

**Table 1 Summary of the studies included in the review**

| Study date & citation | Design                        | Sampling method | Study setting, sample size and characteristics   | Instrument  | Data collection procedures                        | Findings   | Implications  |
|-----------------------|-------------------------------|-----------------|--|---|---|--|---|
| 2002 [17]             | Cross-sectional/observational | Convenience     | Fourth-year female nursing students from Jordan ( $n = 63$ ) and the USA ( $n = 63$ ), selected from the University of Jordan in Amman and Oakland University in Michigan, USA | Questionnaire adapted from the Knowledge, Attitudes, and Beliefs (KAB) instrument developed by Kulwicki and Cass (1994), based on the Centers for Disease Control and Prevention models for KAB surveys   | Self-administered questionnaire                   | More American students scored correctly on knowledge of HIV/AIDS (73%) than Jordanian students' (52%). American students had more positive attitudes to AIDS than Jordanian students. More American students (82.5%) approved of condoms for preventing the spread of HIV than Jordanian students (30.2%).   | A call for action to organize education and prevention programmes directed at Jordanian students over and above what is contained in the curriculum                   |
| 2000 [19]             | Cross-sectional               | Convenience     | 1013 undergraduate university students at the science, medical and humanities departments of the University of Jordan  | Questionnaire adapted from the KAB instrument developed by Kulwicki and Cass (1994), based on the Centers for Disease Control models for KAB surveys  | Self-administered questionnaire                   | Knowledge-deficit and misconceptions exist among the Jordanian university students with regard to HIV/AIDS transmission. 54% knew very little about AIDS and 14% had never heard of it.  | Need to introduce a tailor-made course on HIV/AIDS for students as part of their curriculum   |
| 2005 [20]             | Ethnographic qualitative      | -               | 3 rural and 3 urban PHC settings. 27 interviews with 15 general informants (registered nurses and aid nurses) and 12 outside informants  | 45 min-1 h semi-structured interviews with key informants   | Participant observation, key informant interviews | Nurses' HIV knowledge and skill base are inadequate. Health care facilities have minimal human and physical resources  | Need to develop a comprehensive system of PHC centres and improve infrastructure of health facilities and to address the shortage of nurses and improve their skills. |
| 2005 [21]             | Ethnographic qualitative      | Purposive       | 3 rural and 3 urban PHC settings. 27 interviews with 15 general informants (registered nurses, aid nurses) and 12 outside informants.  | Body language, facial expression, communication techniques and human interactions were observed and recorded, allowing for elucidation of the culture of nursing practice within these settings. To confirm and further explore conceptual understandings, internal key informants (nurse participants), took part in in-depth interviews | Participant observation, key informant interviews | Discrepancy between health policies and health care practice in HIV care. HIV/AIDS response weakened by: poor resources, limited nurses' skills, lack of access to professional development, lack of nursing leadership and role models, cultural beliefs and geographic isolation. These reduce the capacity of PHC nurses to raise awareness and engage actively in HIV/AIDS prevention. | MOH and senior nursing administration should support nursing through practice development and recruitment initiatives to maintain a low HIV/AIDS incidence.           |

Table 1 Summary of the studies included in the review (concluded)

| Study date & citation | Design                                | Sampling method       | Study setting, sample size and characteristics  | Instrument   | Data collection procedures                         | Findings  | Implications  |
|-----------------------|---------------------------------------|-----------------------|---|--|--|---|---|
| 2005 [16]             | Cross-sectional                       | Random selection      | 242 general dental practitioners  | One author pretending to be HIV+ve called dentists across Jordan requesting dental care. To assess tolerance among dentists, the "patient" explained his willingness to pay privately for the treatment. | Phone interview                                    | Only 15% of the dental practices were willing to provide dental care. Willingness was not influenced by financial factors or the local HIV prevalence. HIV+ve individuals will have difficulty obtaining dental care in Jordan.   | Need to address prejudices and stereotypes about HIV+ve people and resolve the unwillingness of dentists to treat them.   |
| 1996 [15]             | Cross-sectional                       | Unknown               | 134 Jordanian & 90 Canadian nursing students  | A questionnaire exploring attitudes and levels of knowledge about AIDS   | Self-administered questionnaire                    | Jordanian nursing students had limited HIV/AIDS content in their curriculum, with just 4% reporting to have cared for someone with AIDS. Knowledge and attitudes of both groups were unsatisfactory. Jordanian nurses' lack of exposure to persons with AIDS and information about AIDS may account for their low scores.   | Need for educational strategies to address cognitive and affective domains of learning. The lecture format alone seems to be ineffective in modifying attitude. |
| 1987 [14]             | Cross-sectional epidemiological study | Unknown               | 1124 healthy rural and urban Jordanian residents, residents with hepatitis & their contacts, and patients with other diseases | Biological testing for HIV   | Screening for HIV antibodies by enzyme immunoassay | 2 hepatitis patients were positive for HIV. Neither had AIDS-like illness and both probably acquired HIV infection abroad.  | Repeated testing is recommended.  |
| 2002 [18]             | Cross-sectional                       | Availability sampling | 267 nurses and 73 physicians from 6 hospitals of the Royal Medical Services and the Ministry of Health                        | AIDS Attitudes Scale translated into Arabic  | Self-administered questionnaire                    | 76% had knowledge of AIDS, with a significant difference between nurses and physicians: nurses had less knowledge of HIV and a more negative attitude compared with doctors. There were significant gender differences with regard to proximity to people with AIDS, view of AIDS as a moral issue, and social welfare regarding AIDS, but no significant difference in attitudes based on years of experience. | Knowledge of HIV contributes to more positive attitudes toward HIV/AIDS patients among health care providers compared to nurses.                                |