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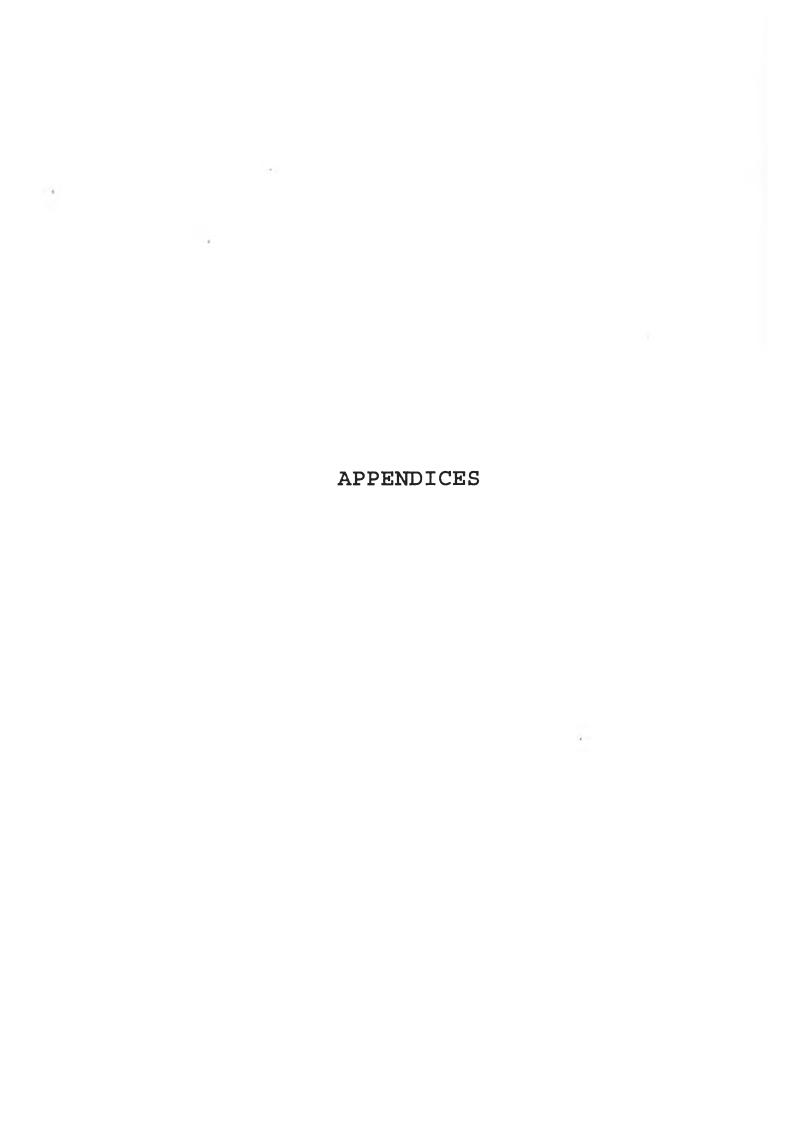
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# APPENDIX A

# QUESTIONNAIRE COMPONENTS

PAI	RT I Demographic data
1.	Sex
	[ ] Male [ ] Female
2.	Ageyears
3.	How long have you worked in this occupation?
	years months
4.	Marital status
	[ 1 ] Single
	[ 2 ] Married
	[ 3 ] Separated, widow
5.	Present work setting [ ward or unit ]
	[ 1 ] Obstetrics
	[ 2 ] Surgery
	[ 3 ] Orthopedics
	[ 4 ] Pediatrics
	[ 5 ] Medicine
	[ 6 ] Psychiatry
	[ 7 ] Traumatic
	[8] Labour Room
	[ 9 ] Eye Ear Nose Throat
	[ 10 ] Intensive Care
	[ 11 ] PICU / NICU
	[ 12 ] Emergency Room
	[ 13 ] Out-patient department
	[ 14 ] Burns
	[ 15 ] Gynaecology
_	[ 16 ] Operation Room
6.	Have you ever provided care for HIV-infected patients

- 7. Have you ever been exposed to patients' exudate during you work? [eg. blood, urine, etc.]
- 8. Have you ever had inservice accident [eg. needle stick, sharp injury, etc.]
- 9. Your present position
  - [ 1 ] Head nurse
  - [ 2 ] Staff nurse
- 10. Have you ever improved your knowledge about AIDS?
  - If yes, how?

    - [ 2 ] Radio/ TV.
    - [ 3 ] Exhibition
    - [ 4 ] Conference/ Meeting/ Seminar
    - [ 5 ] Training or study tour
    - [6] Others

#### PART II Intention to Take Care of HIV-infected Patients

### Subacale A: Attitude towards performing care

### 1. Specific behavioral belief

- 1.1 I believe that caring for persons who are HIV positive will put me at risk of contracting the virus.
- 1.2 I think that persons who are HIV positive should be given sympathy.
- 1.3 I think that nurses should take care of HIV-infected as well as other patients.
- 1.4 I think that there should be a separate ward for HIV-infected patients, so that appropriate caring procedure can be adopted.
- 1.5 I believe that learning more about AIDS patient care regular will give me more confidence in providing care.
- 1.6 If I have a choice, I will avoid caring for HIVinfected patients.

- 1.7 I think that a nurse providing care for HIV positive patients should be an AIDS specialist.
- 1.8 I think that if there are sufficient medical supplies for Universal Precaution practice, I will not hesitate to provide care for any HIV-infected patient.
- 1.9 I think that nurses will be willing to take care of HIV-infected patients if they get more incentives.

#### 2. Outcome evaluation

- 2.1 Putting me at risk of contracting HIV virus if I take care for HIV-infected patients.
- 2.2 I will be willing to care for a person who is HIV positive.
- 2.3 I will take care of HIV-infected patients as well as other patients.
- 2.4 I will provide appropriate nursing care if there is a separate ward for HIV-infected patients.
- 2.5 I will certainly provide care for HIV-infected patients if I know a lot about AIDS.
- 2.6 I will take care of patients without HIV infection if given a choice.
- 2.7 I am not keen on caring for HIV-infected patients.
- 2.8 I will be willing to take care of every HIV-infected patient if there are enough medical supplies for universal precaution practice.
- 2.9 I will be willing to take care of HIV-infected patients if I get more incentives for doing so.

## Subscale B : Subjective Norm

#### 3. Normative belief

- 3.1 Most members of my family think I should care of any persons who are HIV positive.
- 3.2 My co-workers think that I am very unlucky if I am assigned to care for persons who are HIV positive

- 3.3 Most people believe that caring for HIV-infected patients is very risky.
- 3.4 Health personnel believe that following Universal Precaution practice strictly can prevent nurses from occupational contraction on HIV virus.
- 3.5 My family will be shunned by others if I provide care for any persons who are HIV positive.
- 3.6 Most people believe that nurses who are taking care of HIV-infected patients are making a great sacrifice.
- 3.7 Nurses who care for HIV-infected patients will be shunned by most people.

# 4. Motivation to Comply

- 4.1 I want to do what most members of my family think I should do.
- 4.2 I will be unlucky if I am assigned to care for HIV positive persons.
- 4.3 I will be more aware when I care for HIV-infected patients because most people think I have high risk.
- 4.4 I concede that strict Universal Precaution practices are necessary for nurses when providing care to HIV-infected patients.
- 4.5 I am afraid that most members of my family will be shunned if I provide care for HIV-infected patients.
- 4.6 Generally speaking, nurses make great sacrifices ,so I will be proud to provide care for HIV-infected patients.
- 4.7 I am afraid that I will be shunned if I take care of HIV-infected patients.

#### PART III JOB SATISFACTION

- 1. Being able to keep busy all the time.
- 2. The chance to work alone on the job.
- 3. The chance to do different things from time to time.
- 4. The chance to be "somebody" in the community.
- 5. The way my boss handles the staff.
- 6. The competence of my supervisor in making decision.

- 7. Being able to do things that don't go against my conscience.
- 8. The way my job provides for steady employment.
- 9. The chance to do things for other people.
- 10. The chance to tell people what to do.
- 11. The chance to do something that makes use of my ability.
- 12. The way company policies are put into practice.
- 13. My pay and amount of work I do.
- 14. The chance for advancement in this job.
- 15. The freedom to use my own judgment.
- 16. The chance to try my own methods of doing the job.
- 17. The working conditions.
- 18. The way my co-workers get along with each other.
- 19. The praise I get for doing a good job.
- 20. The feeling of accomplishment I get from the job.

#### PART IV Personal Ability

- 1. HIV virus can be killed using Sodium Hypochlorite 1:10 or Alcohol 70 % within ten minutes.
- 2. A person might be infected with HIV virus while showing no medical symptom.
- 3. Medical instruments and medical supplies stained with a patient's blood can transmit HIV virus to you.
- 4. Checking every patient for AIDS is the right way to protect you and other health-care personnel.
- 5. HIV virus is found in most body fluid such as tears, saliva, amniotic fluid, vaginal secretion, semen and blood.
- 6. Even though health-care personnel who are providing care for HIV-infected patients follow universal precaution practices, they still have chances of contracting HIV virus.
- 7. It is more risky to an individual working with a coworker who is an HIV-virus carrier.
- 8. At present, the number of HIV-infected person increasing greatly but the epidemic is still limitted

- to some groups, especially that group having risky behavior.
- 9. There is a Universal Precaution practice campaign in your work setting.
- 10. There are Universal Precaution practice guidlines in your work setting.
- 11. You always follow the Universal Precaution practice every time you take care of patients.
- 12. You have already tried to improved your knowledge and experience about caring for AIDS patients
- 13. You are encouraged to improve your ability in caring for AIDS patients by your executive committee.
- 14. You always improve your knowledge and ability in caring for AIDS patients.
- 15. In your present practice, it is not possible to follow all Universal precaution practices.
- 16. Before and after providing care for every patient , you always wash your hands with soap or antiseptic.
- 17. You change your glove(s) immediately if they are found to be damaged.
- 18. There is a separate area in every ward for HIVinfected patients in this hospital.
- 19. You have been notified about the results of serotesting for HIV infection of every patient.
- 20. In this hospital, there is extra welfare for personnel who provide care for HIV-infected patients.
- 21. You have the chance to share your opinion in caring for HIV-infected patients with your chief.
- 22. You would not like to provide care for HIV-infected patient just because you are ordered to do so.
- 23. You are willing to care for HIV-infected patients since you can earn more rewards from doing so.
- 24. There are edequate medical instruments and medical supplies for Universal Precaution practice in your ward.

Experience & skill = Item 11, 12, 14-17 Hospital policy = Item 9, 10, 13, 18-24

#### PART V FEAR OF AIDS SCALE

- 1. Helplessness
- 2. Infecting others with one's illness
- 3. Display of physical suffering of others
- 4. Infection through blood
- 5. Infection through someone's illness
- 6. Infection through sexual contact
- 7. Having contact with blood of another human being
- 8. Sexual intercourse
- 9. Having physical contact with sick patients
- 10. Having physical contact with people who you know are addicted to drugs
- 11. Contracting AIDS
- 12. Contracting venereal diseases
- 13. Having physical contact with a person with AIDS
- 14. Viruses
- 15. Undergoing blood transfusion
- 16. Death
- 17. Dying
- 18. Becoming ill

## PART 6 UNIVERSAL PRECAUTION PRACTICE

When taking blood from patients, you take the following steps every time.

- 1. Wear sterile groves.
- 2. Use sterile technique to prepare syringe and needle.
- 3. Take blood with sterile technique.
- 4. Remove the needle.
- 5. Throw the needle (after used) in special bin.
- 6. Soak gloves and syringe in Savlon 1:30 or Zidex.
- 7. Change gloves each time before venipunture in every case.

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# APPENDIX B

# FURTHER DETAILS OF DATA ANALYSIS

variable	Range	Mean	SD	Min	Max
Job satisfaction	20-100	72.89	7.22	45	95
Fear of AIDS	18-90	62.15	11.72	25	90
Knowledge about AIDS	0 8	4.92	1.17	2	8
Nurse's experience	0 - 6	4.05	1.32	1	6
Hospital policy	0-10	4.43	1.70	1	9
Difficulty to follow Universal precaution	7-35	10.81	3.33	7	23

Table B.2 Percentage of Response Rate to Follow
 Universal Precaution Procedures:
 Everytime when Taking Blood from Patient,
 you follow the steps below. [N = 343]

	Procedures	Yes	No
1.	Wear sterile gloves.	61.8	37.0
2.	Use sterile technique to prepare		
	syringe and needle.	96.5	2.3
3.	Take blood with sterile technique.	94.8	4.1
4.	Remove the needle.	95.0	3.2
5.	Throw the needle (after used)		
	in special bin.	96.8	2.0
6.	Soak gloves and syringe in		0.0
	Savlon 1:30 or Zidex.	93.0	5.8
7.	Change gloves each time before		
	venipunture in every case.	48.7	51.3

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#### APPENDIX C

#### LIST OF EXPERTS

- Associate Professor Dr. Sompop Limpongsanurak M.D., M.P.H. (Clinical Epidemiology) Department of Obstetrics and Gynaecology, Fculty of Medicine, Chulalongkorn University
- Associate Professor Manop Kanato
   M.A. (Medical Social Sciences),
   M.Sc. (Clinical Epidemiology)
   Department of Community medicine,
   Faculty of Medicine,
   Khon Kaen University
- 3. Assistant Professor Dr. Chayada Siripirom M.A. (Social science), Dr.P.H. Department of Public Health Administration, Faculty of Public Health, Mahidol University
- 4. Ms. Tuanchai Inthusoma
  M.A. (Social Science), M.Sc. (Social Science
  In Sociology, Clinical Epidemiology)
  Department of Pediatric, Faculty of Medicine,
  Chulalongkorn University
- 5. Ms. Puangsoi Worakul B.S. (Psychology), M.Ed. Department of Psychiatry, Faculty of Medicine Chulalongkorn University

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#### VITA

Miss Piyarat Sinpisut was born on 14th April 1957 at Nakornsrithammarat Province, Southern Thailand. graduated with bachelor of Science (Nursing) at Prince of Thailand 1979. University, in Her previous Registered position was Nurse in Labour room Songklanagarind Hospital. She moved to work in Department of Obstetrics and Gynaecology, Faculty of Medicine, Prince of Songkla University in 1989. Her responsibility is as a investigator and physician assistant, research emphasizing infectious diseases (STD and AIDS). She has been enrolled in Master of Science in Health Development Research Programme) at Faculty of Medicine, (Health Chulalongkorn University since 1992. She got a scholarship from Rockefeller Foundation to join this study.

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