Caring for people living with HIV/AIDS: Comparing American and Peruvian nursing faculty attitudes

Dr. Juan M. Leyva-Moral, PhD, MSc, BSc
Associate Professor, Universitat Autònoma de Barcelona (Spain)

Dr. Patrick A. Palmieri, DHSc, EdS, MBA, MSN, PGDip(Oxon), ACNP, RN, CPHRM, CPHQ, FACHE, FISQua, FAAN
Margaret Jean Watson Profesor Emblemático, Universidad Norbert Wiener (Peru)

Dr. Joan E. Edwards, PhD, RNC, CNS, FAAN
Director, Center for Global Nursing Scholarship, Texas Woman's University

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RESEARCH TEAM FOR THE HPASS-FACULTY PROJECT:

Dr. Juan M. Leyva-Moral, Universitat Autònoma de Barcelona, Spain
Dr. Patrick A. Palmieri-Williams, Universidad Norbert Wiener, Peru
Dr. Maria Feijoo-Cid, Universitat Autònoma de Barcelona, Spain
Dr. David Moriña-Soler, Catalan Institute of Oncology, L’Hospitalet de Llobregat, Spain
Mg. Nataly Julissa Membrillo-Pillpe, Universidad Maria Auxiliadora, Peru
Mg. Patricia Noemí Piscoya-Angeles, Universidad Privada del Norte, Peru
Dr. Joan E. Edwards, Texas Woman’s University, United States
INTRODUCTION

• To understand nursing faculty beliefs and attitudes about caring for PLHIV.

• This is a subset of data from a larger cross-sectional multi-national study approved by the Texas Woman’s University IRB (Protocol #19213).

• The Peruvian sample size will expand from two to six universities by the end of 2017.

• Additional countries to be included in 2017: Argentina, Bolivia, Chile, Colombia, and Peru. Included in 2018: Costa Rica, El Salvador, and Panama.

• Data has been collected in Peru; United States and Canada; England and Spain.
The number of people infected by Human Immunodeficiency Virus (HIV) and living with Acquired Immune Deficiency Syndrome (AIDS) is growing worldwide.

There are more than 33 million People Living with HIV (PLHIV) in the world.

Advances in health sciences helped to shift HIV/AIDS from an acute to a chronic condition → Great research has been completed from a biomedical perspective.

Research focused on the social, or “humanistic” aspects of HIV/AIDS, such as people’s beliefs and attitudes toward PLHIV, have not been so robust.

Clinicians, such as nurses, can help PLHIV with by practicing with loving-caring-kindness or harm PLHIV through exposing them to prejudices, stereotypes, and discrimination.
BACKGROUND: Nurses, beliefs, and attitudes

• Professionally: Nurses acquire knowledge from biological, psychological and social sciences, with a special emphasis in the latter giving to ontological conception of caring.

• Personally: Nurses have their own beliefs and attitudes which can impact the way they care for patients.

• Nursing care can positively impact and help PLHIV effectively manage their health and achieve wellness, or negatively impact them with prejudices, stereotypes, and discrimination.

• If negative attitudes and beliefs are proactively identified, transformative interventions can help minimize stigma, decrease loneliness, and reestablish hope for a normal life.
The literature (England, Germany, South Africa, Singapore, Sweden, Turkey, and the United States,) demonstrates fears and misunderstanding persist among nurses and nursing students toward caring for PLHIV; however, research about faculty beliefs and attitudes toward caring for PLHIV is limited.

The collective personal experience of this research team believes nursing faculty will have beliefs and attitudes similar to those reported from research about nursing students.

Caveat: In Latin America, the research team believes nursing faculty attitudes toward caring for PLHIV may be more negative due to religiosity and socioeconomic status.
AIMS

• To describe the beliefs and attitudes of nursing faculty in two socio-culturally different countries, the United States (Americans) and Peru (Peruvians) for caring for PLHIV.

• To identify areas for improvement among nursing faculty related to their beliefs and attitudes about caring for PLHIV.

• To develop educational interventions for identified negative beliefs and attitudes about providing care for PLHIV – such as prejudicial, stereotypical, and discriminatory – that can negatively impact how care is delivered.
• Healthcare Provider HIV/AIDS Stigma Scale (HPASS)
  • A 30-item validated and reliable instrument, with three factors:
    1. Prejudices (16-items),
    2. Stereotypes (11-items), and
    3. discrimination (6-items)

• A Spanish HPASS version was produced for Peru
  • Forward and reverse translation
  • Expert content, culture, and language validation.

• HPASS scores were stratified into six categories: 1) Strongly tolerant, 2) Tolerant, 3) Somewhat tolerant, 4) Somewhat intolerant, 5) Intolerant, and 6) Strongly intolerant
METHODS: Overview

- The initial subset of data (two universities), from a developing larger data set, collected from university faculty using nonrandomized electronic sampling.
- Research instrument: Spanish version of the HPASS.
- Frequencies and percentages of categorical variables, means, and standard deviations of continuous variables were analyzed.
- Where bivariate relationships among the socio-demographic variables were analyzed, Pearson's chi square and one-way analysis of variance (ANOVA) were used to test for significance.
- Descriptive and inferential statistical analysis was performed using SPSS V21 software.
RESULTS: Sample

- **Surveys:** Total of 91 returned from two universities (60 and 31); response rate was 56%.
- **Mean age** *(years):* American were 55.9 (±11.4); and Peruvian were 41.2 (±7.77).
- **Gender** *(women):* American were 91.7% (55); and Peruvians were 100% (31).
- **Education:** American with doctoral (55.9%; 33); Peruvian with masters (62.1%; 18).
- **Teaching experience** *(years):* American had 18.2 (±14.2); Peruvian had 7.74 (±6.35).
- **Religion:** More than 40% in both samples considered religion to be “very important”.

RESULTS: HPASS scale

• Average HPASS scale score was 2.70 (±1.46) for the Americans and 3.32 (±1.60) for the Peruvians (p=0.076), meaning better attitudes for the American group.

• The stereotypes subscale show somewhat positive attitudes in both groups with no statistical significance (p=0.141).

• For the discrimination subscale, more positive attitudes are found in the American group (2.56±1.48 vs. 3.56 ±1.53) again not significantly different (p=0.076).

• Finally, the prejudice subscale shows similar results for both groups, showing both positive attitudes, however, with not significant differences (p=0.263).
CONCLUSION

• First study where HPASS was used to assess nursing faculty beliefs and attitudes about caring for PLHIV; and first to compare the beliefs and attitudes of nurses in more than one country.

• For phase one of this multinational multicenter study, the attitudes related to caring for PLHIV among nursing faculty were more positive for the American than Peruvian faculty.

• With the socio-cultural differences among these two countries, differences in the average scores were noted in the stereotypes, prejudices, and discrimination subscales.
  • No statistically significant differences were found due to the relatively small sample size.

• Further inferential statistics with a larger sample size needs to be completed in order to provide a more significant analysis.

• With the current descriptive findings, educational interventions may be necessary to reduce discriminatory attitudes and inaccurate beliefs in some universities.
CLOSER LOOK AT THE PERUVIAN DATA
RESULTS: Sample – Peruvian Group

• A total of 31 completed surveys (60% response rate).
• The mean age was 41.2 (± 7.77), all were women.
• Most faculty had a master's degree (62.1%; 18), but none had a doctorate.
• Faculty had 7.74 (± 6.35) years teaching experience.
• Most of faculty were Catholic, with more than half considering religion as “very important” in their lives.
RESULTS: HPASS Subscales – Peruvian Group

- The average score for the HPASS scale was 3.32 (±1.60) but not quite statistically significant (p=0.016).
- The stereotypes and prejudice subscale scores indicated somewhat neutral attitudes but not statistically significant.
- The discrimination subscale indicated negative perceptions (3.56 ±1.53) but not statistically significant.
The majority of Peruvian faculty (60%) believe most HIV+ patients acquired the virus through risky behaviors.

The majority of faculty believe HIV+ patients tend to have numerous sexual partners and engage in intravenous drug abuse.

About 70% of Peruvian faculty agree, with more than half strongly agreeing, that people who act responsibly will not contract HIV.
REFERENCES: Abbreviated list


QUESTIONS

Patrick.Palmieri@globalnursing.org

https://www.facebook.com/professor.palmieri