



Attitude of Nurses in Mulago Hospital Burns Unit to HIV/AIDS Burns Patients

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Background: Immunodeficiency syndrome (HIV) and the Acquired Immunodeficiency Syndrome (AIDS) have constituted a major challenge and concern worldwide. This is especially of concern among the health workers who take care of these patients. To prevent occupational HIV infection in health professionals, a comprehensive knowledge about HIV/AIDS is very essential.

Methods: This study was carried out to assess the attitude of Nurses working in burns units to HIV/AIDS burns patients.

In a cross sectional descriptive studies 41 questionnaires were distributed among nurses working in the unit and only 30 questionnaires were filled and returned.

Result: 87.5% believed the prevalence of HIV was high in Uganda 68.8% said they could be infected while taking care of the patient, 100% that all burns patients should be screened for HIV. 37.5% believed knowledge of the HIV status would affect the professional duty to them but would still dress with precautions.

Conclusion/Recommendations: There is need to educate and teach nurses to adhere to the universal precaution against blood born diseases as a matter of routine and not only in those that turn out HIV positive.

Introduction

Human immunodeficiency (HIV) and acquired immunodeficiency syndrome (AIDS) have brought global epidemic far more extensive than predicted and is still growing rapidly and killing millions of people, undermining social and economic security^{1,3}. HIV/Aids continue to be a major cause of adult disease and death in Uganda estimated figure indicates a rise of HIV and AIDs incidence². According to the estimated figures from (WHO), 39.4 Million people were living with HIV worldwide and by 2004; with 25.4 million of them in sub-Saharan Africa³.

The impressive technical and scientific advances in the treatment of HIV and AIDS has improved greatly and the life span of patient suffering from HIV has improved, but until a vaccine or effective treatment has been discovered, AIDS is still a great challenge^{1,6}. For nursing care WHO and council of nurses suggested that each country must develop specific overall objectives In the education of nurses and through them, the education of individuals, families and communities so as to prevent the transmission of HIV and AIDS in health care settings (WHO and ICN 198811) and did encourage attitude and knowledge of nurse related to prevention of HIV and AIDS transmission should be surveyed first before education guidelines are developed⁷.

In Uganda, AIDS has devastating effects; reduced life expectancy, reduced countries labor force and reduced output for agriculture. Uganda was the first Sub-Saharan African country to open voluntary testing and counseling (VCT) Clinic⁵. Uganda began to implement routine testing in hospitals and by 2009, 1215 of health facilities in Uganda had testing facilities^{6,7}.

The prevention of HIV and AIDS transmission in health care facilities in developed countries has had great success. In resource limited countries (including Uganda) the global HIV prevention working group (2002:5) suggest that adherence to universal precaution and use of safer technology can reduce the risk of exposure to HIV In health care settings significantly. Universal precaution developed by the centre for disease control (CDC 2001) in the United state of America (USA) refer to a set of precautions design to prevent transmission of HIV and AIDS and other blood borne pathogens in health settings. According to universal precaution, blood and body fluids of all patients are considered

potential sources of infection for HIV and other blood borne pathogens (CDC 2001)⁴.

According to the Centre for Disease Control, universal precaution include the following main aspect (Van Dyk 1992: 29-46)^{4,5} of protective clothing using gloves mask apron or eye shields. Guidelines for preventing injury by sharp objects involving disinfection procedures but in sub Saharan Africa only 18% of health care settings adhere to universal precaution (GH PWG 2002; 10) and yet this knowledge to nurses is a prerequisite for reducing the risk of exposure to HIV and AIDS in health care setting and therefore all nurses need to treat their patients as potentially HIV positive. In order for all nurses to have positive attitude it's necessary that the nurses get adequate knowledge of HIV transmission therefore affecting quality of care given to patients.

What is the level of knowledge of nurses in burns unit about HIV/AIDS? What is their attitude towards HIV/AIDS patients treated in burns unit? Would knowledge of patient HIV status affect the quality of care given by the most involved group of care givers in a burns unit? These are the questions this paper set out to answer.

A burn patient is a trauma patient with extensive needs for wound dressing; other needs include nasogastric tube for feeding and aspiration, care of peripheral and central venous line, frequent blood sample removal so the nurse contact with patient blood, body fluids is a lot. This increases the risk of being infected with HIV/AIDS while taking care of patient.

Subjects and Methods

Questionnaires were prepared and distributed to all nurses involved in the care of burn patient in the burns unit of Mulago hospital in Uganda in July 2011. It's a 41 bed unit with 9 beds in the intensive care unit and 32 beds in step down ward for 32 million people .Routine HIV screening of burn patients is not the practice in this unit.

Results

Student nurses constituted larger number of the group 59.4%, staff nurses 21.9% and nursing sister 18.8%. Majority of the nurses had knowledge about HIV/AIDS. 87.5% reported high prevalence in Uganda while 12.5% were not sure about the prevalence 22 nurses 68.8% believed they could be infected with HIV virus while 31.2% saw no risk of getting infected. Suggested sources of infection include wounds (59.4%) instruments 56.3% blood 37.5% saliva 12.5% feces 12.5%.

All the nurses who responded felt that all burns patient should be screened for HIV/AIDS. Eighteen (56.3%) of the nurses believed the knowledge of the patient's HIV status would not affect their professional duties. The rest (43.7%) said it would affect their duties. The nurses would still dress the wounds of HIV Positive patients.

Table1. Suggested sources of HIV infection in burns patient

Suggested source of infection	Number of Nurses (Total= 32)	Percentage of nurses
Blood	12	37.5
Wound	19	59.4
saliva	4	12.5
GIT secretions	4	12.5
instruments	18	56.25
Urine	4	12.5

Table 2. Suggested Precautions against HIV/AIDS.

Precautions	Number of Nurses Total- 32nurses	Percentage(%)
Wearing of gloves	27	84.38
Use of face mask	20	62.5
Use of aprons	5	15.63
Use of caps	2	6.25
Health education of patients	6	18.75
Re-capping of needles	4	12.5
Proper sterilization	13	40.63
Proper waste disposal	6	18.75

Suggested methods of precaution while taking care of HIV/AIDS patients include, wearing of gloves, gowns, masks, aprons, recapping of needles, maintaining sterile technique, health education of patients, proper waste disposal.

Discussion

The current HIV prevalence in Uganda is estimated at 6.5% among adult, 0.7% among children with higher rate in rural areas.^{4,5} Prevalence of HIV/AIDS in trauma patients including burns have been reported to be higher than in general population therefore presents an occupational hazard to healthcare workers who take care of them. Chalya et al¹⁰ found the prevalence of HIV/AIDS in burns patients in Uganda to be at 13.1%. In Uganda like many developing countries who have a fragile health system there is human resource crisis although many other factors may cause this it has also been compounded by HIV/AIDS pandemic. The health workers may be affected by HIV due to their own sexual behavior they however are faced with additional risks from handling contaminated instruments, needles and body fluids⁹. A risk exposure study done in South Africa showed nurses to be with the highest risk of 41% a study by Shisana¹² in 2004 found the rate of HIV/Aids higher in younger health workers aged 18 to 35 years with an overall rate of 15.7%.

All the nurses are aware of HIV/AIDS, 87.5% believe the HIV/Aids prevalence is high in Uganda and therefore 100% want all patients screened but only 37.5% believe this knowledge could affect their professional duty towards the patients. This could potentially lead to neglecting HIV/Aids patients. Therefore there is need for continues health education among health workers how to protect themselves and also a system put in place to emphasize the need for reporting injuries.

Conclusion/Recommendation

- All health units should continue to train health care givers at all levels in infection control procedures and importance of reporting occupational exposure.
- Proper and consistent use of protective devices and universal protective measures should be continuously evaluated.

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