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## Attitudes to HIV and AIDS among students and faculty in a School of Nursing in Barcelona (Spain): a cross-sectional survey

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### ABSTRACT

**Objective:** To determine attitudes to the care of People Living with Human Immunodeficiency Virus (PLHIV) among students and faculty members in a school of nursing in Barcelona.

**Material and methods:** An observational, descriptive, cross-sectional study was conducted in faculty and students in a school of nursing in Barcelona (Spain). Data were collected between January and March 2014, through a validated, self-administered online questionnaire (EASE scale). All participants provided their informed consent.

**Results:** Of 392 questionnaires sent responses were obtained from 204 participants. Incomplete responses were eliminated leaving 186 completed questionnaires (139 students and 47 faculty members). The overall response rate was 47.4% (45.7% students; 53.4% faculty). A high percentage of positive attitudes was found throughout the sample, particularly in fourth-year students and faculty members (80% and 79.8%, respectively). The lowest percentage of positive attitudes was found in second-year students (70.9%). The highest percentage of positive attitudes was significantly associated ( $p=0.045$ ) with a lack of religious beliefs.

**Conclusions:** Attitudes to the care of PLHIV among nursing students and faculty members were mainly positive. Some fears and misconceptions mainly concerning fear of infection and beliefs about transmission routes were found in both collectives.

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### 1. Introduction

HIV/AIDS infection is one of the most important health problems worldwide and the number of infected individuals is increasing; currently there are more than 35 million HIV carriers, 4.7 million more than in 2001 (Joint United Nations Programme on HIV/AIDS, 2013). In Spain an estimated 130,000 persons live with HIV (PLHIV) and approximately one-third of them are unaware of their HIV-positive status (Carnicer Pont, Vives Martín, & Casabona Barbarà, 2011). Due to the development of effective new treatments the life expectancy of PLHIV has increased posing new challenges to

nursing staff. One of the factors causing most distress in PLHIV is the phenomenon termed “social AIDS” (Bayés, Comellas, Lorente, & Viladrich, 1998) which refers to marginalization or discrimination of HIV carriers by society. One of the causes of this phenomenon is fear of hypothetical HIV transmission through routine activities of daily life.

Attitudes to the care of PLHIV have evolved favorably over time along with improvements in the diagnosis, treatment and prognosis of HIV/AIDS. Data from a literature review indicate that both nurses and nursing students perceive both positive and negative aspects in the care of PLHIV, both personally and professionally (Conejeros Vallejos, Emig Sánchez, Ferrer Lagunas, & Cianelli Acosta, 2010). Even so, it is important to observe how certain discriminatory behaviors persist to a greater or lesser extent among nurses and nursing students. The main cause of negative attitudes to PLHIV is fear of infection which is influenced by the route of transmission; attitudes are more negative to homosexual PLHIV and intravenous drug users (Bektaş & Kulakaç, 2007; Bliwise, Grade,

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Irish, & Ficarrotto, 1991; Cole, 1996; Earl & Penney, 2003; Ficarrotto, Grade, Bliwise, & Irish, 1990; Madumo & Peu, 2006; Røndahl, Innala, & Carlsson, 2003; Valois, Turgeon, Godin, Blondeau, & Cote, 2001). Chinese nursing students have been reported to feel more empathetic to patients infected through blood transfusions, even though they refused to provide PLHIV with basic care, such as shaving or bed washing or washing patients after urination/defecation (Li, Scott, & Li, 2008). Similarly, Thai nursing students had no confidence in the use of universal precautions to prevent transmission (Earl, 2010); similar attitudes have been identified in nurses working in rural areas of the United States (Earl & Penney, 2003). The most cautious attitudes have been associated with older age, homophobia, female sex and having children (Peate, Suominen, Välimäki, Lohrmann, & Muinonen, 2002). A similar situation has been found among nursing students in Russia who showed little willingness of care for PLHIV although willingness increased with activities involving no risk, such as bed-making or bathing patients (Suominen, Laakkonen, & Lioznov, 2015). In contrast, positive attitudes among nursing students in Germany encouraged willingness to care for PLHIV/AIDS, an association that was also found among persons with previous contact with PLHIV (Lohrmann et al., 2000).

The situation is no different in Spain. More positive attitudes have been found among nurses than among nurses' aides (80% vs. 62.6%) while age and occupation have been identified as having an independent effect on attitudes to PLHIV (Pita-Fernández, Rodríguez-Vazquez, & Pertega-Díaz, 2004). More positive attitudes have also been found in primary care than in the hospital care setting (66.7% vs 44%), and these differences were associated with length of service and knowledge (Molina Cabrillana, Fernández Nebreda, Hernández Pérez-Lanzac, & Sánchez-Cantalejo, 1997). One study reported that attitudes to the care of PLHIV/AIDS were less positive among health professionals older than 35 years, men, auxiliary staff and physicians and were more positive among staff with prior contact with PLHIV (Fortes González, 1998). That study found that 81% of the 282 participants believed that strategies to identify drug-addicted persons with AIDS should be enhanced alleging that their personal safety when performing clinical work takes priority over individual patient rights. An important consideration is the confidentiality of laboratory data; a study conducted among nurses in the province of Tarragona (Spain) reported that more than 72% of participants (n=242) would prefer patients' serostatus to be disclosed, with most (56.9%) alleging that such disclosure would help to avoid the risk of infection (Rovira Veciana, Uriz Solá, Rodríguez Suárez, & Vila Córcoles, 2004). That study also reported that more than 70% of the participants surveyed would prefer not to have contact with PLHIV in their work.

While the attitudes of health professionals have been previously studied, little is known about the attitudes of nursing students and faculty all around the world. This gap is also present in the Spanish context. At the beginning of the 21st century research with nursing students was done by Tomas-Sabado (1999), Tomas-Sabado and Aradilla (2003) and Leyva, Mestres, Lluva, and De Dios (2003). The last author performed a qualitative study to describe these attitudes in a group of nursing students based on photographic and conceptual representation. Participants viewed HIV infection as a negative life event due to social stigma. No research has been performed with nursing faculty. The aim of this study was to identify the attitudes of nursing students and faculty staff to the care of PLHIV and their beliefs about the disease.

## 2. Methods

This observational, descriptive, cross sectional study was conducted in 392 students and faculty members of a school of nursing in Barcelona (Spain). The name of the school is not stated due to

ethical reasons. The school follows the standard nursing degree program in Spain (240 European Credit Transfer System in 4 years) focusing in social service, clinical support, research promotion, as well as innovation and creativity. This pedagogical approach is present at both undergraduate and postgraduate levels.

The study population was composed of students enrolled in the 4-year undergraduate nursing degree (n=304) and faculty staff (n=88). Data were collected between January and March 2014 through the EASE scale (Spanish acronym for Nursing Attitudes to AIDS) designed and validated by Tomás-Sábado in 1999 (Tomás-Sábado, 1999) obtaining a Cronbach's alpha coefficient of 0.7789. This is a 21-item Likert-like scale with five response options (from complete agreement to complete disagreement) that explore nursing students' beliefs and attitudes to the care of PLHIV in relation to daily life, healthcare and the social dimension of AIDS. In this study the scale was used for both faculty and students.

The EASE scale, the only validated instrument for Spanish nursing students, was administered through a virtual platform. In addition to the nursing students, nursing faculty were included in the distribution of the instrument due to their influential role in shaping student knowledge, skills, and attitudes. Resulting with contemporary clinical and cultural changes, we acknowledge there might be outdated items within the instrument. However, the potential bias is minimized as the aim is to explore general versus specific attitudes. Although addressing specific changes to the scale are outside the scope of this study, some limitations were found (discussed further below).

The study was presented to participants in person and a message was then sent by electronic mail with a link to the online questionnaire and instructions on its completion. Participation was voluntary and anonymous and data were confidential. Before completing the questionnaire, the participants signed an online informed consent form. This study was approved by the Clinical Research Ethics Committee of Parc de Salut Mar. Sociodemographic variables consisted of age, sex, religion and information source on HIV in both groups. Educational level and the courses taught were registered among faculty staff.

Although there are five response options to measure differences in the positive and negative attitudes, the scale was shifted into three categories to provide a more limited and specific response to positive attitude, negative attitude, and neutral attitude. Also, a do not know/no response option was included [DK/NR]. Having a positive or negative attitude referred to the degree of agreement or disagreement with the statements in the EASE scale. A neutral (ambivalent) attitude reflected participants' lack of stance on a particular question because they had not made up their mind, had insufficient knowledge or had not yet encountered a situation where they needed to adopt a particular attitude. For ease of reading, the results show only positive and neutral attitudes with the remainder corresponding to negative attitudes. Attitudes to HIV/AIDS according to religious beliefs were analyzed as positive or negative. In further analysis the number of positive individual attitudes was calculated. A bubble chart was done where the horizontal axis represents the academic year and the ordinate the number of positive attitudes over all items. The larger size of the bubble indicates the higher number of individuals who have that number of items with positive attitudes. Furthermore, the three emergent but not validated dimensions seek to understand the implications on social wellness, health status, and activities of daily living. These dimensions emerged from the content analysis and the researcher discussion (JL and MF) and research team agreement. The social dimension included questions 1, 2, 4, 13, 14, 18 and 21. The healthcare dimension included questions 6, 7, 9, 10, 12, 16 and 20. Finally, the dimension related to daily life activities, included questions 3, 5, 8, 11, 15, 17 and 19. These dimensions were compared with

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