

XVI Congreso Nacional sobre el Sida



XI Conferencia Internacional AIDS Impact

Actitudes de los profesionales sanitarios hacia las personas con VIH en España Health professionals' attitudes towards people with HIV in **Spain**

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INTRODUCTION

Stigma in healthcare settings: a major barrier to effective responses to HIV and AIDS

Personal perspective



Scientific Knowledge perspective

- Gender, political ideology, conservative values, education.
- Perceived severity, misconceptions about route of transmission
- Blaming PLWIH
- Degree of proximity of PLWIH

- Professional experience in caring PLWIH
- HIV knowledge
- Concerns about occupational infection
- Self-confidence and selfefficacy in caring for PLWHIV

INTRODUCTION

Data from Spain:

- -FIPSE Study (2005): discriminatory practices such as refusing treatment, different treatment, special sanitary measures, etc..
- Fuster et al. (2008): 20% of PLWIH claimed they had been denied any health care at some point
- Human Rights Watch: 23% of notifications in this area

OBJECTIVES

1. To determine the degree of stigma towards PLWHIV in Spanish healthcare settings

2. To analyze the variables associated with HIV-related stigma among healthcare professionals.



HYPOTHESIS

- (a) Misconceptions about HIV transmission, risk perception at work, and conservative values: positive association with stigma
- (b) Experience and self-efficacy in caring PLWHIV and perceived HIV knowledge: negative association with stigma

METHOD

SAMPLE

- ✓ 1695 healthcare professionals
- **√** 75% **♀**
- ✓ Age: 42.8 ± 10.9

Other areas.

13%

Physicians
Nurses
Auxiliary nursing staff
Psychologists
Social workers
Administrative staff
Ancillary staff
Others

Primary care

32%



METHOD

MEASURES

- Stigma in daily life¹
- ☐ Stigma in healthcare setting²
- ☐ HIV transmission pathways ³
- Professional experience with HIV+ patients ⁴
- Perception of risk of HIV occupational infection 5
- Perceived self-efficacy and knowledge to deal with HIV patients ⁶
- Personal contact with PLWHIV⁷
- ☐ Conservative values: religion and political ideology⁸

¹ (SEISIDA, 2012) ² (Harrell y Wright, 1998; Li et al., 2009) ³ (Herek, 1999) ⁴ (Pleck, 1998) ^{5,6} (ad-hoc) ⁷ (Fuster et al., 2013) ⁸ (ad-hoc)

METHOD

- Cross-sectional survey
- Data collection:
 - (1) printed questionnaires distributed in 9 hospitals, 5 specialized care centres and12 primary care centres (52.6% questionnaires collected)
 - (2) On-line questionnaire distributed by e-mail (47.7% questionnaires collected)













RESULTS

1. To determine the degree of stigma towards PLWHIV in Spanish healthcare settings

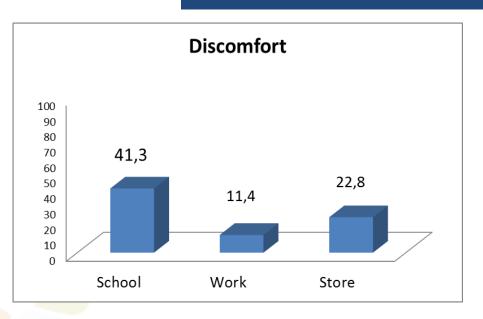
2. To analyze the variables associated with HIV-related stigma among healthcare professionals.

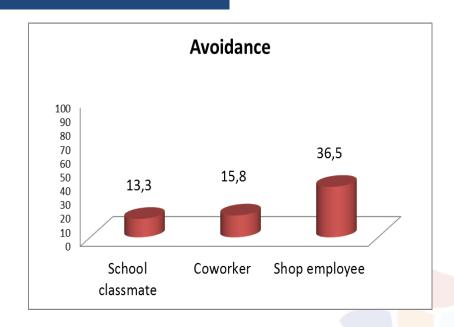


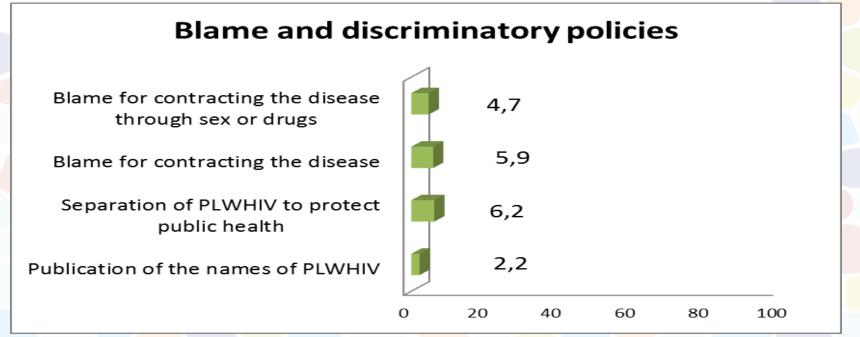
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- (a) Erroneous beliefs about HIV transmission, risk perception at work, and conservative values: positive association with stigma
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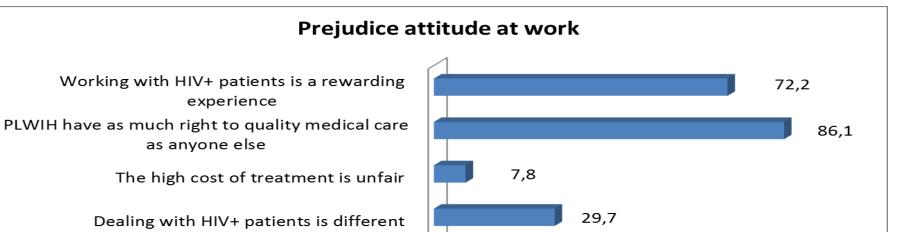
STIGMA IN DAILY LIFE







STIGMA IN HEALTHCARE SETTING



2,2

20

30

30

40

50

60

40

50

60

70

80

90

90

100

100

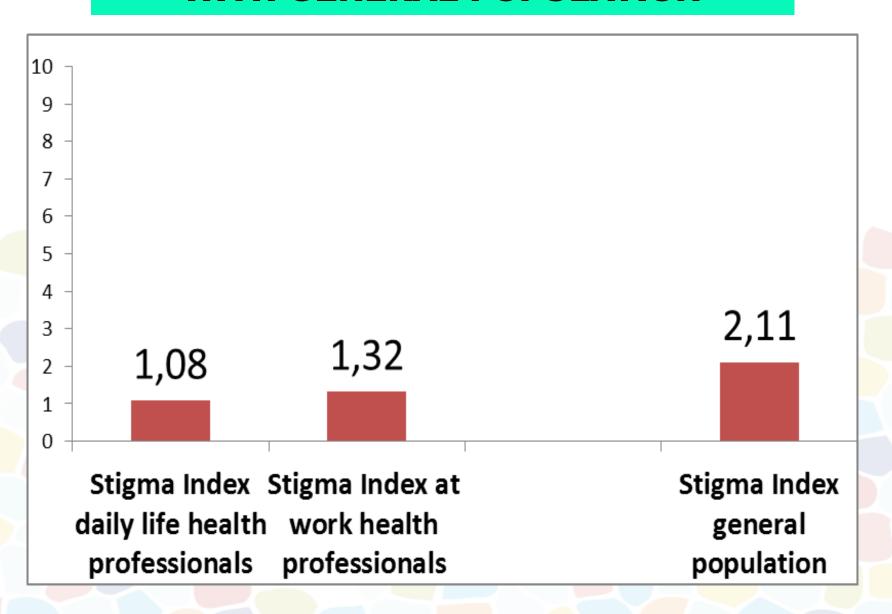
10

Discrimination intent at work 89,1 Willing to work with HIV+ patients Provide the same quality of care to HIV+ 96 patients Willing to do a physical examination of HIV+ 91,1 patients Interact with HIV+ patients just like other 94 patients The same health approach would be used for PLHIV as for other patients 10 20 70 80

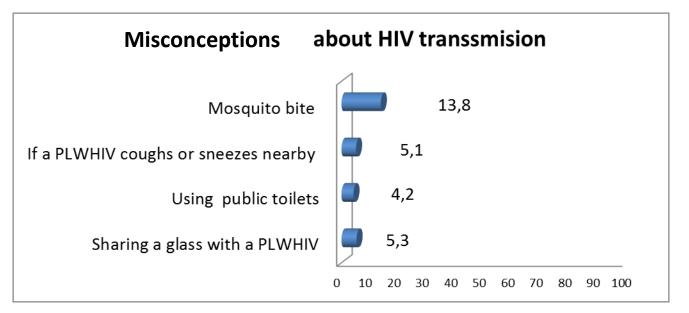
A health worker shoud not be required to work

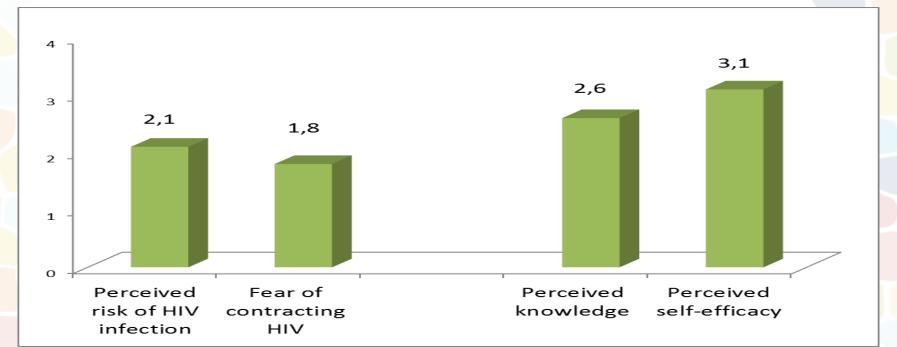
with PLWHIV

STIGMA INDEX AND COMPARISON WITH GENERAL POPULATION

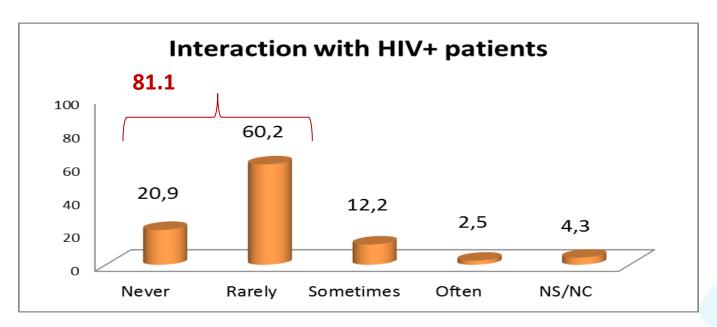


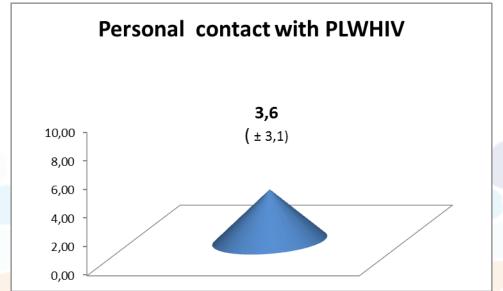
VARIABLES ASSOCIATED WITH HIV-STIGMA





VARIABLES ASSOCIATED WITH HIV-STIGMA





STIGMA AMONG PROFESSIONALS

Professionals	N	Mean Stigma Index
Social Worker	15	1,6
Psychologists	52	1,81
Physicians	656	2,09
Others	52	2,17
Nurses	592	2,37
Pharmacist	14	2,43
Administrative staff	70	3,21
Auxiliary nursing staff	151	3,34
Ancillary staff	43	3,79
F = 7.55; p < .001		

Range total Stigma Index from from 0 to 20

RESULTS

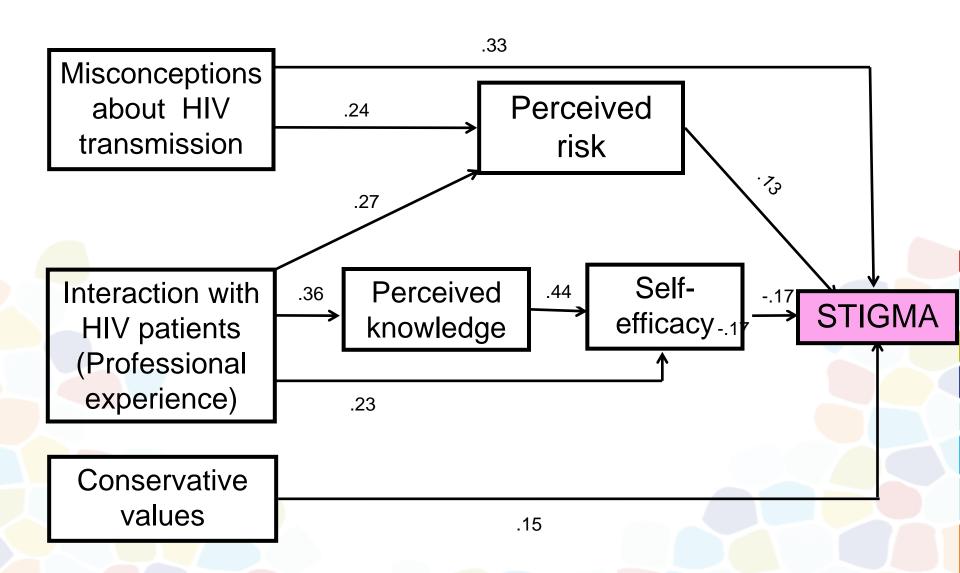
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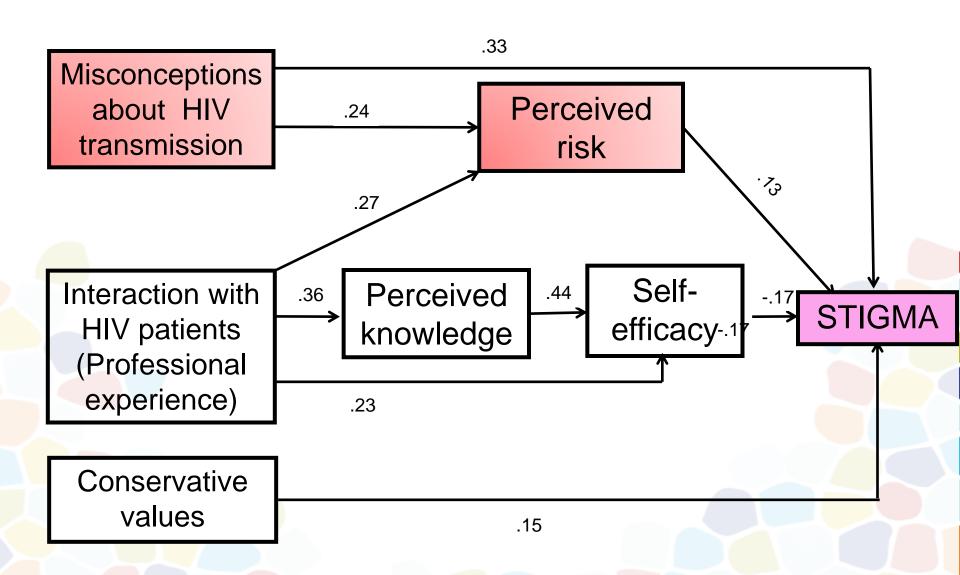
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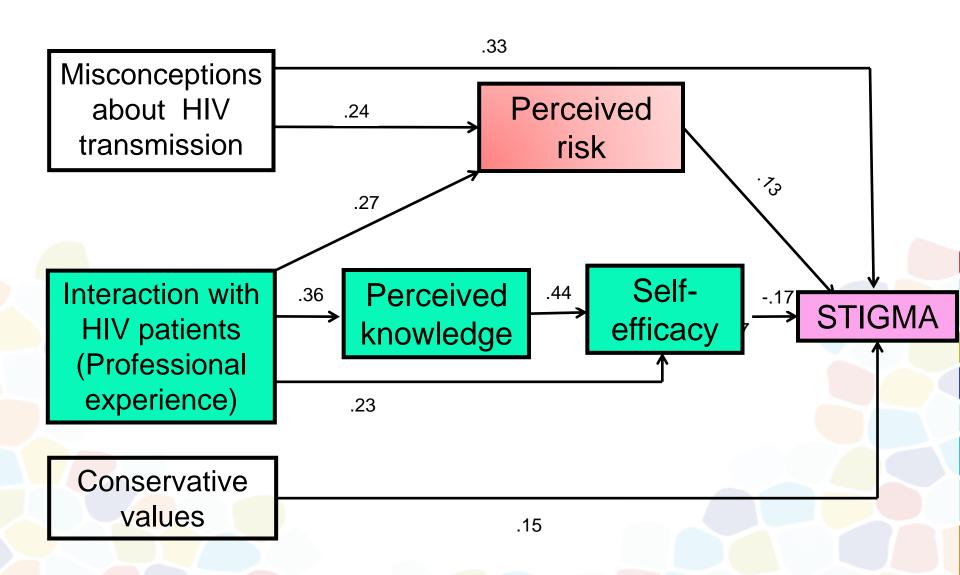
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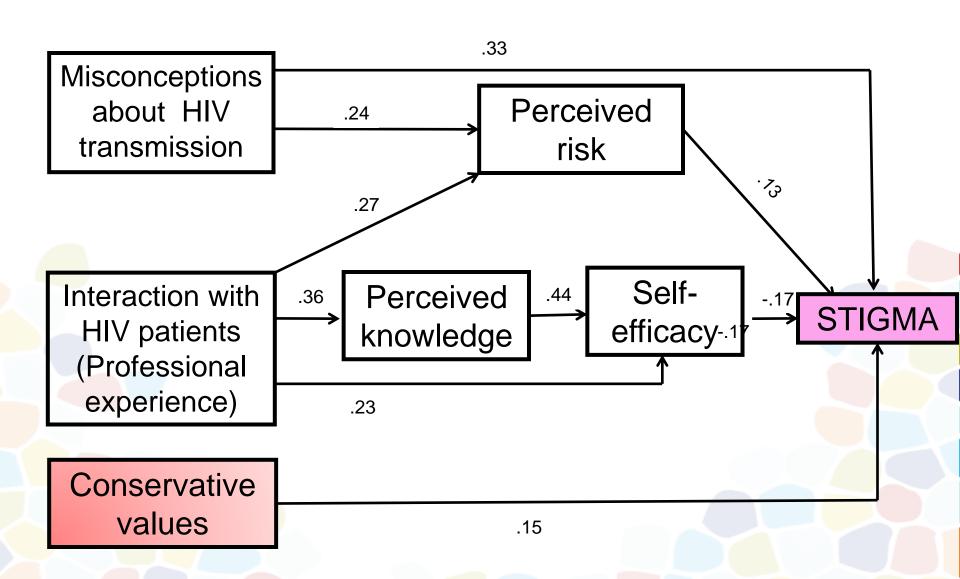




 χ^2 (9, 1668) = 73.7, p = .000, RMSEA = .06, GFI = .99, CFI = .96



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CONCLUSIONS

- ✓ The degree of stigma in Spanish health centres is low
- ✓ However, there are indicators that could point to the existence
 of subtle prejudice
- ✓ Contact with people with HIV is low, both in daily life and in the workplace (low professional experience).
- ✓ Interventions aimed at increasing knowledge and perceived selfefficacy and at decreasing the HIV misconceptions regarding transmission and concerns about occupational HIV infection would be welcome.
- ✓ These interventions should be targeted to those professionals who express greater stigma (auxiliary nursing staff, ...)

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