

2020

Therapeutic Communication Skills for Nurses Working with People Living With HIV

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Walden University

College of Nursing

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Charaine Ferguson

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Walden University

2020

Abstract

Therapeutic Communication Skills for Nurses Working with People Living With HIV

By

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MS, University of Texas at Tyler, 2013

BS, University of Texas Health Sciences Center at Houston, 2006

Project Submitted in Partial Fulfillment

Of the Requirements for the Degree of

Doctor of Nursing Practice

Walden University

November 2020

Abstract

Internalized stigma experienced by people living with HIV (PLWH) has been associated with numerous untoward health outcomes. Nurses' and healthcare professionals' ability to effectively communicate can significantly affect the experience of stigma in PLWH. The practice-focused question was whether an interactive educational project could improve the knowledge and intent to use collective communication skills in nurses. This project uses concepts from Peplau's interpersonal relationship theory, principles of therapeutic communication, and unconscious bias. Online training content included patient testimonials related to stigma, discussions of unconscious bias by the Institute for Healthcare Improvement and Mayo Clinic professionals, review of Harvard University's Implicit Association Test and the CDC's Let's Stop HIV together language guide. The Fear and Emotions Regarding HIV and the Medicine and Stigma Regarding HIV surveys were used to assess staff efficacy. Five participants completed the Fear and Emotions Regarding HIV survey and 6 participants completed the Medicine and Stigma Regarding HIV Survey. A paired *t* test was used to determine Pearson's Correlation coefficient for each survey. Even with this small sample size, the Pearson Correlation result of 0.56 for the Fears and Emotions Regarding HIV shows a positive change in scores in the posttest from the pretest. A Pearson Correlation result of 0.11 for the Medicine and Stigma Regarding HIV, shows a low effect positive change in the posttest from the pretest. The limitation was the small sample size. Results suggests that participation in this education can lead to positive social change for PLWA by enhancing communication skills in nursing and healthcare specialties.

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Dedication

I dedicate this work to every patient whom I have ever served; to all humans experiencing judgment and stigma; People Living with HIV (PLWH) that face a challenging disease in an already challenging society.

I dedicate this work to my sons, Melvin, Joshua, and Matthew, and my baby sister Chareese for they have experienced the journey with me, and I look forward to experiencing similar adventures with them. To my Godchildren: Vincent, Imani, Kacey, Jasmine, Chris, and Shacolin, and Evander.

To my mom, Sylvia Temple, my aunt Noreen, and her girls Hannah and Bethany, you guys inspire me to keep pushing forward.

To my Grandmothers Mary and Jean, My Grandfather Henry Worthy, Aunt Cheryl Brooks, Aunt Sharon Chase, and all of my aunts and uncles, I simply would not have such a beautiful life without your sacrifices. I am so delighted to be blessed with you all.

Acknowledgments

Many Thanks to Dr. Raquel Biati, DNP, Dr. Teriya Richmond, M.D., Committee Chair Dr. Catherine Garner, DrPH, MSN, MPA, RN, and Committee Member Dr. Anita Manns, DNP, RN, MSN, MBA/HCM, ANP-C, and Walden University. I could not achieve this milestone of my life without you.

Table of Contents

List of Tables	iv
Section 1: Nature of the Project	1
Introduction.....	1
Problem Statement	2
Purpose Statement.....	4
Nature of Doctoral Project	5
Significance.....	7
Summary	8
Section 2: Background and Context	10
Introduction.....	10
Concepts, Models, and Theories.....	10
Peplau's Theory of Interpersonal Relationships.....	11
Unconscious Bias.....	12
Therapeutic Communication and Interpersonal Relationships in Healthcare.....	14
Stigma in HIV	14
Programs using Stigma Reduction.....	15
Relevance to Nursing Practice	18
Local Background and Context	19
Role of the Project Team	20
Role of the DNP Student	21
Summary	22

Section 3: Collection and Analysis of Evidence.....	23
Introduction.....	23
Sources of Evidence.....	23
Development Process.....	24
The Pilot Program.....	27
Ethical Considerations	28
Summary	29
Section 4: Findings and Recommendations.....	30
Introduction.....	30
Findings and Implications.....	30
Participants.....	30
Results.....	31
Implications.....	34
Limitations	35
Recommendations.....	35
Summary	36
Section 5: Dissemination Plan	37
Dissemination Plan	37
Analysis of Self.....	37
Summary	38
References.....	39

Appendix A: Survey Questionnaire Medicine and Stigma Regarding HIV and
Fear Emotions Regarding HIV47

Appendix B. Therapeutic Communication and Stigma in HIV Presentation48

List of Tables

Table 1 Participant Survey Scores: Fear And Emotions Regarding HIV32

Table 2 T Test: Paired Two Sample For Means: Fear And Emotions Regarding
HIV33

Table 3 Participant Survey Scores Medicine And Stigma Regarding HIV33

Table 4 T Test: Paired Two Sample For Means: Medicine And Stigma Regarding
HIV34

Section 1: Nature of the Project

Introduction

Internalized stigma experienced by people living with HIV (PLWH) has been associated with poor self-care, depression, decreased medication adherence with anti-retroviral medications, less attention to acute illness and increased acuity during hospitalizations, and the increased spread of Human Immunodeficiency Virus (HIV) (Centers for Disease Control and Prevention [CDC], 2019b; Florom-Smith & De Santis, 2012; Garrido-Hernansaiz, Heylen, Bharat, Ramakrishna, & Ekstrand, 2016; Rael & Hampanda, 2016; Rouleau, Richard, Côté, Gagnon, & Pelletier, 2019; Rueda et al., 2016). This Doctor of Nursing Practice (DNP) project was conducted in the fourth most ethnically diverse metropolitan city in the United States of America. This vast urban area of the southwest United States has a population of several thousand persons newly diagnosed with HIV, and 26.2% progressed to AIDS within a year (CDC, 2019a). Hispanics had the highest percentage of late HIV diagnoses (34.4%) among all race/ethnicity groups (CDC, 2019a). The expanded use of retroviral medication in the maintenance of PLWH means that they are accessing healthcare in many sites aside from HIV/AIDs clinics (CDC, 2019a). Nurses are at the forefront of care in healthcare arenas including primary care, mental health, and acute care for PLWH and their ability to effectively communicate therapeutically, build interpersonal relationships, and reduce unconscious bias can significantly affect the experience of stigma in PLWH during critical interactions (Garrido-Hernansaiz et al., 2016; Rael & Hampanda, 2016; Rouleau et al., 2019; Rueda et al., 2016; Tran et al., 2019).

The purpose of this staff education project was to work with healthcare leaders and educators who are training nurses to care for PLWH to develop and pilot a formal continuing education program for nurses working with this population. The education program aims to assist nurses in the development of skills for building rapport and establishing influential interpersonal relationships with patients experiencing internalized stigma related to HIV. The practice question asks, *Will an interactive educational program improve the knowledge and intent to use specific communication skills in nurses working with PLWH?* The positive social change that comes from better nurse-patient communication may include a reduction in patient's feeling of internalized stigma that leads to better self-care, decreased psychological stress, more timely adoption of medical/pharmacologic management, and improved outcomes and quality of life for persons living with HIV.

Problem Statement

There were approximately 36.9 million people living with HIV worldwide at the end of 2017, with 1.8 million people becoming newly infected in 2017 (World Health Organization, 2018). African Americans account for 47% of the new HIV infections that occur in the U.S. each year compared to 28% for Whites and 20% for Hispanics (CDC, 2019a). According to AidsVu (2018), there are 25, 831 citizens living with HIV in this city as of 2017. African American and Hispanic/Latino citizens lead new diagnoses, with percentages ranging from 30-40% (AidsVu, 2018).

In Healthy People 2020, the Office of Disease Control and Prevention described this era as having increasingly effective HIV treatments. Early initiation of antiretroviral

therapy allows PLWH to remain healthy and reduces the risk of transmitting HIV by 93% (Office of Disease Control and Prevention, 2020). However, HIV related stigma poses severe challenges to PLWH. Adverse outcomes related to internalized stigma from HIV affect many populations across the world regardless of age, sex, or social, economic status (CDC, 2019b; Rueda et al., 2016). Included in these adverse outcomes are poor self-care, depression, decreased medication adherence with anti-retroviral medications, decreased attention to acute illness, increased acuity during hospitalizations, and increased spread HIV, and suicide (CDC, 2019b; Florom-Smith & De Santis, 2012; Garrido-Hernansaiz et al., 2016; Rael & Hampanda, 2016; Rouleau et al., 2019; Rueda et al., 2016).

Patients may also experience social isolation, fear of rejection (Anderson, 2009; CDC, 2019b; Frolom-Smith & Desantis; Rouleau et al., 2019; Rueda et al., 2016), and higher anticipations of severe and life-altering consequences due to known discrimination (Anderson, 2009). As discussed by Anderson (2009), the U.S. continued to battle with illegal discrimination in employment, housing, and even the provision of medical care for some 30 years after the HIV epidemic was introduced to society. Studies show that reducing HIV related stigma is a crucial component necessary to eradicate HIV (CDC, 2019b; Rael & Hampanda, 2016; Rouleau et al., 2019).

With the continued rise in numbers of PLWH, nurses in all healthcare settings are likely to encounter PLWH. Nurses are positioned to affect change in a patient's experience of stigma. Research findings indicate a significant gap between nurses' knowledge regarding HIV treatment and prejudicial actions towards PLWH (Adekunbi

Chinomso, & Tolulope, 2015; Florom- Smith & De Santis, 2012). Systematic evidence review indicates the combination of participatory self-guided assessment and intervention, the provision of information, and the empowerment of PLWH is effective in reducing HIV-related stigma (Feyissa, Lockwood, Woldie, & Munn, 2019). More research and scholarly projects are needed to create best practices and tools to assist nurses and healthcare teams in the development of skills for building rapport and developing influential interpersonal relationships with patients experiencing internalized stigma related to HIV (Adekunbi et al., 2015; Florom- Smith & De Santis, 2012). There are no published formal continuing education programs for nurses about therapeutic communication techniques to address the issue of stigma with the PLWH population in this region of the country where many of the newly diagnosed patients are also from minority and traditionally underserved populations. Therefore, the development and piloting of an educational program could benefit both the local nursing community and society and could offer a model for replication across other cities in the United States and abroad.

Purpose Statement

The gap in practice is that there are no formal educational programs in this region for nurses working in various healthcare settings with PLWH. The purpose of this staff education project was to work with healthcare clinical leaders and educators who are training nurses to develop and pilot a continuing education program for nurses working with this PLWH population. The aim of the education program is to assist nurses in the development of skills for building rapport and establishing influential interpersonal

relationships with patients experiencing internalized stigma related to HIV (Adekunbi et al., 2015). The practice-focused question was *Will an interactive educational program developed by an interdisciplinary team to improve the knowledge and intent to use therapeutic communication skills in nurses and healthcare professionals working with PLWH?*

The desired outcome of this program was to foster and support the nurse's development of a therapeutic communication skill to help reduce associated internalized stigma in PLWH. Supportive goals include nurses and healthcare professionals developing self-awareness of unconscious bias and increased therapeutic communication skills. Leaders in healthcare are engaged in discussions aimed at decreasing unconscious bias in the workforce. Recognizing implicit bias impacts how providers in HIV care work, their consideration of patients' social and life circumstances, and leads to healthcare team exploration and healing of bias-related communication skills (see Ford, 2017). Skills that will foster successful communication techniques in developing relationships with PLWH should ultimately lead to better self-care, decreased psychological stress, timely adoption of medical/ pharmacologic management, and improved outcomes and quality of life for PLWH (see CDC, 2019b).

Nature of Doctoral Project

This DNP project is an education initiative, which follows the Walden University's Doctor of Nursing Practice Principles of Staff Education and Kirkpatrick's (1959) four level evaluation model. The development and piloting of this education program project was in partnership with primary care clinics. The project development

team consisted of a physician, the DNP student (myself), nurses, and a social worker. I used the review of the literature to develop training material that addresses training content. The project team reviewed and critiqued the effectiveness, tone, and overall acceptability of the training content.

Training content includes PLWH discussing their personal experience of stigma via the Institute of Healthcare Improvement videos of a discussion of unconscious bias by David R. Williams, Professor of Public Health at the Harvard T.H. Chan School of Public Health, and Don Berwick, MD, President Emeritus and Senior Fellow Institute of Healthcare Improvement, to describe three promising strategies to reduce implicit bias. A video discussion by Dr. Michelle van Ryn, Ph.D., a researcher at Mayo Clinic, describes unconscious bias in health care, an analysis of Project Implicit's Implicit Association Test (IAT). The presentation provides a link for this free self-assessment tool, which will be done privately.

Peplau's theory of interpersonal relationships recommendations, therapeutic communication techniques related to PLWH, positive objective outcomes of HIV treatment adherence, and the CDC's Let's Stop HIV Together language guide were also presented. The original plan included self-reflection and simulation role-play, which are consistent with best practice in adult education with the understanding that adult learners have an extensive depth of experience, are self-directed, and are likely to take responsibility for their actions (see Kennar & Weinerman, 2017). Due to the COVID 19 outbreak, this education was conducted via webinars with interactive discussion

questions. Both pretest and posttest were administered through Survey Monkey, allowing for participant anonymity.

Physicians, nurses, and healthcare professionals from primary care clinics were asked to volunteer to participate in the pilot program. The desired outcomes were increased self-awareness of unconscious bias, increased knowledge regarding the use of communication tools in therapeutic communication related to PLWH, and improved self-efficacy. Improved therapeutic communication, particularly in the minority, underserved communities, has the potential to improve the health status and outcomes of PLWH (see Feyissa et al., 2019).

Significance

The use of evidence-based literature and education has the potential to improve the quality of the practice of a multidisciplinary team, including nurses and healthcare professionals. Having an increased knowledge regarding unconscious bias along with strategic techniques to address communication purposefully is expected to give nurses and healthcare professionals the confidence and motivation to use therapeutic communication. When nurses use practical therapeutic communication skills with PLWH, these patients will have a higher likelihood of reducing internalized stigma related to their HIV status (Anderson, 2009; CDC, 2019; Feyissa et al., 2019; Rael & Hampanda, 2016; Rouleau et al., 2019). This reduction in stigma has been recognized by the American Medical Association (2009) as a critical component of HIV/ care (Anderson, 2009).

The ability to improve therapeutic communication, decrease unconscious bias, and build interpersonal relationships with PLWH has the potential to improve the education, communication, and emotional well-being of PLWH (Anderson, 2009; CDC, 2019; Feyissa et al., 2019; Rael & Hampanda, 2016; Rouleau et al., 2019) The reductions in internalized stigma may foster medication adherence with treatment and a reduction in mental health challenges (CDC, 2019b; Rouleau et al., 2019). With the lack of formal continuing education programs for nurses about therapeutic communication techniques to address the issue of stigma that the PLWH population experience, this project could lead to replication of foundational education programs across the United States and in other countries.

Summary

Nurses must be prepared to support PLWH to lessen or dispel internalized stigma. Fostering a nurse's knowledge must include a multifaceted education plan to address aspects including skills in therapeutic communication, awareness, and corrections of unconscious bias, and building nurses' ability to establish working interpersonal relationships with PLWH (Garrido-Hemansaiz et al., 2016; Klink, 2010; Kornhaber, Walsh, Duff, & Walker 2016; Miller, Varni, Solomon, DeSarno, & Bunn, 2016). There is a lack of nursing education programs and literature that directly addresses stigma (Garrido-Hermansaiz et al., 2016; Rael & Hampada, 2016; Rouleau, 2019). Piloting a staff education program could lead to the replication of foundational education programs across the United States and in other countries. The project design is simple, relying on the established Kirkpatrick's four-level training evaluation model that guides the overall

project and easy to apply in numerous healthcare settings. Using the foundations of nursing theory, this staff education project will begin to address the gap of nursing education by developing and piloting nursing and healthcare professional education. The next section will discuss the background and concepts.

Section 2: Background and Context

Introduction

Nurses are at the forefront of care in healthcare arenas including primary care, mental health, and acute care for PLWH and their ability to effectively communicate therapeutically, build interpersonal relationships, and reduce unconscious bias can significantly affect the experience of stigma in PLWH (CDC, 2019b; Garrido-Hernansaiz et al., 2016; Rael & Hampanda, 2016; Rouleau et al., 2019; Rueda et al., 2016). The purpose of this staff education project was to work with healthcare leaders and educators who are training nurses to care for PLWH to develop and pilot a continuing education program for nurses working with this population. The education program is designed to assist nurses in the development of skills for building rapport and establishing influential interpersonal relationships with patients experiencing internalized stigma related to HIV. The practice-focused question asks, *Will an interactive educational program improve the knowledge and intent to use collective communication skills in nurses working with PLWH?*

In this section, I will discuss the theoretical foundation for the study, the literature review, relevance to nursing practice, social background, and the role of the DNP student and project team.

Concepts, Models, and Theories

This DNP project is centered on ideas of Peplau's interpersonal relationship theory, therapeutic communication, unconscious bias (reduction of), and stigma of HIV.

Walden University's DNP Principles of Staff Education and the Kirkpatrick Four-Level Evaluation Model guide this staff education project. Evidence for this DNP staff education project has been obtained from the Walden University library database, the National Institute of Health (NIH), the CDC, the World Health Organization, AIDS.VU.org, Google Scholar, the World AIDS Foundation, the National HIV Nurse's Association, the Association of Nurses in AIDS Care, the Harvard Business School Project Implicit, and the Georgetown Center for Spirituality in Patient Care.

Peplau's Theory of Interpersonal Relationships

Peplau's theory of interpersonal relationships directs nurses to practice therapeutically, with the purpose to help patients realize their experience of challenges in their health/illness journey that will lead nurses and patients to a common goal in healing and wellness (Courey, Martsolf, Draucker, & Strickland, 2008; Hagerty, Samuels, Norcini-Pala, & Gigliotti, E., 2017). During this process, the nurse should understand the patient as a person as trying who is trying to reduce anxiety and stress. A nurse should also recognize that the environment presents existing forces related to culture and uncontrollable variables to patients during their health/illness journey. Health is symbolically a forward movement of personality intricacies such as creative, constructive, productive, personal, and community life. To add, nursing is a significant therapeutic interpersonal process, functioning cooperatively with other human methods (Courey et al., 2008; Hagerty et al., 2017).

Peplau calls to consciousness principles relevant to the promotion of psychodynamic nursing, and the resolution of interpersonal matters in clinical and other

situations (Courey et al., 2008; Hagerty et al., 2017). In the psychodynamic state, the nurse will have different roles correlating with the development of the nurse-patient relationship and the stage of collaboration towards health goals. A nurse's role can include stranger, teacher, resource person, counselors, and leader (Courey et al., 2008; Hagerty et al., 2017). Peplau urges nurses to understand that the relationship between themselves as nurses and the patient they serve mimics challenges and difficulties typical to recurring life challenges (Nystrom, 2007). The theory also emphasizes that nurses should comprehend their behavior when helping patients to understand their health-related problems (Nystrom, 2007).

Peplau's theory teaches that every contact between two human beings could experience a clash of feelings, beliefs, and ways of being (Courey et al., 2008; Hagerty et al., 2017; Nystrom, 2007). The theory applies to the necessary interpersonal process that exists when nurses build rapport and collaborative goals to reduce stigma with patients faced with HIV. Peplau's approach serves as a foundation for this staff education project by detailing the purpose of the nurse-patient relationship, explaining the interpersonal dynamics of the nurse-patient relationship, defining the role of the nurse, and calling to consciousness natural and environmental factors.

Unconscious Bias

Unconscious or implicit bias has been defined as the prejudices people do not realize they possess (Moore, 2018). An individual's subconscious prejudicial beliefs or unrecognized stereotypes about individual attributes, such as ethnicity, gender, socioeconomic status, age, and sexual orientation (Santry & Wren, 2012) and part of

standard cognitive processing where people's implicit associations can influence their responses to specific tasks, scenarios, medical encounters, and so forth (Santry & Wren, 2012). Unconscious bias may not be a universal concept discussed as a possible contributor to behaviors that cause stigma in HIV. These can serve as a barrier to building a therapeutic relationship between nurses and patients. However, unconscious bias is a crucial issue that may interfere with the necessary steps in building a therapeutic relationship or bond. Having an awareness of unconscious bias and having tools to build therapeutic communication allows nurses to be more effective in building therapeutic relationships (Berger, 2018; Emerson, 2016).

To understand personal unconscious bias, nurses and healthcare professionals must recognize that their belief systems outside of professional practice may also influence their judgments and interactions with patients. For example, while limited in quantity, there is evidence that a nurse's religion has a role in the stigmatization of PLWH (Reyes-Estrada et al., 2018). Like religion, exposure to an unconscious acceptance of stereotypes can influence how nurses and healthcare professionals' practice. Stone and Maskowitz (2011) detailed findings that show how stereotypes of African Americans linked to poverty and crime has influenced physicians during clinical diagnosis and treatment of minority patients. Similarly, Miller et al. (2016) found that implicit prejudice can be considered a structural stigma that plays a significant role in spending a community's social capital, leading to compromised wellbeing of PLWH.

Therapeutic Communication and Interpersonal Relationships in Healthcare

A therapeutic interpersonal relationship is a relationship where patients feel caring, supportive, nonjudgmental behavior in a safe environment (Kornhaber et al., 2016; Shay et al., 2012). Therapeutic communication includes listening, empathy, trust, and responsiveness and has a significant goal of positive caregiver-patient interactions (Kornhaber et al., 2016; Lees, Procter, & Fassett, 2014). In this DNP project, the purpose of therapeutic communication is to build relationships with patients that will lead to a reduction in feelings or experiences of stigma. Desired outcomes include those similar to those discussed by Kornhaber et al. (2016), including adherence to treatment, increased quality of life, and decreased levels of anxiety and depression. This project adopts the premise that competence and skill in therapeutic communication can be taught and practiced (Kornhaber et al., 2016; Lees, Procter, & Fassett, 2014).

Stigma in HIV

While there are many modern definitions of shame, Goffman's classic analysis of a spoiled identity that cuts the stigmatized person off from society and himself, so that he stands as a discredited person against an unaccepting world is most aligned with studied experiences of PLWH (Goffman, 1963; Rouleau et al., 2019; Stangl et al., 2013; Tran, 2019). HIV stigma is negative attitudes and beliefs about people with HIV (CDC, 2019; Rouleau et al., 2019; Tran et al., 2019). Stigma related to HIV diagnosis is a root cause of many undesirable and poor health or healing outcomes in PLWH. These outcomes include delayed initiation of treatment, treatment interruptions or poor adherence to antiretroviral medications, depression, anxiety, suicidal ideations and further spread of

the disease (CDC, 2019b; Rouleau et al., 2019; Rueda et al., 2016; Tran et al., 2019). Coping with stigma can lead PLWH to adopt strategies to conceal their status, leading to delayed treatment initiation or treatment interruptions (CDC, 2019b; Rueda et al., 2016). Internalized stigma related to HIV has multiple underlying causes and influences including family values and religious beliefs and fear of rejection from family, self-image, and position in romantic relationships, social and societal norms, and fear of illness or death, and anticipated or perceived prejudice or discrimination (CDC, 2019; Rueda et al., 2016). Practical concerns also place a heavy burden. PLWH may fear of discrimination at work, being labeled as handicap, or loss of esteemed social status (Anderson, 2009). Despite ethical and professional obligations, healthcare professionals are not excluded from actions, such as discrimination and rejection, which manifest due to or related to stigmatization of PLWH (Nyblade et al., 2018). Add summary and synthesis throughout the paragraph to balance out the use of information from the literature with your own analysis.

Programs using Stigma Reduction

The CDC's Let's Stop HIV Together campaign is aimed at stopping HIV stigma and promoting HIV testing, prevention, and treatment (CDC, 2019b). The program provides free resources to combat the stigma that addresses many aspects that fuel stigma. Resources include facts about positive treatment outcomes, resources for highlighting positive HIV treatment outcomes, talking guides to reframe negative statements that convey shame, real-life scenarios of PLWH experiences of stigma with strategies to redirect or combat stigma. The program also provides an educational plan

that can benefit the community and institutional efforts. These strategies include social media graphics and digital fliers in multiple strategies (CDC, 2019b.)

The International HIV/AIDS Alliance built a comprehensive stigma reduction toolkit based on the prior initiatives and evidenced-based practices to combat stigma in HIV/AIDS. Programs consist of intervention, structural, and biomedical strategies (The International HIV/AIDS Alliance, year). The plan entailed directives for community partnerships, working to build networks and support systems for PLWH. Program action steps included themes that are congruent with similar programs such as engaging and employing key stakeholders as champions and facilitators, encouraging individuals and healthcare professionals to reflect and complete assessments of their personal bias, provide a clear explanation of stigma and the effects.

Stigma indicators ICRW (www.icrw.org) have carried out several studies about measuring stigma reduction, including *Can We Measure HIV/AIDS-Related Stigma and Discrimination*. In this study, indicators were developed around four stigma 'domains': fear (of casual transmission of HIV), values (and morality-related attitudes), discrimination, and disclosure.

Avert is a nonprofit organization with a focus on preventing the spread of HIV by providing education about HIV sexual health worldwide (Avert.org, 2020). Like most organizations, Avert acknowledges legal, cultural, and socioeconomic as prevalent barriers to HIV Prevention. Avert recognizes the structural drivers of poverty, gender inequality, lack of access to education and health, unequal rights, and discrimination as part of the continued spread of HIV stigma and discrimination. Avert uses digital

channels, including social media, their website, and media coverage. Avert strategies include real-life conversations with PLWH that provide strategy and action steps to share status, breakdown barriers around stigma, and seek support. According to Avert, the talking series has reached over 900,000 people, with over 239,000 engagements in 2018–19. Avert also used partnerships with other organizations such as Positive Vibes and the social networking app Hornet to increase the spotlight on the effects of stigma and bring forth positive stories of change. As of January 02, 2020, Avert reports impact in the areas of knowledgeable people, targeted HIV information, productive civil society, and challenging barrier by reaching a reported 20.7 million in 2018-19.

The Finding Respect and Ending Stigma around HIV (FRESH) program, conducted in Alabama (United States), is a healthcare setting stigma-reduction intervention that brought healthcare workers and PLWH together in a workshop setting to address HIV-related stigma (Batey et al., 2016). Both qualitative and quantitative analysis of a small sample size proved statistically significant for increased awareness of stigma and a decreased amount of uncertainty about treatment in PLWH (Batey et al., 2016). The methods in the FRESH program are valid and would add value if replicated in like settings (Batey et al., 2016).

Lessons learned from the CDC's campaign, International HIV/AIDS Alliance, Avert; and. The FRESH program are consistent with this DNP project premise that stigma experienced by PLWH must be addressed in a manner that considers patient's experience of shame and, where possible, patient engagement (Avert.org, 2020; Batey et al., 2016; CDC, 2019b; International HIV/ AIDS Alliance, 2020;). Addressing stigma

should be dynamic, inclusive of positive outcomes of HIV treatment and developing conscientious interactions and using neutral or positive language when discussing HIV. Community and healthcare workers must be trained about the details of stigma and how to reduce stigma behaviors to help society and patients overcome the detrimental challenges of stigma in PLWH (CDC, 2019b). Communalities among national and global programs include providing education to healthcare workers and interdisciplinary teams, the inclusion of the affected patient group, using creative measures, such as cellphones and social media technology to reach patients, and addressing disease-specific literacy (Avert.org, 2020; CDC, 2019b; International HIV/AIDS Alliance, 2020).

Relevance to Nursing Practice

The health care profession has an ethical duty to avoid engaging in stigmatizing behaviors and a legal duty not to discriminate (Anderson, 2009; CDC, 2019b). To provide maximally useful and ethical HIV testing and care, health care personnel also need to recognize and consider the realities faced by people living with HIV (Anderson, 2009). Best practices and tools are required to assist nurses in the development of skills for building rapport and developing influential interpersonal relationships with patients experiencing internalized stigma related to HIV. Adekunbi et al. (2015) urged that further studies to support stigma reduction and those that influence stigma reduction on critical behaviors and biomedical outcomes are needed.

By establishing therapeutic relationships that encompass open, honest, respectful and non-judgmental communication nurses can build a foundation for successful interventions to reduce stigma in PLWH (Garrido-Hernansaiz et al., 2016; Rael &

Hampanda, 2016; Rouleau et al., 2019; Rueda et al., 2016; Tran et al., 2019). Stigma reduction will lead to better outcomes in health, including greater adherence to treatment regimens, thus lowering the risk of spreading HIV (CDC, 2019b), a better quality of life for PLWH, including decreased symptoms of depression, higher functional and vocational activities of daily living.

Local Background and Context

This DNP project has been conducted in the fourth most populous and ethnically diverse metropolitan city in the United States of America. As of 2018, Houston's population was 2,325,502 and is the largest in the southern U.S. and Texas (Houston Health and Human Service, 2020). HIV became reportable by name in Texas in 1999 (CDC, 2019b). Since then, there have been 29,517 cases of HIV cases regardless of identifiable status reported through the Department of Health and Human Services (DHHS; Health and Human Services, Houston Health and TX, 2020). New HIV diagnoses ranged from 1,200-1,300 per year from 2008 to 2014 (Ryan White Houston Planning Council, 2017). As of 2018, there were 25, 831 citizens living with HIV in Houston, Texas (Houston Health and Human Service, 2020). African American and Hispanic/Latino citizens lead new diagnoses, with percentages ranging from 30-40% (AidsVu.org, 2018).

The Houston Area Comprehensive HIV Prevention & Care Services provides HIV services and partnerships in the Houston Metropolitan Statistical Area (MSA), the Houston Eligible Metropolitan Area (EMA), and the Houston Health Services Delivery Area (HSDA). Combined, the areas cover 9,415 square miles of southeast Texas, or 3.5%

of the entire state. As the name of the program name states, it is general receiving funds from the CDC, the Ryan White Project, the Texas Department of Health and Human Service, and the city of Houston. Houston Area Comprehensive HIV Prevention & Care Services lists stigma, discrimination, and cultural resistance as barriers to HIV prevention, self-disclosure, treatment, and community partnership. The organization's 2017-2021 plan has several focuses on community and health environment initiatives to decrease stigma. A primary strategy is to market stigma reduction through media and social media (Ryan White Houston Planning Council, 2017).

Role of the Project Team

A medical doctor with a specialization in women's health and public position in charitable work in the area of HIV and a social worker specializing in public health, with experience writing grants to secure services for PLWH served as an expert committee to review the literature and assist with the development of training materials that addresses reducing unconscious bias, increasing therapeutic communication skills, and HIV outcomes related to adherence to treatment, therapeutic techniques, and self-awareness resources. The team reviewed and critiqued the content of the staff education material regarding acceptability and relevance. The medical doctor also served as the sponsor and host of the staff education project. The project team reviewed the results of the evaluations and data analysis from the pilot presentation and provided final agreement with the continued implementation of the project.

Role of the DNP Student

Standards VI and VII of the American Association of College of Nurses (AACN) Essentials of Doctoral Education for Advanced Nursing Practice include Interprofessional Collaboration for Improving Patient and Population Health Outcomes and Clinical Prevention and Population Health for Improving the Nation's Health (AACN, 2006). As a nursing leader, I have had numerous opportunities to practice these standards and will also do so in this DNP project. As a nursing leader, I have developed, planned, and implemented multiple health prevention and health maintenance programs. These programs include initiatives to promote receipt of the pneumonia vaccines in adults ages 65 and older, and Synagis medication delivery programs for vulnerable pediatric patients prone to Respiratory Syncytial Virus. I have also collaborated with medical chiefs of service, nursing committees, and frontline staff to complete quality improvement and quality incentive programs. My professional experience and my growth through the Walden University's DNP program has prepared me to lead this staff education project. I lead the project by applying the research that I have conducted in the areas of alleviating HIV stigma, therapeutic communication techniques, and decreasing implicit or unconscious bias. Based on the study, I developed this staff education program to include interactive discussion, viewing videos of PLWH expressing their experiences of stigma, evaluating literature from the CDC that guides language to reduce stigma, analyzing literature on implicit bias reduction, and research on therapeutic communication. I adapting training to a presentation format, that was compatible to zoom meeting. I collaborated with the project team for review and acceptance of training

content. I also supported the sponsoring MD with the delivery of training using all standards, including informed consent and protection of anonymity, as guided by Walden University's Institutional Board.

Summary

The literature supports that nursing and other health professionals are often unaware of their own unconscious bias toward PLWH and often lack the skills needed for therapeutic communication. This education project is guided by Peplau's theory, which supports building an open-ended rapport where patients are encouraged and motivated to continuously build a rapport with healthcare providers and employ specific strategies such as highlighting good results of HIV treatment outcomes when patients adhere to treatment plans.

Section 3: Collection and Analysis of Evidence

Introduction

The purpose of this staff education project was to work with healthcare leaders and educators who are training nurses to care for PLWH to develop and pilot a continuing education program for nurses working with this population. The education program aims to assist nurses in the development of skills for building rapport and establishing influential interpersonal relationships with patients experiencing internalized stigma related to HIV (Adekunbi et al., 2015). The practice-focused question asks, *Will an interactive educational program improve the knowledge and intent to use collective communication skills in nurses working with PLWH?* This section will discuss the sources of evidence and the process for the development and piloting of the education program.

Sources of Evidence

A literature and resource review has been conducted using the Walden University's library, Google Scholar, the Centers Disease Control and Prevention, the National Institutes of Health, the World AIDS Foundation, AIDSVU.ORG.org, the National HIV Nurse's Association, the Association of Nurses in AIDS Care, the Harvard Business School Project Implicit, and the Georgetown Center for Spirituality in Patient Care. Search terms included: *reducing internalized stigma in HIV, Hispanics and HIV/AIDS, African Americans and HIV/AIDS, nurses reducing internalized stigma, unconscious bias, understanding cultural bias in HIV, unconscious bias in HIV, promoting adherence to HIV treatment, and nurses education in HIV care.* A review of

the literature will focus on articles published in English and ranging from 2000 to the present.

Development Process

The primary goal of this DNP project is to provide nurses and healthcare team members with resources to develop self-awareness and therapeutic communication skills that are necessary to build relationships with PLWH. This DNP project was structured and evaluated using the Kirkpatrick's (1959) four levels evaluation model. The four levels include reaction, learning, behavior, and results (Kirkpatrick & Kirkpatrick, 2019). Kirkpatrick's evaluation model is in alignment with this program and practice question as it provides an interconnected guide that considers the significant findings from the beginning stages of planning. Preassessment and postassessment followed the aligned practice question, goals, and objectives of the training program. Postassessment included evaluation of reaction, learning, and behavior. Results of the outcome was assessed by comparison of pretest and posttest survey that specifically focused on staff's report of increased or decreased efficacy directly related to the project intent to reduce stigma or unconscious bias toward PLWH.

Training content included in this DNP project consisted of PLWH discussing their personal experience of stigma via YouTube videos; a discussion of unconscious bias between David R. Williams, Professor of Public Health at the Harvard T.H. Chan School of Public Health, and Don Berwick, MD, President Emeritus and Senior Fellow Institute of Healthcare Improvement, to describe three promising strategies to reduce implicit bias. A discussion by Dr. Michelle van Ryn, Ph.D., a researcher at Mayo Clinic, describes

unconscious bias in health care; a study of Project Implicit's: IAT and a link for self-assessment, which will be done privately; the CDC's Let's Stop HIV together language guide; Peplau's theory of interpersonal relationships; best practices of therapeutic communication related to PLWH; and self-reflection and simulation role-play, consistent with best practice in adult education with the understanding that adult learners have an extensive depth of experience, are self-directed and are likely to take responsibility for their actions (see Kennar & Weinerman, 2017).

Eight staff members affiliated with a women's health clinic in the urban area of Houston Texas participated in this DNP project to achieve the desired outcomes of increased self-awareness of unconscious bias, increased knowledge regarding the use of communication tools in therapeutic communication, and improved self-efficacy of healthcare professionals. As found by Feyissa et al. (2019), enhanced corrective disclosure, particularly in the minority and underserved communities, has the potential to improve the health status and outcomes of PLWH.

The initial program objectives included Part 1: To enhance the self-awareness of unconscious bias (Level 2: Learning). This will be achieved by Harvard University's Project Implicit (2011), which includes the IAT. The IAT measures attitudes and beliefs that people may be unwilling or unable to report (Project Implicit, 2011) and frequently may not be aware that they possess. The test analyzes how underlying implicit attitudes influence evaluative associations, comparing differences in reaction times in a rapid computerized categorization task (Gattol, Saaksjarvi, & Carbon, 2011). Using the IAT and educating participants on unconscious bias theory is likely to increase awareness of

and reduce implicit bias (Atewologun, Cornish, & Tresh, 2018). Brunel, Tietje, & Greenwald (2004) studied the applicability of the IAT in consumer research. Findings suggest that the IAT is a valid measurement instrument for capturing consumer attitudes, concluding that the IAT was sensitive to individual differences in attitude accessibility and that the IAT can capture automatic associations that are distinct from explicit measures (Brunel, Tietje, & Greenwald, 2004; Gattol et al., 2011). Given the sensitivity of the information, the results of the IAT are for the individual alone.

The second part was Part 2: To improve knowledge regarding the recognition of stigma as a part of the patient assessment of PLWH (Level 2: Learning). Training content includes PLWH discussing their personal experience of stigma via YouTube videos; a discussion of unconscious bias between David R. Williams, Professor of Public Health at the Harvard T.H. Chan School of Public Health, and Don Berwick, MD, President Emeritus and Senior Fellow Institute of Healthcare Improvement, to describe three promising strategies to reduce implicit bias. A discussion by Dr. Michelle van Ryn, Ph.D., a researcher at Mayo Clinic that describes unconscious bias in health care; the CDC's Let's Stop HIV together language guide; Peplau's theory of interpersonal relationship theory, therapeutic communication techniques related to PLWH, and positive objective outcomes of HIV treatment adherence. The original plan included self-reflection and simulation role-play, which are consistent with best practice in adult education with the understanding that adult learners have an extensive depth of experience, are self-directed, and are likely to take responsibility for their actions (Kennar & Weinerman, 2017). Due to the COVID 19 outbreak, this education was conducted via

Zoom webinars and interactive discussion questions were not completed. The final part was Part 3: To improve the self-efficacy of the professionals when addressing stigma (Level 3: Behavior). While knowledge gain is essential, this does not measure the ability to put this information into clinical practice, which is the purpose of continuing education. The simulation experience allows professionals to explore the concepts in action (Shin, Park, & Kin, 2015).

Reactions and learning after training were assessed using postsurveys (Level 1: Reaction). They addressed participants' responses to the training experience, for example, their learning environment, format and instructor methods, general satisfaction.

Postsurveys were also conducted to assess the self-assessment of knowledge skills gained and the participants' expected application of learning (Level 4: Results). A prominent question will be whether the IAT gave them additional insights into their own potential biases.

The Pilot Program

Participants for the initial project were recruited from a Houston area clinic offering primary and woman's health services. The 40-minute training occurred through a Zoom meeting application. Nursing and healthcare professionals were invited to participate in the pilot educational program, with encouragement to stay in the program from start to finish. They will be informed that their participation is voluntary, and they may withdraw at any time. The results and follow-up section provided a comprehensive evaluation of the program and guide revisions and expansions of the program as necessary. When reviewing results, analysis was focused on the changes from the pre-

education survey to the post-education poll related to the stated three objectives: (1) did staff gain knowledge regarding being more aware of self during interactions/relationship building with patients? (2) Did the team increase therapeutic communication skills? (3) Did staff gain transferable knowledge regarding the outcome of HIV treatment adherence? Paired *t* Test were used to determine the statistical measure of Pearson's Correlation to determine the effect that training had on participants responses before and after the staff education program. Two questionnaires, the Medicine and Stigma Regarding HIV/AIDS & the Fears and Emotions Regarding HIV/AIDS adapted from Baytner-Zamir, Lorber, and Hermoni (2014), were used to assess changes in attitudes and self-efficacy related to stigma about PLWH. Permission for the use of these questionnaires have been granted by Baytner-Zamir, Lorber and Hermoni (2014) under the terms of the Creative Commons Attribution that permits unrestricted use, distribution, and reproduction provided the original work is properly credited.

Ethical Considerations

Approval has been received from Walden University's Institutional Review Board. The expert committee members and the pilot participants were informed of the purpose of the project, the potential benefits of participating, the ability to withdraw at any point, and the anonymity of their evaluation responses. This project will not include patients or other human subjects. Professionals participating in the pilot educational program were informed of the purpose of the education and the evaluation. Each participant created a self-determined unique ID that allowed the correlation of the pre/post-test data to be de-identified. Demographic information of professional

background, years working with HIV/ patients, and professional setting were collected for descriptive purposes only.

Summary

Nurses are positioned to affect change in a patient's experience of stigma. Research findings indicate a significant gap between nurses' knowledge regarding HIV treatment and prejudicial actions towards PLWH (Adekunbi, et al., 2015). Best practices and tools are needed to assist nurses in the development of skills for building rapport and developing influential interpersonal relationships with patients experiencing internalized stigma related to HIV (Adekunbi, et al., 2015). This DNP Education Project focused on training nurses about therapeutic communication techniques to address the issue of stigma with the PLWH population in the south Texas area, where many of the newly diagnosed patients are also from minority and traditionally underserved populations.

Section 4: Findings and Recommendations

Introduction

Internalized stigma experienced by (PLWH) has been associated with poor self-care, depression, decreased medication adherence with anti-retroviral medications, less attention to acute illness and increased acuity during hospitalizations, and the increased spread of HIV (CDC, 2019; Florom-Smith & De Santis, 2012; Garrido-Hernansaiz, et al., 2016; Rael & Hampanda, 2016; Rouleau et al., 2019; Rueda et al., 2016). Nurses are positioned to affect change in a patient's experience of stigma. This DNP staff education project focused on assisting nurses in the development of skills for building rapport and establishing influential interpersonal relationships with patients experiencing internalized stigma related to HIV. The practice question asks *Will an interactive educational program improve the knowledge and intent to use specific communication skills in nurses working with PLWH?*

This section will discuss the findings and implications from the data analysis of this staff education project.

Findings and Implications

Participants

A total of 8 staff participated in the staff education presentation. Staff were verbally informed of the sponsorship, nature, and directions to further participate. Staff were informed of anonymity and right to withdraw from the project at any point at their will. Staff was then directed to a SurveyMonkey link for participant demographic

questions and acknowledgement of reading the consent form for this project that was provided by the Walden University Institutional Review Board (IRB).

Participants' professional years of experience included 37, 30, 20, 19, 13, nine, and four years. Six participants out of eight reported caring for or interacting with patients face to face. Participants' reported educational levels included college, an associate degree, bachelors in nursing, and doctorate degrees.

Results

Survey questionnaires Fear and Emotions Regarding HIV and Medicine and Stigma Regarding HIV were administered via Survey Monkey before and after the staff education presentation. After matching unique identification numbers, unfortunately all eight staff members who participated in the staff education presentation were not able to be included in the final analysis of the project. The surveys included in the final analysis includes five participants with completion of the Fear and Emotions Regarding HIV survey and six participants with completion of the Medicine and Stigma Regarding HIV Survey. The Fear and Emotions Regarding Emotions Regarding HIV contained six questions with the answer format agree or disagree. The Medicine and Stigma Regarding HIV contained eight questions with the answer format agree or disagree. Each agree answer received a score of one and each disagree answer received a score of 0.

Participant scores are shown in Tables 1 and 3.

A paired *t* test was used to determine Pearson's Correlation coefficient for each survey (see tables 2 & 3). Based on the Pearson Correlation result of 0.557370402 for the Fears and Emotions Regarding HIV, there was a high effect of change in scores in the

post-test from the pretest (see Lee, 2016). Based on a Pearson Correlation result of 0.108465229 for the Medicine and Stigma Regarding HIV, there was a low effect of change. It is also important to note that one participant in the Medicine and Stigma in HIV had a greater posttest score (1) than a pretest score (0). This outlier, being that one participant had a more negative view of stigma after the staff education presentation does not cause a significant change in positive results as shown.

Table 1

Participant Survey Scores: Fear and Emotions Regarding HIV

Participant ID	Pretest Score	Posttest Score	Difference
P1	3	2	1
P2	3	0	2
P3	2	1	1
P4	1	0	1
P5	0	0	0

Table 2

T Test: Paired Two Sample for Means: Fear and Emotions Regarding HIV

	<i>Variable 1</i>	<i>Variable 2</i>
Mean	1.8	0.6
Variance	1.7	0.8
Observations	5	5
Pearson Correlation	0.557370402	
Hypothesized Mean Difference	0	
<i>df</i>	4	
<i>t</i> Stat	2.449489743	
P(T<=t) one-tail	0.035241998	
<i>t</i> Critical one-tail	2.131846786	
P(T<=t) two-tail	0.070483997	
<i>t</i> Critical two-tail	2.776445105	

Table 3

Participant Survey Scores Medicine and Stigma Regarding HIV

Participant ID	Pretest Score	Posttest Score	Difference	
P1		1	1	0
P2		2	1	1
P3		2	1	1
P4		0	1	1
P5		1	0	1
P6		1	1	0

Table 4

*T Test: Paired Two Sample for Means: Medicine
and Stigma Regarding HIV*

	<i>Variable 1</i>	<i>Variable 2</i>
Mean	1.166666667	0.833333333
Variance	0.566666667	0.166666667
Observations	6	6
Pearson Correlation	0.108465229	
Hypothesized Mean Difference	0	
Df	5	
t Stat	1	
P(T<=t) one-tail	0.181608734	
t Critical one-tail	2.015048373	
P(T<=t) two-tail	0.363217468	
t Critical two-tail	2.570581836	

Implications

Based on the results of positive improvement in the self-efficacy of the professionals when addressing stigma, this DNP Staff Education project has been shown to be effective. Continued implementation in the urban area could affect change in the experience of stigma in PLWH. The training content explored the experience of PLWH personal experiences of stigma and highlighted the need for awareness of unconscious bias. Implementing this staff education project could lead to the evolution of best practices and tools in the development of skills for building rapport and developing influential interpersonal relationships with patients experiencing internalized stigma related to HIV (Adekunbi, Chinomso, & Tolulope (2015). This staff education project is

likely to assist healthcare leaders in establishing training programs that will lead to healthcare professional developing therapeutic relationships that encompass open, honest, respectful and non- judgmental communication nurses can build a foundation for successful interventions to reduce stigma in PLWH (see Garrido-Hernansaiz et al., 2016; Rael & Hampanda, 2016; Rueda et al., 2016; Rouleau et al., 2019; Tran et al., 2019). The resultant stigma reduction will lead to better outcomes in health, including greater adherence to treatment regimens, thus lowering the risk of spreading HIV (see CDC, 2019b), a better quality of life for PLWH, including decreased symptoms of depression, higher functional and vocational activities of daily living.

Limitations

This staff education was completed with a small convenience sample. Also, due to the Covid-19 pandemic the project was completed in an online forum, which may have taken some of the personal impact away from the discussion component. However, the online format did increase anonymity.

Recommendations

Having an increased knowledge regarding unconscious bias along with strategic techniques to address communication purposefully has been shown to give nurses and healthcare professionals the confidence and motivation to use therapeutic communication (CDC, 2019b; Garrido-Hernansaiz et al., 2016; Rael & Hampanda, 2016; Rueda et al., 2016; Rouleau et al., 2019).. When nurses use practical therapeutic communication skills with PLWH, these patients will have a higher likelihood of reducing internalized stigma related to their HIV status (CDC, 2019b; Garrido-Hernansaiz et al., 2016; Rael &

Hampanda, 2016; Rueda et al., 2016; Rouleau et al., 2019).. It is recommended that nursing and healthcare leaders continue to utilize this staff education presentation to address the lack of formal continuing education programs for nurses about therapeutic communication techniques to address the issue of stigma that the PLWH population experience.

Summary

The results of this DNP project confirms that educating staff regarding stigma experienced by PLWH, providing awareness regarding unconscious bias, and giving staff techniques to facilitate therapeutic interpersonal relations with PLWH will lead to positive social change in nursing and healthcare specialties. It is recommended that leaders in multiple settings in this urban area utilize this staff education for staff development.

Section 5: Dissemination Plan

Dissemination Plan

This DNP project was conducted in the fourth most populous and ethnically diverse metropolitan city in the United States of America. As of 2018, Houston's population was 2,325,502 and is the largest in the southern United States and Texas (Houston Health and Human Service, 2020). As of 2018, there were 25, 831 citizens living with HIV in Houston, Texas (Houston Health and Human Service, 2020). African American and Hispanic/Latino citizens lead new diagnoses, with percentages ranging from 30-40% (AidsVu.org, 2018). The Houston Area Comprehensive HIV Prevention & Care Services provides HIV services and partnerships in the Houston MSA, the Houston EMA, and the Houston HSDA. Combined, the areas cover 9,415 square miles of southeast Texas, or 3.5% of the entire state. It is my goal to use current relationships with nurses and medical directors working in this urban area to expand my network and propose training to multiple clinicians and allied health professionals connected to community organizations that focus on HIV care in the MSA, EMA, and the HSDA.

Analysis of Self

Standards VI and VII of the American Association of College of Nurses (AACN) Essentials of Doctoral Education for Advanced Nursing Practice include Interprofessional Collaboration for Improving Patient and Population Health Outcomes and Clinical Prevention and Population Health for Improving the Nation's Health (AACN, 2006). At the start of my becoming a student at Walden in the DNP program, I had done many projects that were in alignment with the above, mentioned standards.

However, with the guidance of several professors and especially my committee chair, at the completion of this project, I can attest to the fact that my perspective on completing a staff education project in an urban community has been expanded and I am more culturally aware. Through guidance from my committee chair, I have learned to explore community programs from the city, state, country, and global perspective and to include commonalities in the human experience when addressing a patient's health experience. Also, through my research, I have also begun to look at the dynamics in the nurse-patient relationship, attuning to the human aspects of communication.

Summary

This DNP project has been conducted in the fourth most populous and ethnically diverse metropolitan city in the United States of America. As of 2018, Houston's population was 2,325,502 and is the largest in the southern U.S. and Texas (Houston Health and Human Service, 2020). The results of this DNP project confirm that educating staff regarding stigma experienced by PLWH, providing awareness regarding unconscious, and giving staff techniques to facilitate therapeutic interpersonal relations with PLWH. It is recommended that leaders in multiple settings in this urban area utilize this staff education for staff development. It is recommended that leaders in multiple settings in this urban area utilize this staff education for staff development.

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Appendix A: Survey Questionnaire Medicine and Stigma Regarding HIV and Fear

Emotions Regarding HIV

Medicine and Stigma Regarding HIV

1. Other medical professionals should be told if a colleague has HIV/AIDS
2. I believe I have the right to refuse to treat PLWH
3. Doctors have the right to refuse to treat PLWH
4. I have no wish to work with PLWH
5. If given a choice, I would prefer not to treat PLWH
6. They should keep HIV infected professional out of practice environments
7. A physician with HIV should not be allowed to work (with the appropriate precautions)
8. The probability of working with PLWH will play a role in my specialty selection in my area of work

Fear Emotions Regarding HIV

1. I'd feel ashamed if I had HIV/AIDS
2. If, as a medical professional, I had to care for PLWH I would feel anxious
3. I am concerned that working with PLWH may endanger my health
4. If, as a medical professional, I had to care for PLWH I would feel reluctant
5. Many healthcare workers in high risk of acquiring HIV at work
6. I am concerned that in the future we will find out that HIV can be transmitted in ways now thought safe

Appendix B. Therapeutic Communication and Stigma in HIV Presentation

Stigma and HIV
Professional Awareness and Social Responsibility

Goals of the Education Program

- 1. To increase awareness of how patients' perceptions of stigma impact their self-esteem and decision-making process
- 2. Reflect on how personal/unconscious bias can have an impact on therapeutic communication
- 3. Describe strategies for acknowledging stigma experienced by PLWH and improving therapeutic communication

HIV Stigma
HIV stigma is negative attitudes and beliefs about people living with HIV. It is the prejudice that comes with labeling an individual as part of a group that is believed to be socially unacceptable.
Here are a few examples:

- Believing that only certain groups of people can get HIV
- Making moral judgments about people who take steps to prevent HIV transmission
- Feeling that people deserve to get HIV because of their choices

Effects of HIV Stigma
HIV stigma and discrimination affect the emotional well-being and mental health of people living with HIV. People living with HIV often internalize the stigma they experience and begin to develop a negative self-image. This may lead to them being discriminated against or judged negatively if their HIV status is revealed.

Outcomes of Internalized HIV Stigma

- Poor self-care and decreased adherence of routine medical care
- Decreased medication adherence with antiretroviral medications
- Decreased attention for acute illness and higher acute hospitalizations
- Increased spread of Human Immunodeficiency Virus (HIV)
- Depression and isolation
- Suicide

Stigma In HIV - Patient Testimonials
California Prevention Training Center
This short video highlights people living with HIV talking about the impact of HIV-related stigma on their lives and communities. See more about us at www.cphiv.org
<https://www.youtube.com/watch?v=2N5y8t5k0>

Stigma In HIV - Patient Testimonials
Channel 4 News United Kingdom
More people in the UK live with HIV now than in the 1980s, but the stigma associated with the disease has not gone away, and failure in diagnosis and confidentiality remains problematic. Subscribe for more like this, every day.
<https://www.youtube.com/watch?v=67z4MkDzUc>

Stigma In HIV - Patient Testimonials
Michael Sizer - Living With the Stigma of HIV
I interviewed 6 people living with HIV, they had a lot to say about the social stigma they face.
<https://www.youtube.com/watch?v=67z4MkDzUc>

Stigma In HIV - Patient Testimonials
CDC Documentary
<https://youtu.be/67z4MkDzUc>

Pause for Discussion

- Do you recall using or hearing stigmatizing language?
- Would you feel comfortable with discussing stigmatizing language and CDC suggestions with colleagues?
- How would you feel if you were a PLWH and you heard stigmatizing language used to describe you?

But not me.....
David R. Williams, Professor of Public Health at the Harvard T.H. Chan School of Public Health, has been researching health inequalities in the United States for two decades. In this video, he sits down with Don Berwick, MD, President Emeritus and Senior Fellow at IHI, to discuss three promising strategies to reduce implicit bias.
How Can Providers Reduce Unconscious Bias?
<https://www.youtube.com/watch?v=3K6T0J4R8X0>

Self-reflection
Meep 2018
Michèle van Ryn, Ph.D., a researcher at Mayo Clinic, describes unconscious bias in health care and research underway to understand and address the issue.
<https://www.youtube.com/watch?v=67z4MkDzUc>