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# Family pressure and nurses' willingness to care for a person with AIDS

Elizabeth Anne Behrens/Nagle  
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**Behrens/Nagle, Elizabeth Anne, M.S.**

San Jose State University, 1989

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FAMILY PRESSURE AND NURSES' WILLINGNESS  
TO CARE FOR A PERSON WITH AIDS

A Thesis

Presented to

The Faculty of the Department of Nursing  
San Jose State University

In Partial Fulfillment  
of the Requirement for the Degree  
Master of Science

by

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August, 1989

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## ABSTRACT

### FAMILY PRESSURE AND NURSES' WILLINGNESS TO CARE FOR A PERSON WITH AIDS

by Elizabeth A. Behrens/Nagle

The AIDS epidemic has provided a wave of panic. Nurses have talked of negative pressure from family, friends and colleagues about caring for a person with AIDS (PWA). To research this problem, a survey was mailed to a random sample of nurses in a central California county. The survey sought to determine whether negative pressure from the nurses' family members affected their willingness to care for a PWA. The data showed that nurses do not feel that they receive negative pressure from family in regard to caring for AIDS patients. However, there was some ambiguity in nurses' willingness to provide care and actually providing care.

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## Chapter 1

### INTRODUCTION

"My husband called me at work one night. When I told him I was caring for an AIDS patient, he told me to leave my uniform at the back door and he'd burn it when he got home" (Baxley, 1986). Since the summer of 1981, the acquired immunodeficiency syndrome (AIDS) has emerged as a serious public health emergency. Appearing first among gay men and intravenous drug abusers, AIDS has had profound medical, political, and social ramifications, and has become a political issue in both the public and private sectors. Serious social problems have resulted, both from the fears of contagion and from the initial appearance of the syndrome among stigmatized minorities. "Homophobia has increased at a time otherwise characterized by greater acceptance of homosexuality" (Holland & Tross, 1985, p. 760).

"Significant psychological concerns have arisen among health care workers, due to prejudice and fears of contagion. These issues have added to the psychological and social burdens of the person with AIDS (PWA) who faces a debilitating disease with a poor prognosis" (Holland & Tross, 1985, p. 760). In a descriptive survey of nurses in Westchester County Medical Center in July, 1983, two-thirds reported that family and friends did express concern about

associating with hospital personnel who have contact with AIDS patients (Blumenfield, Smith, Milazzo, Seropian & Wormser, 1987). These nurses were shunned by neighbors, friends, and families when it was learned that they work with AIDS patients. There were situations where spouses of nurses were reluctant to let the nurses get too close to their own children.

Isolation mechanisms affected nursing personnel on both personal and professional levels. They had to account for or defend why they worked with a population deemed a risk to the health of their friends, families, and colleagues. Some found that their friends stopped calling, and mates questioned intimacy and possible transmission of illness. Other nursing personnel were questioned as if there was something psychologically wrong with them for continuing to work with a potentially high-risk population. (Simmons-Alling, 1984, p. 34)

In a descriptive study undertaken by Reed, Wise and Mann (1984), a survey was taken of nurses' attitudes regarding their care of persons with AIDS and to assess possible anxiety secondary to this care. When nurses asked if they thought their family members were anxious about their working with AIDS patients, 24.4% of the respondents stated "some," and 24.8% answered "quite a bit."

In 1989, there is still little hope of any immediate cure or vaccine. Some attempts to slow the disease process have proven effective over a short period of time. The AIDS threat to technology omnipotence underscores the extent to which a belief in technology has replaced religion as a bulwark against fear of the unknown. "At the time of death we'll realize the great extent to which technology has contributed to our sense of vulnerability, isolation, and fear of having lived a meaningless life" (Thompson, 1987, p. 229).

The AIDS epidemic is forcing many allied health personnel to deal with increasing numbers of deaths among younger patient populations. Nurses are themselves subject to increased stress and find themselves in need of support services as a result of their involvement with the AIDS patients. Many report anxiety and fear for themselves and their families resulting from the uncertainty of the risk of contracting the disease while caring for patients (Christ & Wiener, 1985).

Fanned by virulent articles, stories, and outright misinformation and abetted by ignorance about the disease, it is small wonder that nurses, families, friends and associates have had mixed reactions. To this acrimony, add society's fear and slow response in coping with death and prejudices already in existence toward the groups first

presenting with this rapidly spreading, usually fatal, illness. With all the ambiguity in the medical profession over transmission and infection control, it only seems logical that this confusion would spill over to the lay public--spouses and families of nurses, who through media and hearsay arrive at their fears for safety for their families, livelihoods and life and society as they know it.

#### Problem

Nurses are torn between their personal lives and their professional lives. The problem studied was whether negative pressure from the spouse or family members affects a nurse's willingness to care for an AIDS patient? The Department of Health guidelines for dealing with AIDS play heavily upon the altruistic nature of most health care staff in their willingness to care for any sick person regardless of any unknown disease carriage (Goodache, 1987). "As nurses, our call to care for the sick and dying supercedes fear of disease. Historically, we have gone into the midst of great epidemics with great courage, putting the well-being of our patients first" (Nelson, Maxey & Keith, 1984, p. 11). "We've lost seven AIDS patients on our unit since I started. That's really taken a toll on all of us. Of course, it is impossible for me to talk to my husband about that. For the time being I am not

saying anything at home about AIDS. It is just not worth the aggravation. I've found my major support system is not available to me" (Baxley video tape, 1986).

Despite educational efforts in the 7 years since the disease was identified, AIDS continues to strike fear throughout a large portion of society. When human service workers share that hysteria, the results can be severely damaging to clients with the disease. This is the stressful dilemma in which nurses find themselves, a dilemma which has the possibility of being resolved by communicating accurate information on transmission and effectiveness of infection control measures.

Banning (1985), a Canadian infection control nurse, mentions an American longitudinal study conducted over a 3 year period that studied 500 hospital personnel who had direct contact with blood from a PWA. None of those monitored showed any signs or symptoms of the disease itself. Other studies show continued reinforcement of what is known about transmission of AIDS.

#### Research Questions

The study questions were: (a) Do nurses working with PWAs receive negative pressure from spouse or family?, and (b) If so, does it influence the nurse's willingness to care for PWAs? The dependent variable was the willingness of nurses to care for a PWA. The independent variable was

the amount of pressure on the nursing personnel from the spouse or family.

#### Purpose and Need

The purpose of this study was twofold. The first purpose was to determine if nurses received negative family pressure in regard to caring for a PWA. The second purpose of this study was to assess how negative spousal or family pressure, if it did exist, impacted on a nurse's willingness to care for a PWA. AIDS has an impact on all health personnel and the general public. Nurses must be able to control irrational thinking and emotional overreaction in order to maintain a professional manner and willingness to provide quality care to PWAs with compassion and knowledge. Christ and Wiener (1986) point out that stress is often a manifestation of asynchrony in the timing of life events. It is the unanticipated event, not the anticipated, which is likely to represent the traumatic event. Stress, guilt and anxiety have been found to affect the immune system.

The critical psychotherapeutic issue in helping PWAs is reducing anxiety and its attendant physical stresses. It has been hypothesized that psychological distress may contribute to immune suppression. Therefore, it is possible that stress reduction techniques might contribute

to a reversal of immune suppression in some people (Morin, Charles & Malyon, 1984). Reducing and eliminating the stress in the health care professionals surrounding the PWA would contribute to a reduction in the stress and anxiety of the PWA, thereby increasing the positive immune response to the illness. Feelings cannot be eliminated, but reduction of stress can help control emotional levels so the health professional can function in a professional manner and willingly provide quality care to the PWA with compassion and knowledge. This study sought to recognize the impact of the family's fears of AIDS on the nurse's willingness to care for PWAs. If present, the fear can be confronted, then reduced or eliminated, so PWAs can receive the nursing care they deserve.

#### Operational Definitions

For the purpose of this study, the following terms were defined:

1. Nurse: a registered nurse currently licensed by the California State Board of Registered Nursing and employed in a nursing role.

2. AIDS (Acquired Immunodeficiency Syndrome): a syndrome that is at least moderately indicative of a defect in cell-mediated immunity. Essentially, the disease may present either as Kaposi's sarcoma in a person younger than 60 years of age or as Pneumocystis carinii pneumonia or any



other opportunistic infection that occurs in the absence of a known cause for diminished resistance to that disease (Tardiff, 1987, p. 13).

3. HIV: Human Immunodeficiency Virus, the causative agent of AIDS and ARC.

4. ARC: AIDS Related Complex, an illness manifesting symptoms of AIDS but without a confirming diagnosis of an opportunistic infection or malignancy.

5. Anxiety: Diffuse feeling of dread, apprehension or unexplained discomfort; a subjectively painful warning of impending danger that motivates the individual to take corrective action in order to relieve this unpleasant feeling. Anxiety creates a vague apprehension that something terrible is going to happen without knowing what, where, when, why or how (Simmons-Alling, 1984; Thompson, 1987).

6. Stress: A manifestation of asynchrony in the timing of life events; an unanticipated event causing mental or physical strain (Christ & Wiener, 1986).

#### Research Design

The research design for this study was a descriptive survey using mailed questionnaires. This is an appropriate method of data gathering in an area new to the research field. The questionnaire is the most common type of

instrument used in a descriptive study. It offers the advantages of increased geographical scope and sample size. It is also anonymous so respondents can express their true feelings and prevent bias, such as might be present in a personal interview (Polit & Hungler, 1978). The questionnaire used consisted of 18 questions: 6 questions on demographic information, 7 questions using a Likert-type (continuum rating) Scale, 3 true/false questions and 2 listing questions. A mailing list, consisting of registered nurses in the county to be studied, was obtained from the California Board of Registered Nursing. The cover letter with the questionnaire asked the registered nurse to only complete the questionnaire if she/he is currently employed in nursing.

There are three disadvantages to the mailed questionnaire methodology. First, the participant has no means for clarification, so every attempt was made to be unambiguous. Second, the return rate of a mailed or distributed questionnaire always has the possibility of being low. Inclusion of a stamped, self-addressed return envelope was used to improve the return rate. The third problem is related to a low response rate which can give a biased sample. A stamped, self-addressed postcard was included for the participant to return to indicate one of

three actions: (a) they chose not to participate in the survey, (b) they are not currently employed in nursing and were ineligible to participate, or (c) they had completed and returned the survey. It was hoped that inclusion of the postcard enhanced the response rate.

A consent form was not used. Participation in this kind of survey was anonymous and voluntary, so return of the questionnaire implied consent.

#### Scope and Limitations

The survey involved working registered nurses in one county in central California. The instrument was developed by the researcher and had not been previously tested in this new research area. The lack of prior testing was a limitation of the accuracy of the study. The instrument will hopefully be used in the future by other researchers seeking updated information in this field in the years ahead. The size of the geographic area surveyed was a limitation, but the range of nursing fields surveyed may prove beneficial in a wider scope. Since the fears and stresses suffered by nurses is shared to some degree by other health professionals, the results of this survey may be applicable to other health professionals as well. It is hoped that the results of the survey will also benefit the county's efforts in implementing, maintaining and updating

the response plan for prevention of and education about  
AIDS and care of those infected.

## Chapter 2

### CONCEPTUAL FRAMEWORK AND LITERATURE REVIEW

#### Conceptual Framework

The basis of Imogene King's (1971) theory on goal attainment is communication. King (1971) felt that "one of the major problems facing nursing is the lack of a systematized body of knowledge from research" (p. 32). Her own theory developed as she became aware of the need for nurses to have a scientific base. Her theory "is humanistic, realistic, and basic to understanding behaviors in human interaction which is the nursing process" (Clements & Roberts, 1983, p. 177). King's purpose in developing a conceptual framework was to give students, teachers, practitioners and researchers the tools with which to identify and analyze events in specific nursing situations. She asked these questions:

1. What kind of decisions are nurses required to make in the course of their roles and responsibilities?
2. What kind of information is essential for them to make decisions?
3. What are the alternatives in nursing situations?
4. What alternative courses of action do nurses have in making critical decisions about another individual's care, recovery and health?
5. What skills do nurses now perform and what

knowledge is essential for nurses to make decisions about alternatives? (King, 1971, p. 127)

"If nurses are to assume the roles and responsibilities expected of them by employers, patients, physicians, and families (and, above all, if they are to fulfill their own expectations) the discovery of knowledge must be disseminated continuously to the practitioners in such a way that they are able to use it in their practice" (King, 1971, p. 128).

King's basic concepts are based on the fact that nurses work with individuals and with groups in the context of a society, which translates into three distinct levels of interaction: (a) the individual, (b) the group, and (c) society. From these three interactive modes, four universal concepts are derived: (a) social systems, (b) health, (c) perception and (d) interpersonal relations. These apply to all human beings and are the basis of nursing, i.e., "the physical, emotional, social and intellectual state and capacity of individuals and groups encountered by nurses" (King, 1971, p. 22). It is through interaction with the individual and the family (group and social system) that problems interfering with health can be assessed and discussed. Through perception and communication, mutual goals can be set, action taken and goals attained. Imperative to King's conceptual framework is the

nurse who "has an understanding of basic human needs in the physical, social, emotional, and intellectual realm of the life process from conception to old age, within the context of social systems of the culture in which nurses live and work" (Fawcett, 1984, p. 89) so that conflicting perceptions are minimized.

Dr. King identified assumptions about nurse-client interactions as follows:

1. Perceptions of nurse and of client influence the interaction process.
  2. Goals, needs and values of nurses and clients influence the interaction process.
  3. Individuals have a right to knowledge about themselves.
  4. Individuals have a right to participate in decisions that influence their life, their health, and community services.
  5. Health professionals have a responsibility to share information that helps individuals make informed decisions about their health care.
  6. Individuals have a right to accept or reject health care.
  7. Goals of health professionals and goals of recipients of health care may be incongruent.
- (Fawcett, 1984, p. 89)

Dr. King's assumptions can be applied to the current AIDS epidemic. Communication is the key--communication among scientists, researchers, physicians, nurses and the general public.

#### Literature Review

The complexity of AIDS can be seen in the scope of the literature. The irrational fears of the lay person and professional alike in response to misinformation leads to increased stress for nurses, as well as the person with AIDS, impeding communication on every level. Continuing education at all levels of humankind--from medical staff to lay people--is beginning to pay off. Whereas there is still no curative treatment or vaccine for AIDS, education is beginning to make inroads in prevention and willingness of nurses to care for PWAs (Viele, Dodd & Morrison, 1984).

Holland and Tross (1985) and Turner and Pryor (1985) give an accurate synopsis of the AIDS distribution and social and health workers' fears of contagion. Holland and Tross also note that "the critical factors in quality of care are the attitude and responses of the medical staff" (p. 762). Aberth (1986) and Macks (1986) focus on the misconceptions that have contributed to the panic and fear of AIDS among health care personnel. Aberth states "there is not a single health care worker dealing with AIDS patients who has developed the antibody through casual



contact" (p. 121). He stresses that companies without any kind of AIDS policy whatsoever will find themselves suddenly unprepared, confused, or even frantic when cases of AIDS appear.

The results of descriptive studies to date are discouraging (Blumenfield et al., 1987; Katz, Haas, Parisi, Astone, McEvaddy & Lucido, 1987; Reed, Wise & Mann, 1984). In general, all types of subjects distanced themselves more from PWAs than from any other type of patient, tending to reject PWAs even as casual friends. In a study conducted by Blumenfield et al. (1987), half of the respondents believed precautions would not stop transmission and would request a transfer if they had to care for the PWA on a regular basis. It was demonstrated in two articles that the impact of a PWA in a psychiatric milieu caused patient neglect, isolation and definite deviation of care by the health professionals (Polan, Hellerstein & Amchin, 1985; Cummings, Rapaport & Cummings, 1984).

Nelson, Maxey and Keith (1984) note that "whenever the concern of questionable care is raised, the voice of the nursing conscience will ring out" (p. 19). They ask if "nursing's call to care for the sick and dying supercedes fear of disease? Nurses have always put the well-being of their patients first. Has there been a loss of courage or forgotten ideals? The nurse's choice is to cope well or

allow fear and intolerance to overcome her/him. Patient advocacy is encouraged" (Nelson, et al., 1984, p. 19).

There is much in the literature about the hysteria caused by AIDS from 1980 to the present day. The fear and anxiety generated by AIDS is discussed in articles by Tardiff (1987), Christ and Wiener (1985), Deuchar (1984), Simmons-Alling (1984) and Viele, Dodd and Morrison (1984). Whereas the fear and hysteria inspired by AIDS are widely disproportionate to the real threat it poses to the general public, there has been tremendous professional frustration and psychic distress secondary to limited knowledge of disease etiology, intractability, treatment failures and most often a fatal outcome. The media has done a great deal of harm. As a result of media and public hysteria over the "scourge," "many people, both homosexual and heterosexual, have been reluctant to seek medical help, being terrified of the label 'Gay Disease'" (Deuchar, 1984, p. 617). The AIDS scare has affected more than health personnel with society at large having multiple misconceptions.

Compounding the ethical and emotional dilemmas nurses face is the pressure from family to not be involved in the care of PWAs. Some nurses succumb to the pressure and change locations, jobs or even leave nursing all together (Cohen & Weisman, 1986; Douglas, Kalman & Kalman, 1985;

Rosse, 1985; Batchelor, 1984; Reed et al., 1984; Hirsch & Enlow, 1983). Compounding society's fears of AIDS is facing what AIDS represents. Thompson (1987) discusses America's fear of death, what death signifies, and how death invades peoples isolated cells of security and hope as to force them to take a look at their own mortality. Omnipotent technology is threatened, because the disease currently escapes treatment. Blumenfield et al. (1987) stress that AIDS treatment programs must acknowledge emotional reactions of all involved health care personnel. This would be integral to the success of any program. Appropriate psychologic support for nursing and medical staff is a must. The healers have to be healed in order to function.

Nursing personnel are not the only health professionals who have been affected by the AIDS epidemic. Studies of medical students and physicians (Kelly, St. Lawrence, Hood & Cook, 1987; Pearson, 1986) attest to the fact that the medical profession is not immune to misinformation, homophobia and fear of contagion.

Enlow (1983) challenges the health professions to become well-informed about the people being studied and receiving care. A look at the homosexual culture or "gay" lifestyle would be in order (Wiener, 1986). We must take the time to study the anthropological literature that

illustrates the enormous diversity of sex styles across cultures.

Why, in some societies, are homosexuality and other so-called deviant behaviors not only accepted, but often given a place of honor? Why do a minority of cultures (ours included) look upon these practices with fear and loathing? Is one culture more 'right' or 'moral' than the other? (Hacker, 1984, p. 29)

Homosexuality and the religious influence on it are a part of history. Nursing education must include the principle of biological variability of all traits, and it seems logical to include sexual orientation within this context. "Since it has been an area of neglect, much needs to be done not only with respect to content, but more importantly, on the level of attitudes and values. It is obviously time-consuming and therefore must be an ongoing part of nursing education" (Hacker, 1984, p. 29). Kayal (1985) asks "are people intrinsically nothing more than whom they sleep with?" (p. 225).

One can be gay and not necessarily sexual. That men may learn to 'love one another' and to treat one another with respect and equality is a far greater threat to our social system than whether or not they have sex with one another. Sexual affections challenge the heterosexual establishment by changing

the purpose of sex and the context within which it is permitted. (Kayal, 1985, p. 227)

Irish (1983) simply noted that the basic difference between homosexuality and heterosexuality is the sex of the partner. The emotions are essentially the same.

Nurses must recognize their own feelings about the lifestyle and health practices of many of these individuals, since such feelings may affect their ability to provide individualized care for these persons (Turner & Pryor, 1985) In situations of this magnitude, ethical conflicts surface. Neuberger (1987) stresses that "once the patient has got the illness, he or she deserves care. And with care goes compassion and not judgment" (p. 25). "Ethical Dilemmas in Care for Patients with AIDS," by Steinbrook, Lo, Tirpack, Dilley and Volberding (1987), stresses the same philosophy.

Attention is also called to the effect of stress, anxiety and other psychosocial factors that may increase susceptibility to disease, influence the course of illness and contribute to health-promoting or health-damaging behaviors (Coates, Temoshok and Mandel, 1984). Nurnberg, Prudic, Fiori and Freedman (1984) demonstrated suppression of mitogen-induced lymphocyte stimulation as a direct consequence of bereavement. Subjects with acute unipolar depression had low levels of immune function. Health care

providers may contribute to delay in early detection secondary to fear that precipitates a defensive denial of the implications of the patient's symptoms. Early diagnosis enhances survival.

Psychoneuroimmunology models of causation of immunosuppression include: (a) stress, (b) psychosocial factors--depression, life satisfaction, hopelessness and (c) conditional learning. The interaction of genetic, environmental, and psychosocial factors that may, at various times, protect the organism predisposes the organism to disease onset or influences the course of disease once contracted (Coates et al., 1984). A call is put out to combine health psychology, behavioral medicine and psychoneuroimmunology together in a more unified research effort. Such an approach should consider the myriad of human factors involved with this illness, as has been done for heart disease, cancer, diabetes and others. Combining research forces indicates that continuing education of health personnel and the public is essential to prevent the disease, reduce and eliminate the irrational fear and provide quality care for those afflicted (Campbell & Waters, 1987; Katz et al., 1987; Searle, 1987; Banning, 1985; Holland & Tross, 1985; Deuchar, 1984).

Batchelor (1984) notes that fundamental relationships between psychological/behavioral factors and health/disease

status are not generally recognized by health policy officials. In fact, the essential validity of behavioral and social science research in biomedical investigations is largely overlooked.

The confusion about how to reasonably protect oneself while delivering care has exaggerated the concerns of nurses who provide this care. The experience of one AIDS nursing unit showed that all staff expressed a high level of job satisfaction and professional fulfillment. "No one spoke of leaving and there was an obvious, genuine camaraderie. All staff showed tremendous professional growth" (Viele et al., 1984, p. 59) The risks to health care workers working with AIDS patients is very low, and infection control guidelines correctly followed reduce occupational exposure to possible but not probable statistics (Gillon, 1987; McEvoy & Porter, 1987).

In the midst of all this gloom, there is some good news. In a study done in January, 1986, of 1194 hospital employees in a large urban hospital, results showed that accurate knowledge about AIDS was significantly correlated with low anxiety, willingness to work with AIDS patients, and appropriate professional behavior towards AIDS patients (Searle, 1987).

Therefore, it is clear that communication is a key variable in the prevention and treatment of AIDS. Imogene

King's nursing theory is based on communication. Her seven assumptions about the nurse-client interaction are based on communication. As research makes progress in prevention, treatment and cure, communication will continue to be the main weapon for battling the war on AIDS. Communication holds the key to unlocking the professional and psychosocial dilemma of AIDS. King's theory of communication between nurse and patient, nurse and group (family) and nurse and society goes hand in hand with solving the dilemma.



## Chapter 3

### DESIGN AND METHODOLOGY

#### Research Design

The research design for this study was a descriptive survey using questionnaires. This was an appropriate method of data gathering on an area new to the research field. The questionnaire is the most common type of instrument used in a descriptive study. It offers the advantages of increased geographical scope and sample size, and it is also anonymous so respondents can express their true feelings and prevent bias, such as might be present in a personal interview (Polit & Hungler, 1978).

There are three disadvantages to this methodology. First, the participant has no means for clarification, so every attempt was made to be as clear as possible. Second, the return rate of a mailed or distributed questionnaire always has the possibility of being low. A stamped, self-addressed return envelope was included to improve the return rate. "The basic method for data collection through the mail has been the transmission of a questionnaire, accompanied by a letter of explanation and a return envelope. The respondent then completes the questionnaire and returns it to the research office through the mail, using the envelope provided for that purpose" (Babbie, 1973, p. 160).

The third problem can be a low response rate, which can give a biased sample. A stamped, self-addressed postcard was included for the participant to return which indicated one of three actions: (a) they chose not to participate in the survey, (b) they are not currently employed in nursing so are ineligible to participate or (c) they completed and returned the survey. It was hoped that inclusion of the postcard would enhance the response rate. "To keep the survey anonymous in the hope of encouraging more candid responses to some sensitive questions a special postcard method was used. Receipt of the postcard would tell the researcher that the participant had returned his questionnaire--without indicating which questionnaire was his. This procedure would then facilitate follow-up mailings" (Babbie, 1973, pp. 166-167).

#### Instrument

The instrument was developed by the investigator based on review of the literature. The instrument was a questionnaire comprised of 18 questions (Appendix B). The first six items asked for demographic information: (a) age, (b) gender, (c) marital status (single, married, divorced or widowed), (d) years of nursing experience, (e) hours employed per week and (f) type of employment (hospital, convalescent hospital, hospice, home health, private duty,

physician's office, dental office, school nursing, public health, and other). Instructions were to fill in the blank or circle the correct answer.

Questions 7-12 sought to determine the attitudes of nurses themselves and their families' impact on the nurse's willingness to care for a person with AIDS. These items were all statements, such as Question 7, which read, "I am willing to care for a person(s) with AIDS." Each item was then followed by four responses in a Likert-type scale: 1 means "very willing," 2 means "willing," 3 means "not so willing" and 4 means "not willing." Question 8 was, "I have given nursing care to a person(s) with AIDS." The answer ranged from "Frequently" to "Never," with 1 meaning "Frequent" or "Often," 2 meaning "Sometimes," 3 meaning "Occasionally" and 4 meaning "Never." Question 9 was, "An awareness of AIDS has made me concerned about caring for high risk patients (i.e., known homosexuals and known intravenous drug abusers)." The answer ranged from "Unconcerned" to "Very Concerned." The response range for Questions 10-12 was "Frequently" to "Never." Question 10 was, "I have had family members express concern about my being in contact with a person with AIDS." Question 11 was, "My family's concern about AIDS affects my willingness to care for a person with AIDS." Question 12 was, "My caring for a person with AIDS has caused problems between

me and my family." Question 13 was a continuation from Question 12, stating, "Caring for a person with AIDS has caused problems between me and my: (circle ALL that apply) (a) spouse, (b) child(ren), (c) mother, (d) father, (e) aunt(s)/uncle(s), (f) cousin(s), (g) grandparent(s), and (h) sister(s)/brother(s)."

Questions 14-16 were true/false and focused on irrational fears of the nurse and/or the effect of family pressure on the nurse. Question 14 was, "I would have to ask for a transfer to another unit or change jobs if I had to care for a person or persons with AIDS on a regular basis." Question 15 was, "I believe AIDS can be transmitted to nursing personnel despite increased precautions." Question 16 was, "Fear of contracting AIDS would keep me from performing mouth-to-mouth resuscitation on an AIDS patient."

The last two questions concerned education on AIDS. Question 17 stated, "I have received education on AIDS in one or more of the following ways (please circle ALL appropriate answers)." The choices included: (a) Pamphlets or Brochures, (b) Lectures or Seminars, (c) Discussion Groups, (d) Continuing Education (CEU), (e) No Education Received and (f) Other. Question 18 elaborated on Question 17 by asking the participant to list the sponsors/presenters of the continuing education they had

received. Examples, such as the Red Cross and County Health Department, were given.

A consent form was not used. Participation in this survey was anonymous and voluntary, so return of the questionnaire implied consent. Before it was distributed, the questionnaire was approved by the Institutional Review Board, Human Subjects, San Jose State University (Appendix C).

#### Sample Population

The population studied was comprised of nurses in a central California county. The sample population was one quarter of the total number of registered nurses in the county surveyed. A mailing list, comprised of the 1776 nurses in the county, was obtained from the State Board of Registered Nursing. Four hundred forty-four questionnaires were distributed.

#### Sampling Method and Data Collection

The questionnaire was mailed to a random sample of nurses in this county who hold current nursing licenses with the Board of Registered Nursing. The questionnaire was accompanied by a cover letter (Appendix A), a stamped, self-addressed return envelope and a stamped postcard. The cover letter described the purpose of the study, what would be done with the data gathered, how to obtain the results of the study, if desired, and instructions for completing

and returning the questionnaire. The postcard had check boxes to indicate whether the participant (a) did not wish to participate, (b) was currently not employed in nursing, so was ineligible to participate or (c) completed and returned the questionnaire. As the postcards were returned, that participant in the survey was eliminated from any follow-up. Those who had not returned the postcard within the 2 week time frame requested by the researcher received a phone call. If contacted, and they were agreeable, a second questionnaire and stamped, return envelope and stamped postcard was mailed to them to complete and return within a second 2 week interval. A third follow-up was not deemed necessary by the researcher.

#### Data Analysis

The first step in the data analysis was the tallying of all completed questionnaires for determining return rate and the reliability of the sample. The second step was to determine the percentage of total responses from the number of postcards returned. This percentage would be broken into three subgroups: (a) those who chose not to participate in the survey, (b) those who were not currently employed in nursing, so were ineligible to participate in the survey and (c) those who did complete and return their questionnaire.

The questionnaire responses were analyzed using descriptive parametric statistics and cross tabulations. Responses to the first five questions were tallied for the mean, minimum and maximum range and the standard deviation. The remaining questions were counted to determine the percentage for each possible response to each question. Following this, cross tabulations, using ordinal measures of association with determination of the Chi-square, were calculated for each question.

## Chapter 4

### ANALYSIS AND INTERPRETATION

#### Introduction

Four hundred forty-four questionnaires (25% of the total population) were mailed. Thirteen were returned undeliverable because of address changes. Forty-four returned the postcard saying they were ineligible to participate, most because of retirement from nursing. This dropped the sample population to 387 (22% of the total population). Of this total, 307 (79%) returned the postcard indicating that they had participated and returned the questionnaire. Two hundred fifty-five questionnaires were returned for data analysis, giving a return rate of 66%. Fourteen (4%) responded by postcard and indicated that they did not wish to participate in the survey.

#### The First Six Questions

Table 1 shows the age distribution of the survey responses. The mean age was 41 years with a minimum age of 23 years and a maximum of 75. The standard deviation was 10.5. Gender distribution was predominantly female (96%).

Table 1

#### Age Distribution of Survey Respondents

Total N	Under 34	35-44	45-54	55-64	65 or more
253	28%	35%	22%	13%	2%



Table 2, on marital status, shows that the number of married participants was more than four times greater than either single or divorced participants. Table 3 shows that nurses with 21 years or more nursing experience accounted for more than half of the responses. The mean was 16 years, with a minimum of 1 year and a maximum of 50 years. The standard deviation was 10.8.

Table 2

Marital Status of Survey Respondents

Total N	Single	Married	Divorced	Widowed
253	15%	67%	15%	3%

Table 3

Years of Nursing Experience

Total N	5 or less	6-10	11-15	16-20	21 or more
253	19%	17%	20%	15%	29%

Table 4 (question 5) shows the breakdown of hours worked per week. The mean was 35 hours, with a minimum of 4 hours and a maximum of 80 hours. The standard deviation was 9.9. Question 6 (see Table 5) addressed the type of employment. More of the respondents work in hospitals than in all the other fields of nursing combined. Renal

dialysis clinic was mentioned most often in the "Other" category. None of the respondents were employed in private duty or dental offices. Since the majority of respondents were employed in a hospital, the categories in this question were restructured, for the purpose of analysis, to hospital and non-hospital employment.

Table 4

Hours Worked per Week

Total N	Less than 10	11-20	21-30	31 or more
251	2%	11%	11%	76%

## Questions Seven Through Seventeen

The second set of data, derived from questions 7 through 17, revealed interesting information. Questions 7-9 (see Table 6) dealt with the nurse's attitude regarding caring for a person with AIDS and its effect on the nurse's willingness to provide that care. In response to question 7, a resounding 82% indicated that they were willing to care for a person with AIDS. However, question 8 revealed a majority who had never given nursing care to a person(s) with AIDS. Question 9 indicated a 2:1 ratio of nurses who said that an awareness of AIDS had made them concerned about caring for high risk patients.

Table 5

Type of Employment

Total N	Hospital	Convalescent Hospital	Hospice	Home Health	Physician Office	School Nurse	Public Health	Other
239	56%	3%	5%	6%	8%	3%	5%	12%

Table 6

Responses to Questions 7-12 on Nurse's and Family's  
Attitudes Toward Caring for a Person(s) with AIDS

Question	Total N = 253	True	False
7: I am willing to care for a PWA		82%	18%
8: I have given care to a PWA.		38%	62%
9: An awareness of AIDS has made me concerned about caring for high risk patients.		67%	33%
		Frequently	Never
10: I have had family members express concern about me being in contact with a person(s) with AIDS.		35%	65%
11: My family's concern about AIDS affects my willingness to care for a person(s) with AIDS.		13%	87%
12: My caring for a PWA has caused problems between me and my family.		3%	97%

Questions 10-12 (see Table 6) concerned the family's attitude toward the nurse in their family caring for a PWA. Question 10 showed that almost a two-third majority had never or almost never had family members express concern about the nurse being in contact with a PWA. For questions

11 and 12, almost all the respondents indicated that their family's concern about AIDS never affected their willingness to care for a PWA, nor was caring for a PWA a source of family problems. However, for having so few indicate that caring for an AIDS patient is a source of family concern, it seems surprising then that in response to question 13 (see Table 7), 26% of the respondents had had problems with family members. Grandparents had not shown any concern that affected the willingness of the nurse to care for a person with AIDS.

Table 7

Responses to Question 13: Caring for a PWA has caused problems between me and my family.

Total N	Spouse	Children	Parents	Siblings	Aunts/Uncles
255	11%	5%	6%	2%	1%

Questions 14-16 (see Table 8) dealt with the nurse's fears of AIDS transmission. In response to question 14, the vast majority would not have to ask for a transfer to another unit or change jobs if they had to care for a PWA on a regular basis. A lesser majority do not believe that AIDS can be transmitted to nursing personnel despite increased precautions. But in response to question 16, a two-thirds majority do have a fear of contracting the

disease which would keep them from performing mouth-to-mouth resuscitation on an AIDS patient.

Table 8

Responses to Questions 14-16 on Nurse's Attitudes in Caring for Person(s) with AIDS

Question	Total N	True	False
14: I would have to ask for a transfer to another unit or change jobs if I had to care for a PWA on a regular basis.	247	17%	83%
15: I believe AIDS can be transmitted to nursing personnel despite increased precautions.	246	37%	63%
16: Fear of contracting the disease would keep me from performing mouth-to-mouth resuscitation on a PWA.	240	67%	33%

Question 17 looked at the types of AIDS education that the nurse may have received. Most of the respondents had received more than one form of education/information (see Table 9).

Table 9

Percentages of Survey Responses to Question 17: AIDS Education

Total N	Pamphlets/ Brochures	Lectures/ Seminars	Discussion Groups	Continuing Education	No Education	Other
255	92%	84%	51%	68%	1%	38%

At first glance, the data seemed to say that nurses in this survey were willing to care for PWAs, and they were not receiving any pressure from home to not care for PWAs. However, a large percentage have never cared for a PWA, over a quarter have had some problems from family members, in spite of affirmations that they receive no pressure from home, and a majority say their fears of contracting AIDS would keep them from performing mouth-to-mouth resuscitation on a PWA. Nurses are saying they will care for a PWA, but they have not yet, and they would withhold care based on the diagnosis of the patient.

With almost all the respondents receiving one or more forms of AIDS education, it also seems to have generated a bias in the sample population. Namely, were the respondents more likely to respond and participate in the survey because they were more knowledgeable about AIDS? Are those in the sample population who either did not respond or chose not to participate less educated about AIDS? Did that affect their willingness to participate in the survey? Answers to these questions were sought by calculating cross tabulations and Chi square determinations of all the questions (variables) and the resulting levels of significance (Appendix D). By crossing responses and determining the Chi square, perhaps some relationship between multiple variables could be established, or at least ruled out.



### Cross Tabulations

Question 1 (age of respondent) was cross tabulated with questions 7 (nurse's willingness to care for a PWA) and 9 (awareness of AIDS causing concern about caring for high risk patients). No relationship was found between the variables as both cross tabulations have a level of significance (LOS) of .90.

Question 3 (marital status) was cross tabulated with many questions. Question 11 (family's concern affecting the nurse's willingness to care for a PWA) showed the only positive relationship with a level of significance of .05, which shows a high probability of a relationship between these two variables. Sixty-three percent say they never have problems with their families. Spouses seem more supportive than other family members which suggests that married respondents receive more support than non-married respondents.

Question 4 (years of experience) cross tabulation results were interesting in where there was not a relationship (see Table 10). There was a high probability of a relationship between years of experience and question 8, those who have given nursing care to a PWA (LOS .001). Across all the years of experience, 62% have never worked with AIDS patients. When cross tabulated with question 14 (transferring to another unit), the LOS was .01. As the

years of experience went up, the likelihood of transferring or changing jobs decreased.

Table 10

Question 4 Cross Tabulation: Years of Nursing Experience

Question	LOS
7: Willingness to care for PWA	.50
15: Fear of transmission despite precautions	.95
16: Performing mouth-to-mouth resuscitation	.50

Hours employed per week (question 5) showed a relationship to only two questions (see Table 11). Eighty-five percent of full time staff were willing to care for a PWA, and full time staff would not be the ones requesting a transfer to another unit or changing jobs. While an awareness of AIDS causing concern (question 9) had a LOS of .20, and therefore was not considered significant, 63% of the concerned respondents work full time. Sixty-four percent of the full time employees stated they would not perform mouth-to-mouth resuscitation (question 16, LOS .10) on an AIDS patient. The cross tabulation of hours employed per week and AIDS education showed that three quarters of those who work full time have received AIDS education by 5 or more methods. Table 12 shows how the amount of AIDS education decreases as the number of hours worked per week

decreases.

Table 11

Question 5 Cross Tabulation: Hours Employed per Week

Question	LOS
7: Willingness to care for a PWA	.05
14: Asking for a transfer	.01
17: AIDS education	.30

Table 12

Cross Tabulation of Question 5: Hours worked per week, and  
Question 17: 5 or more methods of AIDS education

10 or less hours	11-20	21-30	31-40
1.2%	12%	12%	75%

Many of the cross tabulations to question 7 were very significant (see Table 13). Awareness of AIDS causing concern in caring for a high-risk patient revealed that 43 out of 45 who said they were concerned also said they were not willing to care for a PWA. Of those willing to care for PWAs and those who have actually done so (question 8), 44% of those willing to care for a PWA had cared for PWAs, and 56% of those who had never cared for a PWA stated that

they were willing. However, 88% of those who were not willing to care for PWA's had also never given care to them.

Table 13

Question 7 Cross Tabulation: Willingness to Care for a PWA

Question	LOS
8: Have cared for a PWA.	.001
9: Awareness of AIDS causing concern about caring for a PWA	.001
11: Family concern affecting nurse's willingness	.001
12: Caring for PWA causes family problems	.001
15: Fear of transmission despite precautions	.001
16: Mouth-to-mouth resuscitation	.001

Family concern affecting the nurse's willingness (question 11) was also significant. The data showed that 94% of those willing to care for a PWA never had family problems that affected their willingness to care for a PWA. This is compared to 51% who were not willing even though their family's concern never affected their willingness and 49% who were not willing and whose family's concern did affect their willingness to care for a PWA. Two hundred forty-three (97%) said caring for an AIDS patient had not created any problems with their families.

The same is true in asking for transfers or changing jobs (question 14). The cross tabulation shows that 93% of those willing to care for PWAs would not ask for a transfer or change jobs. However, 64% of those not willing to care for a PWA would ask for a transfer or change jobs if they had to care for a PWA on a regular basis.

Seventy percent of those willing to care for a PWA do not believe that AIDS can be transmitted despite increased precautions (question 15). Sixty-five percent of those not willing to care for PWAs do believe that AIDS can be transmitted despite increased precautions. Sixty-two percent of those willing to care for a PWA would not perform mouth-to-mouth resuscitation, and 88% of those not willing to care for a PWA also would not perform mouth-to-mouth resuscitation.

The one cross tabulation which, with a LOS of .80, did not show any relationship to willingness to care for a PWA, was question 17 concerning education. This indicates that education was not a factor in whether a nurse is willing to care for a person(s) with AIDS.

In cross tabulations of those who have cared for a PWA (question 8) and an awareness of AIDS causing concern in caring for high risk patients (question 9), there was no

apparent relationship (LOS .20). However, it should be noted that 66% of those most concerned about caring for a PWA have never worked with AIDS patients.

Cross tabulations done on question 9 (awareness of AIDS causing concern about caring for high risk patients) were all significant (see Table 14). Seventy-seven percent of those concerned, in question 16, say they would not perform mouth-to-mouth resuscitation.

Table 14

Question 9 Cross Tabulation: Awareness of AIDS Caused Concern About Caring for High Risk Patients

Question	LOS
10: Family expressing concern	.001
12: Caring for a PWA causes family problems	.05
14: Requesting a transfer	.001
15: Fear of Transmission despite precautions	.001
16: Mouth to-mouth-resuscitation	.001
17: AIDS education	.01

The last series of cross tabulations was done on questions 14-16 (see Table 15). In cross tabulating the transfer issue (question 14) against the transmission issue (question 15), 73% do not think AIDS is transmitted despite increased precautions, nor would they ask for a transfer to

another unit. But 76% of those who would ask for a transfer also believe AIDS can be transmitted despite increased precautions. Cross tabulating the transfer and mouth-to-mouth resuscitation issues, 60% of those who would not ask for a transfer would refrain from performing mouth-to-mouth resuscitation on an AIDS patient.

Table 15

Question 14 Cross Tabulation: Ask for a Transfer to Another Unit or Change Jobs If Required to Care for a PWA on a Regular Basis

Question	LOS
15: Fear of transmission despite precautions	.01
16: Mouth-to-mouth resuscitation	.001

The last cross tabulation concerned beliefs on transmission despite increased precautions and the mouth-to-mouth resuscitation question. The LOS was .01. Sixty-one percent of those who said they do not believe AIDS can be transmitted despite increased precautions also said they would not perform mouth-to mouth resuscitation on a PWA. Seventy-seven percent of those who did believe AIDS can be transmitted despite increased precautions would refuse to perform mouth-to-mouth resuscitation of an AIDS patient.

The ambiguity is there. Sixty-two percent of the sample population have never cared for a person(s) with AIDS. Sixty-seven percent say their fears of contracting AIDS would keep them from performing mouth-to-mouth resuscitation on a person(s) with AIDS. The data showed no relationship between willingness to care for a PWA and education although the majority of respondents had received multiple forms of AIDS education. Sixty percent said they would not ask for a transfer, yet would refrain from performing mouth-to-mouth resuscitation, and 65% said they have not received any pressure from family members concerning their caring for a person(s) with AIDS. Somewhere amidst the willingness, lack of family pressure, and all that education is an irrational fear that compels nurses to give selective care.

This chapter has presented the findings of a survey undertaken to determine nurses attitudes and willingness toward caring for persons with AIDS. Chapter 5 will describe the conclusions and recommendations drawn from the survey analysis.



## Chapter 5

### CONCLUSION AND RECOMMENDATIONS

From this study, it is concluded that the original research question was answered negatively. The question was "Do nurses working with PWAs receive negative pressure from spouse or family?" The majority of nurses deny any pressure from family members. Whereas those who do receive some pressure from home say it is usually from their spouse, the majority actually seem to get more support from their spouses than from other family members.

The second research question, "Does negative pressure from the family influence the nurse's willingness to care for PWAs?," was also responded to negatively. Eighty-seven percent of the sample stated that their families' concerns about AIDS never affected their willingness to care for a person(s) with AIDS.

So what is affecting nurses, causing them to deny care to certain patients? Where is the "voice of the nursing conscience" that Nelson et al. (1984) tell us "will ring out" (p. 19)? If nurses have historically put the well being of their patients first, then is fear of the disease superceding the nurse's call to care for the sick and dying? Nelson et al. (1984) bring up a point that nurses may not want to confront. "Has there been a loss of courage or forgotten ideals? The nurse's choice is to cope

well or allow fear and intolerance to overcome her/him" (p. 19). The problem seems not to be related to the family; the problem seems to be with the nurses. A fear, despite education on prevention, care principles, universal precautions for all patients and consistent medical evidence on transmission, prevails among nurses when it comes to caring for a person(s) with AIDS.

The primary implication of this study is that more education is needed that is geared toward emotional learning. Learning that encourages nurses to bring their fears out into the open, with support and guidance, will hopefully dispell their fears about caring for PWAs.

Nurses have always put their patients first and to do otherwise is in direct conflict with nursing's code of ethics. It is not a conflict easily resolved, because nurses do not even want to admit that it exists. So many nurses are willing to care for a person(s) with AIDS, whether they have cared for a PWA or not (most have not). Whereas this rings true of nursing's conscience, there remains a discrepancy of what nurses say they are willing to do and what they would do. They would withhold care, life-saving care, to a patient, based on the diagnosis. Many diseases are fatal. Many diseases are painful, disfiguring and are emotionally and financially draining. Yet nurses do not deny care to inflicted patients.

### Recommendations

HIV and AIDS education programs should acknowledge the emotional reactions of all involved health care personnel. Appropriate psychological support for nursing and medical staff is essential. Emotional learning does not come quickly. It must be repeated and consistently reinforced through ongoing training and support. Nurses should be encouraged to participate and not be judged by their peers or their patients. To control the irrational fears and maintain nursing standards, this approach must be incorporated into all AIDS education. Nursing attitudes play such a key role in the success or failure of healing, the patient's perception of himself and his disease and consequently his ability to fight disease and proceed toward a state of wellness. The healers must be "healed" in order to heal.

Also recommended is to repeat this study among other health disciplines, such as certified nursing assistants and home health aides. These disciplines have needs that should be met as well, in order to provide the AIDS patient the kind of care any person should be able to expect from the health care system.

AIDS will eventually affect every person in some way. As a health care provider, a parent, sibling, relative or friend, AIDS will make its impact known. As this disease

grows to pandemic proportions, nurses must be emotionally equipped to cope with it and continue to provide nursing care that meets professional standards.

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American Public Welfare Association.

APPENDIX A  
Cover Letter

723 Mermaid Avenue  
Pacific Grove, California 93950

January 3, 1989

Dear Registered Nurse,

As a graduate student in nursing at San Jose State University, I am writing the thesis for my master's degree in Community Health Nursing. I am conducting the research for my thesis by distributing a questionnaire to a random sample of RN's in Monterey County who are currently employed in some field of nursing. If you are currently employed in nursing I would greatly appreciate a few moments of your time to read and complete the enclosed questionnaire. I have enclosed a stamped, addressed envelope to facilitate easy return.

Due to the scientific method I am using for this survey, there is a possibility you may receive a duplicate in the mail.. If that should happen, please complete and return all duplicates as well. One draw back of a mailed questionnaire is the possibility of questions being unclear. I have made every attempt to be unambiguous; however, if you need clarification of any part of the questionnaire feel free to contact me. Monday through Friday, 8AM - 5PM I can be reached at 408-625-0441. Other hours and weekends I can be reached at 408-372-3674. You can call collect.

Also enclosed is a stamped postcard I would like you to return indicating whether you wish to participate or not or are ineligible to participate in the survey. Since the survey is totally anonymous, the return of the enclosed postcard will greatly enhance the reliability of the survey. Please return the postcard, whether you wish to participate or not, and the survey by January 17, 1989.

In surveying a range of nursing fields, I hope the results of this research will benefit our county in its efforts in establishing a response plan for prevention of and education about AIDS and care of those infected. The final copy of this project will be available in the library of San Jose State University upon completion of my thesis. If you are interested in the results of this questionnaire, please write to me, and I will be happy to share them with you once they are compiled.

Thank you for your consideration and your time.

Sincerely,

Elizabeth Behrens-Nagle, RN, BSN

**APPENDIX B**  
**Survey Instrument**

Fill in the blank or circle the correct answer:

1. Age: \_\_\_\_\_
2. Gender: (a) Female (b) Male
3. Marital Status: (a) Single (b) Married  
(c) Divorced (d) Widowed
4. Years of Nursing Experience: \_\_\_\_\_
5. Hours Employed Per Week: \_\_\_\_\_
6. Type of Employment: (please circle most appropriate)
 

a) Hospital	f) Physician's Office
b) Convalescent Hospital	g) Dental Office
c) Hospice	h) School Nursing
d) Home health	i) Public Health
e) Private Duty	j) Other (please specify)

Questions 7-12:

Circle the letter that most closely identifies your answer (i.e. Question #7: circling 1 means "very willing", 2 means "willing", 3 means "not so willing", and circling 4 means "not willing").

7. I am willing to care for a person with AIDS.  
 Very willing    1    2    3    4    Not willing
8. I have given nursing care to a person with AIDS.  
 Frequently    1    2    3    4    Never
9. An awareness of AIDS has made me concerned about caring for high risk patients. (i.e. known homosexuals and known intravenous drug abusers)  
 Unconcerned    1    2    3    4    Very concerned
10. I have had family members express concern about me being in contact with a person with AIDS.  
 Frequently    1    2    3    4    Never



11. My family's concern about AIDS affects my willingness to care for a person with AIDS.

Frequently      1      2      3      4      Never

12. My caring for a person with AIDS has caused problems between me and my family.

Frequently      1      2      3      4      Never

13. Caring for a person with AIDS has caused problems between me and my: (please circle ALL that apply)

- |                |                           |
|----------------|---------------------------|
| (a) spouse     | (e) aunt(s)/ uncle(s)     |
| (b) child(ren) | (f) cousin(s)             |
| (c) mother     | (g) grandparent(s)        |
| (d) father     | (h) sister(s)/ brother(s) |

Questions 14-18 (please circle correct answer):

14. I would have to ask for a transfer to another unit or change jobs if I had to care for a person or persons with AIDS on on a regular basis.

True      False

15. I believe AIDS can be transmitted to nursing personnel despite increased precautions.

True      False

16. Fear of contracting the disease would keep me from performing mouth-to-mouth resuscitation on an AIDS patient.

True      False

17. I have received education on AIDS in One or More of the Following Ways (please circle ALL appropriate answers).

- |                           |                               |
|---------------------------|-------------------------------|
| a) Pamphlets or Brochures | d) Continuing Education (CEU) |
| b) Lectures or Seminars   | e) No Education Received      |
| c) Discussion Groups      | f) Other (please specify)     |
-

18. Above Programs were sponsored/presented by the following organizations (please list).

Example: Red Cross, County Health Dept.

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APPENDIX C  
Approval of Institutional Review Board,  
Human Subjects

**HUMAN SUBJECTS INSTITUTIONAL REVIEW BOARD  
PROJECT PROPOSAL REVIEW**

I, the undersigned member of the San Jose State University Human Subjects Institutional Review Board, have reviewed the following proposal submitted to the Committee on 11/7/88 by:

PRINCIPAL INVESTIGATOR: Elizabeth Behrens-Hagle  
PROTOCOL #: 7389 DEPT.: Nursing  
PROJECT TITLE: IMPACT OF NEGATIVE FAMILY PRESSURE ON NURSES' WILLINGNESS TO CARE FOR A PERSON WITH ACQUIRED IMMUNODEFICIENCY SYNDROME (AIDS)

I recommend the following action (indicate one):

- 1. Approved for clearance as involving minimal risk to Human Subjects.
- 2. Approved for clearance with risk to Human Subjects.
- 3. Approved for clearance when the following conditions are met:

\_\_\_\_\_

- 4. Not Approved (return to principal investigator for following reasons):

- 5. Expedited Review (specify condition[s] that merit expedited review):

Keith Williams Ph.D. 11 Nov 1988  
Signature of IRB-HS member Date

OFFICIAL SIGNING FOR INSTITUTION  
J. J. Wade 12/5/88  
Chair, Human Subjects Institutional Review Board Date

Serena Stanford 12/8/88  
Serena Stanford, Ph.D. Date  
AAVP for Graduate Studies & Research

**APPENDIX D**  
**Cross Tabulations**

Cross Tabulation of Question 3: Marital status, and Question 11: Family concern affects the nurse's willingness to care for PWAs

Marital Status	Family concern		Row Total
	Frequent	Never	
Single	1 3.0	36 16.5	37 14.7
Married	29 87.9	138 63.3	167 66.5
Divorced	2 6.1	35 16.1	37 14.7
Widowed	1 3.0	9 4.1	10 4.0
COLUMN TOTAL	33 13.1	218 86.9	251 100.0

Chi-square (3 d.f.) = 8.165590

LOS = 0.05

Cross Tabulation of Question 4: Years of nursing experience,  
and Question 7: Willingness to care for a PWA

Nursing Experience	Willing	Not Willing	Row Total
0-5	42 20.3	6 13.3	48 19.0
6-10	36 17.4	6 13.3	42 16.7
11-15	36 17.4	13 28.9	49 19.4
16-20	34 16.4	5 11.1	39 15.5
21 or more	59 28.5	15 33.3	74 29.4
COLUMN TOTAL	207 82.1	45 17.9	252 100.0

Chi-square (4 d.f.) = 4.785634

LOS = 0.50

Cross Tabulation of Question 4: Years of nursing experience,  
and Question 8: Have given nursing care to a PWA

Have given nursing care to a PWA			
Nursing Experience	Frequently	Never	Row Total
0-5	31 32.3	17 11.0	48 19.2
6-10	20 20.8	22 14.3	42 16.8
11-15	12 12.5	36 23.4	48 19.2
16-20	10 10.4	28 18.2	38 15.2
21 or more	23 24.0	51 33.1	74 29.6
COLUMN TOTAL	96 38.4	154 61.6	250 100.0

Chi-square (4 d.f.) = 23.086066

LOS = 0.001



Cross Tabulation of Question 4: Years of nursing experience,  
and Question 14: Transfer if had to care for a PWA on a  
regular basis

Transfer			
Nursing Experience	False	True	Row Total
0-5	42 20.7	5 11.9	47 19.2
6-10	37 18.2	4 9.5	41 16.7
11-15	31 15.3	17 40.5	48 19.6
16-20	32 15.8	4 9.5	36 14.7
21 or more	61 30.0	12 28.6	73 29.8
COLUMN TOTAL	203 82.9	42 17.1	245 100.0

Chi-square (4 d.f.) = 15.207173

LOS = 0.01

Cross Tabulation of Question 4: Years of nursing experience,  
and Question 15: Transmission of AIDS despite precautions

Transmission despite precautions			
Nursing Experience	False	True	Row Total
0-5	28 17.9	18 20.2	46 18.8
6-10	28 17.9	14 15.7	42 17.1
11-15	28 17.9	18 20.2	46 18.8
16-20	23 14.7	15 16.9	38 15.5
21 or more	49 31.4	24 27.0	73 29.8
COLUMN TOTAL	156 63.7	89 36.3	245 100.0

Chi-square (4 d.f.) = 1.013709

LOS = 0.95

Cross Tabulation of Question 4: Years of nursing experience,  
and Question 16: Mouth-to-mouth resuscitation

Mouth-to-mouth resuscitation			
Nursing Experience	False	True	Row Total
0-5	18 22.8	29 18.1	47 19.7
6-10	15 19.0	26 16.3	41 17.2
11-15	12 15.2	35 21.9	47 19.7
16-20	9 11.4	23 14.4	32 13.4
21 or more	25 31.6	47 29.4	72 30.1
COLUMN TOTAL	79 33.1	160 66.9	239 100.0

Chi-square (4 d.f.) = 2.458763

LOS = 0.50

Cross Tabulation of Question 5: Hours employed per week, and  
Question 7: Willingness to care for a PWA

Hours per Week	Willing	Not Willing	Row Total
0-10	3 1.5	0 0.0	3 1.2
11-20	19 9.2	11 25.0	30 12.0
21-30	24 11.7	5 11.4	29 11.6
31-40	160 77.7	28 63.6	188 75.2
COLUMN TOTAL	206 82.4	44 17.6	250 100.0

Chi-square (3 d.f.) = 9.113078

LOS = 0.05

Cross Tabulation of Question 5: Hours employed per week, and  
Question 14: Transfer if had to care for a PWA on a regular  
basis

Transfer			
Hours per Week	False	True	Row Total
0-10	2 1.0	1 2.4	3 1.2
11-20	19 9.4	11 26.8	30 12.3
21-30	19 9.4	6 14.6	25 10.3
31-40	162 80.2	23 56.1	185 76.1
COLUMN TOTAL	202 83.1	41 16.9	243 100.0

Chi-square (3 d.f.) = 12.465960

LOS = 0.01

Cross Tabulation of Question 5: Hours employed per week, and  
Question 17: AIDS education

Hours per Week	No Education	Pamphlets/ Brochures	Lectures/ Seminars	Discussion Groups
0-10	0 0.0	0 0.0	1 2.0	1 1.1
11-20	0 0.0	3 15.8	8 16.3	10 11.1
21-30	1 100.0	4 21.1	4 8.2	13 14.4
31-40	0 0.0	12 63.2	36 73.5	66 73.3
COLUMN TOTAL	1 0.4	19 7.6	49 19.5	90 35.9

Hours	CEU	Other	Row Total
0-10	0 0.0	1 4.5	3 1.2
11-20	7 10.0	2 9.1	30 12.0
21-30	6 8.6	1 4.5	29 11.6
31-40	57 81.4	18 81.8	189 75.3
COLUMN TOTAL	70 27.9	22 8.8	251 100.0

Chi-square (15 d.f.) - 17.538777

LOS = 0.30

Cross Tabulation of Question 7: Willingness to care for a  
PWA, and Question 8: Have given nursing care to a PWA

---

Have given nursing care to a PWA

---

	Frequently	Never	Row Total
Willing	91 94.8	115 74.2	206 82.1
Not Willing	5 5.2	40 25.8	45 17.9
COLUMN TOTAL	96 38.2	155 61.8	251 100.0

Chi-square (1 d.f.) = 17.094327

LOS = 0.001

---

Cross Tabulation of Question 7: Willingness to care for a  
PWA, and Question 9: Awareness of AIDS causes concern about  
caring for high risk patients

---

Awareness of AIDS causes concern

---

	Unconcerned	Concerned	Row Total
Willing	86 97.7	121 73.8	207 82.1
Not Willing	2 2.3	43 26.2	45 17.9
COLUMN TOTAL	88 34.9	164 65.1	252 100.0

Chi-square (1 d.f.) = 22.389203

LOS = 0.001

---



Cross tabulation of Question 7: Willingness to care for a  
PWA, and Question 11: Family concern affects the nurse's  
willingness to care for PWAs

---

Family concern affects nurse's willingness

---

	Frequently	Never	Row Total
Willing	12 35.3	195 89.4	207 82.1
Not Willing	22 64.7	23 10.6	45 17.9
COLUMN TOTAL	34 13.5	218 86.5	252 100.0

Chi-square (1 d.f.) = 58.808081

LOS = 0.001

---

Cross Tabulation of Question 7: Willingness to care for a PWA, and Question 12: Caring for a PWA causes family problems

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Caring for a PWA causes family problems

---

	Problems	No Problems	Row Total
Willing	2 25.0	206 84.8	208 84.8
Not Willing	6 75.0	37 15.2	43 17.1
COLUMN TOTAL	8 3.2	243 96.8	251 100.0

Chi-square (1 d.f.) = 19.492068

LOS = 0.001

---

Cross Tabulation of Question 7: Willingness to care for a  
PWA, and Question 14: Transfer if had to care for a PWA on a  
regular basis

	Transfer		Row Total
	False	True	
Willing	190 92.7	15 35.7	205 83.0
Not Willing	15 7.3	27 64.3	42 17.0
COLUMN TOTAL	205 83.0	42 17.0	247 100.0

Chi-square (1 d.f.) = 80.162024

LOS = 0.001

Cross Tabulation of Question 7: Willingness to care for a  
PWA, and Question 15: Transmission of AIDS despite  
precautions

---

Willingness to care for a PWA

---

	False	True	Row Total
Willing	141 90.4	61 68.5	202 82.4
Not Willing	15 9.6	28 31.5	43 17.6
COLUMN TOTAL	156 63.7	89 36.3	245 100.0

Chi-square (1 d.f.) = 18.688587

LOS = 0.001

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Cross Tabulation of Question 7: Willingness to care for a  
PWA, and Question 16: Mouth-to-mouth resuscitation

---

Mouth-to-mouth resuscitation			
	False	True	Row Total
Willing	75 93.8	121 76.1	196 82.0
Not Willing	5 6.3	38 23.9	43 18.0
COLUMN TOTAL	80 33.5	159 66.5	239 100.0

Chi-square (1 d.f.) = 11.236187

LOS = 0.001

---

Cross Tabulation of Question 7: Willingness to care for a PWA, and Question 17: AIDS education

Education				
	No Education	Pamphlets/ Brochures	Lectures/ Seminars	Discussion Groups
Willing	1 100.0	16 84.2	40 78.4	72 80.0
Not Willing	0 0.0	3 15.8	11 21.6	18 20.0
	CEU	Other	Row Total	
Willing	60 84.5	20 90.9	209 82.3	
Not Willing	11 15.5	2 9.1	45 17.7	
COLUMN TOTAL	71 28.0	22 8.7	254 100.0	

Chi-square (5 d.f.) = 2.468386

LOS = 0.80

Cross Tabulation of Question 8: Have given nursing care to a  
PWA, and Question 9: Awareness of AIDS causes concern about  
caring for high risk patients

---

Awareness causes concern			
Have cared for PWAs	Unconcerned	Concerned	Row Total
Frequently	39 44.8	56 34.4	95 38.0
Never	48 55.2	107 65.6	155 62.0
COLUMN TOTAL	87 34.8	163 65.2	250 100.0

Chi-square (1 d.f.) = 2.640163

LOS = 0.20

---

Cross Tabulation of Question 9: Awareness of AIDS causes concern about caring for high risk patients, and Question 10: Family members expressing concern about nurse's contact with PWAs

Family expressions of concern			
	Frequently	Never	Row Total
Unconcerned	17 19.1	71 43.8	88 35.1
Concerned	72 80.9	91 56.2	163 64.9
COLUMN TOTAL	89 35.5	162 64.5	251 100.0

Chi-square (1 d.f.) = 15.424727

LOS = 0.001



Cross Tabulation of Question 9: Awareness of AIDS causes concern about caring for high risk patients, and Question 11: Family concern affects the nurse's willingness to care for PWAs

Family concern affects nurse's willingness			
	Frequently	Never	Row Total
Unconcerned	3 8.8	84 38.7	87 34.7
Concerned	31 91.2	133 61.3	164 65.3
COLUMN TOTAL	34 13.5	217 86.5	251 100.0

Chi-square (1 d.f.) = 11.592822

LOS = 0.001

Cross Tabulation of Question 9: Awareness of AIDS causes concern about caring for high risk patients, and Question 12: Caring for PWAs causes family problems

Caring for PWA causes family problems			
	Frequently	Never	Row Total
Unconcerned	0 0.0	87 36.0	87 34.8
Concerned	8 100.0	155 64.0	163 65.2
COLUMN TOTAL	8 3.2	242 96.8	250 100.0

Chi-square (1 d.f.) = 4.411094

LOS = 0.05

Cross Tabulation of Question 9: Awareness of AIDS causes concern about caring for high risk patients, and Question 14: Transfer if had to care for a PWA on a regular basis

Transfer			
	False	True	Row Total
Unconcerned	86 42.4	2 4.8	88 35.9
Concerned	117 57.6	40 95.2	157 64.1
COLUMN TOTAL	203 82.9	42 17.1	245 100.0

Chi-square (1 d.f.) = 21.377921

LOS = 0.001

Cross Tabulation of Question 9: Awareness of AIDS causes concern about caring for high risk patients, and Question 15: Transmission of AIDS despite precautions

Transmission despite precautions			
	False	True	Row Total
Unconcerned	73 47.1	12 13.3	85 34.7
Concerned	82 52.9	78 86.7	160 65.3
COLUMN TOTAL	155 63.3	90 36.7	245 100.0

Chi-square (1 d.f.) = 28.648031

LOS = 0.001

Cross Tabulation of Question 9: Awareness of AIDS causes concern about caring for high risk patients, and Question 16: Mouth-to-mouth resuscitation

Mouth-to-mouth resuscitation			
	False	True	Row Total
Unconcerned	43 53.8	38 23.8	81 33.8
Concerned	37 46.3	122 76.3	159 66.3
COLUMN TOTAL	80 33.3	160 66.7	240 100.0

Chi-square (1 d.f.) = 21.467505

LOS = 0.001

Cross Tabulation of Question 9: Awareness of AIDS causes concern about caring for high risk patients, and Question 17: AIDS education

Education				
	No Education	Pamphlets/ Brochures	Lectures/ Seminars	
Unconcerned	0 0.0	3 16.7	17 33.3	
Concerned	1 100.0	15 83.3	34 66.7	
COLUMN TOTAL	1 0.4	18 7.1	51 20.2	

  

	Discussion Groups	CEU	Other	Row Total
Unconcerned	26 28.9	27 38.0	15 68.2	88 34.8
Concerned	64 71.1	44 62.0	7 31.8	165 65.2
COLUMN TOTAL	90 35.6	71 28.1	22 8.7	253 100.0

Chi-square (5 d.f.) = 15.711126

LOS = 0.01

Cross Tabulation of Question 14: Transfer if had to care for  
a PWA on a regular basis, and Question 15: Transmission of  
AIDS despite precautions

Ask for transfer	Transmission despite precautions		Row Total
	False	True	
False	144 93.5	54 63.5	198 82.8
True	10 6.5	31 36.5	41 17.2
COLUMN TOTAL	154 64.4	85 35.6	239 100.0

Chi-square (1 d.f.) = 34.631173

LOS = 0.001

Cross Tabulation of Question 14: Transfer if had to care for  
a PWA on a regular basis, and Question 16: Mouth-to-mouth  
resuscitation

Mouth-to-mouth resuscitation			
Ask for transfer	False	True	Row Total
False	75 94.9	116 75.8	191 82.3
True	4 5.1	37 24.2	41 17.7
COLUMN TOTAL	79 34.1	153 65.9	232 100.0

Chi-square (1 d.f.) = 13.090376

LOS = 0.001



Cross Tabulation of Question 15: Transmission of AIDS  
despite precautions, and Question 16: Mouth-to-mouth  
resuscitation

Mouth-to-mouth resuscitation			
Transmission	False	True	Row Total
False	57 74.0	88 56.4	145 62.2
True	20 26.0	68 43.6	88 37.8
COLUMN TOTAL	77 33.0	156 67.0	233 100.0

Chi-square (1 d.f.) = 6.806459

LOS = 0.01