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ORIGINAL PAPER

"Struggle against Bitter Life": Lived Experience of Iranian Nurses with HIV/AIDS

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ABSTRACT

Objectives: *The impact of HIV/AIDS on the healthcare system in many countries, particularly in developing countries is significant. Due to the high prevalence of HIV/AIDS in these countries, remarkable number of nurses have contracted HIV through their work. HIV/AIDS poses a major threat to people's physical and emotional health status as well as their social well-being and it has overwhelming effects on personal and social lives of HIV-positive people. HIV-positive nurses, like other patients, are subject to many stresses, but because of their special professional and social conditions they may bear more psychological and social burdens.*

Materials and methods: *A hermeneutic phenomenological approach was used to examine the everyday experiences of nurses who suffer HIV/AIDS. To conduct the study, six methodical steps which developed by van Manen (1990) applied in the process of the inquiry. Eight HIV-positive nurses were recruited and selected through a purposive sampling method. Data was collected by conducting 12 face-to-face in-depth semi-structured interviews with participants, two women and six men who became HIV-infected through occupational exposure. A thematic analysis method was used to extract themes and sub-themes.*

Results: *Through thematic analysis of transcriptions, two main themes 'past, not passed' and 'struggle against bitter life' emerged. We found that the daily life of HIV/AIDS nurses is like a limbo between the past and the present. They are constantly trying to push themselves from this limbo of death to life.*

Conclusions: *According to the results, participants were immersed in bitter memories of their past, which has always cast a dark shadow over their lives. Their lived space surrounded by many bitterness and adversities,*

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yet they have the enthusiasm to move on with their lives and struggle day-to-day to maintain their relative health and have their job as a nurse. As result, management of HIV/AIDS is not only about fighting the virus, but it imposes many issues and problems on nurses, which should be given more attention and support.

Keywords: HIV infection, needle stick injuries, nursing staff, qualitative research, social stigma.

INTRODUCTION

HIV/AIDS is one of the most challenging international health issues of the last two decades (1). The increase in the number of HIV/AIDS patients has led to an increase in costs for health systems (2). More than 84.2 million people have been infected with AIDS or diagnosed HIV-positive, and 38.4 million individuals have lost their lives to this virus since the beginning of the AIDS pandemic (3). In 2018, Iran had the highest prevalence of HIV infection in the Middle East region (4). According to WHO estimates, currently, there are approximately 100.000 infected individuals in Iran (5).

HIV/AIDS has endangered the lives of many healthcare workers. Thousands of healthcare workers around the world suffer from unintentional encounters with HIV in their workplaces (6). Despite the notable advances of developed countries in protecting healthcare workers, healthcare workers in underdeveloped and developing countries face a high risk of exposure to HIV-infected objects (7). WHO statistics indicated that injuries caused by needle sticks at the workspace account for 16000, 66000, and 1000 annual cases of HCV, HBV, and HIV among healthcare workers (8). The health problems related to occupational exposure to NSI such as HBV, HCV, and HIV infections were higher in developing countries like Iran (7, 9). Iran's Ministry of Health has not released statistics on the number of nurses with HIV/AIDS yet. However, according to the prevalence of HIV/AIDS in Iran, the high frequency of occupational injuries caused by sharp objects, and statements of officials of the Nursing Organization of the Islamic Republic of Iran, the number of HIV/AIDS positive nurses in Iran is significant (10). In addition to burnout, the shortage of nurses has significantly affected the quality of nursing care (11), and the psychosocial challenges caused by AIDS for health workers, especially nurses, can further exacerbate these problems (12).

HIV-positive nurses may experience various fears and anxieties, psychological stress and nightmares, which are a great challenge for them (13). In addition to the devastating physical and psychological impact that HIV/AIDS has on HIV-positive nurses, it can also significantly increase health care costs, increasing staff shortages and turnover (14).

The experiences and challenges of HIV-positive healthcare workers may in some ways be like those of other patients, but there are fundamental differences, for example, whether the HIV-positive nurse should disclose her status to the patient she cares for? This is still a big challenge for them and can poses major distress to HIV-positive nurses (15, 16). However, little information is available on the daily livings of HIV positive nurses in Iran. Since sexual transmission is the most common method of HIV/AIDS infection (17), HIV diagnosis may cause higher tensions among healthcare workers, especially in societies such as Iran, where sexual relations (such as homosexual relations) outside marriage are illegal.

Knowing daily livings experiences with HIV/AIDS is the first step toward supportive planning for HIV-positive nurses. Accordingly, the life experience of nurses with HIV/AIDS may provide valuable sources to know the phenomenon of nurses living with HIV/AIDS infection. The results of the present study provide an in-depth knowledge about the experience of Iranian nurses with HIV/AIDS that can help in the provision of appropriate support to reduce psycho-social problems of nurses and developing programs for burnout and turnover of nursing staff. Therefore, this study used hermeneutic phenomenology to obtain a deeper understanding of the lived experience of HIV-positive nurses. Accordingly, the present study aimed to explain the lived experience of HIV-infected nurses in order to improve HIV care for them. ❑

MATERIALS AND METHODS

This qualitative study was conducted with a phenomenological approach. In this study, van Manen's existential framework (1990) used to guide the authors in the process of the study (18). van Manen's methodical framework consisting of six steps which are introduced at pp 30-34. These steps are turning to the nature of lived experience, investigating experience as we live it, reflecting on essential themes, the art of writing and re-writing, maintaining a strong and oriented relation to lived experience, balancing the research context by considering parts and whole (18).

Participants were recruited and selected from one healthcare center in the West of Tehran, HIV Consultation Center of Imam Khomeini hospital, and one HIV non-governmental organization in Tehran through a purposive sampling method. The following inclusion criteria were used: subjects over 26 years of age, nurses with a minimum B.Sc. degree, a minimum of two years of nursing experience, confirmed infection with HIV based on medical reports, ability to perform verbal communications, and willingness to participate in the study. Accordingly, eight nurses infected with HIV (two female and six male nurses) were selected for data collection *via* 12 semi-structured in-depth interviews with a duration ranging between 45–70 minutes.

The interviews were conducted from January 2019 to April 2021 and were recorded as audio digital files and verbatim transcribed after interview completion. The authors asked the study participants to share their personal experience and stories about living with HIV/AIDS. At the beginning of the interview, subjects were asked an open-ended question as guiding interview question. Examples of guiding questions include: "Could you please tell me about living with HIV/AIDS?", "How was your life after having been infected with HIV?", "How did you feel?", or "Shall we talk about your experience of providing care to a patient as a person with HIV/AIDS?".

Collected data were analyzed by using the thematic analysis method (18). MAXQDA version 10 was used to manage collected data and help the authors in the process of data analysis. The study received the ethical approval of the Ethics Committee of Iran University of Medical Sciences, Iran. In addition, the authors considered the ethical recommendations of the Declaration of Helsinki and all subsequent revisions (1964) throughout the study process. Participants were assured about confidentiality and privacy of personal data; also, answers to their concerns and questions were given before obtaining their informed written consent. All subjects were also informed about their right to withdraw from the study at any time without consequences.

The authors intend to keep participants' interview audiotapes and transcripts in a safe place until the publication of the study findings. Lincoln and Guba's suggestions were considered to provide rigor of the study (19, 20). In the present study, credibility of findings was examined through member check technique. According to Lincoln and Guba (1985), checking the members was the most vital technique of establishing credibility (19, 20). ❑

RESULTS

The study participants were aged between 31 and 57 years and all of them had a bachelor's degree in nursing. Time since being diagnosed with HIV ranged from three to 15 years. Two participants were married, while six of them were single. The subjects' length of work experience in a general or psychiatric hospital ranged from five to 25 years.

Two main themes and five sub-themes were extracted during data analysis. The main theme 'past not passed' consisted of three sub-themes, including 'immersed in the past', 'being out on feet' and 'depression and isolation'. Two sub-themes of 'emergence of passion for living and 'efforts to return' shaped the theme 'struggling against a bitter life' (Table 1).

The past not passed

The theme 'past not passed' refers to the consequences of HIV/AIDS infection, which is always evident as an unfinished matter in the participants' lives and has given a bitter meaning to their life after being infected with HIV. Although the event that caused the participants to become infected with HIV/AIDS happened sometime in the past, it has never ended for them – while reliving it every day, they believed that its bitter experience would affect them for the rest of their life. In other words, the past did not simply pass them by, it was evident in most moments of their

Themes	Sub-themes	Categories
The past not passed	Immersed in past	Regret not paying attention to self-care
		Regret for lost opportunities
		Reflecting and recalling painful memories of the past
	Being out on feet	Feeling defeated
		Feelings of hopelessness and despair
	Depression and isolation	Lost interest in the living world
		Restrained living world
Struggle against bitter life	Emergence of passion for living	The whisper of the passion for living
		On track of treatment
		Resilience against adversity
	Efforts to return	Looking for medical support
		Perceived necessity of support-seeking in workplace
		Looking for peer experience

TABLE 1. Themes and sub-themes of lived experiences of HIV-infected Iranian nurses

lives in a way that filled their minds with despair, regret and depression. This theme consisted of three sub-themes, including 'immersed in the past', 'being out on feet' and, 'depression and isolation'.

Immersed in the past

The study participants stated that the memories relating to the HIV infection were stored in their memory in a bothering way, which they retrieved and recalled with the slightest signs and situations. Feeling regretful for not paying attention to self-care was one of the bitter emotions that constantly bothered their minds. The bitter memories of the past and regret for insufficient self-care were intertwined. "I always wish I hadn't been careless at work. I wish I could have been more careful. I never thought about being careless and rushing things before the incident (HIV infection). I cared more about my job than myself. But I didn't deserve this" (statement of participant no. 2). They believed that their infection was the consequence of their negligence: "It was my fault. If I could be more careful, I wouldn't be sorry now" (participant no. 7). However, some participants had different realizations about their lack of self-care. Subjects mentioned work pressure, insufficient protective equipment, and personnel shortage as barriers to self-care during their work: "I was careful during my work. However, how can you care about yourself while working alone on a hard shift? I always regret that I forgot myself in that condition and just thought about finishing my job as fast as I could. I had abandoned myself" (participant no. 3).

Immersion in recalling bitter and bothering memories of HIV/AIDS infection was intertwined with participants' daily life in a manner that they could not free themselves from those memories. The bad memories of the past affected the life of participants. One of the subjects stated: "The bad memory of being infected by this virus clings to me like a tick and I can't get rid of it" (participant no. 1). Another participant added: "I always tell myself to shake off these thoughts. Forget those bitter incidents! Don't think about them! But it's like they are recorded inside my mind, and occasionally, I remember them and feel tormented" (participant no. 3). Another participant said: "I am trying to remove bitter memories from my mind. But the thought of this disease doesn't leave me alone and worsens my state of mind" (participant no. 7). In line with the mentioned subject, another participant stated: "I always remember those incidents that caused the needle of the positive patient to penetrate my hand, and they cloud my mind. It's like I must drag these bitter memories with me until the last day of my life, and there is no way out" (participant no. 4).

Recalling the bitter memories caused some of the participants to increase their concern about the future, as shown by a subject's statement: "This memory is stick in my mind, and I'll not be able to forget it ever… when I think about it, I forget about the future" (participant no. 6).

Being out on feet

This sub-theme expresses the exhausting and toilsome conditions that the participants experienced in their lives due to AIDS infection. Such exhausting emotions and situations affected their entire life. Concepts supporting this sub-theme include feeling defeated, feelings of hopelessness and despair, depression, and isolation.

Participants' description of their daily life revealed their feelings of helplessness and despair that reflected their lived world, which was strongly affected by dismay. They stated that their life was full of exhausting situations that often made them feel discouraged about life. Feeling defeated was a bitter experience that every participant claimed to sense often. One participant said: "This disease has affected my whole life. I feel that there is no way to escape it. It came into my life like a storm, destroyed my life, and it's not amendable anymore" (participant no. 1). "I've endured many issues on my own. No one has ever realized the depth of my pain. I must bear the pain of this disease forever. I don't know when it's going to end" (participant no. 5). "There were times when I felt I couldn't stand it anymore. I was depressed. It was like there was no future ahead of me" (participant no. 6). Participants referred to feeling failure in different ways. Another participant stated: "Having AIDS means the end of life" (participant no. 2).

The effects of living with HIV were so devastating for some subjects that they compared their life to a black hole from which there was no way to escape it. "I wasn't like this before. My spirit was always high, and I was always hardworking. But this damned thing took away my motivation. I always felt I had failed in my life, and my self-confidence was so low" (participant no. 2). Another participant spoke about feeling desperate: "For me, this life is not fulfilling. It's like there is no escape from this disease. Most of the time, I find this life dark" (participant no. 4). Some participants believed that having AIDS was unfair and caused them to feel desperate in their lives. One of them stated: "I often think that I've served many patients. It was not fair to happen to me. When I think about why it happened to me, life becomes meaningless and I feel desperate" (participant no. 3).

Some participants felt futile future aspirations: "How someone with AIDS can hope to make a family? I never think about getting married and making a family" (participant no. 7). Another one stated: "I don't know what this disease will do to me in a few years. Right now, my viral load is low, but I don't know about it later. Maybe it will turn for the worse. These things discourage me from doing anything for my future" (participant no. 5).

Depression and isolation

Sensing despair in daily life pushed participants toward depression and isolation. Some of them stated that they lost interest in the world they live in. One participant said: "During the best time of my career, or maybe the best period of my life, I became depressed because of this disease" (participant no. 3). Another one said: "When my test result came back positive, I became depressed. I didn't want to live anymore. My life smells like death from then" (participant no. 7).

Most participants preferred suffering loneliness and isolation from close relationships to enjoying social relationships, and they distanced themselves from social and family environments. For example, participant no. 5 stated: "After becoming HIV-positive, I decreased my social interactions. I can't bear others or social environments. I don't mingle with my family or friends anymore. I run away from parties". Another participant added: "I usually excuse myself from family gatherings and don't go to parties" (participant no. 4). Another participant stated: "I don't get too close to my colleagues. I try to keep a distance from others, which I've decided. I'm living with this virus, but after becoming HIV-positive, I've distanced myself from my friends and spent more time alone" (participant no. 1). Participant no. 5 stated: "I've lost interest in talking with my friends and colleagues. I prefer being alone."

Struggling against bitter life

'Struggling against bitter life' consisted of two separate sub-themes, including emergence of passion for living and efforts to return. It refers to participants' struggle to change their lived atmosphere. Despite the countless bitterness participants encountered in their daily living, they still did not lose their willpower to struggle. They liked to pursue their career as a nurse. They even felt that their vitality was intertwined with the possibility of continuing their careers as nurses. One participant stated on this subject: "After a

while, I decided to move on with it. I saw that immersing myself in the past won't do anything. I must accept it. It has been done, and nothing can be done to mend it. So, I try to grasp my opportunities and continue my work" (participant no. 6).

The emergence of passion for life

Passions and daily personal reactions of participants to changing their lived atmosphere reveal themselves in this sub-theme. Despite all the mentioned destitutions, participants stated they still felt the passion for life inside of them and they could endure the hardships. Participant no. 3 said: "AIDS for me is an outstanding crisis. It even may be like experiencing death. After I understood my test result was positive, I was dead for some time. But I didn't want to accept that everything was over, I know that I must keep going." Another participant said: "I told myself that AIDS destroys weak men's lives, but not the lives of resolved individuals. I am not weak" (participant no. 8). Another one detailed: "Living with HIV is better than sitting down and waiting to see when this damn disease would kill me" (participant no. 7).

Some participants stated that they tried to focus on other aspects of life. One of them said: "For me, life is not just AIDS. I see that I have more important things in my life, for example, my job and my parents" (participant no. 3) Another one stated: "I felt so tired that I didn't even want to get out of bed. I told myself that I didn't want to die. I want to live. By grieving, I was only tormenting myself" (participant no. 6). Another subject said: "No one should ever forget that there is a God. There is no one without any pain. Everybody lives with pain. God gives more pain to those He loves" (participant no. 5).

Some participants stated that deciding to undergo treatment lit a light of hope in their lives. "I had no hope before starting the treatment. But when I started the medication, I felt better. Now I feel that I'm fighting for life" (participant no. 2). "I was nervous. I was always preoccupied with whys, why it happened to me, and why I should be the one to get this disease. Then I realized that this obsession was making me weak. I decided to fight these feelings and distance myself from the past and move on with my life. Still, I find myself trapped inside negative thoughts about the past every day. You can never habituate to this disease. There is always an unexpected problem, but I shouldn't let this situation make me desperate" (participant no. 4).

Efforts to return

In this study, HIV positive nurses' activities and struggles to adapt with issues of AIDS in daily living reflected in their efforts to return, including activities conducted by participants on their own and attempts to obtain support from others in various forms such as receiving help from AIDS disease consultation centers, using other individuals' experiences and asking for help from the authorities and managers at their workplaces. In the daily struggle to face the challenges of AIDS, they believe that having a voice and support are also crucial. They repetitively detailed that without the help of others, the fight against HIV could be impossible. Participants said they were looking for supporters to better adapt to HIV problems in their personal and professional lives, and that they were trying to find sources of support. One participant believed that the support received from health centers was essential for the daily life of an HIV-infected person and stated: "I have decided to keep going, but without their (healthcare center) help, maybe I couldn't continue like this. Their support encourages me. When I know that I can afford my medication, and that I can share my problems with a group of reliable individuals, it takes a load off my mind. It means that I must continue my treatment, anyway, I shouldn't give up" (participant no. 8).

Another participant added: "I have seen other people that are living with HIV, and I felt that I was not alone. I tried to get their help and it was helpful to some extent" (participant no. 4). Another participant stated: "They (the healthcare center staff) helped me a lot. I used their advice and realized how to get along with this virus" (participant no. 6). "When I came to this center, I had my doubts. But I received good feedback from the personnel of this center. I received the support that I expected. Now, for every problem that I face, I first discuss with this center. I come here for my treatment process as a routine" (participant no. 7).

Another participant said: "It's not simple. You can't trust everybody and everywhere. Many people may react in a bad way. However, I know I can't handle all the problems alone. When you have AIDS, everything is different. It messes up

your relationships, your work, your health, everything. I know that I shouldn't step on this road alone. These tablets may control the virus, but this disease messes you up mentally and physically. You must ask for help. If you try to handle everything alone, it will crush you. I always seek help, but I can't simply trust others and tell them 'I have AIDS, would you help me?'. I try to get close to people with caution. Sometimes it works, and you can ask their help" (participant no. 5). ❑

DISCUSSION

Diagnosing and contracting HIV/AIDS puts nurses with HIV/AIDS in an ambiguous and difficult condition. They suffer from not only the physical effects of the disease but also its disgraceful consequences. HIV/AIDS is usually associated with avoidant behaviors (21). Therefore, nurses with HIV/AIDS are usually held guilty for their illness. 'The past, not passed' was one of the main themes that emerged along the data analysis process, which mentioned the consequences of HIV/AIDS, that always appeared as an open and unfinished issue in the participants' lives. HIV/AIDS gave a different meaning to the subjects' lived time. Although the event of contracting HIV/AIDS was a past event that had sometime occurred in their lives, they could never imagine that it was over and felt it would never end. The memories of contracting HIV/AIDS were all piling up in the present and their minds were constantly occupied with those past events. Drowning in the past made their life a space full of negative emotions, which blurred their vision of the future. In a narrative study, the sad future and not having a clear perspective of the future are mentioned as social aspects of HIV/AIDS that patients experience (22).

Another sub-theme related to the main theme of the past not passed was being out on feet. Reflecting and recalling painful memories of the past led to anxiety and tension in nurses infected with HIV. The results of a review article showed that HIV/AIDS caused a wide range of negative psychological and social consequences, including anxiety, fear, worry, tension, depression, stigma, discrimination, and separation from the family in women with HIV/AIDS and their families (23). Nurses with HIV/AIDS have an unpleasant experience when faced with the positive diagnosis of the disease and they are subjected to severe psychological pressures that require the attention and support of medical and laboratory centers (21).

Ignoring the past was impossible for nurses with HIV/AIDS. Focusing and drowning in past unpleasant experiences led to negative thoughts and reactions of failure, despair, and depression and made life difficult for them. The dominance of emotions and stressful situations such as feelings of failure, despair, depression and isolation had affected not only the body of HIV-infected nurses but also their relationships, resulting in a true existential crisis.

Participants' unwitting desire to retain their painful memories led them to self-blame and self-deprecation. They came to live surrounded by their painful memories and feelings about the HIV/AIDS contracting event. They were no longer able to focus on the future, they carried the painful past with them, and their daily lives were relegated to the past. They were dominated by their past to such an extent that self-blame sense took away their strength and energy to continue living and worned them out. In the article entitled 'Social Isolation and Mortality among People with AIDS', the author emphasized the social isolation of people with HIV/AIDS, which itself could exacerbate challenges such as strengthening the sense of failure, experiencing stigma, and discrimination in their daily living (24). The issue of disease stigma in the workplace leads to the rejection and isolation of nurses with HIV/AIDS, and represent a major obstacle to providing services to these nurses. HIV/AIDS stigma has also a completely negative effect on the quality of life of nurses who suffer from HIV/AIDS (21)

As shown by the literature review, the daily life of nurses after being infected with HIV had become so hard and full of suffering that their living world became like a battlefield, and they must struggle for survival. Findings of other studies also showed that HIV/AIDS had a negative impact on many aspects of the daily lives of affected people and confronted them with many challenges (25-27). People living with HIV/AIDS are more likely to experience emotional, behavioral, and cognitive challenges in their lives (25).

In fact, the theme 'struggle against a bitter life' described the participants' determination and efforts to accept HIV/AIDS as part of their lives and try to minimize the impact of HIV/AIDS

on different parts of their personal and professional lives. After contracting HIV/AIDS, their world changed from a safe and reliable environment to a world full of difficulties. Every moment of living with HIV brought a new challenge for nurses, including those related to practicing their job, not to get sick while working in an infectious environment, looking for trust or asking for help. All these caused deep concern for participants. Their desire to live and restore their health motivated them to engage in the challenges of living with HIV/AIDS, which demanded extra energy from them. A systematic review of qualitative articles demonstrate that HIV-positive people must willingly make lifestyle adaptations to overcome the challenges of living with HIV/AIDS and believe that these changes will lead them to a better life (28).

One of the sub-themes of struggle with the bitter existence, the 'emergence of enthusiasm for living', refers to the individual reactions of participants to make changes in their living space. The desire to live was the stimulus for nurses to tolerate the hardships of AIDS and fight against it. Another important sub-theme of struggle with the bitter life was 'trying to come back', which regarded the participants' efforts to obtain support resources. In order to face the challenges of living with HIV, nurses took unwavering steps to seek professional and therapeutic support. Although they felt some support from their workplace managers, they were insecure about their jobs and did not know if they would still be able to do continue working if their bosses or physical conditions changed.

The results of a study also showed that support resources played an important role in continuing the efforts of people with HIV/AIDS to overcome the problems and challenges caused by their disease. Supportive resources help to make the daily life of people living with HIV/AIDS more bearable and enable them to better adapt to the conditions of the disease (28). Another study also found that using the experiences of others living with HIV/AIDS played an important role in controlling the disease and its complications (29). In Kyakuwa's study, a group of HIV-positive nurses initiated a support process by creating safe spaces for interacting and seeking psychosocial support among themselves in a relatively secretive way (30). One of Daley's research findings was distinguishing between supportive vs. non-supportive relationships in nurses' percutaneous injury experience within their communities and respective worlds. Injured nurses sought reassurance and support from colleagues, supervisors, friends, and family, but this was a double-edged sword (31).

The results showed that participants had a strong mental preoccupation with the past and the events that caused them to become HIV positive. In addition, the past constantly pushed itself into their present and has made their daily life full of suffering and worry. Despite all the physical and mental burden imposed on them by HIV/AIDS, the nurses stated that they their passion for living was still present, and they tried to do their best to face the challenges of living with HIV/AIDS. Although the participants in this study were effectively managing HIV/AIDS, they were dealing with many psychological and social issues. Even though they have managed their illness well and the risk of infecting others was nearly zero, the culture of discrimination and prejudice still hurted them intensely. The literature showed a connection between discrimination and psychological problems, and experiencing stigma and discrimination in HIV positive patients had negative effects on their mental health (32, 33). Although most counties have various legislative regulations to prevent the discrimination of people with HIV/AIDS in their workplaces, Senyurek et al found that people living with HIV felt threatened and harassed at work in the workplace (34).

There were some limitations of the present study. One of them was related to reaching nurses with HIV/AIDS, which stemmed from their wish to not disclose or share their HIV status. Therefore, the authors paid greatest attention to ensuring that the participants did not feel nervous and were protected from any potential prejudice. Another limitation of the study was related to cultural considerations. The authors considered that participants might be hesitant to talk about sexual orientation and preferences in Iran and therefore chose not to ask questions related to this issue, which may have affected the data obtained to some extent. ❑

CONCLUSIONS

Our findings revealed that participants to the present study were immersed in bitter

memories of their past, which has always casted a dark shadow over their lives. Although their lived space was surrounded by bitterness and adversities, they showed enthusiasm about moving on and everyday struggling to maintain their relative health and job. Despite the existence of counseling and support measures for HIV-positive nurses, there is still a profound gap in effective psychological care for HIV-positive nurses, which needs more attention. Special programs to improve mental health in HIV-positive nurses are needed in order to address the psychological and occupational problems in this group of patients in addition to the therapeutic and medical aspects required for the care of HIV/AIDS. Although the newer the antiretroviral (ARV) regimes are better tolerated, with less side effects, and the once-daily formulations are extremely advantageous, the management of HIV/AIDS is not related solely to drug regime. The experience of nurses living with HIV/AIDS reveals that the success of ARV therapies also depends on the provision of support for psychosocial aspects. Therefore, a holistic provision of HIV/AIDS management should be considered to integrate required measures and educational programs to properly support nurses living with HIV/AIDS. ❑

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