ARE PHYSIOTHERAPY GRADUATES ADEQUATELY PREPARED TO MANAGE HIV/AIDS PATIENTS?

ABSTRACT: Physiotherapy learners treat patients with Human Immunodeficiency Virus/Acquired Immunodeficiency Syndrome (HIV/AIDS). There is no available published research on physiotherapy learners' opinions about how the South Afican physiotherapy undergraduate program is helping them cope with HIV/AIDS patients. This study determines whether the physiotherapy degree offered at South African Universities, adequately prepares learners to cope with HIV/AIDS patients. Differences in knowledge and attitudes of physiotherapy learners regarding HIV/AIDS, amongst universities is also explored. Two hundred and two senior physiotherapy learners from eight South African universities returned their questionnaires and 55% of these were viable for analysis. A large portion (79%) of learners



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indicated that the physiotherapy undergraduate degree did not adequately prepare them to cope with HIV/AIDS patients. Learners' knowledge and attitudes regarding HIV/AIDS differed significantly (41% to 73%) amongst universities. Formal lectures on HIV/AIDS significantly affected knowledge (0% -100%) but not attitude towards patients. The role of the physiotherapist, precautions, transmission modes, syndrome stages, counseling and clinical skills were considered critical in the management of HIV/AIDS patients.

KEY WORDS: HIV/AIDS, PHYSIOTHERAPY EDUCATION, CURRICULUM.

INTRODUCTION

The impact of HIV/AIDS on healthcare has been recognized worldwide. HIV/AIDS is one of the few syndromes in which the expertise and participation of a wide range of healthcare professionals is required in almost all stages. Due to the complexity of physiological and psychological signs and symptoms, training is imperative on a continuous basis starting at the undergraduate level. The physiotherapist, similar to other health professionals, often is at risk not only for contracting the disease but also to bear the emotional burden of the dying patient, his family and friends (Puckree et al, 2002).

The incidence of HIV/AIDS in Southern Africa is higher than that anywhere else in the world (UNAIDS report 2003). The incidence is estimated at about 40% (Allen et al., 2000; Ateka, 2000). Therefore, the curricula to educate healthcare professionals must transform to reflect firstly the needs of the local communities and thereafter trends in the rest of the continent and world. The local or international literature contains few studies on the training of physiotherapy students to cope with HIV/AIDS patients (Balogun et al., 1998). Some studies have looked at the effects of education on the knowledge, attitudes and willingness of physiotherapy students to provide services for patients with HIV/AIDS (Webber et al., 2001; Balogun et al., 1998; Johnson and Sim, 1998; Held, 1993; Wertz et al., 1987). The purpose of the present study was to determine from the learners perspective, whether the undergraduate curriculum in South African adequately prepares students to cope with managing HIV/ AIDS patients. In addition the students' attitudes toward the HIV/AIDS patients was explored.

METHODS

All 2002 final year physiotherapy students at the eight physiotherapy schools in South Africa participated by voluntary informed consent. The total number of students who participated was 289. A validated questionnaire was used to elicit responses in four domains, namely; personal details, knowledge of HIV/AIDS, attitudes towards HIV/ AIDS patients, details about their training in HIV/AIDS and recommendations for the future. Both open ended and closed ended questions were included to optimize information obtained. Questionnaires were mailed to the student representative at each university for distribution, collection after 2 weeks and return mailing.

Data Analysis

The data from the questionnaires were reduced to percentages and analysed descriptively.

RESULTS AND DISCUSSION

The questionnaires from one university were lost in transit. Out of the 202 questionnaires from the remaining 7 universities that were returned only 160 (55%) were viable for analyses due to exclusion

CORRESPONDENCE TO: Prof. T. Puckree Department of Physiotherapy University of Durban-Westville Private Bag X54001 Durban 4000 Tel: (031) 204-4977 Fax: (031) 204-4817 E-mail: lpuckree@pixie.udw.ac.za criteria and incompleteness of some of the questionnaires.

The majority of the respondents were female (85.0%) and less than 25 years of age (96.9%). Ninety four percent of the participants came into contact with HIV/AIDS patients during clinical practice and 51% of the learners had at least 20% of their patient load with HIV infection. Seventeen percent of the students stated that half of their caseloads were HIV infected. Despite this, these numbers may not truly reflect the actual number of HIV patients treated by physiotherapy learners because the patients' HIV status is not always indicated in the case notes.

Since the learners were frequently in contact with large numbers of HIV/ AIDS patients, it became important to determine what they knew about HIV/AIDS. In order to manage patients and prevent contracting the disease during clinical practice, it is imperative to understand the modes of transmission and precautions to be taken (Jager, 1988, Coates, 1990, McClure, 1993). The majority (more than 70%) of the learners at all universities knew that unprotected sexual intercourse and blood transfusions could be responsible for transmission of HIV. Seventy percent of the students knew three of the five recognized modes of transmission of HIV. Only 45% of the students knew that used hypodermic needles could be a source of infection. Thirty seven percent of the learners knew that HIV could be transmitted from mother to child.

At least 90% of all the learners knew that gloves should be worn when assessing or treating HIV infected patients with oozing body fluids. Students from only four of the seven participating universities knew of the precautions to be taken when suctioning an HIV infected person. Only 15% of the learners knew the protocol to be followed after exposure to an infected person's body fluids.

Students from those universities, which conducted formal lectures and follow up supervision in the management of HIV/AIDS patients were more knowledgeable about HIV/AIDS. This finding is similar to that of Johnson and Sim (1998) who showed that knowledge about HIV/AIDS was strongly correlated to the number of lectures that students received. Those students who received formal lectures and clinical exposure to HIV/AIDS patients did not necessarily exhibit positive attitudes to these patients similar to that reported by Johnson and Sim (1998). In fact the students who were ignorant about the syndrome also reported positive attitudes to patients suffering from HIV/AIDS. About 33% of the learners reported negative attitudes towards their HIV/AIDS patients.

Almost 50% of the participants believed that the degree curriculum did not prepare them adequately to cope with HIV/AIDS patients in the field. These same learners felt that the degree curriculum did not transform according to the health care needs of the country. Only 19% of the learners believed that the degree curriculum adequately prepared them to cope clinically with their HIV/AIDS patients.

Between 50 and 73% the learners from 5 of the 7 participating schools had a positive attitude towards HIV/AIDS patients.

Eighty nine percent of the respondents suggested that improved knowledge and supervised exposure to HIV/AIDS patients will improve ones' attitudes towards these patients. Eighty three percent of the learners suggested that more education on the modes of transmission of HIV/AIDS; precautions to be taken; role of physiotherapists in managing HIV/AIDS patients; clinical practice on handling of these patients together with information about building professional relationships with these patients and counselling skills must be included in the undergraduate curriculum.

CONCLUSION

The majority of the physiotherapy learners felt ill equipped to cope with HIV/AIDS patients. Suggestions for areas to be included in the curriculum include the role of the physiotherapist, precautions, modes of transmission, stages of the syndrome, counseling skills and general clinical skills. Based on the learners' opinions, discrepancies existed amongst the different universities with regard to cognitive, affective and psychomotor skills. The attitudes displayed in this study could be related to the lack of adequate training. Since HIV is a highly transmittable disease, it is imperative that everyone who comes into contact with an infected patient is fully aware of the risks to themselves and takes all necessary precautions. At the same time the affective skills are necessary to make the patient as comfortable and cooperative as possible and the therapist as patient friendly as possible. This study shows a need for more introspection and transformation by physiotherapy educators to make learners more comfortable in the clinical environment. A further study is required to determine to what extent HIV/AIDS is covered in the undergraduate curriculum at South African Universities and the role of the Health Professions Council in curriculum transformation.

REFERENCES

Allen DM, Simelela NP and Makubalo L 2000 Epidemiology of HIV/AIDS in South Africa. The Southern African Journal of HIV Medicine, July:9-11

Ateka GK 2000 HIV/AIDS: Global impact and human rights - A Southern African Perspective. AIDS Scan 12(2): 2-6

Balogun JA, Kaplan MT and Miller TM 1998 The effect of Professional education on the knowledge and attitudes of physical therapist and occupational therapist students about acquired immunodeficiency syndrome. Physiotherapy 78 (10):1073-1082

Coates R 1990 HIV infection and AIDS: A guide for physiotherapists. Australian Physiotherapy 36(1): 17-21

Held SL 1993 The effects of an AIDS education program on the knowledge and attitudes of a physiotherapy class. Physiotherapy 73: 156-164

Jager H 1988 AIDS and AIDS risk patient care. Ellis Horwood, Germany

Johnson C and Sim J 1998 A comparative study of therapy students knowledge and attitudes. Physiotherapy 84 (1): 37-46

McClure J 1993 The role of physiotherapy in HIV and AIDS. Physiotherapy 79(6):388-393

Puckree T, Kasiram R, Moodley M, Singh RM and Lin J 2002 Physiotherapists and HIV/ AIDS-Knowledge and prevention: A study in Durban, South Africa. International Journal of Rehabilitation Research 25(3):231-4 UNAIDS report 2003 Where there's a will there's a way-Nursing and Midwifery champions in HIV/AIDS care in southern Africa. UNAIDS/03.19E:11

Webber L, Richards PA and Grey SV 2001 HIV Education and health care students-where are we going? The Southern African Journal of HIV Medicine August:40-42 Wertz DC, Sorenson JR and Liebling L 1987 Knowledge and attitude of AIDS health care providers before and after education programs. Public Health Report 102:248-254.

A STUDY TO DETERMINE WHETHER THE PHYSIOTHERAPY DEGREE IN SOUTH AFRICA ADEQUATELY PREPARES LEARNERS TO COPE WITH HIV/AIDS PATIENTS.

QUESTIONNAIRE:

Please ensure that you have answered all questions. Please tick the appropriate block where applicable.

Section A: Identification of Details			 Have you had any lectures on HIV/AIDS during your physio- therapy course? 		
1.	Name of University:		Yes No		
2.	Gender:				
	Male		10. If yes, indicate which years of study.		
	Female		1 st year		
			2 nd year		
3.	Age:		3 rd year		
	Below 20 years		4 th year		
	20-25 years				
	25-30 years		11. Indicate what the lectures covered:		
	Over 30 years		Pathophysiology of HIV/AIDS:		
	,		Modes of Transmission		
4.	Have you repeated any clinical block, area, course?		Risk and precautions		
	Yes		Misconceptions on HIV/AIDS		
	No		Counselling of HIV/AIDS patients		
			Associated conditions		
5.	If ves indicate which vear.		Role of physiotherapists in HIV/AIDS		
	1 st vear				
	2 nd vear		12. Indicate which of the following has been covered in clini	cal	
	3 rd year		practice/block/area/course:		
	4 th vear		Pathophysiology of HIV/AIDS		
			Modes of Transmission		
6.	How many clinical blocks/areas/courses have you complete	eted	Risk and precautions		
	thus far?		Misconceptions on HIV/AIDS		
	1 st vear		Counseling of HIV/AIDS patients		
	2 nd year		Associated conditions		
	3 rd year		Role of physiotherapists in HIV/AIDS		
	4 th year				
7.	Have you come into contact with HIV/AIDS patients during		Section B: Knowledge		
	your blocks/areas/courses?				
	Yes		1. What does the abbreviation AIDS and HIV stand for?		
	No		AIDS:		
			HIV:		
8.	If yes, how many per blocks/areas/course?				
	1 in 2		2. What are the modes of transmission of HIV/AIDS briefly.		
	1 in 5				
	1 in 10				
	1 in 20				
	other				

3.	Do physiotherapists have a role in the management HIV/AIDS patients? Yes No	of	3.	I have no sympathy for patients who have contracted disease through sexual promiscuity. Strongly agree Agree No opinion	the
4.	Which of the following conditions is commonly manifested HIV/AIDS patients? a. Respiratory:	in		Disagree Strongly disagree	
	i. Tuberculosis		4.	I have no sympathy for patients who have contracted the	
	ii. Pneumocystis carinii			disease through drug abuse.	
	iii. Chronic bronchitis			Strongly agree	
	iv. Asthma			Agree	
	b Nourology:			No opinion	
	i Heminlegia			Disagree	
	ii. Sensory disturbance			Strongly disagree	
	iii. Peripheral Neuropathy	Ō	_		
	iv. Ataxia		5.	HIV/AIDS patients.	
	c. Musculoskeletal:				
	i. Muscle wasting			No opinion	
	ii. Myopathy			Disagree	
	iii. Myalgia			Strongly disagree	
	iv. Arthropathies				
5.	What precaution would you take with each of the followi when treating a patient with HIV/AIDS?	ing	<u>Sec</u>	ction D: Recommendations	
	a. With skin contact		1	Indicate which of the following will improve ones attitude at	out
	b. With open lesions			the physiotherapy management of HIV/AIDS patients.	/out
	c. Requiring suctioning			Theoretical knowledge of HIV/AIDS patients	
	d. When exposed to body fluids			Clinical knowledge of HIV/AIDS patients	
4	What TWO important aspects would you counsel yo			Problem solving skills	
0.	HIV/AIDS patients on?	Jui		None of the above	
		—	2.	Indicate which of the following you need further courses in	n to
		—		learn more about HIV/AIDS.	
		—		Pathophysiology of HIV/AIDS	
		—		Risk and precautions	
				Misconceptions on HIV/AIDS	ā
Se	ction C: Attitudes			Counseling of HIV/AIDS patients	
				Associated conditions	
1.	The HIV/AIDS problem is something that I have not given muthought to.	ıch		Role of physiotherapists in HIV/AIDS	
	Strongly agree		3.	Comment on the appropriateness of the physiotherapy dec	ree
	Agree			in South Africa in facilitating learners to cope with HIV/All	, DS.
	No opinion				
	Disagree				
	Strongly disagree				
2.	I feel at risk when treating patients infected with HIV/AIDS.				
	Sirongry agree				
	Ayice No opinion				
	Disagree				
	Strongly disagree			Thank y	/ou.