

# THE EXPERIENCE OF NURSING STUDENTS IN CARING FOR AIDS PATIENTS

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## ABSTRACT

*In South Africa the cumulative total of people suffering from AIDS between 1982 and 1991 was 969. (Epidemiological Comments Vol. 18 (11) November 1991.) Since persons suffering from AIDS in South Africa are reported voluntarily and anonymously it is estimated that the statistics indicate merely a tip of the iceberg. Given the statistics there is a need to prepare well equipped nursing students to meet the challenges of caring for AIDS patients and/or HIV reactive persons.*

*Currently there have been few research studies done on the experiences of nursing students in caring for AIDS patients and/or HIV reactive persons. No guidelines exist that can be used for student support and to prepare these students to care for such persons. Therefore the aim of the study was the following: To explore and describe the experience of nursing students in caring for AIDS/HIV reactive individuals.*

*This was a qualitative, contextual, exploratory and descriptive study among B. Cur students. Data was collected through individual interviews and narrative sketches. The study revealed that nursing students are afraid to care for AIDS patients. They also expressed feelings of guilt and a negative attitude towards these patients. Some students even tried to ignore the patients. Those students who made an effort to care for the patients were extra careful and vigilant in their approach. In spite of the above-mentioned findings, students expressed a sense of commitment towards the patient, hence the feelings of guilt.*

## OPSOMMING

*In Suid-Afrika het 969 persone reeds tussen 1982 en 1991 aan VIGS gely (Epidemiologiese aantekeninge vol. 18, (11), November 1991). Aangesien die aanmelding van persone wat aan VIGS ly vrywilliglik en anoniem geskied, word dit gereken dat hierdie getalle slegs die punt van die ysberg is. Gegewe hierdie statistieke, is daar 'n behoefte om goed toegeruste verpleegstudente voor te berei om aan die uitdagings wat die versorging van VIGS pasiënte en/of MIV reaktiewe persone bied te voldoen.*

*Huidiglik is min navorsingstudies gedoen oor die ervaring van verpleegstudente in die versorging van VIGS pasiënte en/of MIV reaktiewe persone. Geen riglyne bestaan wat gebruik kan word vir student ondersteuning en om hierdie studente voor te berei om hierdie persone te versorg nie. Daarom was die doel van hierdie studie om: Die ervaring van verpleegstudente in die versorging van VIGS pasiënte en/of MIV reaktiewe persone te verken en te beskryf.*

*Hierdie was 'n kwalitatiewe, kontekstuele, verkennende en beskrywende studie wat B. Cur studente ingesluit het. Data was ingesamel deur individuele onderhoude en spontane sketse. Die studie het aangetoon dat verpleegstudente bang is om VIGS pasiënte te versorg. Hulle meld ook skuldgevoelens en 'n negatiewe houding aangaande hierdie pasiënte. Sommige studente het selfs probeer om die pasiënte te ignoreer. Die studente wat wel 'n poging aangewend het om die pasiënte te versorg was ekstra versigtig in hulle benadering. Ten spyte van die bogenoemde bevindinge het studente steeds toewyding tot die pasiënte ervaar, vandaar die skuldgevoelens.*

## BACKGROUND AND ORIENTATION TO THE STUDY

The Acquired Immune Deficiency Syndrome (AIDS) has reached epidemic proportions all over the world. In South Africa according to Vincent Veal, spokesman for the Health Department's HIV-AIDS desk, one in every 20 people is infected and the figure is expected to double by the year 2000. (Pretoria News, Friday May 10, 1996.) Since the

persons suffering from AIDS in South Africa are reported voluntarily and anonymously it is estimated that the statistics indicate merely a tip of the iceberg. There is therefore a strong likelihood that nursing students will at some point in their training career or subsequent practice in future encounter a patient with AIDS or an HIV reactive individual.

Given the statistics, there is a need to prepare well equipped nursing students to meet the challenge of caring for AIDS/HIV patients and reactive individuals respectively.

In this research exploring the students' experiences in caring for those patients was regarded as the first step in that direction. According to Grady (1989:5) "AIDS elicits negative attitudes and an unwillingness to interact in a casual fashion with patients with AIDS" Nurses also have difficulty in establishing open, positive and non-judgemental care relationships with patients with AIDS. The fatality of the disease and the fear of contracting it accidentally, though extremely low, places a heavy strain on nurses (Hewitt, 1993:144).

This study was undertaken to explore and describe nursing students' experience of caring for AIDS patient/HIV reactive individuals (phase one) and to formulate guidelines for nursing educators in preparing nursing students to care for AIDS/HIV reactive patients. In this article students' experience of caring for AIDS patients/HIV individuals will be attended to.

## PROBLEM STATEMENT

Currently, few research studies have been done in the USA and England on the experience of students in caring for AIDS/HIV reactive individuals. (Reed, Wise and Mann: 1984; Wiley, Health and Acklin: 1988; Lester and Beard: 1988; Jemmot, Jemmot and Cruz-Collins: 1992.)

## RESEARCH OBJECTIVES

With reference to the aforementioned the following research objective was formulated:

To explore and describe the experience of nursing students whilst caring for an AIDS patient/HIV positive individual.

## RESEARCH DESIGN

This was an exploratory (Mouton & Marais, 1990:43), descriptive (Burns & Grove, 1993:28; Mouton & Marais, 1990:205) and contextual (Mouton & Marais, 1990:121) design.

## RESEARCH METHOD

The research method comprise the population, sampling criteria, sampling, sample, data-collection and data analysis techniques.

## POPULATION

The population for this study included second, third and fourth year B.Cur students at one university (N=60). The first year B.Cur students were not included as their clinical experience is very limited.

## SAMPLING CRITERIA

The following sampling criteria applied:

- \* any second, third and fourth year B.Cur student who has cared for an AIDS patient/HIV reactive individual.
- \* the participant should be willing to write a narrative sketch or engage into an interview to reflect his/her experience.

## SAMPLING

Purposive sampling was used. The selection of a participant is based on his/her quality and relationship to the aim and objectives, and according to the stated sampling criteria.

## SAMPLE

Data was collected through unstructured interviews and narrative sketches until saturation of data was reached. Saturation of data was reached after the collection and analysis of data from thirty one participants (n=31).

## DATA COLLECTION

Data was collected through one-on-one unstructured interviews and narrative sketches during 1995 and 1996. During the interviews the researcher adhered to the principles for interviewing, such as providing privacy; implementing good verbal and non-verbal communication skills; adopting a non-judgemental attitude and showing interest.

As these interviews were unstructured, the following central question was posed: "Please describe your experience (thoughts, feelings, emotions) when you cared for an AIDS patient/HIV reactive individual." For the rest of the interview the researcher explored the feedback from the participant. A tape recorder was used to record the interviews.

Narrative sketches (Giorgi: 1985) were also used to collect data. A narrative sketch is where a participant is provided with a blank paper and is requested to provide information according to a central question. For this, the same central question as for the interviews was posed. All narrative sketches were then sealed in envelopes and handed to the researchers.

## DATA ANALYSIS

All interviews were transcribed verbatim from the tape recordings and then sealed. The data from the interviews and the narrative sketches were analyzed according to the following research protocol: (Data-analysis was done by the researchers and an independent, external coder.)

1. Open the sealed envelopes.
2. The analysis of the narrative sketches/transcriptions was based on guidelines/steps proposed by Tesch (in Cresswell, 1994:142-145).
3. The following steps are used:
  - 3.1 Read through all the narrative sketches/transcriptions to get a sense of the whole
  - 3.2 Read through each narrative sketches/transcription carefully and concentrate on the topics/issues/thoughts/feelings mentioned by the participant. List these aspects on a separate page.
  - 3.3 Cluster similar aspects together in categories, trying to devise the minimum number of sensible categories.
  - 3.4 Assign codes to each category.
  - 3.5 Read through each narrative sketch/transcription and code the data coordinating to the selected categories.
4. Reseal the narrative sketches/transcriptions in the prepared envelopes.
5. Attend the consensus discussion according to the planned date.
6. Ask participants to validate analysed data in order to ascertain whether the identified categories were a true reflection of the described experience.

Data was reflected into Nursing for the Whole Person Theory (Oral Roberts University, Anna Vaugh School of Nursing (1990: 136-142) that views a person holistically,

consisting of an internal and external environment. The person's internal environment consists of body, mind (intellect, emotion and volition) and spirit. The external environment consists of a physical, social and spiritual dimension. The patterns of interaction between the internal and external environment of a person determines his/her health status. In this study the categories identified were within the internal environment of a person and specifically the mind and spirit of a person.

## TRUSTWORTHINESS OF THE STUDY

Lincoln and Guba's model for trustworthiness (Lincoln & Guba, 1984:231-238) was utilised to ensure what is usually referred to as validity and reliability. The four aspects of trustworthiness comprise truth value, applicability, consistency and neutrality. See table 1 for application of strategies to ensure trustworthiness in this study.

## ETHICAL CONSIDERATIONS

One of the researchers met with potential participants for lecture classes where the study was described, and further explanation was given that their participation was voluntary. They were assured of privacy, confidentiality and anonymity. The interviews were conducted in private with only the interviewer present, and all audio cassettes were erased after analysis of data and compilation of the final report. The participants were asked not to write their names on the narrative sketches. The study was approved by the research Ethical Committee of the university.

## RESULTS OF RESEARCH

The data of the participants is reflected in Table 2. Table 3 reflects the major categories of nursing students' experience of nursing HIV/AIDS patients. The discussion of the results is based on Table 3.

**TABLE 1: STRATEGIES TO ENSURE TRUSTWORTHINESS**

ASPECT (STRATEGY)	CRITERIA	APPLICATION
Truth Value (Credibility)	Prolonged engagement	Study conducted over two years
	- Triangulation	- Sources - Methods - Researchers - Tech's method of data-analysis - Independent coder
	- Member checking	- Validation of data gathered in phase one
	- Peer examination	- Two researchers - Expert for coding - Expert as mentor
	- Authority of researcher	- Researchers have previous experience of qualitative research
Applicability (Transferability)	- Nominated sample	- Purposive sampling
	Dense description	- Complete description of methodology
Consistency (Dependability)	- Dependability audit	- Validation of data gathered from phase one with respondents - Data analysis protocol - Independent coder - Independent mentor
	- Dense description of research method	- As discussed
	- Triangulation	- Two researchers - Open ended questions (central questions) - Results validated - Tesch's method of data-analysis - Independent coder - Independent mentor
Neutrality (confirmability)	- Confirmability audit	- Consensus discussion between researchers, participants and independent coder

TABLE 2: DATA OF PARTICIPANTS

	PARTICIPANTS FOR INTERVIEWS	PARTICIPANTS FOR NARRATIVE SKETCHES
YEAR OF STUDY		
Second year	n=0	n=18
Third year	n=0	n=8
Fourth year	n=3	n= 2
TOTAL	n= 3	n=28

Interviews of three (n=3) participants and narrative sketches from twenty eight (n=28) participants were analyzed according to the pre-mentioned protocol.

TABLE 3: THE EXPERIENCE OF NURSING STUDENTS

EXPERIENCE	FREQUENCY
<b>MIND</b>	
Intellectual	
- Commitment	11
- Reality of	5
- Empowerment	4
- Conflict	4
- Myth about AIDS	2
Emotion	
- Anxious/frightened/threatened	25
- Sympathetic/compassion	17
- Emotional effect	9
- Anger	4
Volition	
- Decreased nursing care	12
- Helplessness	1
- Increased safety measures	1
<b>SPIRIT</b>	
- Equality for all patients	10
- Guilt	1

### MIND:

The concept mind refers to the corner of all experience and behaviour in the individual. It includes all intellectual, emotional and volitional processes. (Rand Afrikaans University, 1991:21)

### Intellectual

The categories commitment, reality of AIDS, empowerment, conflict and myth about AIDS were identified here.

#### Commitment (n=11)

It was evident that although nursing students were anxious/frightened/threatened (n=25), they were still committed to nursing these patients, as evidence by the following quotations:

"As a nurse we are bounded by rules and commitment to our jobs."

"But at the end I performed my duties as expected."

#### Reality of AIDS (n=5)

It was clear that after nursing these patients, the nursing students were convinced about the reality of AIDS.

"Before that (caring for this patient) I never thought that it is true that AIDS is there."

"I was so shocked to see that HIV positive really is there."

"I've learnt that AIDS is not a myth, it's a reality."

"I never thought it could happen in a real life."

#### Empowerment (n=4)

Nursing students felt more comfortable to nurse these patients when they had proper knowledge of the disease, as seen in the following expressions:

"I managed to nurse, because I was knowledgeable about HIV."

"I do not discriminate them, as long as I know how can one be infected."

"Fortunately I had some pamphlets in my room .....I just do all the precautions and won't have it."

#### Conflict (n=4)

Some of the nursing students landed in a lot of personal conflict as they felt anxious/frightened/threatened (n=25) but were still committed to nursing the patient. (n=11)

"I can't help but worry, but there is a suffering patient who has got no one else but you as a nurse to look up to."

"It's not nice to be in contact, but we have to be nice and warm."



### *Myth about AIDS (n=2)*

Only two nursing students regarded AIDS as punishment for promiscuous people.

"I wasn't fearful of contracting the infection anyway. They deserve it anyway because they are promiscuous."

"I started feeling that AIDS is there to punish promiscuity."

### **Emotion**

The following categories were identified here: threatened/ anxious, frightened, sympathetic/ compassion, emotional effect and anger.

### **Threatened/Anxious/Frightened (n=25)**

This category was by far the largest. Most candidates even mentioned "fear" more than once or twice. The following statements support this category:

"After every interaction with the patient I felt like I have contracted the disease directly from him."

".....90% of the health workers who come directly (in contact with a patient) may be HIV-positive and will die from AIDS."

".....just to hope that nothing goes wrong and you are safe."

"I was frightened and scared."

"It is terrifying to deal with or treat such conditions."

### *Sympathetic/Compassion (n=17)*

Although a very large group of nursing students expressed fear/anxiety (n=25) the majority also expressed sympathy/ compassion towards these patients, as is evidence by the following:

"His condition made me feel sympathetic to him."

"They also need emotional support."

"There is a suffering patient who has no one to look up to."

"I really feel sorry for them."

### *Emotional effect (n=9)*

It was evident that students experience emotional effects ranging from feeling worried; feeling emotionally uncomfortable to fluctuating emotions, as in the following statements:

"My emotions fluctuated and they were influenced greatly by the sister in-charge."

"It is a taxing experience to nurse HIV positive patients."

"One start to have worries."

### *Anger (n=4)*

A small group of nursing students expressed anger towards the patient, as indicated by the following expressions:

"Angry - why did she become careless and have that disease."

".... but later I developed much of hatred."

### **Volition**

The following categories were identified here: decrease in nursing care, helplessness and increased safety measures.

### *Decrease in nursing care (n=12)*

A large group of student nurses stated that they decreased their nursing care because they felt anxious/frightened/ threatened. This was evident from the following statements:

"I think twice before being in contact."

"I stand as far as I can so that I can feel secured."

"I was even afraid to touch him."

"I was reluctant to work in the cubicle."

"I started compromising my nursing care."

### *Helplessness (n=1)*

Only one nursing student indicated a feeling of helplessness.

"I thought I could do something to help the patient, but I couldn't do anything."

### *Increased safety measures (n=1)*

One nursing student stated that he/she is hoping for more appropriate safety measures to protect health personnel, as indicated by the following statement.

"Maybe more appropriate measures will be instituted."

### **SPIRIT:**

The spirit refers to that part of the individual created to stand in relationship with God. The human spirit is constituted of three interrelated parts that function in a coordinated manner: conscience, intuition and communion. Internal spiritual experiences include moral and religious influences on behaviour as reflected in values, ethical principles and experiencing meaning in life as well as the relationship with oneself. This reflects the individual's patterns of interaction with the environment. (Rand Afrikaans University, 1991: 22)

The following categories were identified here: equality for all patients and guilt.

### *Equality for all patients (n=10)*

Although nursing students feel anxious/frightened/ threatened (n=25) and that they decrease the nursing care to these patients, (n=12) they strongly felt that these students should be treated like all other patients. The following quotations support this statement:

"All patients are supposed to be treated equally."

".....how I treat the patient with whole acceptance."

"....it is just a patient with another disease."

"... he's not different from any other patient."

### *Guilt (n=1)*

One student stated that he/she felt guilty for not caring for a specific patient, as is evidence from the following statement: "I felt guilty about ignoring that person."

After the analysis and interpretation of data from narrative sketches and the interviews, the researchers commenced with the development of guidelines to support nursing students to nurse HIV positive individuals and AIDS patients (phase 2 of this study).

## **RECOMMENDATIONS FOR FURTHER RESEARCH**

-The development of a model with guidelines for implementation.

-To implement the developed model with guidelines and to evaluate, validate and refine it.

-The transferability for the developed model and guidelines should also be tested for other health professions.

## **CONCLUSIONS**

In conclusions it can be stated that through the explanation of B.Cur students' experience in caring for an AIDS patient/ HIV reactive individual, this provided the researchers with understanding and insight into the experience world of B.Cur students. Utilising this understanding and insight, the researchers can through literature control and theory generation develop a model and guidelines to support and

prepare students to care for an AIDS patient/HIV reactive individual.

The researchers believe that the effective caring for an AIDS patient/HIV reactive individual by confident nursing students and registered nurses is the final criteria for the trustworthiness of this study.

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