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Philippine nurses' experiences of caring for patients with HIV

An interview study conducted in Baguio, Philippines

Filippinska sjuksköterskors upplevelser av att vårda patienter med
HIV

En intervjustudie utförd i Baguio, Filippinerna

Abstract

Background: Since the beginning of the epidemic, more than 70 million people have been infected with Human Immunodeficiency Virus (HIV) and the disease continues to be a public health issue all around the world. There are around 42,000 people in the Philippines living with HIV and therefore the nurses and other health care personnel play a key part of the persons lives when undergoing treatments.

Aim: The aim of this study was to describe Philippine nurses' experiences of caring for patients with HIV.

Method: A qualitative method was used and data was collected through semi structured interviews with five Philippine nurses at a hospital in Baguio. The interviews were analyzed with qualitative content analysis.

Results: The findings resulted in two main themes. The first theme, Nurse patient relationship, shows that a nurse patient relationship is important when caring for HIV patients, including getting to know the patient, the importance of trust and giving person centered care. Factors that may be obstacles in the process of building a relationship is also included in this theme. The second theme, Important aspects of caring, including factors such as having conversations, listening and supporting the patient.

Discussion: The main findings were discussed in relation to the literature and Travelbee's human to human theory. The main focus in the discussion was the nurse and patient relationship and important aspects of caring for HIV patients.

Keywords: HIV, nurses experiences, nurse patient relationship, Philippines

Sammanfattning

- Bakgrund:** Mer än 70 miljoner personer har drabbats av Humant immunbristvirus (HIV) sedan epidemin startade och sjukdomen är idag fortfarande ett globalt hälsoproblem. I Filippinerna lever cirka 42 tusen personer med HIV och därför har sjuksköterskor och annan sjukvårdspersonal en viktig roll i patienternas liv när det gäller att möta och vårda dessa patienter.
- Syfte:** Syftet med denna studie var att beskriva Filippinska sjuksköterskors upplevelse av att vårda patienter med HIV.
- Metod:** För att genomföra studien användes en kvalitativ metod där data samlades in genom semistrukturerade intervjuer med fem Filippinska sjuksköterskor på ett sjukhus i Baguio. Intervjuerna analyserades med hjälp av kvalitativ innehållsanalys.
- Resultat:** Resultatet i studien inkluderar två huvudteman. I det första temat: relationen mellan sjuksköterskan och patienten, beskrivs vikten av att skapa en relation med sina patienter. För att skapa en relation bör sjuksköterskan lära känna patienten, skapa tillit och ge personcentrerad vård. Hinder och svårigheter i processen att skapa en förtroendefull relation med sin patient tas även upp i detta tema. I det andra temat beskrivs viktiga aspekter som sjuksköterskorna bör ha i åtanke när de träffar och vårdar patienter med HIV.
- Diskussion:** Resultatet från intervjuerna i studien diskuterades i relation till relevant litteratur och Travelbee's teori. Fokus i diskussionen var relationen mellan sjuksköterskan och patienten samt viktiga aspekter vid vårdande av HIV patienter.
- Nyckelord:** HIV, sjuksköterskans upplevelse, Filippinerna

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1 Introduction

Since the beginning of the epidemic, more than 70 million people have been infected with Human Immunodeficiency Virus (World Health Organization, [WHO], 2016). Being infected with HIV means lifelong treatment and regular contact with healthcare services. Naturally nurses play an important part of these patients' lives throughout the entire process.

The authors think that HIV still is a topic that causes reaction and discussions among us. They believe that some people are afraid to have personal contact with HIV infected humans because of preconceptions about the infection. Through this thesis the authors wish to gain a better understanding about the nurses role in working with HIV infected patient by examining Philippine nurses' experiences of caring for patients with HIV.

2 Background

2:1 Context of the study country

The republic of the Philippines is a country located in southeastern Asia in the Pacific Ocean (Landguiden, 2016). The Philippines is one of the most densely populated countries in Southeast Asia with more than 100 million inhabitants. The main language in the country is Filipino, but people in the country also know how to speak English. About 83 % of the population is Catholics, but there is also a Muslim minority in the south of Philippines. The income differences between poor and rich people in Philippines is big. A huge part of the population lives in poverty in the rural areas but also in the cities it has become more common with poverty. According to the World Bank (2012), 25 percent of the population live below the national poverty line, which is less than 1,35 dollar a day. The Philippines is classified as a low middle income country.

In terms of health outcomes, the Philippines is behind in development, unlike other countries in southeast and north Asia (Romualdez et al., 2011). There are large differences in health due to one's financial status and also if you live in the city or the rural area. This makes the country's healthcare unequal, the inequity is the most important health problem in the Philippines. The inequity basically arises from the structural defect in the basic building blocks of the Philippine health system, including the low level of financial protection offered. The leading cause of death in the Philippines is heart disease followed by vascular diseases and cancer. Poor people in need of health care especially pregnant women, newborn and children are underserved.

To become a nurse in the Philippines a four year university education is needed (Weilenmann, 2016, August 3). In recent years, it has become more attractive to attend nursing school, because of the demand of the Philippines nurses (Romualdez et al., 2011). Nurses from the Philippines are known to work effectively, be competent and speak relatively good English. Since 1970, the Philippines is one of the countries with the highest number of nurses leaving the country to work abroad (Cruz, Estacio, Bagtang & Colet, 2016). Ever since then, the nurses have been leaving the Philippines to work in different countries such as USA, Canada, Europe and Australia.

2:2 HIV internationally

According to WHO (2016) there were approximately 36.7 million people living with HIV in the world at the end of 2015. The same year, 1,1 million people died from HIV related causes and the disease continues to be a public health issue all around the world. In 2016, around 46 % of all people in the world living with HIV had access to treatment.

Joint United Nations Program on HIV/AIDS (UNAIDS, 2016) have several goals that they want to accomplish. The goal is that in the year 2020, 90% of those living with HIV should be aware of the fact that they have the disease and also have access to good treatment. In the current situation about 60 % of people infected with HIV know their status and the remaining people also need access to testing services and treatment (WHO, 2016).

2:3 HIV in the Philippines

In the year 1984 the first case of HIV was reported in the Philippines (Ortega, Bicaldo, Sobritchea, & Tan, 2005). According to UNAIDS (2015) 42 000 people were living with HIV in the Philippines in 2015. Every day in the Philippines 26 persons are diagnosed with HIV (Department of Health [DOH], 2016). According to the latest statistics available, 92 % of all infected are male and 8% are female. The affected cases have recently become younger and the average age is 28. In March 2016 the numbers of HIV cases were the highest in the national capital region, during that month there were 26 deaths reported caused by HIV and the majority of them were men that had been infected through sexual contact. The primary cause of HIV transmission in the Philippines is through sexual contact (UNAIDS, 2014). But recently it has also become common that people who inject drugs and share contaminated needles gets infected.

2:4 HIV: aetiology, treatment and care

Human immunodeficiency virus is one of the most common immunodeficiency disorders and was first discovered 1983 (Sand, Sjaastad, Haug & Bjålie, 2006). HIV is a virus that attacks and destroys the body's CD4 cells, also known as T cells, that are an important part of the immune system.

There are different ways that HIV can be transmitted. A person can get HIV by having unprotected sex with an infected person (WHO, 2017). Sharing needles with someone who has HIV, blood transfusions and transplanted organs from HIV infected donors are all three reasons why a person can get the disease. Another risk of contamination is when a HIV positive pregnant woman passes on the infection to the unborn child. The virus cannot be spread, for example through kissing, touching, coughing, sneezing or through an insect bite. There is no way to tell if someone has HIV just by looking at the person. Rapid diagnostic tests can detect the presence or absence of HIV antibodies, and through this test a HIV infection can be diagnosed.

Today there is no medicine or treatment that can cure HIV (WHO, 2017). However, there are several antiretroviral drugs which can slow down the virus negative effects in the body, strengthen the immune system and prevent the development of Acquired immunodeficiency syndrome (AIDS). Without access to treatment a HIV infected person may develop AIDS, which is the most advanced stage of a HIV infection. The infectiousness is significantly lower if a person is being treated with antiretroviral medicines rather than if a person is untreated. Therefore, an early treatment and care is important to control the virus and help prevent transmission.

In a cross-sectional study written by Gordillo, Del Amo, Soriano & González Lahoz (1999) they identified sociodemographic and psychological factors that influence the degree of adherence to antiretroviral therapy in HIV infected patients. The study took place at a HIV/AIDS institution in Spain where a total of 366 HIV patients participated. All participants were on treatment with antiretroviral drugs and they answered questions through a questionnaire. The result from the study shows that a sociodemographic factor such as low ages have an impact on the degree of adherence to antiretroviral therapy. Depression, lack of self-perceived social support and if the patient were an intravenous drug user, was identified as psychological factors that had influence of the treatment. Therefore, an increased awareness of these factors are important when caring and treating patients with HIV, since treating these factors may improve the effectiveness of antiretroviral therapy.

2:5 The nurses' role and responsibility

Nursing care consists promote and preserve humanity and help people find meaning in their illness, suffering and pain (Isoldi, Carvalho & Simpson, 2017). Working as a nurse also include taking care of the patient, both physical and psychosocial in an integral manner and identify and assess individual needs. All those factors are of great importance in order for the patient to achieve quality of life and wellbeing.

Feo et al. (2016) have done a study with a novel methodological approach, called holistic interpretive synthesis, where the aim was to develop an interpretation of the nurse patient relationship. According to the study result, the nurses have an important role to develop and maintain relationships with their patients in order to deliver person-centered care. To establish a relationship the nurses need to build and maintain trust, through for example having conversations and concern for patients' welfare. To give the patient person-centered care, the nurse need to ensure that the patient are involved in the care, identify unique needs and be psychically and mentally present during all interactions. It is also important to get knowledge about the patients' illness, their lives and family in order to give quality person-centered care and establish a positive trustful relationship with their patients.

According to Isoldi et al. (2017), feelings such as fear, social rejections and sickness is common for patients diagnosed with HIV. HIV/AIDS can affect the person with the disease both mentally and physically, and because of that, nurses involved in the care of patients with HIV need to highlight the individual care needs and develop suitable actions that aims for that. Nurses play an important role to these patients when they need support and treatment. They also may give appropriate, optimistic and dignified care in order to minimize the patients suffering and weaknesses and give quality of care.

In an article written by Papparello, Zeller & While (2014) the nursing care and management of a HIV patient is discussed as a long-term condition. Depression is common among patients with long-term conditions, and according to the article, the prevalence of depression for HIV patients is approximately 58%. Lack of social and psychological support and the self-perception of the HIV infection may be contributing factors in the development of depression for patients with HIV. A challenge for nurses working with HIV patients is therefore to recognize symptoms such as depression and anxiety. The nurses need to support their health and cope with their symptoms, in order to make the HIV patients lives meaningful. The HIV patients should be seen as individuals, and the nurses and other health

professionals should care for the patients in a holistic way.

Tonnera & Meirelles (2015) also talk about weakness and strengths of having a care network while living with HIV/AIDS. The results show from their study shows that a professional care network including doctors, nurses and psychologists is very important when caring for these patients. Another aspect that was considered important for these patients were people who listened when they felt worried.

3 Problem statement

HIV is one of the most common immunodeficiency disorders and was first discovered 1983. The virus attacks and destroys the body's CD4 cells, a crucial part of the immune system. In the Philippines, the first case of HIV was reported in 1984 and today there are about 42 000 people living with HIV in the country. HIV can affect the patient both mentally and physically making nurses role an important part of the patients' wellbeing. Nurses involved in the care of patients with HIV need to support their health and identify individual needs.

4 Aim

The aim of this study was to describe Philippine nurses' experiences of caring for patients with HIV.

5 Theoretical framework

5:1 Travelbee's human to human relationship theory

Joyce Travelbees theory focuses on the relationship between patient and nurse (Travelbee, 1971). According to Travelbee there are five steps that need to be followed when establishing a good nurse-patient contact. Those steps should be followed in this order: Phase of the original encounter, Emerging identities, Empathy, Sympathy and Rapport. In the first phase, the nurse meets a patient for the first time. The patient and nurse get a first perception of each other's personality through observation and impressions. It is important that the nurse sees the patient as an individual and disregards the disease to get to know the person. In the second phase, the nurse and patient get to know each other and establish a connection, the nurse gets a deeper insight in the patients experience of the situation. In the third phase, empathy, the nurse has to understand the patients' thoughts and feelings and care for the person as individuals. Sympathy is a step beyond empathy and means that the nurses implies genuine

concern about the patient. The previously steps culminates in the phase of rapport. In the rapport, the two persons feeling and behavior towards each other are shown. When the nurse and the patients have completed all the steps, they are able to establish a human to human relationship.

To give a patient the best care is a nurse's main priority, for that to be possible it is needed to understand what a good nursing care contains (Travelbee, 1971). That is only possible if it is understood how important the interaction between nurse and patient is. Every human being is different, patients have different perceptions and experiences when it comes to health care and sickness. When the nurse talks and gets to know the patient it can make him or her feel important, cared for and that somebody listens. That can lead to the patient feeling better about their disease.

According to Travelbee (1971) every nurse should get to know the patients on a personal level, that way the nurse can get a better feeling of what the patient needs. A good relationship makes the patient more comfortable and in the end that may have a big impact on the result of the patient's care. One of the main things when treating a patient with HIV is good communication between nurse and patient. The HIV infected need nurses that listens to them, understands their situation and gets to know their needs. Communication is according to Travelbee the main thing in health care and very important when building a relationship. When the nurse realizes that every patient is unique, has its own values, thoughts and personality, that is the time when nursing care becomes an easier, funnier and a more appreciated task.

Establishing a trustful relationship is very important when caring for HIV patients and therefore the authors thought that Travelbees theory would fit the study. The theory was used to discuss the main findings that were relatable to Travelbees human to human relationship. Through the theory the authors got a better understanding of the importance of building a nurse patient relationship when caring for HIV patients.

6 Method

6:1 Study design

A qualitative method was conducted. The method is descriptive, derives from the holistic tradition and can be used when the author want to study people's experiences and seek knowledge about a subject (Henricson & Billhult, 2012). Data was collected through interviews, where the participant's experiences were used for analysis and interpretation.

6:2 Setting

The interviews and data collection was performed at Baguio General Hospital and Medical Center (BGHMC). Baguio is located in the north of Philippines with around 345 thousand inhabitants according to Philippine Statistics Authority (PSA, 2015). BGHMC is a government hospital and was founded in the beginning of the 1900s. It is a well-known hospital in the city who offers a wide range of services in 15 departments and approved for a capacity of 400 beds. Internal medicine, Obstetrics & Gynecology, pediatrics, orthopedics and Psychiatry are some of the departments available at the hospital.

6:3 Participants

Through e-mail, the authors got in contact with a medical specialist (Obstetrician/Gynecologist) who worked at a HIV/AIDS Core Team at the hospital. The medical specialist and one employee at the HIV/AIDS Core Team helped coordinate nurses to participate in the study. These specific participants were selected through purposive sampling (Danielsson, (2012a), because they have all been working with HIV patients and have experiences in caring for them. The participants included five Filipino nurses, four of them female and one male. All nurses worked at the same hospital, four of them in the infection disease ward and one of the nurses is work at an operation ward. The participants were aged between 28 and 55 (average age 39,8) and their work experiences as nurses ranged between three and fifteen years and the average was 7,8 years.

6:4 Data collection

To collect data semi-structured interviews with five Philippine nurses were performed. To conduct the interviews an interview guide was prepared and consisted of three initial questions followed by six sub questions regarding the subject (Appendix 2). The questions were elaborated together with a supervisor at the college, before the interviews. There was a request from the people coordinating nurses to participate to be given access to the interview guide beforehand. The reason was to make sure the questions were ethically designed, would not upset the nurses, make them more comfortable and prepared for the interview situation. The authors assured the participants that they could not be identified and that they would not be exposed to suffering or damage as a result of the study. The participants had to read through the information letter in beforehand (Appendix 1), the nurses consent was needed if

the authors were going to have the right to record the interview. Before the interviews the participants were also informed that all their answers should be related to their experiences of caring for patients with HIV.

When using a semi-structured interview the same questions are asked to all participants but with this type of method the authors can be flexible (Danielsson, 2012a). The interviewer is allowed to choose the order of the questions and add follow up questions if given the opportunity. The questions were open-ended. All interviews were conducted individually and all the participants had knowledge about the aim of the bachelor thesis, and their participation was strictly voluntary. The interviews took place at the hospital, but in different rooms. Place for the interviews was chosen in consultation with the participants. An interpreter from the hospital was present during one of the interviews, because the participant wanted support.

Both authors were present during all interviews. One took the lead asking the questions and the other took care of the recording device and added some supplementary questions if necessary. The interviews were recorded with consent from the nurses and that allowed the authors to be fully present during the interviews and made it easier to process and transcribed afterwards. The duration of the interviews lasted between 15 and 30 minutes (average 20 minutes) and results in approximately 100 minutes of material to the study.

6:5 Data analysis

To analyze the data the authors used qualitative content analysis described by Graneheim & Lundman (2004). At first the interviews were transcribed, read through several times to get an overall understanding of the context and then the text was divided into a chart and meaning units that responded to the aim of the study. Meaning units consist of a few words or a sentence that has a common meaning. The following step is to make condensed sentences and codes based on the meaning units, which means decreasing the size of the meaning units without reducing the quality. The next step in the analyze process is to create themes and subthemes. In this step the authors went back and forth discussing the individual understanding of the context, and making sure to stay true to the written words. As authors conducting a qualitative study it was a great importance to be able to conduct the analysis in a proper manner and making sure every step was well read through. In the end it resulted in two main themes that will be presented in the study results. Appendix 3 shows examples how data was analyzed through using qualitative content analysis.

7 Ethical consideration

In an early stage before the study began an ethical application was prepared including a project plan of the study, an interview guide, letter of introduction and request for participation with information to the participants. The ethical application was based on instructions from the authors College and was sent to The Committee of Research Ethics at the Department of Health Care Science, Ersta Sköndal Bräcke College for approval. The committee of research ethics could not find any ethical obstacles to implement the study and approved the application (dnr. 1606/A).

There was ethical consideration throughout the study, from the choice of subject, through implementation and during reporting and results (Sandman & Kjellström, 2013). Research ethics exist to protect human values and rights. The authors always kept in mind that the participants integrity and autonomy is important and it was also important that no participations was exposed to harm or discomfort. The participants were given access to the request for participations letter before the interview. The letter included information that the participation in the study was voluntary and that there will be no written names or personal records that shows who has been interviewed. The letter also described that the participants could at any time withdraw their participation with no given explanation and if any questions arose about the study they could contact the authors afterwards. The participations were also given information about that the recorded interviews will be saved on a data memory (USB) and that all collected material will be stored and locked up, then destroyed when the research is finished. All this information, was also told verbally before the interview started.

8 Results

The interviews resulted in two main themes and three subthemes answering the aim of the study. The themes are *Nurse patient relationship* and *Important aspects of caring*. To make the study trustworthy quotes from the interviews are being used in the result.

8:1 Nurse patient relationship

The nursing profession includes meetings with different patients and different conditions, more often than not the nurses establish some kind of relationship. The interviews resulted in different factors expressed by the nurses as hindering or enabling the nurse patient relationship. The participants' experiences in building nurse patient relationships will be presented in following subthemes: *Getting to know the patient in order to build a*

relationship, important aspects to gain the patients trust and building trustful relationship and factors that is hindering the nurse patient relationship

8:1:1 Getting to know the patient in order to build a relationship

One nurse described that living with HIV means a lifelong treatment with regularly contact with health care services. The nurses working at the infection disease ward will meet different people, with different conditions and the meetings may vary from time to time. Getting to know a patient that is newly diagnosed with HIV and learning about their life is very important according to the participants. Some patients can be very sensitive and hard to reach, because of that the nurses have an important role to make them comfortable at the hospital. All the steps from the very first meeting are according to one participant important in making the HIV patients comfortable, including for example the counseling part, conversations and establishing trust. One nurse described that when they are able to get to know the HIV patients it is easier to provide person centered, high quality care and this enables the nurses to build trustful relationships with their patients. Through nurse patient relationships the nurse get knowledge about the patient and that make it easier to treat them as individuals. One nurse explained the joy in being with the patient and building that trustful relationship:

“The best part of my job is being with the patients, because through your conversation, at first they wont express themselves, but as long as you are able to establish a relationship they will do, verbalize about life. (1)”

A relationship between patient and nurse may lead to them becoming closer, get to know each other and that is a good thing according to one nurse. It is a compliment that a patient chooses to trust the nurse with their private life and also their health. Several participants expressed that they like having a nurse patient relationship, it affects them in a good way. One participant mentioned that it is nice having a relationship outside of the hospital, that the location does not change the fact that they are friends. The same nurse also expressed her thoughts about building nurse patient relationships:

“When you are building a relationship, and become more closer to the patients that means a lot, of course. You are building a friendship and you get to know their world and how they are going on with their lives. Then it feels like you are a special person,

that when a patient understands you, what we are and that we are not perfect, that affects me. (3)”

8:1:2 Important aspects to gain the patients trust and building trustful relationship

One nurse described that being treated for HIV can be a sensitive subject for many patients according to her experiences. Having HIV means that the patients need to visit the hospital on a regularly basis, sometimes to get medicine, other times for counseling. Every time the patient visit the hospital it is important that he or she feel comfortable and is able to trust and have confidence in the nurses. The trust between patient and nurse play a big part when establishing a good relationship, regularly nurse-patient contact make that easier to accomplish. When establishing a trustful relationship one nurse said that she visits the patients regularly to make sure they are doing fine and in that way building a trustful relationship.

Several nurses described that establishing a trustful relationship with the patient is one important aspect when working with HIV patients. Every patient should have confidence that the nurse will keep them private, that they will not talk about them with anyone who is not included in their care. Many HIV patients travel far and sacrifice their finances to get their management at this specific hospital. According to one nurse this is because the patients are comfortable there and she thinks that the nurses are able to help and affect the patient’s life.

One participant also mentioned that the nurses body language is important, when she is visiting her patients she always were in mind to smile to them. In that way, she believes that the patients feel more comfortable with her and that is important when building a relationship. Another participant mentioned that she is building trustful relationships with all her patients. She can tell when her patients are willing to be treated and managed, because then they will regularly see her. The same nurse also mentioned that some patients report back to the nurses about their current situation and that is a sign of the patients trust.

“The most important thing is confidentiality. It’s also very important to know their status or the case of the patient before caregiving” (2).

”When an HIV patient starts to disclosure everything, their lifestyle, what they do that is very shameful to the public. Then I know they trust you. (4)”

*“When patients come to us after their treatment just to say ”hi, or how are you?”
 ”I’m doing great” and things like that, with those situations I think we already
 building trustful relationships with them. (2)”*

8:1:3 Factors that is hindering the nurse patient relationship

The participants have meetings with HIV patients every day which can be both difficult, unusual or special for some reason. One nurse described that she thinks it is difficult to help a patient who have a hard time accepting the disease, that may also be a hindering when building a nurse patient relationship.

Another factor that may be an obstacle in the process of building a relationship is when the patients are in denial. One participant expressed that newly diagnosed patients and patients that is already in AIDS stage are the hardest to reach, because they are often in denial. When a patient is newly diagnosed with HIV, not cooperative or denies the disease the nurses need to understand their reaction and what they are going through. One participant explained:

“We always have difficult patients. They are difficult at first, especially when they are newly diagnosed. First they will deny, but we just need to understand what they are going through, because when you understand that process you will know how to deal with them, we just need to feel them. (3)”

Sometimes the nurses meet HIV patients with psychological disorders. One participant expressed that she think it is difficult to manage those patients, because sometimes they tend to say things differently and do not know how to address the disease. Another participant described a meeting with an HIV patient where she thought there was a language barrier. At first the patient did not answer when she was talking to him, she kept talking and trying to make a conversation. In the end he opened up and started talking, that made her very happy and her work easier. The nurse expressed that it was a very hard time in the beginning, but in the end it resulted in a good nurse patient relationship.

“When a patient came to his room here at the ward I thought that he doesn’t know how to speak tagalio, because he wasn’t answering when I talked to him, but then I saw in his history that he was from Palawan. I thought we had a language barrier so I

just keep on talking, then all the while he knows how to speak tagalio, and then he started to open up. (1)”

According to one nurse, preconceptions about a ward or the patients being treated there may be hindering when establishing a relationship. Several participants described that they were scared in the beginning because the lack of knowledge working with HIV patients. When they started to learn more about HIV and started to commit to their workplace, they really liked it. One nurse said:

“At first I was really scared because when I was recruited here I didn’t have any knowledge of all the infections patients. So I went home and did a lot of reading, I searched the internet, so from there I learned a lot. I’m not scared anymore. I guess if you are committed to your work nothing is impossible. (1)”

8:2 Important aspects of caring

It is apparent that the nurses play a big part in the HIV patient’s life. According to one nurse the HIV patients need to feel cared for both mentally and physically at the hospital. When caring for a patient the nurses need to believe that their work will help, that they can make a difference to a patient’s life. One nurse described that they need to have a good attitude around the patients and trust that everything is possible. Two of the nurses expressed that all aspects of care concerning the patients are of great importance. Caring for HIV patients mean more than treating the disease, the nurse have to be a good listener, talk about the patient’s everyday life, be a friend and sometimes just be there as a shoulder to cry on. Caregiving was also explained by words such as: counseling, conversation, support and medicine. Be able to communicate with the patient in a good way is an important aspect of care according to several nurses. Through conversations the HIV patient may be more comfortable talking about their problem and their life. One nurse explained caring as a way of making the patients cope with their everyday life:

“Our job here is not only to focus on giving the medication, we are not pharmacist. We are trying to focus on giving care, and helping them to cope, you know to boost their moral. (5)”

Other parts of care were also highlighted as important such as support. Support was identified as a keyword by the nurses meaning that patients were in need of support when coping with the process of the disease. The HIV patients sometimes expressed this in ways of asking many questions, that they felt sad or were in need of information. When situations like that appeared several nurses described that it is important they give support and also uplifting the moral of the patients. One nurse said that she feels genuinely happy when she is able to give support to the patients and that this is an important part of her work. Another nurse described that the patients sometimes are in pain, and in those situations nurses' role is to give support even thou they feel pity for them.

“Sometimes the HIV patients are crying because of the pain, then I feel pity for the patients but I am not showing it. I want to give support rather than showing my emotions. (4)”

According to one nurse their first priority is the patient, but giving family support is also a task included in the nurse's work. The family itself may play a big part in the HIV patient's wellbeing, if the family feel the nurses support they may be able to give the affected family member more support in return. Having a sick family member may be difficult and hard, to get the nurses support can make the situation easier to handle.

9 Discussion

9:1 Methodological discussion

This study aims to describe Philippine nurses' experiences of caring for patients with HIV and therefore a qualitative method with semi-structured interviews was conducted. Our choice of method was suitable since we wanted to study the nurses' experiences and seek knowledge about the subject (Henricson & Billhult, 2012).

We conducted interviews with few participants and therefore a qualitative content analysis was considered suitable to use when processing the data to catch quality and describe the content thoroughly (Danielsson, 2012b). The interviews that we conducted had such rich content that we did not need to conduct more interviews at that point. Therefore, we decided that the number of five participants in the study was suitable. The age of the participants varied between 28 and 55 and they had different working experiences, which can be an advantage and strengthen the trustworthiness of the results (Henricsson & Billhult, 2012). The participants varied age and their different working experiences considered to be a benefit for

the result, as it contributed to various answers. Variation between gender was also an advantage to contribute variations.

All the interviews took place at the hospital, but in different rooms. Place for the interviews was chosen in consultation with the participants. Three of the interviews were in a separate room with no distraction, which contributed to a relaxed environment for both the participant and the authors. The other two interviews took place at the ward. During these interviews, there was no opportunity to prepare the room and there were some distractions when other people passed by and talked to each other. During these interviews, the participants may have felt uncomfortable talking about their work experiences as their colleagues were around. This could have affected the participants' narrations. Interviews in the same rooms are preferred as it allows the interviewer to prepare the room and to test the equipment (Danielsson, 2012a). When a study is performed at a hospital, the interviewers should be flexible to what is offered and make the best of it. The appearance of the room and allowing the participants to choose the place for the interviews were factors that were out of the authors' control. Other things that may have affected the interviews were the choice of clothes and what message the authors want to convey, the authors' own behavior towards the participants and the time (Kvale & Brinkman, 2009).

The people working at the hospital and helped us coordinating nurses for the interviews were given access to the interview guide beforehand. This was a requirement from them for us to be able to conduct the interviews. The reason was to make sure the questions were ethically designed, would not upset the nurses, make them more comfortable and prepared for the interview situation. That the participants were given access to the interview guide beforehand turned out to have a positive influence on the interviews, as the participants felt comfortable and answered the questions thoroughly. However, this could have affected the participants and made their answers less spontaneous. The prepared interview guide considered to be relevant for the purpose of the study and we as authors felt that none of the participants had been offended or felt that the questions were too sensitive.

Two of the participants misunderstood and were confused regarding one question and that was: "*Can you please tell me about a situation where you think you made a difference to a patient's life?*". When they did not understand that specific question we tried to explain the meaning of it. The misunderstanding may have been a result due to the character of the question being complex.

All the participants spoke overall good, fluent English. One participant could speak English, but with some limitations. The participant expressed that she was nervous and that

she would be more comfortable answering in her native language. In this situation, our duty was to ensure the participant felt comfortable and adjust to the situation (Danielsson, 2012a). To make her comfortable, we arranged for an interpreter to attend during that interview. We also took time having a casual conversation before the real interview to make her more comfortable with us as interviewers.

Both of us were active and present during the interviews. After studying a suitable method in how to actually conduct the interviews with both of us being present in the room we found it to be considered an advantage that one of us led the interview. The other one stayed in the background listening carefully and added some supplementary questions and was responsible for the recording. We also thought it was preferable to lead the interview separate, because that made us feel more comfortable in the roles as interviewers.

The average durations of the interviews were approximately 20 minutes, which can be considered short. The time frame for an interview may depend on the participants, the subject of the interview and the method (Holloway & Galvin, 2017). We are aware of that we should have encouraged the participants to develop their answers (Rautalinko, 2007). However, the interview situation was new to both of us, that made us insecure and that may have been a problem when we wanted to investigate the subject. We as authors were satisfied with the interviews and do not think that the interviews durations had any negative affect on the results. The interviews with the shortest durations were not considered to be less extensive compared to the interview with longer duration. We could have asked more supplementary questions to get more extensive and detailed stories.

According to Graneheim & Lundman (2004) qualitative content analysis is suitable to apply in nursing research to get a variety on data and various depths on interpretation. We as authors had never done this type of study before, but we considered the model to be appropriate for us when processing data. It was suitable to use regarding our aim and also easy for us to understand and apply on the study. We created a document with a chart consisting of meaning units, condensed meaning units, codes, subthemes and themes according to the model. The process according to Graneheim & Lundman (2014) resulted in an outcome that both of us were happy and proud of.

9:2 Results discussion

The findings in this study, which aimed to describe Philippine nurses' experiences of caring for patients with HIV resulted in two themes: *Nurse patient relationship* and *Important*

aspects of caring. The findings from those themes will be discussed together with relevant articles, literature within the subject and together with Travelbee's human to human theory.

9:2:1 Nurse patient relationship

The findings in our result shows that the participants meet a lot of HIV patients, and establish some kind of relationship with all of them. An important aspect in order to build a relationship was to get to know the patient according to several participants. If the nurse gets to know the patient it is easier to give person centered care and treat the patients as individuals.

According to Travelbee (1971) it is the nurses' responsibility to establish and sustain a relationship with their patients, but the interest in getting to know each other has to be mutual. *Phase of the original encounter* is the first phase in the process to establish a relationship between the nurse and patient. During this meeting, the patient and nurse get a first perception of each other's personality through observation and impressions. In this phase, it is important that the nurse sees the patient as an individual and disregards the disease to get to know the person. According to one nurse from our study, patients who is newly diagnosed with HIV is very sensitive and hard to reach, and therefore the first meeting at the hospital is important to make them comfortable. Travelbee's next phase, *emerging identity*, describes how the nurse and patient get to know each other and make a connection, the nurse gets a deeper insight in the patients experience of the situation. Several participants in our study mentioned the first meeting with HIV patients as important in the process to get to know them, make them comfortable and build a trust relationship, and therefore Travelbee's human to human theory is suitable to discuss together with our findings.

In a hermeneutic phenomenological study written by Msiska, Smith, Fawcett & Nyasulu (2014) thirty undergrad nursing students were selected to report their experience in caring for HIV/AIDS patients. Their result shows that the students were scared in their early experiences in caring for HIV patients, they feared that they would be infected. But as time went the students felt more comfortable caring for HIV patients, they realized that all patients have the right to care. One participant in Msiska et al. (2014) said that many patients with HIV are anxious and that the nurse patient relationship is of importance, another participant mentioned that the HIV patients recover because the nurses have cared for them with love.

The importance of getting to know the patient and make connections is also relatable with an article written by Bridges et al. (2013). They used qualitative studies describing nurses' experiences of the nurse patient relationship in acute hospital settings in Europe, Australia and

North America. The studies were reviewed using the meta-ethnographic as method. The study aims to give a deeper insight in the process of building nurse patient relationship, including strategies that nurses use to build and sustain relationships with their patients. We could relate to some findings from this study with our result, for example, the nurses aspire to make meaningful connections with their patients, to gain knowledge and get to know the patient as individuals. When the nurses connect with their patients, that enable them to give comfort and holistic care. The result in Bridges et al. (2013) study shows that the relationship is based on knowledge about the patients' illness, but also knowledge about the patients' family, their coping strategies, social and spirituals factors.

Findings in our result showed that trust is an important aspect when working with HIV patients and building relationship. The nurse profession and especially nurses working with HIV patients have an important role, they need to make the patients feel comfortable and trust the nurses. Trust between nurse and patient is of great importance, through building a trustful relationship the patient may feel comfortable to reveal themselves both mentally and physically. In an umbrella review methodology, written by Wiechula et al. (2016) the nurse patient relationship and how caring behaviors were described. They described trust between nurse and patient as one of the recurrent and main factors in health care. They also mentioned that trust is the basis and ongoing process when building a therapeutic relationship.

In a concept analysis study written by Bell & Duffy (2009) they talk about trust between patient and nurse. The result shows that trust is an essential factor in the nurse patient relationship and often has a positive outcome in the patients' wellbeing. They mention that trust contributes to personal development and happiness that often leads to self fulfilment. The result from the article also shows that trust is fragile and once lost it is hard to regain, nurses need to be careful once they gain a patients trust.

According to the result in our study it is good that the nurse have regular contact with the HIV patient when building a trustful relationship. That way the patient feels cared for and it is easier for the nurse to get a deeper insight in the patient's wellbeing. With regular contact it may also be easier for the nurse to know the patient's needs. According to Wiechula et al. (2016) the result in their article showed that the nurses need intimate and deep knowledge of the patient in order to build a relationship, this is necessary when giving individual care and building trust. Attitude and values had a big impact on how the nurses behaved around the patients and how present they were throughout the relationship.

9:2:2 Hindering factors

According to our result, establishing a trustful relationship between the HIV patient and nurse is not always easy. The findings from our study show that there were some obstacles described by the nurse who may be a hindering when establish a nurse patient relationship. One challenge in the process of building a relationship was when the patients denies or do not accept their disease. In those situations, the nurses need to understand their reaction and what they are going through.

The nurses' ability to understand the person's psychological condition is described in Travelbee's third phase, *empathy* (Travelbee, 1971). According to Travelbee, the nurse has to understand the patient's thoughts and feelings and care for the person as individuals. Empathy leads to the ability to anticipate the other persons' actions. We can relate this phase to the findings in our study. According to our result, patients diagnosed with HIV react differently to their diagnosis and disease and therefore, the nurse have to show empathy, be understanding towards the patients when caring for them.

Another obstacle that was identified in our result in the process of building a nurse patient relationship was language barrier. The participant described that it was a hard time caring for a HIV patient who did not answer and difficult to establish a relationship when it was not possible to communicate with the patient. Language barrier as a hindering to effective communication between patient and nurses is examined in a qualitative descriptive study written by Ali & Johnsson (2017). The participants in that study consisted of 59 nurses working at acute hospitals in the United Kingdom. Data was collected through individual interviews and focus group discussions. The study aims to explore bilingual nurses' perspective about providing care to patients with a limited language proficiency and its impact on patients and nurses. Ali & Johnson (2017) findings show that an effective way to providing patient-centered care is through good communication where both parts understand each other. Their results also show that when the nurse and patient speak the same language, it improves patients' experience on care, increases their comfort, makes them feel listened to and enhances their satisfaction with the healthcare service.

The participant in our study who told us it was a hard time to provide care to a patient that she thought had a language barrier is relatable with the findings from Ali & Johnssons (2017) study. The nurse explained it was a hard time to get to know the patient and establish a relationship in the beginning. When he opened up and started talking to her, it was easier to communicate with each other and providing patient-centered care, which resulted in a good relationship.

9:2:3 Important aspects of caring

According to our result there are many aspects of caregiving that were considered important when working with HIV patients. Communication, support, patient's wellbeing and family support are all aspects in caregiving that were considered important according to the nurses. One main finding was the nurses' ability to communicate with their patients. The conversation part includes for example talk about the patient's everyday life and be a good listener. Through conversations the HIV patient may be more comfortable talking about their disease, problems and their life. According to Travelbee (1971), an important part of the nurses' work is communication. Through communication the nurse and patient is able to establish a relationship where both parts can share feelings and thoughts. Communication constantly occurs in meetings between nurses and their patients, where the purpose is to get to know the patient and then find out the patients' needs. Communication is according to Travelbee also an essential to help the patient accept and manage their disease and eventual suffering.

Findings in our result also showed that giving support was an important part of the nurses' work. According to the participants the HIV patients sometimes asked many questions, felt sad or were in pain. In those situations, the nurses' role is to give support and uplift the moral of the patient and that was something that made the nurses happy. Giving family support was also included in the nurses' work since the family may play a big part in the HIV patient's wellbeing. The importance to receive support from health care professionals for a patient diagnosed with HIV is relevant to discuss together with an article written by Tonnerna & Meirelles (2015). Eight patients with HIV or AIDS and their care network, including the closest family, doctors, nursing staff and psychologist participated. The study took place at an infection disease and parasitic unit in the State of Santa Catarina in Brazil and data was collected through semi-structured interviews. According to the results from the article, support in everyday actions from the team working with HIV/AIDS patients is very important for their wellbeing. People working with HIV/AIDS expressed joy in caring for these patients and their pleasure was expressed by words as happiness, gratification and satisfaction. The satisfaction and gratification was palpable when they noticed that their patients changed for the better and when they were able to promote the health of people with HIV/AIDS. Providing care was explained with words as listening, guiding, conversations and allow them to express their feelings.

One participant in our study also mentioned the importance of body language, she said that just by smiling she was able to make the HIV patients comfortable and establish a good and trustful relationship. The body language is according to Travelbee (1971) an important aspect between nurse and patient. Everything including facial expressions, the voice and body position are things that both patient and nurse are going to take notice of in the other person. These signals can be positive or negative, but often have a purpose. With help from the body language people can express their emotions, mood and feelings towards other individuals (Baggens & Sandén 2009). Body language is often used when the spoken word is not enough and if the person wants to clarify something. It is important that the nurse take notice of the patient's body language, it may be telling something that cannot be spoken with words.

10 Clinical implications

Providing a person-centered care by having both knowledge about the patient's lives but also investing time to establish a nurse patient relationship is a crucial factor that was pointed out in our interviews. If a nurse establishes a good relationship with a patient it will be easier to know the patient's personal needs and it may be easier for the patient to feel trust towards the nurse. It will be easier for the nurse to get a deeper connection with the patients if the patient trusts the nurse, this does not only concern HIV patients but all kind of patients.

The nurses need to observe which stage of the disease the patient is in at the moment. The HIV patients that were newly diagnosed had a hard time accepting that they were infected and they were also hard to reach. In situations like this the nurses need to be extra focused on building a relationship with the patient. The nurses need to establish trust and show the patient that they do not judge them and is there to help and support them. The result can be useful for nurses and other healthcare staff. Everyone working with patients should have, or get knowledge about the patient. This will make it easier to establish a relationship and the patient will most likely feel well taken care of.

11 Further research

An incidental finding that emerged during the interviews with the Philippine nurses was their view on stigmatization towards HIV in the country and how that affected the people living with HIV. However, this did not answer to the aim of the study, and therefore it was chosen not to be included in the result. The participants explained that stigma exist in the country and that may affect the people living with HIV negative. For example, some patients do not

disclose their sickness to their friends and family because of the stigma. This is a subject of interest, and therefore a suggestion for further research is a research regarding the nurses' view on stigma and how it affects their work as nurses when working with HIV patients. It would be interesting to know how nurses can influence to erase the stigma but also how stigma affects the opportunity to build a trustful relationship with a patient who is affected by the stigma.

12 Conclusion

The aim of our study was to describe Philippine nurse's experiences of caring for patients with HIV. The result shows that a nurse patient relationship is important when caring for HIV patients. The first thing when building a relationship is to get to know the patient, that make it easier for the nurses to get personal information and knowledge about a patient. Through a good relationship it is easier to give a person-centered care and know what the specific patient needs. Often when the nurse establishes a good relationship they also establish trust, a trustful relationship is one important aspect when working with HIV patients. The trustful relationships are often built through regular contact between nurse and patient.

Sometimes obstacles occurred in meetings with the patients, the obstacles may emerge when patients have a difficult time accepting the disease, because the they have a psychological disorder or if there is a language barrier between nurse and patient. When caring for a patient with HIV the nurses job is not only to give medication, the job also includes talking, listening and sometimes be a shoulder for the patient to cry on. Give support and uplift the patients' moral are also important aspects when caring for the patients.

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14 Appendix 1 - Request for participation in a research study

This study applies to healthcare professionals and aims to study Philippine nurse's experiences of caring for patients with HIV. Our hope is to expand our knowledge on the subject and gain more experience on caring for that typical group of patients.

With this letter of information you are asked to participate in the study. If you are interested to participate you will be interviewed. The interview is like a regular conversation for about 45 minutes, and will be recorded with your consent. The interviews will afterwards be transcribed, to make them easier for us to process. There will be no written names or personal records that shows who has been interviewed. Linnea Gustafsson and Amanda Wernersson are the ones who will be interviewing you. The interviews will be saved on a data memory (USB). Collected material will be stored and locked up. A report will be written when all interviews are made and the data memory will then be destroyed. The report will be written in English and accessible at the Swedish research database DIVA.

Your participation in this study is voluntary and you can at any time withdraw your participation with no given explanation. If you have any questions about the study, please contact one of the persons mentioned below.

The Committee of Research Ethics at the Department of Health Care Science, Ersta Sköndal Bräcke Collage has approved the study 2017-01-23.

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15 Appendix 2 - Interview guide

Introductory questions

- How long time have you been working as a nurse?
- How long time have you been working in this unit?
- Describe a typical day at work

Interview questions

- What is the best part of your job?
- Can you please tell me about a situation where you think you made a difference to a patient's life?
- Can you tell me about a specific meeting with a patient that was difficult?
- Can you tell me about a specific situation where you established a trustful relationship with your patient?
- How does working with patient with HIV/AIDS affect you as a nurse?
- What do you consider to be important when caring for these patients?

16 Appendix 3 - Examples how data was analyzed

Meaning unit	Condensed meaning unit close to the text	Code	Sub-theme	Theme
When you are building a relationship, and become more closer to the patients that means a lot, of course. You are building a friendship and you get to know their world and how they are going on with their lives. Then it feels like you are a special person, that when a patient understands you, what we are and that we are not perfect, that affects me.	You become more closer to the patient when you are getting to know their world and how they go on with their lives. It feels like you are a special person when a patients that non of us are perfect.	Becoming friends with the patients makes you feel as a special person, and that we are all the same.	Getting to know the patient in order to build a relationship	The nurse patient relationship
When an HIV patient starts to disclosure everything, their lifestyle, what they do that is very shameful to the public. Then I know they trust you	I know that the patiens trust me when they starts disclosure everything, their lifestyle.	Important with trust between patient and nurse	Important aspects to gain the patients trust and building trustful relationship	
We always have difficult patients. They are difficult at first, especially when they are newly diagnosed. First they will deny, but we just need to understand what they are going through, because when you understand that process you will know how to deal with them, we just need to feel them.	It's difficult when the patient is newly diagnosed and when they deny the disease. We need to understand them and what they are going through	Newly diagnosed patients can be hard to reach. It's needed to understand them.	Obstacles that prevent nurses to build trustful relationships	
Our job here is not only to focus on giving the medication, we are not pharmacist. We are trying to focus on giving care, and helping them to cope, you know to boost their moral.	Our focus is on the caregiving, helping them, and boost their moral.	Caregiving and boost the patients moral		Important aspects of caring
Sometimes the HIV patients are crying because of the pain, then I feel pity for the patients but I am not showing it. I want to give support rather than showing my emotions.	When a patient is crying because of the pain, she feel pity and want to give support	Being able to give support when the patient are in pain.		