

The importance attributed to religious belief plays an important role in the attitude of UK nurses towards people with HIV

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Background

- Lack of HIV knowledge may lead to stigmatising attitudes by health care workers.
- Stigma leads to a decrease in uptake of HIV testing.
- BHIVA guidelines state that a nurse should have the competence to obtain consent and conduct an HIV test.¹
- Aim was to survey registered nurses for their level of knowledge of HIV, their self-reported attitudes towards HIV infected patients.
- Studies indicate the importance a healthcare worker places on their religion does play a factor in their attitudes towards people with HIV^{2,3} however this variable has not been collected in UK studies.

Results

- Mean age 43.3 years (SD 10.2) Range 22-67 years.
- 24 countries of birth, [44% (n=57) UK born, 27% (n=34) Africa born].
- Mean attitude score 4.06 max 5 (95%CI: 3.99, 4.13), Median 4.08 (IQR 3.76- 4.40), higher score more positive attitude.
- Mean knowledge 19 (max 25) 76.9% (95%CI: 75.9,78.9) (Median 20, 80%, IQR 68-84).
- Nurses who reported religion was "very important" to them had statistically significant worse attitude scores (Mdn 3.88) compared to
 - ❖ "important" (Mdn 4.40, $p < 0.001$).
 - ❖ "not so important" (Mdn 4.30, $p < 0.001$).
 - ❖ "not at all important" (Mdn 4.36, $p < 0.001$) (Figure 1).
- Those who report religion was "very important" to them had statistically significant worse knowledge scores (Mdn score 18) compared to:
 - ❖ "Important" (Mdn 20, $p = 0.007$).
 - ❖ "Not so important" (Mdn 21, $p = 0.005$).
 - ❖ No significant differences between the "very important" and "not at all important".
 - ❖ White ethnicities had statistically significant higher attitude scores (4.12) compared to Asian (3.88, $p < 0.001$) and Black (3.88, $p = 0.001$) ethnicities. However Black and Asian ethnicities were far more likely to report religion was "very important" compared to white ethnicities (Table 1). Post hoc testing was conducted using ANOVA to exam this influence.
- ANOVA tests conducted show nurses reporting religion as "very important" had lower attitude scores regardless of ethnicity. Median attitudes had a highly statistically significant main effect for importance of religion, $F(3, 124) = 7.58$, $p < 0.001$; the effect size was large (partial $\eta^2 = 0.16$). The main effect for ethnicity, $F(2, 124) = 0.48$, $p = 0.62$ was not statistically significant. (Figure 2)
- Additionally those who chose "very important" had lower knowledge scores regardless of ethnicity. There was a statistically significant main effect for importance of religion, $F(3, 124) = 2.82$, $p < 0.04$; the effect size was medium (partial $\eta^2 = 0.06$). The main effect for ethnicity was not statistically significant, $F(2, 124) = 0.42$, $p = 0.66$.
- The other demographic factor associated with attitude and knowledge scores was job band. Higher job bands were associated with higher scores.

Methods

- Cross-sectional study of a sample of nurses (n=144) in a large multicultural hospital in London from all clinical departments using self-completed structured anonymous questionnaires.
- Descriptive analysis using frequencies was used to examine demographic variables, knowledge and attitude scores and to describe the sample participants. Non-parametric tests, Kruskal-Wallis and Mann-Whitney U, were used to look for associations between continuous dependent variables and the dichotomous background variables.
- ANOVA tests of median scores was used for post hoc analysis.

Table 1. Cross tabulation, showing the reported religious importance according to ethnicity.

	Ethnicity							Total	
	Asian	Black British	Black African	Black Other	White British	White Other	Other		
not at all important	0	0	1	0	14	0	2	0	17
not so important	1	5	0	0	11	1	2	0	20
important	5	2	1	1	8	8	1	2	29
very important	16	30	13	4	4	1	1	1	73

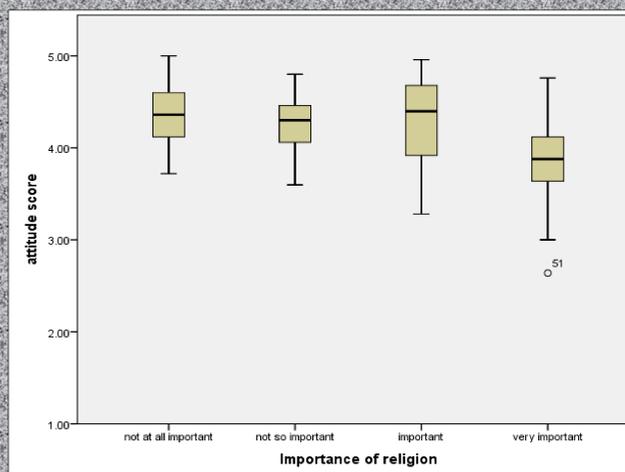


Figure 1. Box plot for importance of religion and attitude scores. Medians are the middle horizontal lines, the box represents the 25-75 percentiles. The vertical lines represent the lowest and highest 25 percentiles. Circles represent outliers. The response category "very important" has the lowest median scores.

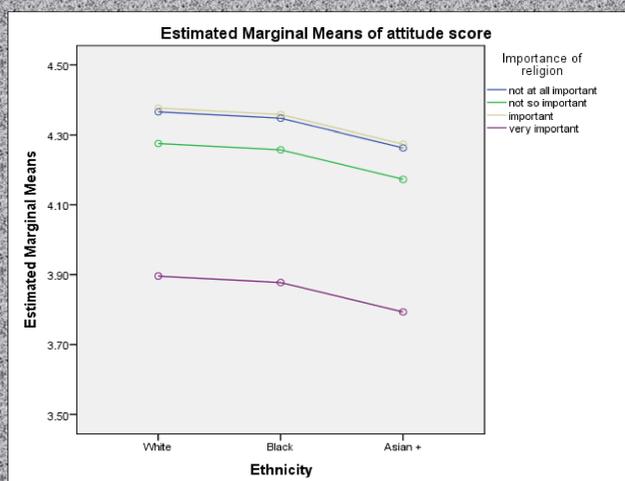


Figure 2. ANOVA test showing ethnicity and attitude scores according to importance of religion. Across all ethnicities there were lower attitude scores with those who chose "very important" for their importance of religion.

Discussion/Conclusions

- The implementation of HIV testing emphasises the importance of decreasing stigma toward HIV. If more people test early in the disease process HIV will be diagnosed sooner prolonging the life of those living with HIV.
- Nurses in this study showed good knowledge and positive attitudes overall, however there were gaps in knowledge and some negative attitudes. In this multicultural sample, religion was found to be an important demographic factor leading to less positive attitudes towards those with HIV. This suggests that religious views, especially pertaining to sex, are still promoting prejudicial attitudes. Ethnicity and religion are closely connect however in this study post hoc analysis showed that it was religion not ethnicity that was associated with lower scores. Other factors associated with differences in scores such as experience or job band may be related to training however religious belief is a more difficult and controversial factor.
- It is important to ensure quality HIV training which not only builds knowledge but takes into account culture and religious beliefs whilst being sensitive to these issues. HIV specialists healthcare workers should work with or support community leaders to raise awareness about HIV with religious leaders.

References

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