Role of ethical beliefs and attitudes of dental students in providing care for HIV/AIDS patients

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Abstract Introduction: Dental care has remained as an unmet need for people living with HIV/AIDS (PLWHAs). Dental students are considered as future healthcare workforce and having beliefs which are discriminating may have negative attitudes towards providing care to these individuals (Azodo et al., 2010). The study aimed to assess the ethical beliefs and attitudes of dental students towards PLWHAs for providing care.

Methods: It is a descriptive correlational and cross sectional study. Nine public and private dental schools in Malaysia participated in the study. Data was collected using a validated self-administered questionnaire.

Results: A total of 481 dental students participated in this study, yielding response rate of 78%. Majority of the participants (74%) believed that patients' HIV status should be disclosed to patients' sexual partner without permission. Approximately 60% of the participants reported that rooms/beds of HIV patients should be clearly marked. Regarding patient disease status 28% of the students reported that it is appropriate to test a patient for HIV/AIDS without patient’s permission. Only Fifty five percent of the students expressed the willingness to treat HIV patients and 49% reported to held fear of getting infected while treating patients with HIV/AIDS. Sixty four percent of the participants reported to be more comfortable giving care to non-HIV patients than HIV-positive patients.

Conclusion: Dental students’ ethical beliefs about HIV/AIDS were not consistent with the ethical principles as stated in the code of ethics and they held negative attitudes towards PLWHAs for providing care.

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1. Introduction

Human immunodeficiency virus (HIV) infection and its subsequent progression to acquired immune deficiency syndrome (AIDS) is a devastating public health problem with high morbidity and mortality rates (Grover et al., 2014; WHO, 2014). By the end of 2010 the number of people living with HIV worldwide was estimated to be 34 million (UNAIDS, 2012). Within Asia, Malaysia is reported to have a high incidence of disease transmission and individuals living with AIDS. In Malaysia, the first 3 cases of HIV were diagnosed in 1986. The number of HIV cases had increased from 4 cases in the year 1990 to a cumulative figure of 94,841 cases in 2011 (MOH, 2014). The provision of oral healthcare is important for people living with HIV/AIDS (PLWHAs) as oral manifestations of the disease can be debilitating and may affect the quality of life of the patients. Early detection and management of the oral manifestations can prevent further exacerbation of the disease with subsequent improvement of the patients' quality of life (Hodgson et al., 2006). However, dental care has remained an unmet need for PLWHAs as they experience greater barriers accessing oral healthcare (Jones et al., 2012). Stigma and discrimination towards PLWHAs contribute to undermining the healthcare efforts to control the disease and prevent its transmission (Relf et al., 2009). Individuals’ behaviours and reactions are determined by their beliefs and attitudes that are acquired during their life experiences (Røndahl et al., 2003). According to Fishbein and Ajzen, beliefs are formed from direct experiences, interactions with others and on the basis of information provided from an external source (Fishbein and Ajzen, 1975). Ethical beliefs refer to the belief system of ethical principles and standard applications on provision of healthcare where other beliefs refer to the beliefs regarding the advantages and disadvantages associated with the external norms (Black, 2007; Beauchamp and Childress, 2001). Belief about the likely outcome of an event, either good or bad, provides the basis for the formation of attitude towards that particular event (Røndahl et al., 2003). Negative attitudes towards PLWHAs are common and are implicitly associated with stigmatization or immoral behaviours (Parker et al., 2002). When the negative attitude exists within healthcare professionals towards PLWHAs, there is a high risk that they may discriminate or treat them differently (Maio and Augustinos, 2005; Brehm et al., 2002; Sadeghi and Hakimi, 2009; Williams, 2007; BPS, 2006).

Ethical codes and conducts in dentistry comprise of principles which strengthens the professional practice in providing dental treatment (Williams, 2007). Ethical principle reflects the fundamental beliefs that govern the decision making and behaviour (BPS, 2006). Dental professionals are obliged to practice in accordance with the fundamental principles that support the code of ethics (Darby and Walsh, 2014). Dental students are an integral part of the future healthcare workforce, having beliefs which are discriminating in providing care to PLWHAs may result in unethical professional conduct and clinical practices. The aim of the study is to determine whether the dental students’ ethical beliefs affect their attitudes towards providing care for PLWHAs.

2. Methods

The study was conducted in nine dental schools in Malaysia. All dental schools were initially approached by e-mail, explaining the purpose of the study. Out of twelve public and private dental schools- one dental school was excluded; because it was a new dental school and it did not meet the inclusion criteria of having students in clinical year’s. All clinical year students (4th and 5th year) were included in the study. Out of the 11 dental schools approached 9 of them agreed to participate in the study. Stratified random sampling was used for selection of study population. The stratification was based whether University was state funded or privately run and its locations. Five public universities1 were located in Selangor, Kuala Lumpur and Kelantan, while four private universities2 were located in Selangor, Kuala Lumpur and Kedah. The questionnaire was distributed by hand to the dental schools located in Kuala Lumpur and Selangor regions, while posted to the schools located outside these regions. Informed consent was obtained from the participants prior to the administration of the questionnaire.

A validated self-administered questionnaire in English – which is the medium of instruction – was distributed to clinical year dental students (fourth and fifth year). The questionnaire was modified from the UNAIDS model questionnaire for attitudes, beliefs and practices survey about HIV/AIDS (Relf et al., 2009). Minor modifications were made by four content experts (academic staff) by the Dental University funding the research. The questionnaire was piloted on 20 students to validate content and determine clarity and applicability to local context. No modifications were made to the questionnaire following the pilot test. The study received ethical approval (B01-09-Res (052012) from the Medical University Joint Research and Ethics Committee.

The questionnaire comprised of three sections; the first section addressed the demographics and the learning experience of the students in relation to HIV/AIDS topics. The learning experience was determined through 8 dichotomous (yes/no) items; the second section assessed the ethical beliefs of the students towards providing care to PLWHAs through 31 likert-scale items. The ethical beliefs section included the belief towards testing for HIV/AIDS, confidentiality, policies in healthcare setup and beliefs towards the disease and its transmission. The final part of the questionnaire assessed the students’ attitudes towards providing care to PLWHAs. The instrument used showed the reliability of the questionnaire with a Cronbach alpha value of 0.7.

Data were analyzed using SPSS v20 (SPSS Inc. Chicago, Illinois, USA). Descriptive statistics were calculated for all data. Data obtained from the attitudes section were binned into a new variable represented by the total score of the attitudes and divided the students’ attitudes into negative and positive attitudes. Spearman’s correlation test was used to look for correlations between the total score of attitudes and the ethical beliefs of the students.

3. Results

Of the total 616 students in their fourth and fifth years of the dental program, 481 responded (overall response-rate of 78%). Demographic characteristics of the participants were as following; males 134 (28%), females 347 (72%). Public Universities 373 (77%), Private 108 (23%). Three main ethnic groups; Malay 294 (61%), Chinese 149 (31%),

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1 Public: UKM, USM, UiTM, USIM, IIUM
2 Private: IMU, AIMST, MAHSA, Melaka Manipal
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