

# Increasing Percentage of Health Care Workers Willingness to Care for People Living with HIV Attending Klinik Kesihatan Sultan Ismail, Johor Baharu, Johor

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## INTRODUCTION

Discrimination against individuals with HIV/AIDS is prevalent in the field of health, which is recognised as a significant domain in social life. Poor willingness to care for people living with HIV (PLHIV) will result in undiagnosed cases of HIV, leading to an increase in transmission rates, progression of the disease, higher mortality rates and healthcare expenses. This study aimed to increase the percentage of healthcare workers (HCWs) willing to care for PLHIV.

## SELECTION OF OPPORTUNITIES FOR IMPROVEMENT

<b>S</b>	Positive attitudes toward patients infected with HIV represent an essential element in the appropriate care of such individuals. There is significant relationship between healthcare setting S&D with the barriers across HIV prevention testing and treatment cascade (UNSAIDS 2017)
<b>M</b>	Health care willingness to care for PLHIV is measurable through feedback of questionnaire from HCW
<b>A</b>	Its appropriate to conduct the study as it explores the causes and fallback in HCW contributing to unwillingness of care among PLHIV
<b>R</b>	Planning educational programme guidelines CME/ training, promotional activity & PLHIV community programme to increase HCW willingness to care towards HCW
<b>T</b>	Studies can be conducted within a time frame

## LITERATURE REVIEW

Establishing a positive safety culture and providing appropriate professional education to help reduce the stigma towards infected HIV patients offers an effective way forwards to improve quality of care in Vietnam, as elsewhere. New National Strategic Plan for 2016- 2030 adopts the "Ending AIDS" as the vision for Malaysia getting to the "Three Zeros: Zero new infections, Zero discrimination and Zero AIDS related deaths".

## PROBLEM ANALYSIS

<b>WHAT</b>	Stigma and Discrimination (S&D) is high
<b>WHERE</b>	Klinik Kesihatan Sultan Ismail
<b>WHEN</b>	During client screening & PLHIV visit to KCSI
<b>WHO</b>	By Health Care Workers (HCW)
<b>WHY</b>	Fall back in system and work process, and inappropriate practice
<b>HOW</b>	Lack of knowledge, training and individual perception

## CAUSE EFFECT ANALYSIS



## PROBLEM STATEMENT

HCW willingness to care for PLHIV attending KCSI is only 32%, contributing to PLHIV default follow up and resulting compromise in quality of treatment and management. Thus, PLHIV refuse to come forward for screening. The possible causes could be poor knowledge among HCW and S&D is high among HCW. THE AIM of this study is to increase percentage of HCW willingness of care for PLHIV attending KCSI for optimum patient treatment & management.

## OBJECTIVES

### GENERAL OBJECTIVE

- To increase percentage of HCW willingness to care towards PLHIV in KCSI

### SPECIFIC OBJECTIVE

- To verify the magnitude of problem for low HCW willingness to care towards PLHIV in KCSI
- To identify contributing factors towards low willingness to care for PLHIV in KCSI
- To formulate and implement interventional strategies to solve the contributing factor
- To re-evaluate the effectiveness of remedial measure in order to increase the willingness of HCW to care for PLHIV in KCSI.

## PROCESS OF GATHERING INFORMATION

Targeted Group : All HCW at KCSI				
PHASE	DURATION	OBJECTIVES	STUDY TOOL	SAMPLE SIZE
Verification	Jan – April 2022	Magnitude of problem	S&D Questionnaire Google Sheet, Microsoft Excel	HCW N = 184
Determining factors contributing to the problem	Jan – April 2022	To identify causative factor	Questionnaire audit form	HCW N = 173
Post remedial measure (Cycle 1)	August 2022	To evaluate the effectiveness of the remedial measures	S&D Questionnaire Google Sheet, & Microsoft Excel	HCW N = 177
Post remedial measure (Cycle 2)	Sept 2022 – March 2023	To evaluate the effectiveness of the remedial measures	S&D Questionnaire Google Sheet & Microsoft Excel	HCW N = 180

**INCLUSION CRITERIA :** All KK Sultan Ismail HCWs

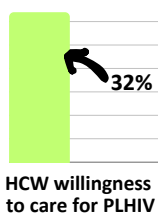
**EXCLUSION CRITERIA**  
HCWs who are on maternity leave, post basic training and transferred out during study period

## INDICATOR

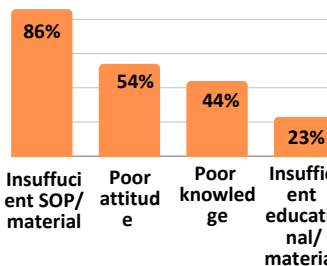
<b>INDICATOR</b>	Percentage of HCW willingness to care towards PLHIV at Klinik Kesihatan Sultan Ismail
<b>FORMULA</b>	Number of HCW willingness to care for PLHIV attending KCSI X 100% / Total number of HCW at KCSI
<b>STANDARD (NSPEA 2016 – 2030)</b>	100% Aim 0% stigma

## RESULT DAN ANALYSIS

Percentage of HCW willingness to care for PLHIV attending KCSI 2022 (N=184)



Causative Factors for HCW Unwillingness

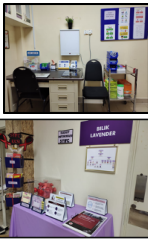


## STRATEGY FOR IMPROVEMENT

- STI Friendly Clinic : One Stop Centre
- Targeted PLHIV & key population health literacy
- Universal infection control precaution
- Delagating & empowerment
- PMTCT Audit
- Monitor & audit
- Confidentiality
- Setting committee

**A. COMPREHENSIVE SOP & SYSTEM**

- QMS numbers at counter
- HCW reminders for blood taking
- HIV confirmation PER.PET 301
- LAVENDER appointment book



**B. INCREASING KNOWLEDGE, ATTITUDE & GOOD PRACTICE**

- NGO collaboration
- Promote STI services
- Sharing and exchange knowledge
- Integrated learning and visit
- KCSI S&D batch for HCW
- 'Baju Korporat'
- Public talks
- Promote health awareness
- Continuous medical education for HCW
- Suggestions & feedback box
- Community activity with PLHIV & key population



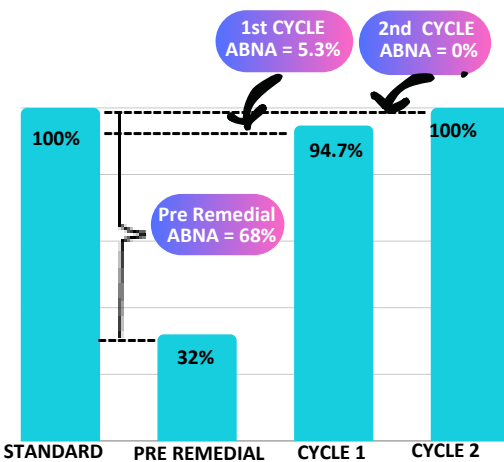
**C. EDUCATIONAL MATERIAL & PROMOTION**

- KCSI bunting and posters
- Social media
- STOP STIGMA protocol
- 'JOM Access'
- Integrated approach in HCW willingness & eliminating S&D in all KK at district level



## EFFECT OF CHANGES

Percentage of Health HCW Willingness to Care for PLHIV – Remedial & Post Remedial ( Cycle 1&2)



## TAKING NEXT STEP

The KCSI STOP STIGMA PROTOCOL will be implemented in all Johor Bahru health facilities and promoted during the September 2024 Family Medicine Specialist Conference, with plans to extend this study to educational settings.

## CONCLUSION

The willingness of HCW to care for PLHIV directly improves the quality of care and management thus improving their quality of their life. The number of key populations who comes for screening will also increase in KCSI if we are able to produce a safe, welcoming and conducive environment

## ACKNOWLEDGEMENT

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Gurung A.B., Sangchart B. Nurses knowledge, attitude and willingness to take care for HIV/AIDS patients in Bhutan. *KKU Research Journal*. 2008;8(3):53-64. Malaysia National Strategic Plan (NSPEA) for Ending AIDS 2016 – 2030