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Attitudes of Health Records Officers Towards HIV/AIDS Patient Care in University of Port Harcourt Teaching Hospital (UPTH) Rivers State, Nigeria

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Abstract

This study investigated the attitudes of health records officers towards HIV/AIDS patient care at the University of Port Harcourt Teaching Hospital (UPTH), Rivers State, Nigeria, with the aim of identifying the factors propelling their attitudes. A survey research design was adopted. A sample size of 80 was used for the study purposively. Out of the 80 copies of the questionnaire, 63 copies (79%) were properly returned. The data were analysed using descriptive statistics. Results showed that lack of motivation (61, 96.8%) and lack of standard working tools (60, 95.2%) were the leading factors for poor attitudes of health records officers towards HIV/AIDS patient care in UPTH. Findings also showed poor quality of patient care management (62, 98.4%), poor provider-patient relationship (60, 95.2%), poor referral management (59, 93.7%) and inaccurate health information sharing (58, 92.1%) as effects of health records officers' poor attitudes towards HIV/AIDS patient care in UPTH. The study recommended employee training and retraining, supply of suitable infrastructure and tools by the management of UPTH.

Keywords: attitude, health records officer, HIV/AIDS, patient care

BACKGROUND TO THE STUDY

The attitudes of health records officers are relatively enduring organizational beliefs, feelings, and behavioural tendencies towards objects. It comprises three components namely; Cognitive (Factual knowledge of an object), affective (emotional response towards an object), and behavioural (behaviour towards the object) (Elkin, 2014). The ability of health records officers to galvanize their attitudes towards patient care by collecting, analysing, and utilizing appropriate and reliable data always facilitates effective, efficient, and timely quality health service delivery to the population. Patients living with HIV/AIDS are often faced with many physical, psychological, social, and economic effects as a result of the health challenge including their loved ones and the larger community (Bachmann &Booyesen, 2003; Hilhost, et al., 2006; Hosegood, et al., 2007). Fear, stigma, and discrimination have continued to accompany the HIV/AIDS pandemic (UNAIDS, 2000). Therefore, actions or most significant steps need to be taken by the government and stakeholders of health systems to reduce and protect patients against discrimination and stigma so that the people living with HIV/AIDS's psychological well-being and general health status could be improved more efficiently.

Mahendra, et al., (2007) opined that discrimination against patients especially those living with HIV/AIDS often occurs in the health records department and the entire health sector. Studies have documented negative attitudes of healthcare workers toward people living with HIV/AIDS in healthcare settings in Nigeria and elsewhere (Fido & Al-Kamezi, 2002; Quach, et al., 2005). Good attitudes and communication attributes of health records officers can hinder or allow patients to share vital information essential for an accurate diagnosis of their problems. More so it can enable the healthcare practitioner to have a better understanding of their patient's needs and potentially leads to better symptom reduction. A positive attitude of health records officers toward HIV/AIDS patients improves patients' understanding and adherence to treatment plans, reduces work-related stress, and burnout for physicians, and leads to positive effects on healthcare costs, decrease in diagnostic testing, referrals, and length of hospital stay.

In many sub-Saharan African countries, specifically Nigeria, there have been apprehensions about the way and manner some health records officers relate to and as well as communicate with patients in health facilities. Furthermore, it has been observed that health workers including health records officers sometimes do not treat patients or clients with empathy and responsiveness. Reis et al., (2005) stated that a significant number of health professionals showed discriminatory attitudes and engaged in unethical behaviour towards patients living with HIV/AIDS when they visited health facilities for medical attention. According to Oyeyemi, Oyeyemi, and Bello (2006), physicians and nurses are always uncomfortable when administering medical procedures to HIV/AIDS-infected patients in health facilities. Fransman, et al., (2000) averred that stigma and discrimination in health care settings could jeopardize HIV/AIDS prevention and care efforts.

More, importantly discrimination and stigmatization continue to exist in health care settings. For instance, if a health care provider is infected by a positive HIV/AIDS patient in the course of delivering health services to a patient living with HIV/AIDS and the healthcare worker is unsupported by hospital authorities and colleagues it will lead to his/her unfavourable attitudes toward patients and colleagues. This act of some healthcare workers always engenders fear in other healthcare workers such that they are reluctant to be screened for HIV/AIDS, thereby putting themselves at risk by delaying the initiation of treatment in themselves (Oyeyemi, Oyeyemi& Bello, 2008). According to the World Health Organization [WHO] (2018) stated that human immunodeficiency virus (HIV) affects the cells of the immune system and destroys them or hinders their activity which in turn, leads to a continued decline of the immune system causing an immune deficiency. However, the attitude of health records officers could be in a favourable or an unfavourable mood depending on the evaluation reaction towards the patient as a result of beliefs, feelings, or intended behaviour. Hence, this study seeks to investigate the attitudes of health records officers toward patients living with HIV/AIDS at the University of Port Harcourt Teaching Hospital, Rivers State, Nigeria.

Statement to the Problem

Every patient including those living with HIV/AIDS is expected to receive empathetic and responsive healthcare services provided by reliable healthcare providers from health facilities without discrimination and stigmatization. However, in most public health facilities patients living with chronic illnesses and particularly HIV/AIDS are often faced with many physical, psychological, social, and economic effects due to unfavourable attitudes of some health care providers towards them whenever they visit health facilities for their health care interventions (Hosegood, et al., 2007). Most times, fear, stigma, and discrimination have continued to accompany the HIV/AIDS pandemic (UNAIDS, 2000), thereby leading to poor quality health service delivery. Although literature from developed countries and some developing countries has shown the influence of healthcare providers' attitudes towards HIV/AIDS patients in hospitals, little is found in Rivers State particularly on health records officers in UPTH. These observations drive the researcher's intent to investigate the attitudes of health records officers toward patients living with HIV/AIDS at the University of Port Harcourt Teaching Hospital, Rivers State, Nigeria.

Research Questions

Three research questions were formulated to guide this study:

1. What are the factors that often lead to poor attitudes of health records officers towards HIV/AIDS patient care at the University of Port Harcourt Teaching Hospital, Rivers State, Nigeria?
2. What are the effects of poor attitudes of health records officers toward HIV/AIDS patient care in University Port Harcourt Teaching Hospital, Rivers State, Nigeria?

Concept of Medical Record

In order to manage patient care effectively, health records are a crucial component. An adequate health record may indicate poor medical care, whereas good health care typically entails good health record administration practices. Health records were defined by Huffman (2010) as the compilation of health data into a jacket or case folder. She claims that quality of healthcare during hospitalization is determined by the "who, what, why, where, when, and how" of their medical record or health information. Knowledge about the patient and his or her care is included in the construction,

maintenance, and retention of proper health records. Furthermore, the patient's medical history is documented in the health records. The documented records served as a vehicle for communication among and amongst all health care workers who interact with patient care management. They contained the information required to plan, provide, and evaluate the care given to the individual.

According to Mogli (2011), a patient's health record is an organized written record that includes information about the patient's identification, medical history, physical examination results, laboratory test results, diagnosis, therapy, and surgical procedures, as well as the hospital stay. When the record is complete, so according to Mogli, it should have enough information to support the investigation, diagnosis, course of treatment, length of hospital stay, and feature courses of action. He stated that specific skills were necessary for all medical practitioners to provide patients with comprehensive care. Thus, the "team" of healthcare professionals who use health records as a communication tool constantly engage and create new content as a result. As more than just a result, it is fundamental that all parties involved in the patient's care promptly document their observations, interventions, and care. It's not fate that results in effective health records administration in a hospital or other healthcare facility. As a result, all health records employees in any healthcare facility must constantly collaborate with physicians, nurses, and other healthcare professionals in order to complete patient records accurately and promptly.

Concept of HIV

The CD4 and CD8 subpopulations of T-lymphocytes, which are known to cause the Acquired Immune Deficiency Syndrome (AIDS), are destroyed or rendered inactive by the Human Immunodeficiency Virus (HIV) (Van Dam 2017). This causes the immune system to gradually deteriorate, leading in immunological weakness and the development of AIDS. The immune system eventually loses its ability to fight against infections and diseases effectively, which opens the door for certain opportunistic infections (WHO 2018). Numerous other opportunistic illnesses exist, such as toxoplasmosis, recurrent pneumonia, and tuberculosis. More than twenty (20) opportunistic infections, as well as HIV-related cancers such Kaposi sarcoma, non-Hodgkin lymphoma, and invasive cervical cancers, may really be present during this stage of the acquired immunodeficiency syndrome, which is also known as AIDS (WHO, 2018).

Concept of Attitude

Attitude refers to a manner of thinking feeling or behaving that reflects a state of mind or disposition. Thus, according to Cherry (2018), attitudes are not communicated verbally but rather through our body language, intonation, and gaze, which are always accompanied by a natural expression. A person's attitude may also be viewed as a predisposition for particular behavior toward another person or as a perspective on the world around them. Attitudes are gained through experience and contact with the world around us which could also change by new experiences and information. In essence, Cherry (2018) emphasized the notion that attitudes are created through a learning process, which can take a variety of forms, including classical conditioning, operant conditioning, observational learning, and imitation. According to Marković-Denić and Davhana-Maselesele (2016), caring for patients living with HIV/AIDS requires special skills. Hence, health workers caring for these categories of patients need to acquire relevant attitudes, knowledge, and skills as they become involved in the multi-disciplinary problems of AIDS care and prevention.

Chujor (2005) posited attitude to be the positive or negative evaluation of people, objects, ideas, or events based on the kind of result and experience obtained from the person or object one evaluated. Chujor further argued that attitude cannot be changed without changing values first and that beliefs hang on values just as attitudes hang on beliefs. If patients believe that health records officers are wicked they cannot be free to interact with the health records officers. Therefore, the patient's attitude toward the health records office usually turns negative every time they visit the hospital for their health issues. Similarly, if the patients believe that health record officers' attitudes are favourable to them, their attitudes towards health records officers will be positive and will in turn lead to their retention and loyal to the health facility. Despite the fact that some healthcare workers have negative attitudes and are always hesitant to provide healthcare services to HIV/AIDS patients in

their facilities, Zarei et al. (2015) acknowledged that some healthcare professionals do have positive attitudes towards patients living with the disease.

EMPIRICAL REVIEWS

Omole, et al., (2019) investigated the influence of health records management practice on the Disease Surveillance and Notification systems in Atakunmosa West Local Government Area, Osun State, Nigeria. The finding revealed that the survey research design was adopted to establish a relationship between health records management practice and disease surveillance and notification system in Atakunmosa West Local Government Area of Osun State, Nigeria. The result showed that 115 out of 120 questionnaires administered were retrieved with a 96% total response rate and that the data obtained were analysed using simple percentage distribution. From the findings, the author concluded that Health record management practice by all standards is the backbone of disease surveillance and notification system, which involves the official reporting of designated diseases to designated health authorities for action.

Similarly, Adebayo (2019) examined the role of health information officers in the prevention and management of HIV/AIDS in three tertiary health institutions in South Western Nigeria with the application of a descriptive survey research method and structured questionnaire. The findings revealed that the responsibilities of health information officers included the creation of helpful information for HIV/AIDS prevention, participation in voluntary counseling and testing, promotion of condom use, preaching of abstinence and faithfulness, educating HIV-positive mothers about the necessity of prophylaxis and living positively, unique identification of the patient, keeping records, filing of investigative results, serving in monitoring and evaluation, and more. The findings also showed that the presence of computers, electronic databases, air conditioning, furniture, stationery, financial compensation, training, and recognition helped health information officers perform their jobs more effectively in healthcare facilities. More so, the findings showed over expectation from supporting agencies, exhaustion due to complex services, power failures, complex protocol, and shortage of staff as factors militating against health information officers' roles in the prevention and management of HIV/AIDS in health institutions.

The study carried out by Okpala, et al. (2017) on nurses' knowledge and attitude toward the care of HIV/AIDS patients in South East, Nigeria findings revealed that there were significant relationships between age ($P < 0.05$), marital status ($P < 0.05$), a professional cadre of the respondents ($P < 0.05$) and their level of knowledge of HIV/AIDS patient care. The result showed that a descriptive survey design was used with the aid of a five-point Likert. Results of the questionnaire administered to 240 nurses caring for PLWHA revealed that 227 (94.6%) of the respondents had a positive attitude toward the care of PLWHA. The findings also showed fear of contagion 56 (82.4%), social stigma 10 (14.7%), and culture/religion 6 (8.8%) as factors that negatively influenced nurses' attitudes in caring for PLWHA. The finding further revealed that there is a need for more in-service training on HIV/AIDS for nurses to improve nurses' knowledge and positive attitude towards the care of PLWHA

METHODOLOGY

A survey research design was adopted for the study. According to Tanny (2018), survey research designs are procedures in quantitative research in which investigators administer questionnaires either in mail format, in an interview, or in a one-on-one interview to a population of interest and statistically analyze the data to describe trends in responses to questions and to test research questions or hypotheses that guided the study. For the purpose of this research, the target population of the study includes all HIV/AIDS patients in UPTH and Rivers State. The population of the study is 80 patients, both male and female HIV/AIDS patients. Based on the small population size (80), the researchers adopted a total enumeration of 80 for the study. The only research instrument for this study was a self-developed, structured, and scrutinized questionnaire. The research instrument was subjected to a validity and reliability test and found worthy of measuring what it ought to achieve before being put to use for the study. A simple random technique was used by the researchers to personally administer the research instrument to the respondents during clinic hours in the hospital. While the data collected with the aid of the structured questionnaires was analyzed using descriptive statistical tools such as

percentages and frequency distribution tables, the management of the UPTH was notified, and approval was granted to the researchers before questionnaires were administered along with consent forms to the respondents, bearing in mind confidentiality and ethical obligations.

RESULTS

Research Question 1: What are the factors that often lead to poor attitudes of health records officers towards HIV/AIDS patient care at the University of Port Harcourt Teaching Hospital, Rivers State, Nigeria?

Table 1 shows respondents' responses to factors that often lead to poor attitudes of health records officers towards HIV/AIDS patient care at the University of Port Harcourt Teaching Hospital, Rivers State, Nigeria.

S/N	ITEMS	FREQUENCY		FREQUENCY	
		YES	%	NO	%
1	Lack of ICT skills is one of the contributing factors to the poor attitudes of HROs towards HIV/AIDS patient care in UPTH and PH.	48 (76.2)		15 (23.8)	
2	In UPTH and PH, HROs' attitudes toward HIV/AIDS patient care are typically influenced by a lack of advanced knowledge in the practice of health information management.	50 (79.4)		13 (20.6)	
3	Weak policy is always conducive to HRO attitudes toward HIV/AIDS patient care in UPTH and PH.	43 (68.3)		20 (31.7)	
4	Poor leadership style is a contributing factor to the poor attitudes of HROs towards HIV/AIDS patient care in UPTH and PH.	54 (85.7)		9 (14.3)	
5	In UPTH and PH, a lack of innovation and acceptance of change always results in poor attitudes of HROs toward HIV/AIDS patient care.	47 (74.6)		16 (25.4)	
6	Lack of standard working tools contributes to the poor attitudes of HROs towards HIV/AIDS patient care in UPTH and PH.	60 (95.2)		3 (4.8)	
7	Poor attitudes of HROs toward HIV/AIDS patient care in UPTH and PH are always the result of unfavourable working conditions.	57 (90.5)		6 (9.5)	
8	Religion and cultural variety do contribute to the poor attitudes of HROs towards HIV/AIDS patient care in UPTH and PH.	39 (61.9)		24 (38.1)	
9	Poor management support frequently contributes to the poor attitudes of HROs towards HIV/AIDS patient care in UPTH and PH.	40 (63.5)		23 (36.5)	
10	Lack of motivation always contributes to the poor attitudes of HROs towards HIV/AIDS patient care in UPTH and PH.	61 (96.8)		2 (3.2)	
Total		499(79.2%)		131(20.8%)	

Table 1 revealed that items 10, 6, 7, 4, and 2 with figures 61 (96.8%), 60 (95.2%), 57 (90.5%), 54 (88.7%), and 50 (79.4%) are frequently the leading factors for poor attitudes of health records officers towards HIV/AIDS patients' care in UPTH and PH, respectively. The findings summary also revealed that all items with YES responses with a figure of 499 (79.2%) are contributing factors to the poor attitudes of HROs towards HIV/AIDS patient care in UPTH and PH.

Research Question 2: What are the effects of poor attitudes of health records officers toward HIV/AIDS patient care in the University Port Harcourt Teaching Hospital, Rivers State, Nigeria?

Table 2 shows respondents' responses to the effects of poor attitudes of health records officers towards HIV/AIDS patient care at the University of Port Harcourt Teaching Hospital, Rivers State, Nigeria.

S/N	ITEMS	FREQUENCY	
		YES %	NO %
	The followings are some of the effects of poor attitudes of HROs towards HIV/AIDS in UPTH, PH		
1	Poor provider-patient relationship	60 (95.2)	3 (4.8)
2	Lowly reputation of the hospital and healthcare providers	56 (88.9)	7 (11.1)
3	Poor quality of patient care management	62 (98.4)	1 (1.6)
4	Loss of revenue	49 (77.8)	14 (22.2)
5	Inaccurate health information sharing	58 (92.1)	5 (7.9)
6	Increase of death rate	50 (79.4)	13 (20.6)
7	Mutual conflict	43 (68.3)	20 (31.7)
8	Lack of patient retention	46 (73)	17 (27)
9	Poor referral management	59 (93.7)	4 (6.3)
10	Unwarranted legal litigation	45 (71.4)	18 (28.6)
TOTAL		528 (83.8%)	102(16.2%)

Table 2 shows that items 3, 1, 9, 5, 2, and 6 with figures 62 (98.4%), 60 (95.2%), 59 (93.7%), 58 (92.1%), 56 (88.9%), and 50 (79.4%) are frequently the leading effects of health records officers' poor attitudes toward HIV/AIDS patients' care at the University of Port Harcourt Teaching Hospital in Port Harcourt. The results summary showed that all the items with "yes" responses (figure 4528, 83.8%) are the effects of poor attitudes of HROs towards HIV/AIDS patients' care in UPTH, Port Harcourt.

Discussion of Findings

Research Question 1 focused on the factors that often lead to poor attitudes of health records officers towards HIV/AIDS patient care at the University of Port Harcourt Teaching Hospital, Rivers State, Nigeria. According to table 1, one of the major factors contributing to HROs' poor attitude toward HIV/AIDS patient care management is a lack of ICT skills (YES responses of 48, 76.2%), a lack of advance knowledge in the practice of health information management (NO responses of 15, 23.8%), and a lack of ICT skills (YES responses of 50, 79.4%). Hence, the results are in agreement with Markovi-Deni and Davhana-Maselesele (2016), who posited that caring for patients living with HIV/AIDS requires special skills.

Weak leadership, with Yes responses of 54(85.7%) and No responses of 9, poor policy, with Yes responses of 47(74.6%) and No responses of 16, and a lack of standard working tools, with Yes responses of 60(95.2%) and No response value of 4, and weak policy, with Yes responses of 43 (68.3%) and No responses of 20(31.7%). Poor management support received 40(63.5%) YES responses, while lack of motivation received 61(96.8%) YES responses, and religion/culture variety received 24(38.1%) NO responses. The findings summary of the YES responses figure of 499(79.2%) indicates that HROs generally have poor attitudes toward HIV/AIDS patients.

Research Question 2 concentrated on the effects of poor attitudes of health records officers toward HIV/AIDS patient care in the University Port Harcourt Teaching Hospital, Rivers State, Nigeria. Poor provider-patient relations, a low reputation, poor quality of care, revenue loss, inaccurate health information sharing, an increase in the death rate, mutual conflict, a lack of patient retention, poor referral patient management, and unwarranted legal litigation were revealed by table 2 findings, with YES response figures of 60(95.2%), 56(95.2%), 62(98.4%), 49(77.8%), 58(92.1%), 50(79.4%), 43(68.3%), and 46(73%). The results affirmed Chujor's (2005) investigation that revealed that if patients believe that health record officers' attitudes are favourable to them, their attitudes towards health record officers will be positive, which will in turn lead to their loyalty to the facility Similarly, these findings are consistent with the UNAIDS (2000) report, which stated that fear, stigma, and discrimination have often accompanied the HIV/AIDS pandemic as a result of healthcare providers' poor attitudes, resulting in poor quality health service delivery.

These findings imply that when HROs have negative attitudes toward patients, particularly those living with HIV/AIDS, the death rate rises. There are mutual conflicts, a poor reputation, and a

poor healthcare provider-patient relationship, all of which are bound to wreak havoc on the healthcare delivery system. This study finding corroborates Hosegood et al. (2007) results that revealed that in most public health facilities, patients living with chronic illnesses, and particularly HIV/AIDS, are often faced with many physical, psychological, social, and economic effects due to the unfavourable attitudes of some health care providers towards them whenever they visit health facilities for their health care interventions.

Conclusion:

From the findings and summary above, we can easily conclude that good attitudes of healthcare providers (health records officers) towards HIV/AIDS patients often lead to quality healthcare delivery, a good reputation, and accurate health information sharing. However, lack of ICT skills, lack of advanced knowledge in the practice of health information management, weak policy, poor leadership style, a lack of innovation embracing, a lack of standard working tools, and an unconducive working environment are some of the major factors militating against the good attitudes of HROs towards HIV/AIDS, and the effects are an increased death rate, loss of revenue, and a poor provider-patient relationship.

Recommendations:

The researchers recommended that the management of UPTH and relevant organs involved in healthcare providers adopt various ways and strategies like institutional support, training and retaining staff, making available prerequisite tools and infrastructure, implementing enabling policies, and ensuring a conducive working environment to improve the attitudes of health records officers towards patients and clients and their responsibilities in the hospital and beyond.

More so, health records officers should know that they are the backbone of quality healthcare service delivery in the facility; hence, they should develop themselves by learning different skills, including ICT, technical, managerial, and public relations skills that will boost their attitude and make them competent in providing high-quality patient care all the time. In addition, disciplinary policies should be made to reduce the negative attitudes of health records officers as well as other healthcare providers towards patients with chronic illnesses in the hospital.

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