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Concerns about AIDS among nurses in a suburban community hospital

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hospital**

Dugom, Mary, M.S.N.

San Jose State University, 1993

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CONCERNS ABOUT AIDS AMONG NURSES IN A
SUBURBAN COMMUNITY HOSPITAL

A Thesis

Presented to

The Faculty of the Department of Nursing
San Jose State University

In Partial Fulfillment
of the Requirements for the Degree
Master of Science

By

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May, 1993

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ABSTRACT

CONCERNS ABOUT AIDS AMONG NURSES IN A SUBURBAN COMMUNITY HOSPITAL

by Mary Dugom

This study explored nurses' knowledge, concerns, attitudes, experiences and demographic characteristics, and how these factors are related to their emotional reactions to clients with AIDS in a 200-bed suburban community hospital. Roy's Adaptation Model was used as the conceptual framework.

This descriptive study replicated a survey tool developed by Dworkin, Albrecht, and Cooksey(1991) to examine the level of worry and discomfort among physicians, nurses, and social workers in a large teaching medical center.

The results of this study indicated that the nurses surveyed were not greatly worried about and were comfortable with HIV/AIDS disease. However, the existence of any worry and discomfort among the nurses is of concern. A trend indicated the more invasive the procedure, the more worry and discomfort. The need for future research on HIV/AIDS, continued replication of this study, and dissemination of the results is a necessity for optimal care for these clients.

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Chapter I

INTRODUCTION

Since it was identified a decade ago, Acquired Immune Deficiency Syndrome (AIDS) has changed the face of health care considerably (Forman, Owen & Daisy, 1992). At the beginning of the 1980's, patients with AIDS were nearly unrecognized in hospitals and long-term care facilities. These clients currently comprise a growing percentage of the hospitalized population. In addition, people with Human Immunodeficiency Virus (HIV) infection are found in schools, day care centers, outpatient clinics and hospitals.

Although much has been learned about this disease, HIV infection is often considered by the general public as the disease of homosexuals and intravenous drug users. This initial stereotype, coupled with the absence of effective treatment for this fatal disease, may cause nurses to be fearful of caring for persons with AIDS or to reject them because of their illness or life-style (Forman, Owen & Daisy, 1992).

Background

As of September, 1992, 242,146 cases of AIDS had been reported in the United States, of which 160,372 individuals have succumbed (Centers for Disease Control, 1991). Nationwide, about one million people are estimated to be HIV infected.

The face of HIV infection is changing, and it is becoming less a disease of white gay men. Nationwide, the ethnic minorities, especially African-Americans and Hispanics, comprise more than 45% of the total reported AIDS cases (Centers for Disease Control, 1991).

Problem Area

The epidemic of HIV infection has created another disease which is more difficult to manage than the original epidemic. This secondary disorder is prejudice, fear, and ignorance (Chitty, 1989). There exists a disproportionate percentage of HIV clients among persons who engage in homosexual activities or who illicitly use intravenous drugs. HIV infection is spread chiefly through exposure to the semen or blood of infected persons. Consequently, HIV infection has become stigmatized due to its association to these high risk behaviors. Furthermore, there is a wide spread public fear and anxiety about the transmission of HIV through casual contact (Dawson, 1989; Fitti & Cynamon, 1990; Jemott, Jemott & Cruz-Collins, 1992). For people with AIDS and their families, the psychological distress associated with a terminal illness is compounded by social rejection, prejudice, and discrimination in housing, employment, rights for health care insurance and health care delivery (Paxton & Susky, 1988; Jemott et al., 1992).

Certainly, the health care delivery system, comprised

of socialized human beings, has not been exempt from these problems. Fear of people with AIDS is a socialized attitude that may influence behavior and is difficult to assess and address. On the other hand, lack of knowledge can be minimized through education.

According to Mills and Kleiman (1988), there is no relationship between emotions and cognition. Each patient care setting and sequence of procedures has an expected emotional script which elicits the management of emotions appropriate for the situation. Situations of uncertainty such as those dealing with AIDS patients are more likely than familiar and predictable patient care situations to evoke strong emotional responses (Dworkin et al., 1991). Furthermore, nurses may experience a strong emotional response to AIDS clients due to the ambiguity and threat of the condition and manifest differences between the varying levels among nursing care givers. The differences may be due to the type of professional socialization nurses receive (registered nurse, license vocational nurse, or nursing assistant) and/or the conditions under which they work with AIDS clients. In addition, knowledge, attitudes, experience on the job, and demographic characteristics may modify these relationships.

A growing body of evidence suggests that many nurses are reluctant or unwilling to provide care to patients with

HIV disease (Jemott et al., 1992). As the number of Americans infected with HIV increases, and as the health care needs of HIV clients mount, greater demands will be placed on the nursing profession to provide optimal care in the clinical management of this chronically and terminally ill population. Among health care workers, nurses typically have the most "hands on" contact with people with AIDS as well as those at risk for HIV disease (Reed, Wise, & Mann, 1984). Nurses who provide services in the health care system cannot avoid clients with AIDS. They must deliver direct care to these clients. Nurses are expected to "provide services...unrestricted by consideration of social or economic status, personal attributes or the nature of health problems" (American Nurses' Association, 1980, p. 8).

This study explored nurses' knowledge, concerns, attitudes, experiences, demographic characteristics, and how these factors are related to their emotional reactions to clients with AIDS in a 200-bed suburban community hospital. The study conducted by Dworkin et al. (1991) revealed that nurses "on the whole were the most adversely affected by their patient contact" (p. 239) in comparison to the physicians and social workers.

Purpose of Study

The purpose of this study was to replicate the research by Dworkin, Albrecht and Cooksey (1991) using a sample of

nurses only. Dworkin, Albrecht and Cooksey's study examined the worry and discomfort experienced by nurses, physicians, and social workers in treatment of AIDS clients and how their profession, attitudes, knowledge, experience and demographic characteristics were related to their emotional reaction to those clients. The Dworkin et al. (1991) study took place in a large university medical center. This study explored whether there is a difference or similarity in worry and discomfort among nurses in a suburban community hospital and the nurses from the original study. Subsequent to the original study, there has been considerable information available to the general population through mass media, and to health professionals through workshops and continuing education programs. Only nurses from a suburban community hospital were used in the sample of this study. Similarities or differences in the findings from these nurses were compared to the findings of the nurse population of the original study.

Research Questions

There were six research questions for this study:

1. What is the knowledge level of nurses regarding HIV infection?
2. What is the expressed level of comfort among nurses regarding HIV?
3. What is the expressed level of worry among nurses

related to HIV?

4. Does exposure to and experience with HIV patients increase or decrease nurses' expressed comfort level?

5. Does the exposure to and experience with HIV patients increase or decrease nurses' level of worry?

6. Is there a similarity in level of comfort and level of worry between nurses in a large urban medical center and nurses in a suburban mid-size community hospital regarding care of HIV clients?

The first objective of this study was to assess how profession, attitudes, experiences, knowledge, and demographic characteristics influenced the level of worry and discomfort experienced by nurses caring for AIDS clients. The second objective was to compare similarities and differences between the findings of the original study in a large medical setting and this study in a suburban community hospital.

Definition of Terms

For this study, the following definitions were used:

1. AIDS (Acquired Immune Deficiency Syndrome) is caused by a retrovirus named Human Immunodeficiency Virus, which destroys the cell mediated immune response. This condition results in a compromised immune system, and the body then becomes susceptible to opportunistic infections and unusual malignancies (Bryant-Armstrong, 1988).

2. HIV (Human Immunodeficiency Virus) Infection

begins with the virus entering the T-helper lymphocytes, cells of the immune system. At this stage, the person is seropositive but may be asymptomatic (Gee & Moran, 1988). In the second phase, the person becomes chronically ill, and the signs and symptoms experienced depend on the underlying opportunistic infection or malignancy. In the third phase, the person becomes terminally ill. For the purpose of this study, the people with HIV infection represent the broad spectrum of the disease from asymptomatic seropositive to the terminally ill person with AIDS.

3. Nurses refer to the three levels of nursing personnel providing direct care to people with HIV infection. The three levels were identified as registered nurses, licensed vocational nurses, and nursing assistants.

4. Worry represents generalized anxiety and may be present even in the absence of a specific threat and measured by determining the individual's perception of his/her work and health (Dworkin et al., 1991).

5. Comfort is a feeling of ease or well-being in relation to actual contact with persons who have the illness and measured by the individual's perception of his/her performance during certain client care functions (Dworkin et al., 1991).

Summary

The Dworkin et al. (1991) study showed that nurses' emotional reactions to HIV depended on the type of client interactions experienced. The authors found that, as the invasiveness of contact increased, the level of worry and amount of discomfort also increased. They examined how nurses' profession, attitudes, knowledges, experiences and demographic characteristics influenced the nurses' emotional reactions to the HIV client.

As the HIV epidemic spreads, the level of worry is increasing, and the negative impact on society mounts. The level of worry must be modified to assure compassionate care for the HIV infected population. This study will add to the existing body of knowledge related to the care of HIV/AIDS clients.

Chapter 2

CONCEPTUAL FRAMEWORK AND REVIEW OF RELATED LITERATURE

HIV disease is an infection which was initially identified in the early 1980's. It is also the period in which the profession of nursing developed and refined a number of new nursing models. It seems appropriate to view the nursing approach to this population through a theoretical framework developed and refined in the 1980's. HIV infection presents complex problems to the nurses caring for these clients, and the approach to caring for them must be holistic. The Adaptation Model, which was developed and refined in 1983 by Sister Calista Roy, is an appropriate theory to use in this research. The basis of Roy's Adaptation Model is from the systems theory by Helson (1964) and other theorists such as Lazarus, Maslow, Selye, and Malaznick (Marriner, 1986, p. 300).

Conceptual Framework

Roy and Andrews (1991) defines person as "an adaptive system, the individual is described as a whole comprised of parts that functions as a unity for some purpose" (p. 6). The individual's behavior as the output of the human system takes the form of adaptive responses and ineffective responses. These responses act as feedback or further input to the system, allowing the person to decide whether to

increase or decrease efforts to cope with the stimuli.
 (See Figure 1.) The behavior arises from the regulator and cognator mechanisms that work within the four adaptive

Figure 1: Conceptual model of the person as an adaptive system by Mary Dugon, 1992.

modes. The four adaptive modes are the physiological function, self concept, role function, and interdependence. (See Figure 2.) All of the various aspects of the person are interrelated, and anything happening to one aspect will have an effect on the others. It has been noted that the

Figure 2: Conceptual model of the person as a system by Mary Dugon, 1992.

person, as an adaptive system, is affected by the world around and within (Roy & Andrews, 1991, p. 8). In the broadest sense, this world is called the "environment," which is recognized in Roy's model as the stimuli. Nursing as a profession works to promote adaptive responses through the adaptive modes. Nursing accomplishes this through

activities which manipulate the person's adaptation level. For this study, the nurse is seen as a person with one role who should promote adaptive responses for the person with HIV infection.

Roy and Andrews (1991) conceptualizes health as "a state and process of being and becoming integrated and whole" (p. 4). Roy views health as a process. Health and illness are a part of the whole experience of life and its many dimensions. Nursing is concerned with this dimension of the total life experience. Nursing science is a developing system of knowledge about persons that observes, classifies, and relates the processes by which people positively affect their health status (Roy & Andrews, 1991). In this research study, nurses' knowledge is needed to facilitate their assisting in the adaptation process of the client and to help the client to move toward a sense of well being.

According to Roy's theory, fears may result in maladaptive care of patients by interrupting energy to be freed for adequate coping to promote health and wellness. The nurses' attitudes and personal beliefs influence the clients' ability to succeed in utilizing their strengths for a healthy movement through the adaptation process. The healthy and well person (the nurse), according to Roy's

definition, will provide the environment for optimal client adaptation.

HIV disease is an illness that demands from nurses the delivery of holistic care that addresses all areas of the client's life. The nurse as a person needs to progress through Roy's Adaptation Model to adaptive responses in order to optimally assist the HIV client to progress toward their adaptive responses. An assumption is that a nurse's ineffective response to HIV infection will result in poor quality of nursing care for the HIV clients.

Review of Literature

Social anxiety or concern about HIV reflects the professional nurses' struggle to cope with the stress of dealing both with the actual threat of illness and perceived vulnerability (Dworkin et al., 1991). Cognitive explanations are inadequate for understanding the complex emotional reactions to HIV. The emotional reactions are based not only on perceived health threats, but also on underlying feelings about professional responsibility, fear of the unknown, death and dying and moral judgements related to the spread of HIV infection (Rafaeli & Sutton, 1989). Emotional factors must be seriously considered along with knowledge in order to explain professional behavior in relation to HIV.

The history of human behavior in response to the

epidemics of communicable diseases is depicted by George Rosen in his book, History of Public Health (1958).

Rosen (1958) described Leprosy as:

the greatest blight that threw its shadow over the daily life of medieval humanity. Fear of all other diseases taken together can hardly be compared to the terror spread by leprosy...not even the 'black death'...produced a similar state of fright..., it became a serious social and health problem. (p. 62)

Similarly, Rosen (1958) depicted community behavior towards bubonic plague (the black death) as another "plague that makes the Dark Ages really dark" (p. 62). This disease killed 1 out of 4 persons, an estimated total of 60 million. This plague brought panic and caused confusion among the masses.

HIV infection is the modern equivalent to the epidemics described. Mass media here in the United States and in other countries have promoted fear and panic. Those who are afflicted by HIV infection are often treated as lepers of old, believed to deserve what they get. In the Halls of Congress, legislators called for quarantines to contain HIV disease, because this was the method of containing fatal epidemics in the past.

The CDC reported that appearance of the first cases of HIV infection occurred as early as 1981 (Centers for Disease

Control, 1991). As early as 1983, nursing literature documented fear experienced and expressed by nurses taking care of HIV infected clients. The emergence of HIV as a serious health problem in the gay community has, in some cases, further alienated homosexuals and health care givers. Rumors created fears that mere contact with a person who had HIV infection resulted in acquisition of the disease. Nurses had their hands full calming other staff members, as well as friends and partners of patients (Irish, 1983). Although the etiologic factor of HIV was discovered in 1984, a survey by Rosse (1984) of staff on a psychiatric unit reflected a high level of anxiety and fear related to persons with HIV infection.

Many physicians and nurses working in general hospital settings found themselves in conflict between their natural clinical curiosity and their contact with HIV infection (Scaffner, 1986). Some were somewhat protected by their specialties, which normally keep them from close contact with patients, for example, radiologists and nurse administrators. The degree of dread, sometimes outright revulsion, felt by hospital personnel has often been demonstrated in the myriads of precautions required before entering an HIV infected client's room or touching of utensils the client may have used. Moriarty (1988) reported in a survey that three out of four nurses would refuse to

render care to an HIV infected person. Official reports, disciplinary action, state investigations and patient complaints from numerous hospitals provided accounts of nurses leaving their place of employment or refusing to care for HIV infected persons out of fear or moral indignation (Nelson, Maxey, & Keith, 1989). In addition, Van Servellen, Lewis, and Leake (1988) reported clients were being inappropriately isolated.

Evidence continues to suggest the risk to health care workers is very small, especially if the recommendations by Center for Disease Control are utilized (McCray, 1985). Some warn, even though the facts and risk factors related to HIV are known, there are going to be nurses who still fear contracting HIV through contact with ill clients. These health care providers still believe there are uncertainties surrounding the diagnosis, treatment, and prognosis.

Nurses' HIV related experience, knowledge, fears and attitudes were included in a study conducted by Van Servellen et al. (1988). Among 3,000 randomly selected nurses in the state of California, 25% were unwilling to care for HIV infected persons. An example of fearful behavior identified was nurses who wore gowns, gloves and masks at all times. A question arose as to whether nurses working in the hospital should be given the option to refuse to care for clients with HIV infection. Hospitals are

considered a source of environmental exposure. At the opposite end of the spectrum, there are nurses, regardless of their fear, willing to commit to the care of HIV infected persons (Van Servellen et al., 1988). A similar study was conducted in London, England, by Searle (1987) and identified similar problems related to fear.

Recent research studied nurses, medical students, chiropractic students, and college undergraduates regarding their perception of four different diseases (Katz, Hass, Parisi, Astone, & McEvaddy, 1987). The four diseases were HIV infection, cancer, heart disease, and diabetes. Results from the study showed that all respondents rated HIV infected clients as lowest on the scales of competence and moral worth, significantly more depressed and dependent, and being more responsible for their illness. Respondents distanced themselves more from HIV infected persons (Katz et al., 1987). This study was replicated by Walkey, Taylor and Green (1990), and the results were strikingly similar. The fact remains that HIV is a fatal illness, associated with already stigmatized risk groups, and triggers secondary psychological reactions due to stereotypic attitudes (Siminoff, Erlen, & Lidz, 1991).

A study was conducted on three different types of health professionals in relation to their feelings of

comfort and worry concerning HIV infection (Dworkin et al., 1991). The health professionals were physicians, nurses and social workers. These health professionals were working in a university hospital center.

Although knowledge scores of the professions were similar, fewer nurses than physicians or social workers perceived they were knowledgeable about HIV. This discrepancy may be accounted for by differences in educational levels. Nurses on the whole were the most adversely affected by their contact with clients. They had the most regular and repetitive invasive contact with clients, and were most likely to come into frequent contact with body fluids (Dworkin et al., 1991).

Summary

A review of the literature indicates that there are major concerns among health care professionals related to HIV infection. Current articles emphasize the potential danger of providing less than optimal nursing care for clients with HIV/AIDS. The literature spoke of the need for a change in the attitudes of nurses caring for this population.

Roy's conceptual framework serves as a mechanism where the nurse is identified as a person. This nurse (person) will need to identify and to adjust effectively to the changing environment. This adaptation is necessary so the

nurse can assist the HIV client to effectively adapt. On the other hand, an ineffective nurse (person) would not be able to assist and/or lead an HIV client to effective behavior and/or to an adaptive system.

The conclusions drawn from the Van Servellen et al. (1988) study suggested specific recommendations for changes in nursing educational programs to be guided by principles of attitudinal changes. Programs addressing nurses' biases, whether indirectly or directly, were also recommended.

Chapter 3

METHODOLOGY

This chapter covers the methodology for this study of concerns about AIDS among nurses caring for HIV/AIDS clients. The research design, human subjects approval, questionnaire, participants, data collection, and statistical analysis are described.

Design

A descriptive design was used to identify the concerns about Acquired Immunodeficiency Syndrome among nurses in a suburban community hospital. The descriptive design was used to investigate nurses' attitude, knowledge, experience, demographic characteristics, and how these factors might be related to the level of worry and discomfort toward care giving of HIV clients.

The intent of a descriptive study is to identify and understand relationships rather than to infer or to predict. The descriptive and exploratory methodology allows an avenue for the replication and validation of an original study.

Subjects and Setting

The population targeted in this study differed from the original study by Dworkin et al. (1991). The original study included physicians, social workers and nurses. This study used only nurses. The tool, therefore, was modified with permission of the authors.

Two units at a suburban community hospital were used. One department is a medical surgical floor that was designated to be a specialty unit caring for inpatient HIV clients. The other was the emergency department. Approval to conduct this study was obtained from the Vice President of Nursing and Nursing Administration at the community hospital (See Appendix A).

Human Subjects Approval

Approval for this study was obtained from the Human Subjects-Institutional Review Board (HS-IRB) at San Jose State University for exemption from the requirement for informed consent of the respondents (See Appendix B). The respondents were assured of confidentiality of the data, and their participation was completely voluntary.

Data Collection

Packets were compiled for distribution to prospective participants. Each packet contained three components: (a) an introductory letter, (b) research questionnaire which included a section for collection of demographic data, and (c) a stamped self-addressed envelope for return of the research questionnaire to the investigator. There were 90 packets distributed.

The introductory letter described the research project, and gave assurance of anonymity of all respondents (See Appendix C). Return of the survey implied their consent

for participation in the study. Directions for completion of the survey and approximate time required to complete the questionnaire were also provided.

The managers for the two units were approached, and the purpose of this study was discussed. Survey packets were provided for each of the managers. The managers distributed the packets to their staff members. Responses were returned to the investigator in the self-addressed envelope accompanying each packet. The survey was completed 2 weeks after the designated return date.

Instrument

A tool developed by Dworkin was used with minimal changes by permission of J. Dworkin (See Appendix D). She verbalized interest in maintaining the integrity of the originally developed questionnaire to assist in the refinement and establishment of validity and consistency.

The questionnaire consisted of 15 questions and/or sections (See Appendix E). The first question was to elicit subjective data through a self-rating Likert type scale on the respondent's knowledge of AIDS. The scale ranged from: (a) A lot, (b) A moderate amount, (c) A little, and (d) Nothing at all. This was followed by questions related to where the respondent learned or acquired knowledge related to AIDS. In addition, their perception of the reliability of the source(s) was polled using a scale of "very

using a scale of "very reliable," "somewhat reliable," and "not reliable." The fourth section asked 10 questions to assess the individual's basic knowledge on AIDS. This was to provide an objective measurement of the person's knowledge. The questions were "true" and "false," and allowed for the respondent to acknowledge lack of knowledge by an "I don't know" response.

Question 5 sought information on the respondent's personal relationship with individuals who might have AIDS. A second component of this question looked at the closeness of the relationship. The information on this question was not included in the results reported by Dworkin et al. (1991).

Question 6 looked for data on the respondent's fear of getting AIDS in the work setting. This question allowed a four scale range from "no chance" to "strong chance." Question 7 elicited data on the respondent's awareness of methods to minimize the chance of contacting AIDS. If a positive (yes) response was given, the respondent then was asked to write: "Is there anything you can do to reduce your chance of getting AIDS from your work?"

Questions 8-13 examined the respondent's contact with AIDS clients and the respondent's discomfort and worry. Specific questions were asked related to the discomfort and worry of direct and indirect contact with AIDS clients, the

client's belongings, and the giving of care. In question 9, respondents were asked to designate the exact number of clients with AIDS they had cared for and/or came in contact with. Respondents were given a four range scale of "always comfortable," "usually comfortable," "usually uncomfortable," "always uncomfortable," and "I have not done this" for question 10. The eleventh question requested data on the type of contact the respondent experienced. Question 12 elicited subjective information related to personal change in behavior due to AIDS. The thirteenth question asked about the respondent's worry and discomfort related to AIDS. The questions were to be answered with strongly agree, agree, disagree, or strongly disagree.

Data were gathered on the respondent's concern with direct and indirect contact with AIDS clients, and the risk of contracting the disease. A four point scale of (a) no risk, (b) small risk, (c) moderate risk, and (d) large risk was used. The respondent was instructed to rank each question.

The final section consisted of the demographic data. Demographic data included nurse job classification, number of years working in a hospital or clinic, number of years in current job, highest level of education, highest degree, actual age, gender, and ethnic background.

Analysis Procedure

Questions on the tool provided nominal or ordinal responses. All responses had singular responses or one response to each question. The decisions regarding codification of the questionnaire were made prior to distribution of the packets. Data were scored by hand, then statistically analyzed using Minitab (1989). Responses left blank, having two responses for one question, answered with a question mark, or checked between two responses were designated as missing data. Data were clustered and analyzed according to the Dworkin et al. (1991) study.

The following areas were analyzed: (a) self-rated knowledge level, (b) basic knowledge level of the respondents, (c) number of contacts with AIDS patients, (d) level of comfort caring for HIV patients, (e) level of worry caring for HIV patients, and (7) attitude of nurses toward HIV patients. Statistical analysis for several areas on the questionnaire were not reported by Dworkin et al. (1991). Some of the data not reported included information on topics such as method of receiving information on the subject of HIV/AIDS, the quality of the information according to the respondent, personal contact with HIV persons, chance of getting AIDS at work, type of contact with the AIDS patient, and so forth. In addition, there were statistical procedures that were not carried out in

this study due to the size of the sample.

Summary

This chapter explored the methodology used in this study. Included was a description of the design, subjects/setting, human subjects approval, data collection method, description of the questionnaire and the analysis procedure. The findings and analysis of the returned questionnaires and demographic data are presented in Chapter 4.

Chapter 4

FINDINGS AND INTERPRETATION

The purpose of this study was to explore concerns about Acquired Immunodeficiency Syndrome among nurses in a suburban community hospital. A convenience sample of nurses who had experience in the care of HIV infected clients was surveyed. The total number of packets distributed were 90, with a return of 40 (44%) within the specified time span for acceptance. There were 38 questionnaires used in the statistical analysis. Statistical analyses indicated a fluctuation in responses to all questions. There were questions with only 35 participants responding to the maximum of 38 responses. Two questionnaires, each with a full page of missing data, were not used. Respondents were given written assurance of anonymity. Consent was implied by their voluntary participation. Questionnaire packets were made available to the nurses who volunteered to participate on two units.

Dworkin et al. (1991) reported results on the profession, knowledge, experience, and attitudes of physicians, nurses, and social workers regarding HIV/AIDS and the level of discomfort and worry. The original study used only professional health care workers and analyzed for similarities and differences in their responses. This study will report on the results which coincide with those of the

original study. This study used only nurses (registered nurse, licensed vocational nurse and nursing assistant). The three nursing levels are compared for similarities and differences.

Demographic data are presented in Table 1. The majority of respondents to the survey were Caucasian females who are associate degree prepared registered nurses. Data indicated the mean number of years of experience and number of years worked on the same unit were 13.28 and 7.62, respectively. These data were not interpreted in the Dworkin article and does raise additional questions in regards to implications and need for future research.

The nurses' level of knowledge was analyzed using a self-rated (perceived) knowledge and a basic knowledge scale. All respondents indicated in the self-rated scale that they had at least "a little" knowledge of AIDS. The majority (24) indicated a moderate amount of knowledge, 13 a lot of knowledge, one a little, and no one answered: "knowing nothing at all."

Ten questions were used to assess the basic knowledge of the respondents. Missing data, unanswered questions, and a response of "did not know" were considered incorrect responses. Question 1 was answered correctly by 33 respondents and incorrectly by 5 respondents. The second question was answered correctly by 37 participants and

Table 1

Demographic distribution of nurses by job classification N=38

<u>Characteristic</u>	<u>RNs</u>	<u>LVNs</u>	<u>NAs</u>
<u>Unit working on</u>			
HIV/AIDS Unit	14	1	3
Emergency	14	3	1
<u>Age</u>			
20-29 years	3	1	2
30-39 years	11	2	3
40-49 years	8	0	0
50-59 years	5	1	0
<u>Gender</u>			
Male	0	0	1
Female	27	4	4
<u>Ethnicity</u>			
Black	4	0	0
Caucasian	22	2	4
Hispanic	0	1	1
Oriental	1	0	0
<u>Highest level of education</u>			
< 9th grade	0	0	1
1 yr. college or training school	0	0	2
2 yr. college or training school	4	2	2
3 yr. college or training school	5	1	0
4 year college or training school	9	1	0
<u>Number of years at current job</u>			
< than and 1 year	12	0	1
2-5 years	4	0	3
6-10 years	3	1	0
11-20 years	5	2	1
> than 20 years	4	1	0

incorrectly by one. There were 34 correct responses to question 3, and 4 responses were incorrect. All respondents answered question 4 correctly. Question 5 was answered correctly by 37, and one who did not know. The sixth question was answered correctly by 36 and by 2 incorrectly. Questions 7 and 8 had 37 correct and 1 incorrect responses. The next question was answered correctly by 31 and incorrectly by eight. The last question was answered correctly by all respondents. The data were analyzed by job classification and indicated the majority of the respondents have a basic knowledge related to AIDS.

Out of 38 respondents, 37 had contact with one or more AIDS client. The number of AIDS clients the respondents had contact with was recoded according to the criteria used in the Dworkin et al. (1991) study. The recoded values were: (a) 0 contacts = 0, (b) 1 to 5 contacts = 1, and (c) 6 or more = 3. A number of the respondents did not respond with a numerical value; instead, terms such as "many," "several," and "more than" were used. These were coded as more than six. The findings showed 29 respondents have had contact with more than six AIDS clients; one person had 1 to 5 contacts, and eight did not respond. The one person who indicated having contact with 1 to 5 clients with AIDS was a licensed vocational nurse, and the remainder were from all three nurse job classifications.

These questions were followed by data gathered in response to the level of comfort and type of contacts made by participants in the survey. Thirty seven participants indicated they had talked with AIDS client(s), touched objects used by the client, and touched a client(s). There were 31 who responded that they had gathered or performed tests on blood or body secretions of an AIDS client. Of those who responded, 30 indicated they had started an intravenous or drew blood from an AIDS client.

Question 10 examined the respondents' level of comfort in providing care to an AIDS client. The analysis first looked at all respondents collectively and followed with statistics by job classification. This section consisted of five questions related to direct and indirect contact with AIDS clients (See Table 2). Direct contact was comprised of actual interaction with the client, and indirect contact looked at inanimate objects handled by the client or used in the care giving to the client.

There was greater variance among the responses from the licensed vocational nurse and nurse assistants than the registered nurses. This may be due to lack of exposure or limit in the practice or scope of the licensed vocational nurse and nurse assistants practice (See Table 2).

The last question of this section asked for other types of contacts with AIDS patients. The responses were written

Table 2
Comfort level of nurses in direct and indirect contact with
persons who have AIDS by job classification N = 38

Contacts	RN (%)	LVN (%)	NA (%)
DIRECT			
Talking to patients			
Always comfortable	16 (43)	4	4
Usually comfortable	11 (29)		
Usually uncomfortable	1		1
Always uncomfortable			
Touching objects of patients			
Always comfortable	14 (37)	2	3
Usually comfortable	13 (35)		1
Usually uncomfortable	1	2	1
Always uncomfortable			
INDIRECT			
Touching patients			
Always comfortable	15 (40)	2	3
Usually comfortable	12 (32)	1	1
Usually uncomfortable	1	1	1
Always uncomfortable			
Perform test on blood or body secretions			
Always comfortable	3	1	
Usually comfortable	14 (38)	1	3
Usually uncomfortable	4	1	1
Always uncomfortable	2	1	
Have not done	5		2
Start IV or draw blood			
Always comfortable	3	1	2
Usually comfortable	16 (44)	1	1
Usually uncomfortable	4	1	
Always uncomfortable	2	1	
Have not done	2		2

and ranked by the same respondents. The written responses which were ranked comfortable included statements such as "administer intravenous antibiotics," and "counseling." The responses related to physical contact with an AIDS person, which were ranked "always comfortable," included such items as "hugging and kissing an AIDS patient who is a family member," and "hugging children." The responses which were ranked "usually comfortable" included "hand holding and hugging children."

Statistical analysis indicated the majority of registered nurses were comfortable with both direct and indirect contact with AIDS clients. The data showed there are still some nurses at all levels who are uncomfortable with both direct and indirect contact with AIDS clients.

Worry was measured by asking the participant if they disagreed or agreed with several statements. Data on these questions were analyzed using the whole sample and then examined by job classification. The measurement ranged "strongly agree," "agree," "disagree," and "strongly disagree". The statements were: "I worry about my health," "I worry a lot about getting infections from patients," "my family is concerned about my contact with AIDS patients," and "I worry a lot about treating AIDS patients." Dworkin et al. (1991) stated that these items were chosen to measure general worry about health, worry about contacting

nosocomial and other infection and worry specific to treating AIDS clients.

The results showed 11 participants strongly disagreed, 23 disagreed, 4 agreed, and none strongly agreed that they worried a lot about treating AIDS patients. There were 5 who strongly agreed, 17 who agreed, 14 who disagreed, and two who strongly disagreed that their families were concerned with the participants' contact with AIDS patients. Data gathered from the question on personal concern in acquiring an infection from patients indicated 6 nurses strongly disagreed, 23 disagreed, 8 agreed and 1 strongly agreed. The question related to personal general health showed three strongly agreed, 12 agreed, 19 disagreed, and 4 strongly disagreed that their health was a worry.

The majority of RNs, LVNs, and NAs showed disagreement or strong disagreement with worry in treating AIDS clients (Table 3). The numbers who responded in agreement were high among RNs and LVNs. For the question related to getting infections, the majority of RNs and LVNs either strongly disagreed or disagreed. The NAs showed more who agreed and less who disagreed. The majority of registered nurses and licensed vocational nurses were not worried about their health. The opposite was true of the nursing assistants. The proportion of LVNs and NAs who were worried about their health are of concern and indicate the need for continued

Table 3

Worry of nurses toward AIDS clients by job classificationN = 38

Worried about	RN (%)	LVN (%)	NA (%)
I worry about treating AIDS patients.			
Strongly Agree	0	0	0
Agree	3	1	0
Disagree	16 (43)	3	3
Strongly Disagree	9 (24)	0	2
I worry alot about getting infections from patients.			
Strongly Agree	0	1	0
Agree	5	0	3
Disagree	17 (46)	3	2
Strongly Disagree	6	0	0
I worry about my health.			
Strongly Agree	1	1	1
Agree	8	1	3
Disagree	15 (41)	2	1
Strongly Disagree	4	0	0

efforts to promote comfort and decrease worry among health care workers.

To determine the respondents' attitudes toward caring for AIDS patients, three questions were selected and used from the Dworkin et al. study (1991). The respondents were asked if they were willing to work on an AIDS unit, whether or not AIDS patients should be treated on a special unit, and whether or not health professionals had an obligation to treat all patients assigned to them. A four point Likert scale of "strongly agree," "agree," "disagree," and "strongly disagree" was used.

The majority of nurses (RNs, LVNs, and NAs) agreed that health professionals have an obligation to treat all clients assigned to them. There were 4 who strongly disagreed, 12 who disagreed, 19 who agreed, and 1 who strongly agreed that AIDS patients should be treated on a special unit. There were 2 respondents who did not respond to this question. Thirteen participants strongly agreed, 12 agreed, 11 disagreed, and 2 strongly disagreed with willingness to work on an AIDS unit.

Descriptive data by job classification related to nurses' attitude indicated the majority of nurses agreed or gave positive responses (Table 4). The number who responded negatively is of concern and indicates a strong need to continue efforts toward making changes in attitudes toward

Table 4

Attitudes of nurses toward caring for AIDS clients by job
classification N = 38

Attitude Question	RN (%)	LVN (%)	NA (%)
Health workers have an obligation to provide care to each patient assigned to them.			
Strongly Agree	10 (27)	1	1
Agree	16 (43)	2	3
Disagree	2	1	1
Strongly Disagree	0	0	0
Patients with AIDS should be treated on a special AIDS unit.			
Strongly Agree	0	0	1
Agree	16 (45)	2	1
Disagree	8	1	2
Strongly Disagree	2	1	1
I would be willing to work on an AIDS unit.			
Strongly Agree	11 (29)	0	2
Agree	9	0	2
Disagree	7	4	0
Strongly Disagree	1	0	1
My family is concerned about my contact with AIDS patients.			
Strongly Agree	4	1	0
Agree	13 (35)	2	2
Disagree	10 (27)	1	3
Strongly Disagree	1	0	0

AIDS clients. The responses to the questions on worry indicates a trend that is consistent between attitude and worry. Another interesting interpretation of this data is that the respondents felt obligated to provide equal care to each client assigned to them, yet expressed worry and discomfort in providing the care.

Chapter 5

DISCUSSION

The worry and comfort level of the lay public continues to incorrectly perceive HIV/AIDS as a disease of homosexuals and intravenous drug users. A major component of this thinking is the emotionally laden response toward the stereotyped HIV/AIDS person. This thinking and the emotional response influences health care professionals, including nurses, and ultimately the quality of care given to the HIV/AIDS client.

This study examined the level of worry and discomfort of nurses in providing care for HIV/AIDS clients. Factors such as attitude, experience on the job, knowledge, and other specific demographics were considered as possible modifiers related to a nurse's response.

The Dworkin et al. (1991) study was partially replicated. There were a number of differences which needed to be considered in the statistical analysis of this study. The sample of this study was smaller, $N = 38$, compared to $N = 536$ in the previous study. In addition, this study examined the three levels of nurses and included both professional and non-professional nurses. The settings were also different.

Conclusions

A conclusion from the self-reported knowledge and basic

knowledge level of the nurses in this study was comforting. Regardless of the level of knowledge, there existed a number of nurses who expressed worry and discomfort.

The overall expressed level of comfort among the nurses surveyed indicated they were comfortable with HIV. Even though the responses showed the nurses were in general comfortable in the care of HIV clients, there were results that need to be further examined. For example, there was one nurse in each job classification who indicated being "usually uncomfortable" when touching an HIV/AIDS client. Moreover, at least one nurse in each job classification responded as feeling "usually uncomfortable" when touching objects of HIV/AIDS infected clients. Of considerable concern were the registered nurses' and licensed vocational nurses' responses to the question on starting IV's or drawing blood. There was a possible $n = 29$ who had started an IV and/or had drawn blood. Of the 29 nurses, five expressed being "usually uncomfortable," and three nurses "always uncomfortable." This is approximately 28% of the nurses who responded and had started IV's or drawn blood. In addition, a trend existed which indicated the more invasive the procedure, the greater the level of discomfort that existed.

Level of worry among the nurses surveyed showed the majority did not worry a lot about HIV/AIDS. The number of

nurses who did express worry, on the other hand, should raise questions that address current and future needs of nurses for continued education.

The research questions related to the exposure and experience of nurses who provided care for HIV clients were not significant due to the size of the sample. A concern was that even though the mean number of years of experience (13.28) was high, the number of nurses who still expressed discomfort and worry in providing care for HIV/AIDS clients remained high also.

There was a similarity in the level of discomfort and level of worry between nurses in a large, urban medical center and these nurses in a suburban, mid-sized community hospital regarding the care of HIV/AIDS clients. Dworkin et al. (1991) reported nurses were worried and expressed discomfort in the care of HIV clients. The similarity was found in the increased worry of the nurses with the increased invasive procedures for both studies.

Scope and Limitations

The scope of this study was to assess the level of worry and discomfort of nurses toward HIV infection and the care of HIV infected clients in a suburban community hospital. Both self-reported and basic knowledge were examined. The basis for the study stemmed from the Dworkin et al. (1991) research which examined physicians', nurses',

and social workers' similar discomfort.

There were several limitations in this study. The results of this study are not generalizable. All information reported is generalizable only to the sample examined. The size of the sample in this study was very small and did not allow a comparison to the original study results. The analysis of the data on this study was limited to descriptive statistics. Additional limitations are the possible confounding variables such as homophobia, moral and religious values, and fear of caring for dying clients.

Dworkin was correct in stating "problem areas" in the questionnaire. Some identifiable problems areas were the wording of some questions which could be misinterpreted or could be interpreted in more than one way. Additional problems specific to this study was the size of the sample and the use of only nurses in this study. The questionnaire needs to be revised to reflect questions which would make it more specific to nurses.

Recommendations

A general recommendation is for continued research with nurses as providers of health care to HIV/AIDS clients. Roy's Adaptation Model could be used for additional studies on the nurse as a person. The perspective of a nurse as wholistic is engendered in Roy's conceptual definition of the person as being an adaptive system. If optimal nursing

care is to be provided by a nurse, it would only seem logical that the nurse be wholistic herself/himself to be able to be adaptive. If the nurse is maladaptive or a dysfunctional whole, the results would be less than optimal in promoting adaptive behavior in the client.

Future research should concentrate on the further revision and modification of a questionnaire which can be used to assess nurses' worry and discomfort in providing care to HIV/AIDS clients. The current and future epidemic proportion of this disease will find many nurses who have no alternative but to care for these clients. To provide optimal care for the HIV/AIDS clients, a nurse must feel comfortable and have minimal worry. A valid and reliable questionnaire related to nurses' attitudes and knowledge on HIV/AIDS could identify area of specific needs. From this information, education would be provided to decrease the discomfort and worry level. The accumulation of research on worry and discomfort of nurses would contribute to the validity and reliability of Dworkin's instrument. Several studies consisting of larger samples with attention to demographic factors such as culture, education, gender, and using the three level job classification of nurses should be conducted and reported.

In reference to the facility where the study was conducted, the following results and recommendations will be

made to the units surveyed and the hospital education department:

1. Develop and maintain a program for new employees, professional and non-professional, during which dealing with emotions and fear about HIV/AIDS is addressed.
2. Develop and maintain a program to maintain the level of expertise for all employees based on necessary level of knowledge to provide optimal care to HIV/AIDS clients.
3. Develop and maintain a program which provides counseling to individuals as well as groups regarding the care of HIV/AIDS clients during which emotions are expressed and dealt with in a professional manner.
4. Develop and maintain a program for families of employees to answer questions, allay worry, and increase comfort.

The above recommendations cover only a few of the needs which are identifiable related to nursing care of the HIV/AIDS client. The conducting and reporting of research now and in the future is a must if optimal nursing care and the quality of life for the HIV/AIDS client is to be and remain a reality.

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APPENDICES

Appendix A

Community Hospital of the Monterey Peninsula

52

December 19, 1991

To: Mary Dugom, R.N.

Re: Research Project Questionnaire

As per our discussion on December 19, 1991, you have approval to implement your research questionnaire at Community Hospital of the Monterey Peninsula.

The participation of the staff in this study is voluntary and will be limited to those who willingly choose to do that.

Good luck on your project. I will be interested in reading your findings.

Cheryl R. Nester-Bowers, R.N.
Administrative Coordinator

Mary Ann Washington, R.N.
Vice President, Nursing

Appendix B

Office of the Academic Vice President • Associate Academic Vice President • Graduate Studies and Research
One Washington Square • San Jose, California 95192-0025 • 408/924-2480

To: Mary Dugom
1251 Hillside St.
Seaside, CA 93955

From: Serena W. Stanford *Serena W. Stanford*
AAVP, Graduate Studies and Research

Date: October 23, 1992

The Human Subjects-Institutional Review Board has reviewed and approved your request for exemption from Human Subjects Review for the proposed study entitled:

"Concerns about HIV among nurses caring for these patients in a suburban community hospital"

Provided that there are no changes in the procedure proposed, you may proceed with this study without further review by the Human Subjects-Institutional Review Board. You must notify the Human Subjects-Institutional Review Board of any changes in the subject population or procedure for this study

I do caution you, however, that Federal and State statutes and University policy require investigators conducting research under exempt categories to be knowledgeable of and comply with Federal and State regulations for the protection of human subjects in research. This includes providing necessary information to enable people to make an informed decision regarding participation in your study. Further, whenever people participate in your research as human subjects, they should be appropriately protected from risk. This includes the protection of the confidentiality of all data that may be collected from the subjects. If at any time a subject becomes injured or complains of injury, you must notify Dr. Serena Stanford immediately. Injury includes but is not limited to bodily harm, psychological trauma and release of potentially damaging personal information.

Please also be advised when people participate in your research as human subjects, each subject needs to be fully informed and aware that their participation in your research project is voluntary, and that he or she may withdraw from the project at any time. Further, a subject's participation, refusal to participate or withdrawal will not affect any services the subject is receiving or will receive at the institution in which the research is being conducted.

If you have questions, please contact me at 408-924-2480.

CC: Marsha Canton

Appendix C

A campus of The California State University

School of the Applied Arts and Sciences • Department of Nursing
One Washington Square • San José, California 95192-0057 • 408/924-3130

October 23, 1992

Dear Nursing Staff Member:

I need your help in conducting a study to learn more about the concerns nurses who care for AIDS patients have. The results of this study should contribute to positive changes in nursing education. Please take 10 - 15 minutes of your time to complete the enclosed questionnaire.

It should be clear that your participation is both anonymous and voluntary. Do not mark this questionnaire in any way that could identify you personally. Please use the enclosed stamped envelope to return the completed questionnaire.

As you know, I have been working with people with HIV infection at Community Hospital for the last seven years. I am currently doing research for my thesis at San Jose State University. I am also a member of the Ryan White Care Act Consortium for Monterey County representing Community Hospital.

If you have any questions about this study, I would be happy to talk with you. I can be reached at 625-4972. If you have questions or complaints about research subjects rights, or in the event of a research related injury, please contact Serena Stanford, Ph.D., Associate Academic Vice President for Graduate Studies and Research, at (408)924-2480. I hope that you will take the time to help with this study. Please return the demographic questionnaire and the research questionnaire by November 8, 1992.

Sincerely,

A handwritten signature in cursive script, appearing to read 'Mary Dugom', written in dark ink.

Mary Dugom, R.N.
Outpatient Immunology Services Coordinator
Community Hospital of the Monterey Peninsula

Appendix D

M A T E C

Midwest AIDS Training & Education Center

CENTER HEADQUARTERS

The University of Illinois at Chicago
808 S. Wood Street (M/C 779)
Chicago, Illinois 60612
(312) 996-4754/721

Ms. Mary Dugom
1251 Hillside St.
Seaside, Ca. 93955

Dear Ms. Dugom:

REGIONAL SITES

Clinical Training Associates, Inc.
Indianapolis, Indiana

Missouri Department of Health/
University of Missouri
Jefferson City/Columbia, Missouri

The Medical College of Wisconsin
Milwaukee, Wisconsin

The University of Illinois at Chicago
Chicago, Illinois

University of Iowa
College of Medicine
Iowa City, Iowa

University of Minnesota
School of Public Health
Minneapolis, Minnesota

Enclosed you will find a copy of the employee AIDS questionnaire that we used in our study Concern About AIDS..... You have our permission to use it for your research as long as give proper credit regarding the source. There are many improvements that can be made. If you contact me in early August, I will be happy to discuss my ideas with you.

Sincerely yours,

Joan Dworkin
Assistant Professor

Appendix E

1. How much do you know about AIDS (Acquired Immune Deficiency Syndrome)? (Check one)

- a. A lot
- b. A moderate amount
- c. A little
- d. Nothing at all

2. Where have you heard about AIDS? (Check one or more)

- a. Radio or TV
- b. Newspapers and magazines
- c. Professional or scientific journals or books
- d. Public posters, handouts and billboards
- e. Talking to family and friends
- f. Talking to people at work
- g. Lectures or inservice programs
- h. Other(please specify) _____

3. How reliable do you believe each source has been

Not heard or read from this	Very Reliable	Some what Reliable	Not Reliable	
_____	_____	_____	_____	a. Radio or TV
_____	_____	_____	_____	b. Newspapers and magazines
_____	_____	_____	_____	c. Professional or scientific journals or books
_____	_____	_____	_____	d. Public posters, handouts and billboards
_____	_____	_____	_____	e. Talking to family and friends
_____	_____	_____	_____	f. Talking to people at work
_____	_____	_____	_____	g. Lectures or inservice programs
_____	_____	_____	_____	h. Other(please specify) _____

4. Which of the following statements do you think are true or false? Please respond to each statement.

True	False	I don't know	
_____	_____	_____	a. AIDS is caused by a virus infection.
_____	_____	_____	b. AIDS is under control and scientists predict fewer people will get AIDS next year.
_____	_____	_____	c. Scientist estimate that over one million Americans are already infected with the AIDS virus.
_____	_____	_____	d. Children cannot get AIDS.
_____	_____	_____	e. You can get AIDS by touching objects used by a person with AIDS.
_____	_____	_____	f. Doctors can now completely prevent AIDS.
_____	_____	_____	g. There is no cure for AIDS.
_____	_____	_____	h. People who carry the AIDS virus may feel well and be unaware of their infection.
_____	_____	_____	i. Most cases of AIDS have been contracted by sexual contact with an infected sexual partner.
_____	_____	_____	j. AIDS cases have been reported from many parts of the world, including the USA, Africa and parts of Europe.

Note: From "Employee AIDS questionnaire", by J. Dworkin, 1987. Reprint by permission.

5. Do you know anyone with AIDS or the AIDS virus?

a. Yes b. No

If yes, please indicate your relationship to any individuals you know with AIDS or the AIDS virus. (Check all that apply.)

- a. A patient
b. Someone I know, but not a close friend
c. A close friend
d. A family member

6. What do you think is your own chance of getting AIDS from your work? (Check one.)

- a. Strong chance
b. Some chance
c. Very little chance
d. No chance

7. Is there anything that you can do to reduce your chance of getting AIDS from your work?

a. Yes B. No

If yes, what could you do? _____

8. Have you had contact with any patients with AIDS?

a. Yes b. No

If no, skip to question number 12.

9. How many patients with AIDS have you had contact with?

10. If you have actually provided any of these services to a patient with AIDS, please indicate how you felt.

I have not done this	Always Comfort- able	Usually Comfort- able	Usually Uncom- fortable	Always Uncom- fortable
----------------------------	----------------------------	-----------------------------	-------------------------------	------------------------------

a. _____	a. talking to the patient
b. _____	b. touching objects used by the patient such as clinic card, food trays, linen, or waste material
c. _____	c. touching the patient and providing nursing care, X-ray or other service.
d. _____	d. performing test on blood or body secretions of AIDS patients, such as laboratory tests
e. _____	e. starting an IV or drawing blood on the patient
f. _____	f. other contacts (please describe) _____

11. If you have had contact with a patient with AIDS, please check each type of contact that you have had. Check all answers that apply.

- a. talking to the patient
- b. touching objects used by the patient such as clinic cards, food trays, linen, or waste material
- c. touching the patient and providing nursing care
- d. gathering or performing tests on blood or body secretions of AIDS patients
- e. starting an IV or drawing blood on the patient
- f. other contact (please describe) _____

12. Have you changed your behavior due to AIDS?

- a. Yes b. No

If yes, please check all changes that you have made:

- a. I am more careful with AIDS patients.
- b. I am more careful with most patients.
- c. I try to avoid AIDS patients.
- d. I worry about touching patients.
- e. I worry about getting infections from patients.
- f. I worry about spreading AIDS to my family.
- g. I have thought about changing jobs due to concern about AIDS.
- h. Other (Please describe) _____

13. Check the most appropriate answer to each of the following questions.

Strongly Agree	Agree	Disagree	Strongly Disagree	
_____	_____	_____	_____	a. My co-workers are very worried about treating AIDS patients.
_____	_____	_____	_____	b. I worry a lot about treating AIDS patients.
_____	_____	_____	_____	c. Health workers have an obligation to provide care to each patient assigned to them.
_____	_____	_____	_____	d. Patients with AIDS should be treated in a special AIDS unit.
_____	_____	_____	_____	e. I find it difficult to care for terminally ill patients.
_____	_____	_____	_____	f. I find it difficult to care for male homosexuals.
_____	_____	_____	_____	g. I find it difficult to care for IV drug abusers.
_____	_____	_____	_____	h. I would be willing to work on an AIDS unit.
_____	_____	_____	_____	i. I can reduce my risk of getting AIDS by following safety and infection control guidelines.
_____	_____	_____	_____	j. My family is concerned about my contact with AIDS patients.
_____	_____	_____	_____	k. I worry a lot about getting infections from patients.
_____	_____	_____	_____	l. I worry about my health.
_____	_____	_____	_____	m. People with AIDS appreciate the care we provide.
_____	_____	_____	_____	n. I would continue working with a co-worker who carried the AIDS virus if the coworker was careful.
_____	_____	_____	_____	o. I think it is rewarding to take care of patients with AIDS.
_____	_____	_____	_____	p. Health workers should be informed when they treat a patient with AIDS.

14. The following are question about the risk of getting AIDS from a patient.

Which of the following activities do you think place a health worker at risk of getting AIDS? Please answer each question at it relates to a patient with AIDS. (Small risk may be around a 1 to 5 in 10,000 chance; moderate risk may be around a 1 to 5 in 1,000 chance; large risk may be around a 1 to 5 in 100 chance.)

	No Risk	Small Risk	Moderate Risk	Large Risk	
a. _____	_____	_____	_____	_____	a. talking to the patient
b. _____	_____	_____	_____	_____	b. touching objects used by the patient (clothing, clinic card)
c. _____	_____	_____	_____	_____	c. handling dishes and eating utensils of the patient
d. _____	_____	_____	_____	_____	d. touching the patient to provide nursing care
e. _____	_____	_____	_____	_____	e. drawing blood from the patient
f. _____	_____	_____	_____	_____	f. starting an IV for the patient
g. _____	_____	_____	_____	_____	g. performing a lab test on the blood of the patient

15. In this last section, are questions about you. This information will be used for analysis only and will not be used to try to identify any individual.

_____ a. Please list your department.
 _____ b. Please list your general job classification (RN, LVN, CNA).
 _____ c. How many years in total have you worked in any hospital or clinic?
 _____ d. How long have you worked in your current job classification?

16. What is your highest grade or year of school you have completed? (Please check)

Elementary School	Less than grade 9	_____
High School	Grade 9	_____ 10 _____ 11 _____ 12 _____
College or Training School	Years 1	_____ 2 _____ 3 _____ 4 _____
Graduate or Professional School	No Degree	_____ Completed Degree _____

17. Please list your highest degree. _____

18. Please list your age. _____ Years

19. Please check your gender. a. Male b. Female

20. Please check your ethnic background.

a. Black
 b. Caucasian
 c. Hispanic
 d. Oriental
 e. Other

If you have any additional comments on AIDS and the healthcare worker or on this survey, please list these.