

HIV Care for Health Workers: Perceptions and Needs

Shannon Galvin and Daniel H. de Vries, IntraHealth International

Introduction

HIV/AIDS among Health Workers

The HIV pandemic does not spare health workers. In many countries, HIV prevalence among health care providers is equal to or higher than national averages, and in some areas, morbidity and mortality account for over 60% of health worker vacancies, compared to the 23% accounted for by the more commonly acknowledged impact of out-migration (Feely, 2006). The resulting attrition of health workers has a severe impact on the health resource capacity of developing nations and leaves critical efforts such as the rollout of antiretroviral therapy (ART) largely insurmountable (Uebel et al, 2007). Despite the scarcity of thorough analyses, anecdotal evidence and some recent African studies suggest that health systems may lose up to one-fifth of their employees to HIV/AIDS over the coming years (World Health Organization, 2005).

Stigma and Barriers to Obtaining Care

What are the best methods of delivering HIV care and prevention to health workers? While human resource plans often target alleviation of HIV impact on health workers, a key issue that remains unclear is the extent to which issues of stigma and confidentiality prevent usage of special programs for health workers. Outside of the health workplace, stigmatization has been observed as significantly affecting the lives of HIV/AIDS patients within the general public, at times leading to a form of "self-stigmatization" in the workplace whereby employees police their own behavior to prevent their status from becoming known (Monico et al, 2001).

In most cases, health workers are the ones observing the effects of such self-stigmatization among their patients. Yet rarely do health workers bring up the issue as relevant to their own workplace environment and experience, despite evidence that disclosure of HIV/AIDS status by health workers is closely linked to concerns about breach of confidentiality and lack of support. For example, facility-based health workers would have to reveal their status at their own places of work and to colleagues they see every day in order to access public ART treatment. Health workers' decisions to disclose their HIV status to their employers are marked by fear of reprisals, blame, loss of employment and reduction in future employability (Gold et al, 2004).

As a result, the very people providing HIV care and treatment might not secure access to these same services. According to one study, "few well established HIV infection treatment programs targeting [health workers] exist and it is uncertain what the 'optimal administrative' methods are" (Uebel et al, 2007:501).

Addressing Barriers to HIV/AIDS Care for Health Workers

The Swaziland Comprehensive Wellness Center Model

In Swaziland, HIV prevalence among adults aged 15–49 is 26% (Measure DHS, 2007), and the annual mortality among health workers due to HIV/AIDS was 5% in 2004 (Tawfik and Kinoti, 2006). In 2006, to address the issue of care among its health workers, the Swaziland Nursing Association (SNA) and its partners opened the first Comprehensive Wellness Center (including a small mobile unit) for health workers and their families in Manzini—the largest urban area in Swaziland. The objective was to help address the severe health worker crisis in Swaziland by focusing on the health, well-being and capacity of the health workforce. Managed by the SNA, the Wellness Center offers health and other professional services to all Swazi health workers and their immediate families. This stand-alone center targeting health workers contrasts with a proposed model of integrating health workers into existing systems. In one of the few studies published on specific methods of HIV treatment for health workers, workers used services more often in cases where HIV care was integrated with other comprehensive services—in staff clinics located in-house or in stand-alone services close to the hospital (Uebel et al, 2007).

A Participatory Study

Because of the significance of HIV/AIDS in this cultural context, a core group of nurses from the SNA implemented a participatory study in collaboration with the Southern Africa Human Capacity Development Coalition (SAHCD), the Swaziland Ministry of Health and Social Welfare and the Capacity Project. The objectives of the study were to assess:

- How important HIV issues were to health workers
- The perceived barriers to receiving HIV/AIDS care and support among HIV-infected health workers and their families

Access Barriers to HIV/AIDS Care among Health Workers in Swaziland: Partners in the Study

The Capacity Project, funded by USAID and implemented by IntraHealth International and partners (IMA, Jhpiego, LATH, MSH, PATH, TRG), assists developing countries to strengthen human resources for health to better respond to the challenges of implementing and sustaining quality health programs.

The Swaziland Nursing Association is a local nongovernmental organization and labor union. The SNA has its own charter of operation and is a core advocate for increases in salaries and human rights. Members of the union work in the Ministry of Health and Social Welfare and in other health facilities.

The Swaziland Ministry of Health and Social Welfare seeks to improve the health and social welfare status of the people of Swaziland.

The Southern Africa Human Capacity Development Coalition is a Capacity Project Associate Award led by IntraHealth International and funded by USAID through the President's Emergency Plan for AIDS Relief.

- Health workers' attitudes toward the Wellness Center in Manzini and ideas about what additional services they need for themselves.

The study team designed a qualitative key-informant study and a semi-structured interview tool, with the aim of using the obtained knowledge in a targeted intervention for reducing potential barriers to HIV/AIDS care among health workers. To build local research capacity, the Capacity Project trained three nurses in interviewing methods. Nurse-interviewers collected the data through confidential in-depth interviews in which barriers to HIV treatment were depicted via the use of scenarios on hypothetical barriers to care for HIV-infected health workers and their families. Using a purposive sampling strategy that maximized a diversity of cadres and settings, the team selected 35 respondents (59% female) from nine health clinics, hospitals and health centers, representing government, nongovernmental organization and private and mission-supported facilities. In the following sections, we will review findings from this study.

Significance of HIV/AIDS for Health Workers

Impact on Health Workers

Most health workers felt that HIV had impacted their profession, with over 74% reporting having personally known a colleague who is either HIV-positive or must care for a family member who is positive. Some reported that a colleague's HIV/AIDS-related illness directly contributed to poor performance and absenteeism.

Respondents also noted that a colleague with a family member who is ill from HIV increased that colleague's stress and financial concerns. Health workers observed that colleagues missed work due to their own or a family member's HIV disease on average ten days per month (see Figure 1).

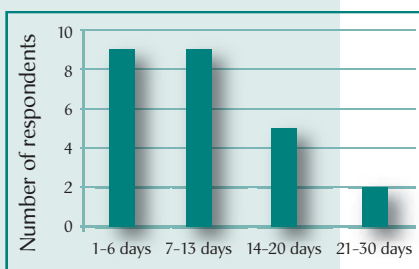


Figure 1: Estimates of Days Per Month When Colleagues Might Be Absent from Work Due to Personal or Family Members' HIV Infections

Openness and Stigma with Respect to HIV Status

The majority of health workers (94%) stated yes when asked, "Would you like to know your HIV/AIDS status?" Most perceived it as a chance to make informed decisions about their lives. Respondents felt that knowing one's status allowed for better planning and the ability to access treatment if needed. While these benefits would apply to all persons, there were some reasons for testing that were specific to health workers:

- Understanding the testing process that their patients undergo
- Personally relaying to patients their own experience in testing
- Feeling that they should be role models in adopting this healthy behavior.

Some respondents also mentioned the desire to protect patients from acquiring HIV infection from the health worker as a reason to test.

Although health workers wanted to know their status, over 80% of respondents believed that health workers, especially those who are positive, are not open about their status. The interviewers asked why health workers would or would not be open about their HIV status. Respondents' answers were among the most in-depth and varied of the questionnaire. Most respondents cited that health workers would not be open about being HIV-positive because of factors common in the general public, such as fear of the negative judgments of others, including being thought promiscuous or diseased. There was also the difficulty of accepting a diagnosis commonly perceived to be a death sentence, and many respondents cited examples of colleagues who deny their own HIV infection. Commonly, health workers expressed that being HIV-positive brought additional stresses particular to health workers, namely self-stigmatization and professional repercussions.

Self-Stigmatization

Self-stigmatization was a common theme. Health workers expressed a sense of failure and professional embarrassment for contracting an infection that they felt they should have had the knowledge to avoid:

Respondent (R): *I think they feel like the general public will be surprised to know that I am HIV-positive. And I have all the information. I have accessibility to everything—condoms, drugs. If they know that I am HIV-positive they will be like 'wow.'*

Interviewer (I): *So some of them, they fear reaction from their patients, and that she had access to information...*

R: *Yes—"How can you tell us to do this and you are not doing it?"*

Health workers also felt that messages about HIV were for the general public and that public education to reduce stigma was not targeted at health workers. Some respondents perceived that they were at *less* risk and therefore less likely to take steps to protect themselves from sexual HIV acquisition:

R: *I have been telling them that the general public has a decreased impact of stigma, and that the health workers have a high impact of stigma because probably there was no one who was saying to them, "this is yours." It was always for "them," HIV is not for "us." We are learning, we are reading books, we are getting informed. Not for us; it is for our patients. That made them ignore themselves, that they need*

to take HIV as part of them [...]. You helped me by telling me that I am part of the general public. I am not immune to infection so I'm just like anyone else—now I am HIV-positive or now I want to know my status.

Professional Repercussions

Health workers who are known to be HIV-positive feared professional repercussions from either colleagues or patients. For example, health workers often spoke dismissively among themselves about other health workers with HIV. Although no one cited official sanction or loss of employment as a reason why health workers would choose not to reveal their HIV status, the stigma and derision expressed by colleagues fostered a culture of censorship for positive workers. Furthermore, respondents expressed a concern that patients would not respect or even patronize an HIV-infected health worker.

Access to HIV Treatment

Access to ART for Health Workers

Interviewers asked respondents what they would advise a hypothetical HIV-infected nurse colleague to do regarding concerns about attending the public ART clinic. More than 50% said they would advise her to go to another public or private facility where she might feel more comfortable; 20% advised her to go to the Comprehensive Wellness Center; and 25% advised her to seek care at the same clinic. Many said that there would be very few places where she would not know some of the health workers. This was echoed by many of those who advised her to stay at her local clinic, as there was really no place she could go for complete anonymity. This perceived lack of privacy was a pervasive theme, in part due to the fact that Swazi health workers are members of a small community with shared training and work environments in a small country.

Access to ART for Family Members

Conversely, providers may have more avenues to accessing care than the general public. To determine how health workers might access care through informal mechanisms, interviewers asked about the options for getting care for a family member with HIV. More than half of the respondents said they would provide ART for family members without their needing to wait in line. Most said that health workers had unstated arrangements of preferentially treating their colleagues' family members. It was not clear if this informal arrangement was seen as a burden or a benefit to providers. Sometimes this informal preference was limited if it was thought to be harmful to other patients—if there were already too many patients in line, or if helping the family member would anger the waiting patients.

Need for Special Services for Health Workers

A Diversity of Services

The majority of respondents (88%) thought that health workers needed special services, such as clinics for health workers, counseling, training in stigma reduction, stress alleviation services and easier access to ART and palliative care. Respondents agreed that HIV was one of the most important concerns facing health workers, although tuberculosis was also highlighted. Many health workers noted the need for diabetes, hypertension and safe motherhood services, along with counseling about HIV and job stress.

However, there was discomfort over whether services that target health workers should focus on HIV solely. Some of the discomfort concerned privacy:

I: Do you think in your own opinion health workers need special services for them?

R: In a way I would say yes, but then I will count the issue of, "OK, now we know to go to a specific facility to access such services," and then because of the stigma that is attached to HIV, people will still shudder [avoid] the service because they will think that "OK now that I have been to that facility, whoever sees me going in or out of that facility automatically links me with HIV," then they wouldn't list the service. Otherwise that could be a good idea to have a one place where they could go for such services.

Use of the Wellness Center Model

When asked about the Comprehensive Wellness Center, 85% of respondents had heard of it and 40% had visited. Those who had visited were younger and held less than ten years of employment history. Respondents visited the center to get quick treatment for minor ailments along with general health and HIV counseling. Health workers' reasons for not visiting were that it was far, they were unsure of the services provided or there was no need for services. Two respondents stated that they thought the center only catered to those health workers who were HIV-positive. Services they wished to see included support groups, rooms for stress alleviation and relaxation, family counseling, dental and optometry services and male circumcision.

Program and Policy Implications

The Capacity Project disseminated the study results to all stakeholders and held a forum with several stakeholders, including the World Health Organization and the Swaziland undersecretary of health. Participants identified the following lessons learned to address barriers to HIV care for health workers:

1. Further efforts to reduce stigma among health workers must be a priority. Health workers

Visit the HRH Global Resource Center to find, share and contribute human resources for health knowledge and tools. For those working at the country or global level, the HRH Global Resource Center provides information to:

- Improve strategic planning and decision making
- Strengthen reports and presentations
- Support HRH advocacy
- Enhance professional development
- Save time.



The Capacity Project
 IntraHealth International, Inc.
 6340 Quadrangle Drive
 Suite 200
 Chapel Hill, NC 27517
 Tel. (919) 313-9100
 Fax (919) 313-9108
 info@capacityproject.org
 www.capacityproject.org

This publication is made possible by the support of the American people through the United States Agency for International Development (USAID). The contents are the responsibility of the Capacity Project and do not necessarily reflect the views of USAID or the United States Government.

currently receive HIV training, but the focus is on reducing stigma toward patients, enforcing the distinction between “us” and “them.” Curricula and programs must address the unique aspects of HIV stigma faced by health workers and find ways to motivate shared acceptance and understanding.

2. A range of services needs to be provided, as no single facility or program will be acceptable to all health workers. In Swaziland, the stand-alone Comprehensive Wellness Center should continue but should work with other providers to harmonize marketing and identify gaps in services. Health workers need a range of options in order to feel comfortable seeking HIV care.
3. Peer support groups at health facilities can be explored or made more visible to address the emotional and financial stresses health workers face.
4. Services for health workers must be comprehensive and accessible in order to be utilized and acceptable.
5. Data on health workers’ service use from all programs serving health workers should be monitored regularly while carefully preserving confidentiality. These data should be reviewed annually in a stakeholder forum to identify unmet needs.

References

Feely F. Fight AIDS as well as brain drain. *Lancet*. 2006;368:435-436. Accessed 24 September 2008 at: <http://www.thelancet.com/journals/lancet/article/PIIS0140673606691332/fulltext>

Gold J, Tomkins M, Melling P, Bates N. Guidance note on health care worker safety from HIV and other blood borne infections. Health, nutrition, and population discussion paper. Working paper. Washington, DC: The World Bank, 2004. Accessed at: <http://siteresources.worldbank.org/HEALTHNUTRITIONANDPOPULATION/Resources/281627-1095698140167/GoldGuidanceNote.pdf>

Measure DHS. New national survey finds 19 percent of the Swazi population age 2 and older has HIV; other health indicators show improvements. Calverton, MD: Macro International, Inc., 2007. Accessed 9 March 2008 at: <http://www.measuredhs.com/pr1/post.cfm?id=70BBD282-188B-A375-A809C38E56918C22>

The forum led to the collaborative development of a Wellness Program for health workers. Under this program, SAHCD and the Swaziland National AIDS Programme (SNAP) set up Wellness Corners in 12 health facilities throughout the country. The Wellness Corners invite mobile services from the Wellness Center in Manzini and outsource other services such as psychological counseling as needed. The program also facilitates home-based care for sick health workers and in-service training on HIV/AIDS among health workers.

Conclusion

This study illustrates the profound impact that HIV has on the health workforce in Swaziland. Respondents offered new and previously undocumented insights into the special stigma that surrounds HIV-infected health workers, in particular self-stigmatization. HIV services are needed and desired, but should be delivered so that they are accessible, private, confidential, not specific to HIV and well understood by health workers. Importantly, this information comes directly from health workers themselves, describing their own beliefs and opinions through a study designed with their input. The participatory study helped to build local research capacity and strengthen collaboration, resulting in direct program improvements.

Monico SM, Tanga EO, Nuwagaba A. Uganda: HIV and AIDS related discrimination, stigmatization and denial. Geneva, Switzerland: UNAIDS, 2001. Available at: http://data.unaids.org/Publications/IRC-pub02/jc590-uganda_en.pdf

Tawfik, L, Kinoti, SN. The impact of HIV/AIDS on the health workforce in developing countries. Background paper prepared for The world health report 2006: working together for health. Geneva, Switzerland: World Health Organization, 2006. Available at: http://www.who.int/hrh/documents/Impact_of_HIV.pdf

Uebel KE, Nash J, Avalos A. Caring for the caregivers: models of HIV/AIDS care and treatment provision for health care workers in South Africa. *Journal of Infectious Diseases*. 2007;196(Suppl 3):S500-4.

World Health Organization. The world health report 2005: make every mother and child count. Geneva, Switzerland: World Health Organization, 2005. Available at: http://www.who.int/whr/2005/whr2005_en.pdf

The Capacity Project Partnership

