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HIV AND TB STIGMA AMONG HEALTH CARE WORKERS: A PILOT SURVEY IN A LARGE FREE STATE HOSPITAL

FREE STATE PROVINCIAL HEALTH RESEARCH DAY, UFS, 20 SEPTEMBER 2013

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CONTENTS

- Brief background to the pilot study
- What is stigma?
- Pilot instrument
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- Key conclusions

BACKGROUND TO THE PILOT STUDY

- A 2011-2012 survey in 3 Free State hospitals, and smaller workplace research projects found *perceptions* among HCWs that...
Confidentiality at Occupational Health Units (OHUs) was not always maintained; HIV stigma in the workplace was high
- Components addressing these issues included in current RCT:
“IMPACT (Improving Prevention and Care of TB and HIV) health care workers - a trial in Free State hospitals”

The aim is to measure stigma in HCWs, and their perception of confidentiality at OHUs, *and if necessary* intervene—because these 2 issues can be barriers to HCWs accessing HIV and TB services.

ABOUT STIGMA

- Stigma is a *dynamic process* of devaluation that ‘significantly discredits’ an individual in the eyes of others and in the eyes of her/himself ¹
- Within particular cultures /settings, certain attributes are seized upon and defined as discreditable or unworthy ²
- In the context of a co-epidemic, need to focus on HIV *and* TB stigma
- A distinct and unique focus on HIV & TB stigma **among HCWs, towards HCWs.**

1. Goffman, E. (1963) *Stigma: notes on the management of a spoiled identity*. New York: Simon and Schuster.

2. UNAIDS (2005) *HIV - Related Stigma, Discrimination and Human Rights Violations*. Geneva: UNAIDS.

2 MAIN TYPES OF STIGMA

External stigma

- Directed and/or enacted by health care workers towards other health care workers
- e.g. avoidance and rejection; discrimination.

Internal stigma

- Directed by health care workers towards themselves
- e.g. social withdrawal; feelings of guilt/shame.

Examples of Negative Effects

- Problematic health-seeking behaviours
- Fear of, and problems with, disclosure.

THE PILOT INSTRUMENT

THE PILOT INSTRUMENT

- Aim is to develop a **valid, reliable instrument**
 - for a **baseline and a post-intervention survey** of confidentiality and stigma in 8 Free State hospitals, randomly selected from the 27 RCT sites
- Instrument very carefully constructed by the research team, using findings from a comprehensive literature survey and questions from other validated stigma studies
- A factor analysis of pilot data yielded...
 - **7 stigma scales (5 for HIV; 2 for TB)**
 - **Each scale has 4-5 items** all of which loaded onto their respective factors with **$p < 0.000$**

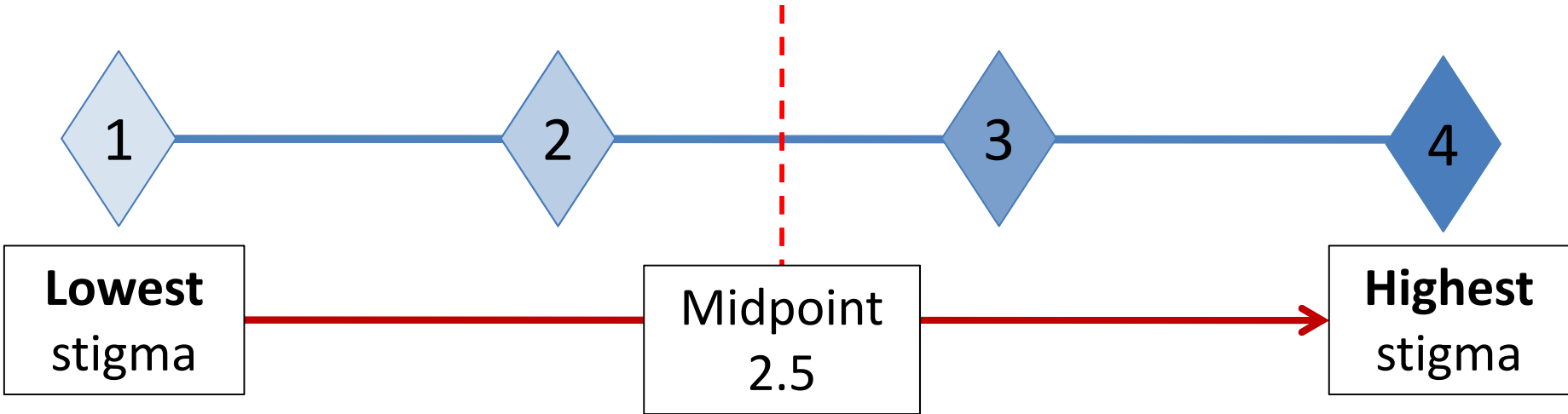
PILOT METHOD

PILOT METHOD

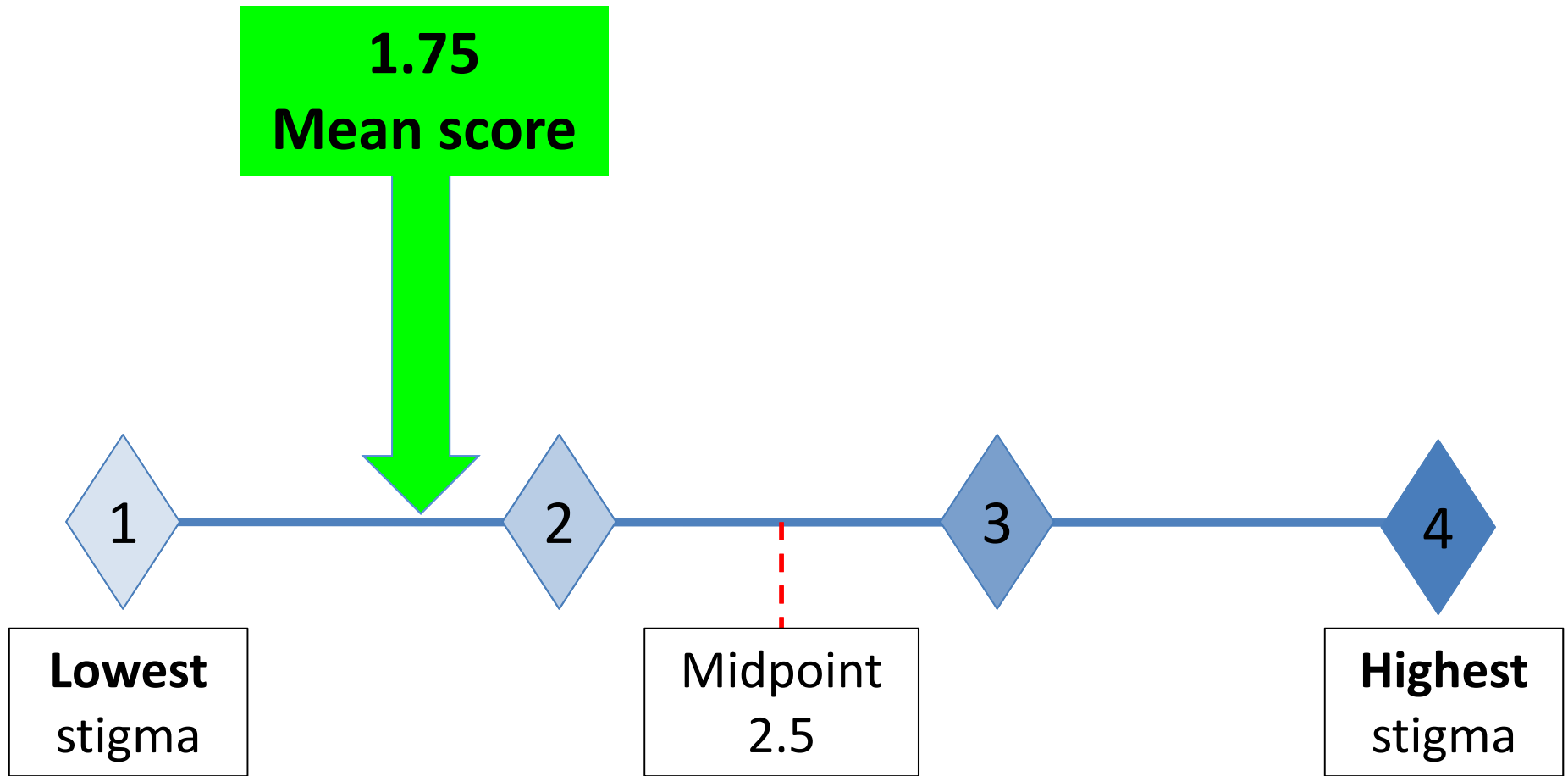
- Ethical clearance from UFS & UBC Ethics committees
- Approx 300 questionnaires distributed (in English & Sesotho) & 195 complete (edited) questionnaires returned
 - Convenience sample of HCWs in 1 hospital (not a RCT site)
 - Aimed for proportional representation of all staff categories
- Data captured, then double-captured, into SPSS
- Preliminary analyses: Descriptive statistics; Confirmatory Factor Analysis; some initial Correlations.

PRELIMINARY RESULTS

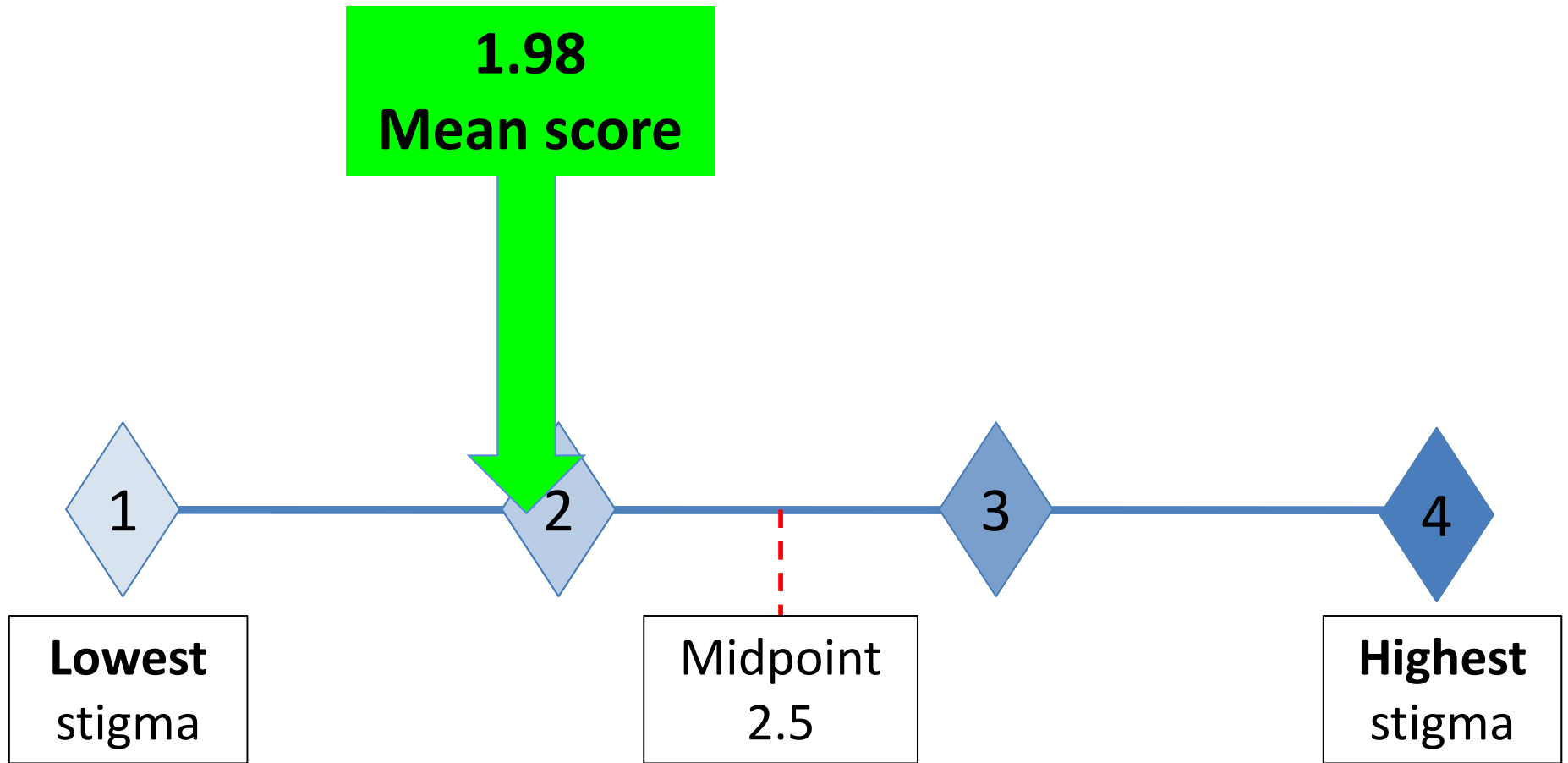
STIGMA SCALE



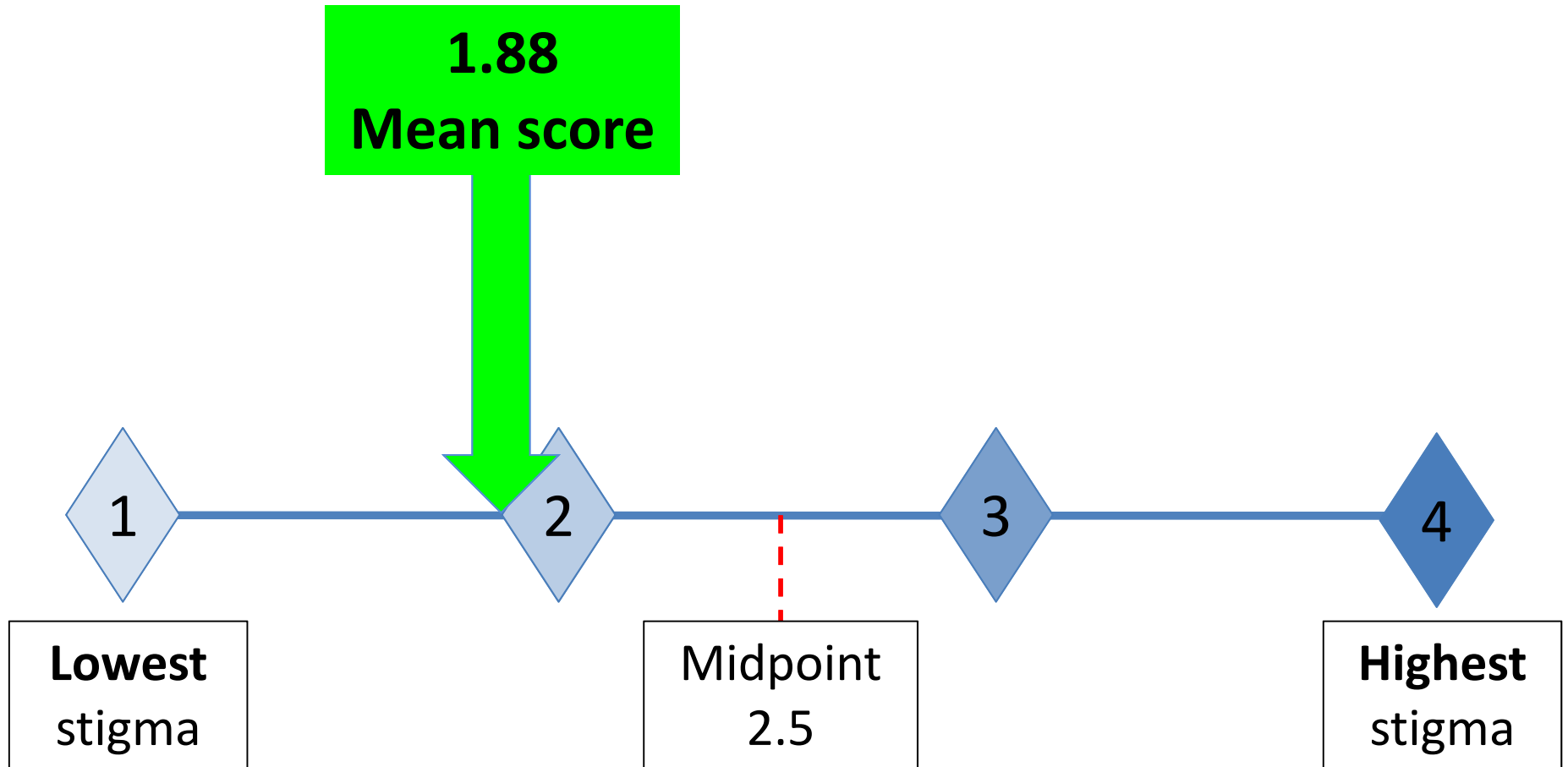
HIV STIGMA—EXTERNAL



HIV STIGMA—INTERNAL



TB STIGMA—EXTERNAL & INTERNAL COMBINED



STIGMA RESULTS IN CONTEXT

- So levels of stigma *in the pilot site* are below the midpoint and could be considered quite low

But what is high and what is low? No clear benchmarks

- Results in keeping with evidence of **declining HIV-related stigma in South Africa's general population** (JHHESA. 2012. *National Communication Survey*)
- Studies on **HCWs, in South Africa**, that investigate HIV & TB stigma as an occupational health issue influencing HCWs' willingness to be tested and treated, are virtually non-existent—leaving the field seriously under-researched.

PERCEPTIONS OF CONFIDENTIALITY AT OHU

Do you think that confidentiality is maintained in your Occupational Health Unit?

Always	46.1%	
Most of the time	31.9%	} 53.9%
Sometimes	19.4%	
Never	2.6%	
Total	100%	

BREACHES OF CONFIDENTIALITY IN OHU

- 15.4% [n=30] respondents said that they had *personally witnessed* an Occupational Health nurse failing to keep confidentiality about the health status of another HCW
- Of this 15.4% only 2.1% [n=4] reported the breach officially at the workplace

A workplace code of conduct exists to guide reporting and redress, but..

- Just over half (51.3%) knew of such a code
- 13.3% said there was no code
- 34.9% did not know if there is one.

CONFIDENTIALITY, VOLUNTARY HIV-DISCLOSURE and GOSSIP

- 47.2% said they knew of any HIV positive co-worker/s
- Out of this 47.2%...
 - Most (63.5%; n=66] found out directly from the HIV-infected person
 - But 23.1% [n=24] found out through gossip and rumour in the workplace
- 80% said they had been taught in the workplace about protecting confidentiality in relation to the HIV status of co-workers.

WILLINGNESS OF HCWs TO ACCESS HIV & TB SERVICES AT OHU

Service	% HCWs who would use OHU for this service
HIV testing	77.7 %
CD4 counts	74.6 %
HIV treatment	69.8 %
IPT	74.5 %
TB testing	84.5 %
TB treatment	79.8 %

Main reasons why HCWs would not access these services at OHU

Prefer private health care (37.5%)

Confidentiality is a concern (23.8%)

KEY CONCLUSIONS

IN CONCLUSION

- Two types of stigma: external and internal
- HIV and TB stigma levels *in the pilot site* below the halfway mark
- In the pilot site a burning issue is confidentiality – including perceived confidentiality – at the OHU
 - If this occurs in *RCT sites* then it needs to be addressed if we are to succeed in promoting HIV and TB *treatment* at OHUs, and increasing HCWs' access to onsite HIV and TB services
- So there is a need to measure TB-HIV stigma and confidentiality in RCT sites: (1) never been done in FS hospitals; (2) see if interventions are needed, and what and who they should target
 - Lessons from piloting the survey questionnaire, and Factor Analysis results, will inform the design of the final tool.



This research is **funded by the Canadian Institutes of Health Research** under their operating grant program to tackle health and health equity. The research program is entitled “Promoting health equity by addressing the needs of health workers: A collaborative, international research program” (CIHR ROH-115212).



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The following slides are not part of the actual presentation --- can be used for questions if needed

DEMOGRAPHICS

	Valid Percent
General Assistant	6.2
Porter	2.1
Food service worker	.5
Doctor	8.7
Student Nurse	8.7
Staff Nurse	2.1
Technologist/Technician	2.6
Maintenance worker	2.6
Laundry worker	2.1
Security	2.1
Professional Nurse	25.1
Assisant/Auxiliary Nurse	9.7
Allied Health Professional	8.2
Admin	13.8
Household Aid	2.1
Medical Student	.5
Messenger	1.5
Cleaner	1.0
Radiographer	.5
Total	100.0

HIV KNOWLEDGE

Asta7

Profession	Knowledge Score
Doctors	88%
Nurses	73%
Allied Health	74%
Administrative	64%
Support	65%
All	72%

Slide 26

Asta7

This could be left out

Asta Rau, 9/19/2013

TB KNOWLEDGE

- What are the 4 symptoms used to screen for TB?

70%

- Unintentional Weight Loss

63%

- Coughing for 2 weeks

59%

- Night Sweats

9%

- Fever

Slide 27

Asta8

this could be left out

Asta Rau, 9/19/2013

INDIVIDUAL, COMMUNITY & STRUCTURAL LEVEL INTERVENTIONS

- The exact nature of the interventions, if interventions are needed, will be determined by the results of a baseline survey
- A review of the stigma literature - including evaluations - finds that a combination of interventions is more effective than a single intervention:
 - ✓ Clear and regular messaging from top and middle hospital leaders communicating zero tolerance for HCWs breaching confidentiality
 - ✓ Workshops targeting HCWs with stigma sensitisation and reduction
 - ✓ Social and Behaviour Change Communication (SBCC) campaign with posters, events, buttons etc.

Service	% HCWs who would use OHU for this service
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