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**The Influence of HIV/AIDS on the Practice of Primary Health Care Workers in Jordan**

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**ABSTRACT**

**Background:** The global Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) pandemic have the potential to touch the global community everywhere, but particularly in the developing countries. The burden of this pandemic can only be reduced if communities are familiar with the disease aetiology and methods of preventing the spread of the disease. Nurses are involved with entire world events and professional nurses are accountable for their practice and have an obligation to ensure that their practice is safe. They can work actively to reduce the spread of HIV/AIDS.

**Objective:** The main purpose of this study is to explore, describe and interpret the influence of HIV/AIDS on the practice of nurses employed in the emergency department (ED) in the Comprehensive Primary Health Care Centres (CPHCCs) in Jordan. This study sought to explicate the role, and the capacity of the nursing workforce employed in the EDs in the CPHCCs. The EDs were selected for data collection as they provide an ideal environment for nurses to engage with the community and to provide health information including raising awareness about minimising the risk and spread of infectious diseases including HIV/AIDS.

**Methods:** The study employed a qualitative interpretive focused ethnography which was undertaken between 2002 and 2003 in three rural and three urban CPHCCs. Data collection included participant observation, key informant interviews, field notation and document analysis. These data informed the development of descriptive ethnographic accounts that allowed for the subsequent identification of common and divergent themes reflective of factors recognized as influencing the practice of nurses. The computer software package QRS NVivo was used for data management and analysis which ended by theme. Categories and grouping of the NVivo coded words (nodes) to sub themes then to major themes which included: Clinical practice: rhetoric and reality, vulnerability: a population at risk and management and leadership issues in primary health care centres.

**Results:** The results revealed that many of the CPHCCs do not have standards for practice or protocols to guide nursing practice. This study has highlighted that with increasing rurality the level of service provision decreases. The capacity for the EDs’ nurses in the CPHCCs to meet expectations and improve health outcomes for local
communities is exacerbated by the current nursing shortage. Also, the Ministry of Health (MOH) has employed large numbers of nurses with limited qualifications to work in the CPHCCs and has not been proactive in supporting them to expand their clinical knowledge and skills. This strategy has limited the ability of the CPHCCs to provide comprehensive primary health care services that are inclusive of health education and promotion.

**Discussion:** The findings indicate that the ability of the nurses to raise awareness and therefore reduce the spread of HIV/AIDS is unrealistic. Data show that the population is vulnerable to contracting HIV/AIDS because the nurses’ knowledge and skill base is inadequate and the health care facilities are crippled by limited human and physical resources. Poor management and the lack of localised leadership are also factors identified as contributing to the vulnerability of Jordanians to HIV/AIDS. Enhanced commitment from the MOH and the senior nursing administration in Jordan is required if the CPHCCs are to meet expectations, improve workplace practices and health outcomes of the population. Funding must be directed to improve resourcing and the infrastructure of the CPHCCs and adequate concurrent funds provided for the purchase of non-capital items. Monitoring risk management policies and health and education policy must be adopted. Awareness and compliance with universal precaution standards must be increased. It is crucial that support be made available to up-skill the nursing staff and superior recruitment and retention initiatives implemented to address the current nursing shortages. Nurses must be given immediate access to staff development, training, education initiatives and must be assisted to gain skills to develop local policies and strategies and to ensure that government policy and directives are accessible to all CPHCC. Management processes and policy development in the CPHCCs must be enhanced if health outcomes are to be improved and the spread of preventable diseases including HIV/AIDS is to be contained. Also, it is necessary for skilled appropriate mentors and/or leaders to be appointed to assist the incumbent nursing workforce gain the skills and knowledge required. Quality improvement processes must be adopted to provide ongoing evaluation and modifications of practice in accordance with established clinical standards. Finally this study has provided baseline information on nursing practice in emergency departments in CPHCCs in rural and urban Jordan. The recommendations are applicable to all blood borne diseases. Future studies are recommended in this area to evaluate the improvement of CPHCCs’ services as the outcome of the primary health care initiative project. Further studies are recommended to find out the nurses performance in the village health centres, primary health care centres, maternal and child care and dental clinics.