

# BRIDGING THE NURSING CARE GAP: BUILDING QUALITY NURSING SERVICES FOR GAY INDIVIDUALS WITH HIV/AIDS THROUGH STANDARDIZATION, ENHANCEMENT OF NURSES' COMPETENCE, AND PATIENT PARTICIPATION

Maliani Silalahi<sup>1\*</sup>, Santa Maria Pangaribuan<sup>2</sup>, Permaida<sup>3</sup>, Stepanus Maman Hermawan<sup>4</sup>  
<sup>1,3,4</sup>Universitas Kristen Krida Wacana, <sup>2</sup>STIKes PGI Cikini  
Email: *maliani.silalahi@ukrida.ac.id*

## ABSTRACT

Nursing care plays a critical role in addressing health issues such as Human Immunodeficiency Virus (HIV)/Acquired Immunodeficiency Syndrome (AIDS), particularly within the gay population. Limited knowledge and understanding of nursing care tailored to this population can impede efforts to reduce HIV/AIDS cases. There is an urgent need for nursing care standards that are not only comprehensive but also culturally sensitive and responsive to the unique needs of gay individuals living with HIV/AIDS. Negative perceptions of nursing care can affect the quality of care and patient involvement in managing their health. This study aims to explore the perceptions of gay individuals with HIV/AIDS toward nursing care. A qualitative descriptive design was employed to gain an in-depth understanding of their views. The data were collected through in-depth interviews with 14 purposively selected participants. The interviews focused on participants' perspectives, experiences, and expectations regarding the nursing services they received. The data were analyzed using thematic analysis, enabling the identification and categorization of key themes. Two main themes emerged from the analysis: (1) the need for professional nursing services tailored to gay individuals with HIV/AIDS, and (2) the limitations faced by nurses in involving gay clients in the nursing care planning process. Consistent and standardized nursing care services, as well as enhancing nurses' skills and abilities through mentoring and training, are the expectations of gay individuals with HIV/AIDS towards professional nursing care. A heavy workload is a limitation faced by nurses in providing optimal nursing care to gay individuals with HIV/AIDS.

**Keywords:** Nursing Care, Gay, HIV/AIDS

## INTRODUCTION

HIV/AIDS remains a persistent epidemic in Indonesia, continuing for over three decades, with the gay community being one of the most disproportionately affected groups. The increasing visibility and growth of the gay population could potentially intensify both global and domestic HIV/AIDS epidemics. Several factors contribute to the heightened risk of HIV/AIDS among gay men, including having multiple sexual partners and engaging

in unprotected anal intercourse (Silalahi et al., 2019).

Despite increased access to healthcare services, many gay individuals living with HIV/AIDS remain hesitant or avoid seeking medical care due to various factors. In 2021, 13,512 new HIV cases were reported among gay individuals, accounting for 37% of the total new cases (Kementerian Kesehatan RI, 2022). According to the 2020 AEM modeling results, while the number of people living with HIV has decreased, AIDS-related deaths have risen, posing significant challenges that need

urgent attention. Effective programs to address these issues include early case detection, prompt initiation of antiretroviral therapy (ART), adherence to treatment, and improved availability and equitable distribution of ARVs. Enhancing the motivation of gay individuals with HIV to undergo and adhere to treatment is a critical step in tackling the HIV/AIDS epidemic and reducing AIDS-related mortality. Research indicates that stigma, discrimination, and privacy concerns are among the primary barriers preventing individuals from accessing and maintaining care (Darmawan & Permatasari, 2022; Salsabila & Fitriyani, 2020).

Healthcare services offer a potential solution for gay individuals living with HIV/AIDS. However, many still avoid or refuse these services due to various factors. Key reasons include feelings of intimidation, differential treatment from healthcare providers due to their sexual orientation, and the stigma they face (Zeeman et al., 2017). Studies indicate that gay individuals with HIV/AIDS endure dual stigma associated with both their disease and sexual orientation (Chen et al., 2019; Connolly & Lynch, 2016). This stigma significantly impacts their health, not only by exacerbating physical health issues but also by negatively affecting emotional well-being and

quality of life (Slater et al., 2015). Furthermore, stigma and discrimination can adversely influence self-care behaviors, thereby increasing the risk of disease transmission (Handayani et al., 2019). To address these challenges, building trust and eliminating discrimination within healthcare settings is essential. Such efforts are critical for fostering awareness and encouraging gay individuals to utilize health services, including those aligned with their human rights (Parameshwaran et al., 2017).

Gay individuals in need of healthcare services often conceal their sexual orientation due to fear of stigma from healthcare providers. Beyond stigma, they frequently face psychological challenges, including feelings of helplessness in coping with an HIV/AIDS diagnosis and interpersonal conflicts (Silalahi & Fitriani, 2024). Additional barriers to accessing healthcare include difficulty disclosing their sexual orientation, discrimination from healthcare providers, increased vulnerability as members of the LGBT community, and the ongoing struggle to secure their right to health services (Smith & Turell, 2017). Nurses play a critical role in the prevention and treatment of HIV/AIDS. Research findings highlight that an open and accepting attitude among nurses is key to fostering trust and comfort during health

consultations for gay individuals with HIV/AIDS (Silalahi et al., 2019). However, Indonesia currently lacks specific nursing care standards tailored to the needs of this population. Developing nursing care standards based on their unique needs and perspectives is essential for improving the quality of care they receive.

Understanding the experiences of gay individuals with HIV/AIDS in nursing services in Indonesia is crucial for improving the healthcare system. Gaining insights into their lived experiences allows for the identification of specific barriers and challenges they face in accessing quality care. This understanding can inform the development of more effective strategies and policies aimed at enhancing the quality of nursing services provided to this population. To achieve this, the study will employ a qualitative descriptive approach, which offers an in-depth exploration of individual perceptions and experiences. This method is particularly valuable for capturing the nuances and complexities of patient experiences that quantitative methods may overlook. Data collection will involve in-depth interviews with gay individuals who have utilized HIV/AIDS-related healthcare services, providing first-hand accounts of their experiences. These interviews will explore

various aspects of their healthcare journey, including their satisfaction with the services, the challenges they encountered, and their aspirations for improved care.

The objective of this study is to explore the experiences of gay individuals with HIV/AIDS in nursing services in Indonesia. The findings will provide valuable insights into the current quality of nursing care while identifying deficiencies and areas for improvement. This research aims to inform the development of specialized training for healthcare professionals, create more inclusive and sensitive healthcare programs, and propose policy recommendations to enhance access to and the quality of health services for gay individuals with HIV/AIDS in Indonesia.

## **MATERIALS AND METHOD**

This study employs a qualitative descriptive approach to explore individuals' feelings, reasons for utilizing services, and the factors that facilitate or hinder their use (Colorafi & Evans, 2016). The data were collected through in-depth semi-structured interviews and complemented by field notes. The research involved 14 participants selected using purposive sampling. The sample size was determined by data saturation, which was reached with the 13th participant. To validate

the findings further and ensure data diversity, an additional participant was included, resulting in a final sample of 14. The inclusion criteria for the study included gay individuals diagnosed as HIV/AIDS-positive, as confirmed by a medical statement, currently undergoing medical treatment (both inpatient and outpatient), and having experience interacting with nurses during their treatment. Thematic analysis, as outlined by Braun dan Clark (2012), was used to identify themes that emerge from interviews, including introducing data, coding, looking for themes, reviewing potential themes, and writing.

The recruitment of participants for this study was conducted in collaboration with the NGO Yayasan Kasih Suwitno Jakarta, where the research took place. The NGO assisted in identifying four key informants who helped the researchers locate potential participants meeting the inclusion criteria. Once potential participants were identified, the researchers contacted them by telephone to arrange an initial meeting. During this meeting, the researchers explained the purpose and benefits of the study, outlined the participants' rights, and assured them of confidentiality. Participants' willingness to participate was reconfirmed, and they were given 24 hours to decide. Interviews were conducted at mutually agreed locations, with durations ranging from 26 to 75 minutes. This study was

approved by the Research Ethics Committee under protocol No. 95/UN2.F12.D/HKP.02.04/2018.

## RESULTS

This study involved 14 gay male participants with HIV/AIDS, aged between 22 and 53 years. Their educational backgrounds were diverse, including three high school graduates, one D3 diploma holder, eight bachelor's degree holders, and one master's degree holder. The duration since participants were diagnosed with HIV/AIDS varied: five participants had been diagnosed for 6–8 months, two for 1–2 years, four for 5–7 years, one for 8 years, and one for 24 years. Similarly, the duration of participants' contact with nurses ranged from six months to 17 years, with five participants receiving care for 6 months to 1 year, three for 1.5 to 2 years, and six for 5 to 17 years. Analysis of the interview data identified two main themes: the professional nursing services expected by gay men with HIV/AIDS and the limitations faced by nurses in involving gay clients with HIV/AIDS in nursing care planning.

The first theme found in this research was the professional nursing services expected by gay people with HIV/AIDS. The theme raised by this researcher is the hope that gay people with

HIV/AIDS have regarding professional nursing services from nurses. Some of the hopes of gays with HIV/AIDS for professional nursing services are the existence of equal and consistent nursing care services and the implementation of efforts to increase the abilities and skills of nurses.

Nursing services refer to the care provided by nurses during the treatment process and play a significant role in how patients assess the overall quality of nursing care. Interviews with participants revealed notable differences in the nursing care received by gay men with HIV/AIDS. These differences were observed based on the gender of the nurse (female versus male), the level of experience (senior versus junior nurses), and the type of healthcare facility (government versus private hospitals). Participants shared their experiences of these disparities during the interviews, as illustrated in the following excerpts:

*...If the nurses are old, they are kind and like to joke around, unlike the new nurses who can be rude. When they are old, they are nice ... (P10,33).*

*...But sometimes, the difference between female and male nurses is noticeable. Sometimes, male nurses are friendlier. They are more welcoming. "You haven't been here for a long time." "I don't want to be sick all*

*the time," I replied while laughing ... (P10,77).*

*... so for me, it's very different between what I have experienced in government hospitals and private hospitals. Private hospitals' staffs are friendlier, they are more professional, and they really care... (P11,21).*

*...Nurses from the past and nurses nowadays are different... (P11,74).*

The disparities in nursing care experienced by gay men with HIV/AIDS have led to a desire among some participants for the establishment of standardized nursing care guidelines. These standards would ensure consistency in the quality of care provided to all gay patients with HIV/AIDS. People with HIV/AIDS can get the same nursing care wherever they are. This was expressed by 3 of the 14 participants as follows:

*...there should be the same standard of services... (P3,85)*

*the biggest hope is that they can provide quality of services remains consistently good (P7,72).*

*hoping that nurses remain consistent with the good services they already provide (P7,73).*

*...If they can, be consistent ... so it's not just being friendly and caring when we are being treated by them ... but during our monthly check-ups, they should consistently continue to also support and encourage us... (P8,91).*

To enhance nursing services, various approaches are necessary to ensure better care. According to several participants, nurses can improve nursing care for gay men with HIV/AIDS by participating in sharing sessions with senior staff and colleagues and attending training programs designed to enhance their skills and competence in delivering effective care. This was expressed by participants P1, P3, P9, and P10 through the following interview results:

*...each nurse's ability is different, so maybe having sharing sessions in the morning or in the evening, after their activities, to discuss everything, that can be shared from each nurse. It could be beneficial for other nurses as well...(P1,55).*

*...doing training on how the nurses' mental in handling really dirty or challenging situations, because I don't really understand...(P3,84).*

*...attending training and following the procedures issued by the Ministry of Health...(P9,88).*

*...Learn more from the seniors .... where there are juniors, there are always seniors; thus, they need to learn. How to handle patients since everyone has a different personality...(P10,98).*

The second theme found in this research was the limitations of nurses in involving gay patients with HIV/AIDS in nursing planning. The theme raised by this researcher is that nurses' role in involving patients in making a nursing plan has not been maximized. This was expressed by 2 of the 14 participants as follows:

*...there isn't any yet plan from the nurses...(P13,39).*

*...There isn't any yet, mostly I also asked about it, I asked a lot...(P14,48).*

Nurses' less-than-optimal role in involving patients in nursing planning has been influenced by several limitations related to too many tasks. This was expressed by several participants in interviews as follows:

*...I feel bad for them because they work more than doctors do...(P10,114).*

*...sometimes, the nurses are going back and forth, from one room to another, they have to move around a lot...(P12,59).*

*...because here, the nurses are also busy with their own tasks. When I come, we will chat for a bit, like earlier, when one of them greeted me, "Are you okay with the medication?" They laughed and joked around for a while, then again, they got busy with their work again. I waited... and then I said goodbye...(P13,59).*

**Table 1.** Conclusion of the Theme

No	Theme	Category	Keywords	Participant Statement
1	Professional nursing services expected by gay people with HIV/AIDS	Differences in nursing services	Differences between senior and junior nursing services	<p>...nurses in the past and nurses nowadays are different... (P11,74)</p> <p>...If the nurses are old, they are kind and like to joke around, unlike the new nurses who can be rude. When they are old, they are nice... (P10,33)</p>
			Differences in nursing services for women and men	<p>...But sometimes, the difference between female and male nurses is noticeable. Sometimes, male nurses are friendlier. They are more welcoming. "You haven't been here for a long time." "I don't want to be sick all the time," I replied while laughing... (P10,77)</p>
			Differences in nursing services in private hospitals and government hospitals	<p>... so for me, it's very different between what I have experienced in government hospitals and private hospitals. Private hospitals' staffs are friendlier, they are more professional, and they really care... (P11,21).</p>
		Nursing services must be standardized	Same standards	<p>...there should be the same standard of services... (P3,85)</p> <p>the biggest hope is that they can provide quality of services remains consistently good (P7,72)</p>
			Consistent	<p>Hope that the nurses who are already good, be consistent with the remain services (P7,73)</p> <p>...If they can, be consistent ... so it's not just being friendly and caring when we are being treated by them ... but during our monthly check-ups, they should consistently continue to also support and encourage us... (P8,91)</p>
		Increasing the ability and skills of nurses	Sharing session	<p>...each nurse's ability is different, so maybe having sharing sessions in the morning or in the evening, after their activities, to discuss everything, that can be shared from each nurse. It could be beneficial for other nurses as well... (P1,55)</p>
			Training	<p>...attending training and following the procedures issued by the Ministry of Health... (P9,88)</p> <p>...doing mental training for nurses to handle patient conditions... (P3,84)</p>
2	Limitations for nurses to involve gay clients with HIV/AIDS in nursing planning	There has yet to be any planning	Learn from seniors	<p>...learn more from the seniors (P10,98)</p>
			Mostly I ask	<p>...there isn't any yet, mostly I also asked about it, I asked a lot... (P14,48).</p> <p>...there isn't any yet plan from the nurses... (P13,39).</p>
			There isn't any yet	<p>...there isn't any yet plan from the nurses... (P13,39).</p>
	Nursing limitations	Lots of work	<p>...I feel bad for them because they work more than doctors do... (P10,114).</p>	

---

*...nurses do more work than doctors, right? Doctors only check, but nurses write... (P10,66).*

---

Busy

*...because here, the nurses are also busy with their own tasks. When I come, we will chat for a bit, then again, they got busy with their work again. ... (P13, 59).*

---

## **DISCUSSION**

Professional nursing services are the type of care that gay individuals with HIV/AIDS expect from nurses. Nurses are required to possess the skills and personal attributes necessary to adapt to various situations and apply their knowledge and expertise appropriately in diverse contexts (Fukada, 2018). This study found that the professional nursing services expected by gay individuals with HIV/AIDS include the need for standardized nursing care, ensuring no disparities in the services provided, and enhancing nurses' skills and competencies.

The quality of a good nurse is an essential expectation for all patients, especially for gay individuals with HIV/AIDS, and is reflected in their ability to deliver consistent and effective nursing care. This study revealed that several participants observed differences in the nursing services they received or experienced. These differences included variations in care provided by senior versus junior nurses, female versus male nurses, and nurses in private versus government hospitals. Such disparities highlight the absence of a unified

standard for nursing care tailored to gay patients with HIV/AIDS. Consequently, patients continue to experience inconsistencies in the nursing care they receive.

The differences in services received by gay people with HIV/AIDS can have an impact on their reluctance to use health services to treat their illness. This was also conveyed by one of the participants that the difference in service received from nurses made him sometimes think about looking for alternative hospitals to continue the treatment he was undergoing and consider that coming to the hospital was not a good solution for improving his health. Differences in services received from health workers result in the reluctance of HIV/AIDS patients to seek and use health services to treat their disease (Zeeman et al., 2017). Getting poor-quality services is the cause of increasing HIV rates (Demeke et al., 2024).

The professional attitude of nurses greatly influences the quality of health services provided to gay people with HIV/AIDS (Silalahi et al., 2019). Research has shown that



providing high-quality health services is a critical step in strengthening the health resilience of gay patients with HIV/AIDS (Ranuschio et al., 2023). To address disparities in nursing care, developing a standardized framework for nursing care that can be adopted universally by nurses in Indonesia and globally is among the most effective solutions. Implementing evidence-based nursing interventions also offers a practical approach to bridging the service gaps experienced by gay patients with HIV/AIDS (Demeke et al., 2024).

Apart from creating standards of nursing care for gays with HIV/AIDS, participants in this research also said that sharing sessions with seniors and attending training related to HIV/AIDS could be a solution to equalize the services provided by nurses and improve the abilities and skills of nurses who Of course, this can have an impact on increasing the professionalism of nursing services. The sharing session delivered by participants in this research was mentoring. Mentoring is an activity where experienced people share experiences with people with less experience for a mutually determined goal (Dirks, 2021). Sharing information between nurses in one organization is necessary to increase knowledge and competence, considering that nursing is vulnerable and at high risk of errors

(Pratiwi Yuliansari, 2020). The results of a study reveal that mentoring is a model that is considered quite effective in helping nurses who are less experienced in caring for patients with HIV/AIDS. Mentoring can reduce the stigma that may unknowingly come from nurses because, through this method, the knowledge, attitudes, and practices of nursing care will be changed so that the resulting nursing care services will be more comprehensive and holistic (Worthington et al., 2016). The stigma given by nurses is thought to be related to a lack of knowledge and education regarding the management of patients with HIV/AIDS, counseling, perceptions, and religious and cultural backgrounds. Through mentoring, nurses will gain a lot of experience caring for HIV/AIDS patients and help nurses practice self-reflection to maintain awareness of changes in perceptions, attitudes, values and beliefs when working as nurses for patients with HIV/AIDS (Puplampu et al., 2014). Mentoring in nursing is a way to increase the role of nurses in improving the health system because it can produce good quality nursing care services (Hoover et al., 2020).

Nursing planning, often referred to as nursing intervention, plays a crucial role in delivering effective nursing care. A key competency of nurses is their ability to provide individualized

care through well-structured nursing plans (Fukada, 2018). However, attitudes, knowledge, and communication have been identified as significant challenges affecting the quality of nursing care for gay individuals with HIV/AIDS (Silalahi et al., 2019). In this study, it was found that the role of nurses was not optimal in involving patients in making a nursing plan for the patient's health. The involvement of PLWHA patients in care can help nurses provide the most effective care and can increase knowledge and change perceptions about the importance of health services for patients with HIV (Worthington et al., 2016).

Several limitations hinder nurses from fully optimizing their role in involving patients in nursing planning. This study identified excessive workloads as a significant barrier, with nurses often feeling overwhelmed by their responsibilities and constrained by limited time to complete all tasks. This phenomenon of excessive workload remains unresolved and is widely recognized as a factor that negatively impacts the quality of nursing care provided to patients. Research supports this observation, indicating a clear relationship between workload and nurse performance in delivering nursing care (Manuho et al., 2015). Furthermore, an excessive workload increases the risk of

frustration and burnout, ultimately affecting the quality of work delivered (Jones et al., 2022).

Nursing interventions are all forms of therapy carried out by nurses based on clinical knowledge and judgment to achieve improvement, prevention, and restoration of the health of individual clients, families, and communities (Persatuan Perawat Nasional Indonesia (PPNI), 2018). Nursing interventions include physiological and psychological aspects and usually include treatment of disease conditions, prevention of disease conditions, and health promotion. Most interventions are used on individuals but also on families and communities (Maier et al., 2014). The nursing interventions found in this research that nurses have implemented are counseling activities, providing ARV drug therapy, and providing health education.

Counseling activities are typically provided by nurses during the initial stages of an HIV/AIDS examination, often while participants await their test results. Counseling serves as a means to facilitate behavioral change. In this study, nurses engaged in counseling by offering motivation, helping participants regain their footing, and encouraging them to focus on building a meaningful future. These counseling efforts

had a profound impact on participants, as several expressed experiencing a renewed sense of purpose and enthusiasm to move forward with their lives. The presence of counselors plays a vital role in alleviating the psychological burden of HIV/AIDS patients (Priharwanti & Raharjo, 2017). The same thing was also expressed by Gupta (2010) that counseling has proven to be very effective in reducing feelings of anxiety and depression experienced by HIV patients.

Providing drug therapy is one of the nursing interventions received by all participants in this study. Asking about medication adherence is a routine action performed by nurses when administering medication to participants during their hospital check-in, allowing the nurse to monitor the patient's medication regimen. The nurse's role in controlling and educating patients about ARV drugs is linked to increased patient compliance with medication (Astuti & Mulyaningsih, 2017). Providing health education was also one of the interventions provided by nurses for several participants in this study. Health education provided by nurses usually focuses on HIV disease, how it is transmitted, and how to prevent transmission. In addition to health education, nurses also provide opportunities for patients to gain knowledge related to the disease they are experiencing by providing

information and inviting participants to attend seminars that are often held regarding HIV/AIDS and how to treat it through these seminars, all patients can meet other patients who have the same problems which can help them motivate each other to remain enthusiastic about undergoing treatment and living a better and healthier life.

## **CONCLUSION**

The hope of gay people with HIV/AIDS for professional nursing services includes receiving standardized and consistent care, as well as improvements in the abilities and skills of nurses through mentoring and training. An enormous workload is a limitation faced by nurses in providing optimal nursing care for gay people with HIV/AIDS. Health education provided by nurses must focus on the disease itself, how it is transmitted, and how to prevent its transmission. Health education programs offer patients the opportunity to gain knowledge about their condition, particularly HIV/AIDS, and its treatment. These programs help motivate patients to stay committed to their treatment and lead healthier, more fulfilling lives.

## ACKNOWLEDGEMENT

The researcher would like to express gratitude to LSM Yayasan Kasih Suwitno Jakarta, where the research was conducted, for their

assistance in recruiting informants for this study. Special thanks to all the respondents who participated in this research.

## REFERENCES

- Astuti, D., & Mulyaningsih, M. (2017). Nurse Role As Educator Affected the Compliance of Antiretroviral (ARV) Consumption For Patients with HIV/AIDS in the VCT Clinic of Dr. Moewardi Hospital. *Jurnal Ners Dan Kebidanan (Journal of Ners and Midwifery)*, 3(3), 183. <https://doi.org/10.26699/jnk.v3i3.ART.p183-188>
- Chen, L., Guo, Y., & Shi, J. (2019). Social Support Seeking on Social Media among Chinese Gay Men Living with HIV/AIDS: The Role of Perceived Threat. *Telemedicine and E-Health*, 25(7), 655–659. <https://doi.org/10.1089/tmj.2018.0136>
- Colorafi, K. J., & Evans, B. (2016). Qualitative Descriptive Methods in Health Science Research. *Health Environments Research and Design Journal*, 9(4), 16–25. <https://doi.org/10.1177/1937586715614171>
- Darmawan, B. A., & Permatasari, I. (2022). Upaya Penurunan stigma Dan Diskriminasi Terhadap ODHA Menuju Indonesia Bebas HIV/AIDS 2030. *Faculty of Public Health Universitas Indonesia, December*. <https://www.researchgate.net/publication/366658016>
- Demeke, J., Djiadeu, P., Yusuf, A., Whitfield, D. L., Lightfoot, D., Worku, F., Abu-Ba'are, G. R., Mbuagbaw, L., Giwa, S., & Nelson, L. R. E. (2024). HIV Prevention and Treatment Interventions for Black Men Who Have Sex With Men in Canada: Scoping Systematic Review. *JMIR Public Health and Surveillance*, 10. <https://doi.org/10.2196/40493>
- Dirks, J. L. (2021). Alternative approaches to mentoring. *Critical Care Nurse*, 41(1), e9–e16. <https://doi.org/10.4037/ccn2021789>
- Fukada, M. (2018). Nursing competency: Definition, structure and development. *Yonago Acta Medica*, 61(1), 1–7. <https://doi.org/10.33160/yam.2018.03.001>
- Gupta, A. Sen. (2010). *Impact of Counselling upon Anxiety and Depression of AIDS Patients*. 36(2), 249–253.
- Handayani, Y., Susanti, H., & Mustikasari. (2019). The self-esteem of gay men with HIV/AIDS in social adaptation. *Enfermeria Clinica*, 29, 874–878. <https://doi.org/10.1016/j.enfcli.2019.04.132>
- Hoover, J., Koon, A. D., Rosser, E. N., & Rao, K. D. (2020). Mentoring the working nurse: a scoping review. *Human Resources for Health*, 18(1), 1–10. <https://doi.org/10.1186/s12960-020-00491->

- Jones, M., Smith, J. C., Moore, S., Newman, A., Camacho-Gonzalez, A., Harper, G. W., Del Rio, C., & Hussen, S. A. (2022). Passion, commitment, and burnout: Experiences of Black gay men working in HIV/ AIDS treatment and prevention in Atlanta, GA. *PLoS ONE*, *17*(8 August), 1–15. <https://doi.org/10.1371/journal.pone.0264680>
- Kementerian Kesehatan RI. (2022). Laporan Tahunan HIV AIDS 2022. In *Kementerian Kesehatan RI*. [http://p2p.kemkes.go.id/wp-content/uploads/2023/06/FINAL\\_6072023\\_Layout\\_HIVAIDS-1.pdf](http://p2p.kemkes.go.id/wp-content/uploads/2023/06/FINAL_6072023_Layout_HIVAIDS-1.pdf)
- Maier, J., Kandelbauer, A., Erlacher, A., Cavaco-Paulo, A., & Gübitz, G. M. (2014). Undang-Undang Kesehatan Jiwa 2014. *Applied and Environmental Microbiology*, *70*(2), 837–844.
- Manuho, E., Warouw, H., & Hamel, R. (2015). Hubungan beban kerja dengan kinerja perawat dalam pemberian asuhan keperawatan di instalasi rawat inap C1 RSUP Prof. DR. R. D. Kandou Manado. *Ejournal Keperawatan*, *3*.
- Parameshwaran, V., Cockbain, B. C., Hillyard, M., & Price, J. R. (2017). Is the Lack of Specific Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ) Health Care Education in Medical School a Cause for Concern? Evidence From a Survey of Knowledge and Practice Among UK Medical Students. *Journal of Homosexuality*, *64*(3), 367–381. <https://doi.org/10.1080/00918369.2016.1190218>
- Persatuan Perawat Nasional Indonesia (PPNI). (2018). *Standar Intervensi Keperawatan Indonesia: Definisi dan Tindakan Keperawatan*. Dewan Pengurus PPNI Pusat.
- Pratiwi Yuliansari, C. N. (2020). Hubungan Berbagi Pengetahuan Terhadap Budaya Keselamatan Pasien Pada Perawat The Relationship Of Knowledge Transfer On Nurses Patient Safety's Culture. *Journals Of Ners Community*, *11*, 1–9.
- Priharwanti, A., & Raharjo, B. B. (2017). *Problems Focused Coping Penderita HIV Positif Abstrak*. *2*(2), 131–139.
- Puplambu, G. L., Olson, K., Ogilvie, L., & Mayan, M. (2014). Attracting and retaining nurses in HIV care. *Journal of the Association of Nurses in AIDS Care*, *25*(3), 253–261. <https://doi.org/10.1016/j.jana.2013.01.002>
- Ranuschio, B., Bell, S., Waldron, J. M., Barnes, L., Sheik-Yosef, N., Villalobos, E., Wackens, J., & Liboro, R. M. (2023). Promoting Resilience among Middle-Aged and Older Men Who Have Sex with Men Living with HIV/AIDS in Southern Nevada: An Examination of Facilitators and Challenges from a Social Determinants of Health Perspective. *Healthcare (Switzerland)*, *11*(20). <https://doi.org/10.3390/healthcare11202730>
- Silalahi, M., & Fitriani, N. (2024). Psychological Responses and Coping Mechanisms of Gay Men in Adapting HIV/AIDS: A Qualitative Study. *Indonesian Contemporary Nursing Journal (ICON Journal)*, *8*(2), 101–111. <https://doi.org/10.20956/icon.v8i2.32679>
- Silalahi, M., Susanti, H., & Panjaitan, R. U. (2019a). Pengkajian Keperawatan Yang Efektif Bagi Gay Dengan Hiv/Aids. *Jurnal Kesehatan Holistic*, *3*(2), 44–57.

<https://doi.org/10.33377/jkh.v3i2.55>

- Silalahi, M., Susanti, H., & Panjaitan, R. U. (2019b). The expectations of gay with HIV/AIDS regarding nurses in Indonesia. *Enfermeria Clinica*, 29, 396–401. <https://doi.org/10.1016/j.enfcli.2019.04.057>
- Silalahi, M., Susanti, H., & Panjaitan, R. U. (2019c). The expectations of gay with HIV/AIDS regarding nurses in Indonesia. *Enfermeria Clinica*, 29(xx), 396–401. <https://doi.org/10.1016/j.enfcli.2019.04.057>
- Slater, L. Z., Moneyham, L., Vance, D. E., Raper, J. L., & Mugavero, M. J. (2015). The Multiple Stigma Experience and Quality of Life in Older Gay Men With HIV. *Journal of the Association of Nurses in AIDS Care*, 26(1), 24–35. <https://doi.org/10.1016/j.jana.2014.06.007>
- Smith, S. K., & Turell, S. C. (2017). Perceptions of Healthcare Experiences: Relational and Communicative Competencies to Improve Care for LGBT People. *Journal of Social Issues*, 73(3), 637–657. <https://doi.org/10.1111/josi.12235>
- Worthington, C. A., O'Brien, K. K., Mill, J., Caine, V., Solomon, P., & Chaw-Kant, J. (2016). A Mixed-Methods Outcome Evaluation of a Mentorship Intervention for Canadian Nurses in HIV Care. *Journal of the Association of Nurses in AIDS Care*, 27(5), 677–697. <https://doi.org/10.1016/j.jana.2016.02.011>
- Zeeman, L., Aranda, K., Sherriff, N., & Cocking, C. (2017). Promoting resilience and emotional well-being of transgender young people: research at the intersections of gender and sexuality. *Journal of Youth Studies*, 20(3), 382–397. <https://doi.org/10.1080/13676261.2016.1232481>