional study (transverse), conducted at the Regional Hospital nursing staff Vlore, and city health centers who randomly were interviewed in the working environment during the period November 2014 - June 2015. the data were received through questionnaires filled out by nursing care staff during individual interviews at the workplace. In the study they attended all Regional Hospital nurses and health centers of which 25% were male and 75% female. Age of respondents ranges from 22 years old to 60 years old with $\text{Rat. } 40 \pm 10$ (DS). From inquiries made revealed that: overall average level of accuracy associated with knowledge about HIV transmission routes resulted in about 54% of the staff thinks that these individuals should be isolated. 42% of personnel from mosquito bites declares that serves as a transmission path. 16% of them declare that the use of common utensils with a person with HIV is a source of infection. There is no difference in the level of knowledge about HIV / AIDS by working years. Kruskal-Wallis test, $\text{Coef. } 4.75$ $p > 0.05$. There are differences in the level of knowledge in the workplace and gender. Linear regression ($F = 9.8$, $df = 3$ $p < 0.001$), women ($B = 2.1$ $p < 0.05$) and primary care nurses ($B = 2.7$ $p < 0.001$) have a higher level of knowledge about HIV / AIDS. The average level of accuracy in the block associated with the stigma responses resulted in 64% No difference by gender, job and work experience related to stigma. Only 33% of staff think that a mother with HIV has the right to bear children. 56% reported a pronounced stigma that patients with HIV should be kept away from other patients.

Keywords: nursing staff, HIV / AIDS, discrimination, Vlore, 2015.

1. Introduction

In many countries HIV / AIDS is seen and treated as a health issue, ignoring the social, economic and human impact on both the prevention and treatment of it. HIV/AIDS acts as a radiation exposing inequality, including gender inequality, globally. HIV / AIDS epidemics are more pronounced in regions where poverty and economic inequality are obvious and acute, where gender inequality is pervasive and access to public services is weak or almost nonexistent. HIV/AIDS not opened debates about issues related to sexuality and has served to highlight the importance of gender equality in sexual relationships as well as the importance of equality and respect in all social relations. In early HIV / AIDS in many countries was seen and treated as a health issue, ignoring the social, economic and human. But HIV / AIDS is an issue of human rights, because (AGJZH, 2004): lack of access to prevention methods, appropriate information and materials, treatment and medical care, leading to vulnerability to HIV associated with violation of human rights, such as poverty, inequality, racism and sexism. People living with HIV / AIDS and those affected by epidemics are often unable to live an equal life, with dignity and free, because their rights are often violated based on their status as with HIV. This includes the right to privacy, confidentiality, access to adequate medical services, sexual health services and reproductive health, employment, education, freedom of movement and the right to travel.

Learning HIV status through laboratory diagnosis is always for the individual concerned a traumatic experience and that will change your life (Leserman, 2008). Difficulties related to discrimination and stigmatization, which complicate the process of coping and associated with the need to implement holistic care models, that treat psychological dimensions, spiritual and physical for people living with HIV (Barroso & Powell-Cope, 2000). Together, these experiences related to stigma can contribute to stress and difficulties of adapting to people living with HIV (Clark, Lindner et al., 2003; Heckman, Anderson et al., 2004; Lee, Kochman et al., 2002). Persons with HIV infection have higher rates of stressful life events. In particular, HIV widowed individuals facing multiple challenges that can harm their coping resources and hinder their psychological adaptation to the demands of the ongoing management of this chronic and stigmatizing (Bouhnik, PREAU et al., 2005).

2. Presentation of the Study

Purpose and Objectives

The objective of this study is to evaluate the behavior attitudes and knowledge of nurses towards HIV / AIDS.

3. Materials and Methods

This is a study Cross - sectional (transverse), conducted at the Regional Hospital nursing staff Vlore, and city health

Volume 4 Issue 7, July 2015

www.ijsr.net

Licensed Under Creative Commons Attribution CC BY

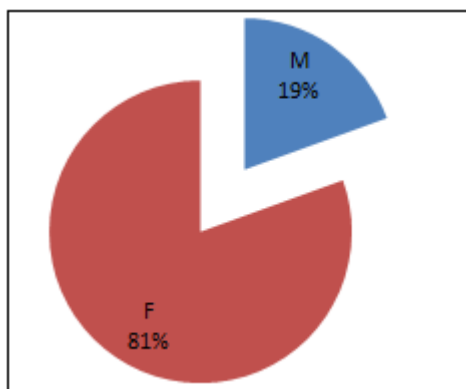
centers who randomly interviewed in working environments during the period 11 November 2014 to 10 January 2015. Data were obtained through questionnaires filled out by nursing staff during the interview individual health in the workplace.

4. Results and Discussion

A. Socio-demographic characteristics health nursing staff of Vlore Regional Hospital.

Table 1: Distribution of nursing staff by gender

		Frequency	Percentage	Percentage valid	Percentage cumulative
Valid	M	37	19.5	19.5	19.5
	F	153	80.5	80.5	100.0
	Total	190	100.0	100.0	



Graph 1: Distribution of nursing staff by gender

From Graph 1. Regional Hospital look that prevails Vlore female gender staff, nursing staff compared to men

Table 1.1: Age of nursing personnel

	N	Minimum	Maximum	Average	Std. Deviation
VI1	190	22	60	40	10.3
Valid N	190				

Comment. The minimum age is 22 years interviewed personnel and maximum age 60 years.

Table 2: Distribution of nursing personnel by years of work

		Frequency	Percentage	Percentage valid	cumulative Percent
Valid	0-4 years	39	20.5	20.5	20.5
	5-10 years	48	25.3	25.3	45.8
	>10 years	103	54.2	54.2	100.0
	Total	190	100.0	100.0	

Comment. 54% of staff has over 10 years of work.

Table 2.1: The difference according to gender and years of work

	experience	N	Mean Rank
sex	0-4 years	39	92.08
	5-10 years	48	88.27
	>10 years	103	100.17
	Total	190	

Test Statistics^{a,b}

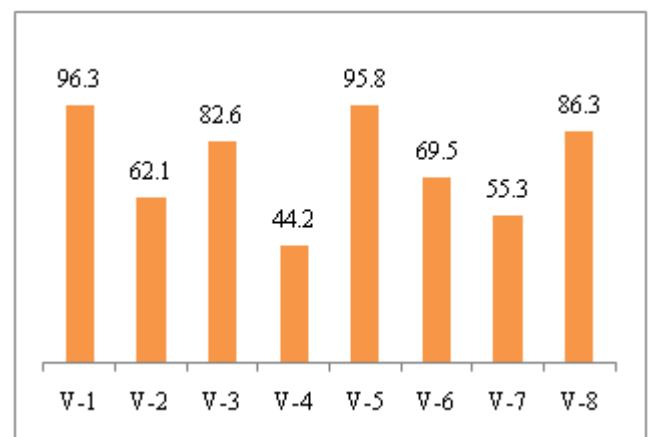
	sex
Chi-Square	3.660
df	2
Asymp. Sig.	.160

Comment. There is no difference between the sexes in work experience. Kruskal-Wallis test, Coef. 3.6 $p > 0.05$.

Information regarding knowledge about HIV / AIDS in general

Table 3: Reporting in% of nursing staff regarding knowledge about HIV / AIDS in general.

Knowledge about HIV / AIDS	Truth	Not true	Not sure
1. HIV weakens the body's natural forces against diseases.	96.3	3.2	0.5
2. The testing for HIV within 24-48 hours of a wellbore with age gives you professional response to this accident occurring.	13.2	62.1	24.2
3. There is a vaccine that prevents access to HIV	4.7	82.6	12.6
4. Can taken from a casual contact with a person with HIV	46.2	44.2	8.9
5. A pregnant woman can transmit HIV to child.	95.8	3.7	0.5
6. The condom is an effective defense tool in reducing HIV transmission.	69.5	8.4	22.1
7. The diaphragm is a protection tool effective in reducing transmission of HIV.	18.4	55.3	26.3
8. Mikrobiocidet, spermicides in the form of creams, gel, etc., are effective defensive tool in reducing HIV transmission.	6.8	86.3	6.8



Graph 3: Reporting accuracy in% for the first block of questions on staff knowledge on HIV / AIDS

From Table 3 and the relevant diagram 3, look at that:

In relation to knowledge:
has low level of correct answers questions about:

Testing Var.2- immediately after drilling could provide answers to infection by this perforation (62%); Var 4- HIV can be obtained by casual contact (44%); V 7-diaphragm protects against HIV (55.3%).

		N	%
Cases	Valid	190	100.0
	Excluded ^a	0	.0
	Total	190	100.0

Cronbach's Alpha	Cronbach's Alpha Based on Standardized Items	N of Items
.715	.671	22

	Mean	Minimum	Maximum	Range	Maximum / Minimum	Variance	N of Items
Item Means	1.281	.768	1.958	1.189	2.548	.175	22
Item Variances	.318	.051	.695	.644	13.595	.032	22

Mean	Variance	Std. Deviation	N of Items
28.17	22.007	4.691	22

Comment. Block of questions on knowledge is a good consistency significant. Alpha Cornbach Koef.0.67.

Table 5.2.: The difference between the genders in the level of responses to knowledge

	sex	N	Mean Rank	Sum of Ranks
knowledge	M	37	69.34	2565.50
	F	153	101.83	15579.50
	Total	190		

	knowledge
Mann-Whitney U	1862.500
Wilcoxon W	2565.500
Z	-3.235
Asymp. Sig. (2-tailed)	.001

From Table 4 look that:

There is a more significant difference in the level of knowledge on HIV / AIDS, which shows that women (Between 102) have a higher positivity in response than men. Mann -Whitney test. Coef. 1862, p <0.05.

5. Conclusions and Recommendations

- From the study it was observed that there is a highly significant difference in the level of knowledge about HIV / AIDS by sex of personnel, which shows that women (Between 102) have a higher positivity in response than men. Mann -Whitney test. Coef. 1862, p <0.05.
- There is no difference in the level of knowledge about HIV / AIDS by working years. Kruskal-Wallis test, Coef. 4.75 p> 0.05.
- There are differences in the level of knowledge in the workplace and gender. linear regression (F = 9.8, df = 3 p <0.001), women (B = 2.1 p <0.05) and primary nursing service B = 2.7 p <0.001) had higher level of knowledge about HIV / Aids. This has to do with training which may have been. with multiple primary service nursing personnel.

We recommend:

- 1) To improve the level of professional nursing knowledge about HIV / AIDS and though a part of medical personnel appear to have training, no need for these to be realized by all nursing staff and crucially this

knowledge should be measured in the daily work, through monitoring of nursing practice, the quality of the realization of them, which find application and preventive measures against HIV / AIDS, as well as many other elements related to HIV / AIDS

- 2) Recognise and apply all legal obligations, guidelines, basic package of primary health care services, preventive measures of hospital infections that include elements of risk management against HIV / AIDS, treatment of individuals with HIV / AIDS, human rights and their duties of medical personnel. In every department management staff has the duty to monitor and recognition of legality and seek its applicability.
- 3) To fight stigma against people with HIV / AIDS in health personnel .The basis for combating stigma is good recognition of what legality which imposes duties and realization of nursing staff. And why empathy emerged as a feature present on the staff, what should be minimized is afraid to deal with people with HIV / AIDS. This fear comes from not having full knowledge about the ways of obtaining and transmission of the disease in the first place but also the mentality that exists, which needs to be improved.

References

- [1] Aggleton, P. Parker R., 2002. A conceptual framework and basis for action: HIV/ AIDS stigma and discrimination. UNAIDS.
- [2] Aleanca Gjinore për Zhvillim, 2004. Përkatësia gjinore dhe HIV/SIDA, raport përmbledhës, Tiranë, Shqipëri. Fq. 18-19
- [3] Alonzo, A. A., & Reynolds, N. R., 1995. Stigma, HIV and AIDS: An exploration and elaboration of a stigma trajectory. Social Science and Medicine, 41(3), 303-315.
- [4] Ansell, N. van Blerk, L., 2005. Joining the conspiracy? Negotiating ethics and emotions in researching (around) AIDS in southern Africa, Ethics, Place and Environment, 8(1), pp 61-81
- [5] Antoni, M. H., Baggett, L., Ironson, G., LaPerriere, A., August, S., Klimas, N. 1991. Cognitive-behavioral stress management intervention buffers distress responses and immunologic changes following notification of HIV-1 seropositivity. Journal of Consulting & Clinical Psychology, 59(6), 906-915.
- [6] Antoni, M., 2002. HIV and AIDS. In A. J. Christensen & M. H. Antoni (Eds.), Chronic Physical Disorders (pp. 191-219). Malden, MA: Blackwell.

- [7] Appleton J.V., 1995. Analysing qualitative interview data: addressing issues of validity and reliability. *Journal of Advanced Nursing*. 22, 5, 993-997
- [8] Atkinson J.M., Heritage J., 1984. *Structures of Social Action: Studies in Conversation Analysis* Cambridge University Press, Cambridge.
- [9] Balint J., 2006. Should confidentiality in medicine be absolute? *Am J Bioeth* 2006, 6:19-20. 10. Barroso, J., & Powell-Cope, G. M., 2000. Metasynthesis of qualitative research on living with HIV infection. *Qualitative Health Research*, 340-353. doi:10.1177/104973200129118480
- [10] Beauchamp, T. Childress, J., 1985. *Principles of Biomedical Ethics*. New York : Oxford University Press
- 12. Bell, L., 1998. Public and private meetings in diaries: researching family and childcare.
- [11] Bennett, O., 1990. *Panos Dossier: Triple Jeopardy: Women and AIDS*, London: Panos Institute
- [12] Berger, B. E., Ferrans, C., & Lashley, F., 2001. Measuring stigma in people with HIV: Psychometric assessment of the HIV stigma scale. *Research in Nursing and Health*, 24, 518-529.
- [13] Benetar S., 2000. The biotechnology era: a story of two lives. In: Bhatia GS, O'Neill JS, Gall GL, Bendin PD eds. *Peace, justice and freedom: human rights challenges for the new millennium*. Edmonton: University of Alberta Press, 103 për Personat që Jetojnë me HIV/AIDS në Shqipëri Irida Agolli (Nasufi) 2000: 245-57.
- [14] Berry, D.E., 1993. The emerging epidemiology of rural AIDS. *Journal of Rural Health* 9 (4), 293-304. 17. Brunswick, A.F., & Flory, M.J., 1998. Changing HIV infection rates and risk in an African-American community cohort. *AIDS Care* 10 (3), 267-281.
- [15] Birenbaum, A., & Sagarin, E. 1976. *Norms and human behavior*. New York: Praeger.
- [16] Blumer, H, 1969. *Symbolic interactionism: Perspective and method*. Englewood Cliffs, NJ: Prentice-Hall