

Turkish and American Undergraduate Students' Attitudes Toward HIV/AIDS Patients: A Comparative Study

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Disclosures

Dr. Atav, Dr. Sendir, Mrs. Wheelock
have no relationships to disclose.

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Purpose

- ▣ Assess Turkish and American undergraduate students' attitudes toward HIV/AIDS patients
- ▣ Compare Turkish and American students' attitudes toward HIV/AIDS patients
- ▣ Discuss how results of such comparative studies can be utilized to make improvements in undergraduate curricula

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Map of Turkey

The map shows Turkey's geographical location, bordered by Bulgaria, Georgia, Armenia, Azerbaijan, Iraq, and Syria. Major cities like Istanbul, Ankara, Izmir, and Antalya are marked. The Black Sea is to the north, and the Mediterranean Sea is to the south.

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The Turkish Context

- ▣ Bridge between Europe and Asia
- ▣ Slightly larger than Texas
- ▣ 17th largest economy in the world
- ▣ In the last quarter, fastest growing economy in the world
- ▣ Population of 75 million
- ▣ GDP per capita – about \$14,700
- ▣ The only stable secular democracy in the world with a large Muslim majority

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The Turkish Context

- ▣ Universal Health Care (Health Transformation Program)
- ▣ Health care expenditures at 6.7% of GNP
- ▣ Infant vaccination rates at 97%
- ▣ Comparative figures 2003 to 2010
 - Infant mortality rates (under 1 year of age) down from 29 to 10 per 1000
 - Life expectancy up from 70.9 to 73.7 (76.1 for women)
 - Higher satisfaction rates with health care services (39.5% to 73.1%)

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HIV/AIDS

- ❑ One of the most complex health care problems in the 21st century
- ❑ HIV is not a disease that affects people only in the United States, but is a global issue that has affected the lives of men, women and children all over the world.
- ❑ By the end of 2010, it was estimated that more than 34 million people around the world were living with HIV

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HIV/AIDS

- ❑ HIV/AIDS has radically different effects in different parts of the globe.
- ❑ Seventy-two percent of the 1.8 million people who died of HIV related illnesses in 2010 were in sub-Saharan Africa
- ❑ Other countries greatly affected by rising prevalence rates include the Ukraine, Brazil and Thailand
- ❑ According to UNAIDS (2010), Russia and the Ukraine account for 90 percent of newly reported HIV diagnoses in Eastern Europe

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HIV/AIDS in Turkey

- ❑ Turkey is considered a low epidemic country with an increasing number of new cases
- ❑ Just above 4,000 people living with HIV are registered
- ❑ 1,000 are on antiretrovirals (ART)

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HIV/AIDS in Turkey and the US (most recent stats)

	TURKEY	USA
HIV Prevalence	<0.1 %	.06 %
HDI	High	Very high
People living with HIV	4,589	1.2 million
New Infections	n/a	54,300
Annual AIDS Deaths	126	16,900
GDP/capita	\$14,700	\$47,200
Population (millions)	75	310
Life expectancy	74	78
Health care expenditures (%GDP)	6.7	17.9

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Nurses and HIV/AIDS

- ❑ Providing effective and high quality care to HIV/AIDS patients not only requires nursing students to have a strong knowledge base about HIV/AIDS, but also not to have prejudicial attitudes
- ❑ Health care professionals and students are ethically and legally obligated to care for all patients without prejudice and discrimination
- ❑ The International Council of Nursing (ICN) has emphasized the need to examine if nurses' attitudes and prejudices impede their ability to provide compassionate care to HIV/AIDS patients

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Studies of Nurses' Attitudes

- ❑ Germany
 - ❑ Sweden
 - ❑ Jordan
 - ❑ USA
 - ❑ Japan
 - ❑ Turkey
 - ❑ Saudi Arabia
 - ❑ China
 - ❑ Japan
- Results are mostly positive, but there are indications of prejudice and unwillingness to care for HIV patients

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AIDS Attitude Survey (AAS)

- ❑ Developed by Bliwise, Grade, Irish, and Ficarroto (1991)
- ❑ Six point Likert scale with 15 items
- ❑ Some items are scored reversely
- ❑ Possible range varies from 15 to 90
- ❑ Higher scores indicate more negative attitudes
- ❑ A total AAS score and three subscales:
 - ❑ Fear of Contagion
 - ❑ Negative Emotions
 - ❑ Professional Resistance

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AAS Questions

Fear of Contagion

1. I would not want my child to go to school with a child with HIV/AIDS.
2. AIDS makes my job a high-risk occupation.
3. I would be willing to eat in a restaurant where I knew the chef had HIV/AIDS.*
4. Despite all I know about how HIV/AIDS is transmitted, I am still afraid of catching it.
5. Even were I to follow strict infection control measures, it is likely I would become infected with HIV if I worked with HIV+/AIDS patients over a long period of time.

Professional Resistance

1. Given a choice, I would prefer not to work with HIV+/AIDS patients.
2. I would prefer to refer patients with HIV/AIDS to my professional colleagues.
3. It is best to train a few specialists who would be responsible for the treatment of HIV+/AIDS patients.
4. I would consider changing my professional specialty, however interesting, if it became necessary to work with HIV+/AIDS patients.
5. I would rather work with a better class of people than HIV+/AIDS patients.
6. I don't want persons at higher risk for HIV/AIDS, such as IV drug users and homosexuals, as patients.

Negative Emotions

1. I often have tender, concerned feelings for people with HIV/AIDS.*
 2. I feel angry about the risk of HIV/AIDS which homosexuals have imposed on the straight community.
 3. I sometimes find it hard to be sympathetic toward HIV+/AIDS patients.
 4. I would feel resentful if HIV+/AIDS patients accounted for a significant part of my caseload.
- *Reverse scored items

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Turkish Translation of AAS

- ❑ AAS was adapted for the Turkish language in 2005
- ❑ Test retest coefficient = .82
- ❑ Cronbach's Alpha = .80
- ❑ Acceptable reliability scores for the Turkish version
- ❑ Still lower than the English version (.92 and .86 respectively)

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Data Collection

- ❑ The US data were collected at a 4 year school of nursing in Upstate New York
 - Only juniors and seniors
 - Some RN to BS
- ❑ The Turkish data were collected at a 4 year school of nursing in Istanbul
 - Freshmen through seniors
- ❑ In both contexts, data were collected during regular classes

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Descriptive Findings:

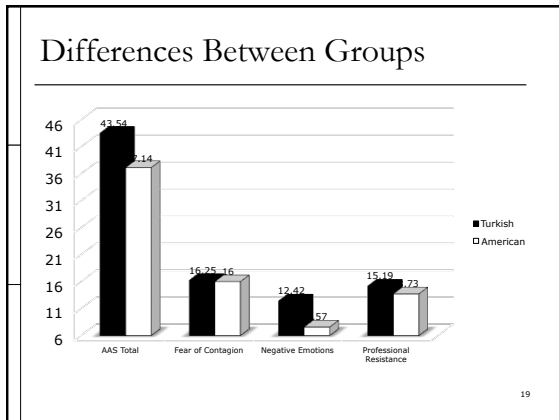
		N	Min	Max	Mean	SD
Turkish	AAS	308	15	90	43.54	12.06
	Fear of Contagion	350	5	30	16.25	4.96
	Negative Emotions	328	4	24	12.42	3.78
	Professional Resistance	352	6	36	15.19	6.21
American	AAS	224	17	85	37.14	11.59
	Fear of Contagion	230	6	52	16.00	4.96
	Negative Emotions	236	4	19	7.57	2.00
	Professional Resistance	232	6	31	13.73	6.05

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T-tests for Group Differences

	Group	N	Means	Sig
AAS	Turkish	308	43.54	**
	USA	224	37.14	
Fear of Contagion	Turkish	350	16.25	ns
	USA	230	16.00	
Emotions	Turkish	328	12.42	**
	USA	236	7.57	
Professional Resistance	Turkish	352	15.19	**
	USA	232	13.73	

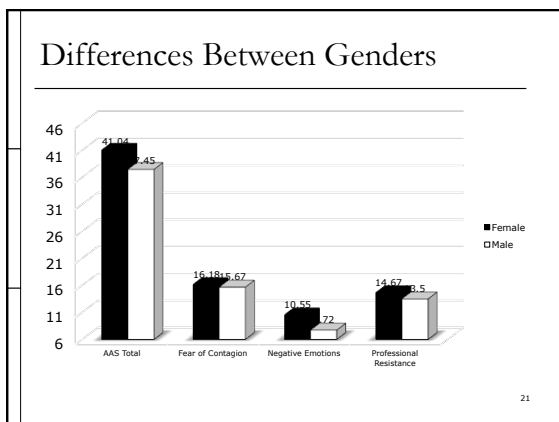
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T-tests for Gender Differences

	Group	N	Means	Sig
Age	Female	579	21.79	**
	Male	34	26.85	
AAS	Female	503	41.04	ns
	Male	29	37.45	
Fear of Contagion	Female	547	16.18	ns
	Male	33	15.67	
Emotions	Female	532	10.55	**
	Male	32	7.72	
Professional Resistance	Female	554	14.67	ns
	Male	30	13.50	

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Pearson's Correlations with Age

	Turkish	American
AAS	.081	-.140
Fear of Contagion	.021	-.209
Negative Emotions	.040	.035
Professional Resistance	.099	-.127

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Conclusion

- Turkish and American nursing students display significantly different attitudes toward HIV/AIDS patients
- Except for fear of contagion, American students have significantly more positive attitudes toward HIV/AIDS patients
- Relatively lower mean *Fear of Contagion* scores for each group (16 out of a maximum of 30) is of concern

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Conclusion

- Turkish students' scores were about 3 times the best possible scores
- American students' scores were about 2 times the best possible scores
- It is perceivable that some of the lower scores may reflect cultural attitudes, particularly for the Turkish students
- All these observations point to much room for improvement for both groups of students through curricular modifications and clinical exposure

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QUESTIONS?

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