

GUIDELINES/STRATEGIES FOR EFFECTIVE STUDENT SUPPORT IN CARING FOR AIDS PATIENTS AND HIV REACTIVE INDIVIDUALS

Marita Naudé, D.Cur

Senior lecturer,
Nursing Science Department.
MEDUNSA



Joyce Mokoena, B.A. (Cur) (HONS); RN.

Lecturer,
Nursing Science Department.
MEDUNSA

ABSTRACT

AIDS has reached epidemic proportions all over the world. There is therefore a strong likelihood that nursing students will at some point in their training or subsequent practice encounter a patient with AIDS or an HIV reactive individual.

Through a qualitative, exploratory, descriptive and contextual study (within the framework of the Nursing for the Whole Person Theory) the researchers explored and described (during phase one) the experience of nursing students in caring for AIDS patients and/or HIV reactive individuals. Based on these findings the researchers developed (during phase two) guidelines/strategies to prepare and support nursing students in the caring for an AIDS patient and/or HIV reactive individual.

The focus of this article is to describe the developed guidelines/strategies. The content of this article was also presented at the International Conference: "Nursing at the cutting edge. Caring for the 21st century" in Durban (25-27 November 1996).

OPSOMMING

Dwarsoor die wêreld het AIDS epidemiese afmetings bereik. Dit is daarom dus baie moontlik dat die verplegingstudente gedurende hulle opleiding of gevolglike praktykvoering in die toekoms in kontak met 'n AIDS pasiënt sal kom.

Deur middel van 'n kwalitatiewe, verkennende, beskrywende en kontekstuele studie (binne die raamwerk van die Verplegingsteorie vir Menssheelheid) het die navorsers (gedurende fase een) die ervaring van verplegingstudente tydens die versorging van 'n AIDS pasiënt en/of HIV reaktiewe individu verken en beskryf. Gebaseer op hierdie bevindinge het die navorsers (gedurende fase twee) riglyne/strategieë om verplegingstudente in die versorging van 'n AIDS pasiënt en/of HIV reaktiewe individu voor te berei en te ondersteun ontwikkel.

Die fokus van hierdie artikel is om die ontwikkelde riglyne/strategieë te beskryf. Die inhoud van hierdie artikel was ook voorgedra tydens die Internasionale konferensie: "Nursing at the cutting edge. Caring for the 21st century" te Durban (25-27 November 1996.)

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 encounter a patient with AIDS or on HIV reactive individual.

Given the statistics, there is a need to prepare nursing students to meet the challenge of caring for AIDS/HIV reactive patients and individuals respectively. Exploring the students' experiences in caring for those patients (phase one) 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, although the likelihood of this happening is extremely low, places a heavy strain on nurses (Hewitt, 1993:144).

This study was undertaken to explore and describe the experience of nursing students of caring for AIDS/HIV reactive individuals (phase one) and to formulate guidelines for nursing educators in preparing nursing students to care for AIDS/HIV reactive patients (phase two).

PROBLEM STATEMENT

Currently, there have been few research studies done on the experience (thoughts, feelings and emotions) of nursing students whilst caring for an AIDS patient/HIV positive individual. Few guidelines exist that can be utilised for student support and to prepare a nursing student to care for such a patient and/or individual.

RESEARCH OBJECTIVES

With reference to the aforementioned the following research objectives was formulated.

Phase One

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

Phase Two

To develop guidelines/strategies for effective student support in caring for AIDS patients and HIV reactive individuals.

The aim of this article is to communicate the findings from phase two of this study.

To realise this objective the researchers grouped the categories derived from the results of phase one, set an aim for each group, and then developed strategies/guidelines to fulfil the set aims.

The following six groups were formed:

- * general aspects
- * empowerment
- * equality for all patients
- * commitment and compassion
- * fear and anger
- * conflict

A discussion of the derived groups and strategies/guidelines within each of the groups follows.

GENERAL ASPECTS

Aim: To build a trusting and therapeutic relationship between the student and the nurse accompanist.

In this group the researchers focussed on building a therapeutic relationship and building trust.

Therapeutic relationship

Barry (1994:50) defines a therapeutic relationship as "using professional knowledge and skill in such a manner that is constructive to the well-being of the client". In this study the client is the nursing student.

Strategies

Therapeutic relationship

Before any therapeutic relationship can be formed with the nursing student, the accompanist should display the following characteristics:

- unconditional acceptance of the nursing students;
- authenticity, honesty, trustworthiness, transparency and genuineness;
- applicable and effective verbal, non-verbal and listening techniques;
- competency in individual and group counselling skills (Barry, 1994: 55-59).

Barry (1994: 47-53) also states the following aspects which are important to establishing a therapeutic environment:

- unconditional acceptance, mutual trust and understanding between the nursing student and the accompanist;
- nursing students should feel safe to share their feelings and experiences with the accompanist.

Counselling and support can be handled on an individual or on a group basis. It is important when assigning nursing students to individual accompanists and also to support groups to allow the nursing student the freedom to select the accompanist and the support group where he/she feels safe.

It is also important that nursing students remain in the same support group and with the same accompanist to allow mutual trust, respect and relationships to form.

Grady (1989:8) suggests that:

- * mechanisms (such as support groups, individual counselling) should be in place to help prevent bereavement overload and burnout;
- * for grieving, strategies such as time, space and recognition of the individual's needs are recommended;
- * for stress reduction, strategies such as flexibility in scheduling and stress reduction programmes can be useful to assist nursing students to achieve balance in their lives so that they have the strength to provide quality nursing care.

Trust

As this study was conducted within the Nursing for the Whole Person Theory (NWPT) the researchers accepted a derived definition of trust from Naude (1995:92), namely: Trust is a two-way process of confidence, dependence, faith, hope, reliance and a feeling of safeness between the nursing accompanist and the nursing student within the nursing team.

Trust: Strategies which the accompanist can implement to build trust include:

- * keep your word and keep promises;
- * encourage nursing students by recognising positive traits and accomplishments;
- * practice excellence and create an environment that encourages excellence by setting high personal and professional standards;
- * display reliability and dependability by being available to provide guidance and/or support when needed;
- * display congruency and predictability by practicing what you preach;
- * demonstrate personal integrity by honouring commitments;
- * display honesty and always tell the truth;
- * use open communication;
- * acknowledge the nursing students' knowledge, skill and experience;

Self-awareness

As the study was conducted within the metatheoretical framework of the NWPT the researchers accepted a derived definition of self-awareness from Naudé (1995:88), namely:

Self-awareness occurs when the nursing student is aware of and has knowledge of his/her internal environment (physical, psychological and spiritual) by means of listening to themselves and listening to and learning from others.

Strategies

Strategies to enhance self-awareness include:

- * acknowledge your own strengths and limitations;
- * accept the limitations or change the behaviours that support these limitations;
- * be aware and conscious of your own identity, acts, thoughts, feelings and motives;
- * gain knowledge on your body and physical potential;
- * acknowledge your spiritual needs;
- * listen to yourself by allowing yourself to experience genuine emotions;
- * identify and accept personal needs by exploring your own thoughts, feelings, memories and impulses;
- * listen to and learn from others by active listening and openness to the feedback from other people;
- * exercise self-disclosure by revealing and sharing perspectives with others;
- * enlarge your experiences by engaging in unfamiliar and new activities;
- * utilise role play and other strategies to encourage self knowledge;
- * develop a commitment to continual personal and professional learning and development;
- * accept yourself and also accept other people unconditionally; and
- * judge yourself and other people less harshly (Naudé, 1995:181).

Barry (1994:49-50) also suggests the following strategies:

- * have group discussions on emotions and their effects;
- * place yourself in the person's position to try and understand what he/she is experiencing;
- * to fully understand the person the nursing student should make efforts to establish and improve communication (especially through active and open listening).

Grady (1989:5) states that nursing students should:

- * examine their own attitudes about and comfort with issues of sexuality, homosexuality, debilitating illness and death;
- * examine their own values, the philosophy of nursing and the role of the nurse.

Respect

The Oxford Paperback Dictionary defines respect as "attention, interest consideration; politeness" (Pollard, 1994:682).

Strategies

Strategies to enhance respect for patients include:

- * accept the person exactly as he/she is (as a person with worth and dignity);

- * accept that every person has his/her own set of standards of normal and accepted behaviour;
- * show interest in the person as a human being (possessed of dignity and worth) by spending time with and listening attentively to the person;
- * convey to the person that he/she as an individual is acceptable and a worthwhile person even though some of his/her behaviour may be unacceptable;
- * provide warmth and support to the person through explaining about the person's illness; answering the person's questions; listening openly and using therapeutic touch appropriately (Barry 1994:47-48).

COMMITMENT AND COMPASSION

Aim: To encourage and support nursing students to develop and maintain a committed and compassionate attitude and behaviour in their nursing care.

On the other hand there is also a caring behaviour in nursing practice; it is a fundamental element of sympathy, which, unlike sympathy, is a permanent attitude; one constantly in operation (Travelbee, 1971:44). Values clarification is also advised to enable students to relate in a meaningful way to these caring values in nursing so as to progress towards committed, compassionate and human nurse practitioners.

Commitment and compassion:

Professional socialization as a continuing process is regarded as the most important strategy in this regard to inculcate the abovementioned nursing values in the students. This is realized through the following:

- structured clinical practice;
- use of preceptors in the clinical setting;
- nurse accompanist modelling appropriate affective skills;
- role play to demonstrate affective skills.

Strategies

- provide variable and creative learning opportunities for students regarding AIDS;
- teach students how to protect themselves from exposure to HIV;
- demonstrate caring by precept and example to both students and patients;
- provide opportunities for students to care for such patient;
- incorporate people with AIDS into educational sessions;
- engage students in debates/discussions of ethical and moral issues involved in providing care to patients with an illness that is contagious, socially isolating and incurable (Wiley, Heath & Acklin, 1988:245);
- encourage critical thinking as a skill;
- intergrate ethical decision-making into day-to-day nursing skill (Ewan & White, 1986:158).

FEAR AND ANGER

Aim: To support nursing students in addressing and handling/ overcoming fear and anger so as to provide quality nursing care.

The Oxford paperback dictionary defines fear as: "an unpleasant emotion caused by the nearness of danger or expectation of pain" (Pollard, 1994:291)

Anger is defined as: "a strong feeling caused by extreme displeasure." (Pollard, 1994:27)

Rawlins and Heacock (1988:39-43) state that the following strategies can be implemented to reduce/overcome anger:

- communicate warmth, empathy and respect to the nursing student to encourage him/her to verbalise angry feelings;
- encourage the nursing student to select socially acceptable methods to manage angry/aggressive feelings eg. by verbalising these feelings;
- encourage the person to verbalise these feelings in a safe environment eg. a support group;
- help the nursing student to realise and acknowledge reasons for and consequences of his/her anger;
- provide feedback on nonverbal behaviour to help the nursing student to identify anger;
- encourage positive self-statements to increase the nursing student's self-worth;
- help the nursing student to identify and implement alternative coping strategies for anger and tension eg. physical exercise;
- encourage the nursing student to ask for assistance with the service he/she has to provide when angry feelings are causing a decrease in service rendered;
- always communicate to the nursing students that although their angry behaviour is not acceptable, they are still respected as people;
- avoid an accusatory approach;
- discuss the relationship between anger and anxiety as this will help the nursing student to understand his/her behaviour;
- assist the nursing student in rehearsing (role playing) situations that result in anger by using specific methods to cope with the angry feelings;
- provide group support to provide a safe setting for the person to vent his/her feelings;
- help the person to develop self-confidence in himself/herself so that he can control/overcome angry feelings.

Rawlins and Heacock (1985:65) also suggest:

- appropriate therapeutic touch to convey warmth and understanding;
- sit quietly with the nursing student in a crisis (maybe crying) to provide warmth, support and security.

CONFLICT

Aim: To support nursing students in identifying and handling the conflict associated with caring for such patients.

It should be stated that the conflict referred to in this presentation is intrapersonal conflict of the nursing student. It was evident from the previous phase of this research project that nursing students experience a lot of intrapersonal conflict because they fear contracting the disease but also feel committed to deliver applicable nursing care.

Kilburg, Nathan and Theresan (1986:261) suggest the following strategy as a way to handling conflict:

- * Support and network groups within which the nursing students can role-play and vent their feelings.

Other strategies to resolve conflict include:

- * identify the problem.

After the problem has been identified, the problem-solving process as described by Sullivan and Decker (1992:229) can be implemented. The steps of the problem-solving process include:

- * collecting information;
- * analysing the collected information;
- * developing solutions;
- * making a decision;
- * implementing the decision;
- * evaluating the solution.

RECOMMENDATIONS FROM THIS STUDY

It is recommended that the discussed strategies:

- be implemented with basic nursing students and then evaluated, validated and refined;
- be implemented with other students in the health and medical science.

It is also recommended that a model to prepare and support nursing students in the handling of an AIDS patient and/or a HIV reactive individual be developed. These refined guidelines/ strategies should form part of this model.

CONCLUSION

The researchers believe that the discussed guidelines/ strategies can be effective in preparing and supporting nursing students to handle on AIDS patient and/or HIV reactive individual.

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