PERUVIAN, SPANISH AND AMERICAN NURSING FACULTY ATTITUDES TO CARING FOR PEOPLE LIVING WITH HIV/AIDS

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HIV & NURSING CARE

- Knowledge, attitudes, motivation and acceptance → IMPROVEMENT (1)
- Fear to get infected by a patient (2)
- Don’t want patients’ lab results as confidential (3)

HIV & NURSING STUDENTS

- Negative attitudes (4)
- Stereotypes (5)
- Fear of accidental infection (5, 6)
- Would prefer to work with other type of patient (7)
- Unsure how to use universal protection (8)

29,79% agree with identifying those patients with HIV

14,89% believe that AIDS is the biggest plague of our time

12,77% believe people with AIDS should be considered victims

10,64% consider there is some transmission risk in the daily life activities

10,64% agree that women with HIV should not be allowed to get pregnant

10,64% believe that every time we touch a patient with AIDS we must use gloves

10,64% believe that the diagnostic test should not be anonymous and voluntary

Survey (n=47).

79,80% positive attitudes.

No significant difference by age or group
AIM OF THE STUDY

• To identify the attitudes of caring for PLHIV among nursing faculty
METHODS

- Cross-sectional study with nonrandomized electronic sampling.
- Data collection using the Healthcare Provider HIV/AIDS Stigma Scale (HPASS).
- 30-item validated and reliable instrument with three tendency factors: Prejudices, stereotypes, and discrimination.
- Sociodemographic data were collected.
- Descriptive and inferential statistical analysis was performed using R (v.3.1.1).
- Generalized linear model.
Results

- 99; 76.7% [n=129] [Image 30x315 to 66x385]
- Mean age: 49.8 (SD=12.3) [n=109] [Image 26x183 to 122x279]
- Years teaching 14.8(±12.1) [n=109] [Image 21x64 to 103x147]
- Teaching undergraduates 87;68.0% [n=128] [Image 548x279 to 676x400]

1 → 18; 14.2% (PR=80%)
2 → 13; 10.2% (PR=50%)
3 → 31; 24.4% (PR=37.50%)
4 → 65; 51.2% (PR=30%)

- Catholic (58; 47.5%) [n=122]
- Agnostic (24; 19.7%) [Image 590x34 to 694x138]

Importance of religion [n=127]
- Very important (41; 32.3%)
- Important (39; 30.7%)

- PhD/DNP (58; 46.4%) [n=125]
- MSN (54; 43.2%)

## RESULTS II

<table>
<thead>
<tr>
<th>VARIABLE</th>
<th>MEAN (SD)</th>
<th>n</th>
</tr>
</thead>
<tbody>
<tr>
<td>Stereotypes</td>
<td>2.74 (0.82)</td>
<td>119</td>
</tr>
<tr>
<td>Discrimination</td>
<td>2.24 (0.73)</td>
<td>119</td>
</tr>
<tr>
<td>Prejudices</td>
<td>2.06 (0.91)</td>
<td>119</td>
</tr>
<tr>
<td><strong>TOTAL</strong></td>
<td>2.39 (0.71)</td>
<td>119</td>
</tr>
</tbody>
</table>

1 = Very positive; **2 = positive; 3 = somewhat positive; 4 = somewhat negative; 5 = negative; 6 = Very negative attitudes**
• TOTAL SCORE:
  • Giving very low importance to religion $\rightarrow$ significantly associated to lower scores \( p=0.009 \) ===== better attitudes.
  • Peruvian faculty tended to get higher scores (UNI1 \( p=0.008 \) and UNI2 \( p=0.012 \) respectively) ===== worse attitudes.
  • No other explicative variable showed significant association to the total score.
RESULTS IV

• **DISCRIMINATION SUBSCALE:**
  
  • Very little importance to *religion* → significantly associated to *lower scores* (p=0.010) ===== better attitudes.
  
  • *Peruvian* faculty tended to get *higher scores* (UNI1 p=0.001 and UNI2 p=0.002 respectively) ===== worse attitudes.

• **STEREOTYPING SUBSCALE:**
  
  • Very little importance to *religion* got *lower scores* (p = 0.049)
  
  • A highest tendency to stereotyping in *older faculty* was observed (p = 0.003)

• **PREJUDICE SUBSCALE:**
  
  • Very little importance to *religion* got significantly *lower scores* (p = 0.014).
### UNIVERSITY 2 Total HPASS results are 0.744 times higher than University 4 (statistically significant)

<table>
<thead>
<tr>
<th>UNIVERSITY</th>
<th>HPASS TOTAL</th>
<th>HPASS STEREOTYPING</th>
<th>HPASS DISCRIMINATION</th>
<th>HPASS PREJUDICE</th>
</tr>
</thead>
<tbody>
<tr>
<td>U1</td>
<td>-0.170</td>
<td>-0.079</td>
<td>-0.035</td>
<td>-0.621</td>
</tr>
<tr>
<td></td>
<td>p=0.574</td>
<td>p=0.821</td>
<td>p=0.910</td>
<td>p=0.117</td>
</tr>
<tr>
<td>U2</td>
<td><strong>0.744</strong></td>
<td>0.700</td>
<td><strong>0.827</strong></td>
<td>0.658</td>
</tr>
<tr>
<td></td>
<td><strong>p=0.021</strong></td>
<td><strong>p=0.058</strong></td>
<td><strong>p=0.013</strong></td>
<td><strong>p=0.115</strong></td>
</tr>
<tr>
<td>U3</td>
<td>0.460</td>
<td><strong>0.669</strong></td>
<td>0.456</td>
<td>0.107</td>
</tr>
<tr>
<td></td>
<td>p=0.058</td>
<td><strong>p=0.017</strong></td>
<td>p=0.066</td>
<td>p=0.734</td>
</tr>
</tbody>
</table>

Compared with University 4 (reference value)
CONCLUSIONS

1. Nursing Faculty show positive attitudes to caring for people living with HIV

2. Importance given to religion & age has a significant impact in attitudes.

3. Educational activities may be necessary.

4. Qualitative or mixed methods are needed