Health professionals and HIV stereotypes: The relation between discrimination/stereotype and concept related with well-being

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Background and aims

The stigma refers to a feeling or experience with manifestations of social rejection, intolerance, discrimination, and stereotyping, that causes unhappiness, affecting individual’s life. As a consequence, there exists undesirability and discrediting of the individual on the part of others.

Stigmatised individuals avoid contact with health professionals, remaining isolated as far as knowledge, counselling, and service and treatment provision is concerned. Given that about 34 million people live with HIV, there is an urgent need to fight against stigma/discrimination, as they hinder the success of AIDS response programmes [1-4]. The objective is to analyze the predictive effects of negative feelings, life valorisation and opportunistic diseases in discrimination, solidarity, support and care needs of HIV patients by health professionals.

Materials and Methods

A randomized stratified sample of 629 HIV healthcare professionals was composed from public Health Centers. An instrument was developed to evaluate the relationship between discrimination towards HIV patients and negative feelings, life valorization, and opportunistic diseases (see Table 1). AMOS was performed for path analysis.
Results

A randomized stratified sample of 629 HIV healthcare professionals was composed from public Health Centers. An instrument was developed to evaluate the relationship between discrimination towards HIV patients and negative feelings, life valorization, and opportunistic diseases (see Table 1). AMOS was performed for path analysis.

The adjusted model explained 23% of care needs, 17% of solidarity, 15% of discrimination, and 8% of support needs towards HIV patients. The perceptions of health professionals that HIV increases opportunistic diseases (β=.19), associated with life valorization (β=.15) and feel sorry (β=.10), predicted higher care needs in HIV patients. Additionally, care needs was also predicted by the feelings that HIV patients are suffering (β=.10). Those care needs improves solidarity (β=.29), which is also incremented by perceptions of opportunistic diseases in HIV patients (β=.09), life valorization (β=.07), and the feelings that HIV patients are social isolated (β=.09).

Discrimination was positively predicted by health professionals fear when dealing with HIV patients (β=.16). They perceive these patients as having social isolation (β=.16), suffering (β=.15), hopelessness (β=.10) and triggering feelings of sorry in citizens (β=.18).

Support needs is predicted by perceptions of health professionals that HIV patients are social isolated (β=.15), suffer (β=.11), and have opportunistic diseases (β=.15). These support needs have a positive influence on care needs (β=.27) and solidarity (β=.08).
Conclusions

Care needs were the main variable explained in the model. Health professionals note consciousness of health care, mainly improved by their knowledge about HIV patients’ needs and health care, associated with life valorization. Health care needs also improved solidarity. Despite the presence of discrimination, mainly due to fear in dealing with HIV patients and feelings of sorry, the valorization of care needs seems to attenuate this discrimination.

References


