

UNIVERSITY OF CAPE COAST

THE ATTITUDE OF STUDENT NURSES IN HIV/AIDS CARE

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BY

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## DECLARATION

### Candidate's Declaration

*I hereby declare that this dissertation is the result of my own original research and that no part of it has been presented for another degree in this university or elsewhere.*

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### Supervisors' Declaration

*I hereby declare that the preparation and presentation of this dissertation were supervised in accordance with the guidelines on supervision of dissertation laid down by the University of Cape Coast.*

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## ABSTRACT

Efficient patient care in the wards of hospitals is a key component of nursing generally and in particular the caring for patients with HIV/AIDS infections. It was on the basis of this that this study was done to assess the attitude of student nurses of the Presbyterian Nurses' Training College, Agogo towards PLWHAS. The study was on clinical situation and the study population was 217 and a sample size of 100 respondents was selected from the second and third year students. It was a descriptive research which took the form of action research with an intervention. A questionnaire was the main instrument used for data collection and it was pilot-tested at the Holy Family Nurses' Training College, Nkawkaw. Data collected at both the pre-intervention and post-intervention sessions were analysed, presented and discussed together.

The results of the pre-intervention data collection showed that student nurses had negative attitude towards caring for PLWHAs. However, after they have been exposed to certain core issues during the intervention, their attitudes changed for the better. Student nurses as part of the intervention were exposed to HIV/AIDS patients at the wards with preceptors (ward in-charges) supervising them, eventually they were able to cope with the situations as they came. Owing to the finding that emerged, several suggestions were made. Among the suggestions made was that preceptors at the Agogo Presbyterian hospital should intensify their supervision during students' clinical experience to enhance their practical skills as well as develop positive attitude towards patients and that the hospital authorities should encourage training programmes on HIV/AIDS for nurses and other health workers including student nurses.

## **DEDICATION**

This work is dedicated to my mother, Martha Nkrumah and my children Gertrude, Bridget and Emmanuel who made the learning process exciting to me.

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## CHAPTER ONE

### INTRODUCTION

#### Background to the study

Acquired Immune Deficiency Syndrome (AIDS) is a disease caused by the Human Immuno-Deficiency Virus (HIV). Although Sexually Transmitted Diseases (STDs) have been with mankind for years but the most dramatic and tragic epidemic in recent history is HIV/AIDS (Young, 1998).

Merson (2004) opined that by the beginning of 2003 more than 60 million people throughout the world had been infected with HIV and 20 million had died. Of the 42 million people living with HIV at the beginning of 2003, 19.2 million were women and two million of them had become newly infected in the previous year. In addition, 3.2 million of their children were living with the HIV disease.

Dyke (2004) asserted that HIV/AIDS arrived on the world scene without warning about two decades ago. It was unknown that the disease was lurking somewhere waiting for the right moment to ambush the human race. Today, HIV/AIDS covers Africa in dark clouds of fear, uncertainty and suffering. The virus has destroyed the hopes, desire and plans of countless number of people whose lives have been cut short by an unseen enemy. For those of us who live in Africa, it is a human catastrophe from which no single one of us in the region will be exempted because HIV/AIDS affect us all. Never before in the history of human race has one disease presented so many challenges and brought about so

many anticipated changes. Being HIV positive makes a tremendous impact on the medical, psychological, social, spiritual, educational and economic lives of HIV/AIDS infected and affected people.

According to WHO HIV Global Report (2006), everyday 5,000 people whose ages fall within 15 to 24 years become infected with HIV - almost 2 million infections each year. Twenty-five years into the epidemic, far too little is being done to prevent new infections in young people who are at the mercy of the epidemic. In Sub-Saharan Africa more than half of the infections are among young people, with girls being the most affected.

When HIV/AIDS emerged two decades ago, few people could predict how the epidemic would evolve and fewer still could describe with any certainty the best ways of combating it. Abloh (2001) stated that the pandemic in its second decade continues to spread relentlessly with increased magnitude and far reaching consequences for individuals, families, local communities and for nations. On its part, NACP (2000) asserted that the first cases of HIV/AIDS reported in Ghana were only 26 in 1986. Reports from the Ministry of Health showed that the reported cases have been increasing very dramatically. By the end of 1989, there were 899 reported cases. This increased to 2,237 cases in 1990. About 75,000 cases had been reported by the end of June 1994, and by the end of June 1996 a cumulative total of 18,730 cases were reported. Between July 1<sup>st</sup> through December 31<sup>st</sup> 1996, a further 2,129 cases were recorded bringing the cumulative total of reported cases to 20,859 (NACP, 2000).

Already about 18.8 million people have died of AIDS 3.8 million of them children. Nearly twice as many as 34.3 million people are now living with HIV/AIDS. The most recent UNAIDS/WHO estimates show that in 1999 alone 5.4 million people were newly infected with HIV. These figures are increasing at an alarming rate and everybody is at risk of getting infected with HIV/AIDS. It must also be noted that there is no known cure for HIV/AIDS. Although researches in certain areas have chalked some success in producing certain drugs that help in reducing viral replication. In addition, the debilitating nature and stigmatization associated with rejection has made the reporting of HIV/AIDS very difficult. The HIV/AIDS pandemic continues to be a major global health problem which affects the socio-economic development of many countries including Ghana which had prevalence rate of 3.6% in 2003 (UNAIDS/WHO, 2002).

Available statistics from the Agogo Hospital indicate that between April and June 2005 the following findings emerged: out of the total of 412 individuals whose blood were screened and 76 patients screened 46.1% tested positive for HIV/AIDS. Additionally, out of 336 blood donors, 9.2% tested positive for HIV/AIDS (HIV/AIDS Report, 2005). In countries with very high prevalent rates, health workers, auxiliary health staff and managers are all under pressure to cope with the impact of HIV/AIDS. Campbell (2000) revealed that HIV/AIDS has led to more patients requiring treatment and care but often with lower budgets and staff shortages due to HIV-related illness. HIV creates its own emotional stresses for health sector staff, the sadness of seeing people die, the fear of getting infected and the stigma attached to the disease. Patients often have expectations that health

workers cannot meet. It is not surprising that health workers sometimes feel exhausted and helpless.

Demand for care and treatment of people with HIV/AIDS will continue to rise especially in areas where people have HIV but are not yet sick as well as those who are sick. Whiteside (2000) asserted the need for care and treatment of people with HIV-related illnesses. According to UNAIDS/WHO (2002), 2-3 million people died of AIDS in 2000. In addition, more people also need treatment for opportunistic infections, for example tuberculosis, candidiasis pneumonia, diarrhea, meningitis among others. Additional care is required for children of HIV-positive parents who become ill more often because of poverty resulting from their parents' HIV status and who are likely to be orphans.

Health workers including student nurses who are direct care givers of this devastating disease face certain problems when caring for these patients (persons living with HIV/AIDS). Therefore research into the attitude of student nurses in the care of HIV/AIDS patients is important in order to identify problems faced by the health care providers so that measures can be taken to promote proper management and support for persons living with HIV/AIDS.

#### **Statement of the Problem**

The need for care and treatment of HIV-related illnesses is rising rapidly. More people also need treatment for illnesses that have become widespread because of HIV/AIDS such as tuberculosis (Whiteside, 2000). In recent years, more emphasis has been placed upon the student nurses developing the ability to provide nursing care to persons living with HIV/AIDS in the various health

health facilities. Their training takes them from the traditional classroom set up to the general hospitals and the various clinical sites.

Traditionally, in Ghana patients with infectious diseases are considered the lowest in the hierarchy of the health care delivery system. The people living with HIV/AIDS (PLWAS) are the worst sufferers and are always considered as contagious and dangerous to the society. They are expected to receive quality care however, they are supposed to be submissive to the health care providers and cooperate with all the treatment given them. The student nurse is expected to make the people living with HIV/AIDS feel like they are human beings with likes and dislikes, with emotional preferences which must be respected. However, it is common to observe that student nurses of Agogo Nurses' Training College neglect the HIV/AIDS patients who are placed in their care whilst in the hospital.

What has been observed above could be due to the absence of a vaccine or treatment of adverse health outcome which is of great concern to nurses everywhere around the world. The attitude of student nurses in providing care may be connected with their views of being at risk because of the level of anxiety about contracting HIV/AIDS. It is an acceptable fact that HIV/AIDS has been reported to be high among health workers dealing with patients. All these can be the contributing factors for student nurses demonstrating negative attitudes towards a patient with a diagnosis of HIV/AIDS.

It is against this background that answers have to be found to the question as to why student nurses exhibit negative attitudes towards patients with HIV/AIDS and choose whom to care for in the hospital? There is the need to find



out the extent of the situation and find out ways of correcting it to make the student nurses fit for the job they are assigned to.

### **Purpose of the Study**

The main purpose of the study was to:

- a) Find out student nurses' own negative perceptions of their roles and competencies towards HIV/AIDS patients.
- b) Make efforts towards the improvement of these negative attitudes.
- c) Update knowledge on the current trends of the disease in the area of research and treatment.
- d) Identify the factors which affect the quality of care provided to persons living with HIV/AIDS.

### **Research Questions**

The research attempted to provide answers to the following questions.

1. What is the extent of negative perceptions and attitudes of student nurses of Agogo Nurses' Training College towards HIV/AIDS patients?
2. How can the attitudes of student nurses be improved on the wards?
3. Would introducing student nurses to HIV/AIDS patients on the wards before formal lectures on HIV/AIDS sensitize the students?

### **Significance of the Study**

The results of this study would have a number of areas of practical usefulness which would help to strengthen the quality and range of care student nurses render to clients. The main emphasis was on building positive human

attitudes, knowledge and skills in the provision of nursing care through supervision.

Again, the findings from the study would be used to provide health education to the staff of the Agogo Hospital on HIV/AIDS. Other areas of practical usefulness include development of appropriate medical nursing care suitable for health education. Furthermore, the study would promote free interactions between student nurses and patients of Agogo Presbyterian Hospital thereby bridging the communication gap between them.

#### **Delimitation**

The study involved only second and third year students of the College who have spent more than one year at the Nurses' Training College. More so, the study was confined to Agogo Nurses' Training College because the hospital has a large patient attendance with an appreciable number of them being PLWAs.

#### **Limitations**

The patients on the wards lacked confidence in the student nurses because some of the patients thought that the students were inefficient. Some of the ward in-charges did not cooperate fully because of lack of remuneration. Due to financial constraints and lack of personnel for the administration of the questionnaire, the researcher was not able to use a larger sample size. In spite of these limitations the findings can be generalized to the study population.

#### **Definition of Terms and Abbreviations**

AIDS	:	Acquired Immune Deficiency Syndrome
HIV	:	Human Immuno-Deficiency Virus – a small

		germ that gradually destroys the bodies and the immune system that lead to AIDS
WHO	:	World Health Organization
UNESCO		United Nations Educational Scientific and Cultural Organisation
Health Worker	:	Anybody not necessarily a health care Professional who provides care to people living with HIV/AIDS.
GHS	:	Ghana Health Service
NACP	:	National Aids/STI Control Programme
MOH	:	Ministry of Health
S.T.D	:	Sexually Transmitted Diseases. Any disease Is that is transmitted through sexual intercourse.
PLWAS	:	People Living with HIV/AIDS
Student	:	Any trainee in the school who has spent at least one year.
CDC	:	Centre for Disease Control
GSMF	:	Ghana Social Marketing Foundation
STI	:	Sexually Transmitted Infections
UNAIDS	:	United Nation Programme on HIV/AIDS
VCT	:	Voluntary Counseling and Testing
PABA	:	People affected by AIDS
WHO/AFRO	:	World Health Organization/Regional Office for Africa.
PMTCT	:	Prevention of Mother to Child Transmission

DNA	:	Deoxyribonucleic Acid
RNA	:	Ribonucleic Acid
CD 4 CELL	:	A type of protein found in the cell which the HIV virus infects.
Haemophilia	:	An x-linked recessive inherited disorder that leads to a deficiency in clotting factor thereby leading to bleeding tendencies.
Thalassaemia	:	A group of autosomal recessive inherited disorders affecting the synthesis of the globulin part of haemoglobin molecule in the red cell.
Health Care Professional:		Everyone who cares for the physical, psychological, social, financial, educational and spiritual health of HIV infected and affected people.
Prevalence	:	The number of persons who have a specific disease or Condition in a defined population at one specific point in time.
Incidence	:	The rate at which a certain event occurs at in a defined population during a specific period of time.

Endemic	:	The term used to describe the disease present (or usually prevalent) in a population or geographical area all of the time.
Epidemic	:	The sudden increase in the incidence of an Endemic disease (or condition) , or the occurrence of a new disease with a high incidence introduced in a population.
Pandemic	:	Refers to an epidemic disease distributed or Occurring widely throughout a region, country, continent, or globally.
ELISA	:	Acronym for enzyme-linked immunosorbent assay ; a test used to detect and/or quantify the presence of an antibody or antigen using a ligand (e.g. anti-immuno-globulin) conjugated to an enzyme that changes the colour of a substrate.
Endogenous	:	Relating to or produced by the body, e.g. Endogenous depression caused by factors within the body.
Endothelium	:	Refers to the layer of epithelial cells that

lines the cavities of the heart, blood and lymph vessels, and the serous cavities of the body.

- Entry inhibitors : Drugs design to prevent HIV attaching to Receptor sites on the surface of host cells that HIV targets for infection (e.g. CD4+ T-lymphocytes) and entering cells.
- Epidermis : The outer and non-vascular layer of the skin.
- Epitope : A unique shape or marker carried on an antigen' surface that the immune recognizes and which triggers a corresponding antibody response.
- Epstein-Bar virus (EBV) : A human herpes virus that can cause infectious Mononucleosis (glandular fever) in adolescents in the industrially developed world.
- Erythema : Redness of the skin as a result of injury, Infections and/or inflammation.
- Erythrocytes : Red blood corpuseles whose major functions is to carry oxygen to the cells.

Erythropoietin	:	A naturally occurring hormone produced in the kidney that stimulates the production of red blood cells corpuscles by the bone marrow.
Exanthema	:	An infectious disease characterized by a skin eruption or rash.
Exogenous	:	Developing or originating outside the body.
ELBS	:	English Language Book Society
Population	:	The total number of member of the target of the research as define by aims and objectives of the study
Sample	:	Representative of a population.
Sample Size	:	The number of members in the sample.
Research Instrument	:	A research instrument is the device, technique or a means by which data is collected
Questionnaire	:	Consist of a list of questions referred to as items which relate to the aims, objectives and research questions or hypotheses of the research
Window Period	:	The time period during which the individual is infected with the virus but has no antibodies in the blood

## CHAPTER TWO

### LITERATURE REVIEW

The purpose of this chapter is to review literature that is related to the study. It provides a background for understanding the topic and to substantiate the significance of the study. The topic is discussed under the following sub-topics:

- (i) HIV/AIDS Prevalence
- (ii) Mode of transmission
- (iii) Stages of HIV reproduction
- (iv) Factors influencing the attitude of health workers in HIV/AIDS Care

Much has been written about HIV/AIDS care in Ghana. The epidemic continues to be a major challenge to global health and the socio-economic development of many countries including Ghana which had median prevalence rate of 3.6% in 2003. This translates into 392,000 HIV/AIDS infected persons as at the end of 2003 (MOH/GHS, 2004).

Dyke (2004) contended that today HIV/AIDS covers Africa in clouds of fear uncertainty and suffering. Furthermore he asserted that the virus has destroyed innocent hopes desires and plans of countless numbers of people. Whole lives have been cut short by an unseen enemy. Being HIV positive makes a tremendous impact on the medical, psychological, social, educational and spiritual health of HIV infected and affected people. All these place a tremendous burden on the shoulders of health care professionals. They need to offer HIV-



infected individuals and their significant others complete and dedicated services which exceeds the customary bounds of conventional medical care. He contends that the health care professional working in the field of HIV/AIDS needs to become a comprehensive caregiver, adviser, educator and counselor in diverse and social contexts (Dyke, 2004).

The MOH/Ghana Health Service (2006) indicates that the HIV/AIDS prevalence decreased marginally from 3.6% in 2003 to 3.1% in 2005. Though, the prevalence is relatively low it is dangerously close to the 5% level at which an exponential increase in the prevalence may occur. Notably, HIV/AIDS prevalence above the 5% mark has already been recorded in the Central and Eastern regions in 5 of the 29 sentinel sites, thus, creating an uneasy calmness about the relatively low levels of HIV/AIDS. A window of hope for consolidating the low levels of HIV/AIDS exists in the country. Furthermore, the HIV prevalence among adolescents is decreasing due to the greater emphasis the health sector is giving to adolescent reproductive health.

#### **HIV/AIDS Prevalence**

According to Ablorh (2001), about 18.8 million people around the world have died of AIDS. Out of this figure, 3.8 million of them were children. However, 34.3 million are now living with the Virus. Cipla (2001) contended that South Africa has the greatest number of HIV infected individuals followed by India with an estimate of 3.5 to 5 million persons.

Ablorh (2001) affirmed again that HIV/AIDS is among the ten top killer diseases worldwide and it may soon move into the top five with the current level

of HIV infection. Fact Sheet on HIV/AIDS (2004) reported that over 30 million people were infected with HIV/AIDS and that 12.7 million people around the world had already lost their lives to the disease. The joint United Nations Programme on HIV/AIDS (UNAIDS) and the World Health Organization (2003) however, reported that unless a cure is found or life-prolong therapy is made more widely avoidable, majority of those now living with the HIV will die within a decade. Again, Fact Sheet (2001) affirmed that AIDS is already the leading cause of death in certain areas and that people aged between 15 to 49 years are the mostly affected.

On their part, Akinbile and Ogundbenro (2004) reported that Africa Heads of States met in 2001 under the umbrella of OAU to deliberate on the way to combat HIV/AIDS and under related infections. However, it was further reported that the summit adopted a resolution that declared HIV/AIDS 'a global emergency' and one of the most formidable challenges of life and dignity. The African Heads of State Summit (2001) however submitted that in some African countries as many as one out of three persons is HIV positive and that some of the infected are young persons. It is however, pertinent to note that the epidemic continue to spread to all ages – newborn, children, youth and adults alike.

In Ghana, the prevalence rate is 3.6% with 392 infected persons at the end of 2003 (MOH/GHS, 2004). As at December 2003, there were 76,005 cumulative reported AIDS cases. The bulk of the reported AIDS cases in 2003 were aged between 20 and 49 years with the 30 to 34 years age group accounting for 19%. Considering the sex type, females constitute about 51% of the general population

in Ghana. HIV prevalence among female sex workers in 2001 was estimated at 76% and 82% in Accra and Kumasi respectively (MOH/GHS, 2004).

### **Mode of Transmission**

According to WHO (2001), HIV is transmitted by the following routes:

- (a) Sexual transmission is the commonest route of transmission worldwide.

The presence of sexually transmitted diseases further increases the risk of HIV transmission.

- (b) Transfusion of infected blood and blood products:

HIV may be acquired through blood transfusion. The probability of acquiring HIV infection after receiving HIV infected blood is 95%. Haemophiliacs and thalasaemics are at particular risk for acquiring HIV infection.

- (c) Mother to Child Transmission

HIV may be transmitted from an infected mother to her infant during pregnancy; during delivery or after delivery through breastfeeding. This accounts for 15% of HIV infected cases.

- d) HIV-Contaminated Instruments: Use of HIV contaminated instruments e.g. needle sharing among injecting drugs users, acupuncture and tattoos, re-usable needles may transmit HIV if proper sterilization techniques are not used.

Cipla (2001) asserted that despite these, occupational exposures to HIV/AIDS may occur. Exposure to needles carrying HIV infected blood could accidentally prick the health care professional to be infected as well.

### **Stage of HIV Reproduction**

HIV is a virus which needs a living cell within which it can regenerate more of its offspring. Once HIV enters the body, it specifically seeks out a type of T-lymphocyte in the blood called the CD4 T-lymphocyte (WHO, 2001).

Since HIV is a retrovirus, its genetic information is stored on singular stranded RNA instead of double stranded DNA found in most organisms. To replicate, HIV uses an enzyme known as reverse transcriptase to convert its RNA into DNA. According to Cipla (2001), when the DNA enters the nucleus of the CD4 cell and inserts itself into the cell's DNA, the HIV DNA then instructs the cell to make many copies of the original virus. With the help of the protease enzyme new virus particles are assembled. These newly formed virus leave the cell ready to infect other CD4 cells.

### **The Pathophysiology of AIDS**

WHO (2001) contended that the immune system is the body's defence against infections by microorganism that passes through the skin and the mucus membrane and cause disease. The body system produces special cells called antibodies to fight off or kill these microorganisms. Infections however, affect the immune system by weakening the immune system. HIV infects and destroys special cells such as lymphocytes and monocytes. These are persistent, progressive and susceptible to infection and conditions such as cancer. The entrance of the HIV is the starting point of the infection and when the immune system is grossly affected, it progresses to AIDS which could be detected by blood test or the appearance of certain strange infections.

The infected people do not always know that they are infected because they usually develop antigens between 6 weeks to 3 months and it takes 6 months or longer before they will be tested positive. HIV infects both the Central Nervous System and the Cerebral Nervous System early in the course of infection. This causes a variety of neurological and neuropsychiatric conditions. As HIV progresses, immunity declines and people become more susceptible to opportunistic infections including tuberculosis, septicemia, pneumonia, unexplained fever, skin diseases, cancer and chronic diarrhea.

### **Signs and Symptoms**

A case for definition for AIDS made in the presence of at least 2 major signs and 1 minor sign!

**Major Signs:** the major signs include

- i. Weight loss of 10%
- ii. Chronic diarrhea for more than 3 months
- iii. Prolong fever

**Minor Signs:** the minor signs include

- i. Persistent cough
- ii. Generalized itching
- iii. Skin rash
- iv. History of herpes zoster in the last 2 years
- v. Fungal infection of the mouth and throat

## **HIV and Its Impact on Health Workers**

Campbell (2000) asserted that in countries with high HIV rates health workers auxiliary staff and managers are all under pressure to cope with the impact of HIV. HIV has led to more patients requiring treatment and but often with lower budgets and staff shortages due to HIV-related illness.

Furthermore, demand for care and treatment of people with HIV will continue to rise especially in areas where people have HIV but are not yet sick. Pratt, Stephens and Gibson (2003) asserted that patients admitted for investigations or treatment of HIV-related opportunistic disease may be in a rapidly changing clinical situation and their nursing care must be assessed, planned and evaluated on a frequent basis. This requires a comprehensive understanding by the nurse of the rationale that underpins strategic nursing care.

Strategic nursing care is that care which is carefully planned and implemented by nurses, designed to meet the immediate needs of patients, solve identified actual problems and prevent recognize potential problems from being realized. Because of their training and experience, their comprehensive understanding of the nursing issues involved, and their teaching and management skills, nurses are able to access and plan the individualized nursing care most appropriate for each patient and to lead and supervise the nursing team implementing this care. Care delivered must be evaluated frequently (often on a shift-by-shift basis) and modified according to the patient's response to nursing interventions. The nurse is ideally placed to act as the patient's advocate to liaise effectively between the patient and the other members of the healthcare team.

Pratt, Stephens and Gibson (2003) further asserted that the nursing care of people with HIV disease is no different than the nursing care of any other person who has a chronic illness with periods of acute exacerbations. It just sometimes seems different because of the complexity of a variety of external factors associated with this particular infection. These factors include stigma, fear of contagion, judgmental and ill-informed attitudes towards differing sexual orientations and practices, injecting drugs use and various social, cultural, ethical, and moral issues. They can create an illusion that caring for patients with HIV disease is different and that it requires 'special skills' not possessed by all nurses. Because this mirage can erode personal and professional confidence, a major goal of this chapter is to reassure nurses that, by virtue of their education, clinical experience and professional ethics, they can safely and completely care for all patients, including those with HIV disease. They already have those 'special skills' that are needed, and their involvement in the care and management of patients with HIV disease affords them a further opportunity to continue to positively develop the skills and attitudes that define the best in professional nursing.

#### **Factors Influencing the Attitude of Health Workers in HIV/AIDS Care:**

##### **Fear Contagious**

Baggaley and Kasongo (2000) stated that the majority of adult medical hospital admissions were HIV related. According to them, a small group discussion with nurses, midwives, hospital porters, workers, mortuary attendants and medical and nursing students to see how HIV affected the hospital staff. The

staff felt that they were likely to have HIV because of repeated occupational exposure by needle stick injuries and contact with blood and blood products. In another revelation, Williams (2000) affirmed that the absence of a vaccine or treatment of adverse health outcome is of great concern to nurses everywhere. The attitudes and concerns of nurses in providing care might be connected with their view of being at risk because of the high level of anxiety about contacting HIV/AIDS. This is in the sense that HIV/AIDS has been reported to be high among health workers dealing with patients.

### **Anger**

Boyd-Franklin and Boland (2004) also asserted that among the range of emotional reactions anger is one of the most difficult for health social service and mental health professionals. It involves blaming the victims or assuming what they did to get it. More so, they contended that working with gay patients or commercial sex workers can be complicated by a provider's own prejudice.

Other patients who elicit a great deal of anger from caregivers are those who continue to have many sexual partners without taking precautions or letting their partners know their HIV status. For health care providers working at the paediatric units, the anger is often directed towards those who have infected the children such as the parents. The anger is even more profound in cases of transmission through sexual abuse. Unfortunately, this perpetuates the cycle of anger and makes it difficult to work effectively with these patients. Furthermore, as advocates for their patient, staff members may become very angry at families who in their grief and anger reject their infected relatives.



## **Stigma and Discrimination**

According to the WHO (2001), HIV-related stigma continues to be the greatest obstacle to action against the epidemic for individuals and communities as well as political, business and religious leaders. Williams (2000) also asserted that stigma and discrimination are daily issues for people infected and affected by HIV. Moreover, the stigma attached to HIV/AIDS also affects access to health services, employment and how they are provided with quality care in the various health facilities. This also determines the support available to them, their access to health and other services. According to Orton (2000), people living with HIV or AIDS are often presented in the media as weak, hopeless which exacerbates the stigma associated with HIV.

## **Feelings of Personal and Professional Inadequacy**

Boyd-Franklin and Boland (2004) emphasised that the HIV/AIDS epidemic has had the capacity to elicit feelings of hopelessness and inadequacy in health care providers of all disciplines for many reasons. Some of the reasons are as follows:

- (1) there is no known cure for HIV/AIDS, care givers often have to cope with the progression of illness and death of their patients.
- (2) The medical and nursing profession must perform procedures that inflict pain and further add to existing suffering.
- (3) Health care providers experience legitimate frustration in trying to get different systems to work together appropriately. They continued to stress that even the most experienced care givers feel inadequate at times. More

so, many HIV/AIDS workers are isolated from support systems. Furthermore, many interventions in the HIV/AIDS field are crises driven. Increasingly, the demands of patient care require new techniques and new ways to adapt existing interventions to the needs of patients and families.

### **Mourning and Bereavement**

According to the WHO (2002), one of the most painful issues for all staff members in working with HIV/AIDS patients and their families is the continual experience of death, dying and bereavement. Health workers became close to their patients and their families and experience their own feelings of loss, sadness, grief and anger when patients die.

Perception is an integral component of the nursing profession since its inception. As far back as 1882, Florence Nightingale (the mother of nursing) explicitly outlined that the first part of practical and technical training for nurses were to take place in the hospital under the supervision of those nurses who had been trained to train. Owing to what the mother of nursing put forward, for many years nursing was taught by practicing nurses within the need of the hospital (Palmer, 2003).

Subsequently, nursing leaders endeavored to ameliorate this situation and were successful in doing so with relocation of nursing education from hospital setting to academic setting. With this move, "nursing faculty assumed full control of academic and clinical teachings of their students, a factor which they determine to be crucial to the quality and evolution of nursing education" (Myrick & Berrett, 1992, p.588).

Stuartsidal and Haberlin (1983) asserted that with the introduction of the nurse practitioner programmes in the United States during the 1960s the role of preceptor ship once again resurfaced. Preceptorship now offered an alternative to the primary clinical albeit the clinical instructor. Preceptorship in the Registered General Education as ascertained by Rolfe (1980) is a formal process whereby the student nurses liaise with a more experienced nurse practitioner in order to learn and refine therapeutic skills through the use of easy materials. In preceptorship the student nurse is placed in a position of conflict in which he is invited to disclose feelings encountered while working with the client. In so doing the student nurse may feel that the preceptor is helping him to observe, reflect, hypothesize and critique situations they encounter. The aim of this process is to help the student nurses develop ability to make initiative judgments.

Adding another dimension to the exposition, Pearce (1991) affirmed that preceptorship is the learning experience in the clinical setting whereby the student is paired with a staff who guides the student. Attaching a student to an experienced registered nurse who is working in a specific setting is a common strategy for practical teaching or training of final year students in Canada (Chickerela & Lut, 1981). In the preceptorship model, the student nurse is guided initially by the preceptor in caring for an assigned client and they work jointly until the student acquires greater confidence and skills and then they are individually given some autonomy to practise the skills acquired. However, the preceptor is always around to give assistance when the student needs it. The preceptor gives feedback to the student on her clinical performance (Scheetz

1989). Concerns have been raised about the clinical inadequacy of newly qualified nurses in Ghana. Preceptorship helps the student to learn the complexity of nursing practice under the individual guidance and supervision of a competent nurse which in effect enhances the student nurse's efficiency. This may seem appropriate to the situation in Ghana.

Young (1998) studied the perception of preceptors regarding mentorship in nursing undergraduate education programme. They rated themselves as proficient in nursing skills. They have clinical competence and would serve as good role models for students. Preceptorship has a multipurpose function. It helps the student nurse transition from the student role to that of a worker. It lessens the reality of shock when the student is initially employed after graduation and gives the student the necessary competence for high quality care (Pearce, 1991)

Scheetz (1989) investigated the effect of mentorship programmes on the nursing students in the development of clinical competence. The study revealed that students who were engaged in the mentorship programme were more competent than their counterparts who worked as nursing assistance without mentor. However, Myrick and Berrett (1992) recommended the development of a tool for the performance appraisal of clinical mentor since most of them practiced without using a nursing framework as a guide to their practice.

### **Attitude and Behaviour**

Zanna, Oslo and Fazio (1986) defined "attitude as an association between a person, things, events, ideas or situations and an evaluation of it" (p.23). Contemporary researchers have tried to specify a number of factors that can

intervene to make people behave more or less consistent with their attitudes. Among these are situational factors such as whether a person has a vested interest in behaving in a certain way. Personality factor can also affect relationship between attitude and behaviour. Zanna, Olso and Fazio (1986) finalized that constancy between attitude and behaviours can be influenced by certain qualities of attitude involved. For instance, people tend to behave more consistently regarding attitudes that are readily recalled. Therefore, the relationship between attitude and behaviour are sometimes closely related. If attitude do influence behaviour in some situations, then it should sometimes be possible to alter people's behaviour by changing their attitudes

This possibly has prompted psychologist to try to learn more about existing attitude, which can be weakened so that people become more susceptible to the alternation of some scholars points of view. "Some researchers in this area have taken what is called persuasive communication approach while others have adopted the cognitive consistency view. Both perspectives have contributed much to our understanding of attitude change" (Zanna, Olso & Fazio, 1986 p.72).

### **The Role of Communication in Patient Care**

Nadzam (2008) stressed that effective communication is critical during the countless interactions that occur among healthcare workers on a daily basis. She stated that health workers especially nurses working with patients must know how to communicate effectively and work collaboratively in teams so that appropriate information is shared in a timely manner. "When effective communication is absent, patient care is compromised" (Nadzam, 2008, p.184). According to Joint

Commission (2007), communication breakdowns have long been cited as a root cause in almost every sentinel event report it has carried. It indicated that ineffective communication among health workers in the health institution has been the leading root cause in a majority of cases studied since 1996. Some of the challenges had to do with hierarchy differences, conflicting roles, ambiguity in responsibilities, and power struggles, all leading to communication failures that compromise patient safety and quality of care.

In another development a study conducted by McCabe (2004) under the topic 'Nurse-patient communication: an exploration of patients' experiences'. In the background, McCabe indicated that patient-centred communication is a basic component of nursing and facilitates the development of a positive nurse-patient relationship which, along with other organizational factors, results in the delivery of quality nursing care. She revealed that nurses are frequently described in the some literature as poor communicators, however, very few studies have examined patients' experiences of how nurses communicate. The aim of McCabe's study explored and produced statements that related to patients' experiences of how nurses communicate. In the end, the results indicated that the lack of communication tag on nurses was removed since McCabe's research findings did not only found nurses to be good communicators with patients but were also 'attending', empathy' and 'friendly nurses'. She thus concluded that in contrast to the literature that suggests that nurses are not good at communicating with patients, nurses can communicate well with patients when they use a patient-centred approach. However, health care organizations do not appear to value or

recognize the importance of nurses using a patient-centred approach when communicating with patients to ensure the delivery of quality patient care. The implication of these findings for clinical practice is that the task-centred approach to patient care that is associated with nursing in the past, appears to be alive and well. If health care management want to ensure that patients receive quality nursing care, they will need to consider patient-centred communication to be essential to encourage and support nurses to communicate in this manner.

Lastly, Williams (2004) intimates that communication among nurses, patients, and physician is a key component of effective health care. In addition to communication with patients, nurses directly or indirectly influence physician-patient communications. The above assertions were made as part of recommendation made from a study undertaken into the relevance of communication among health workers on one hand and health professionals and patients on the other.

### **Summary**

The foregoing view has revealed the preconceived ideas, perception and fears of students in HIV/AIDS care in a hospital setting. It has also made it clear to us that there are a number of factors that can intervene to make people's behaviour more or less consistent with their attitudes.

Preceptorship/Mentorship is the formal process whereby students liaise with more experienced practitioner in order to learn and refine their therapeutics skills. It is against this background that the researcher felt the attitude of student nurses of the Presbyterian Nurses Training College, Agogo can be positively

improved through mentorship. The study was designed to find the attitude of student nurses towards the care of HIV/AIDS patients.



## **CHAPTER THREE**

### **METHODOLOGY**

The negative attitudes of student nurses towards HIV/AIDS patients have far reaching implications on health care delivery. The crux of this research therefore was how to bridge the gap between the HIV/AIDS patient and the students. The researcher therefore focused on changing the attitudes of student nurses towards clinical practice and the patients.

The chapter was treated under the following topics:

- (i) Research design
- (ii) Target population
- (iii) Sampling Procedures
- (iv) Research instrument
- (v) Pilot testing of instrument
- (vi) Data Collection Processes and
- (vii) Data analysis Procedures

#### **Research Design**

The study was a descriptive research design that was used to investigate and improve the attitudes of student nurses towards HIV/AIDS patients at Agogo Hospital. The purpose was to generate knowledge that would directly influence or improve clinical practice. Giving a theoretical back up, Osuala (1993) indicated

that descriptive designs result in a description of the data, whether in words, pictures, charts, or tables, and whether the data analysis shows statistical relationships or is merely descriptive. This was what was exactly done in this study. He further stated that descriptive designs have one thing in common: they must provide descriptions of the variables in order to answer the question under study. Besides, the type of description that results from the design depends on how much information the researcher has about the topic prior to data collection. Look at the design in the same way that you looked at the question.

### **Target Population**

The study was conducted at the Nurses' Training College, Agogo. The training institution is in Agogo Hospital and it has a student population of 216 students. Out of this number 50 are males while 166 are females. The institution offers a three year programme in Registered General Nursing (Diploma). The second and third year students were used for the study. This was due to the fact that they have spent more than one year in the school and they have nursed HIV/AIDS patients in the hospital. Their ages ranged from 20 years to 35 years and they all possessed SSSCE certificate.

### **Sampling Procedures**

The sample size stood at 100 respondents – 50 each were picked from years two and three. These year levels were used because they have completed basic nursing and they have nursed HIV/AIDS patients on the wards and other clinical sites before.

On how respondents were selected, the simple random sampling technique was used. The specific aspect of the simple random sampling method used was the lottery approach. What actually was done was that each of the two year levels was designated as a unit and the names within each unit were written on pieces of paper, put into a box and shuffled. After this initial stage was over, two student nurses were requested to help in the selection of the 100 respondents. They started with the second year respondents and then the third years. After every pick, the pieces of papers were shuffled until the required number had been picked. Those whose names were picked instantly became aware of their participation in the data collection process to which they obliged. The process of picking the 100 respondents lasted for one hour.

### **The Research Instrument**

The instrument used for data collection was a questionnaire. It comprised 16 main items. Each of the 16 items had responses that were in the form of checklist. There were three follow up items whereby respondents were requested to give brief explanations to preceding responses. Even though the questionnaire was not put into sections to conform to the research questions that guided the study, items 1 to 5 elicited responses that answered research question one. Subsequently, responses from items 6 to 11 answered research question two and items 12 to 16 elicited responses for research question three in that order.

### **Pilot-Testing of Instrument**

Scholars in research methodology, admonish that in order to test the validity and reliability of research instruments, they should be pilot-tested in a

population that is similar to the main study (Warren & Frankel, 1997; Tuckman, 1992). The questionnaire was consequently pilot-tested on 10 final year students of the Holy Family Nurses' Training College, Nkawkaw at two different times within two weeks intervals. The responses to the items remained the same. Using the spearman rank order correlation co-efficient, the data was ranked in order to conduct the analysis. The scores from the analysis were then converted to ranks. The reliability index was then calculated and reliability co-efficient of 0.95 was established indicating a perfect situation for the main study. It was then administered to the final year students of the NTC, Nkawkaw. These students were used because they have similar characteristics as the third year students of Agogo NTC.

#### **Data Collection Processes**

Permission was sought from the Nursing Administrator for the study to be conducted in the hospital wards. The wards which were used for the study were the medical ward and the isolation ward. The ward in-charges and the other staff of the wards were briefed on the purpose of the study to gain their support and also to allay their fears and anxieties.

The pre-intervention and post-intervention tests were all administered in the classroom. All the 100 students were present at each stage. The researcher read all the items aloud to the group to make sure that the items were properly understood. The students were allowed to complete the responses at their own pace in the classroom giving them sufficient time to respond to the items. All the 100 questionnaires were collected at each stage.

### **Pre-Intervention Data Collection**

The pre-test was used to assess the initial attitudes and opinions of students towards HIV/AIDS patients. The response provided the researcher with ideas on how the implementation could be effected to rectify the biases and misconceptions that adversely affected their attitudes.

### **Intervention Applied**

A pre-intervention conference was organized by the investigator with the identified ward in-charges to brief them on the roles and expectations of the students regarding the research. The following day, the students were introduced to the ward in-charges. They were welcomed by the ward in-charges, staff and other para-medical staff. The students were then supervised by their ward in-charges in caring for the patients who were assigned to them.

Initially, the students worked closely with the ward in-charges. They were orientated to the wards and their roles explained to them. This was to enable the students to develop greater confidence and competence which enabled them to be independent.

The ward in-charges supervised and assisted the students when needed and provided feedback to the students regarding patient care, organizational skills, psychomotor skills and problem solving. Some of the procedures performed by the students and the ward in-charges included:

1. Serving of bed pans and urinals
2. Bed bathing
3. Serving of medications

4. Mouth care
5. Checking of vital signs
6. Establishing interpersonal relationship with patients i.e. nurse-patient relationship
7. Reassuring patients
8. Feeding of very-ill patients on the ward
9. Supervision and monitoring of patient's condition
10. Participation in all activities on the ward
11. Dressing of wounds
12. Bed making
13. Documentation and report writing
14. Educating the patient on the disease condition

#### **Post-Intervention Data Collection**

Students remained on the ward for two weeks after which they were tested again in the classroom with the same questionnaire used in the pre-test to see whether the intervention had any effect on the attitude of the students. Data collected at this stage had together with those at the pre-intervention stage form the basis of Chapter Four.

#### **Data Analysis Procedures**

The data collected for the pre-test and post-test were organized and edited to ensure consistency. The responses were tallied separately to obtain frequencies for each stage. The frequencies were then calculated into simple percentages. The

pre-intervention and post intervention analysis were then presented in the form of frequency tables, bar and pie charts.

## CHAPTER FOUR

### RESULTS AND DISCUSSION

This chapter presents the results of data collected for the study. It is important to note that this study primarily was concerned with the attitude of student nurses in caring for HIV/AIDS patients on hospital wards as part of their clinical studies. This brings the presentation to the issue of the main duties of a nurse. Consequently, nurses have the onerous responsibility of assisting individuals, sick or healthy in the performance of those activities which contribute to health, recovery or to a peaceful death that could be performed by the patient him/herself. It is from this brief background that this study was designed to elicit responses from student nurses regarding their attitude towards the care of HIV/AIDS patients.

Once again, the chapter is concerned with the analysis and discussion of the pre-intervention and post-intervention tests that were administered. The pre-intervention data were meant to find out the extent to which student nurses' attitudes were acceptable while the post-intervention data were meant to find out whether the intervention had brought about any positive change in attitudes among the students. The results are presented according to how the research questions appeared in text and the issues they dealt with.



**Perceptions and Attitudes of Student Nurses of the Presbyterian Nurses' Training College, Agogo toward the Care of HIV/AIDS Patients**

This section of results presentation presents responses to Research Question One. The research question was basically concerned with eliciting responses to issues on negative perceptions and attitudes of student nurses care for HIV/AIDS patients. Various items were put in the questionnaire to elicit the required responses. Each issue is presented under a subsection and this trend continues until all issues are dealt with exhaustively.

**Reasons for Becoming a Nurse**

Item one sought to find out the interest of respondents in the nursing profession. Their responses are presented in Table 1.

**Table 1**

**Main reason for Becoming a Nurse**

Responses/Items	Pre-Intervention		Post-Intervention	
	No.	%	No.	%
Have sympathy for patients	30	30	30	30
Love to care for the sick	50	50	50	50
Made choice from advice of parents	12	12	12	12
Only job available	8	8	8	8
Total	100	100	100	100

Table 1 shows that both the responses in the pre-intervention and post-intervention were the same. In both the pre-test and the post-test, 50% of respondents said they chose the nursing profession because they love to work with sick people; 30% of respondents indicated that they have sympathy for patients and would like to help them; and 12% of respondents claimed that their parents asked them to choose the nursing profession because it was the only way they could get employment.

#### **Respondents' Views on which of the Wards that Admit HIV/AIDS Patients**

With this subsection, respondents were asked which of the wards at hospital is designated for the admission of HIV/AIDS patients. Table 2 presents the responses.

**Table 2**

#### **Responses on which of the Wards that Admit HIV/AIDS Patients at the Hospital**

Responses/Items	Pre-Intervention		Post-Intervention	
	No.	%	No.	%
Medical Ward	60	60	70	70
Surgical Ward	10	10	5	5
Isolation Ward	30	30	25	25
Paediatric Ward	-	-	-	-
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

Table 2 shows that the majority of the students (70%) were aware that HIV/AIDS patients are admitted into the medical ward. However, others (30%) indicated that some patients are admitted to the surgical and the isolation wards. Clearly, none of the respondents chose the Paediatric Ward, although that ward admits children infected with HIV/AIDS.

### **Respondents' Views on Interaction with HIV/AIDS Patients at the Wards**

The item under discussion sought to know whether nurses (students and clinicians) interact with HIV/AIDS. Responses elicited are presented by Table 3 followed by brief discussion.

**Table 3**

#### **Responses on Whether Nurses Interact with HIV/AIDS Patients at the Wards**

Responses/Items	Pre-Intervention		Post-Intervention	
	No.	Percentage	No.	Percentage
Yes	80	80	100	100
No	20	20	-	-
Total	100	100	100	100

Table 3 shows that during the pre-intervention stage 80% of respondents answered in the affirmative that nurses interact with HIV/AIDS patients at the wards and 20% disagreed that was the case. However, during the post-intervention data collection, results indicated all respondents (100%) claimed that nurses (student nurses inclusive) interact with HIV/AIDS patients. The change in

perspective could be that some of the participating student nurses had negative notions about HIV/AIDS care prior to the intervention. In spite of the fact that the findings of this aspect of the study demonstrated that nurses interact with HIV/AIDS patients, it does not give sufficient grounds to prove that they have positive attitude towards HIV/AIDS patients.

**Student Nurses' Views on the Transmission of HIV Infection to the Nurses who care for Them**

Responses in this subsection were geared toward measuring the knowledge level of student nurses on whether nurses who care for HIV/AIDS patients stand the risk of getting infected. Their responses are presented in Table 4.

**Table 4**

**Respondents' Views on the Transmission of HIV Infection to the Nurses who care for HIV/AIDS Patients**

Responses/Item	Pre-Intervention		Post-Intervention	
	No.	%	No.	%
HIV/AIDS patients can infect nurses who care for them	62	62	42	42
HIV/AIDS patients cannot infect nurses who care for them	20	20	50	50
Uncertain about the issue	18	18	8	8
Total	100	100	100	100

The table indicates that at the pre-intervention test, 62% of respondents said that HIV/AIDS patients can transmit the HIV virus to the nurses who care for them, 20% stated that HIV/AIDS patients cannot infect nurses whilst 18% were not certain about the issue. Table 4 shows that, during the post-intervention data collection session, the percentage of those who claimed earlier nurses can be infected by HIV/AIDS patients of the disease dropped from 62% to 42%, a deviation of 20%. This resulted in the appreciation of the responses that indicated HIV/AIDS patients cannot infect nurses to 50%. The proportion of respondents who were uncertain about the issue whether HIV/AIDS patients can infect nurses or not dropped from 18% to 8% (a deviation of 10%).

This confirms the assertion by Cipla (2001) that occupational exposures to HIV/AIDS may occur. He further explained that exposure to needles carrying HIV infected blood, which accidentally prick the healthcare professional. Although, the student nurses' have been taught the mode of transmission of the HIV virus, they still perceived the HIV/AIDS patients as contagious. The absence of a vaccine or treatment of adverse health outcome is a great concern to nurses everywhere. Consequently, the attitude and concerns of the student nurses in providing care might be connected with their view of being at risk because of the level of anxiety about contracting HIV/AIDS.

#### **How Student Nurses Feel in the Presence of HIV/AIDS Patients**

The students were asked about how they perceive caring for HIV/AIDS patients. The responses are presented in Table 5.

**Table 5****How Students Feel in the Presence of HIV/AIDS Patients**

Responses/Item	Pre-Intervention		Post-Intervention	
	No.	%	No.	%
Frightening	70	70	20	20
Depressing	10	10	5	5
Interesting	15	15	70	70
Disgusting	5	5	5	5
Total	100	100	100	100

Table 5 indicates that 70% claimed they were frightened in the presence of HIV/AIDS patients, 10% felt depressed, 15% indicated it was interesting caring for HIV/AIDS patients and 5% felt disgusted when caring for HIV/AIDS patients. Again, Table 5 shows that during the post-intervention stage, 20% of respondents indicated that they felt frightened in the presence of HIV/AIDS patients, 5% felt depressed, 70% developed interest in caring for HIV/AIDS patients and 5% felt disgusted when caring for HIV/AIDS patients.

The implication of the above results indicated that the student nurses have negative perceptions about HIV/AIDS patients. During the pre-intervention session, the majority of respondents (85%) demonstrated negative perceptions about HIV/AIDS patients, while only 15% stated they were interested. Furthermore after the post-intervention, 30% of the respondents still had negative perceptions about HIV/AIDS patients. This confirms the assertion made by WHO

(2001), which stated that HIV related stigma continues to be the greatest obstacle to action against the epidemic. William (2000) also confirmed that stigma and discrimination are daily issues for people infected and affected by HIV.

**Research Question Two: How can the Attitude of Student Nurses be Improved on the Wards?**

This section is devoted to the presentation of responses relating to how the attitudes of student nurses can be improved. A couple of subsections are used for this purpose. Table 6 begins the presentation of the first issue under this section and it is about the views of respondents on the period of time they would wish to spend with HIV/AIDS patients on the wards.

**Table 6**

**Responses on the Time Frame Student Nurses would want to spend with HIV/AIDS Patients**

Responses/Item	Pre-Intervention		Post-Intervention	
	No.	%	No.	%
Always	30	30	60	60
Only when on duty	50	50	30	30
The shortest possible time	15	15	7	7
Never	5	5	3	3
Total	100	100	100	100

The results as shown on Table 6 indicate that 60% of the respondents would want to be with the HIV/AIDS patients always after post-intervention. This

means that the student nurses are willing and ready to care for the HIV/AIDS patients if they are motivated to do so.

Table 7 presents responses on the Un-co-operative HIV/AIDS patients. The origin of these set of responses was that respondents were asked about how they would react to HIV/AIDS patients who exhibited unco-operative tendencies towards nurses.

Table 7 shows that the pre-intervention results did not paint a good picture of student nurses reaction to unco-operative HIV/AIDS patients towards them. The majority of 65% prior to the intervention had indicated that they would be angry if a patient was not cooperating with them during the clinical experience. In the course of the intervention, several challenges respondents will face in the care of HIV/AIDS patients were laid before them.

**Table 7**

**Responses on the Unco-operative Posture of HIV/AIDS Patients  
in the Wards**

Responses/Item	Pre-Intervention		Post-Intervention	
	No.	%	No.	%
Would be angry	65	65	20	20
Would be tolerant	35	35	80	80
Total	100	100	100	100

However, Table 7 indicates that despite the stigmatization and discrimination against PLWHA and PABA, 80% of the student nurses were willing to tolerate the unco-operative HIV/AIDS patients while 20% of the



respondents maintained that they would be angry after the post-intervention process. This confirms the assertion made by Young (1998) which indicated that preceptors have clinical competence and would serve as good role models for students.

### **Fears Student Nurses have about HIV/AIDS Patients**

Students were asked to indicate their main fear about HIV/AIDS patients. Table 8 shows their responses. The results as depicted on Table 8 indicate that 70% of respondents were afraid of being infected with the HIV virus during the discharge of their duties. This was probably due to the perception they had about the causes of HIV/AIDS. The attitude and concerns of the student nurses in providing care might be connected to their view of being at risk because of high level of anxiety.

**Table 8**

#### **Respondents' Fears about HIV/AIDS**

Responses/Item	Pre-Intervention		Post-Intervention	
	No.	%	No.	%
Being infected patient	70	70	15	15
Fear of unknown HIV/AIDS patients	25	25	65	65
should not come near me	5	5	20	20
<b>Total</b>	<b>100</b>	<b>100</b>	<b>100</b>	<b>100</b>

However, after the intervention only 15% of the respondents indicated that they were afraid of being infected. This indicates that the preceptors might have

done a good job in changing the attitude of the respondents towards the patients.

**Table 9**

**Respondents' Views on Playing Games with HIV/AIDS Patients**

Responses/Item	Pre-Intervention		Post-Intervention	
	No.	%	No.	%
Will play games with patients	60	60	90	90
Will not play games with patients	40	40	10	10
Total	100	100	100	100

The results indicated that 60% of the respondents were of the opinion that they will play games with the PLWHA whilst 40% stated that they will not play games with the HIV/AIDS patients. It was evident that during the post-intervention stage, 90% mentioned that they will play the games while 10% still maintained that they will not play games with the patients.

Once again, it was evident that the student nurses had negative attitudes towards the patients that might have been their reason for not playing games with them. Although the students had knowledge about the mode of transmission of the disease, some of them had negative attitudes towards the patients. However, with the intervention put in place by the preceptors, 90% of the respondents indicated that they will play games with patients. This implied that the attitude of the student nurses can be improved through the intervention of preceptors at the hospital.

## Reaction of Student Nurses on Contact with Vomitus of HIV/AIDS Patients

Respondents were asked about how they would react towards a patient who vomits on them at the wards. The bar graphs (Figures 1 & 2) show their responses at both the pre-intervention and post intervention stages.

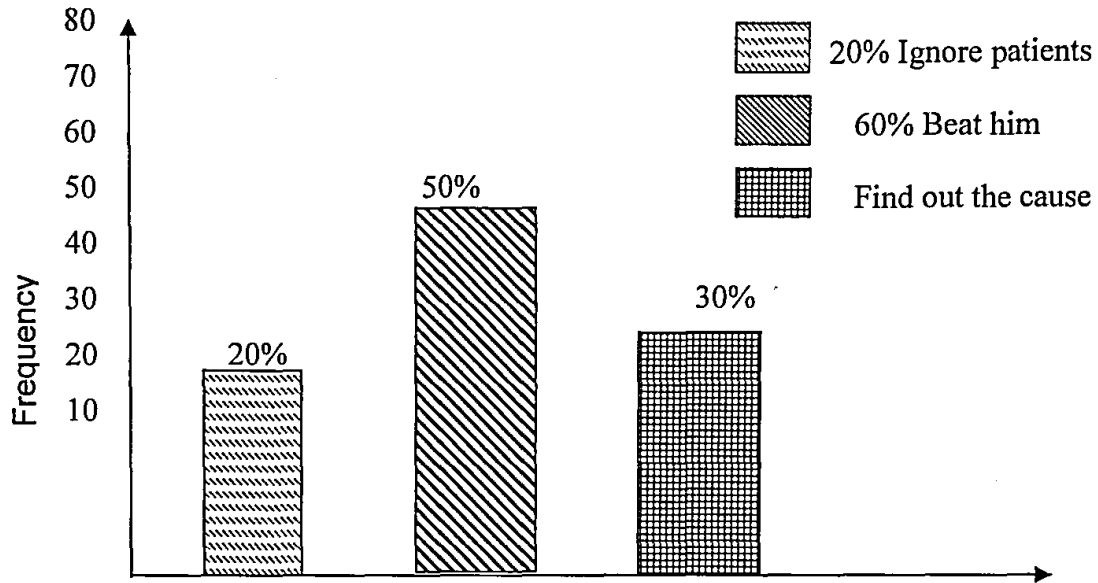


Figure 1: Pre-Intervention Responses on Contact with Vomitus

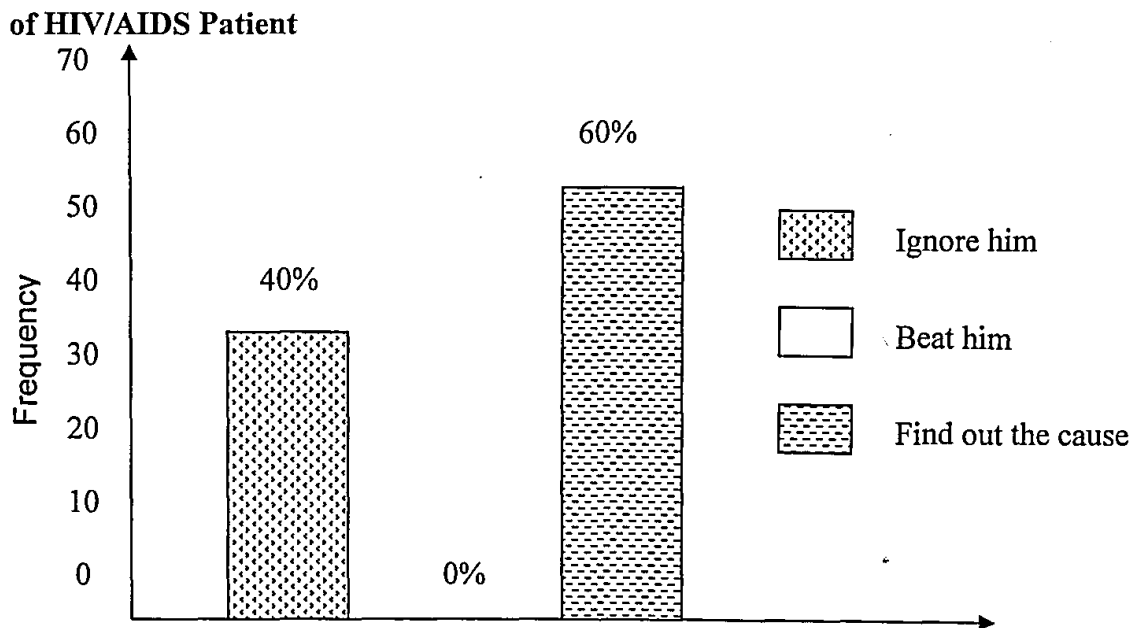


Figure 2: Post Intervention Responses in Relation to HIV/AIDS

Patients' Vomitus

The results indicated that 50% of the respondents were of the opinion that the patients should be beaten up, while 20% stated that HIV/AIDS patients should be ignored and 30% rather said they should find the cause of the vomiting. There was a big gap in the changes in attitude from the pre-test to the post-test responses. This was possibly due to social and psychological support they had from the preceptors or the ward in-charges, which enabled them change their attitudes.

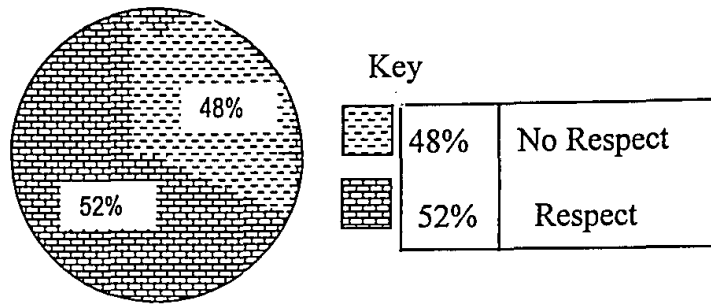
**Research Question Three: Would introducing student nurses to HIV/AIDS patients on the wards before formal lectures on HIV/AIDS sensitize the students?**

Like the responses with the two previous research questions, in this case too, subsections are used where applicable to present a set of responses to an issue addressing the research question.

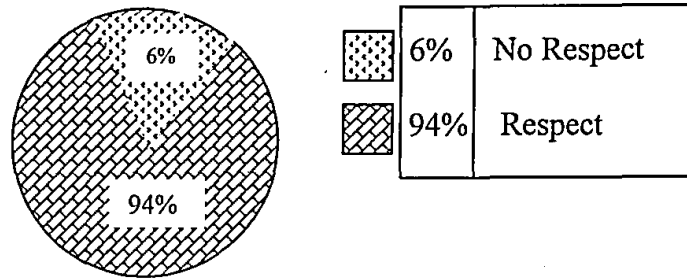
**Student Nurses Opinions on Whether HIV/AIDS Patients need to be given Respect by Nurses**

This subsection contains responses that answered the question as to whether nurses or for that matter student nurses ought to give respect to HIV/AIDS patients admitted to the wards of a health facility. Responses elicited are presented in a Pie Chart (Figures 3).

### Pre-Intervention Responses



### Post-Intervention Responses



**Figure 3: Respondents' Opinion on Whether HIV/AIDS Patients Needed any Respect from Nurses**

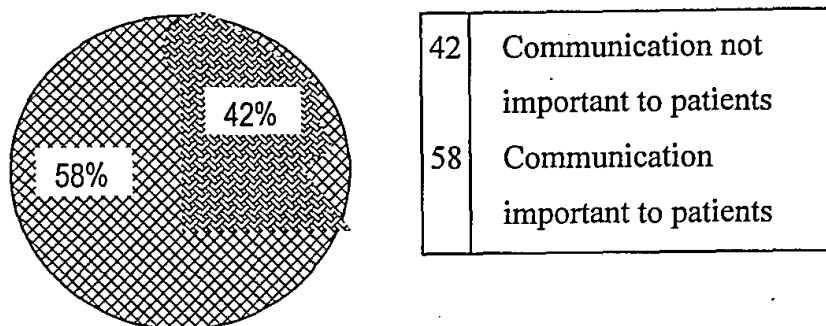
The results before the intervention indicated that 52% of the respondents believed that HIV/AIDS patients need to be respected like any human being. Again, Figure 3 shows that 48% of respondents believed that patients do not need any respect because they did not take good care of themselves. The trend of responses however changed after the intervention. From Figure 3, the vast majority (94%) of respondents asserted that they deserve respect as other patients with different diseases other than HIV/AIDS. This means the student nurses had negative attitude towards the HIV/AIDS patients and that affected their behaviour. This confirms the assertion made by Zanna, Oslo and Fazio (1980,

p.72) that “the constancy between attitude and behaviours can be influenced by certain quality of attitude involved”.

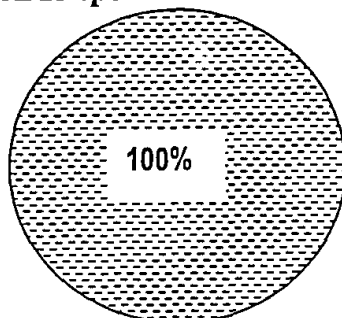
### Using Communication in the Caring of HIV/AIDS Patients by Nurses

Communication in nursing or caring for patients of all categories at the wards is important (Nadzam, 2008). Consequently, respondents in this study were asked whether they considered communication between HIV/AIDS patients and nurses as important. Their responses are presented in Figure 4.

#### Pre-Intervention Responses



#### Post-Intervention Response



**Figure 4: Respondents' Views on Communication with HIV/AIDS Patients by Nurses**

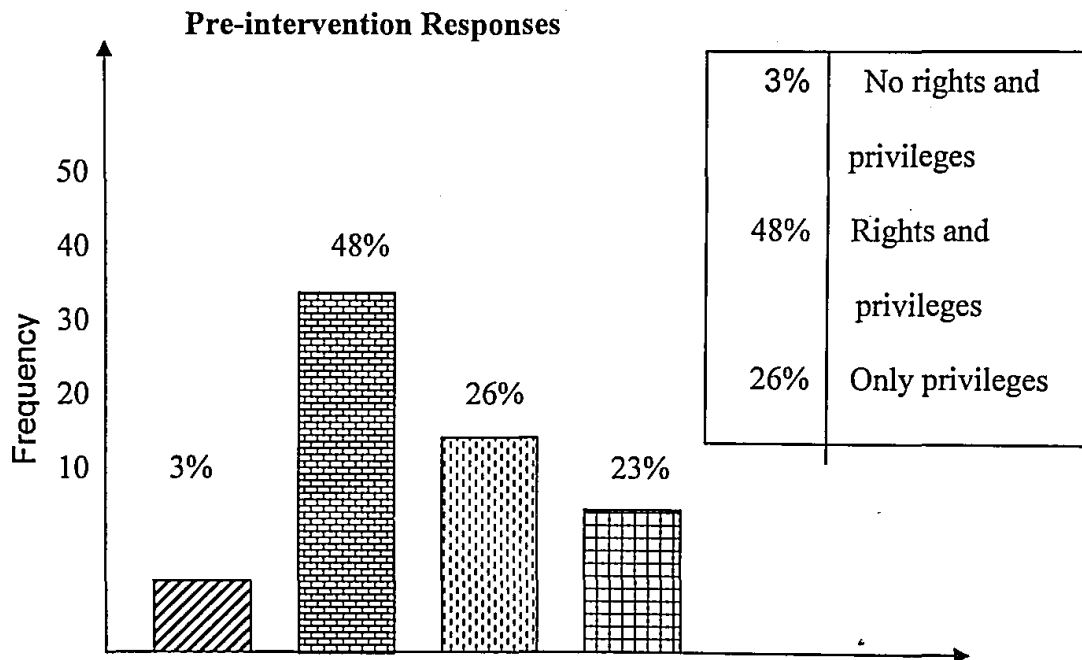
The results indicated that 58% of the respondents were of the opinion that communication between the nurses and the PLWHA is an important tool in

nursing whilst 42% of the respondents were of the opinion the communication between the patients and the nurses was not important. However, after the intervention, all the respondents were of the opinion that communication with HIV/AIDS patients was important. This means that the student nurses became sensitized, after they have been introduced to the HIV/AIDS patients.

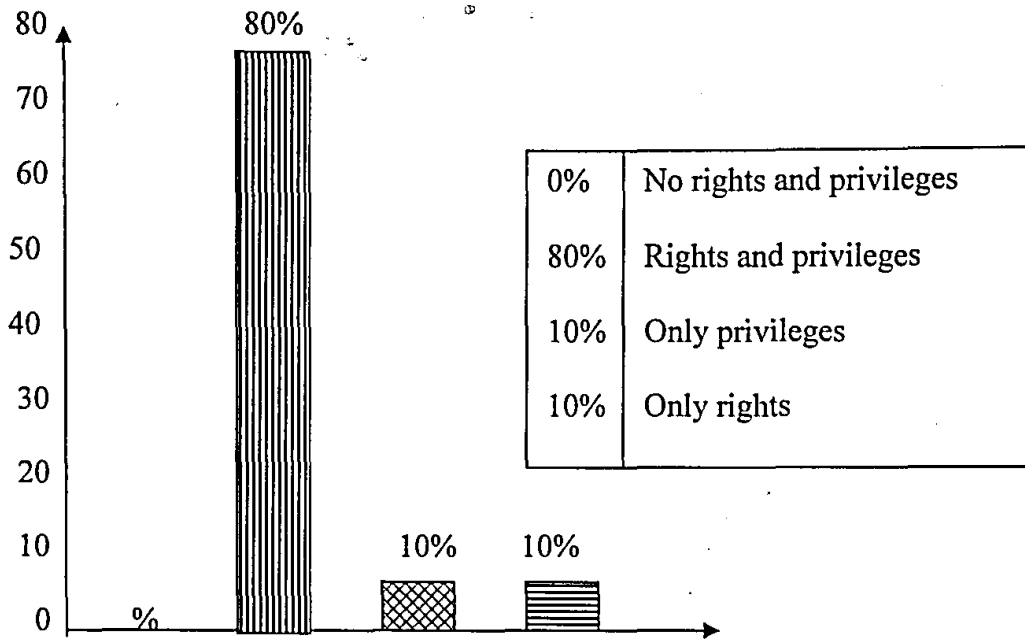
The ICN/WHO Joint Declaration on AIDS (1992) reveals that nurses' responsibility is to provide care, promote an environment in which the values, customs and spiritual beliefs are respected. The care provided to all patients includes effective communication between nurses and patients.

### Opinions on the Rights and Privileges of HIV/AIDS Patients

An item in the questionnaire asked respondents' opinions on the rights and privileges of HIV/AIDS Patients. The responses are shown in figure 5.



### Post-Intervention Responses



**Figure 5: Respondents' Opinions on the Rights and Privileges of Patients**

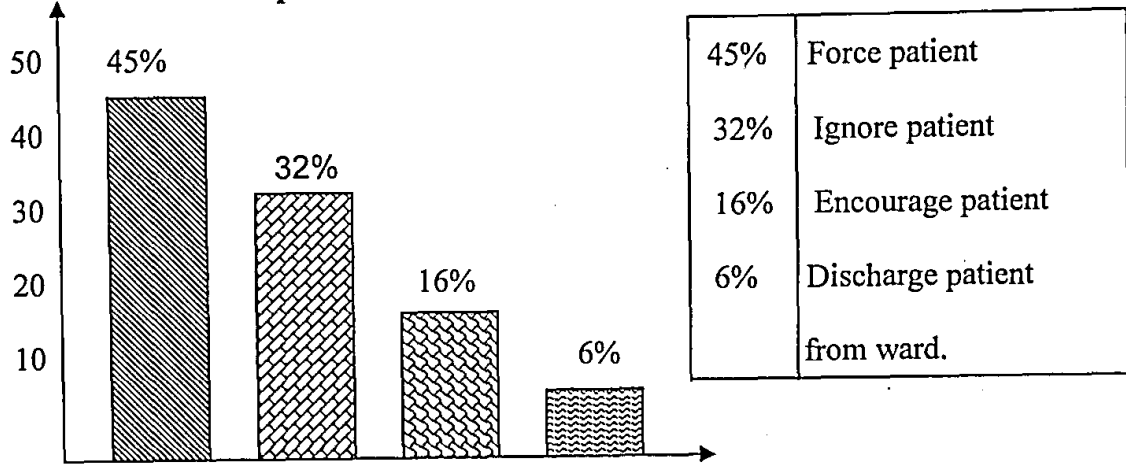
The pre-intervention results indicated that 3% of the respondents were of the opinion that HIV/AIDS patients did not have any rights and privileges on the wards, 23% of the respondents stated that they have only rights and no privileges. The post-intervention test revealed a different story. No respondent said that the HIV/AIDS patients do not have rights and privileges. However, majority of the respondents 80% agreed that the patients have equal rights and privileges as any human being, 10% contended that the patients had only privileges and no rights. Another 10% of the respondents asserted that the patients had only rights on the ward.



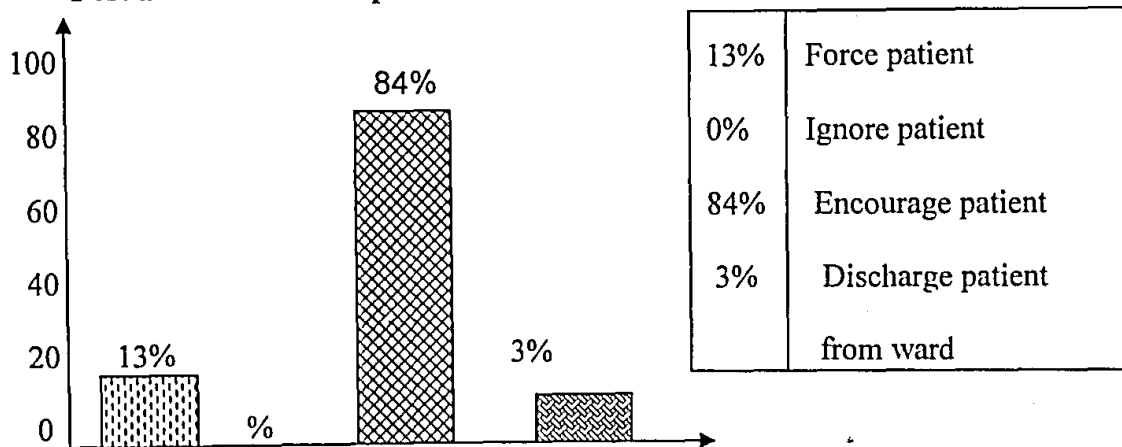
**Opinions on what One could do to help HIV/AIDS Patients take their Medications**

Responses in this subsection are geared towards what student nurses could do to facilitate how HIV/AIDS patients would take their medications. Both the pre-intervention and post-intervention responses are presented in Figure 6.

**Pre-Intervention Responses**



**Post-Intervention Responses**



**Figure 6: Responses on the Handling HIV/AIDS Patients Concerning the Their Medications**

Figure 6 shows that before the intervention, 45% of respondents said they would force the patient to take the medication. Another 32% of respondents indicated that they would ignore him to his fate whilst 16% were of the opinion that he should be encouraged to take his medication with 6% contending that they would tell the doctor to discharge him from the ward.

Interestingly however, the opinions of most respondents changed after the intervention. According to the results as depicted in Figure 6, 45% maintained that the patient must be forced to take his medication, despite this stand though, the percentage dropped from 45% to 13% (a deviation of 32%). On the other hand those respondents who earlier had indicated they would ignore patients changed their minds totally and joined those who would encourage the patient. Finally, Figure 6 showed that at the post-intervention stage, the proportion of respondents who would have advised doctors to discharge the patient dropped from 6% to 3%.

#### **Respondents' Reactions to HIV/AIDS Patients who Refuse Testing**

The last item on the questionnaire solicited the views of respondents on HIV/AIDS patients who refuse testing of their blood samples. The responses are shown in Table 10.

Table 10 shows that during the pre-intervention test, 16% of respondents said patients should be ignored, 13% indicated they should be prevented from infecting others and 26% were of the opinion that patients should be forced to do the testing. Significantly, 45% of respondents believed patients must be spoken to calmly to find out the cause of the refusal.

**Table 10****How Respondents React to HIV/AIDS Patients who Refuse Testing**

Responses/Items	Pre-Intervention		Post-Intervention	
	No.	%	No.	%
Ignore him	16	16	-	-
Prevent him from infecting others	13	13	10	10
Force him	26	26	13	13
Speak calmly to him	45	45	77	77
Total	100	100	100	100

The post-intervention test however revealed some changes in attitudes. No respondent was of the opinion that patients should be ignored, while 10% of respondents maintained that patients must be prevented from infecting other patients on the ward. Another 13% of respondents said patients should be forced to do the testing. The remaining 71% contended that patients should be spoken to calmly to find out the cause of the refusal.

From the discussions on research questions three, it can be inferred that the student nurses have negative attitudes about the PLWHA/PABA in relation to respect, rights and privileges medication and HIV tests. However, they became sensitized after they have been exposed to the patients. The student nurses function within and outside the hospital as regards to care for PLWHA/PABA.

## Conclusions to Chapter Four

The presentation of results was done under three sections which corresponded with the three research questions that guided data collection. Each research question was further developed under subsections that reflected responses given by respondents. Simple frequency tables and charts were used in presenting the results pictorially. The requisite discussion was done with the relevant literature reference where the need arose. The findings of the study indicated that pre-intervention views of respondents were mostly unfavourable towards the care of HIV/AIDS patients. However, it was seen that after the intervention had been instituted the attitudes of the student nurses changed for the better; even though it is not all of them whose attitude changed but the situation improved largely due to the role preceptors played during the intervention process.

## **CHAPTER FIVE**

### **SUMMARY, CONCLUSIONS AND RECOMMENDATIONS**

This chapter captures the summary of the study, summary of findings and conclusions the researcher made to the study. Other aspects of this chapter are recommendations made from the findings and suggested areas for further research.

#### **Summary of the Study**

The essence of this study was to find ways of improving the attitude of student nurses of the Presbyterian Nurses' Training College, Agogo towards HIV/AIDS patients at the Agogo Hospital. The Presbyterian Nurses' College, a mixed nursing training institution, was chosen for the study. The sample of 100 respondents was selected from the second and third year students. All the 100 respondents participated in the study during the pre-intervention and post-intervention stages.

The instrument used for the study was a questionnaire administered by the researcher herself. Respondents were asked to choose appropriate answers to the questions, which sought to find out their attitude towards HIV/AIDS patients. The questionnaire was pilot-tested at the Nurses' Training College, Nkawkaw on the final year students. This was to test the reliability and validity of the instrument.

Analysis of the pre-intervention data was meant to find out the extent of negative attitudes towards HIV/AIDS patients as regards the appropriate

intervention to implement to improve the situation. The post-intervention analysis showed the extent to which student nurses' attitude improved as a result of the intervention.

### **Summary of Pre-Intervention Findings**

Prior to the intervention, students' attitudes were measured and the following are the summary:

1. Respondents want to become nurses because of the love and sympathy they have for patients.
2. It was found out that respondents were afraid of HIV/AIDS patients because of the fear of contracting the HIV virus.
3. Students showed complete disregard for the HIV/AIDS patients
4. Students had negative ideas about caring for HIV/AIDS patients

### **Summary of Intervention Implemented**

The introduction of the ward in-charges helped the student nurses to implement the following:

1. Establishing rapport with HIV/AIDS patients
2. Establishing interpersonal relationship
3. Assisting in checking vital signs
4. Dressing of wounds of patients
5. Assisting in maintaining personal hygiene of HIV/AIDS patients
6. Serving and feeding HIV/AIDS patients
7. Reassuring HIV/AIDS patients
8. Serving of medications

The aim of the intervention was to try to improve the attitudes of students towards HIV/AIDS patients.

### **Summary of Post-Intervention Findings**

The attitudes of students changed positively. The students now interacted freely with the patients and they showed concern towards the patients. The reasons for the positive change in attitude could be attributed to the following:

1. Impact of ward in-charges on the attitudes of students
2. Sensitizing students to HIV/AIDS patients before regular lectures began
3. Students felt as being part of the members of the health care team
4. Free flow of communication between students and ward in-charges and patients.
5. Therapeutic environment was created on the wards

### **Conclusions**

Nursing education in Ghana has gone through a period of dramatic change from Certificate programme to Diploma awarding programme. However, one area that has received little attention is clinical supervision. A health care system is only as good as the educational process which produces its nurses. If the educational process is haphazard or fails to reflect the changes taking place in other areas, then the resultant nursing care provided by the students will be equally ineffective. This presupposes that the method used to teach student nurses their basic skills must be well planned. In addition, it must be based on the scientific principles it hopes to impact.

The study revealed that the students of the Presbyterian Nurses' Training College, Agogo had negative attitudes towards HIV/AIDS due to wrong perception about these patients. It revealed that the classroom is not the best place to teach real nursing interventions. If a student should make a mistake in the classroom, he should rectify them before she gets into the ward. The study also revealed that the practice where students had almost all theoretical lectures before being introduced to the ward for practical experience made them to develop unacceptable attitudes and consequently negative behaviour towards HIV/AIDS patients.

### **Recommendations**

From the findings of the study and the implication on the nursing profession, the following suggestions were made.

- (1) Collaborative efforts among the Ministry of Health, Nurses' and Midwives Council of Ghana and the Health Training Institutions would go a long way to improve the attitude of student nurses in HIV/AIDS care.
- (2) A course on HIV/AIDS should be included in the curriculum for all the nursing programmes in Ghana.
- (3) More incentives must be provided the nurses to motivate them towards giving of their best in caring for people affected by AIDS.
- (4) Increased awareness programmes on HIV/AIDS should be enhanced through symposium, debates, workshops and seminars.



- (5) The hospital authorities should encourage training programmes on HIV/AIDS for nurses and other health workers including student nurses.
- (6) The preceptors at the Agogo Presbyterian Hospital should intensify their supervision during the students' clinical skills as well as develop positive attitudes towards patients.
- (7) In view of the multifarious nature of HIV infection it is deemed wise to assume that most patients are potential HIV carriers. Therefore, clinicians, student nurses and other health care workers must strictly implement the AIDS policy guidelines on the management of HIV/AIDS patients.
- (8) Student nurses must be encouraged to communicate effectively with the HIV/AIDS patients.
- (9) The Principal of each Nursing School should ensure that adequate clinical experiences are planned and provided for the students to enable them acquire the competences in providing quality care to patients.
- (10) Nurse managers should ensure that proper supervision is done in their units and wards. During such supervisions, proper practice should be ensured.

#### **Suggested Areas for Further Research**

1. A similar study should be replicated in other nursing training institutions to measure the attitude of students towards the caring of PLWHAs.

2. The attitude of nurses towards the caring of patients with contagious diseases such as tuberculosis must be considered.
3. The challenges involved in nursing must be researched into by prospective researchers.

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APPENDIX

UNIVERSITY OF CAPE COAST

FACULTY OF EDUCATION

INSTITUTE FOR EDUCATIONAL PLANNING AND ADMINISTRATION

QUESTIONNAIRE FOR DATA COLLECTION

Dear student, your opinion about HIV/AIDS care will be useful in identifying and addressing issues concerning quality care for persons living with HIV/AIDS. This questionnaire is to help identify the attitude of student nurses in providing quality care. It is hoped that the finding will help in addressing issues concerning quality care for people living with HIV/AIDS. Your response will be treated with utmost confidentiality. Thanks in advance for your co-operation and understanding.

**Instruction:** Please, tick (✓) or write your response at the appropriate space provided.

1.0 Why do you want to be a nurse?

1.1 Have sympathy for patients ( )

1.2 Love to care for the sick ( )

1.3 Made choice from advice of parents ( )

1.4 The only job available ( )

2.0 In your opinion which of the wards in the hospital admits patients with HIV/AIDS?

2.1 Medical ward ( )

- 2.2 Surgical ward ( )
- 2.3 Isolation ward ( )
- 2.4 Paediatric ward ( )
- 3.0 Do the nurses at the wards interact with HIV/AIDS patient?
- 3.1 Yes ( )
- 3.2 No ( )
- 4.0 Are you of the opinion that HIV/AIDS patients can transmit the infection to the nurses?
- 4.1 HIV/AIDS patients can infect nurses who care for them ( )
- 4.2 HIV/AIDS patients cannot infect nurses who care for them ( )
- 4.3 Uncertain about the issue.
- 5.0 How do you perceive caring for patients with HIV/AIDS?
- 5.1 Frightening ( )
- 5.2 Depressing ( )
- 5.3 Interesting ( )
- 5.4 Disgusting ( )
- 6.0 How often will you want to be with HIV/AIDS patients on the ward?
- 6.1 Always ( )
- 6.2 Only when on duty ( )
- 6.3 The shortest possible time ( )
- 6.4 Never ( )
- 7.0 Would you become angry when the HIV/AIDS patient is un-cooperative?
- 7.1 Would be angry ( )



- 7.2 Would be tolerant ( )
- 8.0 What fears do you have about HIV/AIDS patients?
- 8.1 Being infected patient ( )
- 8.2 Becoming HIV/AIDS myself ( )
- 8.3 Fear of unknown ( )
- 8.4 HIV/AIDS patient should not be near me ( )
- 9.0 Do you like playing games with HIV/AIDS patients?
- 9.1 Yes ( )
- 9.2 No ( )
- 9.3 If no explain.....
- 10.0 How do you feel in the presence of HIV/AIDS patients?
- 10.1 Frightening ( )
- 10.2 Fairly frightening ( )
- 10.3 Very frightening ( )
- 10.4 Not frightening ( )
- 11.0 What will be your immediate reaction of HIV/AIDS patient vomits on you?
- 11.1 Ignore him because he is sick ( )
- 11.2 Beat him up ( )
- 11.3 Find out the cause of the vomiting ( )
- 12.0 Do HIV/AIDS patients need any respect? ( )
- 12.1 Yes ( )
- 12.2 No ( )

- 12.3 If no explain.....
- 13.0 Do you believe that communication is an important tool in establishing interpersonal relationship with HIV/AIDS patient?
- 13.1 Yes ( )
- 13.2 No ( )
- 13.3 If no explain.....
- 14.0 Do HIV/AIDS patients have any rights and privileges on the ward?
- 14.1 Their rights and privileges end in their homes. ( )
- 14.2 They have rights and privileges like any human being ( )
- 14.3 They only have privileges and no rights ( )
- 14.4 They only have rights and no privileges ( )
- 15.0 What will you do to help HIV/AIDS patient take his meal or medicine at the ward.
- 15.1 Force him to get his medication and get well ( )
- 15.2 Ignore him to his fate ( )
- 15.3 Show concern and encourage him to take his meals and medicine ( )
- 15.4 Tell doctor to discharge him from the ward ( )
- 16.0 What will be your reaction when a suspected HIV/AIDS refuses testing?
- 16.1 Ignore him ( )
- 16.2 Prevent him from infecting others on the ward ( )
- 16.3 Force him to do the testing ( )
- 16.4 Speak calmly to him and find out the cause of his refusal. ( )