FNJN

İSTANBUL UNIVERSITY CERRAHPAŞA

Florence Nightingale Journal of Nursing

DOI: 10.5152/FNJN.2025.24242

Research Article

Human Immunodeficiency Virus Test Anxiety of Adult Individuals Undergoing Human Immunodeficiency Virus Testing at an Anonymous Testing Center in Türkiye: A Qualitative Study

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Cite this article as: Muslu, A., Yaman Çelik, S. N., Kilci Erciyas, Ş., & Emre, A. S. (2025). Human immunodeficiency virus test anxiety of adult individuals undergoing human immunodeficiency virus testing at an anonymous testing center in Türkiye: A qualitative study. *Florence Nightingale Journal of Nursing*, *33*, 0242, doi:10.5152/FNJN.2025.24242.

What is already known on this topic?

- *Individuals undergoing HIV testing often experience emotional distress, including anxiety, stigma-related fear, and uncertainty during the waiting period for results.*
- *Previous research highlights that fear of social rejection, discrimination, and lifestyle changes contributes to elevated anxiety levels among people at risk of HIV.*
- *Although global evidence exists, there is limited research exploring HIV test-related anxiety specifically within culturally sensitive and anonymous testing contexts.*

Abstract

AIM: This study aims to determine the anxiety levels of individuals who will undergo human immunodeficiency virus testing.

METHODS: This qualitative, inductive, content analysis study was conducted with 10 individuals applying to an anonymous human immunodeficiency virus testing center in Türkiye. Data were collected through semi-structured, face-to-face, and in-depth interviews and analyzed using an inductive content analysis approach. A total of 10 participants, eight of whom were male, aged between 22 and 30, took part in the study.

RESULTS: The analysis of the data revealed two main themes. The main themes examined were "Sensitivity" and "Disease Anxiety." Within the theme of "Disease Anxiety," four subthemes were identified. In this subtheme, the physical, sexual, psychological, and social consequences of being human immunodeficiency virus positive emerged.

CONCLUSIONS: It was observed that undergoing an human immunodeficiency virus test created disease anxiety in the participants. When providing counseling to individuals undergoing an human immunodeficiency virus test, appropriate counseling should be given to individuals experiencing anxiety during or after the test.

Keywords: Anxiety, HIV, HIV testing, HIV testing anxiety, qualitative research

Introduction

Human immunodeficiency virus (HIV) weakens the immune system, and acquired immunodeficiency syndrome (AIDS) is its advanced and symptomatic stage. The HIV/AIDS is a disease that can be transmitted through blood, semen, vaginal fluids, cervical fluids, rectal fluids, and breast milk (Yıldız & Dedeoğlu, 2023). The United Nations Children's Fund stated that in Eastern and Southern Africa, one of the regions most affected by HIV, only 25% of adolescent girls and 17% of boys aged 15-19 had been tested for HIV in the last 12 months (UNICEF, 2023). The World Health Organization has emphasized the importance of access to testing for everyone at risk of HIV and urged those at high risk of HIV to seek comprehensive and effective HIV prevention, testing, and treatment services (WHO, 2023). The increased availability of HIV testing and treatment has contributed to a reduction in HIV-related mortality in recent years, although global incidence remains a challenge. Improving accessibility aims to ensure that at least 95% of people living with HIV become aware of their status and initiate treatment and care by 2030 (Yenealem et al., 2023).

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Received: October 8, 2024
Revision Requested: July 8, 2025
Last Revision Received: July 10, 2025
Accepted: August 22, 2025
Publication Date: December 18, 2025

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What this study adds on this topic?

- *This study provides the first qualitative insights into HIV test-related anxiety among adults using an anonymous HIV testing center in Türkiye, revealing culturally influenced emotional and psychosocial dynamics.*
- *The study identifies two major themes—disease anxiety and sensitivity—alongside four sub-themes related to physical, psychological, sexual, and social concerns, offering deeper understanding of pre-test emotional responses.*
- *The findings highlight the need for culturally sensitive, stigma-aware counseling approaches in nursing practice to reduce psychological burden during HIV testing.*

Receiving an HIV test result can provoke anxiety related to a potential diagnosis, hospitalization, disease progression, treatment inadequacy, and loss of self-care ability (Nachega et al., 2023). Previous studies have shown that the waiting period for HIV test results is a significant source of emotional distress (Tam et al., 2024; Hasan et al., 2023). Individuals often report fear of death, stigma, and uncertainty about disclosing their status to family or employers, which heightens anxiety. Stigma has also been linked to psychological consequences such as shame, depression, suicidal ideation, and social isolation (Kagee et al., 2017; Wanjala et al., 2023). Anticipatory anxiety prior to testing may negatively affect the emotional well-being of individuals, particularly those fearful of receiving a positive result (Steward et al., 2017). People awaiting results may experience self-blame, fear of discrimination, and concerns about losing social or professional standing (Tam et al., 2024; Hasan et al., 2023). Such stigma has been shown to contribute to psychological distress and may deter individuals from seeking support (Kagee et al., 2017). Additionally, depression, social stigma, and a lack of support can severely affect the quality of life of those at risk of receiving an HIV diagnosis (Fauk et al., 2021). As a result, individuals may isolate themselves, avoid healthcare or education services, limit their careers, or become unable to meet basic needs such as housing or travel (Kobrak et al., 2022; Wessman et al., 2017). While many studies have addressed the psychological burden of HIV, there is a notable gap in research focusing specifically on pre-test anxiety among undiagnosed individuals, particularly in anonymous testing centers. Understanding these experiences is crucial, as such anxiety may hinder individuals' willingness to seek testing or adhere to follow-up care.

Given the cultural sensitivities and the stigma associated with HIV in many societies, including Türkiye, there is a need to explore how these factors influence the anxiety of individuals undergoing HIV testing. This study aimed to explore the pre-test anxiety experiences of adults undergoing HIV testing at an anonymous center in Türkiye, addressing a gap in the literature within this specific cultural and healthcare context. This study aimed to determine test anxiety in individuals applying to an HIV testing center.

Research Questions

This study was guided by the following research questions:

1. What are the experiences and levels of anxiety among adult individuals undergoing HIV testing at an anonymous testing center in Türkiye?
2. What factors contribute to HIV test-related anxiety in individuals seeking anonymous HIV testing?
3. How do individuals perceive the potential personal, social, and emotional consequences of receiving an HIV-positive test result?

Methods

Study Design

The study utilized a phenomenological qualitative research design.This study was reported in accordance with the Standards for Reporting Qualitative Research (SRQR) to ensure methodological transparency, rigor, and completeness in presenting the design, sampling strategy, data collection, analysis process, and reporting of findings (O'Brien et al., 2014).

Sampling

Phenomenology was chosen as the research design to enable a comprehensive understanding of participants' lived experiences, attitudes, and beliefs, capturing rich and nuanced data. The study was completed once similar responses were repeatedly observed, indicating that data saturation had been reached. The research was conducted in Izmir Konak Municipality Volunteer Consultancy and Anonymous HIV Test Center, located in the western part of Türkiye, between August 15, 2023, to September 15, 2023. The population of this study consisted of adult individuals who applied for HIV testing at an anonymous testing center in İzmir, Türkiye. This center serves individuals seeking confidential HIV testing and counseling services, making it a suitable setting for exploring HIV test-related anxiety in the context of privacy and anonymity. A purposive sampling method was employed to select participants who met the inclusion criteria and who could provide in-depth information about their experiences related

to HIV testing and anxiety. In qualitative research, purposive sampling is used to identify and select individuals who have experienced the phenomenon under investigation, ensuring the collection of rich and relevant data. In qualitative research, a sampling approach is used that requires continuing data collection until the point of saturation is reached, where concepts and processes related to the research question begin to repeat. In the literature, it is recommended that qualitative research involve at least 10 participants (Creswell, 2018). Researchers in phenomenological studies first describe the phenomenon and then collect data from individuals who have experienced it to provide a "holistic description that defines the essence of the experiences of all individuals" (Creswell, 2016). Data saturation is considered achieved when recurring concepts and themes are observed (Yıldırım & Şimşek, 2016). In the study, the process and flow of each interview were examined after completion to ensure that interviews with subsequent participants would be more efficient. This step helped to determine whether data saturation was achieved. Based on the examination of emerging and recurring themes, interviews were conducted with 10 individuals who applied to Izmir Konak Municipality Volunteer Consultancy and Anonymous HIV Test Center. Since the research has a qualitative design, the sample size was completed when the saturation point was reached. Individuals who were 18 years of age or older, who spoke Turkish, who were willing to take an HIV test, and who agreed to participate in the study were included in the study. Individuals were excluded from the study if they were under 18 years of age, had previously been diagnosed with HIV, did not speak Turkish fluently, were unwilling to undergo HIV testing, declined to participate in the study, or chose to withdraw from the study at any stage of data collection, in which case their data were not included in the analysis.

Data Collection Tools

"Personal Information Form" and "Interview Form on HIV Test Anxiety" were used to collect data.

Personal Information Form

Prepared by the researchers through a literature review, this form includes questions about the individuals' age, gender, marital status, education level, and family type (Fauk et al., 2021; Jones et al., 2019; James et al., 2022; Aurpibul et al, 2023; Hasan et al., 2023).

Interview Form on Human Immunodeficiency Virus Test Anxiety

This form is composed of seven questions aimed at determining anxiety related to HIV testing (Fauk et al., 2021; Jones et al., 2019; James et al., 2022; Hasan et al., 2023; Wanjala et al, 2023).

The interview questions are as follows:

- How did you decide to get an HIV test?
- How does getting an HIV test make you feel? What does it signify for you?
- How would you feel if your HIV test results came back positive?
- How would the result of your HIV test impact your lifestyle?

Data Collection Process

The data were collected through face-to-face and in-depth interviews. Participants were provided with information about the researcher's identity and the study. Participation was based on voluntary consent. The researchers, who hold doctoral degrees in nursing, have prior experience applying semi-structured in-depth interview techniques and have conducted various studies in qualitative research. There was no preexisting relationship between the researchers and the participants. In order to reduce the bias of the researchers, in-depth information was obtained from the participants by asking open-ended questions. The questions were asked in a quiet environment where the participants could easily answer their open-ended questions, and the participants did not express any emotions, gestures, or facial expressions in response to sensitive questions. The interviews took place in a quiet, private room at the test center, ensuring privacy. Each interview session lasted an average of 30 minutes. The interviews continued until data saturation was achieved. The interviews were recorded using a voice recorder and transcribed verbatim immediately. Additionally, notes were taken during the interviews regarding the context and the emotional state of the participants. After the data were transcribed, they were read to the participants again for accuracy.

Statistical Analysis

Content analysis was used to analyze the data collected in this study. Specifically, inductive content analysis was employed, which is suitable for exploring participants' perspectives without imposing predetermined categories, allowing themes to emerge directly from the data. The analysis followed the stages of transcribing, coding, categorizing, theme development, and interpretation (Creswell & Poth, 2017). Manual analysis was preferred in this study to allow for a deeper, more context-sensitive engagement with the data and to maintain a close connection with participants' narratives. Manual analysis enabled the researchers to capture the nuances of emotional expressions, pauses, and context-specific meanings, which might be overlooked in automated coding.

The data analysis process comprised six stages. Before progressing through these stages, the researcher transcribed the audio recordings from the interviews and reviewed the observation notes. In the first stage, familiarity with the dataset was established through repeated reading and note-taking. Two researchers corroborated their notes on the audio recordings, reaching a consensus on the codes. In the second stage, codes were systematically created based on the data obtained from the interviews (Creswell & Poth, 2017). The fourth stage involved reviewing the themes and embedded codes to ensure alignment with the research questions. In the fifth stage, the names, scope, and explanations of the themes were verified through a detailed analysis. In the final stage, the researchers reported their findings. The study adhered to the Consolidated Criteria for Reporting Qualitative Research checklist for qualitative research (Tong et al., 2017).

Ethical Considerations

Ethical committee approval was received from the Ethics Committee of University of İzmir Bakır.ay .niversitesi (Approval no: 1043; Date: 17.05.2023). EAdditionally, written

Table 1.
Sociodemographic Characteristics of Participants (N = 10)

No	Age	Gender	Education Level	Place of Residence	Family Structure	Marital Status
P1	25	Male	University	Urban center	Shattered	Single
P2	30	Male	University	Urban center	Shattered	Single
P3	22	Male	University	Urban center	Nuclear	Single
P4	24	Male	Postgraduate	Urban center	Nuclear	Single
P5	27	Male	High school	Urban center	Nuclear	Single
P6	22	Male	University	Urban center	Nuclear	Single
P7	22	Male	University	Urban center	Nuclear	Single
P8	25	Female	University	Urban center	Nuclear	Single
P9	22	Male	University	Urban center	Nuclear	Single
P10	22	Female	High school	Urban center	Nuclear	Single

permission was secured from İzmir Konak Municipality Volunteer Consultancy and Anonymous HIV Test Center on May 03, 2023 to conduct the research. This study was performed in line with the principles of the Declaration of Helsinki.

Results

The individuals included in the study were eight males and two females, aged between 22 and 30, residing in Izmir. All participants in the study were single. The sociodemographic characteristics of the participants in the research are presented in Table 1.

Two main themes emerged from the data: "Sensitivity" and "Disease Anxiety." Two main themes and four subthemes are shown in Figure 1.

Theme 1: Disease Anxiety

It has been found that encountering a positive HIV test result prompts individuals to feel the need to change their lifestyles. Additionally, participants have expressed concerns about potential social rejection by friends, employers, and the community at large. Four subthemes were identified within this theme. The physical, sexual, psychological, and social consequences of being HIV positive emerged.

Subtheme 1: Physical Change Anxiety

Participants felt the need to make physical changes after being infected with HIV. Prioritizing actions such as medication adherence, engaging in exercise, quitting alcohol and smoking, attending regular medical check-ups, and maintaining a balanced diet were emphasized.

P1: "I would start taking medication immediately. Whatever is necessary, I would do it immediately."

P4: "If my test result is positive, I will change my lifestyle. I will take vitamins, eat healthy, and start exercising. "I will go to the hospital more often. I would constantly visit the hospital."

P7: "I don't have much knowledge about how I would experience a physical change or what I would do. I would change my eating habits. My lifestyle would change. I would quit using alcohol. I might quit smoking," I would start living a more organized life. I would accept that I will live with this situation continuously."

Subtheme 2: Psychological Change Anxiety

Nearly all participants stated that if their HIV tests were positive, they would experience negative psychological feelings such as depression, anxiety, fear of death, and a lack of energy for life.

P2: "I would feel very bad if my test result was positive. I would feel terrible. I would prepare to see a therapist. I would prepare for dealing with HIV. "It would affect my psychology badly."

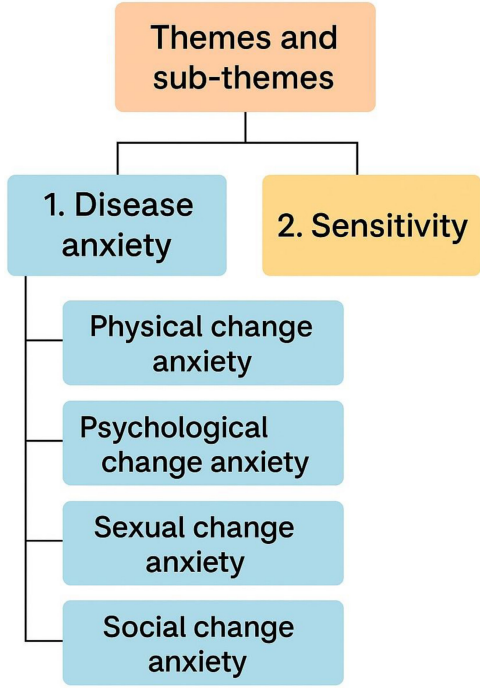

Figure 1.
Themes and Subthemes Identified in the Study.

P6: "If my test result is positive, I would feel awful. I don't know what I would do from that point on. I would immediately find a therapist and undergo therapy because I don't think I can cope with this alone. I would experience a mental breakdown. I might go into depression."

P10: "I have a fear that my test result might be positive. Psychologically, I would have no positive energy left. Nothing good would be left in my life. I wouldn't be as energetic as before."

Subtheme 3: Sexual Change Anxiety

Participants were particularly affected by the subtheme of sexual changes. Some participants considered telling their partner about being infected with HIV, while others contemplated keeping it a secret. Participants with both perspectives expressed that their sexual lives would be negatively affected if they were infected with HIV.

P1: "...I would end my sexual life because I wouldn't want to harm anyone else. Or I would try to be with someone who is also positive like me."

P6: "I might experience loneliness. It would be difficult for me to find a partner. People don't want to live with an HIV-positive individual. I wouldn't tell people I'm going to have a sexual relationship with."

P10: "I would tell my partner. It would negatively affect my sex life. My dialogue with the other party would change. Who wants to be with someone who is HIV-positive? Maybe if someone who is HIV-positive also discloses their status, I would meet with them."

Subtheme 4: Social Change Anxiety

Given that the participants were between 22 and 30 years old, social acceptance was crucial for individuals in this age group. Therefore, participants have a fear of social rejection when they contract HIV. Since working life is prominent in this age group, threats in the workplace are more emphasized. Participants expressed that they would not tell their employers about being HIV positive.

P2: "My work life depends on the country I am in. Due to my job, I work in different countries. I am a sailor, so my work life varies depending on where I work. For example, when a friend of mine tested positive for HIV, he had to quit his job. They didn't want to employ an HIV-positive individual at his workplace."

P6: "I wouldn't tell my social circle about it. I don't think it's something they need to know." "If the result is positive, I won't be able to concentrate on anything for a long time. I would take at least a 6-month break from work. Whether I tell my workplace about my positive HIV test result depends on the job I do. If there is a risk of transmission to the people around me, I would tell my employer. If there is no risk of transmission, I don't consider sharing this information with my workplace. I don't want anyone to be harmed because of me."

P10: "I wouldn't tell anyone in my social life that my test result is positive. Their perspective on me would change. If I have AIDS in my work life, but it is not contagious, I still wouldn't inform anyone. If I told the employer, they would fire me. I would change my environment."

Theme 2: Sensitivity

Participants in the study reported that they prefer peace of mind over the fear of a positive HIV result. Most participants stated that they took an HIV test to feel safe.

P1: "Getting an HIV test makes me feel healthy, it signifies that I am safe if I have the disease. If I am healthy, I feel more comfortable in my sexual relationships. I don't want to harm anyone. If I am healthy, I feel at ease in my daily life."

P2: "A friend of mine was coming to the clinic for an HIV test. He told me about it, and I wanted to come too. I wanted to get tested for a routine check-up and to make sure I'm clean." "...My mind relaxes when the result is negative."

P9: "I recently had unprotected sexual intercourse. I wanted to get tested." "...I wanted to experience the feeling of assurance."

Discussion

The results of this study have revealed the perspectives of individuals undergoing HIV testing regarding anxiety, identifying two main themes (sensitivity and disease anxiety) and four subthemes (physical change anxiety, sexual change anxiety, psychological change anxiety, and social change anxiety). The findings of this study provide unique insights into the emotional processes experienced by individuals undergoing HIV testing in the cultural context of Türkiye. Participants' emphasis on fear of social rejection, changes in sexual relationships, and concerns about physical and psychological well-being highlight the interconnectedness of cultural norms, stigma, and personal health behaviors in shaping test-related anxiety. These findings demonstrate that beyond fear of a positive diagnosis, the anticipation of social and lifestyle changes significantly contributes to anxiety levels among individuals. The results of this study reveal the perspectives of individuals undergoing HIV testing, particularly in relation to anxiety. Adult individuals expressed anxiety related to the fear of a positive test result, anticipating negative societal perceptions, life changes, and the risk of stigma. A study conducted with HIV-positive patients identified themes such as anxiety, fear of job loss, social isolation, and physical health issues as psychological health problems (Köseoğlu & Sevim, 2022). Previous research has shown that HIV testing can induce anxiety among participants (Kobrak et al., 2022; Mirzazadeh et al., 2020; Kagee et al., 2017). This study also aligns with the literature, demonstrating that participants experienced anxiety, particularly related to disease anxiety, leading to concerns about physical, sexual, psychological, and social changes.

In the subtheme of physical change anxiety, participants expressed their intention to adopt practices such as "taking medication, engaging in sports, quitting alcohol and smoking, attending regular hospital check-ups, and maintaining

a balanced diet" if they tested positive for HIV. Participants conveyed that if their HIV test results were positive, they anticipated physical changes in their bodies. They mentioned that even though they might be psychologically affected for a while, they would immediately start treatment, take medications, and adopt healthy lifestyle practices. Participants expressed concerns that these practices would be binding for their lives and could potentially change their quality of life. Another study reported that participants underwent HIV testing to achieve a healthier lifestyle (Mirzazadeh et al., 2020). In a study with adolescents, participants emphasized the challenges of maintaining a balanced diet and the difficulty of taking medication every day if they were HIV positive (Katirayi et al., 2021). In line with these findings, this study's participants, under the subtheme of physical change anxiety, expressed their commitment to living a healthy life if they tested positive for HIV, and maintaining this commitment continuously. They also voiced concerns that such a situation would restrict their lives. The results of this study are consistent with previous research in the literature.

In the subtheme of psychological change anxiety, participants expressed various sentiments such as "feeling bad, feeling terrible, negatively affecting my psychology, feeling awful, experiencing mental breakdown, falling into depression for a long time, potentially being in a state of depression, previously thinking I would die, and my psychology getting disrupted." Nearly all participants stated that if their HIV tests were positive, they would feel psychologically bad, go into a state of depression, and experience a fear of death. It is largely unknown whether psychological distress came before HIV testing or whether receiving a positive HIV test triggered the distress (Kagee et al., 2017). Many studies have identified depressive symptoms among HIV-positive individuals (Bing et al., 2001; Ciesla & Roberts 2001). However, there are relatively few studies determining the psychological problems individuals face before receiving HIV test results. In Zambia and Kenya, adolescents perceived HIV positivity as equal to a death sentence, especially among those whose HIV status was undisclosed (Katirayi et al., 2021). Understanding the impact of HIV on depression is crucial, as depression may hinder individuals' engagement with treatment. Providing information about HIV treatment and the disease process can help alleviate fears related to positive test results.

Participants expressed concerns about the negative impacts on their sexual lives and the desire to find partners who are also HIV positive. James et al. identified that individuals might experience effects on sexuality, rejection, avoidance, seeking an HIV-positive partner, and a decrease in sexual desire (James et al., 2022). Rueanrudipirom et al. found that participants would prefer to hide their HIV-positive status, opting for oral sex and masturbation in their sexual lives (Rueanrudipirom et al., 2021). In another study by Huntingdon et al., fears of rejection by partners, negative impacts on sexual lives, and concerns about transmitting HIV to partners during sexual intercourse were identified (Huntingdon et al., 2020). Arias-Colmenero et al. determined that individuals might experience feelings of reluctance, a decrease in the number of sexual encounters, fear of being unwanted by partners, the belief that condom use would diminish sexual pleasure, and a sense of restricted sexual freedom (Arias-Colmenero et al., 2020). This study aligns with similar findings in the literature.

In this study, participants expressed concerns about social rejection and the possibility of losing their jobs after an HIV diagnosis. Aurpibul et al. found that participants experienced negative impacts on family relationships and school lives, requiring peer support in their social lives, and expressing a desire to share their feelings by talking to each other while living with HIV (Aurpibul et al., 2023). Wanjala et al. identified situations where individuals were given nicknames by friends, physical contact was avoided, and they could face exclusion and difficulties finding employment within the community (Wanjala et al., 2023). Perri et al. highlighted potential issues such as not being hired or being dismissed and facing stigma in the workplace (Perri et al., 2021). The results of the study align with findings in the literature.

In the context of the sensitivity theme, participants gave answers such as "it makes me feel healthy, expresses that I am safe, my mind relaxes when the result is negative, I wanted to experience the feeling of assurance." In qualitative studies conducted with men who have sex with men in New York, Kobrak et al. reported some participants' reasons for testing as "It's just always good to be checking yourself," "I just wanted to do it, just to be aware, even though I knew it was going to come back negative – just to say that I was tested," "It's important for me to get tested just, I guess, as a sanity check" (Kobrak et al., 2022). Similarly, Jones et al., in their studies, reported that participants stated their reason for undergoing HIV testing as wanting to know their status for their health and well-being and believing that, if tested positive, they could help prevent the spread of HIV (Jones et al., 2019). In the same study, some participants saw HIV testing as a tool to prevent accidentally transmitting the virus to others (Perri et al., 2021). In this study, participants demonstrated a strong perception regarding the consequences of receiving a positive HIV diagnosis.

Furthermore, the majority had awareness of HIV/AIDS, which may be attributed to the study being conducted in the western part of Türkiye and an urban anonymous center. This suggests that nurses and healthcare providers should consider the broader social and emotional dimensions of HIV testing, not only focusing on medical outcomes but also on the potential social and psychological impacts perceived by individuals. Healthcare professionals can help reduce anxiety and support individuals throughout the testing process by providing culturally sensitive counseling and creating a non-judgmental testing environment.

Study Limitations

The limitations of this study should be considered when interpreting the results. Findings obtained from a qualitative study are not considered universally applicable truths but rather applicable descriptions, concepts, or theories within a specific context. Therefore, the findings cannot be generalized to the entire population. This study was conducted at a volunteer center in the west. Other limitations of this research include the collection of data from a single hospital; it is recommended to replicate similar designs involving complex samples with individuals from different cultural and socioeconomic backgrounds.

Additionally, some participants reported discomfort due to a cultural mismatch between HIV and societal values in the country where the study was conducted.

Conclusion and Recommendations

The results of this study have revealed the perspectives of individuals who are planning to undergo HIV testing in relation to anxiety. It was observed that undergoing HIV testing induces disease anxiety in participants. Nurses should recognize the anxiety experienced by individuals during or after testing and provide appropriate counseling. In terms of nursing education, training on HIV-related stigma, culturally sensitive communication, and psychological support strategies should be integrated into nursing curricula to prepare nurses for addressing the emotional needs of individuals undergoing HIV testing. For nursing practice, adopting a holistic approach that addresses social and psychological concerns, ensures clear communication, and offers emotional support is essential to reduce testing-related anxiety. Regarding nursing management, establishing protocols and policies that ensure a non-judgmental and confidential environment in testing centers, encouraging regular in-service training for nurses on HIV counseling and implementing standardized practices will enhance the quality of care for individuals undergoing HIV testing.

Data Availability Statement: The data that support the findings of this study are available on request from the corresponding author.

Ethics Committee Approval: Ethical committee approval was received from the Ethics Committee of University of İzmir Bakırçay Üniversitesi (Approval no: 1043; Date: 17.05.2023). Additionally, written permission was secured from İzmir Konak Municipality Volunteer Consultancy and Anonymous HIV Test Center on May 03, 2023 to conduct the research.

Informed Consent: Written/Verbal informed consent was obtained from the patients/patient who agreed to take part in the study.

Peer-review: Externally peer-reviewed.

Author Contributions: Concept – A.M., S.N.Y.Ç., Ş.K.E.; Design – A.M., S.N.Y.Ç., Ş.K.E.; Supervision – A.M., S.N.Y.Ç., Ş.K.E.; Resources – A.M., S.N.Y.Ç., Ş.K.E.; Materials –A.M., S.N.Y.Ç., Ş.K.E.; Data Collection and/or Processing – A.M., S.N.Y.Ç., Ş.K.E., A.S.E.; Analysis and/or Interpretation – A.M., S.N.Y.Ç., Ş.K.E.; Literature Search – A.M., S.N.Y.Ç., Ş.K.E.; Writing Manuscript – A.M., S.N.Y.Ç., Ş.K.E.; Critical Review – A.M., S.N.Y.Ç, Ş.K.E.

Declaration of Interests: The authors declare that they have no competing interest.

Funding: The authors declared that this study has received no financial support.

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