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Mental health nurses attitudes to HIV and AIDS: A short report

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mised, double-blind, placebo-controlled trial, 29 133 male smokers aged between 50 and 69 were assigned to one of four regimens; alpha-tocopherol, 50mg daily, beta-carotene, 20mg daily, both vitamins, or placebo.

Follow-up lasted between five and eight years. During this period, 6131 subjects gave up smoking and 9061 dropped out of the study for various reasons, but they were all equally distributed among the four groups, with the highest difference being 37.

There were 876 new cases of lung cancer diagnosed during the trial, and no difference in incidence was found between those receiving vitamin E and the others; however, there was a higher incidence among those given beta-carotene. There were more deaths from haemorrhagic stroke in those given the alpha-tocopherol.

The authors concluded: 'Public health recommendations about supplementation with these micronutrients would be premature at this time.'

The Alpha-Tocopherol, Beta Carotene Cancer Prevention Study Group. The effect of vitamin E on the incidence of lung cancer and other cancers in male smokers. *New England Journal of Medicine* 1994; **930**: 15, 1029-1035.

IN BRIEF

AN ALTERNATIVE treatment for *Helicobacter pylori*, the bacterium implicated in gastritis and recurrent duodenal ulcer, has been tested by a London research group.

Standard treatments, using bismuth salts and metronidazole, have had compliance problems, and there is a metronidazole-resistant form of *H. pylori*. The researchers studied 73 patients, all of whom had been found to have the organism present, with clarithromycin (a new antibiotic) and omeprazole. The regime was well tolerated, and eradication of *H. pylori* was complete in 78% of subjects after two weeks.

Logan, R.P.H., Gummert, P.A., Schaufelberger, H.D. et al. Eradication of *Helicobacter pylori* with clarithromycin and omeprazole. *Gut* 1994; **35**: 3, 323-326.

SHORT REPORTS

MENTAL HEALTH NURSES' ATTITUDES TO HIV AND AIDS

This study aimed to assess the involvement of community mental health nurses in relation to clients with HIV/AIDS; to determine their knowledge and beliefs about HIV infection, and their intentions regarding practice; and to establish their perceptions of their role as community health nurses regarding HIV infection.

Questionnaires and an accompanying letter were distributed to community mental health nurses in the Hunter Region of New South Wales. Twelve were returned — a response rate of 32%.

Eight respondents (67%) had never knowingly had professional contact with clients who had HIV or AIDS, or with clients who had expressed worries about it. A similar number of participants had not knowingly dealt with clients who were known to be at high risk of HIV infection. Ten (83%) nurses, however, reported having provided care to clients who were worried about being HIV positive, but who were HIV negative.

In rating matters of concern about HIV and AIDS, 10 (83%) respondents were concerned about their personal risk of HIV infection. This degree of concern was not apparent, however, when considering the possibility of them passing on HIV infection to their clients (four respondents), nor to their own families (five respondents).

Eight (67%) respondents were unconcerned about their lack of knowledge about HIV and AIDS. This contrasted with their concern about their lack of experience in dealing with clients with HIV infection.

The lack of professional support networks was a source of anxiety and this was further compounded by insufficient in-service training and of the need to keep up to date with current trends and developments.

All respondents had read a policy on measures to prevent personal infection, and 11 (92%) felt this to be adequate. Three (25%) respondents reported not having read a policy or having read an inadequate policy on the subject of 'provision of terminal

care'; 'counselling people who have expressed worries about HIV and AIDS'; 'counselling people who are HIV antibody positive' or 'have AIDS'. Five (42%) of the nurses in the survey expressed the view that 'provision of terminal care' and 'counselling people who are HIV antibody positive or have AIDS' were not appropriate to their work.

When asked about the provision of care for patients who have HIV and AIDS, 10 (83%) favoured care at home, or care at home with some respite. There was also consensus for a specialist community care team for patients with HIV and AIDS. Overall, nine (75%) respondents believed they would have to spend more time dealing with people with HIV and AIDS over the next five years.

Most respondents suggested that all health-care professionals and sexual partners should be informed if a client was HIV positive. A variation existed in views concerning whether or not a client's consent should be sought before learning of their antibody status. Half believed that school teachers should be informed of positive antibody status, but only with the consent of the client. Concerning employers of clients who were

HIV positive, four respondents believed that employers should be informed, but only with the clients' consent.

Two respondents expressed the belief that they had the right to refuse to deal with clients who are HIV positive and three expressed the belief that they had the right to refuse to deal with clients who have AIDS.

There was no support for the view that community mental health nurses had the right to refuse to treat homosexual men, bisexual men, intravenous drug users, or haemophiliacs.

Community mental health nurses in this study felt insufficiently prepared in relation to knowledge and experience of HIV infection and AIDS. This was reflected in the results of the section devoted to knowledge, with no respondents scoring correct answers to all 10 questions, and this was consistent with earlier studies.^{1,2}

A clear dichotomy exists in the practice of re-sheathing a needle in different situations. Of concern was the evidence that five (42%) respondents re-sheathed a needle after injecting a drug either most of the time or occasionally. Yet, 11 (92%) never re-sheathed a needle after taking a blood sample.

The results failed to show a

Most of the respondents felt that health-care professionals and sexual partners should be informed of an individual's HIV status



positive relationship between the three variables of knowledge, concern about infection, and sources of information about HIV and AIDS.

A major and positive outcome was that, while respondents appeared to have poor knowledge of nursing procedures in relation to risk of HIV transmission, they none the less had an awareness of the positive attributes necessary for dealing with seropositive clients.

Respondents reporting lack of knowledge about policy on the provision of terminal care and counselling for people who are HIV antibody positive or who have AIDS also expressed concern about the lack of professional support networks available to them as well as insufficient in-service training.

Most participants in the study admitted that much of their knowledge of HIV and AIDS was gained from the electronic media, rather than colleagues, professional journals or papers.

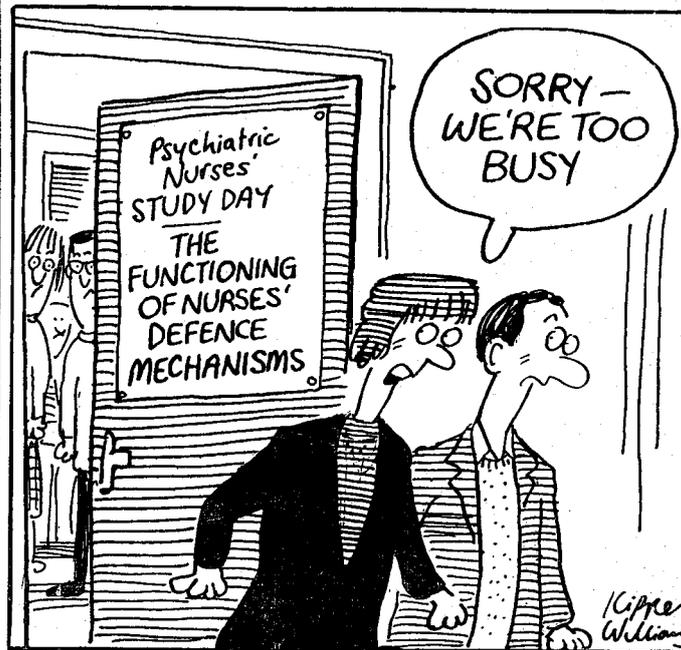
Respondents in this study clearly felt ill-equipped to carry out counselling and terminal care for people with HIV and AIDS. This supports findings of other studies.^{1,2} Five respondents, however, did not consider either the provision of terminal care or counselling of people with HIV and AIDS as appropriate to their work.

Only limited conclusions can be drawn from such a small sample and the researchers recognise that a wider study to establish the correlations between variables such as knowledge, fear of infection and sources of information about HIV and AIDS is needed.

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GROUP WORK AND ANXIETY IN MENTAL HEALTH SETTINGS

Bray, J. *The Effects of Experiential Groupwork Study Days on the Processing of Anxiety by Nursing Staff within an Institution*. MA in Sociology, Essex University.

This year-long study explored the capacity of psychiatric nurses to develop and maintain close professional relationships with their patients, and whether participation in psychoanalytical experiential study days increased their ability to do so. The study group consisted of nurses in three acute psychiatric wards, each unit having 28 beds.

Menzies describes the mechanisms used to defend the nurse against conscious and unconscious anxieties evoked by the task of caring for dying, fearful or disfigured patients who were frequently in pain.¹ One of these collective psychological defence mechanisms was task orientation that facilitated a lack of individual involvement.

Towell noted that the norms prescribing involvement in psychiatric nursing served to protect nurses from the fear of possibilities of stressful emotional experiences that may happen if 'over-involvement' occurred. It is suggested that this distance remains an integral part of psychiatric nursing.³

The experiential multidisciplinary group work study days were instigated to provide an arena where social systems could be studied, where individual authority would be enhanced and to correct the counter-pro-

ductiveness of institutional working practices.

The hypothesis tested was that, having explored these issues and resulting themes in the study days, the individual would be better able to tolerate professional closeness. The study also comprised ward-based observations.

For both the ward-based observations and the study days data was collected using participant observation.

A series of one-hourly observations were carried out over nine months to gather baseline data and pilot the process. Following that, three days before and three days after each study day, hourly observations were carried out in the wards.

The recordings were presented at the group supervision sessions with the ward observations. The study days were part of a series, over four years, conducted by group psychoanalysis and consisted of two small and two large experiential groups held over one day. Three days were studied in detail; numbers of participants ranged from 15 to 34, of which up to 40% were nurses.

Over the three study days a series of persistent preoccupations emerged. These evolved around the masculine/feminine divide, the need to be fed, to be cared for, a fear of intimacy, combined with a longing, feelings of envy, and an inability to think. These themes were evident and used in the analysis from the observations of the nursing practice in the three

wards to observe whether working with them on the study days affected nursing practice.

A comparison of observations after the study day across the wards revealed that in one ward staff anxiety was dealt with more openly alongside closer contact with patients. This ward used a primary nursing system and employed a nursing model.

The two wards with little history of staff attending the study days showed little evidence of managing the themes. There was always a proportion of patients who did not have care plans and there was scant evidence of nursing being informed by a model.

One possible explanation may be the continuous attendance of the study days by staff from this ward. This can be considered in two ways. Firstly, that the history and culture of the ward encourages self-reflection and this is more likely to encourage staff to attend the study days. Alternatively, following the study days, staff were better able to deal with situations in the clinical setting that were similar to those encountered during the study days.

This small study revealed some interesting points. The functioning of a social defence system would appear to maintain a distance between nurse and patient, as seen in two wards, with resulting rigidity and avoidance of intimacy. The nurses recognised inherent inconsistencies between what they say and do, and expressed feelings of being overwhelmed, alienated and suspicious of help as shown by their inability to attend the study days.

Nurses from the third ward worked in a less rigid manner and were able to alter and develop working practices. It seems that the provision of an arena where defensive social systems can be investigated can benefit nursing practice.

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