

CHAPTER V

CONCLUSION AND DISCUSSION

It is universally known that AIDS is a serious health problem. As a consequence, many interesting aspects of the AIDS problem have been explored, including aspects of health professionals. This study emphasizes the nurses, to determine contributing factors of their intention influencing quality of care for HIV-infected patients.

Several limitations of the study must be considered when drawing inferences. This study was conducted solely on nurses from a single university hospital (Songklanagarind Hospital). The characteristics of the samples and study area may be different from other hospitals. Thus, generalizability is limited. In addition, the study design was a cross-sectional descriptive survey which is not appropriate to determine cause-effect relationship.

Because of time limitation, this study was quantitative study alone which is not the most appropriate design. But it need so much time to carry out this study because most of variables are subjective issues which are necessary to use questionnaire with many items to assess. Moreover, the research also concerned on several important technique to stimulate respondents' response.

This study attempted to identify the characteristics of the intentions to take care of HIV-infected patients based on the Ajzen and Fishbein theory of reasoned action. Furthermore, various factors interacting with the intention were investigated as well.

The results showed that the majority of the respondents (67.06 %) had a moderate level of intention to take care of HIV-infected patients, while 21.85 % had a low intention. Only 11.8 % had a high intention.

An interesting fact based on the findings is that only two variables, job satisfaction and fear of AIDS, were found to play an important role in interacting significantly with the intentions. Job satisfaction reflected many dimensions of work motivation and fear of AIDS also influenced the quality of care. The results can be interpreted to mean that intentions to perform care for HIV-infected patients will be improved if nurses are satisfied with their role and responsibility and their fear of AIDS is reduced. Another point was the existence of significant correlations among intention to take care and the variables such as job satisfaction, fear of AIDS, and difficulty to follow universal precaution. Moreover, nurses also expressed their needs for more effectiveness in providing care for HIV-infected patients, such as adequate medical instruments and supplies for universal precaution procedure, updating of knowledge, salary supplementation as a fringe benefit and a clearly-defined system of work about HIV-infected patient care. Regarding these problems, administrators should pay more attention to nurses' "voice", especially, those who have mild and moderate level of intention.

To improve the nurses satisfaction, administrator should consider their needs as above, and prioritize it. It is expected that this would result in higher satisfaction in nurses' work including power, achievement, security and status.

In addition to the natural history the of disease itself, a number of factors still influence fear of AIDS,

such as its incurable nature, the stigma and life-threatening status. Of course, fear cannot be easily eliminated. At the same time, quality of care is necessary. Perhaps nurses may need time to share experience and transfer knowledge. This may result in supporting their life security and improving quality of care at the same time. Less abstractly, small group discussions among nurses should be established regularly. Furthermore, the limitation and benefit of universal precaution practice should be expressed. Even though conscientious use of this procedure can reduce the hazard of HIV infection through care performance, it cannot entirely eliminate this hazard.

Based upon the findings of this study, the following recommendations are given so as to encourage nurses to provide quality care to HIV-infected patients.

1. In-service programmes to alleviate fear and motivate job satisfaction among nurses should be implemented. In addition, a long-term study would be worthwhile to discover if the changes can occur over a period of time.

2. Small group discussion among nurses should be constructed, so that they can voice their concerns and express and share their feelings with others.

3. Administrators should concentrate more on nurses' comment and facilitate the success of their responsibility.

4. Longitudinal study should be carried out, to seek for more conclusive and extremely valuable information about performing care.

5. Qualitative study should be combined with quantitative study, to observe actual care and some important effects which are difficult to assess by quantitative study alone.

6. Educational programmes guided by attitudinal changes and other consequent issues in AIDS should be included in the nursing curriculum.

7. Comparison group study, such as with nurses who take care of other deadly diseases would be undertaken to examine the different effects.

It is hoped that the findings and suggestions from this research could be beneficial in bringing about improvement in quality of care for HIV-infected patients. It is clear that administrators and health-care providers need to work together closely in finding out optimal care under real situations, involving ethics, morals and conflicts associated with care for HIV-infected patients. As a consequence, it is expected that the problem of burnout and shortage of hospital nurses will be minimized.
