ATTITUDES OF UNIVERSITY NURSING STUDENTS TOWARD CARING FOR HIV/AIDS PATIENTS*

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ABSTRACT

Background. Nursing students as candidate of professional nurses is possible to expose in caring for HIV/AIDS patients. Caring behavior that the nurses perform while taking care for patients is depending on, or, influenced by their attitudes which is particularly formed during education period. Methods. This study aims to identify the attitudes of university nursing students toward caring for HIV/AIDS patients. Descriptive analytical study was selected as a design of the study. Eighty-one nursing students were recruited from a State University in Indonesia to participate in this study using ‘proportional stratified random sampling. Results of the study showed that more than a half of respondents (52%) had ‘favorable’ attitudes toward risk factor of HIV/AIDS. Contrary, more than a half of respondents showed ‘unfavorable’ attitudes toward prevention, caring, and policy of government to control HIV/AIDS. Nevertheless, overall, the attitudes of nursing students toward caring for HIV/AIDS patients was ‘favorable’. There was no significant differences the attitudes of nursing students toward HIV/AIDS with regard to ages group (p= .161), gender (p=.513), religion (p=.548), year level of study (p=.113), and ethnicity (p=.333).

Conclusion. The results of the study implied that the positive attitudes of nursing students should be formed since in the professional education level. Provide nursing students with deep information about prevention, caring, and control strategy for HIV/AIDS was important to influence forming favorable attitudes toward caring HIV/AIDS patients. The knowledge related HIV/AIDS might be integrated systematically in course materials as well as in students union activities.

Key words: Attitudes, Nursing Students, HIV/AIDS

INTRODUCTION

HIV (Human Immunodeficiency Virus)/AIDS (Acquired Immune Deficiency Syndrome) is a communicable disease that becomes a leading cause of death worldwide. The HIV/AIDS may impose all community levels; male, female, children, and adult. The countries’ leaders have signed a commitment to combat HIV/AIDS, malaria, and other diseases as a Goal of the Millennium Development Goals (MDGs) targeted by 2015. In
Indonesia, the estimated number of people living with HIV/AIDS (PLWH) was reported in 2001 as 93,000 and has since increased to 310,000 at the end of 2009 (UNAIDS, 2010). Unless prevention programs are effective, it is predicted that the prevalence of HIV would reach 1 million by 2015 (Australian Agency for International Development [AusAID]. 2006). Bandung has the highest number of reported HIV/AIDS cases (MoH, 2009). The city with its 2.5 million inhabitants is located about 180 km southeast of Jakarta, the capital of Indonesia. HIV/AIDS reported in Bandung is predominantly found among injecting drug users (IDU) (Bandung AIDS Control Commission, 2007). Majority of age group that infected by HIV was between 20 –29 years (45.7 %) which is categorized as productive age. The increasing number of HIV/AIDS patients had impacted on the health care professional including nurses, to be more skillful and knowledgeable in caring for those patients.

Nursing students are the future of nursing profession. Nursing students need to be equipped by self-confident, knowledge and skills in order to be able to provide appropriate nursing care. Previous studies documented that some students still expressed fear, misperceptions, and negative attitudes toward PLWH (Valimaki, Suominen, & Peate, 1998). Faculty of Nursing, University of Padjadjaran, is a leading Faculty of Nursing in Indonesia that produces graduates/nurses for meeting the need of society. Forming positive attitudes on nursing students within their period of course, may have significant effect to prepare them in the future career while meet the PLWH. However, there was little known about how nursing students’ attitudes toward caring for HIV/AIDS patients particularly in Indonesian context.

This study aims to examine the university nursing students’ attitudes toward caring for HIV/AIDS patients. The knowledge gained from the study can be beneficial to develop teaching material or strategies to form positive attitudes among nursing students. The theory of reasoned action from Icek Ajzen and Martin Fishbein (as cited in Azwar, 1995), was used as guide to understand nursing students’ attitudes toward caring for HIV/AIDS patients. In this study, caring for HIV/AIDS patients was assumed as specific attitude that influence behavior. Other factors, such as subjective norms and perceived behavioral control and intention, are also acknowledged as an influencing factors on certain behavior (Sauls, 2007).
METHOD

Descriptive analytical was used as design of the study. Eighty-one students represented each batchs (2002 to 2005) from Faculty of Nursing Universitas Padjadjaran participated in the study. Sample size was determined according to formula given by Yamane (1964) and selected by means of proposionate stratified random sampling. The self-administrated “HIV attitudess questionnaire” was developed to collect the data. The questionnaire consisted of 40 items with likert scale ranging from 1 – 5 (5=strongly agree, 4=agree, 3=undecided, 2=disagree, 1=strongly disagree) for positive statements, and reversly for negative statements.

Data were then analyzed using Microsoft Excel and SPSS (Statistical Package for Social Science) software version 16. Descriptive statistics such as mean score, standard deviation (SD), frequencies, and percentages were calculated for demographics data and attitudes toward caring for HIV/AIDS patients. Independent t-test and one way ANOVA were employed to test the differences of mean score attitudes with regard to age group, sex, batch, and ethnicity.

RESULTS

Eighty-one respondents returned the questionnaire with response rate of 100%. The characteristics of respondents were majority of age between 18 to 23 years old with mean of age was 23 year (SD=6.53). The majority of them were female, Muslim, batch 2005A, and their ethnicity were Sundanese.

A. Attitudes of the respondents toward caring for HIV/AIDS patients

A.1. Attitudes of the respondents toward risk factors of HIV/AIDS spread

More than a half of respondents demonstrated positive attitudes (favorable) toward risk factors of HIV/AIDS spread, as presented in the diagram 1.

Diagram 1 Frequency distribution of respondents’ attitudes toward risk factors of HIV/AIDS spread (N=81)
A.2. Attitudes of the respondents toward HIV/AIDS prevention

Diagram 2 presented that more than a half of respondents showed negative attitudes (unfavorable) toward HIV/AIDS prevention.

Diagram 2 Frequency distribution of respondents’ attitudes toward HIV/AIDS prevention (N=81)

A.3. Attitudes of the respondents toward caring for HIV/AIDS patients

More than a half of the respondents expressed negative attitudes (unfavorable) toward caring for HIV/AIDS patients, as presented in the diagram 3 below.

Diagram 3 Frequency distribution of respondents’ attitudes toward caring for HIV/AIDS patients (N=81)

A.4. Attitudes of the respondents toward the government policy regarding HIV/AIDS control

Diagram 4 showed that more than a half of the respondents indicated negative attitudes (unfavorable) towards the government policy regarding HIV/AIDS control.

Diagram 4 Frequency distribution of respondents’ attitudes toward the government policy regarding HIV/AIDS control (N=81)
A.5. Attitudes of the respondents toward overall caring for HIV/AIDS patients

More than a half of the respondents showed positive attitudes (favorable) toward overall caring for HIV/AIDS patients, as presented in the diagram 5.

Diagram 5 Frequency distribution of the respondents’ attitudes toward caring for HIV/AIDS patients (N=81)

B. The difference of respondents’ attitudes toward caring for HIV/AIDS patients with regard to age group, sex, religion, batch, and ethnicity

Result of t-test with alpha set at 5%, found that there was no significantly different on respondents’ attitudes toward caring for HIV/AIDS with regard to age group (p= .161), sex (p= .513), and religion (p= .548), as presented in table 1.

Table 1 The difference of respondents’ attitudes toward caring for HIV/AIDS patients based on the age group, sex, and religion (using independent t-test)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
<th>SE</th>
<th>P value</th>
<th>f</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age group:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>≤ 23 years</td>
<td>159.27</td>
<td>9.52</td>
<td>2.66</td>
<td>.161</td>
<td>67</td>
</tr>
<tr>
<td>&gt; 23 years</td>
<td>157.67</td>
<td>8.23</td>
<td>2.43</td>
<td></td>
<td>14</td>
</tr>
<tr>
<td>Sex:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Male</td>
<td>160.29</td>
<td>10.76</td>
<td>2.54</td>
<td>.513</td>
<td>17</td>
</tr>
<tr>
<td>Female</td>
<td>158.63</td>
<td>8.90</td>
<td>2.84</td>
<td></td>
<td>64</td>
</tr>
<tr>
<td>Religion:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Islam</td>
<td>159.27</td>
<td>9.52</td>
<td>1.17</td>
<td>.548</td>
<td>66</td>
</tr>
<tr>
<td>Cristianity</td>
<td>157.67</td>
<td>8.23</td>
<td>2.13</td>
<td></td>
<td>15</td>
</tr>
</tbody>
</table>
Table 2 The difference of respondents’ attitudes toward caring for HIV/AIDS patients based on the batch and ethnicity (using ANOVA)

<table>
<thead>
<tr>
<th>Variables</th>
<th>Mean</th>
<th>SD</th>
<th>95% CI</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Batch</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• 2002</td>
<td>156.75</td>
<td>8.76</td>
<td>151.18-162.32</td>
<td>.113</td>
</tr>
<tr>
<td>• 2003</td>
<td>160.08</td>
<td>9.64</td>
<td>153.96-166.21</td>
<td></td>
</tr>
<tr>
<td>• 2004</td>
<td>163.20</td>
<td>9.28</td>
<td>158.06-168.34</td>
<td></td>
</tr>
<tr>
<td>• 2005A</td>
<td>155.84</td>
<td>7.55</td>
<td>152.72-158.96</td>
<td></td>
</tr>
<tr>
<td>• 2005B</td>
<td>160.65</td>
<td>10.61</td>
<td>155.19-166.10</td>
<td></td>
</tr>
<tr>
<td>Ethnicity</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Sundanese</td>
<td>159.50</td>
<td>9.41</td>
<td>156.77-162.23</td>
<td>.333</td>
</tr>
<tr>
<td>• Javanese</td>
<td>159.00</td>
<td>8.88</td>
<td>153.04-164.96</td>
<td></td>
</tr>
<tr>
<td>• Batak</td>
<td>159.60</td>
<td>6.48</td>
<td>154.96-164.24</td>
<td></td>
</tr>
<tr>
<td>• Melay</td>
<td>162.60</td>
<td>11.89</td>
<td>147.84-177.36</td>
<td></td>
</tr>
<tr>
<td>• Bugis</td>
<td>159.00</td>
<td>-</td>
<td>-</td>
<td></td>
</tr>
<tr>
<td>• others</td>
<td>150.67</td>
<td>9.81</td>
<td>140.37-160.96</td>
<td></td>
</tr>
</tbody>
</table>

Table 2 presented the result of ANOVA test with alpha was set at 5%. It was found that there was no significantly different the respondents’ attitudes toward caring for HIV/AIDS patients based on the batch (p= .113) and ethnicity (p= .333).

DISCUSSION

Diagram 1 showed that more than a half (52%) of the respondents had positive attitudes (favorable) toward risk factors of HIV/AIDS spread. Secord and Backman (cited in Azwar, 1995) argued that attitudes reflected certain patterns in affective, cognitive, and conative. Favorable attitudes of the respondents in the study were formed due to the persistency of certain attitudes’ components either affective, cognitive, or conative. The consistently health promotion through mass media and other means had influenced positively to form positive attitudes among nursing students, apart of information that they received through the course.

In contrast, the study found the respondents showed negative attitudes toward HIV/AIDS prevention, caring for HIV/AIDS, and government policy about HIV/AIDS control. There were several factors that possible to explain why people have favorable or unfavorable attitudes toward certain events. Azwar (1995) pointed out several factors that influence the forming of attitudes, namely; personal experiences, significant others, culture, mass media, education institution, religion, and emotional factors. In this study
found that almost all of the respondents had never experience in caring for HIV/AIDS patients. The influence from significant other, particularly parents, was also relatively limited since more than a half of the respondents (63%) were originally not from Bandung, it means they live separate with their parents during studying in the university. Education and religion institutions were expected to provide moral foundations in building positive attitude among nursing students. In side of education institution, the Faculty of Nursing has offered courses related HIV/AIDS care. However, the topic related HIV/AIDS was given in the limited time, namely 2 hours (0.08 credits), which was considered insufficient to cover overall topic related HIV/AIDS. Therefore, it is advisable students to extend their active learning to find information related the topics from other resources.

The overall attitudes toward caring showed favorable for 53% responden. It means that although in some points the respondents expressed negative attitudes, it did not influence to overall attitudes in caring for HIV/AIDS patients. Attitudes were resulted from simultaneous interaction among its’ components (cognitive, afektive, and conative) (Azwar,1995). However, this study does not confirm the previous theory mentioning that attitudes toward an object is combination among its’ components. It could be explained according to balance theory from Fritz Heider (cited in Azwar, 1995). The balance theory stressed that balance or imbalance situation always involve three main components; individual, other people, and object of attitudes. In certain circumstance, as the relationships among these components were imbalance, there would appear a force to return the balance. The imbalance on an attitude object, it seemed to force other component of the attitudes to return the balance The findings of the study were also supported by the previous study that found positive attitudes among nursing students toward HIV/AIDS patients (Deb, S.; Mukherjee, A.; Acharya, S., 2004).

The results from t-test at alpha 5% indicated that there were no significant differences on caring for HIV/AIDS patients with regard to age group (p=.161), sex (p=.513), and religion (p=.548). The results of ANOVA test at alpha 5% also showed there were no significant different on caring for HIV/AIDS patients based on the batch (p=.113) and ethnicity (p=.333). It could be understood since the respondents have already interacted each other for many years in the education athmosphere. Therefore, they learned each other and influenced each other, so their background did not strongly influence into theri attitudes in caring for HIV/AIDS patients (Azwar, 1995).
ACKNOWLEDGMENTS

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REFERENCES


