

Perceptions and Attitudes of Health Workers towards Patients Co-infected with HIV and Tuberculosis

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ABSTRACT Increase in the prevalence of HIV and co-infection with Tuberculosis (TB) is one of the major contributors to the increased burden of diseases in the South African health system. The health workers play a crucial role in providing a caring, non-discriminatory and quality health services to patients co-infected with HIV and TB. However, different behavioral patterns that often emanate from the health workers have direct influences on the health seeking behavior of the patients. The purpose of this study was to explore and describe by means of a qualitative approach the perceptions and attitudes of health workers regarding patients co-infected with HIV and TB. A purposive voluntary sampling method was used to select health workers caring for patients co-infected with HIV and TB in a primary health care context in two semi-urban areas in the North West Province in South Africa. Data was collected through semi-structured interviews and continued until enough health workers were interviewed for a rich description with little new knowledge generated on their perceptions and attitudes towards patients co-infected with HIV and TB. Data analysis was done by means of an open coding method. The health workers identified common behaviors displayed towards the patients, some that were negative and perceived as stigmatizing behaviors. Some of the behaviors referred to were impatience and caring for these patients only out of obligation. Positive behaviors such as advocating and feelings of empathy towards the patients were also reported. The study concluded that the perceptions and attitudes of the health workers towards the patients co-infected with HIV and TB plays a significant role in how these patients utilize the health services.

INTRODUCTION

The quadruple burden of diseases, namely HIV/AIDS and tuberculosis (TB), chronic diseases, pre-transitional conditions and injuries (Bradshaw et al. 2009) places a heavy burden on the delivery of desired primary health care services. Leadership and staff competence are also under pressure to meet the demanding realities including personal behaviour as a less-practiced skill (Tollman et al. 2008). HIV and tuberculosis both identified as worldwide epidemics, out of control and the leading infectious causes of illness and death (Maher 2010; Zwang et al. 2007; Lawn and Wood 2006), contribute significantly to the burden of diseases. Not only has the burden of HIV-associated tuberculosis reached levels in Southern Africa as never heard of before (Lawn et al. 2007), but has resulted in a changing disease pattern that presents health services as well as the health workers in the post-apartheid South Africa with a major challenge (Abdool Karim et al. 2009). An additional demand is placed on chronic care (Goudge et al. 2009) that focus on the need for patient-centered care, community involvement and

sustainability within a comprehensive primary health care system (Chopra et al. 2009).

Evidence showed that the challenges in HIV and tuberculosis control programs rely mostly on the health system and not really on the socio-economical or epidemiological context of the patients (Dye and Williams 2010). The health system rendering the mentioned programs in South Africa are subsequently faced with human resource challenges like the mal-distribution of staff and health personnel that are not well prepared to effectively deliver control programs for HIV and tuberculosis. The difficulties that patients face in accessing health services are calling for caring and supportive staff, effective patient-nurse interaction that provides the patient with the opportunity to ask questions, clarify uncertainties and express their fear and difficulties with regard to the burden of disease they carry (Goudge et al. 2009).

The role of the health workers is therefore crucial to ensure that quality health care is provided in a caring and non-discriminatory environment to the patient co-infected with HIV and Tuberculosis. Unfortunately, the opposite is evident and different

behavior patterns and attitudes often emanate from the health workers' influencing the way in which they perceive the patients they are suppose to care for. The reasons may differ and Zachariah et al. (2009) refer to various reasons, like critical shortage of health workers due to emigration of trained professionals, difficult working conditions, a high burden of disease, low working morale and motivation.

The objective of the study was to explore and describe the perceptions and attitudes of health workers towards the patient co-infected with TB and HIV in two semi-urban areas of the North West province in South Africa. This led to the development of recommendations for the health workers to effectively facilitate the utilization of the health services by patients co-infected by HIV and TB which was the overall purpose of the study. The significance of the perceptions held by the health workers and their displayed attitudes influence not only the quality of care they render, but also the health seeking behavior of the patients co-infected with HIV and TB.

METHODOLOGY

An explorative and descriptive design following a qualitative approach was used to explore and describe the perceptions and attitudes of health workers towards patients co-infected with HIV and TB. The context of this study was two semi-urban geographical areas in the North West Province of South Africa. The population for this study comprised of health workers who were involved in the care and treatment of patients co-infected with HIV and TB in the primary health care services. A purposive voluntary sampling method was used to select participants that complied with the set criteria, namely the health workers who are involved in caring for and treating the patients co-infected with TB and HIV in the primary health care clinics in two semi-urban areas from the North-West Province in South Africa. In order to explore the perceptions and the attitudes of the health workers the researchers used a semi-structured interview schedule as an instrument for data collection and field notes were taken during and after each interview. The sample size was determined by data saturation as the twenty health workers from both the selected areas unfold the truth through answering of the questions on their perceptions and attitudes towards patients co-infected with HIV and TB. A trial run was conducted before the actual data collection took place to test

and make necessary adjustments to the semi-structured questionnaire. In addition, it was to ensure that the content of the interview schedule was in line with the objective of the study and that the participants understood the questions as intended. The trial run was also intended to determine the interview skills of the researcher.

Data was captured on digital voice recorders and transcribed verbatim as twenty different interviews. Open coding method (De Vos et al. 2005) was used to analyze data resulting in main- and sub-themes through a clear and systematic way. Exploration and implementation of meaning was possible through interaction and discourse between the researcher and the independent co-coder to reach consensus on more than one theme that emerged to ensure that identified themes were a true reflection and represented the views of the participants.

RESULTS

Main themes were identified with regard to the two leading objectives in the study that is the *perceptions* of health workers regarding the patients co-infected with HIV and TB and the *attitude* of the health workers towards patient co-infected with HIV and TB.

With reference to the *perceptions* of health workers regarding the patients co-infected with HIV and TB Two themes were identified, namely perceptions concerning patients' behavior during consultation and perceptions concerning patients' adherence to treatment.

Perceptions Concerning Patients' Behavior during Consultation

The health workers indicated that patients who are co-infected with HIV and TB displayed behaviors that were unacceptable during consultation. These behaviors often resulted in conflict between the health worker and the patients which then lead to the patients feeling stigmatized. These behaviors were perceived as a display of harshness and stubbornness, manipulative conduct, difficult to work with and lack of self control because they take alcohol while still on treatment. The following quotes illustrate the above perceptions:

"They are stubborn...when you say something, they over react and get angry. They can be very rude",

"They are manipulative, if you speak softly they take you for granted and take advantage"

"They are very difficult to work with, most of the time they do not do as they are told, when you say don't drink alcohol while on treatment, they become rude".

Perceptions Concerning Patients' Adherence to Treatment

Participants indicated that patients co-infected with HIV and TB behave like children and do not take responsibility of their own illness thereby do not adhere to treatment. They were also perceived as being in denial of their illness hence being scared to come to the clinic to seek help. Other perceptions were that patients were impatient, distrustful towards the clinic and wanted the health workers to scold them. They also lacked continuity towards consultation thus poor adherence to treatment. These views were represented in the following narratives:

"They behave like kids especially when they feel healthy and they stop taking treatment"

"I become hopeless when I deal with somebody who is not willing to do anything for themselves. I cannot force a patient to take responsibility to drink his medication everyday".

"They feel scared and see it as a scandal to have these diseases. They say that in the clinic we are crazy and the results are not right".

With reference to the attitude of the health workers towards patients co-infected with HIV and TB, the health workers reported that they have different attitudes when they deal with the patients. Some of the attitudes were good and attracted the patients to attend the health services however some were negative and depicted lack of respect towards the patients.

Negative Attitudes

The health worker reported that they were sometimes impatient toward these patients and they addressed them harshly. One participant said *"I am an impatient person to be honest, I lose my temper when they do unacceptable things and I then leave them"* and another one said, *"There are other colleagues who are harsh when they speak, we are not the same. However, I use harsh words sometimes to make them understand what they have done is wrong"*. They also indicated that they assisted the patients out of obligation and not that they would have if they had a choice.

The following quotations confirm this reality, *"There are some health workers who do not agree with the policies regarding management of the patient co-infected with HIV and TB. Therefore those people will not go an extra mile for patients but will only do what they are obligated to do"*

Positive Attitudes

Health workers also reported positive attitude towards the patient co-infected with HIV and TB and these were seen as attitudes that assist in giving patient access to health care. The attitudes were displayed as use of persuasion skill to ensure that patients take their treatment. The health workers indicated that they use this skill through continuous follow up on patients. Some gives advocacy when needed, consider involvement of the family during care of patient and communicate with patient at their own level. The extract below from the participants' responses confirms the positive attitudes:

"I really do get angry when there are not supplement for them in the clinic and I fight because they all have the right to get healthy".

"You have to sit with them and persuade them that you want to help...that is why I am here, I want to help".

"Those that do not take responsibility, I trace them, make a follow up and talk to them about their problem".

DISCUSSION

The above results indicate that health workers formulate different perceptions about the patients co-infected with HIV and TB that have an influence on the attitudes that they then display towards the patients. A conclusion can be made that the relationship between the health workers and the patients co-infected with HIV and TB is often characterized by conflict. The health workers seem to perceive the patients with negativity and this is justified by how the patients themselves behave during consultation and throughout the process of care. They generally perceive them as harsh, stubborn, manipulative and difficult to work with. Literature supports these observations by health workers where in other parts of the world, the patients co-infected with HIV and TB are perceived to be aggressive towards health workers, hysterical and attention seekers and more difficult due to their multiple infections (Worthington and Myers 2003; PAHO 2003; Madru 2003). The perceptions

of the health workers have an influence on how they treat the patients and in this study it was mostly negative. This has implications on the increasing burden of diseases which could be detrimental as patients may stop accessing the health care, ending up with complications and repeating the circle of disease burden through spread of infection and hospitalization.

In addition, poor adherence to treatment by the patients created negative perceptions amongst health workers that can also have a negative impact on health care delivery. However an authoritative relationship with patients treated like children through scolding created a dependency circle where patients failed to take responsibility of their own well-being. This further created a situation where health workers decide not to care of the patients as they felt that each individual should take responsibility for their own role. The down side is that this can often lead to patients reacting negatively to the health system and thereby stop or delay much needed treatment for their diseases. Consequently, this replication effect will furthermore impact on the burden of diseases with a breakdown in the need for patient-centered care, continuity of care and community involvement which are all aspects needed to manage the reality that chronic care demands.

It was also interesting to note that although health workers agreed that they sometimes present with attitudes that are not acceptable and disrespectful towards the patients, they also believed that their attitudes towards the patients co-infected with HIV and TB was fair. However, they further acknowledged the fact that they do not always treat the patients well in spite of being provoked. Although they noticed that they are sometimes impatient and harsh while dealing with patients, they were defensive about this aspect and justified it as a way of getting the patients to cooperate and take responsibility for their own health. This kind of behavior can confuse patients and does not contribute to effective patient-nurse interaction that is necessary to motivate the patient to ask questions and clarify uncertainties.

In spite of the dominant negative behaviors indicated by the health workers, positive attitudes were also exposed that impacted on how the patients utilize the health services. The use of unconventional language like slang that the patients understood, enhanced relations and contributed positively to the crucial role of the health workers in the rendering of quality care.

Patients seem to have responded positively to this attitude as they felt at home hence they therefore used the services. It is therefore imperative to note that positive reinforcement is needed if health workers want to provide a caring and non-discriminating environment to ensure adherence to treatment by patients co-infected with HIV and TB. It is thus important for health workers to consider the challenges they are faced with in relation to the burden of disease that place a tremendous burden on the health services. They need to understand the context within which they function and take responsibility for their leadership role. They also need to take into cognisance the competencies needed such as the identification of possible positive behavioral enhancers and to use them to encourage the patients to access the health service profitably. This could reduce the burden of diseases as patients will take part and be involved in their disease, stay on treatment, resulting in reduction in the spread of infections and increase cure rates in the case of TB.

The health workers that are dealing with the patients out of obligation were often those with a low working morale and lack of motivation that lead to a lack of commitment. It can then be concluded that the health workers sometimes present with negative attitudes which might be dangerous to the health system and the envisaged quality care. It was therefore necessary to identify and gain better understanding of these attitudes to ensure that they do not affect service delivery and create circular trends with regards to increasing burden of diseases. Also the need to highlight, emphasize and appreciate positive attitude is important in the quest to reduce the burden of disease. Recommendations that can be made from the study refer to aspects like the training of the health workers to enhance their skill in the management of HIV and TB co-infected patients and the impact of unequal power relations, formation of support groups, involvement of infected and affected community members in the management of HIV and TB and the need to give health education to the patients on continuous bases.

CONCLUSION

In conclusion, understanding the perceptions and attitudes of health workers towards patients co-infected with HIV and TB is important as they have a direct or indirect impact on the increasing or decreasing burden of diseases. Failure to put

measures in place that could ensure that health workers are able to perceive patients positively in spite of identified problems and present with positive attitudes towards them will have a negative impact on the health system's aim to reduce the burden of diseases especially HIV and TB.

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