

Background and aim

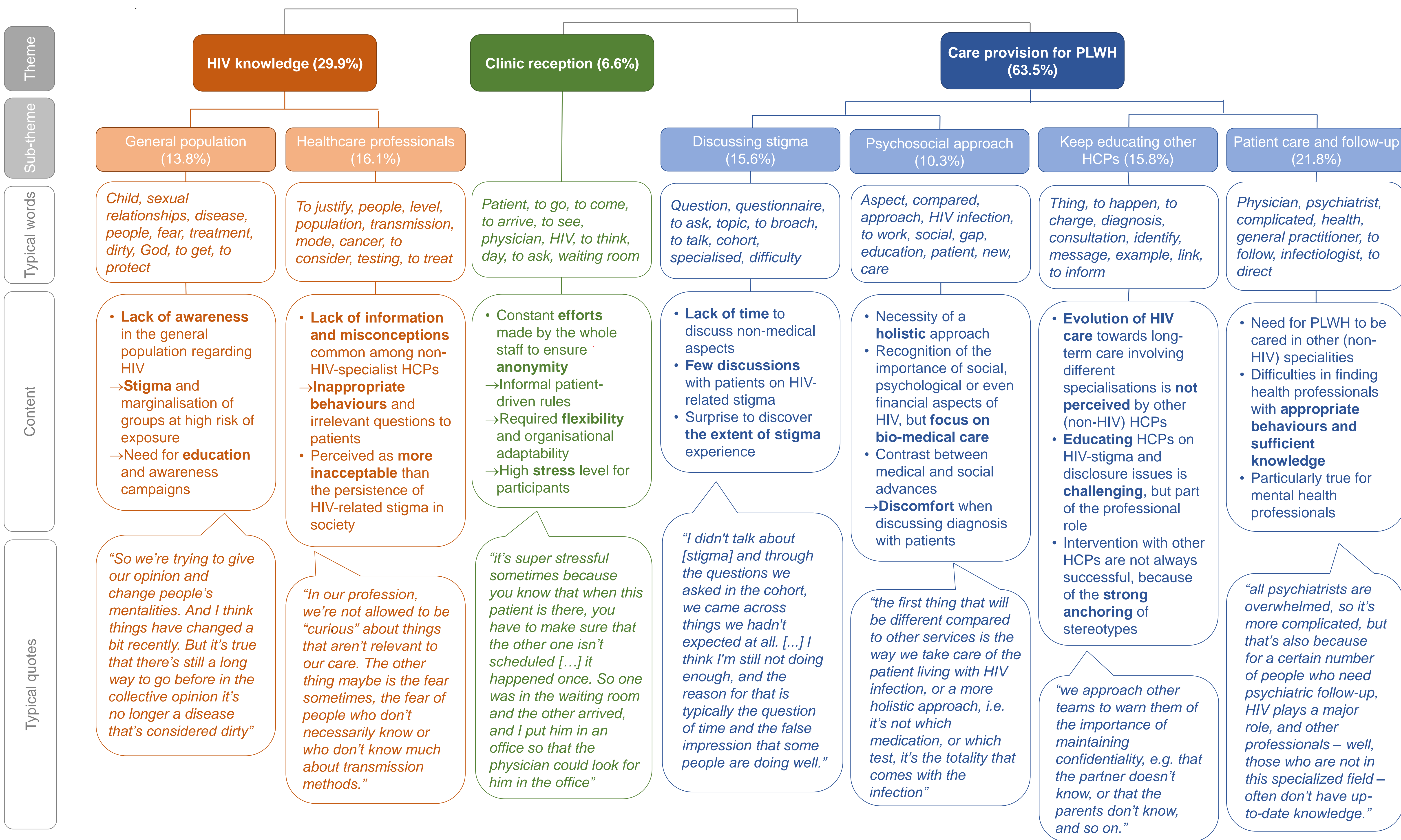
- HIV-related stigma has a negative impact on mental health, quality of life, and access to healthcare for people living with HIV (PLWH)¹.
- Several reviews have examined HIV-stigma experienced by PLWH in healthcare facilities²⁻⁴. These reviews examined mostly healthcare professionals (HCPs) working outside the field of HIV.
- Few studies examined how healthcare professionals perceived HIV-stigma and what is its impact on their clinical activities.
- The current study aimed to determine the impact of HIV-stigma on the daily practice of healthcare professionals working in the field of HIV in Switzerland, how they talk about stigma and how HIV-stigma affects patient care.

Methods

- Patient and Public Involvement (PPI) was an integral part of this study, a collaboration between qualitative researchers, clinicians, and a patient expert.
- Between April and May 2022, consenting professionals in direct contact with patients attended confidential one-to-one semi-structured interviews of up to 60 minutes with a trained researcher.
- Themes covered by the interview guide included: public and non-HIV-specialist perception of PLWH; impact of HIV-stigma on health and the social and professional lives of PLWH; HCP perception of HIV-stigma; experiences of discussing HIV-stigma with PLWH during clinic visits.
- Interviews were recorded and then transcribed. HCP participants provided written consent accordingly.
- Analyses were conducted using IRaMuTeQ. This software performs various text analyses, including discourse classification based on word frequency and co-occurrence.
- The classification generated by the software was then interpreted by members of the research team trained in qualitative methods.

Results

- 10 HCPs were interviewed (two clinic nurses, two specialist nurses, two administrative staff, four physicians). Analyses showed that three main themes emerged from HCP discourse: 1) HIV knowledge (29.9%), sub-divided into two sub-themes; 2) Clinic reception (6.6%); 3) Care provision for PLWH (63.5%), subdivided into four sub-themes. These themes are displayed with quotations in the dendrogram below.



Discussion and implications

- In a resource-rich country with good HIV knowledge, HIV-stigma remains a daily challenge for HCPs working with PLWH. The stigma is perpetuated by the lack of knowledge among the general population and HCPs working outside the field of HIV.
- Confidentiality measures create a complex workload and stress for all HCPs.
- The importance of a holistic and long-term approach of care is stressed. However, this is sometimes made difficult by HIV-stigma of non-HIV-specialist HCPs.
- Most HCPs working with PLWH are not used to discussing stigma and feel untrained in this area. Discomfort discussing stigma leads to counter-productive practices, like advising newly-diagnosed patients to conceal their status instead of focusing on ways to help dealing with stigma.
- Efforts should be invested in the training of HCPs working with PLWH in discussing stigma, with PLWH involved in such training.
- In accordance with the Health Stigma and Discrimination Framework⁵, our results also suggest that interventions on stigma reduction should take place at multiple levels (individual, departmental, institutional).

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