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Experiences of Nursing care for People Living with HIV/AIDS

A literature Review

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Abstract

The Human Immunodeficiency Virus (HIV), affects and destroys CD4-cells, thereby leaving the body vulnerable to opportunistic infections such as tuberculosis and cancers. In 2020, about 38 million people were living with HIV. 2.2 million are newly infected globally. The disease has no known cure and as such, the main intervention is administering antiretroviral therapy (ART). About 67% of infected people had received ART by the end of 2019 according to the 2019 WHO report.

The aim of this study was to assess the experiences of HIV patients towards the nursing care they receive. The methodology chosen was a literature review of peer-reviewed articles under CINAHL (EBSCO) and PubMed. The data was then examined, analysed, and critically appraised following Hawker's critical appraisal. The results were presented in three main subsections, accordingly as positive and negative experiences, and ways to enhance the positive experiences of HIV patients.

The outstanding themes suggest that HIV is no longer life-threatening as it used to be in the 1980s. However, HIV patients still experience other forms of health-related and quality of life challenges such as stigmatisation, discrimination, and social-economic burdens that greatly diminish their independence

Keywords (subjects)

Nursing care, HIV/AIDS, Nursing Experiences, CD4-cells, Prevention, antiretroviral

Miscellaneous: Thesis data sheet has an appendices from page 37

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ABBREVIATIONS

AIDS: Acquired Immunodeficiency Syndrome

ART: antiretroviral Therapy

ARV: Antiretroviral

HIV: Human Immunodeficiency Virus

PLWH: People Living With HIV

WHO: World Health Organization

1 Introduction

The Human Immunodeficiency Virus (HIV), affects and destroys immune cells called CD4-cells, thereby leaving the body vulnerable to life-threatening infections and cancers (Zur, Dunne, Rose, & Latimer 2012). Furthermore, HIV can lead to acquired immunodeficiency syndrome (AIDS) if not treated (Hernandez-Vargas 2013). HIV can be transmitted via unprotected sex (oral, anal, vaginal) with an infected person; transfusion of contaminated blood; sharing of contaminated needles, sharp instruments, syringes, or surgical equipment; and vertically from mother to infant during pregnancy, childbirth, and breastfeeding (Negash & Ehlers 2013). The latter has been shown to be prevalent mostly due to ignorance among both the affected and infected. A 2012 study by Zur and colleagues revealed that black women were more likely than white women to possess correct knowledge about HIV transmission through breastfeeding. The same study also found that those with less than high school education and those that had smoked crack cocaine in the last six months were less likely to answer the question correctly.

In 2017, about 36.9 million people were living with HIV, and 1.8 million people became newly infected globally (World Health Organisation (WHO) 2018). According WHO (2018), the African continent was the most affected, with 25.7 million people living with HIV. A study carried out in the USA, six Asia-pacific countries, and three European countries indicated a 19.1% HIV prevalence among 11066 transgender women (Baral, Poteat, Strömdahl, Wirtz, Guadamuz, & Beyrer 2013). Finland has the lowest number of HIV patients wih about 4,000 people living with HIV, and an estimated 200 new infections are reported annually (Preau, Protopopescu, Raffi, Rey, & Chene 2012). HIV-related deaths decreased by 38% globally, mainly because more people got access to antiretroviral therapy (ART), between 2000-2017. About 20.9 million patients were on ART by mid-2017 (WHO 2018).

No effective cure currently exists for HIV, but with proper medical care and adherence to the care plan, the condition can be managed (Relf, Mekwa, Chasokela, Nhlegithwa, Letsie, Mtengezo, & Hopson 2011). Given that HIV /AIDS is a chronic (lifelong) condition, patients, their families and friends will always come in contact with nurses for care provision (check-ups or prescription refills). Clients' satisfaction with care, based on their experiences with nursing care delivery, is recognised as one of the most important indicators of quality in health care, and can consequently influence medication adherence and better health outcome (Negas & Ehlers 2013). Nurses are at the forefront of care provision in areas of prevention, care, treatment, education, and rehabilitation (Relf et al. 2011). Universal precaution (UP), such as wearing protective gear while conducting medical procedures by service providers, is also advised to prevent nosocomial infections but a study in China's health care system indicated selective adherence and, in some cases, non-adherence to UP in their daily medical practice (Wu, Wu, Cao, Lin, Yan, Jia, & Cui 2008).

2 HIV and Nursing Care

HIV/AIDS patients face challenges such as stigmatisation and discrimination not only from society, but also some health care workers (Deblonde, De Koker, Hamers, Fontaine, Luchters, & Temmerman 2010). Understanding HIV patients' experiences concerning the care provided to them by nurses has considerable clinical importance – it indicates the degree to which care meets clients' needs and expectations, which in turn may influence adherence to treatment, follow-up meetings, mental and physical health. A review by Deblonde and colleagues (2010) investigated the barriers to HIV testing, counselling and care in Europe and reported that increased knowledge of HIV clients' perceptions or experiences is significant to improving the effectiveness in HIV care circles. Despite these observations, most studies have focused on nurses' perceptions of the importance of their caring behaviours or good clinical care for HIV-positive patients on antiretroviral treatment (Campbell, Scott, Madanhire, Nyamukapa, & Gregson 2011), and effects of HIV at the individual, societal, economic and family level (Fox, Rosen, Macleod, Wasunna, Bii, Foglia, & Simon 2014). Little is, however, known about HIV/AIDS clients' experiences concerning nursing care, justifying the hypothesis of the current study. The aim of the study is, therefore, to explore, understand and document HIV/AIDS patients experiences of nursing care. More importantly, to the study will provide information that can be used to improve nursing care for such patients.

2.1 Virology and Prevalence

HIV attacks and destroys the body's immune cells by attaching to CD4 receptors. Even though the site at which the virus binds onto the receptors is vulnerable to the antibodies, they (antibodies) are not able to neutralise the HIV (Chen, Do Kwon, Zhou, Wu, O'Dell, Cavacini, Hessell, Pancera, Tang, Xu, & Yang 2009). Without medication, HIV may destroy many of these CD4 cells over time. This renders individuals more vulnerable to opportunistic infections such as Tuberculosis (TB) and cancers (ibid). Without treatment, a typical HIV infection progresses through three stages: (1) acute HIV infection; (2) long (3-10 years) asymptotic chronic stage where the virus is proliferating; and (3) final progression to AIDS, which is the more severe stage and is characterised by an increase in the viral load concomitantly with a decline in healthy CD4+T cell (Hernandez-Vargas & Middleton 2013). Without appropriate care or medication, the average time between the infection with HIV and the progression to AIDS is 10-15 years, and the survival probability is approximately 71.5% after five years of ART (Sieleunou 2009).

The number of people living with HIV (PLWH) globally increased from 29.5% in 2002 to 34.0% in 2010; however, the total number of people newly infected with HIV during the same period declined from 3.1 – 2.7 million. These improvements have been attributed to significant increase in HIV testing, counselling for pregnant women, and an increase in the coverage, access and number of facilities providing ART (WHO 2018).

2.2 Prevention and Care

HIV has no cure, but an infected person can still live a normal, functional life. This is possible with the help of antiretroviral (ARV), a medication regime that helps supress the virus (WHO 2012). ARVs function by stopping the replication of HIV cells in the body by supressing the activity of the HIV cells. They attach to the HIV enzyme called reverse transcriptase, hence blocking the HIV from copying itself to the rest of the cells (Preau et al. 2012). The nursing function in the treatment of HIV patients is to offer ART. ART means antiretroviral therapy, which includes the use of HIV medicines in the treatment of HIV. The HIV patient's experiences of nursing care come when they have to be under medication. The medications for treating HIV come with their side effects, which contribute to the negative experiences of nursing care (Ingersoll & Heckman 2005).

HIV medication work by preventing rapid multiplication of HIV and its spread throughout the body cells. ARVs can inhibit viral replication to point it becomes undetectable (Bradley, Hall, Wolitski, Van Handel, Stone, LaFlam, Skarbinski, Higa, Prejean, Frazier, & Patel 2014). This means that when a loads test is performed it cannot detect the presence of HIV in the body cells. When virus multiplication is inhibited, the risk of developing other opportunistic diseases, such as various types of cancers and TB, is minimised (Bradley et al. 2014). With ART, the body's immunity can be strong enough to fight these diseases, while enabling the patient to live a normal and functional life. Besides, the reduced viral load helps to reduce the chances of HIV transmission. A person with HIV cannot transmit HIV during sexual intercourse if the viral load is undetectable (ibid). Indeed, a study conducted by Castilla, Del Romero, Hernando, Marincovich, García, and Rodríguez (2005) showed that a highly effective ART reduced plasma levels of HIV RNA, the energy centre of the virus, resulting in approximately 80% transmission of the virus in heterosexual partnerships. The function of ART is, therefore, to ensure that the viral load is reduced to an undetectable and non-functional level.

Healthcare practitioners (in most cases, the nurses) are mandated with the task of providing test and counselling to the patients. The first responsibility is that of explaining to HIV patients the side effects of ARV medications. Example of side effects experienced by HIV patient according to Hawkins (2006) include headaches, dizziness, muscle wasting, insomnia, fever, diarrhoea and swollen lymph nodes, among others. There are also long-term side effects like kidney and liver damages experienced by patients (ibid). HIV patients can get help from a nurse if the side effects persist.

HIV patients need close care and management services from every person in the society. In the healthcare system, HIV patients should be accorded care that include regular screening for diseases such as cervical cancer, immunisation and medication for opportunistic diseases which apparently kill HIV patients more than HIV itself. Immunisation is for diseases such as pneumococcal infections, influenza and hepatitis A and B. The vaccines for these two diseases should be on a five-year duration. In addition to immunisation, a test should be performed on tuberculin skin among HIV patients (Belani, Chorba, Fletcher, Hennessey, Kroeger, Lansky, & O'Connor 2012).

Families can care for family members with HIV by showing them the love and support they need. The first and most important care is by taking them for medication and regular check-ups. Spending time with them and getting to understand their needs, such as nutrition and body exercises, is also essential. Being supportive and loving will help HIV patients view life positively and help them continue living their normal productive life (Bradley et al. 2014).

The recommended way of preventing the spread of HIV is by avoiding unprotected sex, not sharing contaminated objects like needles, and screening blood before transfusion. Unprotected sex increases the risk of contracting HIV. Therefore, HIV infected person needs to be advised on the use of condoms to reduce the risk of infecting others and reinfecting themselves. The nurses in the hospital also need to be careful in handling syringes and blood of the infected person. These preventive measures, if well adopted, will help in reducing new HIV infections (Belani et al. 2012).

2.3 The Role of Nurses in Caring for HIV Patients

Nurses are pillars of support for PLWH. Right from the moment the patient is diagnosed and throughout the treatment period, the nurses' presence is highly recommended (Chen, Shiu, Simoni, Fredriksen, Zhang, & Zhao 2010). Therefore, HIV patients should be educated on the importance of nursing care. Nurses play several roles in caring for HIV patients. First, they diagnose the patient's health to determine the type of ailment the person is suffering from. In case the patient has HIV, they move to the next step where they collaborate with other healthcare providers in prescribing antiretroviral medication and providing ART (Chen et al. 2010).

Nurses provide an essential role in providing comprehensive care for HIV patients, a role that sometimes goes unnoticed. HIV is a chronic ailment but even though it has no cure, with proper care and treatment, patients can live a normal, healthy life (Ingersoll & Heckman 2005). The nurses' role in chronic diseases includes management, health monitoring, and symptoms management (Chen et al. 2010). They also perform other activities that include health education, disease prevention, acute care, palliative care, patient advocacy, mental health support, counselling, and referrals (ibid).

At every stage mentioned above, the nurse's presence is required to provide the extensive care patients need. With this responsibility comes challenges that in the end, contribute to the patients' experiences. Issues relating to ethics, professionalism, stress and burnout, self-care, and care of colleagues are some of the challenges experienced by nursing care professionals (Campbell, Scott, Madanhire, Nyamukapa, & Gregson 2011). Through proper nursing care, the spread of HIV is prevented by aiming at ensuring zero re-infections to the HIV patients, prevention of other sexually transmitted diseases, and educate on pregnancy, childbirth, and contraception to mothers living with HIV (Bradley et al. 2014). The nurses are also mandated to provide sex education to HIV patients, including facilitating and providing coitus protection (Chen et al. 2010). Proper dialogue between HIV patients and the nurses should be initiated and continued by the nursing care administrators. The nurse discusses with the HIV patients on misconceptions associated with HIV, drugs and side effects, and areas of assistance to the patients, among other roles (Chen et al. 2010).

2.4 Patients' Experiences On the Care Received from Nurses

According to the Agency of Healthcare Research and Quality (n.d), the experiences of HIV patients concerning the care they receive from the nurses depend on the interactions they get with the healthcare system. The value of healthcare they seek influences their thoughts in a great way. The experiences of the HIV patient towards the nurses can either be positive or negative, depending on the way the healthcare system is organised. Positive experiences are as a result of the approach the nurse takes during the first-time diagnosis is undertaken (ibid).

When a nurse handles a patient in the recommended manner, the patient is likely to have a positive experience to share about living with HIV. For instance, confidentiality is considered essential in the treatment of HIV. Maintaining confidentiality of the patient’s HIV status as a nurse helps improve the relationship between the nurses and the patient (Ingersoll & Heckman 2005). A patient whose nurse is confidential about his or her medical issues will talk about better experiences in handling and dealing with HIV (Hekkink, Wigersma, Joris, Yzermans, & Bindels 2005).

According to Hernandez-Vargas and Middleton (2013), patients’ experiences of the care they receive from nurses also depend on how the nurse handles the stages of HIV. During the diagnosis and treatment phase, a nurse who shows hostility towards HIV patients depicts negative experiences to the patients. The patient might develop a negative attitude towards treatment, especially regarding the use of ARVs. A patient who has ever been discriminated by a nurse will have a negative attitude towards the nurses. Similarly, when a nurse show signs of favours towards known HIV patients based on the fact that the other patient has HIV, it changes the perception of the HIV patient. When the patient discloses their attitude towards the nurse, they will base their judgment on the discriminatory experiences they face while undergoing treatment (Hekkink et al. 2005).

Provision of healthcare services by a nurse is mandatory not only as part of their job description but also as a responsibility to the societal expectations (Chen et al. 2010). Denying HIV patients the right to quality healthcare, which is termed as stigmatisation, affects HIV patients in a negative way. This is according to a study by Li, Wang, Williams, and He (2009) on the experiences of stigmatisation by healthcare providers, such as the nurses, and its influence on HIV patients. These experiences will be forever printed in the hearts of HIV patients. Failure to provide HIV patients with the required drugs also affects the patient's attitude towards nursing care. The end results might be premature deaths that could otherwise have been prevented (Li et al. 2009).

The negative experiences of HIV patients towards nurses are intensified by the lack of consent to conduct HIV testing. According to a research by Greeff, Uys, Holzemer, Makoae, Dlamini, Kohi, Chirwa, Naidoo, and Phetlhu (2008), HIV patients noted their concern about nurses who perform HIV tests on them without consent. Further, they give the test results without conducting counselling. A chronic illness like HIV needs counselling to help the patients understand their responsibilities and to know that there is more to life. Without counselling, HIV patients may develop negative attitudes towards the nurses, including developing negative experiences (Hekkink et al. 2005).

Caring for HIV patients includes teaching them about safe ways of engaging in sex as well as in reproduction (Kendall & Albert 2015). HIV cannot prevent a family from having children. However, there is a consideration that survival times decrease after childbirth in patients with HIV by up to one in six among the poorest populations of the world (Ronsmans, Graham, & Lancet 2006). Arguably, HIV patients have different experiences concerning the care they receive from nurses. Upon proper advisory, they may choose to perform voluntary sterilisation, which prevents a woman from giving birth (Kendall & Albert 2015).

The support of the nurses enhances the experiences of HIV patients since HIV patients depend on the nurses for treatment despite the lack of a permanent cure (Ingersoll & Heckman 2005). An experienced nurse who handles HIV patients with utmost care impacts the patients positively. Patients will praise the nurse if the care he/she received was to the best of their expectations. During the first time into medication, HIV patients may feel that they would not make it through the first year. However, their attitudes may change upon the nurses' guidance and counselling through every step and offer full support. Their experiences will impact other individuals afraid to undergo HIV testing (Hekkink et al. 2005).

2.5 Ethics in HIV Healthcare Nursing

All organisations have the mandate to observe the ethics, guidelines, and professionalism when properly instituted. Similarly, in nursing care, there are ethical issues to be observed, especially in caring for HIV patients. When providing care to HIV patients, nurses should ensure that the patients suffer no physical or psychological harm (Ingersoll & Heckman 2005). This is done through referrals to services provided in other facilities, including the direct care needed. It is ethical to protect the patients as demanded by healthcare protocols. Furthermore, the nurse is responsible for preventing and not engaging in discrimination and stigmatisation in the process of offering HIV care. When discrimination and stigma are allowed in the care systems, it causes negative consequences to the patients (Relf, Laverriere, Devlin, & Salerno 2009).

Nurses' prevention of HIV patients from making their own decisions marks another ethical issue (Greeff et al. 2008). Every HIV patient has the right to voice their opinions regarding the treatment they receive. The nurse's responsibility is thus, to clarify care options and let the family make their own decisions. For instance, if they decline the administration of ART, then the nurse has no option of forcing it on the patient (Relf et al. 2009).

The nurse should also exercise non-discrimination and observe equality. Issues such as age, gender, race, tribe, sexual orientation, etc., should not influence the nurse’s decision when offering HIV patient treatment. In addition, HIV patients should not be side-lined simply because of their status. Treating and caring for the patients should be done in an equal manner (Greeff et al. 2008). Such actions boost the confidence of HIV patients to seek treatment and live a normal life as required.

Finally, in nursing care facilities, confidentiality should be maintained. Nurses have the responsibility to keep the patients' information private and confidential (Relf et al. 2009). Consent must be sought before sharing patients' information with third parties. Observing confidentiality when it comes to patients' HIV test results boosts trust between the nurse and the patients, thus, improving their relationship and ultimately the patients' experiences towards nursing care (Greeff et al. 2008).

3 Aims, Purpose and Research Question

The aim of this research was to investigate the experiences of HIV patients regarding the care they receive from nurses through a literature review. The purpose was to inform nursing care by highlighting its potential influence on the experiences, health and survival times of HIV patients. The guiding research question is: How does HIV-positive patients perceive their experiences of nursing care?

4 Literature Review

By definition, a literature review is a well-structured document that comprehensively summarises, in a logically argued manner, current knowledge on a given topic leading to an understanding of that topic (Conner 2014). Arguments are based on peer-reviewed publications from online research databases. The significance of this study is to help in the documentation and presentation of the outcome in an organised manner, identify existing knowledge gaps in previously conducted work, and synthesise it into a summarised version. The rationale for using primary data is the ability to critically examine the data for evidence-based information from the literature reviewed.

4.1 Literature Research

The databases used included CINAHL (EBSCO) and PubMed. The articles from these databases were restricted to those that were within 15 years from the date of this review. The choice of this extended period was a based on the consideration that most research on HIV/AIDS started to gain traction much later than the early 1980s when the virus was first detected. A revision was then carried out to eliminate articles either not related to the topic under study, or significantly overlapping. Further, the inclusion and exclusion criteria were used to eliminate the articles not answering the research question and those excluding the themes as per thematic analysis proposed in (Clarke, Usick, Sanderson, Giles-Smith, & Baker 2014). To obtain a deeper analysis, the researcher constructed a PICO table around the research question as shown in Table 1.

PICOS Table	
Population	HIV/AIDs patients
Intervention	Nursing care
Comparison	N/A
Outcome	Patient experiences
Study Type	Qualitative studies

Table 1. PICOs Table.

4.2 Articles' Selection Criteria

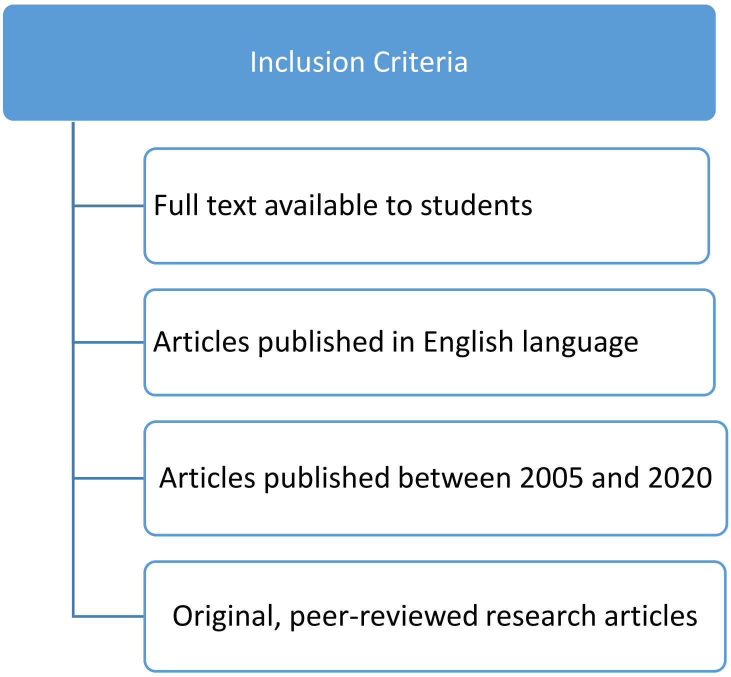

Figure 1: Inclusion and exclusion criteria for the research sources

The article selection was based on the above table made by first searching the mentioned databases for the availability of literature on the topic as original research, peer-reviewed full texts. Only articles published in the English language were subjected through these criteria. Due to the uniqueness of the topic, a longer period of 15 years was used for this study. As such, articles published between the year 2005 up to date (2020), and with abstract available in the full text were screened. In general, all other articles not conforming to these criteria in Figure 1 were automatically omitted.

4.3 Search Terms and Thematic Analysis

The data from the articles was analysed based on content analysis and literature review methods. Content analysis is a method that uses qualitative data (Neuendorf 2016). The qualitative information is, therefore, quantified by the process of searching for themes with qualitative analyses. The advantage of this method is the presence of the relationship of certain words in an article to the currently examined topic (Thomas & Harden 2008). It then proceeds through various sequential steps of content screening, including question formulation, theme formulation, identification of reoccurring search terms and publication sources, systematic critical analysis and appraisal, interpretation, and reporting (Pati & Lorusso 2018).

The information found in different articles were then selected and coded. After the coding, the information was chosen based on the identified themes. The data was then read through to identify the content and its relation to the topic. The main ideas were defined in the process as those that had no connection with the search term and were, therefore, dropped. The final process is where the notes were compared to identify the ones that contained the required information and knowledge on the topic. Abstraction was the final stage where the articles' main findings were crystallised out (Table 2).

Search term: The search terms were "HIV" AND "AIDS" AND "Nursing care" AND "Healthcare" AND "Experiences" AND "Challenges"

The extra terms "healthcare" and "challenges" were added as synonyms or related articles. Hawker, Payne, Kerr, Hardey, and Powell (2002) note that this process assists in fanning out and narrowing down the search terms used in the databases.

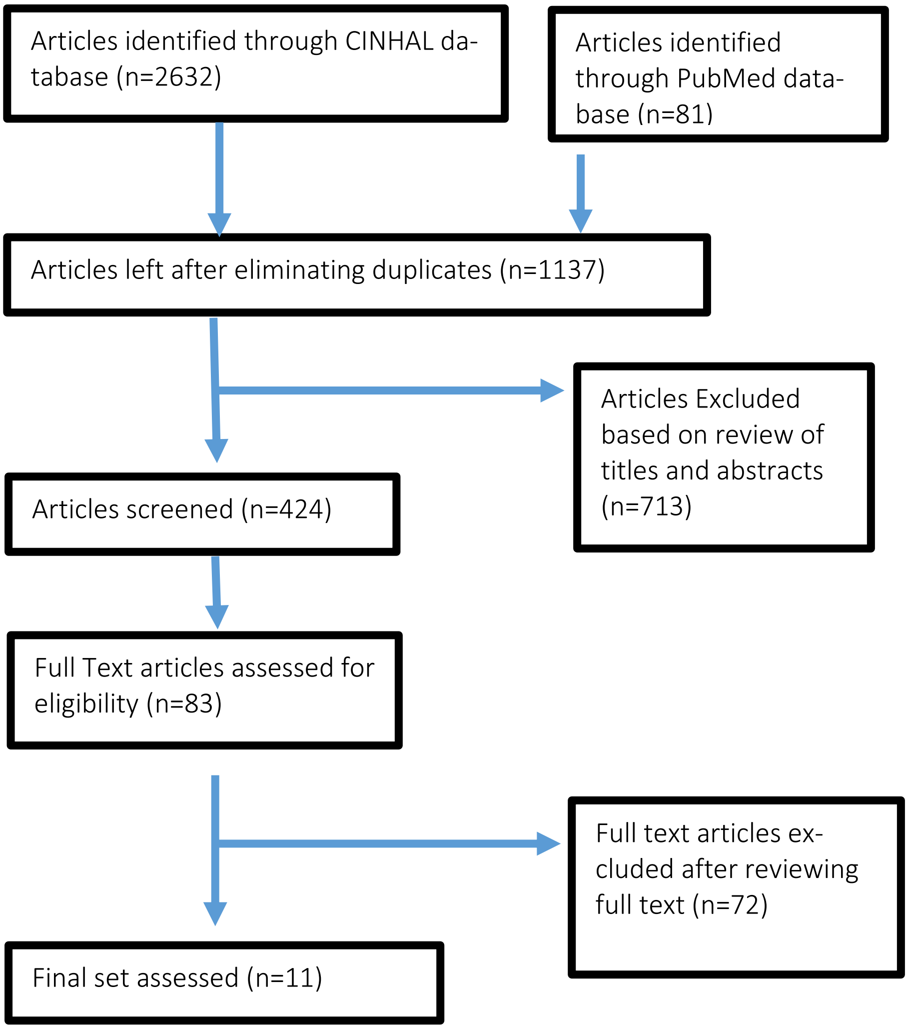

Figure 2: : Flow diagnram of search strategy and thematic screening process (PRISMA) with inclusion criteria applied

5 Data Extraction and Analysis

A plain search of the CINAHL (EBSCO) and PubMed databases with the selected terms yielded 133, 285 results before the criteria were applied, which cut down the search to only 2713. These results were subjected to further screening. The screening process was followed by extraction of the selected articles onto a spreadsheet document where they were further analysed to ensure the evidence was well-established. Extracted information was categorised based on the emerging themes that would aid the critical appraisal. The authors assessed the articles on a one-by-one basis before comparing the results amongst each other. The selected articles were then coded, indexed, and scored together. The eleven articles that answered the research question (appendix 1) were subjected through critical appraisal (Hawker et al. 2002) under the eight categories chosen, namely:

- Author(s), year of publication, and country
- Purpose and aims of the research
- Research methods and instruments applied
- Sampling
- Validity and reliability
- Main result(s) or findings
- Critical appraisal

The last item implies the appraisal score of the article from the index developed and is based on the information extracted with the key indicator being the ability to pinpoint the reliability of evidence-based results (Hawker et al. 2002). A summary of the appraised articles is provided in Appendix I and II. The key findings are thematically discussed in the next section.

6 Findings

Research question	Themes	Sub-themes
How does HIV-positive patients perceive their experience of nursing care?	Main causes and outcomes of partisan treatment of PLWH	1. Challenges of starting a new life 2. Mishandling of patients and their private information 3. Stigmatisation 4. Discrimination
	Benefits of impartial treatment of PLWH	1. Patients open up, e.g. on which information to keep and what to disseminate, effects of ART etc. 2. Reduced suicidal tendencies 3. Enhanced willingness to accept medication 4. Willingness to reduce transmission
	The most effective intervention	1. Maintaining confidentiality of the patients' information

Table 2: Emerging themes and sub-themes from review articles

The total score of the above categories yielded an average total score of 28.54 out of a possible 30 per article, i.e. a maximum score of 5 points per any of the six sub-sections. The total average was then used to compare and score the methodological rigour of each of the articles following Hawker's critical appraisal (Hawker et al. 2002). The key themes and sub-themes were identified and highlighted as shown in Table 4 and discussed in the following sections.

In general, the findings of this literature review can be summarised as empirical reports that included qualitative research methods: case study (n=6), cross-sectional (n=1), grounded theory (n=1), developmental designs (n=1), purposive (n=2). The studies were published in 2005 (1), 2006 (1), 2008 (2), 2012 (1), 2013 (3), 2015 (1), 2016 (1), 2017 (1), 2020 (1). The majority of the studies were from Canada (2), Spain (n = 1), the United States (n = 1), Brazil (1), Thailand (1), Vietnam (1), China (1), Iran (1), Australia (1), and Tanzania, Lesotho, Swaziland, Malawi, and South Africa covered by one (1) study. The sub-themes were categorised into the main causes and outcomes of biased treatment of PLWH, the benefits of impartial treatment, and the recommended effective healthcare interventions.

6.1 Main Causes and Outcomes of Prejudiced Treatment of PLWH

A common theme emerging from this research was the fact that discriminatory treatment exists for PLWH, not only as they seek healthcare services, but also in obtaining the needed support from the society in general. Most literature, therefore, pointed to the need to identify the main areas in which these treatments occur, their causes and how they impact the experiences of PLWH (Crock, Miller, McKenzie, Burk, Frecker, Hall, & Ramirez 2017; dela Cruz, Caine, & Mill 2016; Leyva-Moral, de Dios Sánchez, Lluva-Castaño, Mestres-Camps 2013; Uys, Holzemer, Makoae, Dlamini, Kohi, Chirwa, Naidoo, & Phetlhu 2008; Gray 2006; Tangkawanich, Yunibhand, Thanasilp, & Magilvy 2008).

Even though there is a progressive change towards the positive, HIV/AIDS still remains as the most stigmatised condition. This, in general, continues to affect PLWH affecting their relationship with the health-care providers (Uys et al. 2008). PLWH cited a range of problems stemming from stigma, social, and family exclusion, as well as HIV illness as a complex personal, familial, and social experiences (dela Cruz et al. 2016). Stigma experienced by PLWH is characterised into three different categories: received, internal, and associated stigma (Uys et al. 2008). These treatments often lead to other societal problems that, in general, are detrimental to the overall health-related quality of life (Tangkawanich et al. 2008). Amongst these, patients self-identified the needs as mainly lack of access to health care, struggles when dealing with physical pain, anticipated grief due to friends dying, and the difficulty in maintaining self-dependence (Crock et al. 2017). The most recurring form of discrimination included and resulted from disclosing the patients’ health-information without consent, denial of access to education for their children, dismissal from gainful employment, impolite advice to abstain from sex, and other physical and emotional harm (TangKawanich et al. 2008).

6.2 Benefits of Impartial Treatment of PLWH

Another recurring theme from the research seeks to address the biases experienced by PLWH. In other contexts, assessing the benefits accruing from eliminating the bad experiences lived and cited by the patients. The overall aim is to console PLWH and to reassure them that they can continue with life and carry out most life activities and participate in everyday societal development (Crock et al. 2017; Saki, Kermanshahi, Mohammadi, & Mohraz 2015; Williams, Honghong, Burgess, Xianhong, & Danvers 2013; Messersmith, Semrau, Hammett, Phong, Tung, Nguyen, Glandon, Huong, & Anh 2013; Furlotte, Schwartz, Koornstra, & Naster 2012; Gray 2006).

Any form of discrimination is unlawful in many countries. However, people still violate the law. Violation of the rights of PLWH in many circles as detailed in section 6.1 calls for education to the general public on the importance of impartial treatment of persons living with HIV/AIDS. Some countries like Vietnam have recognised that discrimination against PLWH is a powerful determinant that invites vulnerability to those affected and infected. It delineates power by establishing structural inequality. As a result, they have legislated laws specifically to prohibit discrimination of PLWH (Messersmith et al. 2013). Discrimination, such as denial of education to children belonging to HIV couples, dismissal from employment, public sharing of patients' health information etc., have no merit in minimising the transmission of the disease.

An understanding of the conditions experienced by PLWH will help the general public in eradicating impartiality. It will encourage infected people to choose life and make meaningful decisions about life, changing their lifestyles, while continuing to pursue their goals. Adhering to medication, regular body exercise, and scheduling hospital visits are some of the routines that need to be adopted by PLWH. Impartial treatment discouraged most respondents from adhering to these routines, but those who followed the routine showed improved clinical outcomes (Gray 2006). Finally, the general negative perception of PLWH will is likely to encourage a life of secrecy, denial to get diagnosis, and refusal to take medication. These behaviours can be important factors in controlling the disease prevalence (Saki et al 2015).

6.3 Effective Means of Intervention

In most of the research analysed, effective means of interventions emerged as an important theme bringing together recommended ways to curb discrimination of PLWH, as well as enhancing their positive experiences (Kelbert, Pinheiro, Souza, Pinheiro, Pinheiro, Motta, Barros, Coelho, Souza, Martins, & Pinheiro 2020; Crock et al. 2017; Saki et al. 2015; Messersmith et al. 2013; Williams et al. 2013; TangKawanich et al. 2008; Gray, 2006). The sub-themes were categorised as those advocating for the respect of individual rights such as maintaining confidentiality of PLWH, and those that recommended general ways of improving health-related quality of life (HRQOL) for the HIV/AIDS infected and affected population in broader terms such as legislation and factoring in the plights of PLWH in both governmental and non-governmental policymaking. This is important in identifying sources of tension between intervention fidelity and cultural adaptive needs (Williams et al. 2013). The most important among the needs assessment is the recognition of the population of PLWH and to establish long-term institutional strategies to their problems (Crock et al. 2017) as well as making ART and other social support schemes easily accessible to the patients (Williams et al., 2013). The root cause of stigma and social discrimination was related in general to be mishandling of patients' health information (Saki et al. 2015; Messersmith et al. 2013).

7. Discussion of Main Findings

7.1 Discussion

This study aimed to assess the experiences of people living with HIV/AIDS, specifically the nursing care they received upon diagnosis, to leading their day-to-day lives afterwards. In the articles surveyed, the main themes emerging from the literature reviewed (n=11) were patients' challenges of starting a new life and how not only the outside world, but also family and friends perceive their HIV/AIDS statuses, which often leads to other social challenges such as discrimination, stigmatisation and often marginalisation, among other vices. As such most articles surveyed focused on the main causes of prejudiced treatment of PLWH, the benefits of impartial treatment, and effective means of intervention.

PLWH cited that starting a new life was in itself a challenge. This is a life controlled by uncertainties related to organisational health and medication policies. For instance, access to healthcare, dealing with pain, anticipated grief due to dying friends, and the challenges of maintaining their independence were some of the problems mentioned (Crock et al. 2017). These made them feel as if they had lost their freedom and vitality in society (Leyva-Moral et al. 2015). Suicidal tendencies and mental disorders were largely associated with PLWH (39.3%) and those that have encountered early childhood trauma. Psychological well-being was, therefore, highly affected by social vulnerabilities related to HIV/AIDS (Kelbert et al. 2020).

While stigmatisation of PLWH may exist inherently due to the general perception of the society on the deterioration of a person's overall well-being, this was exacerbated by mishandling of the patient's health information (Makoae, Greeff, Phetlhu, Uys, Naidoo, Kohi, Dlamini, Chirwa, & Holzemer 2008). In Vietnam, for instance, patients were turned away without treatment from healthcare facilities and their children were denied access to education in schools, even though they were not HIV positive. Other cases involved being moved from one work station to another in the work environment based on the HIV statuses. One person cited, for instance, that she/he was moved from standing in a manufacturing chain to a gate-keeper position. In other cases, the workers lost their employment altogether. One person explained that he was summarily dismissed from work and told that he would be called back, and that was his last day at work upon disclosure of his HIV status (Messersmith et al. 2013). Therefore, while disclosing such information is encouraged to protect members of the community, this may not always result in positive experiences for the patient as it often leads to poor perception, discrimination, and stigmatisation (Greeff et al. 2008).

The main benefit of showing impartiality to PLWH was that they responded by opening up to the healthcare workers and becoming more willing to accept medication. Studies showed that this encouraged the patients to gain confidence from the healthcare authorities. In the absence of this, they responded by secrecy, which further complicated treatment and can be an important factor in the disease's prevalence in the future (Saki et al. 2015).

Apart from maintaining confidentiality about the patients' health information, and ensuring ease of access to ART and other medications for opportunistic infections, effective means of intervention involved making the patients aware of their health conditions through testing and subsequent counselling. This reduced transmission and improved the living conditions of PLWH in general (Crock et al. 2017).

7.2 Limitations of the Study

The study focus was how HIV-positive patients perceived their experiences about the nursing care they received. The search terms used were in the English language, and the search query was structured as follows: "HIV" AND "AIDS" AND "Nursing care" AND "Healthcare" AND "Experiences" AND "Challenges". The main limitation to this study, therefore, was that it only included articles published in the English language, which could have left out critical articles published in other languages. Secondly, while HIV was first diagnosed in the 1980s, the articles included those published from 2005. This means the articles reviewed in this study did not capture the early experiences of HIV patients, which could have been even worse since little was known about the disease in its early stages. The study also focused on nurses as they are at the frontline of health care provision, but nurses' decisions are also influenced by institutional policies and guidelines. The focus on nurses alone may not provide a comprehensive view of the systematic challenges that HIV patients face.

7.3 Ethical considerations

Ethics defines the disciplines that are used in analysing, interpreting, and evaluating data. It is important that ethical issues such as the researcher, diversity, internationalism, etc., are adhered to to avoid extreme biases and misrepresentation of facts (Resnik 2015). Original research where direct interviews or contact with participants are involved requires that ethical approval is obtained. The present research is a literature review and thus relies on data from other research and; therefore, ethical approval was not required. However, it is important to note that the journals chosen relied on ethical principles protecting the rights such as well-being and confidentiality of the research subjects. These explain the standards of conduct observed to differentiate between appropriate and inappropriate behaviour which guide the research process. Participants are treated and managed equally to avoid possible risks of rights violations while maximising the integral benefits of the findings. The general guidelines for ethical considerations followed in this research are outlined by Mikesell, Bromley and Khodyakov (2013), advocating for justice and the fairness principle requiring that researchers equitably distribute the risks and benefits associated with research across the society. The specific guidelines pertaining to this study, however, are in accordance with the Jyväskylä University of Applied Science.

7.4 Biases

Avoiding bias constituted one of the most challenging parts in accomplishing the current research. However, defining criteria for articles selection, language, years of publication, etc. as described in section 4.2 helped in eliminating biases that, in most cases, would increase the chances of erroneously applying strategies that delegitimise the research findings.

The databases used for research are fully paid by JAMK university of applied sciences; hence, the elimination of financial conflict of interests was taken into consideration. However, even with the application of such constructive criteria, the search was conducted fully in the English language, meaning that a lot of constructive research might have been left out in that regard. Useful guidelines on accuracy, reliability, and generalizability of evidence are presented in (Malone, Nicholl, & Tracey 2014).

7.4 Validity and Reliability

The current study used a literature review methodology where previous studies were used to extract data and used to summarise the experiences of people living with HIV/AIDS around the world. The validity and reliability of this study are, therefore, founded on the premise of evidence-based, reliable information from two databases, which are CINAHL (Ebsco) and PubMed. The articles that were deemed to answer the research question were based on relatively recently published information 2005 through to 2020. From articles selection to the development of inclusion and exclusion criteria, and finally, extraction of data, the author's main aim was to ensure and maintain quality, reliability, and to accomplish proper scientific research. Therefore, the information extracted and used in this study was retrieved from well-established sources that adhere to all ethical considerations to the best knowledge of the researchers, and are valid and repeatedly verifiable.

8 Conclusion and Recommendations

In summary, while most research has concentrated on quantifying the numbers of people who have been infected with HIV/AIDs since its outbreak in the 1980s, only the latest research has begun to focus on the integral means of addressing both health and health-related quality of life of both infected and affected people. The outstanding themes from the appraised research articles implied that the disease is no longer more life-threatening than other terminal diseases and that the lifespans of PLWH have improved in general with the availability of better health administration and interventions such as the use of antiretroviral therapy (ART). However, there are emerging socio-economic and human needs such as the requirements for societies to recognise the disease and avoid blame, shaming, and stigmatising PLWH.

The root cause of all forms of stigma, characterised as received stigma, internal stigma, and associated stigma is the mismanagement of health information records that ends up in the hands of others, leading to a lack of confidentiality. Upon learning of their HIV statuses, patients first struggle with the identity that accompanies their status, the challenges of starting a new life, reduced independence, economic struggles, and discrimination from both the outside world, and even in some cases, friends and family members getting to know of their statuses. This research also exerted more weight on the problems stemming from institutional discrimination resulting from health organisations, identifying both the negative-positive experiences encountered by PLWH, and what can be done to enhance the positive experiences.

As a result, it is recommended that patients are consulted and given due consent from the diagnosis stages, to the hospitalisation and administration of any kind of interventions such as ART. Most research points to the fact that when this is done correctly, patients tend to gain confidence, open up, and improve relationships with healthcare professionals. They also accept medication, reducing their mental stress and suicidal tendencies, and are more willing to reduce transmission to the rest of the population.

The research can help policy makers, health professionals, and clinicians better understand the barriers to providing high quality care to HIV patients. The results from this study can help identify interventions that can improve the relationship between care providers and HIV patients, which could result in better quality of care. One of the key recommendations is the urge for the establishment of long-term institutional strategies such as developing and sustaining HIV specialist community nursing services for ageing PLWH. Nurses should also adhere to correct nursing procedures and ethics without discriminating against HIV patients.

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Appendices

Appendix I: Selected Articles and Description

CODE	**Authors, (Year), Country**	**Purpose and Aims of the Study**	**Research Methods or Instrument**	**Sample (*n*)**	**Validity / reliability**
001	Leyva-Moral, Juan Manuel; Mestres-Camps, Lourdes; de Dios-Sánchez, Rosa; Lluva-Castaño, Alicia. 2013, Spain	To ascertain the meaning of the experience of living with HIV and to understand how life is after diagnosis, in order to encourage the design of realistic nursing care plans focused on individuals	Qualitative study based on grounded theory. Data were collected through semi-structured interviews, analysed using the constant comparative method, until theoretical saturation of the data was achieved.	32 people living with HIV. Location: Catalonia, Spain	Data were collected through interviewing 32 people living with HIV, selected through theoretical sampling. Location: Catalonia, Spain

002	Kelbert, E. F.; Pinheiro, L. M.; Souza, L. D. M.; Pinheiro, C. A. T.; Pinheiro, K. A. T.; Motta, J. V. S.; Barros, M. M. D.; Coelho, F. M. C.; Souza, M. S.; Martins, C. S. R.; Pinheiro, R. T. 2020. Brazil	To verify the mediation effect of mental disorder comorbidities and social vulnerability in association with childhood trauma intensity and suicide risk level	Sociodemographic data and HIV-related information were collected and the Childhood Trauma Questionnaire was applied. A total of 364 patients underwent psychiatric evaluation using MINI Plus including module C of suicide risk severity.	364 PLWHA, Location: Pelotas, Southern Brazil	A childhood trauma questionnaire was used

003	Crock, E. A; Miller, C; McKenzie, R; Burk, N; Frecker, J; Hall, J. E; Ramirez, O. M. 2017. Australia.	To identify clients' support needs and explore their future concerns.	A qualitative study based on cross-sectional survey.	120	A cross-sectional survey was undertaken among 120 of 140 PLWH who met the eligibility criteria to participate in the survey; 86 responded

004	Tangkawanich, T; Yunibhand, J; Thanasilp, S; Magilvy, K. 2008. Thailand.	To examine the causal relationships between age, antiretroviral treatment, social support, symptom experience, self-care strategies, and health-related quality of life (HRQOL)	A descriptive, qualitative and quantitative design based on Self-care Strategies Questionnaire	422 PLWH, Location: North Thailand	The data were collected via the Personal Resource Questionnaire 85 part 2, Symptom Experience Questionnaire, Self-care Strategies Questionnaire, and HRQOL Questionnaire

005	Uys LR., Holzemer WL., Makoae LN., Dlamini PS., Kohi TW., Chirwa ML., Naidoo JR., Phetlhu RD. 2008. Lesotho, Swaziland, Malawi, South Africa and Tanzania	The focus of the first phase of this project was on exploring and describing the meaning and effect of stigma on PLWA from the experiences of PLWA and the nurses involved in their care in five African countries	An exploratory descriptive qualitative research design was used to explore and describe the experience of stigma through the critical incident method. Purposive voluntary sampling was utilised.	Forty-three focus group discussions were held with respondents to relate incidences which they themselves observed, as well as those that they themselves experienced in the community and in families.	The transcribed data was analysed through the technique of open coding using the NVivo 2.0 analysis package.

006	Gray J. 2006. USA	To detail the experiences of persons living with HIV/AIDS and undergoing Antiretroviral Therapy (ART)	A descriptive research on ways of becoming adherent to the use of ART upon testing HIV positive.	Female focus group (no sample size) for six months.	Interviews were conducted with HIV-infected persons who had been taking antiretroviral medications for 6 months, reported high levels of adherence, and had low or stable viral loads consistent with adherence.

007	dela Cruz, Añiela; Caine, Vera; Mill, Judy. 2016. Canada.	To study the lived experiences of African immigrants living with HIV in Canada,	Narrative inquiry, qualitative research methodology	3 individuals, 5 – 6 interviews over an extended period of time	Between 5 - 6 interviews were conducted with each participant, over a period of 12 months. Interviews digitally recorded, transcribed, and negotiated with each participant during analysis to uncover the experience of living with HIV as African immigrants in Canada

008	Messersmith, L.J., Semrau, K., Hammett, T.M., Phong, N.T., Tung, N.D., Nguyen, H., Glandon, D., Huong, N.M. and Anh, H.T. 2013. Vietnam.	This study presents the first national estimates of the levels and types of discrimination that are defined in Vietnamese law and experienced by PLHIV in Vietnam.	Quantitative and qualitative study through surveys and data analysis.	A nationally representative sample of 1200 PLHIV was surveyed, and 129 PLHIV participated in focus group discussions (FGDs)	Research was validated with a National sample in which 129 PLHIV participated.
009	Furlotte, Charles; Schwartz, Karen; Koornstra, Jay J.; Naster, Richard. 2012. Canada.	This article explores the issue concerning the housing experiences of adults living with HIV/AIDS	A descriptive, exploratory study.	11 older adults (52 to 67 years old) living with HIV/AIDS in Ottawa, Ontario	Participant's narratives were recorded and analysed

010	Williams, Ann B.; Honghong Wang; Burgess, Jane; Xianhong Li; Danvers, Karina. 2013. China.	This paper aimed at to describing the cultural adaptation of an evidence-based nursing intervention to improve medication adherence among people living with HIV/AIDS and to offer recommendations for adaptation of interventions across cultures and borders.	Qualitative content analysis of semi-structured group interviews.	members of Community Advisory Board, including people living with HIV/AIDS, family members, and health care workers at the target clinical sites	Quantitative and qualitative data describing the new population and context and was guided by principles for cultural adaptation drawn from prevention science research

011	Saki, M., Kermanshahi, S. M. K., Mohammadi, E., & Mohraz, M. 2015. Iran	The purpose of this study was to explain the perceived experiences of the patients from stigma and discrimination and their roles on health-seeking services among patients.	This was a qualitative research using content analysis approach and semi-structured interviews, conducted on patients living with HIV/ADS, during 2013 - 2014 in Iran. Sampling started purposefully and continued in a snowball.	HIV/ADS, during 2013 - 2014 in Iran	Experiences of PLWH were recorded and analysed

Appendix II: Critical Appraisal Table (Hawker et al., 2002)

CODE	Main Result(s)	Critical appraisal
001	Living with HIV means "living with constant uncertainty" resulting from the interaction between suffering stigma, life changes, and the domination of the experience by the health system. Conclusions: HIV is conceptualised as the beginning of an imposed new life, characterised by constant suffering and by an unrealistic social and sanitary response that does not take into account the needs and beliefs of people. Knowing these meanings can provide more health and better quality of life for individuals and groups, promoting accessibility and safety in health interventions.	**29**
002	Suicide risk was present in 39.3% of the sample. The relation between childhood traumatic events and the level of suicide risk is mediated by mental disorder comorbidities and socioeconomic vulnerability. Specific psycho-social interventions in PLWHA should consider the potential role of abusive traumatic experiences in the current mental health conditions and suicidal behaviors.	**27**
003	Respondents over-represented minority, disadvantaged groups. Mental health support was the most common care reported (86.8%). Respondents' self-identified needs included access to health care, dealing with pain, anticipated grief due to friends dying, and maintaining independence. Time since HIV diagnosis and sexual orientation were primary variables for which differences were observed. Our study highlights the importance of developing and sustaining HIV specialist community nursing services for aging PLWH.	**30**

004	The results revealed that symptom experience had a significant negative direct effect on the HRQOL. Age, social support, antiretroviral treatment, and self-care strategies had a significant positive direct effect on the HRQOL. Moreover, social support and antiretroviral treatment had an indirect effect on the HRQOL via self-care strategies. The findings indicated that the health-care team should promote social support, both in the family and the community, including antiretroviral treatment, for enhanced HRQOL in people living with HIV/AIDS in the future.	**28**
005	Three types of stigma (received stigma, internal stigma and associated stigma) and several dimensions for each of these types of stigma emerged from the data. Recommendations were made to pursue these findings further.	**27**
006	Analysis of the qualitative data revealed five themes related to adherence. Choosing life was reflected in decisions about initiating treatment, changing one's lifestyle, and pursuing goals. 'Riding it out' emerged from descriptions of adjusting to side effects and overcoming barriers to adherence. 'Figuring it out' encompassed individual strategies for incorporating pill-taking into one's life, such as use of pillboxes and making a schedule. 'Sticking to it' was overcoming internal resistance to maintaining adherence. 'Realising the benefits,' the final theme, revealed successful adheres who had improved clinical outcomes and for whom pill-taking had become routine.	**27**
007	The researchers found several narrative threads related to: stigma, social, and family exclusion; as well as HIV illness as a complex personal, familial, and social experience. Also, narratives across different geographic and social spaces shaped the complex experience among African immigrants living with HIV in their new host country of Canada.	**29**

008	The study found out that the most common forms of discrimination included disclosure of HIV status without consent; denial of access to education for children; loss of employment; advice, primarily from health care providers, to abstain from sex; and physical and emotional harm. challenges were language, student clinical preparation and unfamiliarity with the student evaluation tool. In the previous 12 months of the following the study, nearly half of the survey population experienced at least one form of discrimination and many experienced up to six different types of discrimination.	**30**
009	Participants stories revealed concerns relating to three major themes: acceptance into retirement homes and long-term care communities, barriers to accessing subsidised housing services, and homelessness. Participants reported feeling that they lacked recognition and experienced confusion about their future housing prospects. These data suggest that a shift may be occurring in the housing needs of people aging with HIV/AIDS. This emerging population presents challenges to mainstream ideas of aging. We conclude that increased attention is needed in research, policy, and practice to address housing issues among this age group of people living with HIV/AIDS.	**28**

010	The primary adaptation to the intervention was the inclusion of family members in intervention activities, in response to the cultural and social importance of the family in rural China. In a pilot test of the adapted intervention, self-reported medication adherence improved significantly in the group receiving the intervention compared to the control group ($p = 0.01$). Recommendations for cultural adaptation of nursing interventions include (1) involve stakeholders from the beginning; (2) assess the population, need, and context; (3) evaluate the intervention to be adapted with attention to details of the original studies that demonstrated efficacy; (4) compare important elements of the original intervention with those of the proposed new population and context to identify primary points for adaptation; (5) explicitly identify sources of tension between intervention fidelity and cultural adaptive needs; (6) document the process of adaptation, pilot the adapted intervention, and evaluate its effectiveness before moving to dissemination and implementation on a large scale	**29**
011	The experiences of patients with HIV/AIDS from stigma and discrimination led to exploring three main themes and nine sub-themes. The main themes were multidimensional stigma, rejection, and insult and discrimination in receiving health services. Stigma and discrimination play an important role in patients' lives and hinder them from accessing the treatment. The patients' responses to this event by secrecy strategy can be an important factor in the disease prevalence.	**30**

Appendix III: Categorisation Table

Categorisation			
Study	**Content analysis**	**Sub-category**	**Main category**
Leyva-Moral, Juan Manuel; Mestres-Camps, Lourdes; de Dios-Sánchez, Rosa; i Lluva-Castaño, Alicia. 2013, Spain	Starting a new life of living with HIV comes with immense uncertainty that requires an overall understanding of life by patients.	Challenges of starting a new life	**Main causes and outcomes of partisan/biased treatment of PLWH**
Kelbert, E. F.; Pinheiro, L. M.; Souza, L. D. M.; Pinheiro, C. A. T.; Pinheiro, K. A. T.; Motta, J. V. S.; Barros, M. M. D.; Coelho, F. M. C.; Souza, M. S.; Martins, C. S. R.; Pinheiro, R. T. 2020. Brazil	The uncertainty lead to the patients developing other health and psychological problems like suicidal tendencies. These social problems lessens when patient information are kept strictly confidential.	Mishandling of patients and their private information	

	The future needs of HIV patients needs reassessment. Stigmatisation is the most immediate problem faced by patients.	Stigmatisation	
Uys LR., Holzemer WL., Makoae LN., Dlamini PS., Kohi TW., Chirwa ML., Naidoo JR., Phetlhu RD. 2008. Lesotho, Swaziland, Malawi, South Africa and Tanzania	Characterising the types of stigma faced by PLWH		
Messersmith, L.J., Semrau, K., Hammett, T.M., Phong, N.T., Tung, N.D., Nguyen, H., Glandon, D., Huong, N.M. and Anh, H.T. 2013. Vietnam.			

dela Cruz, Añiela; Caine, Vera; Mill, Judy.	Main forms of stigma are related to: social, and family exclusion; as well as HIV illness as a complex personal, familial, and social experience		
Furlotte, Charles; Schwartz, Karen; Koornstra, Jay J.; Naster, Richard. 2012.	Participants reported feeling that they lacked recognition and experienced confusion about their future access to basic needs e.g. housing due to their statuses.	Discrimination	

Williams, Ann B.; Honghong Wang; Burgess, Jane; Xianhong Li; Danvers, Karina. 2013.	The most common forms of discrimination include disclosure of HIV status without consent; denial of access to education for children; loss of employment; advice, primarily from health care providers, to abstain from sex; and physical and emotional harm		
Uys LR., Holzemer WL., Makoae LN., Dlamini PS., Kohi TW., Chirwa ML., Naidoo JR., Phetlhu RD. 2008.	Patients open up e.g. on which information to keep and what to disseminate, effects of ART etc.	Improving transparency between healthcare professionals and HIV/AIDS patients.	**Benefits of impartial treatment of PLWH**

Kelbert, E. F.; Pinheiro, L. M.; Souza, L. D. M.; Pinheiro, C. A. T.; Pinheiro, K. A. T.; Motta, J. V. S.; Barros, M. M. D.; Coelho, F. M. C.; Souza, M. S.; Martins, C. S. R.; Pinheiro, R. T. 2020. Brazil	Understanding other problems associated with starting a new life upon diagnosis with HIV/AIDS.	Reduced suicidal tendencies	
Gray J. 2006.	Ensuring PLWH stick to the intervention methods e.g. exercising, dietary and medication plans	Enhanced willingness to accept medication	
Messersmith, L.J., Semrau, K., Hammett, T.M., Phong, N.T., Tung, N.D., Nguyen, H., Glandon, D., Huong, N.M. and Anh, H.T. 2013.	Patients sentiments and perception to treatment helps in reducing the disease prevalence in the long-term.	Willingness to reduce transmission	
Saki, M., Kermanshahi, S. M. K., Mohammadi, E., & Mohraz, M. 2015.	Better handling of healthcare information allows for patients' protection.	Maintaining confidentiality of the patients' information	**Effective means of intervention**

Crock EA Miller C McKenzie R Burk N Frecker J Hall JE Ramirez OM. 2017.	Respondents' self-identified needs included access to health care, dealing with pain, anticipated grief due to friends dying, and maintaining independence.	Identifying HIV patients' needs	
Tangkawanich T; Yunibhand J; Thanasilp S; Magilvy K. 2008.	There are other underlying health-related quality of life (HRQOL) problems. The health-care team should promote social support, both in the family and the community, including antiretroviral treatment, for enhanced HRQOL in people living with HIV/AIDS in the future.		

Williams, Ann B.; Honghong Wang; Burgess, Jane; Xianhong Li; Danvers, Karina. 2013. China.	Identifying sources of tension between intervention fidelity and cultural adaptive needs for PLWH.	Making ART and other social support schemes easily accessible by the patients.	