

Introduction

Negative perceptions have been associated with people living with HIV (PLWH). These perceptions have been triggered by a lack of understanding as to disease transmission and progression. Because of the misperceptions and lack of treatment options, people became fearful of HIV, thus creating the stigma that is associated with HIV today. Despite the medical advances in the field of HIV, PLWH still face stigma and discrimination in healthcare settings.

Background and Significance

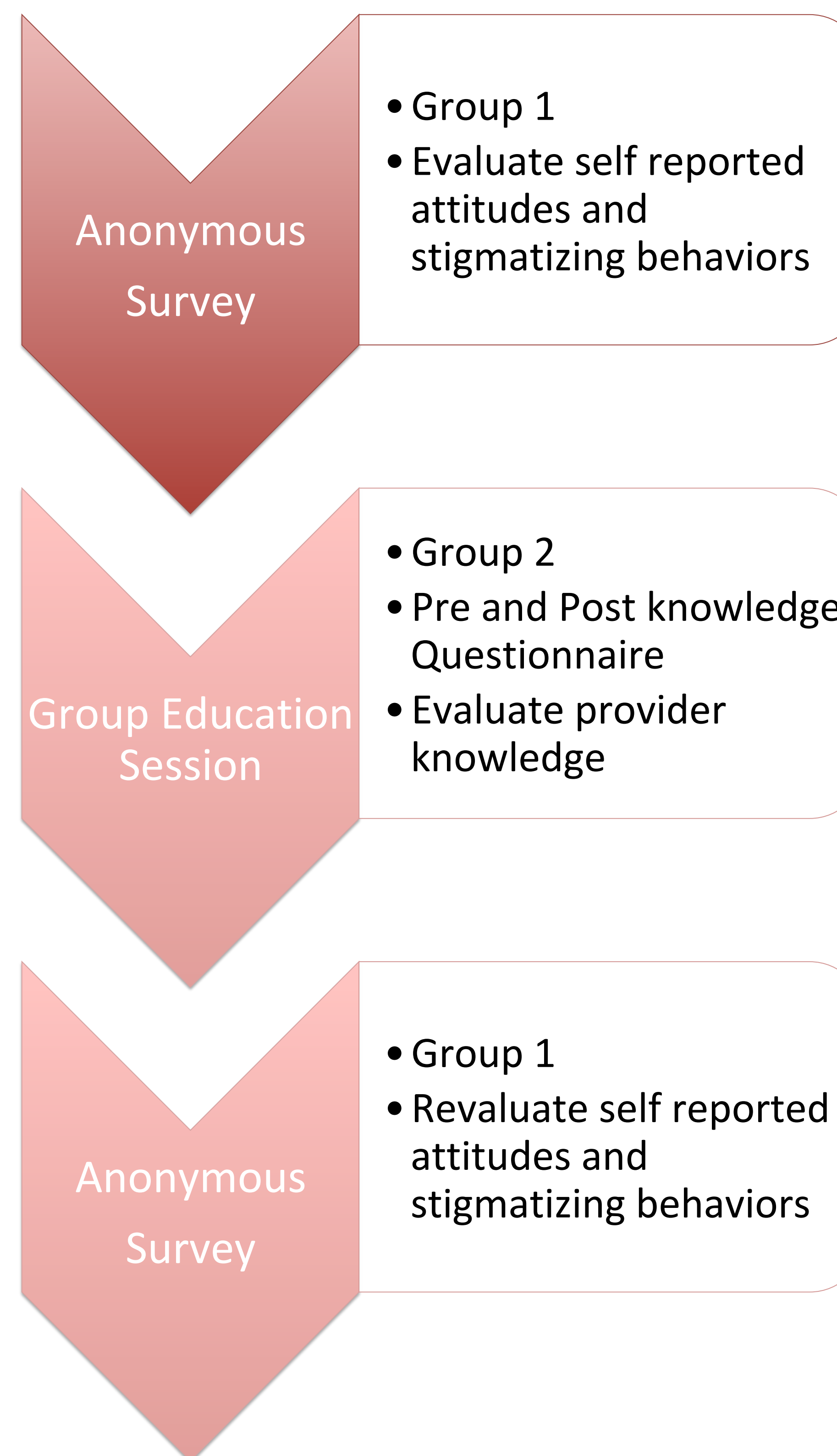
Stigma and discrimination has a large negative impact on PLWH. The negative impacts associated with stigma and discrimination are detrimental to care for PLWH. It includes:

- fear of being tested
- lack of seeking care and treatment
- adherence to medications
- return to care
- uncontrolled viral loads

Ultimately all things that are imperative to care.

Methodology

- **Design:** Two group pre and post interventional design.
- **Sample:** Sample participants will be all level health care providers including: RNs, MDs, CNAs, residents, NPs, Pas. Both group one and two will be comprised of the same population.
- **Setting:** The setting is an ICU in a suburban hospital in New Jersey
- **Measures:** Knowledge of HIV, attitudes towards PLWH, and stigmatizing behaviors.
- **Analysis:** Descriptive statistics were used to present HPP Anonymous survey Results. An independent t-test was performed to analyze the pre-intervention and post-intervention HIV-KQ18 test scores.



Results

HPP Anonymous Survey

- Total of 43 participants which included a multidisciplinary team of job roles.
- 69% reported no education on HIV stigma and discrimination
- There was self reported fear of HIV, 70% reported concern when dressing wounds and 75% reported concern when drawing blood
- There was self reported forms of stigmatization and clinical discrimination, 24% reported wearing double gloves.

- There were reported observations of others rendering poorer treatment as well as talking badly about PLWH, 28% reported witnessing others rendering poorer quality of care, 26% observed refusal to care, and 47% observed talking badly.

HIV-KW18 Test

- Pre-intervention test scores averaged 86%
- Post-intervention test scores averaged 100%

Discussion and Conclusion

The results of this project demonstrate clinical discrimination and stigmatization, fear of infection, and a lack of knowledge. This serves as a foundation for further education, projects, and programs to decrease stigma and clinical discrimination towards PLWH and other marginalized groups in healthcare facilities.

Implications for Practice

Increase sensitivity and awareness of HIV related stigmatization and discrimination to improve quality of delivered care. Improved quality of care can increase follow up care.

Implications for Policy

These results demonstrate a need to create a policy for sensitivity training as part of annual basic training for all employees. The results also show a need to standardize state and federal policies as the current policies in place to protect PLWH are failing.

Economy

By improving the return to care, because of improved practice, ultimately cost of sick care decreases.

References

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