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# Nutrition Students' Perception of The Role of the SLPs in Treating People Living with HIV/AIDS

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# Nutrition Students' Perception of The Role of the SLPs in Treating People Living with HIV/AIDS

## **Copyright Statement**

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## Abstract

This project explores nutrition students' perceptions of SLPs' and Nutritionists' roles in healthcare needs of PLWHA through survey research. The results revealed limitations and strengths in the participants' perceptions of the SLPs' and Nutritionists' roles in the healthcare needs of PLWHA. Recommendations are made regarding interprofessional training curricula for SLP and Nutrition students.

## Introduction

Human immunodeficiency virus (HIV) is a life-threatening virus, that if not treated can develop into acquired immunodeficiency syndrome (AIDS). Disorders in communication, hearing, and swallowing are universally associated with HIV/AIDS. Although these are not all life threatening, they have a major and underestimated impact on quality of life (QoL). However, these disorders are often masked by more acute and clinically obvious conditions, and are frequently overlooked by interdisciplinary team members (Swanepoel & Louw, 2010). The speech-language pathologist (SLP) has a vital role in the lives of People Living With HIV/AIDS (PLWHA), by providing assessment and intervention related to speech, language, cognition, and feeding disorders. The registered dietitians (RD) are also key members of the interdisciplinary team approach, as they assess and treat nutritional issues in PLWHA. Collaboration between these two professionals could maximize the treatment provided to PLWHA.

The purpose of this survey research is to determine the perceptions and attitudes of nutrition students about the SLP's role in treating individuals with HIV/AIDS.

## Methods

**Research Design and Research Instrument:** A quantitative descriptive research design was used. A survey was developed based on an in-depth review of the current literature. The survey was divided into four sections: demographic information, knowledge of HIV/AIDS, perceptions of treating PLWHA, and perceptions of interprofessional collaboration and education. The survey consisted of twenty-seven questions, and the response format which included yes, no, unsure, open-ended, and scaled questions (e.g., comfortable, uncomfortable, unsure, important, neutral, and unimportant).

A pilot study was completed by two Registered Dietitians who provided feedback regarding appropriateness of items to the aim of the study, the difficulty level of the questions, time it took to complete the survey, improvements to be made, and any additional comments or suggestions.

**Procedure:** IRB approval was obtained and permission granted by the College of Clinical and Rehabilitative Health Sciences to administer the survey. After the initial request for participation, two reminder emails were sent to increase response rate. The survey was posted for a total of 3 weeks. Due to a low response rate, permission was obtained to approach the students in class to participate which increased the response rate to 75%.

**Data Analysis:** An item-by-item analysis was conducted and descriptive statistics were used to describe the data obtained.

## Participant Demographics

Forty-nine students that were enrolled in undergraduate and graduate nutrition courses at ETSU in Spring 2016, were requested to participate in the study. Thirty-seven responses were obtained, yielding a response rate of 75%.

**Table 1. Demographics of Research Participants (N = 37)**

Characteristics	Number of Students	Percentage
<b>Bachelors Degree</b>		
2 <sup>nd</sup> year	2	<1%
3 <sup>rd</sup> Year	12	32%
4 <sup>th</sup> Year	13	35%
<b>Masters Degree</b>		
1 <sup>st</sup> year	9	24%
2 <sup>nd</sup> year	1	<1%
<b>Gender</b>		
Female	31	83%
Male	6	16%

## Results

**Table 2. Examples of participants' comments shared in the questionnaire**

"The biggest role of an SLP in relation to dietetics is working with dysphagia and providing recommendations for the appropriate consistency and texture of liquids and foods in order to promote adequate intake and avoid aspiration."
"I think that both the RD and SLP have very important roles in treating patients with HIV/AIDS."
"I feel that SLP and RD need to work together in the treatment therapy of patients with HIV/AIDS."

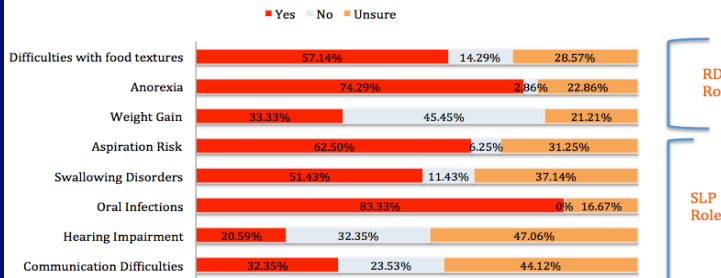
## Previous Experience (N= 37)



**Figure 1. Knowledge of HIV/AIDS (N= 37)**

Figure 1 shows participants had limited exposure to PLWHA, experiential opportunities to engage or work with PLWHA, and received little education on PLWHA through their curriculum. This information provides insight into the participants' prior exposure to knowledge and experiences related to PLWHA.

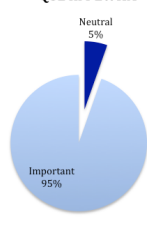
## Awareness of symptoms of HIV/AIDS (N= 37)



**Figure 2. Awareness of symptoms of HIV/AIDS (N = 37)**

Figure 2 illustrates that the participants had a general to concrete awareness of the symptoms of HIV/AIDS that pertain to the areas of swallowing (e.g., aspiration risk, swallowing disorders, oral infections), food textures, and weight loss. However, results varied regarding participants' awareness of possible weight gain in this population. This finding indicated incomplete understanding of the feeding and nutritional symptoms of PLWHA. Almost 75% of the participants answered "Yes" to feeling confident in conducting interventions with PLWHA. This is indicative of their self-assurance in their professional skills and ability to apply their skills to populations that they have had limited exposure to.

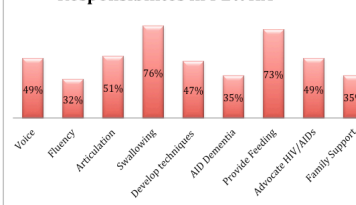
## Perceptions of the importance of QoL in PLWHA



**Figure 3. Perceptions of HIV/AIDS (N= 37)**

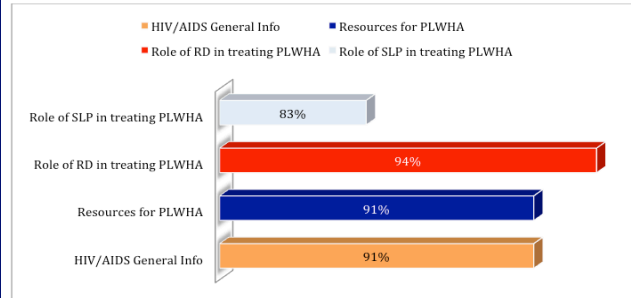
Figure 3 reveals the majority of the participants valued QoL as being important in PLWHA, which has significant implications for assessment and treatment of these individuals. The vast majority of participants labeled QoL in PLWHA as important, signifying their understanding of addressing QoL when evaluating and treating PLWHA.

## Perceptions of SLPs Responsibilities in PLWHA



**Figure 4. Perceptions of IPE (n = 37)**

Figure 4 shows the high percentage (76%) of participants who valued QoL as being important in PLWHA. This finding relates positively to the participants' perceptions on the areas of care SLPs provide to PLWHA (e.g., swallowing, articulation, voice, provide feeding). This further supports the finding that 100% of the participants perceived IPE as being important.



**Figure 5. Participants Interest in Further Information (n= 37)**

Given the participants' minimal experience and exposure to PLWHA, Figure 5 displays their interest in seeking further information on HIV/AIDS topics as being positive for IPE, IP collaboration, and for the eventual outcomes of PLWHA. The high levels of interest in receiving further information corresponds with the lack of experience and curriculum content illustrated in Figure 1.

## Conclusion

PLWHA experience an array of symptoms that necessitate a team approach with interprofessional collaboration. A team approach is crucial in planning assessment and intervention for PLWHA. The relationship amongst the team members contributes to serving PLWHA more holistically and efficiently. However, in order for a team approach to be successful all professionals must have an understanding and knowledge of each professional's role. This research provides distinctive information on nutrition students' perspectives of interprofessional collaboration in addressing assessment measures, treatment methods, and QoL of PLWHA. A need was identified to increase the collaboration between nutrition and SLP students in order to improve healthcare options for PLWHA. The results indicate that nutrition students lacked experience and education related to PLWHA and had decreased awareness of the symptoms PLWHA may endure. They showed an understanding of the importance of QoL and evidenced willingness to learn more about HIV/AIDS and the role of the RD and SLP in treating PLWHA. An interprofessional approach involves the sharing of expertise and perspectives to develop a plan of care for PLWHA to improve QoL and health outcomes while combining resources (Bridges, Davidson, Odgedard, Maki, Tomkowiak 2011).

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## Disclosure

Stephanie Bare, B.S., has no relevant financial or nonfinancial relationships to disclose; Natalie Dubin, B.S., has no relevant financial or nonfinancial relationships to disclose; Haley Hawks, B.S., has no relevant financial or nonfinancial relationships to disclose; Kathleen Quinn, B.S., has no relevant financial or nonfinancial relationships to disclose; Brittany Ratliff, B.S., has no relevant financial or nonfinancial relationships to disclose; Dr. Brenda Louw, has no relevant financial or nonfinancial relationships to disclose.