

ABSTRACT

Health-care Students' Willingness to Interact with Patients Living with HIV/AIDS (PLHIV): The Influence of Attributions, Emotions, Prejudice and Perception of Occupational Risk.

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Over the last three decades, the Acquired Immune Deficiency Syndrome (AIDS) has been one of the most severe problems facing public health. Care and treatment of persons living with HIV (PLHIV) are critical to stemming the HIV/AIDS epidemic and health-care practitioners are the primary point of care for PLHIV. Cognitive (e.g. attributions of blame and prejudicial evaluation) and emotional (e.g. fear and empathy) factors affect delivery of healthcare to PLHIV. The study examined the impact of cognitive and affective factors on health-care students' willingness to interact with PLHIV. Weiner's (1986) attribution-emotion model guided the investigation.

Study I employed a stratified random sample of 339 health-care students (nurses, dentists and medical doctors). A (2 x 2) factorial design using a vignette, manipulated a patient's sexual orientation (homosexual/ heterosexual) and HIV onset-controllability (infection through promiscuous sex/through blood transfusion). Study II used a simple random sample of 114 registered nurses. Participants in Studies I and II responded to questions pertaining to their cognitive, emotional and behavioural reactions to PLHIV.

There was a significant main effect of HIV onset-controllability on participants' attributions, emotions, prejudicial evaluation, and willingness to interact, $\Lambda (.64) F(6, 330) = 31.44, p < .001$, partial $\eta_p^2 = .37$. The cognitive and affective variables explained a significant proportion of variance in respondents' willingness to interact with PLHIV, $R^2 = .39, F(9, 329) = 23.55, p < .001$. Emotions mediated between attributions and willingness to interact at $p < .05$. In Study II, cognitive and emotional factors, especially social contact and fear, significantly predicted willingness to interact with PLHIV, $R^2 = .28, F(6, 107) = 6.82, p < .001$.

Findings suggest that an increase in empathy and reduction in fear will significantly enhance practitioner-patient interaction. Practitioners' social contact with HIV patients also increases their willingness to interact with patients. Recommendations for best practice include emotional regulation and awareness of potential biases.

Keywords: Jannel Philip; HIV stigmatization; attributions; emotions; health-care practitioners.