

Abstract

Using a review of literature consisting of peer-reviewed articles and grey literature, this paper presents a narrative and graphic representation of the key concepts underpinning the benefits nurses perceived deriving from caring for patients during the HIV/AIDS pandemic. Our review indicates that benefits were seldom the focus of the literature and were mostly integrated within documents pertaining to the negative aspects of caring for these patients. In such a context, this research identified self-enhancement benefits in three domains (work benefits, work attributes, and work ethos), and self-actualization benefits in three domains (relationships, transformation, and humanity). During the COVID-19 pandemic, researchers are once again enticed to write scientific literature about the impact of caring in a “war zone”. Using the underpinning concepts identified through the benefit-finding research in the context of the HIV/AIDS pandemic, researchers could identify the many perceived benefits nurses derive from caring for infected patients during this pandemic.

Keywords Benefit finding, benefit of caring, rewards, positive aspects, and silver lining, HIV/AIDS and COVID-19 pandemics, nurses and caregivers, self-enhancement, self-actualization, and stress-related growth

The Elusive Silver Lining: Caring for Patients in the HIV/AIDS “War Zone”. How Did Nurses Sustain It? Benefit-Finding Analysis

CARL GA JACOB, DANIEL LAGACÉ-ROY & PATRICIA LUSSIER-DUYNSTEE

Introduction

Many researchers investigated and developed theoretical frameworks around the benefits, rewards, positive aspects, and silver lining of individuals in various situations. Their research centered on individuals who were afflicted by serious diseases, such as cancer, multiple sclerosis, rheumatoid arthritis, and myocardial infarction, or important harm, such as spinal cord injuries.[1-2] Only a few studies were conducted among individuals who were grieving a separation, or a loss, such as a partner, were living with children with severe health

issues, served in war, were HIV/AIDS patients, or are living through the COVID-19 pandemic.[1-4] Even fewer benefit-finding investigations focused on individuals who cared for, or continue to care for the above-mentioned individuals, many of whom were or are nurses.[5] It has been shown that the benefits of caring help individuals (e.g., nurses) deal effectively with illness and adversity, and improve their emotional well-being.[6-7] Furthermore, it helps individuals, such as nurses, better understand the meaning of life and work during a crisis.[8] In the context of the HIV/AIDS pandemic, existing literature investigates mainly the negative impacts of caring for HIV-infected patients, as well as suffering and dying AIDS-patients, at the height of the HIV/AIDS pandemic (the early 1980s to the late 1990s). These negative impacts were physical and psychological in nature, uncovering the downside of such work, its challenges, as well as the negative attitudes, beliefs, emotions, and feelings many of the nurses harboured towards their patients.[4, 9-21]

For example, some nurses expressed anger, rejection, and non-acceptance of patients who were deemed difficult,

manipulative, mean, non-compliant, and uncooperative.[22-23] Moreover, the fact that they often exhibited a distinct lifestyle, i.e., being gay, bisexual, transgender, intravenous drug users, prostitutes, or came from religious, cultural, and ethnic backgrounds different from theirs, also played a role in the inappropriate way they treated patients.[20, 22-24] This behaviour was expressed using blame, contempt, displeasure, hostility, indignation, intolerance, judgment, or refusal to care, as if the patients were “lepers”:[10, 20, 23-32] Some nurses displayed signs of burnout, the effects of being overtaxed, and the long-term effects of stress, due to prolonged exposure to the excessive physical and mental demands placed on them, as they cared not only for their patients, but also for their patients’ immediate and extended families.[18, 33] These stress symptoms were often exhibited by a loss of concentration, chronic fatigue, neglect of self and others, irritability, difficulty sleeping, nightmares, and feelings of anxiety, known as compassion fatigue.[10, 22, 31, 34-35] Some nurses showed fear and panic because of their repeated exposure to the infection, the unknown susceptibility of infection (contagion), and the possibility of bringing the infection home to family members.[10, 20, 24, 28, 31, 36-37] Some displayed signs of helplessness, loss of control, or overwhelmingness with the situation because the information circulating about the infection, and how to treat it, was constantly changing, and the patients for whom they were caring were young, terminally ill, and frequently dying.[37] Some nurses exhibited prolonged feelings of loss, grief, and vulnerability because of their over-identification with their patients,[22, 38] in addition to the constant presence of death. Such feelings were expressed through anxiety, apprehension, concern, and fright. [10, 21, 30]

Researchers also mentioned that nurses were constantly in toxic environments, either at work, or at home, as some health care providers, family members, friends, and significant others reacted negatively to their professional choices by showing disgust, distaste, discrimination, ostracization, stigmatization, judgment, prejudice, and shame.[9, 24, 39] To avoid such reprehension, and public moralization, the nurses’ HIV/AIDS work was often performed in secrecy.[35] HIV/AIDS effectively became the illness that no one liked to name and went to great lengths to avoid discussing it openly.[10, 16, 20, 35] Finally, researchers emphasized that while their patients might die, the nurses who cared for, or about them, remained behind.[40] Those “left behind” were knowledgeable and capable nurses who experienced the cumulative impact of loss, known as the multiple loss syndrome.[41] In looking back at the challenging facets of HIV/AIDS work, researchers have overlooked the many benefits, rewards, positive impacts, or even silver lining, which may be derived from such work, that may help nurses

compensate the negative impacts they experienced.[4]

A scan of such research, using a review of literature methodology, revealed that nurses experienced key benefits while caring for HIV-infected and AIDS-patients, and their immediate and extended families, throughout that pandemic. [42] Therefore, the objective of this research is two-fold. It intends to present a narrative and graphic representation of the key concepts underpinning the positive impacts that nurses perceived deriving from caring and providing support for and comfort to HIV-infected and AIDS-patients, as well as their immediate and extended families. This research also suggests that positive impacts, as opposed to only negative ones, can be uncovered when examining the context of nurses caring and providing support for and comfort to COVID-19 patients throughout the present pandemic.[43]

For this paper, HIV-infected patients are individuals who are infected with the human immunodeficiency virus while AIDS-patients are HIV-infected individuals who have fewer than 200 CD4+ T cells, and have been diagnosed with one or more life-threatening opportunistic infection, such as pneumonia (pneumocystis pneumonia (PCP), and skin cancer (Kaposi’s sarcoma [KS]).[44] A pandemic is an epidemic that spreads to multiple continents or across international borders.[45-46]

Benefit finding is often associated with two terms, post-traumatic growth (PTG) and stress-related growth.[3, 47-49] This research paper’s focus is not on nurses’ post-traumatic growth (PTG), because it does not address benefits once the HIV/AIDS pandemic is over and HIV has become a chronic disease. Instead, it focuses on the benefits that nurses perceived deriving from caring in adverse conditions while being in the pandemic “war zone”, stress-related growth, making it a meaning construct in theories addressing the issue of coping with adversity.[31, 50-51] Akintola defines it as, “the positive subjective feelings, or objective changes, both internal and external, in the volunteer caregivers’ [nurses’] lives resulting from their caregiving situation”.[52, p. 2-3] However, stress-related growth is not always a given for those under extreme stress. It also raises the question of why they wanted to enter and/or remain in the field of caring for HIV-infected and AIDS-patients.[53-55] Nurses who continue to work in a stressful, highly charged, and challenging role, use a form of cognitive adaptation or coping strategy to find benefits.[55] Benefit finding may involve interpersonal dimension modifications, such as developing new relationships and changing one’s self-perceptions and philosophy of life.[22, 56-58] It may also involve intrinsic rewards, such as personal development on the job, and extrinsic rewards, appreciation and recognition of one’s work, for example.[52, 59-60] Benefit finding requires that

nurses reassess their concept of caring in a positive manner during a pandemic.[22] It may involve looking for possible gains, which may improve creative thinking, facilitate problem solving, and diminish negative emotions, such as anxiety and depression, thereby minimizing or mitigating the negative impacts of the pandemic and safeguarding their self-worth. [48-49, 54, 61] Finally, benefit finding during a pandemic does not require the individual to have prior experience of such an event.[62]

We believe that the choice and exchange theory, which has not yet been applied to research pertaining to the rewards nurses perceived receiving while caring for HIV/AIDS patients, will help shed light on this topic. This theory assumes that “rewards are things wanted and costs are things one would prefer to avoid”.[63, p480] It is supported by nine propositions, namely: “1. Human beings seek rewards and avoid costs to maximize their Goodness of Outcomes (profits). 2. Costs being equal, individuals will choose the alternative which supplies or is expected to supply the most rewards. 3. Rewards being equal, individuals will choose the alternative which exacts the fewest costs. 4. Immediate outcomes being equal, individuals will choose those alternatives which promise better long-term outcomes. 5. Long-term outcomes being perceived as equal; individuals will choose alternatives providing better immediate outcomes. [...] 6. Costs and other rewards being equal, individuals will choose the alternative which supplies or can be expected to supply the most social approval. [...] 7. Costs and other rewards being equal, individuals will choose statuses which provide the most autonomy. [...] 8. Costs and other rewards remaining equal, individuals will choose activities and positions which provide the greatest financial remuneration and/or the smallest financial expenditures. [...] 9. Costs and other rewards being equal, individuals choose associates and friends with opinions and values which agree with their own and try to avoid those who consistently disagree with them”.[62, p. 221-222] From these propositions, several preliminary themes emerged which we used in our research, such as social approval, autonomy, similarity of values and beliefs, conformity to norms, ambiguity, equality, and money.[62]

In this research paper, stress-related growth is defined as the result of self-enhancement and self-actualization benefits. Therefore, stress-related growth evidence may be an increase in self-awareness and coping skills and may instigate an increase in self-esteem and perceived self-efficacy. Self-enhancement is defined as the importance that a person places on social power, dominance, wealth, authority, influence, and success [64]. In contrast, self-actualization is defined as “the desire to become more and more what one is, to become everything

that one is capable of becoming” [65, p382] or “the desire for one to see oneself in his fullest potential”. [66, p35]

Methodology

A literature review was performed using a content analysis methodology to gather and review (critique and summarize) the body of literature pertinent to the present research topic [67]. Content analysis is often used to “analyze the important, and sensitive phenomena of nursing”,[68, p400] in the context of “exploratory work in an area where not much is known”.[68, p400]

This methodology involved identifying search words associated with benefit finding. At first, the non-comprehensive list contained only two words, benefits, and rewards. The list expanded as the literature pertaining to the research topic increased in number, depth, and scope. Therefore, the comprehensive list included such words as, benefits, rewards, positive impacts, and any potential silver lining related to caregivers, nurses, HIV, and AIDS, to help locate relevant literature from the early 1980s to present.

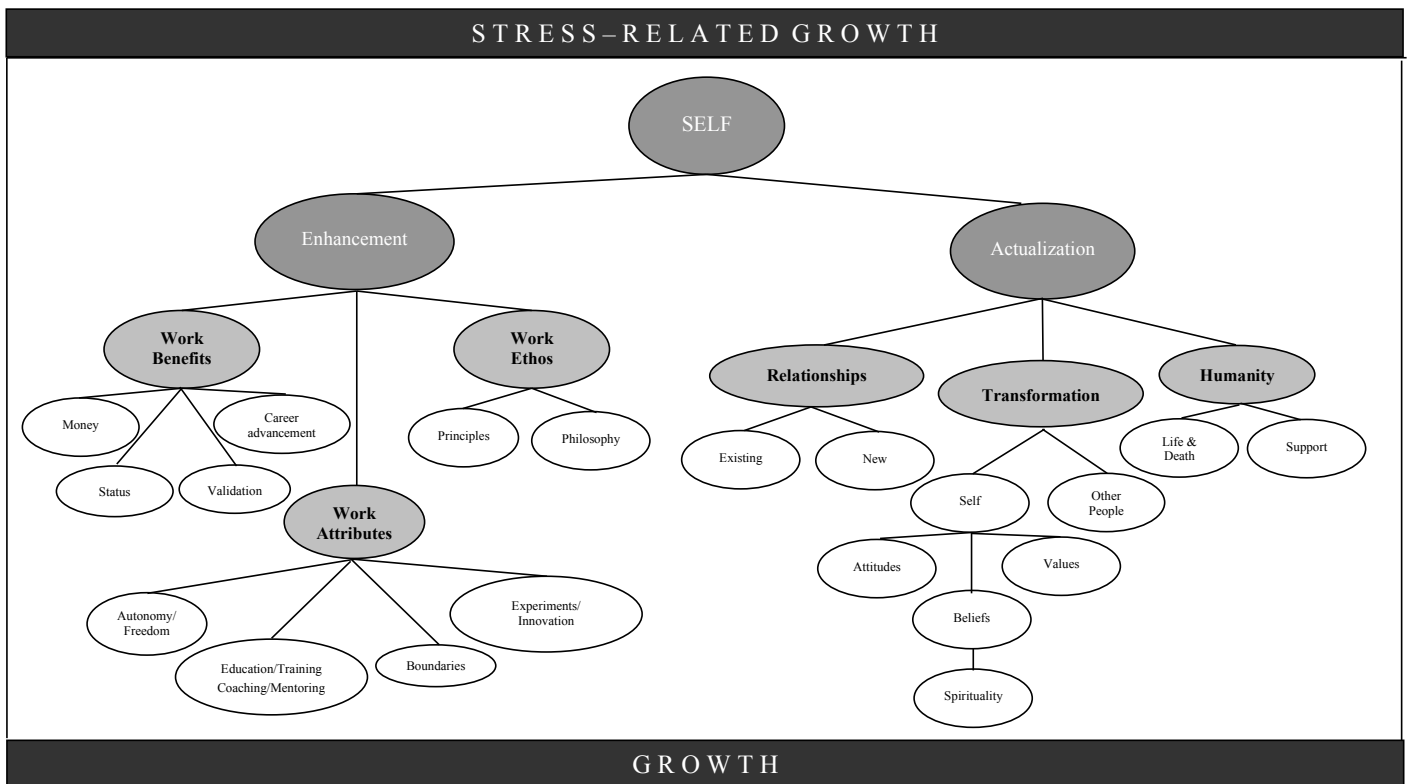
It is with the use of electronic databases, including, but not limited to, Research Gate, Google Scholar, the Virtual University of Ottawa Library, and the Internet, that scientific peer-reviewed articles, books, and grey literature, such as reports, and Web pages, were identified. The electronic search gathered 83 documents: 33 general benefit-finding, 50 HIV/AIDS specific documents, of which 35 documents are HIV/AIDS and topic related (see Table 1: Main HIV/AIDS Topic-Related Documents). The documents that related specifically to HIV/AIDS benefit-finding content, as well as statements related to perceived benefits, rewards, positive impacts, or any potential silver lining nurses perceived deriving from caring for HIV-infected and AIDS-patients, and their immediate and extended families, were retained.

Using a content analysis methodology, data were identified within the retained documents.[68] Thereafter, researchers immersed themselves into the data to try to make sense of it all, and to organized it in a meaningful manner. They chose the components to be analyzed using a ‘paper and scissor’ technique, while detecting patterns. A reflexive approach was used to collate statements using an iterative process. Multiple categories, themes and sub-themes emerged. Finally, the information was presented in narrative, graphic, and table formats (see Table 1: Main HIV/AIDS Topic-Related Documents, Graph 1: Benefit Finding for Nurses Caring for Patients during the HIV/AIDS Pandemic: A Conceptual Framework, and Table 2: Quotes from the Research Paper). The research also presents the contribution of the research to the benefit-finding domain.

Table 1: Main HIV/AIDS Topic-Related Documents

Date	Author	Metho.	Type	Examples
1988	Ross, M.W., & Seeger, V.	Quanti.	Rewards	Intellectual stimulation.
1992	Bennett, L.	Quali.	Rewards	Male nurses not having to conceal their homosexuality
1992	Breault, A.J., & Poliforni, E.C.	Quali.	Rewards	Making a patient comfortable, seeing a patient able to go home, helping patients die with dignity, caring for individuals who needed it.
1994	Barbour, R.S.	Lit. Rev.	Rewards	Admiration for patient courage, being able to help, intellectual stimulation, interactions with patients, male nurses not having to conceal their homosexuality.
1994	Giami, Al.	Quali.	Benefits (French)	A privileged nurse-patient relationship, working in a unit like non others.
1994	McGarrahan, P.	Quali./Book	Rewards	Enlarge nurses' understanding of human problems, opportunity to be the kind of nurses they always wanted to be, a chance to organize care on nursing principles, skills attitudes & performance validated & approved, gratitude from patients, learning on the job, to be able to put their ideals in practice & develop a holistic practice, more autonomy & independence on the job, able to experiment & innovate, able to be themselves at work, can grow professionally.
1996	Bennett, L.; Ross, M.W., et al.	Quanti.	Rewards	Personal effectiveness, emotional & social supports, empathy, self-knowing.
1997	McCann, T.V.	Mix	Rewards	Opportunity to learn new & challenging information, being able to have continuity of care & treatment & long-term professional relationships with patients.
1999	Hayter, M.	Mix	Rewards	Social recognition, closeness of the nurse-patient relationship, autonomy in one's practice.
1999	Manus, J.-M.	Other	Benefits (French)	Creation of privilege ties, 'bonds'.
1999	Sherman, D.W., & Ouellette, S.C.	Lit. Rev.	Benefits/Rewards	Personal & professional.
2000a	Sherman, D.W.	Quali.	N/A	Chemistry or connection with patients, helping patients live fully until death, appreciation of the human spirit, making patients comfortable, providing emotional & spiritual support, opportunity for emotional & spiritual growth.
2000b	Sherman, D.W.	Quali.	N/A	Growth as a person, finding new faith, discovering what was important in life.
2003	Mccausland, J., & Pakinham, K.I.	Quanti.	Benefit Finding	Personal growth, increase of understanding of others, positive personality change, increase in knowledge, start or strengthening of relationships, sense of satisfaction & achievement, gained perspective.
2005	Ferri,	Kindle Book	N/A	Professional development, learn about treatments, infections & body reactions, & educating medical staff,
2006	Fournier, A.M.	Book	Rewards	Reward from taking care of those no one else wants to care for.
2007	Dageid, W.; Sedumedi, S.D.; et al.	Quali.	Benefit Finding	Personal growth, positive changes in personality, better understanding of HIV positive people, development of new relationships, perceived achievements & satisfaction with oneself, altered priorities & goals in life.
2007	Nolan, S.	Book	Rewards	Exciting times to be a promising young scientist might have been unemployed without AIDS, opens one's eyes to new things, opportunity to deal with social issues.
2008	Davhana-Maselesele, M., & Igumbor, J.O.	Quanti.	Rewards	Highly regarded by friends due to work in HIV/AIDS domain, valuable contribution to society, gratitude from patients, status & recognition for involvement in HIV/AIDS domain, positively influence on others' life, positive peer relationships.
2008	Munro,	Quali./Book	Positive aspects	Close relationship with clients, personal growth, mutual growth (nurses and clients benefit from the care relationship, gay nurses openly about their sexuality and free from workplace prejudice & stigma, & humour
2009	Mullins, I.L.	Quali.	Rewards	Support from co-workers, social rewards, relationships with patients.
2010	Akintola, O.	Quali.	Rewards	Extrinsic: constructive feedback, development on the job, made patients happy, new skills & competencies, participation in decision making, recognition. Intrinsic: gratification, personal, emotional & psychological development self, satisfaction, transformation of attitudes & perceptions.
2010	Malatji, T.	Quali.	Rewards	Recognition, receiving positive feedback, providing support & comfort, counseling patients & families, developing meaningful relationships with patients & families.
2010	Vervoort, S.C.J.M.; Dijkstra, B.M., et al.	Quali.	N/A	Job satisfaction.
2011	Bellingham, C.	Other	Benefits	Benefits outweigh the negative.
2014	Saag, M.	Book	Positive impacts	Breaking down the doctor-patient borders, validation.
2014	Valjee, L., & van Dyk, A.C.	Quali.	Positive aspects	Sense of personal accomplishment, helping others, making a difference to the lives of patients, seeing a smile on patients' faces, job satisfaction.
2015	Ball, S.C.	Book	Positive aspects	Sense of community: taking in patients & families (immediate & extended).
2016	Qiao, Z.; Chen, L. et al.	Quanti.	N/A	Intrinsic & extrinsic job satisfaction.
2016	Varsalone, D.P. & Deering, S..	Book	N/A	Learning something new, teach what you learn to people around the world, make a difference.
2018	Baxter, D.	Book	N/A	Training staff, teaching students, mentoring & being included in conversations.
2019	Matzer, E., & Hugues, V.	Book	N/A	Develop new relationships, get to know & nurture patients & families, live life-changing experiences, meet new challenges, make a difference in someone's life, to shape life & practice in a way nothing else would ever do.
2020	Journo, E.	Other	N/A	Praise, gratitude.
2021	Smith, N.	Other	N/A	Make one's life count.
2021	Yeates, C.	Other	N/A	Developing new relationships, accepting environment for male nurses, good memories.

Figure 1: Benefit Finding for Nurses Caring for Patients during the HIV/AIDS Pandemic: A Conceptual Framework



Literature review

Data gathered from 35 HIV/AIDS, and topic-related documents were divided into two main categories: (1) self-enhancement benefits; and (2) self-actualization benefits. For each category, this paper presents multiple themes and sub-themes which help develop a graphic representation of the concepts underpinning the benefit-finding domain for nurses caring for patients during the HIV/AIDS pandemic (see Graph 1: Benefit finding for nurses caring for patients during the HIV/AIDS pandemic: A Conceptual Framework).

Category 1 Self-enhancement benefits

Many nurses cited that they experienced self-enhancement benefits from caring for and providing support and comfort to HIV-infected or AIDS-patients, as well as their immediate and extended families. Such benefits, reported in the literature, were grouped under the following three themes: (1) work benefits; (2) work attributes; and (3) work ethos.

1. Work benefits

The work benefits' sub-themes were identified as money, status, career advancement, and validation. If nurses were receiving a salary while working in the HIV/AIDS domain, they reported

that being able to make "a steady living",[69, p29] because of a better pay (in countries [e.g., South Africa, and United States] where pay for work was an issue), benefited them.[52, 69] They reported that they gained a certain level of "status [...] due to my [their] involvement in the area of AIDS",[13, p69] which included finally becoming "somebody",[69, p29] and receiving "social recognition".[70, p989] For some nurses working in a domain unlike any other, because of its highly technical and emotional demands,[71] benefits accrued from knowing that their work was "becoming almost fashionable",[69, p180] and that it had "an impact greater than in other specialties".[72, p109] Nurses also stated that they benefited from "opportunities to grow professionally",[72, p168] with "opportunities otherwise not often available in nursing, [...] the kind of job they have been searching for".[72, p46] These jobs gave them "opportunities for capacity and career development",[52, p3] with potential to achieve higher positions with more responsibility.[69] Finally, one nurse mentioned that it gave her something to "latch onto and work for and work towards". [22, p128]

In terms of being validated by the work they were performing, nurses spoke of how rewarding and satisfying it was to work in an environment that was formally and informally recognized, appreciated, and supported by patients, their immediate

Table 2: Quotes from Research Paper

1. Self-Enhancement – 1.1 Work Benefits

- make “a steady living”
 - gained “status [...] due to my [their] involvement in the area of AIDS”
 - “finally becoming someone”; receiving “social recognition”; “becoming almost fashionable”; and [making] “an impact greater than in other specialties”
 - “opportunities to grow professionally”; “opportunities for capacity and career development”; and “opportunities otherwise not often available in nursing, [...] the kind of job they have been searching for”
 - gave [nurse] something to “latch onto and work for and work towards”
 - being “included in the [doctors’] conversations”
 - “It makes me know that the work I’ve been doing is worth it”; and “I can see the difference I am making”
 - “that they are doing something important for another person”
 - “Oh my God, you’re an absolute hero for working in that environment”
 - “I wanted to take this opportunity to make my life count”; and “It was the best way to make a difference, to care for someone, to be needed”
-

1. Self-Enhancement – 1.2 Work Attributes

- “closeness and isolated client [therapeutic] relationship”; and “have a real impact on patients’ lives”
 - “I have accomplished many worthwhile journeys in the job”
 - “the chance to be themselves”; being free from “prejudice and secrecy”; “not having to conceal their sexuality”; and “could work in an environment that would accept me [him] for being gay”
 - could “develop on the job”; and experience “intellectual stimulation from AIDS-related work”
 - “a source of personal [emotional and psychological] satisfaction”
 - “continue to learn what they do well”; [learn] “new skills and new competences”; and “new and challenging information from biomedical and psychosocial perspectives”, for example: [increase] “knowledge and understanding of medicine-related issues, such as: HIV/AIDS, AIDS-related health professionals, [opportunistic] illness [es]”
 - “patients become teachers and nurses learn from patients”
 - [create] “several specific training”; and “conduct several lectures”
 - “The things Valery learned; they would shape her life and practice in a way nothing else would ever do”
 - “The life of every nurse is like a roller-coaster ride, one day your patient dies, or you get that sinking feeling when a friend calls to say they have just been diagnosed [with HIV]. The next day your hard work takes you to a place where you can learn something new and teach what you learned to people all over the world and try to make a difference”
 - “Working in the hospice was very formative [...], learning about yourself and about compassion and death and dying, and understanding that death is part of life [...]”
 - “doing things we [they] never imagined”, for example: [developing] “their own practice”; “counseling patients and their families”; “doing research”; opportunities “to experiment and innovate”; “put their ideas into practice”; and use the “creative process”
 - “something new and challenging, something that demands concentration and attention”; “ingenuity, inventiveness, and imagination”
 - “take care of HIV-infected patients”
-

1. Self-Enhancement – 1.3 Work Ethos

- “a chance to organize care on nursing principles”, for example: “assisting their patients to live as fully as possible until death”
- “part of the appeal of caring for HIV-infected patients can be the pleasure of working with dynamic and caring colleagues”; and “working with like-minded staff, [...] [and] colleagues whose values and practice match their own”, “a particular philosophy of care”
- “be the kind of nurse they always wanted to be”; “do the job right”; “make a difference”; “help, in however limited capacity”; “meaning in care giving”; and “develop a holistic practice”
- “the unity of what Western culture has separated for analytic purposes into separate categories: the sensory, rational, and emotional realms”
- “come face-to-face with existential mysteries of human life”
- “live fully and live out some of the major social issues of our time”
- using “their skills and talent to the fullest” “for people who don’t expect it”
- “their philosophy of care is founded on a moral stance according to which every human being is worthy, and thus worthy of care”

Table 2: Quotes from Research Paper (continued)

2. Self-Actualization – 2.1 Relationships

- “to connect with other human beings”; [opportunity to strengthen] “an existing relationship [...]: closeness, bonding, commitment, [and] communication”
- “a new relationship with care recipients” and “with the patients’ family”
- “She felt privileged being with her patients as they took their last breath”, “I felt very lucky to have been a part of it”
- “a connection was established when patients sought information about them as a person, by asking them about their family lives, their hobbies, or shared interests”
- “nurses share in their patients’ courage and fortitude”
- “I always needed to be with the patients”

2. Self-Actualization – 2.2 Transformation

- [transformed their] “attitudes and perceptions”
- [attitudes] “to a patient population [gay, prostitute, and drug-injection communities] that has suffered the effects of being lonely and stigmatized”
- [increased] “understanding of self, such as an appreciation for one’s health and well-being, and others, such as people in general, [...], and medical professionals”
- “seeing families and other personnel develop similar attitudes”
- “took comfort in the fact that they made a difference in the lives of their patients”
- “I feel I am positively influencing other people’s lives through my work”
- “One of the most important things I've learned on my journey is simple: To a Nurse, it should never matter why or how someone becomes sick. Everyone deserves to be treated with dignity so that when their time comes, they can leave this good earth feeling love, compassion, and the loving touch of someone holding their hand”
- [Nurses perceived] “that human transformation is possible”; and they “believed in helping other people”
- [Nurses were] “spiritually guided into nursing”, an “opportunity for spiritual growth”
- [Nurses] “develop ways of confronting and transcending it” [HIV/AIDS]

2. Self-Actualization – 2.3 Humanity

- “get close to some of [...] the best human beings are capable of”; “patients’ courage”
- being in “touch with much that is admirable in peoples’ lives”
- “their understanding of human problems” [empathy].
- “respond to the central challenge of human life, the inevitability of death”
- “being fully and humanly involved in their work”
- “If you don’t let yourself feel this, you’re missing out on what really matters. You want to be a healer? This is the cost. This is the essence of what we do”
- [Nurses] “achieve a better understanding of how to make the most of life, and in the transformations that they witness[ed] and support[ed]”
- [Nurses] “benefited for noticing “the support patients were getting from their significant others”
- [Nurses] “benefited from noticing the support patients were giving “one another”

3. Stress-Related Growth

- [When] “the personal, professional, and political are in harmony”
- [Results in] “improve self-esteem”; and “inner strength and confidence”
- [When] “effectively coping with stressful situations”; and “feeling exhilarated after working closely with” [patients]
- [Resulting in a] “sense of personal accomplishment”
- [When] “making a patient comfortable”
- “experiences led to the discovery and development of ‘the self’”
- “when horrific events occur, good people do good things simply for goodness’ sake”

colleagues, and other health care providers.[13, 21-22, 73-75] Validation was also received from family members, friends, community members, and stakeholders.[15, 75-76] Formal words of appreciation and gratitude, constructive feedback, improvements in the condition, or quality of life of a patient, and participation in decision making were various ways of validating a nurse's work,[15, 52, 69] as well as being "included in the [doctor's] conversation" [32, p226] about their patients with other doctors, specialists, interns, and residents.

It is through their work that nurses experienced loving and caring for patients who needed them. [43] Informally, it is through their patients' happiness, smiles, and the knowledge that they played a pivotal role in helping a patient die with dignity, that nurses recognized that they improved their patients' quality of life. [10, 13, 15, 18, 21, 27, 52, 59, 74, 77-78] To that extent, validation helped them see purpose and meaning in their work.[31, 43] One nurse noted: "It makes me know that the work I've been doing is worth it",[69, p166] while another mentioned: "I can see the difference I am making". [52, p10] As such, these nurses perceived "that they are [were] doing something important for another person".[72, p109] As one nurse noted being told, "Oh my God, you're an absolute hero for working in that environment".[77, p6] Another said, "I wanted to take this opportunity to make my life count",[78, p4] while a third one mentioned, "It was the best way to make a difference, to care for someone, to be needed".[49, p29]

2. Work attributes

There are attributes inherent to the work itself that brought benefits to nurses. They can be grouped under the following sub-themes: autonomy/freedom, education/training, coaching/mentoring, established boundaries, and experiments/innovation. Nurses alluded to the fact that the very nature of HIV/AIDS care increased intimacy, "closeness, and isolated client [therapeutic] relationships",[43, p353; 70, p990] created opportunities for freedom (to innovate in their work or to be completely involved in their work), autonomy, and independence which they perceived as a benefit.[69, 72] It gave nurses the opportunity to have "a real impact on patients' lives".[72, p108] As stated by one nurse, "I have accomplished many worthwhile journeys in the job".[13, p71] For gay male nurses, the nature of the work greatly benefited them as it gave them "the chance to be themselves"[72, p165] in their professional career for the first time, to be free from "prejudice and secrecy",[39, p229] "not having to conceal their sexuality".[35, p125] One male nurse said he "could work in an environment that would accept me [him] for being gay".[77, p6]

Nurses spoke about the benefits they experienced while working in an environment where they could "develop on the

job",[52, p1] experience "intellectual stimulation from AIDS-related work",[79, p396] and satisfy their curiosity and interests in identifying and responding to patients' needs.[70] Such work was "a source of personal [emotional and psychological] satisfaction"[10, p26] because it enabled them to "continue to learn what they do well",[72, p115], and to learn "new skills and new competences"[52, p1] to help patients [69]. New skills may include communication skills, while new competences may be about how to deal with life experiences, and the reciprocal love between nurses and patients [52, 80]. It also provided them with an opportunity to acquire knowledge and understanding of "new and challenging information from biomedical and psychosocial perspectives".[81, p1035] As examples, they increased their "knowledge and understanding of medicine-related issues, such as: HIV/AIDS, AIDS-related health professionals, [opportunistic] illness [es]";[58, p862] HIV wasting, and treatments, as well as nursing-related issues, such as improving quality of care and self-care.[80] They realized that they greatly benefited from a context where there was a reciprocal exchange between patients and nurses, for example when "patients become [became] teachers and nurses learn [learned] from patients".[72, p107] Nurses were also able to develop "several specific training";[69, p111] "conduct several lectures";[69, p112] (e.g., for fire departments), as well as train staff, teach students, and mentor other nurses [32, 69, 80]. The following quote summarizes the learning gained by nurses. "The things Valery learned (e.g., "the horrors and cruelties of the world");[69, p52] they would shape her life and practice in a way nothing else would ever do".[69, p60] Another nurse stated, "The life of every nurse is like a roller-coaster ride, one day your patient dies, or you get that sinking feeling when a friend calls to say they have just been diagnosed with HIV. The next day your hard work takes you to a place where you can learn something new and teach what you learned to people all over the world and try to make a difference".[66, p195] Finally, nurses mentioned that "Working in the hospice was very formative [...], learning about yourself and about compassion and death and dying, and understanding that death is part of life [...]".[22, p128]

Nurses reported that they had the opportunity to push boundaries within their scope of work. They found themselves "doing things we [they] never imagined"[27, p143] and working where boundaries could be stretched to incorporate duties not part of their normal, everyday, work description, such as developing "their own practice";[72, p159] "counseling patients and their families";[15, p21] and "doing research".[69, p173]

Nurses found that the appeal of HIV/AIDS patient care came from the opportunity it gave them "to experiment and innovate";[72, p160] and "put their ideas into practice".[72,

p159] In fact, the work environment became part of a “creative process”[72, p108] allowing them to set up “something new and challenging, something that demands concentration and attention”.[72, p44] Moreover, such a creative process called for “ingenuity, inventiveness, and imagination”.[72, p160] Therefore, from the start, they found themselves establishing approaches and/or programs to “take care of HIV-infected patients”.[72, p43] and/or initiating drug or treatment strategies, as examples.[69]

3. Work ethos

In this research paper, work ethos focuses on two sub-themes, namely: work principles and philosophy. Nurses mentioned that they perceived deriving benefits when getting “a chance to organize care on nursing principles”.[72, p109] which included “assisting their patients to live as fully as possible until death”.[18, p117] They also stated that “part of the appeal of caring for HIV-infected patients can be the pleasure of working with dynamic and caring colleagues, [...] working with like-minded staff, [...] [and] colleagues whose values and practice match their own”.[72, p45] Some would go as far as to say that they benefited from a work environment where they could share humor and fun.[43] Finally, some nurses knowingly broke “(government) rules (concerning non-citizens), [as they thought they were] answering to a higher authority”.[32, pxxv]

Nurses alluded to the fact that they benefited from working in this domain because they could put into action “a particular philosophy of care”[72, p174] that they believed in. Such a philosophy provided them the opportunity to “be the kind of nurse they always wanted to be”.[72, p109] “do the job right”.[72, p43] “make a difference”.[72, p104] “help, in however limited capacity”.[79, p397] and find “meaning in care giving”.[12, p18] It also gave them the chance to “develop a holistic practice”.[72, p159] stated as “the unity of what Western culture has separated for analytic purposes into separate categories: the sensory realm, the rational, and the emotional”.[72, p124] “come face-to-face with existential mysteries of human life”.[72, p105] and “live fully and live out some of the major social issues of our time”[72, p172] while using “their skills and talent to the fullest”[72, p47] “for people who don’t expect it”.[72, p104] Finally, “their philosophy of care is founded on a moral stance according to which every human being is worthy, and thus worthy of care”.[72, p174]

Category 2 – Self-actualization benefits

Many nurses cited that caring for and providing support and comfort to HIV-infected or AIDS-patients, and their immediate and extended families, offered “a venue conducive to self-actualization”[72, p117] which included the following themes:

(1) relationships; (2) transformation; and (3) humanity.

1. Relationships

In this research paper, the theme relationships is divided into two sub-themes: existing and new relationships. Nurses reported that they perceived deriving benefits from being able “to connect with other human beings”.[72, p125] and having the opportunity to strengthen “an existing relationship [...] closeness [...], bonding [...], commitment [...], and communication”.[58, p863] They also perceived benefits from being able to develop “a new relationship with care recipients”.[58, p862] by interacting with them in an honest way, on a short- or long-term basis, so that they could get to know, nurture and love them, as well as having the opportunity to interact “with the patients’ family”.[10, p26] immediate or extended, as the case may be.[15, 18, 19, 69, 72, 77, 79] One nurse mentioned that “She felt privileged being with her patients as they took their last breath”.[77, p11] while another one stated, “I felt very lucky to have been a part of it”[77, p11] (a patient’s struggles until death). Ultimately, they felt that “a connection was established when patients sought information about them as a person, by asking them about their family lives, their hobbies, or shared interests”.[18, p119] As such, “nurses share in their patients’ courage and fortitude”.[72, p109]

Therefore, the privileged nurse-patient relationship went well beyond medical and biological monitoring and verification, as well as administration of treatments.[82] As mentioned by a nurse, “I always needed to be with the patients”.[69, p232] Moreso, nurses literally crossed the professional nurse-patient boundary by “hold [ing] a patient’s “hands”.[69, p96] get [ting] attached to her [their patients]”.[69, p129] and let [ting] patients stay with us [them]”.[69, p136] They even went further by taking “turns getting to his [their patients’] apartment [s]”.[69, p147] “laid [lying] in bed with him [them at the patients’ residences]”, as well as going to dinner at patients’ residences, being present at patients’ death beds at home, and attending wakes for their patients.[69] Nurses often got attached to their patients.[69]

2. Transformation

The transformation theme focuses on two sub-themes, namely: self and others. Nurses said they benefited from the work in this domain because it helped them modify their values, beliefs, and attitudes toward life, such as a new appreciation of things and the modification of their priorities.[58] They transformed their “attitudes and perceptions”[52, p7] in order to embrace those of acceptance (non-judgmental), compassion, openness, respectfulness, selflessness, tolerance, and understanding “to a patient population [gay, bisexual transgender, prostitute, and drug-injection communities] that has suffered the effects

of being lonely and stigmatized”[10, p26] They also increased their “understanding of self, such as an appreciation for one’s health and well-being, and others, such as people in general, [...], and medical professionals”[58, p862] in particular while “seeing families and other personnel develop similar attitudes”[72, p108] and perceptions.[43] Relationships with HIV-infected and AIDS-patients benefited nurses as it enabled them to leave their professional role behind and adopt a new one that was positioned in the affect domain.[22, 71] Finally, nurses “took comfort in the fact that they made a difference in the lives of their patients”.[21, p7] One nurse mentioned, “I feel I am positively influencing other people’s lives through my work”.[13, p71] Another nurse stated, “One of the most important things I’ve learned on my journey is simple: To a nurse, it should never matter why or how someone becomes sick. Everyone deserves to be treated with dignity so that when their time comes, they can leave this good earth feeling love, compassion, and the loving touch of someone holding their hand”.[66, p239] Some nurses said that they benefited when patients and families showed them “that human transformation is possible”.[72, p106] families accepting their child’s lifestyle, for example. Finally, caring for HIV-infected and AIDS-patients was sustained when patients were “taking [en] into” the care community which often consisted of doctors, nurses, social workers, chaplains, and psychiatrists.[83]

As well, nurses, who “believed in helping other people”.[21, p7] alluded to the fact that some were “spiritually guided into nursing”.[66, p85] Moreover, working in such a domain presented an “opportunity for spiritual growth”.[18, p123] and “to develop ways of confronting and transcending it [HIV/AIDS]”.[22, p141]

3. Humanity

In this research paper, the humanity theme is divided into two sub-themes, namely: life and death, and support. Nurses shared that they perceived deriving great benefits from being able to “get close to some of [...] the best human beings are capable of”.[72, p105] i.e., the “patients’ courage”.[79, p397] They alluded benefiting from being in “touch with much that is admirable in peoples’ lives”.[72, p105] enlarging “their understanding of human problems”[72, p107] (empathy); and being able to “respond to the central challenge of human life, the inevitability of death”.[72, p137] Finally, nurses perceived deriving great benefits from “being fully and humanly involved in their work”.[72, p162] As mentioned by a caregiver, “If you don’t let yourself feel this, you’re missing out on what really matters. You want to be a healer? This is the cost. This is the essence of what we do”.[31, p80]

As well, nurses said that they benefited from helping patients “achieve a better understanding of how to make the most of life, and in the transformations that they witness[ed] and support[ed]”.[72, p109] They benefited from noticing “the support patients were getting from their significant others”.[80, p397] and were giving “one another”.[72, p107]

Self-Related Growth (professional, personal/self)

Nurses experienced some form of self-related growth from caring for and providing support and comfort to HIV infected and AIDS-patients, and their immediate and extended families, during that HIV/AIDS pandemic. Such growth was achieved because of the self-enhancement and/or the self-actualization benefits they perceived receiving. They mentioned that working in the HIV/AIDS domain accrued the greatest stress-related growth when “the personal, professional, and political are in harmony”.[72, p169] They also benefited when they were able to “improve self-esteem”.[52, p3] through acquired “inner strength and confidence”.[52, p7] thus “effectively coping with stressful situations”.[21, p1] such as the death of a patient, “feeling exhilarated after working closely with”[13, p71] their patients, and having a “sense of personal accomplishment”[21, p7] by “making a patient comfortable”.[10, p26] Nurses reported that they experienced the most personal growth/change in the “character” realm by understanding one’s emotions, personal strength, patience, self-awareness, self-acceptance, compassion, and courage.[22, 58] Ultimately, their “experiences led to the discovery and development of ‘the self’”.[52, p7] Finally, one must remember that “when horrific events occur, good people do good things simply for goodness’ sake”.[31, p66]

Summary of Results

This literature review suggests that nurses perceived deriving benefits (rewards, positive impacts, or a proverbial silver lining) from caring for their HIV-infected and AIDS-patients, and their immediate and extended families, during the HIV/AIDS pandemic, between the early 1980s and the late 1990s, in three distinct categories: self-enhancement, self-actualization and stress-related growth.

The benefits in the self-enhancement category revealed that there are specific areas, i.e., status, career development, and validation, where nurses felt their work was recognized by doctors, peers, patients, and families, to name a few. The work-benefits area are related to receiving a “proper” salary for the work performed. The importance of receiving a salary means that there is a tangible incentive attached to their work, with greater possibility for career advancement. While salary was a contributing factor in discerning benefits, the work

environment greatly influenced how nurses perceived those benefits. In fact, if the work environment allowed them to enjoy a certain amount of autonomy or freedom, nurses felt encouraged to develop professionally through education and training, and to coach, and/or mentor staff. This autonomy or freedom gave them permission to push professional boundaries to perform other duties, such as research; as well as experiment and innovate new treatment protocols. Benefits were also perceived when the work that they were performing was congruent with their personal work ethos, or when the work principles and philosophy were aligned with theirs.

The benefits gained in the self-actualization category included the possibility of developing new relationships, mostly with patients, and their immediate and extended families, or strengthening existing ones, predominantly with peers. Other benefits helped them modify their own values, beliefs, and attitudes toward life and others: namely their patients. In fact, some nurses were able to experience the raw humanity of human beings, mostly their courage in the presence of death. Such a situation offered an opportunity for spiritual growth. Benefits in terms of being supported for their work were perceived when it was expressed by different stakeholders, other healthcare providers, patients, and their immediate and extended families.

Finally, because of the accumulated self-enhancement and self-actualization benefits nurses perceived deriving from caring for HIV-infected and AIDS-patients, and their immediate and extended families, during that pandemic, they mentioned that they experienced stress-related growth, either at the personal level, and/or professional level.

This research identified, collated, and summarized research previously published in the benefit-finding domain related to nurses caring for and providing support and comfort to HIV-infected and AIDS-patients, and their immediate and extended families, during the HIV/AIDS pandemic, from the early 1980s to present (see Table 1: Main HIV/AIDS Topic-Related Documents). It also created a graphic representation of the key concepts underpinning this domain of research (see Graph 1: Benefit finding for Nurses Caring for Patients during the HIV/AIDS Pandemic: A Conceptual Framework). Finally, it put into a table format all quotes extracted from the body of the text, one after another, to give the reader a final opportunity to revisit the results under a different lens (see Table 2: Quotes from Research Paper).

Contribution and Value to the Benefit Finding Domain

This research paper is interested in a domain not often visited

by researchers studying nurses caring for and providing support and comfort to HIV/AIDS patients. Their studies have mostly focused on the burden of care, burnout, as an example. Therefore, this research paper contributes to the benefit finding domain and the choice and exchange theory in several aspects. First, through a review of literature methodology, it confirms the use of the choice and exchange theory in this research paper and expands its use to the benefits of caring domain. To do so, it offers a narrative and graphic representation of the categories, themes, and sub-themes representing the many benefits of caring as perceived by nurses derived from caring for and providing support and comfort to HIV-infected and AIDS-patients, and their immediate and extended families, during the HIV/AIDS pandemic. Second, it organizes the categories, themes and sub-themes in a conceptual framework (graphic representation) under two major categories, namely the self-actualization and self-enhancement benefits categories. Third, for the nursing profession, this research paper extends the understanding that out of negative, difficult circumstances, a positive gain can, and oftentimes is, realized, stress-related growth. Through difficulty comes enlightenment in the form of self-concept, self-efficacy, and professional satisfaction. Fourth, the results from this research paper expand the self-enhancement benefit-finding knowledge and confirm the self-actualization benefit-finding knowledge when applied to this context, by explicitly naming themes and sub-themes under each category, as well as providing numerous examples to substantiate the findings. For example, under the work benefits theme, the money, status, validation, and career advancement sub-themes are presented. Fifth, this research provides researchers with both a narrative and graphic framework to examine the perceived benefits nurses derive from caring for and providing support and comfort to COVID-infected patients, while standing in, i.e., as proxy, for the patients' immediate and extended families, at the height of the COVID-19 pandemic. Finally, this research provides the basic information needed to perform a systematic literature review, where other databases, such as CINAHL and MEDLINE/PUBMED could be used to further advance the benefit of caring for HIV/AIDS patients conceptual framework presented in this research paper.

Conclusion

Using a literature review methodology, the objective of this research paper was two-fold. First, it aimed to present both a narrative and a graphic representation of the key concepts underpinning the benefit of caring, within the benefit-finding domain, in the context of nurses caring for HIV-infected and AIDS-patients, and their immediate and extended families, during the HIV/AIDS pandemic, from the early 1980s to the late

1990s. To achieve this, benefits, rewards, positive impacts, and any potential silver lining for nurses who cared for HIV/AIDS patients, and their families/loved ones, were extracted from peer-reviewed articles, books, and grey literature. The literature search indicated that data on benefits were seldom the focus of the literature, and mostly integrated within documents pertaining to the negative aspects of caring for these patients in a “war zone,” where nurses and other caregivers were “in a sniper battle against a huge and powerful enemy, dodging through the bushes, not sure where you are, wanting to believe that help is coming but not knowing when it will get here, or how effective it will be if it ever does”.[80, p140] while trying to do “something brave and important”.[80, p251] Benefits to nurses were noted as coincidental, rather than a primary outcome of caring.

This research expands the understanding of self-enhancement benefits and confirms the self-actualization benefits for nurses caring for and providing support and comfort to HIV/AIDS patients, and their family/loved ones. It adds to the benefit-finding knowledge by offering a graphic representation of the categories, themes and sub-themes forming the concepts underpinning the benefits-finding domain in the context of nurses caring for patients during the HIV/AIDS pandemic.

In the context of the COVID-19 pandemic, nurses are once again called upon to care for and provide support and comfort to COVID-19 patients, whose immediate and extended families are in absentia, while working in an environment comparable to the one that prevailed during the HIV/AIDS pandemic, where there was a high number of infected-individuals who were hospitalized, needed intensive care, and were suffering and dying, and where information about the infection was constantly changing. Therefore, researchers are once again enticed to write scientific literature about the negative impact of caring in a “war zone”, where patients are at war against a virus and opportunistic infections, such as the downside and the intractable challenges of such work, as well as how nurses are physically and psychologically impacted by the COVID-19 health crisis.[5] Despite the negative impacts on them, many nurses are still drawn to and continue to care for COVID-19 infected-patients. Using the concepts identified through the benefit-finding research in the context of the HIV/AIDS pandemic, researchers can identify the many perceived benefits nurses derived from caring for infected patients during the COVID-19 pandemic. It seems that such benefits may perhaps help nurses manage both the physical and mental stress of working through the pandemic, as well as improve their emotional well-being, and understand the meaning of life and work during a crisis. Therefore, the concepts identified

in this literature review may inform the understanding of and support for COVID-19 nurses. “While the picture seems bleak, [...] there is a silver lining in the midst of the crisis”.[4, p5] Therefore, “interventions should be designed to encourage people to look for the silver lining in the midst of the crisis, to find small things for which they can be grateful”.[4, p6-7] as “it’s okay, even rewarding, to care for those that nobody else cares about”.[24, p91].

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To contact the authors:
Dr. Carl GA Jacob, PhD
School of Nursing
Faculty of Health Sciences
University of Ottawa
Guindon Hall, RGN 3051
451 Smyth Road
Ottawa, Ontario
Canada K1H 8M5
Email: cjacob3@uottawa.ca

Dr. Daniel Lagacé-Roy, PhD
Associate Professor
Department of Military Leadership and Psychology
Royal Military College of Canada
PO Box 17000, Station Forces
Kingston, Ontario
Canada K7K 7B4

Dr. Patricia Lussier-Duynstee, PhD, RN
Faculty Emerita
School of Nursing
MGH Institute of Health Professions, Inc.
38 First Avenue
Boston, MA 02129
USA