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DESCRIPTION OF NURSE STIGMA TOWARDS PEOPLE WITH HIV/AIDS (PLWHA)

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ABSTRACT

Background: Stigma against people living with HIV/AIDS (PLWHA) is a serious problem due to negative perceptions. The stigma experienced causes psychological, emotional, spiritual, and social isolation, and access to health services. Nurses perpetrate one form of stigma in the healthcare environment due to a lack of knowledge, fear of HIV transmission, and misconceptions about its transmission. This study aims to investigate the perception of stigma among nurses toward people living with HIV/AIDS (PLWHA) at Tidar Hospital in Magelang City.
Methods: This is a qualitative study using a case study approach. Participants were selected using purposive sampling, and the results were determined using the HIV-KQ-18 knowledge pre-test. The sample consisted of 12 informants, including nurses, PLWHA patients, ward supervisors, infection control committee members, and nursing managers. Data collection was conducted through interviews and observations from June to August 2024, and data analysis was performed using Open Code software version 4.03.
Results: Stigma among nurses arises from fear and concern during patient care due to an insufficient understanding of HIV transmission and prevention. Despite exhibiting stigmatising behaviour, nurses continue to fulfil their roles and duties as caregivers.
Conclusion: Stigma among nurses toward HIV/AIDS patients arises from insufficient knowledge about HIV transmission and prevention. HIV/AIDS training programs should be implemented to enhance HIV knowledge and foster positive attitudes toward HIV/AIDS patients.
Keywords: *hiv/aids, nurse, PLHIV, PLWHa, stigma*

INTRODUCTION

Human Immunodeficiency Virus or Acquired Immune Deficiency Syndrome (HIV/AIDS) is a disease that is a global problem that attacks the immune system, causing death. (Esti & Yolanda, 2022). According to data from the WHO (World Health Organisation) in 2020, there were 76 million people with HIV, and 33 million people died from HIV/AIDS infection. Globally, as of the end of 209, it was reported that 44.5 million people were infected with HIV. (WHO, 2022)The growth of the HIV/AIDS epidemic is a serious problem, including in Indonesia. According to data from the Ministry of Health's Infodatin 2020, cumulative HIV / AIDS cases reached 75,318 people, with an estimated 50,282 people experiencing the disease and 7,036 people having reached the AIDS stage. (Ministry Of Health RI, 2020). The high number of HIV / AIDS cases in Indonesia spreads across various islands, one of which is in Central Java Island, with an estimated incidence of HIV / AIDS cases reaching 5,630 HIV and 1,613 AIDS cases. (BPS Jateng, 2021).

People with HIV/AIDS (PLWHA) often experience fear experienced by themselves and their families, which experience makes anxiety, fear, and confusion, which leads to social isolation with other people and the environment (Handayani, 2020). This happens because

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of the stigma in the community on the status of people with HIV, which results in psychosocial issues (Rzeszutek et al., 2021). One environment that carries out stigma is the health care environment, especially for nurses.

Nurses stigmatise PLWHA by refusing to provide care and mocking them for fear of infection. Nurses also believe that shaking hands can transmit HIV. This behaviour creates a gap in the role of nurses, who should provide good patient care. Stigma arises due to a lack of knowledge about how HIV is transmitted and the risk of transmission. (Fauci & Lane, 2020). Inadequate knowledge about HIV/AIDS also contributes to the fear of HIV transmission and misconceptions about how it is transmitted. (Sabrina & Sianturi, 2023). The lower the knowledge about HIV/AIDS, the higher the risk of stigma, which impacts the development status of PLHIV (Simorangkir et al., 2021).

One way to increase knowledge is through training on HIV/AIDS. This aligns with nurses' work to reduce stigma against PLWHA by conducting training. Other factors that contribute to stigma include the work environment and hospitals. Nurses in these environments often fear becoming infected when treating PLWHA patients. This can hurt PLWHA, causing psychological, emotional, and spiritual problems, social isolation, loss of access to health services, loss of education, and disruption of PLWHA's sense of security and comfort, which can hinder health services and increase the risk of HIV/AIDS prevention and transmission. (Simorangkir et al., 2021).

The purpose of this study was to determine the description of nurse stigma towards people living with HIV/AIDS (PLWHA) at Tidar Hospital, Magelang City.

RESEARCH METHOD

These informants were selected using purposive sampling determined by a pre-test of HIV-KQ-18 knowledge, based on the highest and lowest scores from 491 nurses, including nurses with Diploma 3 and Ners education. The sample size for the study was 12 participants, comprising: 6 nurse informants, 2 HIV-positive patient informants, 2 ward manager informants, one infection prevention and control committee (PPI) informant, and one nursing department manager informant. The selection of the sample was based on the following inclusion criteria: (1) nurses working at Tidar Hospital in Magelang City, (2) having cared for HIV/AIDS patients.

Data collection through in-depth interviews and observation in June-July 2024. The types of questions asked in the interviews included knowledge about HIV/AIDS, general perceptions of stigma toward PLWHA among nurses, the role of nurses in providing nursing care to PLWHA, and nurses' experiences in providing nursing care to PLWHA. The validity of the research was ensured through data triangulation to enhance the reliability of the data obtained from informants. The data obtained were analysed using Open Code 4.03 software, and an analysis was developed based on themes derived from the data analysis. The researcher obtained research permission from the Ethics Committee of the Faculty of Medicine, Public Health, and Nursing at Gadjah Mada University, with reference number KE/FK/0495/EC/2022.

RESULTS

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This research involved 12 informants with the following characteristics:

Table 1. Characteristics of respondents

Gender	Age	Informant
Female	36	Nurse
Male	32	Nurse
Female	42	Nurse
Female	22	Nurse
Female	30	Nurse
Female	33	Nurse
Male	23	PLWHA
Female	36	PLWHA
Female	52	Head of inpatient
Female	52	Head of inpatient
Male	47	PPI committee
Male	51	Nursing manager

This study consisted of 12 people: six nurse informants, two informants of PLWHA patients, two informants of the head of the inpatient room, one informant of the infection prevention (PPI) committee, and one informant of the Nursing Manager. Gender consisted of 4 males and eight females, with an age range between 22 and 52 years.

Table 2. Nurse involvement in HIV care (n=6)

Characteristics	Frequency	Percentage (%)
Work experience		
<10 years	4	66,6
>10 years	2	33,3
Frequency of caring for HIV patients		
Once	1	1,6
Three times	3	50
Five time	2	33,3
History training		
Yes	2	33,3
No	4	66,6
Total	6	100

Table 2 shows that of the six nurses working under 10 years, as many as four people have the highest frequency of caring for PLWHA patients, 3 times. Informants who have attended training on HIV/AIDS are two nurses, and four nurses have never attended HIV/AIDS training.

Nurses' understanding of HIV/AIDS transmission shows that it is still lacking, so when taking action, they are far apart from PLWHA patients and assume that using the same place to eat can transmit. This result is by the nurse's statement:

"Because I do not know how to transmit and how to handle the patient, I stay far away from the patient, so there is less physical contact" (P5)

"...So it is not the same as other patients. Yes, maybe to minimise transmission" (P6)

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The results of the data show that nurses often wear excessive PPE to perform actions on PLHIV patients and specialised equipment for actions on HIV patients. This result is by the nurse's statement:

"...for HIV patients, I often use double handson" (P5)

".... is set apart, there is its box, so for examinations such as stethoscopes, tension, temperature, it is set apart in one box for special patients B20 [PLWHA]" (P6)

The findings of this behaviour are also supported by a statement from the head of inpatient care that there was a rejection of B20 patients (PLWHA) for hospitalisation. This is according to the statement of the Head of Hospitalisation:

"In the past, it was difficult to admit B20 patients [PLWHA]. The reason was empty (full hospitalisation)" (P10)

This statement shows that there is a distinction between HIV patients and other patients that is not due to HIV patient care procedures. Observations also found that beds for PLHIV patients are covered with plastic and mattresses to minimise exposure transmission through the bed. In addition, nurses feel afraid to take action against patients living with HIV. Some are so afraid that when they take action, they use hand sanitisers excessively in order to prevent transmission.

HIV prevention training is one of the supports that hospital agencies use to prevent stigma. Training has been conducted for a long time, so not all nurses have received the training. This is according to the statement of the head of the inpatient ward:

"...once [HIV prevention training], just basic training" (P9)

The training that was delivered was only briefly presented. So, the delivery of specific material on HIV prevention management is very rarely done.

The results showed that nurses were afraid, but still took action for their patients. This is by the nurse's statement:

"... it is just that there is still fear [when performing actions on PLHIV patients]." (P2)

"I have to be steady [confident] even though in practice I am afraid [of being infected]." (P5)

In addition, nurses show empathy for PLHIV patients by separating beds with other patients so that they are not easily infected due to the low immune system of HIV patients. This is also shown by nurses taking action to help fulfil the basic needs of HIV patients, according to the nurse's statement:

"...nursing actions help PH [personal hygiene], administering drugs as usual, oxygenation." (P5)

The results of observations show that nurses continue to perform nursing care actions for HIV patients and demonstrate therapeutic communication.

DISCUSSION

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Nurse's Knowledge on HIV/AIDS

Lack of knowledge about HIV/AIDS leads to negative labelling, which can facilitate stigma against people living with HIV/AIDS. (Syukaisih et al. 2022). In line with the results of other researchers, a lack of knowledge can affect the behaviour and attitude towards stigma. (Wahyuningsih at al., 2020). In addition, a lack of knowledge can affect the results of care provided to patients living with HIV. This is based on the fear of taking care of patients living with HIV and wrong perceptions of HIV transmission and prevention. (Arefaynie et al., 2021).

Lack of knowledge on HIV contributes to stigmatising PLWHA, which requires better knowledge to reduce stigmatising attitudes. (Bukhori et al., 2021). One way to increase knowledge is to provide targeted HIV training for nurses to reduce the fear of HIV transmission and encourage them not to stigmatise PLWHA. (Fauk et al., 2021). In contrast to the research of Hidayat et al., some health workers, especially nurses who have good knowledge of HIV, can still stigmatise PLWHA, which can be influenced by fear. This shows that the complexity of stigma in nurses does not only emphasise knowledge alone to reduce stigma. (Hidayat et al., 2023).

Nurses with good knowledge of HIV were also found to have still a fear of HIV transmission, which can worsen their role as nurses. (Shi & Cleofas, 2023). This is in line with the findings of Pribadi et al. that the lack of involvement of nurses in the management of HIV patients can exacerbate the stigma of patients living with HIV in health services. (Pribadi et al., 2020). In addition, a good level of knowledge influences nurses in their attitude and comfort towards providing care for patients living with HIV, so that they can make better interventions. (Ali, 2020).

Stigma among nurses of PLWHA is often caused by misconceptions about HIV transmission that can have an impact on nursing interventions. (Cheptoek et al., 2023). This becomes a barrier to care and the effectiveness of HIV reduction and control. (Aleebrahim et al., 2023). So it is necessary to increase nurses' knowledge of HIV transmission to improve knowledge and attitudes towards stigma. (Dewi et al., 2021).

Nurse Stigma Behaviour

The stigmatising behaviour of PLHIV patients is often based on fear of providing care. (Ramadhan et al., 2025). In addition, the fear that arises in nurses causes unfair treatment of PLWHA, discrimination, and stigma because of the status suffered by PLWHA. (Laure et al., 2022). This treatment can complicate the treatment process of PLWHA, so that it becomes a barrier factor in the HIV prevention program. (Machowska et al., 2020). In line with previous researchers who stated that the fear of HIV transmission leads to the reluctance of nurses to care for PLWHA, so that stigma can arise (Hidayat et al., 2023).

The occurrence of nurse stigma towards the care of PLHIV often reflects various factors such as fear, misunderstanding, and discrimination. These factors dominate the stigmatising behaviour towards PLWHA, which causes PLWHA to be reluctant to seek treatment. (Suswani et al., 2023). In addition, the fear generated by nurses causes misperceptions about how HIV is transmitted. (Chinnasamy & Muthukrishnan, 2020). This behaviour shows that the stigma that occurs in nurses reduces the quality of care provided to PLWHA because of the discomfort when taking action on PLWHA patients. (Erwansyah et al., 2020).

In addition, this study found that nurses refused to admit PLWHA patients for inpatient care. Refusal to admit PLWHA patients is a violation of human rights (Elsad & Widjaja, 2022).

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This refusal may be due to nurses lacking experience in caring for HIV/AIDS patients. Nurses with experience in caring for HIV/AIDS patients are more likely to accept the presence of HIV/AIDS patients, thereby reducing fear and refusal to care for them. This is because nurses with experience have adequate knowledge of HIV management and frequently interact with HIV patients during procedures. (Kurniawan et al., 2022). Nurses with experience caring for HIV-positive patients demonstrate more positive attitudes, effectively changing perceptions and reducing stigma associated with HIV-positive patients. (MacHowska et al., 2020).

Hospital Support

Hospital support for the care program of PLWHA patients is one of them, with training. Training provides an increase in knowledge about HIV. (Fadhila et al., 2024). Health workers, especially nurses who undergo HIV training programs, experience less fear of HIV transmission, which shows a better attitude and does not stigmatise PLWHA. (Fauk et al., 2021). HIV training programs for nurses provide an understanding of HIV prevention so that nurses performing nursing care can be more comfortable (Ali, 2020).

In addition, the training program can increase knowledge and attitudes that can affect behaviour before training on the stigma of PLWHA. Training programs provide benefits to nurses and reduce fear and anxiety when caring for patients living with HIV. (Yin et al., 2021a). Many of the nurses reported discomfort or fear of HIV transmission due to a lack of management of HIV transmission, so often nurses performing actions with contact with patient body fluids, such as blood, were found not to use gloves. This worries that nurses are contaminated and infected due to not reflecting on compliance with universal precaution standards. (Marranzano et al., 2022). Incorporating HIV knowledge in training can help overcome the stigma of working with patients living with HIV. (Vorasane et al., 2017).

HIV training programs not only contribute to nurses' high knowledge but also to nurses' readiness to care for patients living with HIV (Shi & Cleofas, 2023). Various studies have shown that HIV training programs are an urgent need to be improved regularly, focusing on the management of HIV/AIDS patients, to reduce gaps in the quality of care of patients living with HIV. (El-aty & Mahmoud, 2021). Hospital support in the form of comprehensive HIV training effectively increases nurses' knowledge, confidence, attitude, and mental readiness when faced with caring for patients living with HIV. (Hobyane et al., 2022).

The role of nurses as caregivers for patients with HIV/AIDS

The role of nurses in taking action for patients living with HIV is a responsibility that must be given (Zhang et al., 2020). Actions taken by their duties and obligations to meet the comprehensive bio-psycho-social-spiritual-cultural needs of patients. Abraham Maslow's theory formulates the theory of basic human needs in nursing care. The role of nurses affects the development of patient health. The role of the caregiver helps in dealing with behavioural problems, reducing the burden of physical symptoms, and overcoming poor health to overcome death. (Setiyabudi, 2021). In addition, the services provided by nurses as caregivers provide a sense of satisfaction and comfort by providing care according to appropriate procedures, and nurses can get closer to patients. (Lele et al., 2020).

The relationship between nurses and PLWHA patients affects HIV prevention and control. The caregiver role demonstrated towards PLWHA reflects comprehensive management that combines medical care with emotional support provided by nurses to

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overcome stigma. (Peate, 2024). These nurses harmonise knowledge and caregiver roles with good attitudes, improve physical, psychological, and spiritual care provided to patients living with HIV. (Abbasi et al., 2025). It is important to provide patient support for medication adherence. (Alenezi, 2022).

Conversely, nurses often experience obstacles in providing care to PLWHA patients due to stigma among health workers. The emergence of stigma is due to social fear, which results in attitudes and stigma among nurses towards providing care to patients living with HIV. (Dewi et al., 2021). Often, nurses harbour a sense of disgust and fear that is influenced by HIV transmission. (Hidayat et al., 2023). This attitude results in a lack of empathy and involvement of nurses in the care of PLWHA patients, resulting in nurse stigma and isolation of PLWHA patients. This can be interpreted as nurses' attitudes toward PLWHA stigma being driven by the fear of contracting HIV. (Yin et al., 2021).

Difficulties and limitations

Lack of knowledge about HIV/AIDS is a factor that must be considered in the occurrence of stigma against people living with HIV/AIDS. Researchers found that some nurses still lacked knowledge about HIV/AIDS transmission, so they tried to approach nursing managers to conduct HIV/AIDS training to provide knowledge to nurses.

One challenge in this study was getting research permission from Tidar Hospital in Magelang, so the researchers worked to get permission by explaining the data collection procedures and data confidentiality. There were also some limitations to the study, like not having a variety of genders among the informants.

CONCLUSION

The description of nurse stigma towards PLHIV patients occurs due to a lack of knowledge about HIV/AIDS, including knowledge transmission and prevention, so that the attitudes and perceptions of nurses towards PLHIV patients show a sense of fear when performing actions on PLHIV patients, as indicated by the use of double-hand handscoon, distinguishing places to eat, rejecting PLHIV patients, and distinguishing patient beds. Nurses, in providing nursing care, can also demonstrate the role of caregiver.

RECOMMENDATIONS

With this study, it is expected that nurses who perform nursing actions on patients living with HIV can become professionals by understanding the knowledge of HIV transmission and prevention and can also increase literacy about the HIV phenomenon. It is expected to carry out training on HIV / AIDS periodically for all hospital personnel, especially nurses, for further researchers to be able to explore more deeply the internal and external factors that underlie the stigma of nurses towards PLWHA.

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