

Title:

Attitudes About Caring for People Living With HIV/AIDS: Comparing American and Peruvian Nursing Faculty Attitudes

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Global HIV Practices

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3:35 PM

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References:

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Abstract Summary:

This study describes the attitudes of American and Peruvian nursing faculty about caring for patients living with HIV/AIDS. The Healthcare Provider HIV/AIDS Stigma Scale (HPASS) was used in this cross-

sectional design with nonrandomized sampling. The average scores, including prejudices, stereotypes, and discrimination subscales, will be described and an analysis presented.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe the impact of faculty attitudes, and the influence on their students, in caring for patients living with HIV.	The review of the literature identifying the gap in knowledge specific to nursing faculty attitudes about caring for people living with HIV/AIDS will be briefly described. And, the link between faculty attitudes and student attitudes and practice will be emphasized.
The learner will be able to identify the factors measured by the Healthcare Provider HIV/AIDS Stigma Scale (HPASS).	For participants interested in using this validated and reliable instrument, the Healthcare Provider HIV/AIDS Stigma Scale (HPASS) will be described. This is a 30-item instrument with three subscales, Prejudices (16-items), stereotypes (11-items), and discrimination (6-items). The important findings will be explained in relationship to this instrument.
The learner will be able to discuss the attitudes of American and Peruvian nursing faculty specific to caring for PLWHIV and the implications for patients and explain the rational for the differences in reported prejudices, stereotypes, and discriminatory tenancies.	The findings for the differences and similarities in American and Peruvian nursing faculty attitudes specific to caring for PLWHIV will be discussed, with linkages to the literature and cultural similarities and differences. Furthermore, the influence and potential impact of these faculty attitudes on students will be explained.

Abstract Text:

INTRODUCTION: The number of people infected by Human Immunodeficiency Virus (HIV) and living with Acquired Immune Deficiency Syndrome (AIDS) is growing worldwide. According to UNAIDS, there are more than 33 million People Living with HIV (PLHIV) in the world. Medical, pharmaceutical, technological and epidemiological advances have helped to control the infection decreasing the numbers drastically and a lot of research has been done from a biomedical perspective. However, research focused on social aspects about HIV/AIDS, such as people’s beliefs and attitudes toward HIV/AIDS, have not been robust.

BACKGROUND: Nurses acquire knowledge from biological, psychological and social sciences, with a special emphasis in the latter giving the ontological conception of caring. Similarly, nurses have their own personal beliefs and attitudes which have an impact on the way they care for patients. These can negatively impact caring to produce stigmatization, loneliness, and hopelessness. If proactively identified, transformative interventions can minimize stigma to improve patient quality of life. The literature (England, Germany, South Africa, Singapore, Sweden, Turkey, and the United States,) demonstrates fears and misunderstanding persist among nurses and nursing students toward caring for PLHIV; however, research about faculty attitudes toward caring for PLHIV is limited. The collective personal experience of this research team believes nursing faculty have attitudinal aspects similar to those indicated by the research investigating attitudes of nursing students.

AIMS: To describe the attitudes of caring for PLHIV among nursing faculty in two socio-culturally different countries, such as the United States of America (Americans) and Peru (Peruvians). This research will help to identify areas for improvement among faculty related to their attitudes and belief about caring for PLHIV. Educational intervention may be implemented based on the needs identified in order to reduce discriminatory attitudes and wrong beliefs.

METHODS: This is a subset of data collected within a larger cross-sectional multinational study approved by the Texas Woman's University IRB (Protocol #19213). Nonrandomized electronic sampling was used. Data collection was completed with the Healthcare Provider HIV/AIDS Stigma Scale (HPASS), a 30-item validated and reliable instrument with three tendency factors: Prejudices (16-items), stereotypes (11-items), and discrimination (6-items). A Spanish HPASS version was produced for Peru using forward and reverse translation, with expert content, culture, and language validation. Sociodemographic data were also collected. Total scores of the HPASS were stratified into categories of strongly tolerant, tolerant, somewhat tolerant, somewhat intolerant, intolerant and strongly intolerant (1=strongly tolerant-6=strongly intolerant). Descriptive and inferential statistical analysis was performed using SPSS V21 software.

RESULTS: Descriptively, there were a total of 91 completed surveys identified with a specific country. The response rates ranged from 31.25%-69.56%, with an average of about 56%. The mean age was 41.2 (± 7.77) in the Peruvian sample and 55.9 (± 11.4) in the American sample. Most of the participants were women, specially within the USA sample (91.7%;55). More than 40% in both samples considered religion as "very important". Most of the American participants held a doctoral degree (55.9%; 33) while most of the Peruvians held a master (62.1%; 18). American participants had an average of 18.2 (± 14.2) years of teaching experience while Peruvian had just 7.74 (± 6.35). Average score of the HPASS scale was 2.70 (± 1.46) in the American sample and 3.32 (± 1.60) in the Peruvian ($p=0.076$), meaning slightly better attitudes in the American group. The stereotypes subscale show somewhat positive attitudes in both groups with no statistical significance ($p=0.141$). For the discrimination subscale, more positive attitudes are found in the American group (2.56 \pm 1.48 vs. 3.56 \pm 1.53) again with not significant differences ($p=0.076$). Finally, the prejudice subscale shows similar results for both groups, showing both positive attitudes, however, with not significant differences ($p=0.263$).

CONCLUSIONS: This was the first study reported in the literature where the HPASS was used to study nursing faculty attitudes about caring for PLHIV. And, this was the first study to compare the attitudes of nurses in more than one country. For phase one of this multinational multicenter study, the attitudes related to caring for PLHIV among nursing faculty were more positive in the American than the Peruvian faculty group. With the socio-cultural differences among these two countries, differences in the average scores were noted in the stereotypes, prejudices, and discrimination subscales. However, no statistically significant differences were found due to the relatively small sample size. Further inferential statistics with a larger sample size needs to be completed in order to provide a more significant analysis. With the current descriptive findings, educational interventions may be necessary to reduce discriminatory attitudes and inaccurate beliefs in some universities.