

# HIV Knowledge, Attitudes and Stigma amongst Care and Nursing Home Staff in Brighton and Hove

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## Conflict of Interest

In relation to this presentation I declare that I have no conflict of interest

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# Introduction

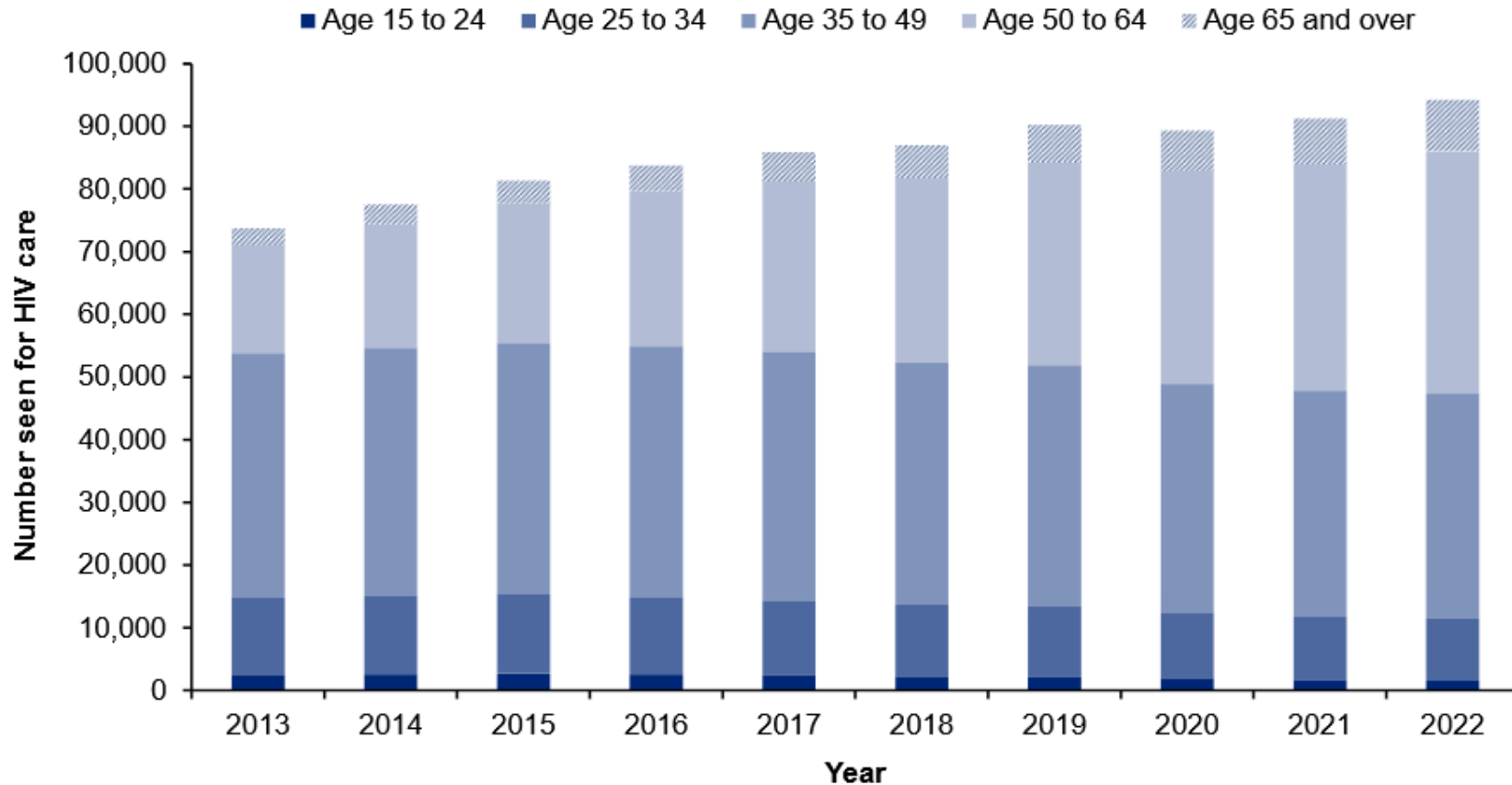
## HIV and aging

- Brighton and Hove - 7/1000 live with HIV<sup>1</sup>
- By 2030, up to 70% of people with HIV will be over the age of 50<sup>2</sup>
- Up to 40% report HIV stigma or discrimination within healthcare settings<sup>3</sup>

## Stigma and Impact

- Denial or delay of treatment, excessive infection control, disrespect, outing of status<sup>4, 5</sup>
- Reduced quality of care, lack of physician trust, lower quality of life<sup>6, 7</sup>

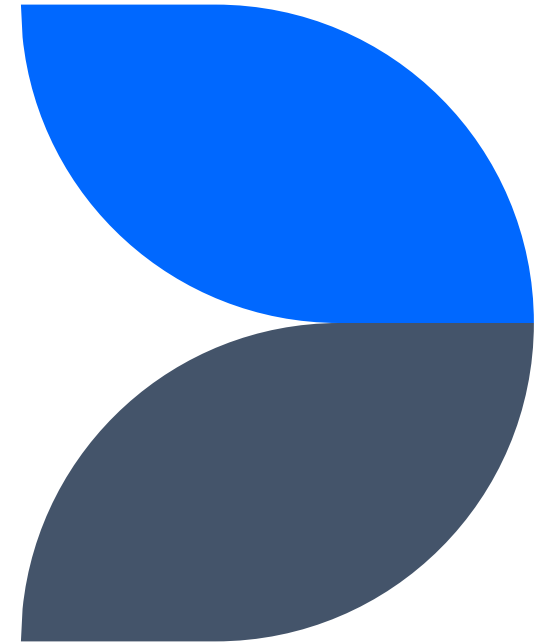
# Number of adults seen for HIV care by age, England, 2013 to 2022 <sup>8</sup>



# Aims

To determine:

- Current level of HIV **knowledge** amongst care and nursing home staff in B&H
- **Attitudes** of care and nursing home staff towards people with HIV in B&H
- **Stigmatising beliefs and behaviours** towards people with HIV
- Interest in future **training opportunities** for staff



# Methods

## Questionnaire Design

- Cross-sectional survey
- Online and anonymous
- Adapted from Clifford et. al. using validated STRIVE criteria
- Tick-box, Likert-scale and free-text questions.
- Ethics approval gained

## Recruitment

- 83 total care/nursing homes in Brighton and Hove.
- 55 care/nursing homes met inclusion criteria
- 47 homes contacted via email and in-person.
- Survey distributed via care/nursing home managers and via printed out advertising poster

# Survey domains



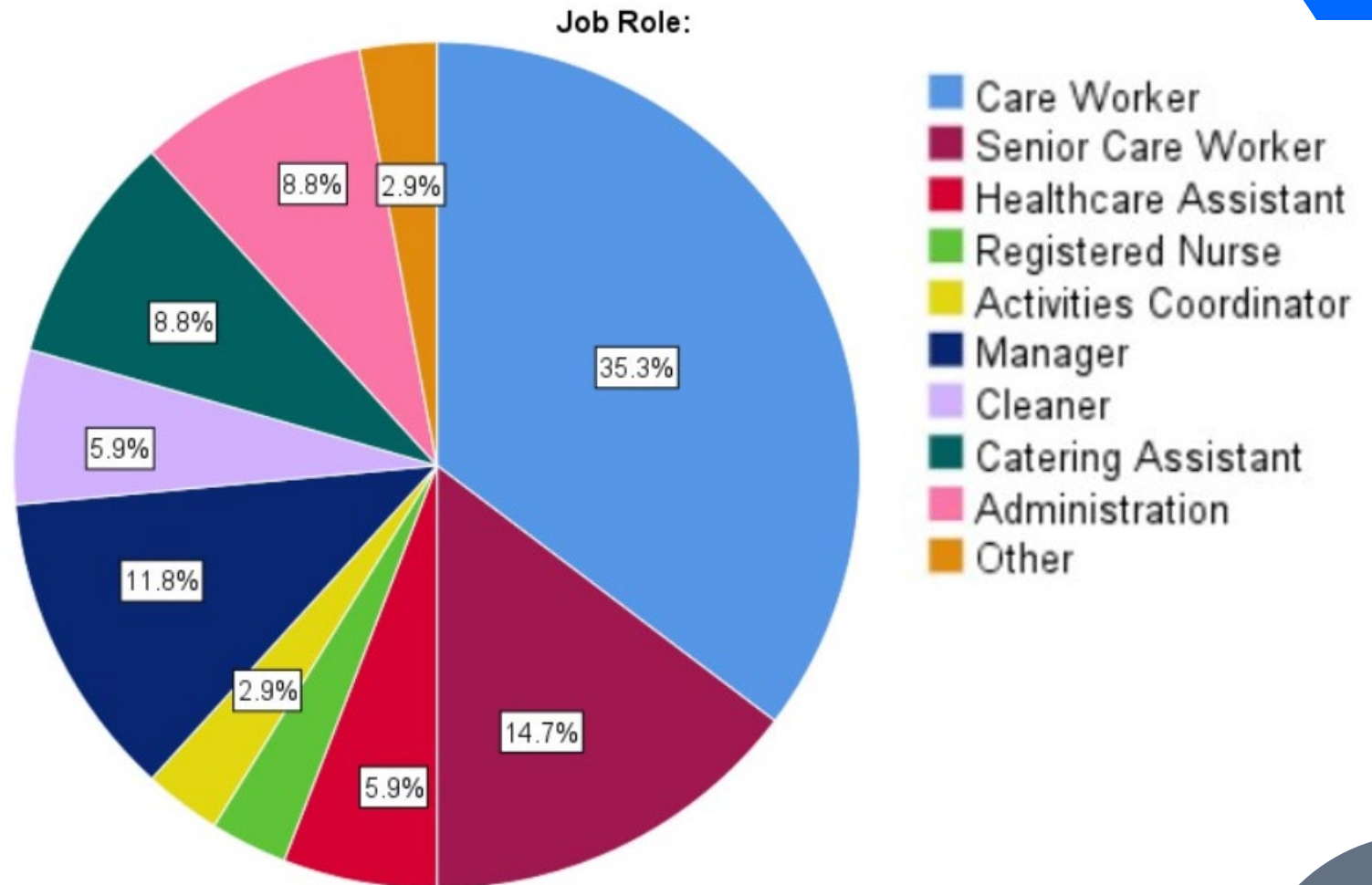
Data coded into SPSS.

Descriptive and explorative statistics conducted with a 95% confidence interval.

Free-text data coded using reflexive thematic analysis.

# Results - Demographics

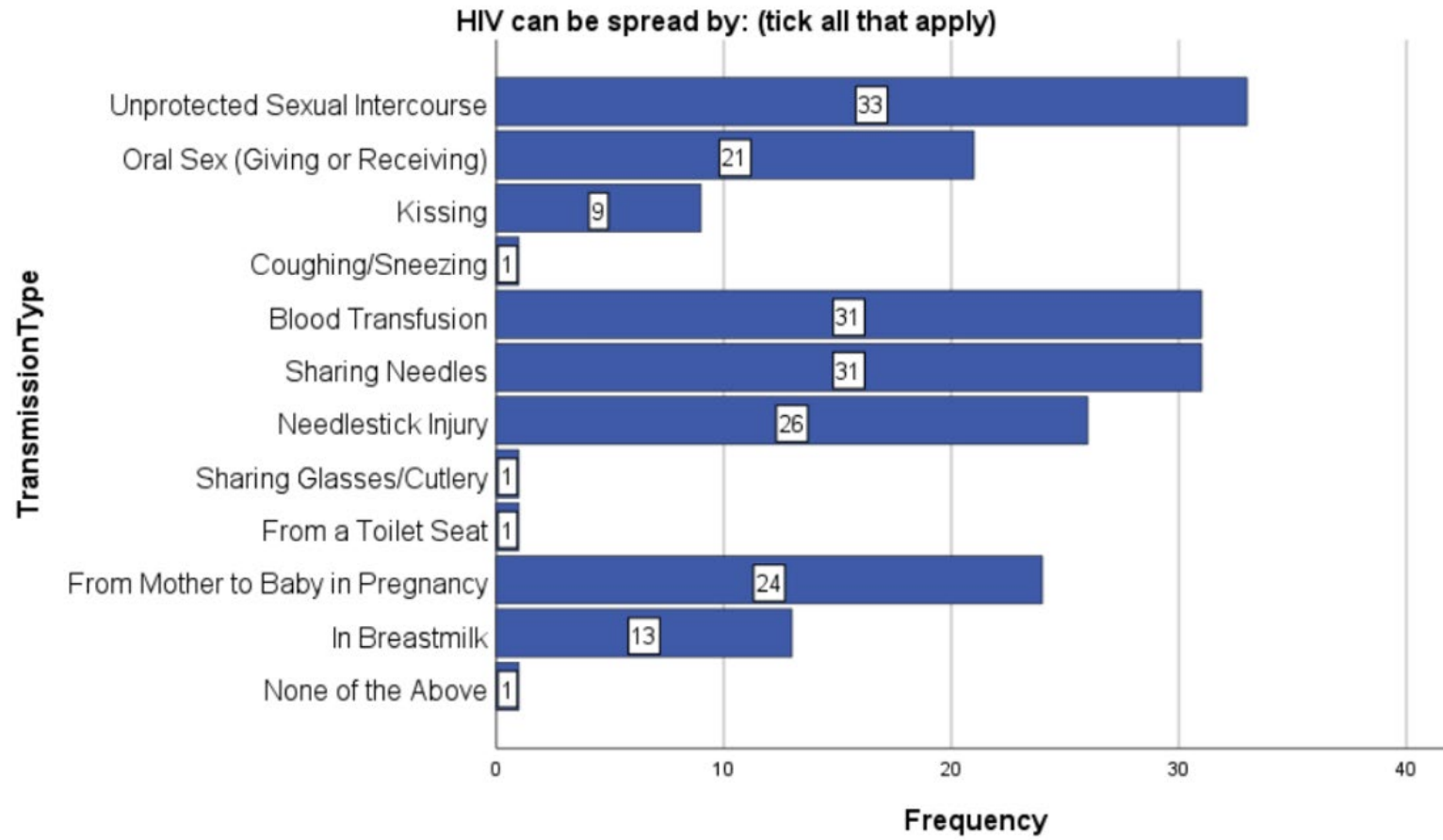
- 34 responses
- 50%care workers or senior care workers.
- 3%registered nurses
- 29%worked in role 1-5 years, 21%5-10 years, 21% 10-20 years. 18%over 20 years.





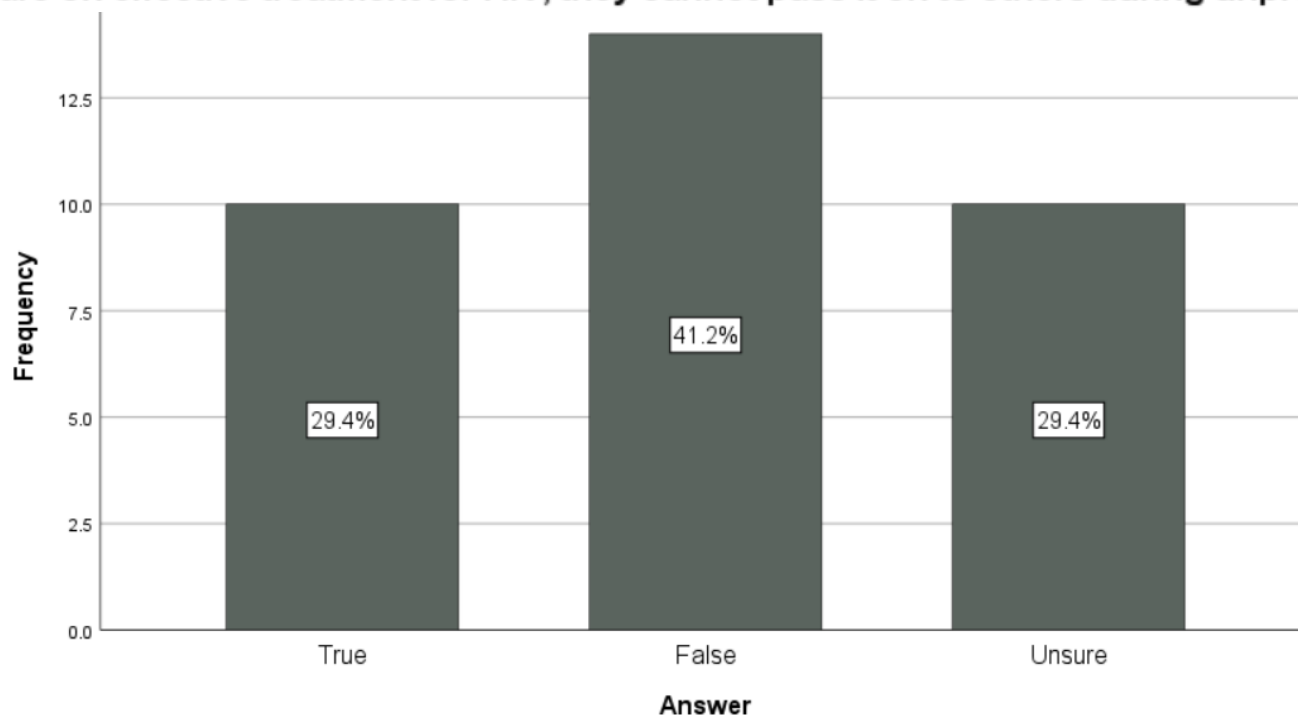
# Results - Knowledge

- Prognosis – 97% agreed on normal life expectancy.
- Transmission – 27% believed HIV could be spread by kissing.
- Knowledge score greater for clinical staff ( $t(32) = 3.275$ ,  $p=0.003$ )
- Knowledge score lower for longer length of time working in role ( $F(4,29) = 5.011$ ,  $p = 0.03$ ).



# Results - Knowledge

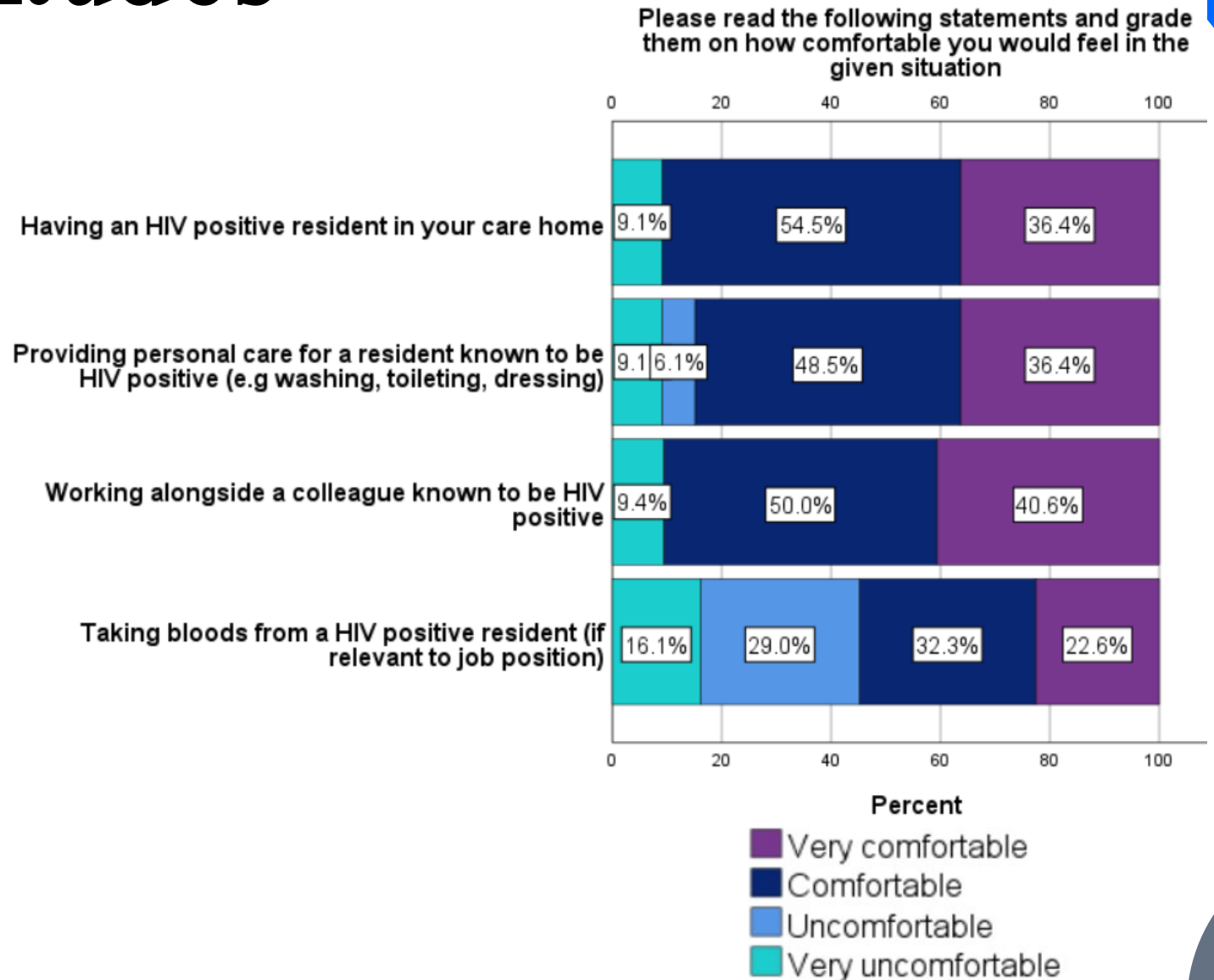
If people are on effective treatment for HIV, they cannot pass it on to others during unprotected sex



- Only 29%(10/34) correctly identified that on effective treatment for HIV, people cannot pass it onto others
- Knowledge on the concept of U=U (undetectable = untransmissible) was low

# Results - Attitudes

- Broadly positive - 91% comfortable or very comfortable having resident or colleague
- Not comfortable taking bloods – 45%



# Results – Stigmatising beliefs and behaviours

## Beliefs

- 85%(33/34) disagreed that people with HIV engage in “risky behaviours” e.g. injecting drugs
- 88%disagreed that those who have HIV acquired it through having many sexual partners

## Behaviours

- 18%felt at risk of acquiring HIV when looking after people with HIV.
- Excessive infection control measures were reported

# Results - Themes

## Ignorance

Lack of knowledge of HIV,  
acting as a barrier to care

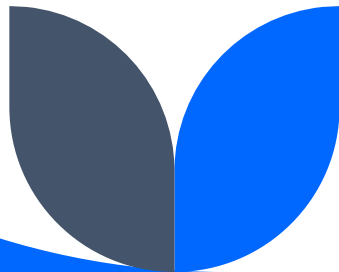
*‘I do think people are  
ignorant on the  
understanding of aids/HIV.  
Every one working in care  
should be well trained so  
understanding better so they  
don’t worry’*

## Fear

Limited knowledge - fear of  
acquisition lead to  
stigmatising behaviours.

*‘People are scared as they may  
have only very little knowledge  
or none at all’*

*‘When I look after residents  
who have HIV, I wear gloves  
and if I need, I wear disposable  
aprons as well.’*



# Results – Future training

- 64% had never received training on HIV as a care/nursing home staff member
- 83% were interested in knowing more about HIV, and 32% were specifically interested in how to make care more equal.
- 62% preferred online and self-directed resource.
- 59% preferred in-person led by a HIV specialist
- Only 6% preferred a paper resource

# Discussion

## Knowledge

- Misconceptions on transmission and U=U
- Generally, the greater years worked, the lower the knowledge score. Agrees with research from other European countries (nurses)<sup>9</sup>
- No difference in age groups

## Attitudes

- Generally positive
- 18% felt at risk of acquiring HIV, lower than other studies of up to 47% of healthcare staff<sup>10</sup>

## Stigma

- Low self-reported, but instances still observed
- Fear of acquisition of HIV was seen to be a perpetuator of stigmatisation

# Implication for Nurses

- Nurses as experts to provide and share knowledge
- Community nurses and their time in care/nursing homes as an opportunity for change
- Empowering PLWH and their families to advocate for their care in care homes
  - e.g. so they can educate care home staff about their status and U=U



# Conclusions

- This shows the need for regularly updated training and education to keep knowledge up to date, particularly on HIV transmission and U=U.
- Training should focus on not only knowledge of HIV but also stigma awareness and the impact this has on patient care.
- Utilising nurses as experts to share knowledge and education.
- Future: larger sample size, sample outside B&H, trialling an educational package.



Thank you