

CHAPTER I

INTRODUCTION



BACKGROUND AND RATIONALE

HIV/AIDS has now become so widely epidemic that the people from all parts of the world are confronting the risk of this deadly disease without knowing when they might be attacked. According to the World Health Organization (WHO), it is estimated that by the year 2000, unless adequate preventive measures are taken, the expanded dimension of the HIV pandemic will be forty million people worldwide (Confronting AIDS in developing world, 1992).

In Thailand, the AIDS situation today comes into the fourth and fifth waves of the HIV epidemic, and has appeared among women and children in the general population. Men who have risk behavior also put their non-prostitute partners and their newborn children at risk for HIV infection (Weniger et al., 1991). The first AIDS case appeared in late 1984. The prevalence of HIV infection is increasing: 1251 cases of AIDS and 1588 ARC had been reported at the end of the year 1992. (Division of Epidemiology, 1992). Based on a WHO extrapolation method, the burden of infection and disease in Thailand was estimated at 1 to 3.4 million cumulative HIV infections by the year 2000 (Meechai Viravaidya, 1990). Since vaccination and treatment for AIDS is still far from reality, the rapidly increasing number of HIV infection is a crucial health problem in Thailand. It is expected that there are many HIV-infected patients who

will be hospitalized with or without diseases related to AIDS.

Because of the natural history of this deadly disease --high possibility to transmit, asymptomatic-- this causes everyone to fear getting it and to feel insecure about contact with HIV-infected patients. This feeling is not only among the general public but also health professionals including nurses. To accomplish AIDS prevention, control and treatment, health-care personnel are the most appropriate human resources at hand in dealing with these issues. At present few pieces of research have studied their response to caring for HIV-infected patients.

In fact, health professionals are intensely involved with the suffering and distress of human beings under their care. Considerable evidence shows that health professionals are unwilling and dissatisfied about giving care to HIV-infected patients, who make them fear contagion, become aware of social stigmatization, have a sense of professional inadequacy and shortage of health-care manpower. Fear towards AIDS has caused many health-care workers to abandon professional ethics and their devotion to care for and be compassionate to human beings. For instance, some health professionals said that they would not continue to look after HIV-infected patients, if given a choice (Suratep Noppornpant, 1989; Link et al., 1988). Several studies found many models of reluctance to care for persons with AIDS among physicians, nurses, medical students, dentists, and allied health personnel (Kelly et al., 1987; Blumenfield et al., 1987; Gerbert, 1987; St. Lawrence, 1990). These fears are not abstract but grounded by three perceptions: first, their works involves the risk of getting the disease; second, use of universal precaution cannot always prevent it because of accidental possibility; and third, there are

some problems in translating policy into operation (Gerbert, 1989).

Nurses are key health professionals in the struggle against AIDS (Larson, 1988). Among all health care professionals, nurses are in closest contact with AIDS patients. In addition to providing direct care, they assess the psychological needs of patients and their families, provide emotional support that patients and family members need to cope with the stress of illness, and educate and counsel patients and their families about AIDS and its prevention. Moreover, nurses coordinate the activities of other health professionals (Reeder and Mauksch, 1979). However, many nurses prefer not to work with HIV-infected patients because they still feel insecure. To perform responsibilities in health organization is even more critical than in many other organizations, because poor performance may be not only financially costly but also dangerous (Rakish, Longest and Darr, 1985). Hence, strategies must be developed to encourage nurses to provide such care. That is, the understanding of performance in providing care for HIV-infected patients of nurses will help us to develop and implement the effective strategies.

Songklanagarind Hospital is a 750-bed hospital, and is the only Medical School hospital in the southern part of Thailand. This institution has a three-part mission: to encourage health teaching, to provide health service, and to uncover new knowledge through research. AIDS will affect all these areas. In addition, this hospital is located in Songkla province, the province that carries the connotation of "the third ranking for commercial sex workers in Thailand" --it has more than 5,000 prostitutes (Division of Venereal Disease, 1991). The AIDS situation in this area appears the same as nationwide for there is high prevalence. Certainly,

Songklanagarind Hospital can not avoid providing a health service to HIV-infected persons. The report of the HIV serology in this hospital declared that there were 2 HIV positive cases in the year 1988, that the rate continues to increase every year, and that there were 95 HIV positive cases during the year 1992 (Department of Pathology, 1992). Considering the effectiveness of care for HIV-infected patients many questions still exist; in the case of nurses, are they ready to care for HIV-infected patients? Can they keep their professional obligations? What are their opinions about AIDS or HIV-infected patients? Are they willing to care for HIV-infected patients? Although the nurses have a very low risk of accidentally contracting HIV, the possibility of contracting it remains. Furthermore, they must take responsibilities in following the hospital's policy in servicing all patients without isolating the HIV or AIDS patients and by not screening patients through serotesting for HIV virus. Is the universal precaution technique appropriate and convenient for the nurses to accept and practice?

To answer these questions effectively, this research aims to study the state of intention to take care of HIV-infected patients, and factors affecting these intentions, among nurses in Songklanagarind Hospital. The results of this study will be used to find out the strategies for efforts to increase nurses' intentions, abilities and confidence to provide quality of care for HIV-infected patients thus making them more willing to provide care so that HIV-infected patients will in turn receive more efficient health service.

OBJECTIVES OF STUDY

1. To know the level of the intention of nurses to

take care of HIV-infected patients in Songklanagarind Hospital.

2. To determine the interaction between each factor (demographic factors, psychosocial impact of AIDS, work motivation, personal ability, and policy of prevention) and the intentions to take care of HIV-infected patients among nurses in Songklanagarind Hospital.

3. To classify the priority predictor variables of the intention to take care of HIV-infected patients among nurses in Songklanagarind Hospital.

4. To form a basis for future study.

RESEARCH QUESTIONS

Primary research question

To what extent is the intention to take care of HIV-infected patients among nurses in Songklanagarind Hospital?

Secondary research question

Among nurses in Songklanagarind Hospital, what is the interaction between "the intention to take care of HIV-infected patients" and some important factors such as psychosocial impact of AIDS, work motivation, personal ability, policy of prevention and demography?

CONCEPTUAL FRAMEWORK

It is my belief that the individual's intention is the most important factor that leads to action. Since there is no direct theoretical framework, this thesis framework has been developed from the integration of Ajzen and Fishbein Theory of reasoned action, motivation theories and a number of relevant research. This study was to determine nurses' intention to care for HIV-infected patients in Songklanagarind Hospital. Various factors in

interaction with the intention were explored. The conceptual framework of this study included intention to take care, psychosocial impact of AIDS, work motivation, personal ability, policy of prevention and demographic characters. The following figure show how each individual factor is related to each other.

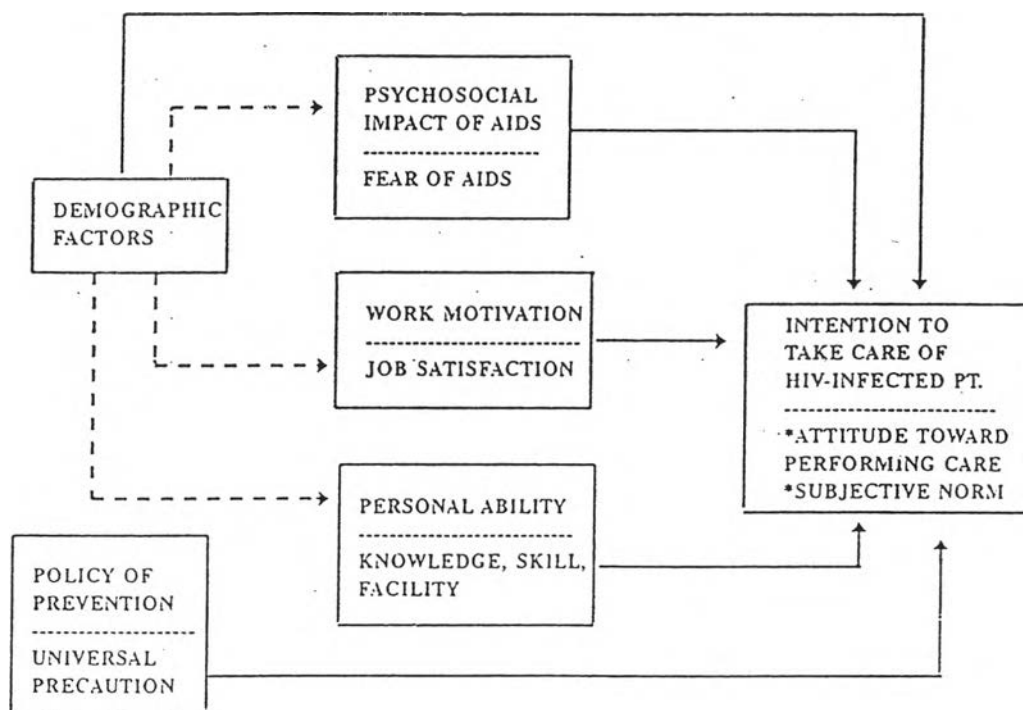


Figure 1.1 Conceptual Framework

OPERATIONAL DEFINITIONS

Intention to Take Care is defined in terms of the extent of nurses' purpose to engage in certain care for HIV-infected patients according to two components from the Ajzen and Fishbein theory of reasoned action: attitudes toward care for HIV-infected patients and subjective norms. By this theory:

$$\text{Intention} = \text{Attitude} + \text{Subjective norm}$$

Attitude toward Performing Care is the nurses' own view about caring for HIV-infected patients, which includes nurses' beliefs about the consequence of performing care for HIV-infected patients, weighted by their evaluation of the expected outcome of performing that behavior. The Theory of Reasoned Action expresses this in the form:

$$\text{Attitude} = \text{Specific behavioral belief} \times \text{Outcome evaluation}$$

Subjective Norm refers to the perception of nurses about how other people feel toward the consequence of their duties when they are caring for HIV-infected patients, weighted by their motivation to comply with these expectations. That is, subjective norm in Ajzen and Fishbein present in the equation:

$$\text{Subjective norm} = \text{Normative belief} \times \text{Motivation to comply}$$

Psychosocial Impact of AIDS refers to fear toward AIDS --a feeling of alarm or awareness of danger and state of uneasiness toward AIDS among nurses.

Work Motivation refers to the level of job satisfaction to reflect motivation level which include motivation of power, achievement, affiliation, security and status.

Personal Ability is defined as the power to perform care which is composed of knowledge, experience, and skill on how to take care of HIV-infected patients. Also included are enabling factors such as organizational behavior and adequate medical supplies.

Policy of Prevention lays emphasis on using the universal precaution technique such as the difficulty of

work itself including methods and procedures in caring for HIV-infected patients, tools and techniques.

HIV-infected patient is defined as a patient who has positive serotesting for HIV.

EXPECTED BENEFIT OF STUDY

To propose strategies for increasing the intention, ability and confidence to provide quality care for HIV-infected patients among nurses in Songklanagarind Hospital.

The result of this research would serve as important information for hospital administrators to make decisions for personnel management.

