

AIDS: what should nurses know?

TONIA RICHARDS¹

Adventist Development and Relief Agency, Lae, Papua New Guinea

One of our greatest fears is that of the unknown and this fear affects many nurses who deal with patients with HIV infection. Many nurses will have had little experience in caring for such a patient and may have preconceived ideas formed from a number of sources, e.g. the media, leaflets giving factual information, other people's experiences and formal education. I remember when I received my first patient with AIDS when I was working as a community nurse in Australia. I felt rather fearful as to whether I could contract the virus from him so I had to read up on how to protect myself so that I could look after him properly. I am going to talk about three aspects that nurses consider when caring for an HIV-infected person: knowledge of the principal routes of transmission and potential risk factors to nurses, provision of emotional care, and the need to provide education and information to patients and families.

The first area that nurses should know about includes **knowledge of the principal routes of transmission of the virus:**

- unprotected penetrative sexual intercourse with an infected person
- exposure to, or inoculation with, infected blood or other body fluids
- from an infected mother to her baby before, during or after birth.

The prime risk factor for any nurse is exposure to blood or other body fluids carrying HIV. The possible routes of transmission during patient care are:

- accidental inoculation, for example, needlestick injury
- exposure of broken skin, for example, psoriasis or eczema, or from cuts in the skin
- splashing into conjunctiva or mucous membranes.

The **potential risks to staff can be greatly reduced** by adhering to simple, sensible precautions and by having written policies on which procedures are based. Staff can protect themselves by using Universal Precautions as used for all communicable diseases. These include:

- practise good basic hygiene, especially hand washing
- cover cuts and abrasions with an impermeable dressing
- practise care in handling sharps and dispose of only into a designated sharps bin which cannot be broken
- dispose of clinical and other contaminated waste safely.

A number of studies have shown that the greatest exposure to HIV-infected blood by health workers is by needlestick injuries from recapping needles after use and not disposing of them properly (1).

With information on how to protect oneself and the knowledge that HIV cannot be contracted by casual contact, the fear of nursing a person with HIV infection should be reduced.

This leads me to the subject of **providing emotional care**. An HIV diagnosis in a patient should be of no more importance to a nurse than any other communicable disease. Unfortunately sometimes, even after theoretical knowledge exists, this may not be translated into sensible, compassionate, practical care. Consequently, I would like to stress the importance of compassion and empathy in the day-to-day nursing care of a person with HIV/AIDS. I refer again to my first AIDS patient. He was a patient with haemophilia who contracted the virus from Factor VIII infusions and he experienced a lot of

¹ Adventist Development and Relief Agency, PO Box 3206, Lae, Morobe Province 411, Papua New Guinea

discrimination from people who would not go near him for fear of contracting AIDS. His wife also experienced discrimination when going to hospital to deliver her baby. Even though she was HIV negative, she was put into 'isolation' and nurses would don 2 or 3 gowns, gloves and masks just to go into the room. She was given disposable plates and cutlery and it was a real job to get the meal tray collected after she had eaten. She said she felt completely alienated and it was an experience she would never wish to repeat or for anyone else to experience.

Part of the nurse's role is to care for the presenting symptoms of whatever opportunistic infection is present, at the same time taking care to maintain as much of that person's quality of life and comfort as possible. Emotional care is a critical component of good clinical care. Taking the time to talk with patients and their families about how they are coping with HIV infection, and touching them in the same way as with any other patient, may help the person to identify specific problems that are difficult to face and help the person to externalize them. According to Lisa Capaldini (2), "empathy does not mean taking total responsibility for the person's emotional well-being. It does mean respectful listening, effectively conveying a sense of caring, and being attentive to the emotional as well as the physiological ramifications of each episode of illness".

Just as patients may be overwhelmed by the physical and psychological aspects of HIV infection, nurses may also feel burdened by their patient's multiple needs. Nurses can better cope with these stresses by accepting limited goals, acknowledging rather than denying the stress and suffering they encounter, and seeking support for their own feelings by finding someone to talk to about them (2).

Finally, an integral part of the nurse's role is in the **provision of education and information to the patients, their families and the community as a whole**. This can be given informally in the ward while caring for the patient, answering questions and displaying posters and leaflets around the hospital, or in

more formal programs held in the hospital or community. Only with education and information can people protect themselves. Education is important for people living with HIV in helping them to deal with their illness, to know what to expect and to plan for the future.

The Adventist Development and Relief Agency (ADRA) has developed a series of educational resources for this purpose. We have a set of 5 posters, fact sheets, a video and picture rolls available in Melanesian Pidgin and English. We also have T shirts, student workbooks with teachers' manual for grades 5 and 6, and a poster of the 1994 AIDS poster competition winner.

We are developing a couple of new posters which will illustrate the theme for the next World AIDS Day, which is 'Shared Responsibility', and these will be available from December 1. There will also be posters available then printed from the winner of this year's school AIDS poster competition.

A person with an HIV infection will be dealing with a wide range of emotions and issues and if the nurses who look after him or her are fully aware of the modes of transmission, the risks involved and how to avoid these risks, the fear of the unknown will not be such an issue. The nurses will then be free to provide the emotional care, as well as the physical care, that that person requires. The hardest part of a nurse's day is to take the time to sit and talk about deep and personal issues with patients, especially when there are a thousand pressing jobs to be done by yesterday! To do this, however, could make the world of difference for the patients in helping them to cope with their illness and come to terms with the emotional, social, spiritual and physical ramifications of HIV and AIDS.

REFERENCES

- 1 Notman A, Mackenzie A. AIDS/HIV. Handling HIV. *Nurs Times* 1993;89:34-35.
- 2 Capaldini L. Primary medical and emotional care for HIV infection. *HIV Briefs* 1989.