CHAPTER II

REVIEW OF RELATED LITERATURES

The Impact of AIDS on Health Personnels.

The AIDS epidemic had placed a great variety of psychosocial responses on health personnels. In fact, health professionals are intensely involved with the suffering and distress of human being under their care.

Fear of contagion

The level of fear markedly affected attitude and behavioral intention (Oskamp, 1991). Eventhough the epidemiological risk of health professional is low, the personnel still fear and have anxiety about the accidentally occupational exposure to HIV infection. This outcome has been discussed in many literatures more than in any other single issue (Gerbert et al,1989). Among all residents, 23 % reported that,if they could choose, they are not willing to provide care to any patients with AIDS, and 23 % reported that they would not work in an area with high prevalence of AIDS. Nine percent of the residents reported that they had been exposed to a blood contaminated needlestick from an HIV seropositive patient (Rodney A. H,1991).

Social Stigmatization.

Working with AIDS patients can be seen to have negative social consequences and health professionals are perceived to be tarnished by the socially stigmatized of AIDS.One study showed that some doctors and dentists believe that having AIDS patients in their practice could affect the other patients (Gerbert,1988).

Sense of Professional Inadequacy

Many health professionals feel discouraged by knowing that there is no specific treatment for this fatal disease. There have been a number of reports of health professionals expressing anxiety, fear, negative attitudes and their needs in relation to caring of patients with HIV infection.(Phanuphak P,et al,1988).

Nopporpant reported that 82.5% of 289 health-care personnels in Yala Hospital had fear of AIDS; 82.9 % were not willing to work towards AIDS (Nopporpant S.,1991).

Panjapongse found that 221 medical personnels in six provinces did not feel sympathy toward AIDS patients who contacted the disease through sexual activity and drug addiction;majority agreed with the isolation area for AIDS patients (Panjapongse C, et al, 1989).

Emmett and Patricia Rae found positive correlations between attitudes and willingness to care ($r=.73$, $p<.01$). Nurses perceived themselves to have higher risk than doctors (Mannetti,1991).

WHAT IS ATTITUDE ?

An attitude is a state of readiness, a tendency to act or react in a certain manner when confronted with certain stimuli. Attitudes are reinforced by beliefs (the cognitive component) and often attract strong feelings (the emotional component)that will lead to particular forms of behavior (the action tendency component). Attitudes can vary on three properties (or strengths):

1. afferent habit strength (the strength of the bond between the stimulus pattern and the internal response called attitude)
2. efference habit strength (the strength of the bond between attitude as stimulus and a response), and
3. drive strength (tention produce by an attitude that needs to be reduced by subsequent behavior).

1.1 Theory of Attitude

Fishbein and Ajzen (1975) and Rosenberg (1956) attempted to describe attitudes in terms of a multi-attribute structure. This structure is typically described by an equation relating beliefs to attitudes.

$$Ao = \sum_{i=1}^{n} wi(bi\ ei)$$

where: Ao is the attitude toward some object,o; wi is a constant weight; bi is the belief i about o, (i.e.the subjective probability that o is related to attribute i);is the valuation of attribute I; and n is the number of beliefs.

1.2 Attitude components

1. Affective 2. Behavioral (Conation) 3. Cognitive

The term attitude is reserved strictly for the overall evaluative response, whereas cognition, affect, and conation are treated as conceptually distinct antecedents or consequences of attitude.

In these three components the affective is the most mportant aspect of attitude because this component relates with the action. This component can be divided into positive and negative.

1.3 How to change attitude

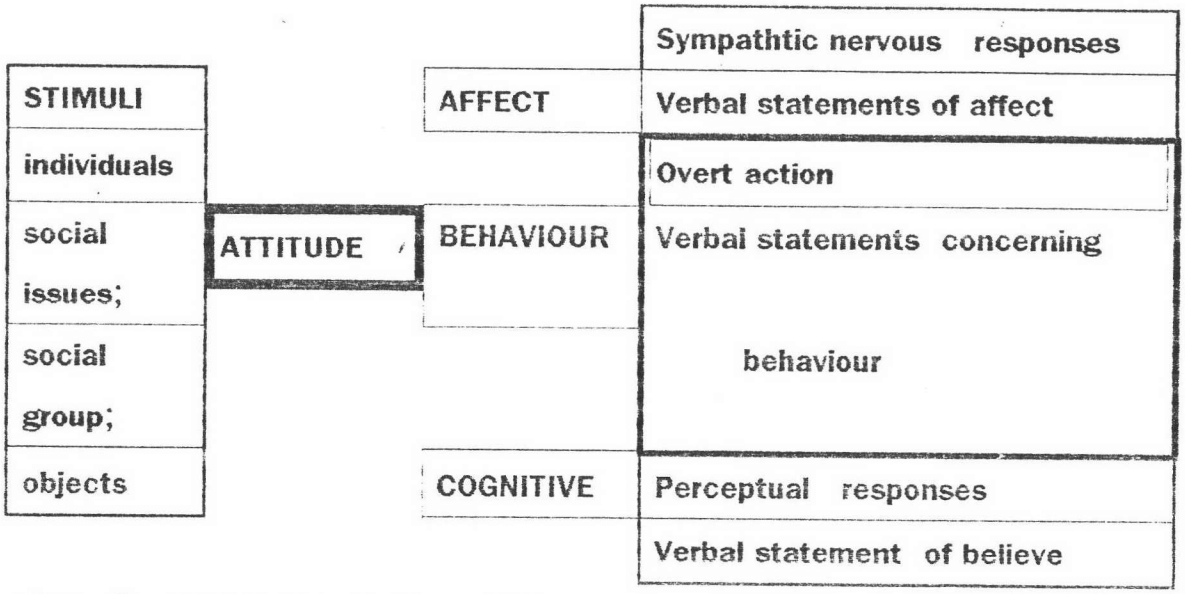

Figure 2 Attitude Organization and Change : An analysis of consistency Among Attitude Components. (Rosenberg M.E.,1960)

GENERAL NETWORK MODEL(GN)

The General Network Model's objective is on common problem solving. It emphasizes on human beings. The methods used are as follows:

1. Group discussion

Group discussion is a dynamic interpersonal process focusing on conscious thought and behavior and involving the therapy functions of permissiveness, orientation to reality, catharsis, mutual trust, caring, understanding, acceptance, and support. Traditional group guidance made an indirect attempt to change attitudes and behaviors through accurate information or an emphasis on cognitive or intellective functioning; group counseling and skill training make a direct attempt to modify attitudes and behaviors by emphasizing total involvement.

Traditional group guidance was applicable to groups of fifteen to thirty, whereas group counseling is dependent on the development of strong group cohesiveness and the sharing of personal concerns,which are most applicable to small group. The small group must be a stable one which feels itself as an entity and which the individual can feel close identification. The atmosphere is friendly, informal, and democratic.

2. Participation.

It is used to refer to an educational method that emphasizes experience based learning activities. Participants are involved in a variety of experiences, usually including small group interaction, and their behaviors provide data for learning. A review of the individual scales that contributed to this change indicates that the students who participated in the group decreased in emotional fluctuation, impulsivity, destructiveness, attention-seeking, rigidity, inappropriate talkativeness, ditractibility, work fluctuation, and increased inobedience, calmness, and passive helpfulness (Hargrave & Hargrave, 1979, p. 549).

3. Role play.

The clients showed a role-play about AIDS. Schmidt and Biles (1985) used puppetry and role play situations to help them explore self-perceptions, improve communication skills, make friends, acquire compromising and negotiating skills, and develop healthy relationships with peers(p.67). Likewise, Smith, Walsh, and Richardson(1985) organized a Clown Club utilizing structured fantasy and creative drama for the expression and resolution of conflict (p. 49).

4. Two-way communication

The nurses and the AIDS patients talk together. The principal task is to achieve an appropriate giving - receiving pattern of affection with the concomitant coping behavior of accepting one's self as a worthwhile person, really worthy of love.

5. Drawing picture

The picture is worth a thousand words. The best way to paint a picture, of course, is with drawings or photographs, or better still with videotapes. If we can actually show consumers by saying things and reacting physically, this could give a much greater impact. It will be retained in the mind of most of the audience for longer time and in much much deeper level. Visual aids always add interest to a presentation and they usually add impact that come from their minds.

THEORY

GN theory as a concept was developed by Dr. Maruchi and his study group in 1986 in order to communicate with humans common sense or basic unity in specified settings. This kind of common sense is relatively reminded of people through their mutual talks for common problem solving . Because of the nature of this theory , it is basically the orientation needs of people concerned which emphasizes the total idea through the combination of terms, numbers, models, and dialogue. Among them the importance of dialogues and models should be emphasized for the basic communication. The application of GN theory into practice should be a GN approach.

The process and outcome of this approach should be well demonstrated through major types of model as well as conventional figure table and key words. This holistic approach does not neglect any conventional approaches but includes them as one of important components for common problem solving. The most important attitude in GN approach should be a positive participation for common problem solving with democratic spirits. It can be therefore said that GN approach could be alternatively explained by Health Education.

General Statement on Holistic Approach for Health network.

I. FIVE MAJOR STEPS ON HOLISTIC APPROACH FOR HUMAN NETWORKING (THEORY)

- I.1 Human Subjectivity_____ SELF.
- I.2 Health Problems_____PROBLEM.
- I.3 Problem Approach_____PROBLEM ANALYSIS
- I.4 Problem Evaluation_____TYPE OF EVALUATION.
  - I.4.1. Identification of human/subjective problems among learners,
  - I.4.2. Identification of systems problems for study.
  - I.4.3. Diagnosis of disease problems by medical knowledge and skills.
- I.5 Communication on collected information.

II. FOUR MAJOR COMPONENTS OF THE GROUP WORK (Unification of theory and practice.)

- II.1 REPORT
- II.2 REPORTER
- II.3 GROUP MEMBER
- II.4 COORDINATOR