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AIDS: Knowledge and Attitudes Among Nurses

Jeanette J. Lochan
Grand Valley State University

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AIDS: KNOWLEDGE AND ATTITUDES AMONG NURSES

By

Jeanette J. Lochan

A THESIS

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degree of

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Thesis Committee Members:

Dr. Mary Horan, Chair
Dr. Patricia Underwood
Dr. William Bell

ABSTRACT

AIDS: KNOWLEDGE AND ATTITUDES AMONG NURSES

BY

JEANETTE LOCHAN

Reports have indicated that nurses have negative and preconceived attitudes concerning persons with acquired immunodeficiency syndrome (AIDS) and that these biases may interfere with quality care. The purpose of this descriptive correlational study was to identify the relationship between nurses' knowledge about AIDS and their attitudes toward caring for patients who are diagnosed with AIDS and/or who test positive for HIV. Data was gathered by questionnaires from a convenient sample of nurses employed at an area hospital in West Michigan. Of the 500 nurses who received the questionnaire, 208 (41.6%) participated in the study. Knowledge about AIDS was correlated with four attitude indices (fears and concerns, care of person with AIDS, care of the terminally ill, and homosexuality).

Findings from this study indicated that there were significant relationships between knowledge and fears and concerns and between knowledge and attitudes toward the care of the terminally ill. Although the relationship was weak, subjects with high levels of knowledge experienced low levels of fears and concerns and had more positive attitudes toward caring for the terminally ill patient.

DEDICATION

This thesis is dedicated to my daughter Chandra, my son Bryan, and my very dearest friend, Thomas. I will always be grateful for your patience, encouragement and support. I love you all.

ACKNOWLEDGEMENTS

I extend my warmest regard and sincere appreciation to my thesis chair, Dr. Mary Horan. Thank you so much for your guidance and support. A special thanks also to the other members of my committee, Dr. Patricia Underwood and Dr. William Bell, for their assistance in finalizing this project.

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CHAPTER ONE

INTRODUCTION

Since the first cases were recognized and the syndrome given its name in 1981, acquired immunodeficiency syndrome (AIDS) has risen from a limited disease to a major health problem in the United States. The diagnosis of new cases continues to increase dramatically. As the reality of this epidemic unfolds, many health professionals will be called upon to care for and treat individuals who are victims of the disease. Among all health professionals, the nursing staff is in closest contact with those who are at risk for the syndrome and those who are victims of the disorder (Shubin, 1989).

When experts discuss the psychosocial problems AIDS creates for patients, they seldom address the psychosocial problems that nurses who care for patients with AIDS face. Frequently, the problems AIDS patients encounter (a reaction to the stigma, anger, denial, and isolation) are reflected in the health professionals who work with them (Feinblum, 1986). Nurses have negative, preconceived attitudes and attributions concerning individuals with AIDS. These biases may interfere with the development of constructive relationships with patients, the quality and tone of nurse/patient interactions, and the psychosocial

comfort of both patients and the nurses who care for them (Kelly, St. Lawrence, Smith, & Cook, 1988).

Fear of contagion is a major concern among health care workers caring for AIDS patients (All, 1988). Several incidences have been reported in which nurses refuse to care for AIDS patients because of an exaggerated fear of the disease and its transmissibility (Thobaben, 1989). Official reports, disciplinary actions, state investigations, and patient complaints from numerous hospitals provide documented accounts of nurses leaving their jobs or refusing to care for persons with AIDS out of fear or moral indignation (Andre, 1988).

AIDS presents a real challenge to nurses as they face the complexities of giving care to HIV infected individuals. "Repulsed", "disgusted", "pity", and "sorrowful" were some of the feelings expressed by nurses towards patients with AIDS (Young, 1988). These feelings were not just directed to the disease of the patients, but to the patients themselves who were homosexual men (Young, 1988). As the disease progresses, AIDS clients require a great deal of care. Health professionals must deal with their negative feelings in order to provide care efficiently, empathetically, competently, and most of all, in a nonjudgemental manner.

The purpose of this research was to identify the relationship between nurses' knowledge about AIDS and their attitudes toward caring for patients who are diagnosed with

AIDS and/or who test positive for HIV. Attitudes are important determinants of nurses' role performance in giving patient care. Such data will add to present literature and help to supply needed information to decrease attitudes that hinder or impede health care delivery to victims of AIDS.

CHAPTER TWO

LITERATURE AND CONCEPTUAL FRAMEWORK

Literature

Since the onset of AIDS and the related concerns and fears, it is understandable that the nursing population might have serious concerns about the risk of exposure to AIDS and the responsibility to care for AIDS victims. The review of the literature pertaining to this study will include: nurses knowledge about AIDS, fears and concerns about caring for persons with AIDS, attitudes toward health care of persons with AIDS and attitudes toward homosexuality. The literature provides evidence that indicates that even though more facts are known, nurses still fear contracting AIDS through contact with the ill patient diagnosed with AIDS because of the continued existing uncertainties surrounding the diagnosis and treatment of the disease.

Scherer, Haughey, and Wu (1989) researched nurses' knowledge about and attitudes toward caring for AIDS patients in a study in Erie County, New York. Data was gathered by questionnaires mailed to a random sample of 1,100 registered nurses. The response rate was fifty-one percent (n = 581). Results indicated that many of the nurses surveyed were fearful of contracting AIDS and did not have confidence in their knowledge and ability to meet

the intense physical and psychological needs of AIDS patients. The study revealed that caring for individuals with AIDS may be complicated by the fact that a large number of these patients are homosexuals who are terminally ill. The researchers concluded that target intervention strategies are necessary to prepare nurses to meet the emerging needs of the escalating epidemic and to help assure that quality of care will be maximized.

Flaskerud, Lewis, and Shin (1989) conducted a study to determine the effect of an AIDS continuing education conference on nurses' knowledge and attitudes regarding care of AIDS patients. The sample (n = 125) consisted of participants in a one day AIDS continuing education conference for nurses in Southern California. The subjects were pretested and posttested using a questionnaire that measured AIDS-related knowledge and attitudes and satisfaction with the conference. There were 48 items that measured knowledge of AIDS transmission, high risk groups, cofactors, symptoms, sexual history, precautions for health care workers and institutional support for health care workers. Thirteen items addressed attitudes toward the major transmission groups and nurses' willingness to care for AIDS patients. The remaining nine items addressed satisfaction with the conference. The results indicated significant pretest and posttest differences in both knowledge and attitudes. Results supported the effectiveness of the educational program in changing the

knowledge levels and attitudes of the subjects. A retest of knowledge and attitudes two to three months after the conference revealed that the posttest and retest differences in knowledge and attitude were not significant.

Prince, Beard, and Ivey (1989) surveyed 134 nurses who worked in perinatal care in five midwestern hospitals. Forty-six per cent had cared for persons with AIDS or with a positive HIV infection and sixty-three per cent had attended an AIDS education program. The questionnaire assessed perinatal AIDS-related knowledge, attitudes, and care of persons with AIDS. Respondents knew that the majority of children with AIDS were infected by perinatal transmission. Over eighty-five per cent expressed moderate to high fear of AIDS and feared taking the virus home to family and friends. Ninety-two per cent felt health care workers should be told if a patient is HIV positive.

In a survey by Turner, Gauthier, and Ellison (1988), 198 registered nurses participated in a study in which they responded to a mailed invitation to assign themselves to an experimental or control group. The experimental group attended a five hour seminar on AIDS. The control group did not attend the seminar. Thirty-four per cent of the respondents from both groups had cared for persons with AIDS in the recent past. A questionnaire designed to elicit knowledge and attitudes toward AIDS was distributed. A pretest/posttest analysis was done. In the pretest, knowledge scores of both groups were high, yet

gaps existed. Attitude scores revealed that fear existed. Thirty-two per cent of the subjects felt infected persons should be kept in their hospital rooms. Fifty-seven per cent felt unsafe unless they used full isolation garb when giving care to persons with AIDS. Thirty-nine per cent felt HIV infected children should not be allowed to attend public schools. On the posttest, both groups reflected an increase in knowledge and attitude scores. Although it was not surprising to find that the experimental group scored significantly higher than the control group on the posttest, it was difficult to explain why subjects in the control group were able to improve their scores in the month between pretest and posttest. The researchers indicated that it is possible that taking a pretest, even in the absence of the seminar session, raised consciousness and willingness to learn. Further results from the study indicated that persons with high knowledge scores felt more confident in giving quality care to persons with AIDS.

Blumenfield, Smith, and Milazzo (1987) surveyed 317 nurses in a county medical center in New York about their knowledge, attitudes and practices in working with AIDS and positive HIV patients. Psychiatry, medical, surgical, and intensive care were the units surveyed with 107 respondents (33%). Two-thirds reported that family or friends had expressed concern about contact with hospital personnel who cared for persons with AIDS. Approximately half of the respondents believed AIDS could be transmitted despite

precautions taken. Sixty-eight per cent of the intensive care unit nurses expressed greater fear of caring for AIDS patients than for patients with hepatitis. Almost half the respondents indicated that they would ask to transfer to another unit if they were assigned to care for patients with AIDS on a regular basis.

Van Servellen, Lewis, and Leake (1988) conducted a survey to identify the fears and attitudes of nurses about AIDS and to obtain an overview of nurses' AIDS-related knowledge base. The study was done through a mailed survey of 3,000 randomly selected registered nurses in California. To meet the criteria of the study, nurses had to be employed in settings in which a portion of their work included direct care to patients. A response rate of forty-two per cent (n = 1,203) was obtained. The study revealed that twenty-five per cent of those surveyed believed they were at high or moderate risk for contracting AIDS because of occupational or environmental exposure in their current work roles. Nearly half (48.5%) indicated that the average nurse was uncomfortable to a considerable degree in discussing sexual matters with male homosexuals. A little over half of the respondents (53.6%) indicated that nurses working in hospitals should be given the option to refuse to take care of patients with AIDS or those suspected to have AIDS-related symptoms. The results support the official and informal accounts of nurses

refusing to care for AIDS patients not only out of fear of contagion, but also out of moral indignation.

A study of emotional effects of working with and caring for AIDS patients was reported by Reed, Wise, and Mann (1984). The authors developed a twenty-one item questionnaire using a Likert-like scale. Nine items addressed demographic information and twelve questions addressed knowledge of AIDS, attitudes toward homosexuality, and each individual's actual experience with AIDS patients. The sample was comprised of the nursing staff in a 650 bed tertiary care hospital in a large metropolitan area. Eighteen per cent (n = 267) of the mailed questionnaires were returned. Several facts emerged from this study. First, many of the respondents had acquired a reasonable amount of knowledge about AIDS. Next, fear of contagion was a theme throughout the population surveyed. Finally, homophobia was a definite issue for health care providers. The results indicated that studying employees' knowledge and attitudes toward highly charged issues is a reasonable method for dealing with employees' fears and concerns.

Ross and Seeger (1988) surveyed 108 health professionals in two cities in Australia. The questionnaire had open-ended questions on how nurses cope with working with persons with AIDS. "A lot" of stress was reported by twenty two per cent of the respondents. Stress was attributed to the fact that these patients were young,

terminally ill and often had dementia. Twenty per cent reported anxiety and stress about AIDS transmission. Stress was ranked as the primary factor associated with current burnout in caring for AIDS patients.

Barrick (1988) investigated the degree of association between willingness to work with persons with AIDS and attitudes toward homosexuals. The target population was all nursing care providers employed by an urban hospital in Northern California. The subjects received mailed questionnaires in which forty-four per cent of the total mailing list responded (n = 208). The majority of the respondents indicated unfavorable attitudes toward homosexuals and less willingness to care for persons with AIDS. Twenty-five per cent of the respondents felt AIDS patients should be quarantined to protect the public health. Nine per cent of the subjects said they would refuse assignments to persons with AIDS. These findings support other AIDS literature that indicates the effects of anxiety may modify work performance of nursing personnel.

Swanson, Chenitz, Zalar, and Stoll (1990) completed a critical literature review of AIDS and HIV related research. There were several major findings from this review. First, most nurses had a working knowledge of AIDS and HIV infection but major gaps were identified in recognition of AIDS symptoms, the means of transmission, and infection control procedures. Next, despite evidence that the risk to health care workers of acquiring AIDS was

small, fear of AIDS transmission was paramount. The fear of AIDS transmission persisted despite the use of recommended precautions. The study indicated that nurses reported spending less time with patients with AIDS than any other patients. Some refused to care for patients with AIDS and felt nurses should be allowed to refuse. Negative attitudes toward homosexuals were associated with negative attitudes toward working with persons with AIDS. Finally, negative fears, attitudes, and behaviors decreased as nurses acquired accurate knowledge about AIDS and its transmission.

In summary, a review of the literature revealed critical issues that may modify the work performance of nurses caring for AIDS victims. It is assumed that the lack of accurate knowledge about AIDS and negative attitudes affect how health professionals view their roles.

Conceptual Framework

A review of clinical observations reveals critical issues in the modified work performances of nurses caring for AIDS victims. Negative attitudes and inaccurate knowledge increase fear of contagion of the disease and homophobia, and thus affect the role performance of health professionals, especially nurses, in meeting the needs of persons with AIDS. Despite scientific evidence for the low risk of occupational exposure to the infection, many health care workers demonstrate highly fearful behavior. Three

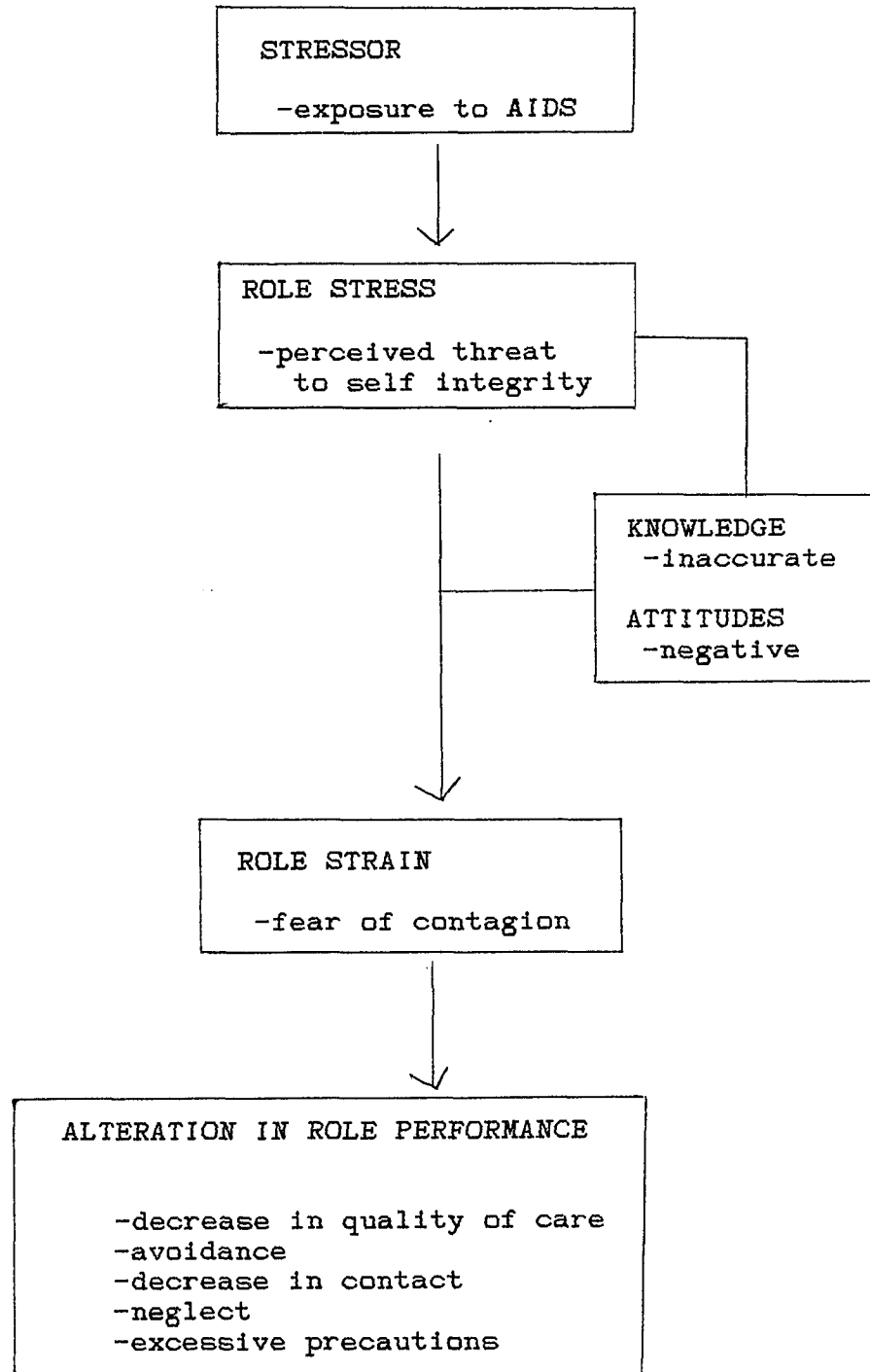
behaviors characterize this fear of AIDS: avoidance, extreme precautions, and verbal expressions of fear (Meisenhelder & LaCharite, 1989).

Role theory represents a collection of concepts that predict how one will perform in a given role or under what circumstances certain types of behaviors can be expected. The theory suggests factors which impede carrying out a role. Role theory concepts related to care of persons with AIDS include stressors, role stress, strain, and performance.

Stress is an external force that disturbs the internal stability or steady state of a system (Hardy & Conway, 1978). Role stress is a social structural condition in which role obligations are vague, irritating, difficult, conflicting, or impossible to meet (Hardy & Conway, 1978). In this framework, role stress results from negative attitudes and inaccurate knowledge of nurses that affect the demands and expectations of nurses caring for AIDS victims.

Stressors are the cause or the stimuli that produce stress (Scott, Oberst, Dropkin, 1980). Stressors differ in quality and intensity for each individual. In this framework, the stressor is confrontation with AIDS and HIV infection, either real or perceived. The stressor brings to awareness the individual's basic attitudes regarding the situation, which in the case of AIDS, leads to a perceived threat to self-integrity which results in role strain.

Figure 1. Role Theory Conceptualization of AIDS



This stress develops into fear of contagion as the threat of AIDS and HIV infection becomes focused. Fear of contagion varies depending on the extent of the cognitive perceived threat of AIDS. The extent of fear of contagion can be conceptualized as a continuum ranging from no perceived threat to extreme fear caused by a perception of intense threat to self-integrity. The extent of the perceived threat, role strain, is determined by the misinformation about the disease and negative attitudes. A great deal of fear and anxiety is experienced among nurses who are asked to care for patients with AIDS. It seems that stress from negative attitudes and inaccurate knowledge accelerates the fear of contagion.

Role strain (perceived threat, fear, etc.) is the subjective or internal state of emotional distress experienced by a role occupant when exposed to role stress (Hardy & Conway, 1978). Role strain has a major impact on the nurses' performance in caring for AIDS patients. It may be a temporary or permanent alteration. Strain results in withdrawal, reduced involvement, and job dissatisfaction.

Collectively, the AIDS epidemic, inaccurate knowledge, negative attitudes, and fear of contagion affects the role performance of health professionals. Role performance is differentiated behavior or action relevant to a specific position (Hardy & Conway, 1978). Since the beginning of the AIDS epidemic, avoidance among health care workers has

been reported in the literature. Persons with AIDS and HIV infection have reported incidents of neglect such as no verbal interaction due to fear of entering the room, and missed meals, treatments, and personal hygiene (Webster, 1987). Nurses have transferred off units, changed jobs, and used excessive protective garb to maximize the physical barriers between themselves and their patients when giving care (Turner, Gauthier & Ellison, 1988). Nurses have reported spending less time with patients with AIDS than any other patients. Some have refused to care for patients with AIDS and felt nurses should be allowed to refuse to care for these patient if they choose (VanServellen, Lewis & Leake, 1988).

Health care workers in general have a strong desire to provide quality and compassionate care for their patients. However, they want to provide care with the least potential danger to themselves. Accurate knowledge and humane attitudes toward persons with AIDS and those at high risk for AIDS are important components needed by nurses to allow them to fulfill their potential role in providing quality care for persons with AIDS and preventing the spread of the disease. Central to this conceptualization is the assumption that accurate knowledge related to AIDS will decrease negative attitudes, thus decreasing the stress and resultant strain attendant to the stressor of working with persons with AIDS. Nurses who are comfortable working with AIDS patients and do not perceive a threat will demonstrate

more adequate role performance in their nursing role.

Therefore, the hypothesis tested in this study was: The degree of accuracy of knowledge about AIDS will be positively related to positive attitudes toward caring for AIDS and positive HIV infectious patients. Knowledge is possession of facts about the epidemiology, pathophysiology, transmission, and treatment of AIDS. Attitudes are nurses' feelings toward caring for persons with AIDS in relation to fears and concerns, attitudes toward health care of patients with AIDS, attitudes toward terminally ill patients, and attitudes toward homosexuality.

CHAPTER THREE

METHODOLOGY

Design

A descriptive correlational design was used to assess the relationship between knowledge about AIDS and attitudes toward caring for patients with HIV positive diagnoses. Nurses were surveyed using a written questionnaire (Appendix B) to obtain data about knowledge and attitudes.

Sample

The convenience sample consisted of registered nurses who were involved in direct patient care at one area hospital in West Michigan. The nursing staff employed by the hospital have a variety of educational backgrounds including one year certificates, diploma preparation, associate degrees, bachelors degrees, and masters degrees. The hospital offers the following services: Orthopedics, General Medical Surgical Care, Obstetrics, Gynecology, Oncology, Cardiology, Radiology, Intensive Care, Pediatrics, Rehabilitation, Ambulatory Care, Operation Room, Post Anesthesia Care, Emergency Care, and Nephrology. From a list prepared by the special projects

coordinator of the hospital, a total of 500 nurses received the questionnaire. The response rate was forty-two percent (n = 208).

Instrument

Subjects received a questionnaire that was designed and used in a similar study by Scherer, Haughey, and Wu (1989). The instrument (Appendix B) was designed to elicit demographic information about the personal and professional characteristics of respondents, knowledge about AIDS, fears and concerns, attitudes toward caring for persons with AIDS, attitudes toward caring for the terminally ill, and attitudes toward homosexuality. The knowledge questions assessed the level of basic knowledge about AIDS among nurses. The attitude items assessed nurses' responses to caring for persons with AIDS. These items consisted of 29 positive and negative statements that addressed a wide range of issues including nurses' beliefs about their right to refuse to care for individuals with AIDS, major fears and concerns related to caring for AIDS patients, and perceived ability to meet the demands and needs of patients diagnosed with the disease. Subjects responded on a five-point Likert-like scale, ranging from strongly agree to strongly disagree. Subjects were instructed to respond to each item on the questionnaire whether they had or had not cared for individuals with AIDS.

Prior to implementation of the research study done by Scherer, Haughey, and Wu (1989), the questionnaire was pilot tested on approximately forty nurses. Revisions were made after the pilot test to improve the clarity of the questionnaire items. To evaluate content validity, the instrument was submitted for review to a panel of experts, including an administrator at a county health department, two physicians practicing in the area of infectious diseases, a survey research methodologist, and several nursing faculty with extensive research experience. The suggestions and feedback of the above panel of experts were incorporated in the final draft of the instrument.

Attitude items on the instrument were organized into four sections: fears and concerns (6 items), attitudes toward health care (8 items), attitudes toward caring for the terminally ill (6 items), and attitudes toward homosexuality (9 items). Reliability coefficients (Cronbach's alpha) for each of the scales were 0.77, 0.72, 0.67, and 0.78 respectively.

The knowledge component of the questionnaire consisted of 29 items designed to assess nurses' knowledge about the epidemiology, pathophysiology, transmission, and treatment of AIDS. Treatment items incorporated specific nursing practices that are involved in caring for patients with the disease. Response options included "True," "False," and "Not Sure." Correct responses were given a score of 1 and incorrect responses a score of 0, with "Not Sure" answers

included in the incorrect category. This portion of the instrument was also pilot tested with the questionnaire with the same panel of experts and revisions were incorporated to improve clarity according to the suggestions offered by the panel. Reliability analysis of the knowledge items revealed a Cronbach's alpha of 0.74.

Procedure

Prior to implementing the study, the research proposal was approved by the Grand Valley State University Human Research Review Committee and the West Michigan hospital participating in the research. Staff nurses at the research site were invited to participate in a study of AIDS knowledge and patient care to patients diagnosed with AIDS and positive HIV test results. One week prior to the study, the special projects coordinator of the research site contacted the nurse managers in the nursing units throughout the hospital that were involved in the study. The nurse managers were informed of the study, its purpose, data collection and the data collection purposes.

After receiving the number of questionnaires needed for each nursing unit from the coordinator, the researcher prepared the packets of questionnaires for each unit and delivered them to the nurse managers. Each questionnaire was accompanied by a cover letter (Appendix A) that identified the researcher, described the nature and purpose of the research, explained the voluntary nature of

participation, and specific details and instructions for completing the questionnaire. In an attempt to control sharing of information, the cover letter stressed the importance of independent completion of the questionnaire in order to facilitate an accurate account of AIDS knowledge. Respondents were encouraged to be candid in their responses and complete all items on the questionnaire. Respondents were informed not to include their names on the questionnaire in order to maintain confidentiality of their responses. Voluntary agreement to participate was considered informed consent. Respondents were asked to return the completed questionnaires in drop-off boxes that were located on there nursing unit.

The participants were given one week to return the completed questionnaire. On the third day after distribution of the questionnaire, a notice was placed on the nurses' communication board on each unit to remind them to complete and hand in the completed questionnaire. The data was collected by the researcher on the eighth day of the study.

CHAPTER FOUR

RESULTS AND DATA ANALYSIS

Characteristics of Subjects

Of the 500 nurses who received the questionnaire throughout the facility, 208 (41.6%) participated in the study. Data were collected over a seven day period. The age of participants ranged from 22 to 65 years of age. Seventy-one percent of the subjects were married (n = 148), twenty percent were single (n = 42), and nine percent (n = 18) were widowed or divorced. The majority of the participants' basic nursing education was from a diploma program (43%). The Associate Degree program was next (37%), followed by the Baccalaureate program (20%). For thirty-seven percent (n = 77) of the respondents, the highest nursing degree obtained was the Associate Degree and for twenty-eight percent (n = 41), the Baccalaureate Degree was the highest nursing degree. Sixty-five percent (n = 134) of the nurses were employed full time at the facility.

Fifty-one percent (n = 105) of the population worked in specialty areas such as the Emergency Care Center, Intensive Care Unit, Intermediate Care Unit, Operating Room, and Maternal Health Unit. Eighty-six percent (n = 177) held staff nursing positions. The total number of

years worked in nursing ranged from one to forty years. Fifty-one percent had ten years or less nursing experience. Seventy-three percent of the subjects indicated that they had attended inservices or classes on AIDS related education.

Research Hypothesis

The research hypothesis for the study was the degree of accuracy of knowledge about AIDS will be positively related to positive attitudes toward caring for persons with AIDS and positive HIV. In order for nurses to respond to the challenge of caring for individuals with AIDS, they must have current information about AIDS and HIV infection. Of the twenty-nine knowledge related questions from the questionnaire, the average knowledge score was twenty-one (possible total 29). The proportions of "Not Sure" and incorrect responses indicated an overall trend for subjects to have insufficient information rather than misinformation. The average number of items marked "unsure" was twelve. The average number of incorrect responses was ten. The distribution of total knowledge scores is presented in Table 1.

TABLE 1

Distribution of Total Knowledge Scores

Score	Number	Percent
6-10	1	.5
11-15	7	3.4
16-20	69	33.2
21-25	117	56.2
26-29	14	6.7
TOTAL	208	100.0

Total scores ranged from 7 to 28 with a mean of 21.3 and a standard deviation of 3.07.

The knowledge items were designed to assess nurses' knowledge about the epidemiology (6 items), pathophysiology (8 items), transmission (6 items), and treatment of AIDS (9 items). Treatment items incorporated specific nursing practices involved in caring for persons with AIDS. Table 2 summarizes the knowledge subscale scores of the respondents.

TABLE 2

Summary of Knowledge Subscale Scores

Subscale	No. of items	Mean	Range	SD
Epidemiology	6	4.05	0-6	1.33
Pathophysiology	8	5.52	0-8	1.03
Transmission	6	5.55	0-6	0.84
Treatment	9	6.19	0-9	1.42

Examination of the standard deviation (SD) reveals that responses showed the least variability for items related to transmission. Variability was greatest for the treatment related items.

The mean correct knowledge score of the respondents was 73.5. Mean percentage scores for the four knowledge subscales are shown in Table 3. The data indicates that

the subjects were most knowledgeable about transmission of the disease. The greatest knowledge deficit was in epidemiology.

TABLE 3

Percent of Items Correct for Knowledge Scores

<u>Scale</u>	<u>Mean Percentage Score</u>
Epidemiology	67.5
Pathophysiology	69.1
Transmission	92.5
Treatment	68.8
TOTAL KNOWLEDGE	73.5

Positive attitudes toward individuals with AIDS and those persons at high risk for AIDS are needed by nurses to fulfill their role in providing care for persons with AIDS and preventing the spread of the disease. For the attitude questions on the questionnaire, the five point Likert-like scale ranging from strongly agree to strongly disagree was used. In the analysis of the attitude questions, strongly agree and agree responses were added together and strongly disagree and disagree responses were added together. Table 4 presents the attitudes of fears and concerns about caring for persons with AIDS (PWA).

TABLE 4

Fears and Concerns about caring for PWA

Statement	% Agree	% Undecided	% Disagree
I am/would be fearful of contracting AIDS when caring for PWA.	44	10	46
The major concerns I have about caring for PWA are "Will I get AIDS and will I die?"	40	12	48
If I care for PWA, I would worry about putting my family, friends, and colleagues at risk of contracting the disease.	33	9	58
Caring for PWA has/could affect my relationships with S.O.	18	16	66
When caring for PWA, I do/would feel unable to meet their intense physical needs.	17	28	55
When caring for PWA, I do/would feel unable to meet their intense psychological needs.	32	26	42

The results indicated that the majority of the subjects felt they would be able to meet the physical needs while caring for persons with AIDS. However, despite evidence that the risk to health care workers of acquiring AIDS is small, fear of AIDS transmission while caring for persons with AIDS is a concern for forty-four percent of the subjects.

The attitudes of nurses toward health care of persons with AIDS results are presented in Table 5.

TABLE 5

Attitudes Toward Health Care of PWA

Statement	% Agree	% Undecided	% Disagree
Health care agencies should have the right to refuse to provide care to PWA.	7	11	82
I feel that I have the right to refuse to care for PWA.	25	18	57
PWA should be cared for in a separate unit staffed with specially trained personnel.	42	18	40
Nurses should be assigned to care for PWA on a voluntary basis.	30	24	46
If I care for PWA, I feel I should receive additional pay.	10	14	76
It makes me angry to see precious health care dollars and nsg resources being allocated to the care of PWA.	8	14	78
Aggressive therapy should not be employed in treating PWA because of the overall poor prognosis of the disease.	15	25	60
It is my responsibility as a nurse to serve as an advocate for PWA and their families.	81	13	6

Although fear was a concern among the nurses, sixty percent of the subjects felt that aggressive therapy should be practiced in treating persons with AIDS. While only seven percent of the subjects agreed that health care agencies should have the right to refuse to provide care to persons with AIDS, twenty-five percent felt they had the right to refuse to care for persons with AIDS.

As indicated in Table 6, responses overall did not reflect extremely negative attitudes toward caring for the terminally ill patient. The vast majority of the subjects (78%) felt it was worthwhile to expend time and energy caring for persons with AIDS who are dying.

TABLE 6

Attitudes Toward Caring for Terminally Ill Pts

Statement	% Agree	% Undecided	% Disagree
I do/would find it difficult to care for PWA because of the hopelessness of the prognosis.	24	13	63
Caring for any patient who is dying is uncomfortable to me.	24	8	68
I think it is worthwhile for me to expend my time and energy in caring for PWA who are dying.	78	13	9
As individuals approach death, the more they need my support as a nurse.	93	3	4
In general, I feel comfortable talking about death with a pt.	77	15	18

In Table 7, seventy-five percent of the subjects indicated that caring for homosexuals was not "distasteful", but twenty-seven percent would be uncomfortable establishing a therapeutic relationship with a homosexual patient. Eighteen percent indicated that their attitudes have become more negative toward homosexuals since the AIDS crisis began.

TABLE 7

Attitudes Toward Homosexuality

Statement	% Agree	% Undecided	% Disagree
I believe that AIDS is a form of punishment for human sins.	8	7	85
I have little sympathy for pts with AIDS because they have brought the disease on themselves.	10	12	78
The fact that most persons who contract AIDS are male homosexuals makes caring for these individuals distasteful to me.	11	14	75
Homosexuality is an alternate kind of lifestyle that should not be condemned.	43	24	33
I feel more sympathetic toward individuals who acquire AIDS from blood transfusion than those who acquire the disease from homosexual practices.	59	10	31
The fact that most victims of AIDS are male homosexuals justifies antihomosexual legal measures.	11	23	66
My attitudes toward homosexuality have become more negative since the AIDS crisis began.	18	13	69
I do/would not feel uncomfortable establishing a therapeutic relationship with a homosexual pt.	57	16	27
A homosexual pt's partner should be afforded the same respect and courtesy as the partner of a heterosexual pt.	86	10	4

A Pearson correlation coefficient was computed to determine the relationship between knowledge and each of the four attitude indices; fears and concerns (F&C), care of persons with AIDS (PWA), care of the terminally ill (T. Ill) and attitudes toward homosexuality (Homo). The results are presented in Table 8.

TABLE 8

Correlation Coefficients Between Knowledge and Attitudes

Attitudes:	F&C	PWA	T. Ill	Homo.
Knowledge	.14*	.09	.20**	.02

* p <.05, **p <.01

The research hypothesis was partially supported. Two of the four attitude indices were related to knowledge scores. There were significant relationships between knowledge scores and fears and concerns and between knowledge and attitudes toward the care of the terminally ill. Although the relationship was very weak, subjects with high levels of knowledge tended to experience lower levels of fear and concerns. Likewise, subjects who had higher knowledge scores were more likely to have more positive attitudes toward caring for the terminally ill.

Additional Analysis

Since knowledge and attitudes may be influenced by experience in caring for persons with AIDS (Scherer, Haughey, and Wu, 1989), independent t tests were performed

to compare mean scores of the four attitude indices and the knowledge scores of the 161 (77.4%) nurses who had cared for persons with AIDS with those nurses who had not (n = 41). Results indicated a significant difference in knowledge levels between those nurses who had experience in caring for persons with AIDS and those who had not (t = 3.01 df, p = .004). Nurses experienced in caring for individuals with AIDS were more knowledgeable than those nurses who had not. No significant difference was found with any of the four attitude indices.

CHAPTER FIVE

DISCUSSION AND IMPLICATIONS

Discussion

As one of the largest groups of health professionals providing care for persons with AIDS, nurses need to be knowledgeable about the disease and related nursing care. It was assumed that accurate knowledge would create more positive attitudes on the part of the nurses toward care of persons with AIDS. Results of this study indicated that the majority of the nurses had a working knowledge of AIDS and HIV infection. Although seventy-three percent of the nurses indicated they had an educational inservice on AIDS, twenty-five percent indicated that they should have the right to refuse to care for patients with AIDS. Forty-two percent of the subjects agreed that patients with AIDS should be cared for on a specific unit with specially trained staff and thirty percent of the subjects agreed that nurses should be assigned to care for patients with AIDS on a voluntary basis.

In regard to attitudes toward homosexuality, forty-three percent of the subjects agreed that homosexuality should be condemned. Eighteen percent of the nurses agreed that their attitude toward homosexuality had become more negative. Twenty-seven percent of the nurses

indicated they were uncomfortable establishing a therapeutic relationship with AIDS patients. Collectively, these factors suggest that homosexuality may be considered an unacceptable sexual practice in our society by some individuals.

Although the relationship of knowledge and fears and concerns about caring for persons with AIDS supported the hypothesis, forty-four percent of the subjects indicated that they would be fearful of contracting the disease. Forty percent of the subjects agreed that a major concern is fear of getting the disease while caring for persons with AIDS. Despite current evidence that the risk to health care workers for acquiring AIDS is small, fear of AIDS transmission still exists. The fact that there is no cure for the disease and death is the end result may account for the continued existence of fear.

The relationship of knowledge and attitudes toward caring for terminally ill patients also supported the hypothesis. Seventy-eight percent of the respondents agreed that it is worthwhile spending time and energy caring for individuals who are dying and ninety-three percent of them agreed that as individuals approach death, they need support from the nurse. One explanation for the fact that this attitude was supportive of the hypothesis is that it addressed terminally ill patients in general and did not specifically make reference to persons with AIDS with each attitude statement.

Role theory provided the conceptual framework for this study. Role theory presents several concepts that predict how one will perform in a given role or under what circumstances certain types of behaviors can be expected. For this study, it was assumed that inaccurate knowledge and negative attitudes about AIDS affect the role performance of health professionals. It was hypothesized that accurate knowledge about AIDS will decrease negative attitudes among nurses and thus improve role performance. This study assessed the relationship of accuracy of knowledge about AIDS and the attitudes of nurses caring for persons with AIDS. There were significant relationships between knowledge and fears and concerns and between knowledge and care of the terminally ill patient.

In this study, subjects knowledge level were highest in the transmission of AIDS and lowest in epidemiology. In a similar study by Scherer, Haughey and Wu (1989), subjects were also most knowledgeable about the transmission of AIDS. They were least knowledgeable in the care and treatment of persons with AIDS. Nearly fifty percent of the respondents (n = 288) were fearful of contracting AIDS and did not have confidence in their ability to meet the intense physical and psychological needs of persons with AIDS. This study indicated that forty-four per cent of the subjects would be fearful of contracting AIDS. The decrease may be due to increased knowledge and experience in caring for persons with AIDS. From the study done by

Scherer, Haughey and Wu (1989), an independent t test was done to compare mean scores of the four attitude indices of the 156 nurses who had cared for AIDS patients to the 396 nurses who had not. Significant differences were observed for fears and concerns ($t = 2.69$, $p = 0.0007$) and health care attitudes ($t = 3.64$, $p = 0.000$). Nurses experienced in caring for persons with AIDS were less fearful and concerned about providing care and had more positive attitudes toward patient care. No significance was indicated for attitudes toward the terminally ill patients, homosexuality and knowledge for nurses who had cared for patients with AIDS and those who had not. In this study, a significant difference was indicated in knowledge levels between those nurses who had experience in caring for persons with AIDS and those who had not. No significant difference was found with the four attitude indices. The differences in the results of the two studies is related to the number of subjects who had and who had not care for persons with AIDS. In the Scherer, Haughey and Wu (1989) study, twenty-seven ($n = 156$) per cent of the subjects had cared for persons with AIDS and sixty-eight ($n = 396$) per cent had not. In this study, seventy-seven per cent ($n = 161$) of the subjects had cared for persons with AIDS and only twenty percent ($n = 41$) had not.

Limitations

Characteristics of the subjects and instrumentation may have been limiting factors in this study. Sample size

(n = 208) was moderate with an overall good response (41.6%), however, an even larger sample may have changed the outcomes. It is possible that those with negative attitudes may have decided not to complete the questionnaire.

This study imposes on a sensitive issue among nurses. Because of the sensitivity of the subject, respondents may have answered some questions with regard to what the appropriate response or actions should be and may not have indicated their true feelings. Thus, the information given on the questionnaire may be superficial. In order to decrease the chances of subjects responding in a way that looks good on paper but ignores feelings, respondents were strongly encouraged to be candid in their responses.

Implications for Nursing Practice

Nurses' need for knowledge is great, not only because they care for persons with AIDS and positive HIV patients in a variety of settings but also because nurses are involved in AIDS education and prevention. These two factors are considered important measures currently effective in an effort to control the spread of the disease. The AIDS epidemic requires that health care workers focus on their own safety and well being in the workplace as well as on the patients for whom they care. Fear of AIDS transmission persists despite the increased use of recommended precautions and an increase in

educational awareness. Helping nurses deal with their concerns about caring for persons with AIDS has important implications for health care facility educators. Inherent in their roles are the functions of education and staff development for employees. Since knowledge can influence attitudes, educators can play a major role in providing the staff with current information about the pathology, treatment, and care of persons with AIDS. They can provide opportunities for nursing staff to discuss their feelings and concerns about caring for persons with AIDS and then work together with them toward a resolution of the problems.

Recommendations for Future Research

Further studies are necessary to validate the findings of this study and the changing attitudes of nurses as the AIDS epidemic continues to progress. There is still a need for representative surveys of nurses at the local, state, and national levels in the United States and other countries. There is a need for more population based studies of nurses in different geographic areas, of nurses in specialty areas, and of nurses in nonhospital settings that are involved with persons with AIDS. The majority of the literature reviewed focused on nurses' knowledge of and attitudes related to AIDS. However, other AIDS related content such as spiritual care, counseling, safe sex, discharge planning, and community organizations were rarely

addressed. Although this study focused on AIDS among homosexuals, as the number of AIDS and positive HIV cases increase among drug abusers, prostitutes and adolescents, research that addresses health care management among these populations would be very beneficial.

Conclusion

As the number of individuals diagnosed with AIDS and positive HIV test results escalates, nurses need to be knowledgeable about the disease in order to maximize quality nursing care for persons with AIDS. Acquiring knowledge about the epidemiology, pathophysiology, transmission and treatment of the disease is essential in creating more positive attitudes in caring for those individuals with the disease. The relationship of knowledge with four attitude indices (fears and concerns, care of persons with AIDS, care of the terminally ill, and homosexuality) were evaluated in this study. It was found that the relationship between knowledge and fears and concerns and the relationship between knowledge and care of the terminally ill patient was significant. Nurses must continue to increase their knowledge about AIDS in order to achieve more positive attitudes in providing quality nursing care to persons with AIDS.

APPENDICES

APPENDIX A

Date

Dear Nurse,

As the number of people with Acquired Immune Deficiency Syndrome (AIDS) increases in our society, caring for these patients presents a real challenge to the profession of nursing throughout the nation. Nursing research has become increasingly important in order to understand this challenge and deal with the complexities of the disease.

Because more information is needed about nurses' knowledge and attitudes in caring for AIDS patients, you have been selected as a participant of this AIDS research study. Your response will assist us in understanding the attitudes of nurses working with persons with AIDS and the accuracy of AIDS knowledge. In order for the results to be representative of nurses, it is very important that each questionnaire be completed independently. Please be candid in your responses and respond to each item on the questionnaire. The questionnaire is designed to elicit information about personal and professional characteristics, knowledge about AIDS and attitudes toward caring for patients with AIDS, the terminally ill, and homosexuality.

You may be assured of complete confidentiality. Please do not place your name on the questionnaire. After you have completed and responded to all questions, please place your completed questionnaire in one of the boxes labeled "Completed Research Questionnaires" located in your work area. Please return questionnaires by (date). The data will be reported and collected as a group rather than individual data thereby assuring complete confidentiality.

The results of the study will assist in understanding the issues and concerns of nurses. Results of the study will be forwarded to the facility. If you are interested in a summary of the results, drop off a sheet of paper in one of the research drop boxes with your mailing address. Your completion of the questionnaire will be considered informed consent.

Thank you in advance for your prompt response and participation in this survey. If you have any questions or concerns, please feel free to contact me at the address or phone number listed below. Again, thank you for your cooperation.

Sincerely,

Jeanette Lochan R.N., BSN
2242 Paris S.E.
Grand Rapids, MI 49507 Phone: (616) 241-6574

APPENDIX B

A. I. D. S. STUDY QUESTIONNAIRE

SECTION I: DEMOGRAPHIC DATA

These first questions ask about personal characteristics.

INSTRUCTIONS: Please circle the number corresponding to your answer or fill in the information requested. Ignore the numbers in parentheses. They are for coding purposes.

1. What is your current age (years old) _____
2. What is your current marital status? Single (never married).....1
Married or living as married.....2
Widowed, divorced or separated...3
- 3a. Do you have any children? Yes.....1
No.....2
If "No," skip to question 4.
- b. How many children do you have (number of children).....
living at home?
- c. Please indicate the number of children you have in each of the following age categories: 1-5 years old.....
6-15 years old.....
16 & older.....
4. In what type of program did you receive your basic nursing education? Diploma.....1
Associate Degree.....2
Baccalaureate Degree...3
5. In what year did you complete your basic nursing education? 19__
- 6a. What is the highest educational degree you have completed in nursing? (Exclude certifications) Associate Degree.....1
Baccalaureate Degree...2
Masters Degree.....3
Doctoral Degree.....4
If no degree, skip to 10.
- 6b. In what year did you complete this degree? 19__
7. In your present nursing position, do you work full or part-time? Full-time.....1
Part-time.....2

8. What is your area of clinical specialization?

- Adult Health.....1
- Child Health.....2
- Family Health.....3
- Maternal Health.....4
- Women's Health.....5
- Community Health.....6
- Psych/Mental Health.....7
- Gerontology.....8
- Anesthesia.....9
- Midwifery.....10
- Other.....11
- Specify: _____

9. What type of nursing position do you hold?
If more than one position held, answer for the one in which you work/worked the greatest amount of time.

- Staff Nurse.....1
- Head Nurse.....2
- Charge Nurse.....3
- Supervisor/Coordinator.....4
- Administrator.....5
- Faculty Member.....6
- Dean/Director.....7
- Office Nurse.....8
- School Nurse.....9
- In-Service Education.....10
- Nurse Practitioner.....11
- Clinical Specialist.....12
- Consultant.....13
- Other.....14
- Specify _____

10. What is the total number of years you have been employed in nursing on either a full-time or part-time basis?

(number of years)..... _____

11. Have you attended any inservice or educational programs on AIDS?

- yes.....1
- no.....2

SECTION II: KNOWLEDGE ABOUT A. I. D. S

The next questions deal with factual information about A. I. D. S.

INSTRUCTIONS: Please circle one number to indicate your answer to each question. 1=TRUE 2=FALSE 3=NOT SURE

12. The incidence of AIDS in the U.S. is expected to reach epidemic levels before the year 2000.

1 2 3

13. About three quarters of the cases of AIDS reported in the U.S. occur among male homosexuals and bisexuals.

1 2 3

- | | | | |
|--|---|---|---|
| 14. Individuals at high risk for contracting AIDS include IV drug abusers, Haitian immigrants, and hemophiliacs. | 1 | 2 | 3 |
| 15. The mortality rate of AIDS two years after diagnosis is in excess of 70%. | 1 | 2 | 3 |
| 16. AIDS is the first known epidemic of a disease that strikes directly at the human immune system. | 1 | 2 | 3 |
| 17. The helper/suppressor ratio of T lymphocytes is usually reversed in patients with AIDS. | 1 | 2 | 3 |
| 18. The risk of contracting AIDS is believed to increase as the number on one's sexual partners increases. | 1 | 2 | 3 |
| 19. Individuals can infect others with the HIV virus without being ill themselves. | 1 | 2 | 3 |
| 20. Symptoms of AIDS occur predictably within six months following infection with the agent that causes the disease. | 1 | 2 | 3 |
| 21. Secondary infections are a major complication of AIDS. | 1 | 2 | 3 |
| 22. The cancer most frequently seen among patients with AIDS is Kaposi's sarcoma. | 1 | 2 | 3 |
| 23. Pneumocystis carinii pneumonia is one of the most common causes of death among patients with AIDS. | 1 | 2 | 3 |
| 24. The HIV testing provides a definitive diagnosis of AIDS. | 1 | 2 | 3 |
| 25. AIDS is more appropriately thought of as a disease related to sexual practices rather than sexual preferences. | 1 | 2 | 3 |
| 26. AIDS can be transmitted by blood and blood products. | 1 | 2 | 3 |
| 27. AIDS can be readily transmitted by casual contacts with persons who have the disease. | 1 | 2 | 3 |
| 28. Sexual transmission of AIDS is not limited to homosexual contacts. | 1 | 2 | 3 |
| 29. Consistent use of condoms may decrease transmission of the HIV virus. | 1 | 2 | 3 |

- | | | | |
|--|---|---|---|
| 30. Isolating patients with AIDS in a sterile environment is an effective means of preventing infectious complications of the disease. | 1 | 2 | 3 |
| 31. The type of isolation required for patients hospitalized with AIDS depends on the specific infection(s) present. | 1 | 2 | 3 |
| 32. Guidelines for health workers who care for patients with AIDS have not yet been published. | 1 | 2 | 3 |
| 33. Individuals hospitalized for treatment of AIDS are routinely put on blood and body fluid precautions. | 1 | 2 | 3 |
| 34. Masks are routinely worn when caring for individuals with AIDS. | 1 | 2 | 3 |
| 35. There is substantial evidence that health care workers are at high risk for contracting AIDS. | 1 | 2 | 3 |
| 36. A major risk to pregnant personnel who care for individuals with AIDS is possible exposure to cytomegalovirus. | 1 | 2 | 3 |
| 37. It is recommended that pregnant personnel not care for patients with AIDS who have secondary infections. | 1 | 2 | 3 |
| 38. There is good evidence that AIDS cannot be transmitted to a fetus before birth. | 1 | 2 | 3 |
| 39. Needles used on individuals with AIDS should be recapped after use. | 1 | 2 | 3 |
| 40. Medical care costs for patients with AIDS can exceed \$100,000. | 1 | 2 | 3 |

PLEASE TURN OVER TO NEXT PAGE!!!!

SECTION III: ATTITUDES TOWARD CARING FOR PATIENTS WITH AIDS

The following questions focus on how you feel or would feel about caring for patients with AIDS. Please answer each item even if you have never cared for a patient with AIDS.

INSTRUCTIONS: Please circle one number to indicate your answer to each question.

- 1 = Strongly Agree
- 2 = Agree
- 3 = Undecided
- 4 = Disagree
- 5 = Strongly Disagree

- 41. I am/would be fearful of contracting AIDS when caring for individuals with this disease. 1 2 3 4 5
- 42. I feel that I have the right to refuse to care for an individual with AIDS. 1 2 3 4 5
- 43. Health care agencies should have the right to provide care to individuals with AIDS. 1 2 3 4 5
- 44. Nurses should be assigned to care for individuals with AIDS on a voluntary basis. 1 2 3 4 5
- 45. Individuals with AIDS should be cared for in a separate unit staffed with specially trained personnel. 1 2 3 4 5
- 46. The major concerns I have/would about caring for a victim of AIDS are "Will I get AIDS and will I die?" 1 2 3 4 5
- 47. If I care for individuals with AIDS, I feel I should receive additional pay. 1 2 3 4 5
- 48. If I care for individuals with AIDS, I would worry about putting my family, friends, and colleagues at risk of contracting the disease. 1 2 3 4 5
- 49. Caring for individuals with AIDS has/could affect my relationships with significant others. 1 2 3 4 5
- 50. I do/would find it difficult to care for individuals with AIDS because of the hopelessness of the prognosis. 1 2 3 4 5
- 51. Caring for any patient who is dying is uncomfortable for me. 1 2 3 4 5

INSTRUCTIONS: Continued 1 = Strongly Agree
 2 = Agree
 3 = Undecided
 4 = Disagree
 5 = Strongly Disagree

- | | | | | | |
|---|---|---|---|---|---|
| 52. I think it is worthwhile for me to expend my time and energy in caring for individuals who are dying. | 1 | 2 | 3 | 4 | 5 |
| 53. As individuals approach death, the more they need my support as a nurse. | 1 | 2 | 3 | 4 | 5 |
| 54. In general, I feel comfortable talking about death with a patient. | 1 | 2 | 3 | 4 | 5 |
| 55. When caring for individuals with AIDS, I do/would feel unable to meet their intense physical needs. | 1 | 2 | 3 | 4 | 5 |
| 56. When caring for individuals with AIDS, I do/would feel unable to meet their intense psychological needs. | 1 | 2 | 3 | 4 | 5 |
| 57. Aggressive therapy should not be employed in treating individuals with AIDS because of the overall poor prognosis of the disease. | 1 | 2 | 3 | 4 | 5 |
| 58. I have little sympathy toward drug abusers who acquire AIDS. | 1 | 2 | 3 | 4 | 5 |
| 59. It makes me angry to see precious health care dollars and nursing resources being allocated to the care of patients with AIDS. | 1 | 2 | 3 | 4 | 5 |
| 60. I believe that AIDS is a form of punishment for human beings' sins. | 1 | 2 | 3 | 4 | 5 |
| 61. I have little sympathy for patients with AIDS because they have, for the most part, brought the disease on themselves. | 1 | 2 | 3 | 4 | 5 |
| 62. The fact that most persons who contract AIDS are male homosexuals makes caring for these individuals distasteful to me. | 1 | 2 | 3 | 4 | 5 |
| 63. Homosexuality is an alternate kind of lifestyle that should not be condemned. | 1 | 2 | 3 | 4 | 5 |
| 64. I feel more sympathetic toward individuals who acquire AIDS from blood transfusions than those who acquire the disease from homosexual practices. | 1 | 2 | 3 | 4 | 5 |
| 65. The fact that most victims of AIDS are male homosexuals justifies antihomosexual legal measures. | 1 | 2 | 3 | 4 | 5 |

INSTRUCTIONS: Continued 1 = Strongly Agree
 2 = Agree
 3 = Undecided
 4 = Disagree
 5 = Strongly Disagree

- 66. My attitudes toward homosexuality have become more negative since the AIDS crisis began. 1 2 3 4 5
- 67. I do/would not feel uncomfortable establishing a therapeutic relationship with a homosexual patient. 1 2 3 4 5
- 68. A homosexual patient's partner should be afforded the same respect and courtesy as the partner of a heterosexual patient. 1 2 3 4 5
- 69. It is my responsibility as a nurse to serve as an advocate for victims of AIDS and their families. 1 2 3 4 5

SECTION IV: GENERAL INFORMATION

The last group of questions concerns your experiences in caring for patients with AIDS.

- 70a. Have you ever cared for a patient diagnosed with AIDS? (If "No," skip to question 71). Yes.....1
 No.....2
- 70b. For approximately how many patients with AIDS have you provided nursing care? (no. of pt.)...___
- 70c. In what type of clinical setting was this care provided? (Circle all that apply)
 - Resp. Care Unit...1
 - Intensive Care....2
 - Dialysis Unit.....3
 - Med/Surg Unit.....4
 - Infectious Disease Unit.....5
 - Hospice.....6
 - Patient's Home....7
 - Outpatient Dept...8
 - Prison.....9
 - Other.....10
 - Specify_____
- 71. How likely do you think it is that in your current position you will at some point in time be assigned to care for a patient with AIDS?
 - Very likely.....1
 - Somewhat likely..2
 - Very unlikely....3
 - Does not apply...4

72. Please feel free to include any other comments you may have. Use the back of this page. THANK YOU!!!

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