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HIV stigma Study among Healthcare Providers: A Quality Improvement Project

A Scholarly Project Presented to the Faculty of the

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Abstract

Background: Since the high incidence of HIV in the United State in 1981, HIV/AIDS stigmatization continues to play a leading source of discrimination against people living with HIV/AIDS (PLWHIVA) and have negatively impacted all aspects of their lives, such as obtaining life insurance, health care, employment, education, housing, and affect their relationships with their friends, their sexual partners, and their family members. Therefore, this group living with HIV/AIDS has dealt with rejection, depression, loneliness, loss of work, homelessness, denial of health insurance. HIV-related stigma is reported to be a major challenge for PLWHIVA to seek care or to continue care.

Purpose: The objective of this quality improvement project is to identify HIV related stigma among healthcare providers through an anonymous survey and to create an educative intervention to address the identified stigma and improve healthcare providers' attitude towards HIV.

Methods: A plan Do Act methodology was used to conduct this improvement project, where a literature review of previous studies related to the subject was done to find relevant tools of approaching HIV related stigma among healthcare providers and educative intervention to improve healthcare providers attitude towards PLWHIVA. An anonymous survey was made through Qualtrics using the Likert scale and open-ended questions to assess the providers' views regarding people living with HIV. Then a PowerPoint educative intervention was conducted through zoom followed by post survey with similar question to the pre survey.

Results: A two-tailed t-test for independent samples (equal variances assumed) showed that the difference between pretest and Posttest with respect to the dependent variable was not statistically significant, t (8) = -0.22, p = .833, 95% confidence interval [-24.82, 20.53].

Introduction

Human Immunodeficiency virus (HIV) came from a type of chimpanzees in Central Africa, and it is reported that it might have jumped from the chimpanzees to human when human hunted theses chimpanzees for their meat and came in contact with their infected blood in the late 1800s. Over decades, HIV has spread to Africa and later to other parts of the world. HIV is a leading concern in public health, affecting all ages, sexes, and races (Wilkins, 2020). HIV is generally transmitted via sexual intercourse, needles sharing, blood transfusion that is currently quasi-inexistent in the United States, or during labor or via human milk from an infected mother. There is two type of HIV: HIV-1 and HIV-2. HIV -1 is the most common in the United States. HIV-1 and HIV-2 are retroviruses and belong to the Retroviridae family, Lentivirus genus. Once infected with the Human Immunodeficiency Virus (HIV), the virus inters the person's T cells, replicate its single stranded RNA into a double stranded DNA, and multiply inside the cell host, begin to destroy the immune system, which is necessary for protecting the human system against infections. As HIV continues to multiply, it weakens one's immune system. The infected person might begin to develop symptoms describes as a flu like symptom such as a fever, swollen lymph nodes, fatigue, diarrhea, weight lost. After many years if not diagnosed or not in care, the disease might progress to AIDS (acquired immunodeficiency syndrome) characterized by opportunistic infections such as oral yeast infection, shingle, Kaposi sarcoma, pneumonia, and a suppressed immune system. In that stage a person's T cells, specially the CD4 (cluster of differentiation 4), declined to below 200 cells/ul and without proper care, the person might ultimately die (Wilkins, 2020).

Problem Statement/ Significance

The introduction of anti-retroviral has changed the HIV course dramatically by decreasing the mortality rate and by eradicating the occurrence of opportunistic infections. Additionally, in the past 10 years the system pharmaceutical worked diligently to come up with potent anti-retroviral drugs that are capable to suppress HIV viral load to a number insignificant, less than 20 copies. In this case, a person with a viral load of 20 copies or less is identified as undetectable. The Prevention Access Campaign (2016) established that a person who is undetectable has a zero chance to transmit the disease to his /her partner, Undetectable = Untransmissible (U=U). Moreover, the United Nations Joint Program of HIV/AIDS (UNAIDS) has established the goal of ending HIV epidemic. This goal includes that 95% of all persons living with HIV know their serology status, 95% are in care receiving treatment and 95 % of PLWHIA are undetectable by 2030 (UNAIDS, 2017).

Stigma and discrimination make people more susceptible to contract HIV (UNAIDS, 2017). Despite the fight of ending HIV, fifty thousand new HIV infections were reported yearly (Schafer et al., 2016). The CDC before the beginning of COVID 19 estimated in 2019 that 1,2 million individuals thirteen years old and over live with HIV in the United States, and about 158,500 (13%) had not been diagnosed (CDC, 2020). Likewise, in Palm Beach County, the Florida Health Charts reported for the same year 2019 that 7,822 persons were living with HIV and 246 were newly Diagnosed with HIV (Flhealthcharts, 2020). UNAIDS and the World Health Organization (WHO) reported that worry of facing discrimination and stigmatization are the main causes of people being unwilling to go get tested, disclose their HIV status and to start antiretroviral therapy (ART). Notwithstanding of evidence bases research reinforcing the concept

U=U, which believe to play an immense influence on people living with HIV/AIDS (PLWHIA) by regaining their confidence (Eisinger et al., 2019).

In the mid-1980, HIV was still not well known including its mode of transmission, which made people scared of those who were infected with HIV by fear of contagion (Than et al., 2019). This non-founded fear has developed stigma and discrimination against PLWHIA and currently is the most powerful dagger in HIV prevention and management. These stigma and discrimination surrounding HIV persists although the American with disabilities Act, HIPAA and State Anti-Discrimination Laws have provided some relief from discrimination, and some legal protection for the PLHIV, and the introduction of powerful antiretroviral therapy (ART) in 1996 which has proved to increase the quality of life and life expectancy with access to care (Than et al., 2019).

In addition, studies have reported that people who have experienced HIV stigma carry a higher HIV viral load (CDC, 2020), a poorer quality of life, experience more mental health issues and have more tendency to alcohol and drugs misuse (Sidibé, 2018). Nonetheless, people who experienced stigma have more difficulty to be adherent to their antiretroviral therapy (ART) and to keep their follow up care appointment (Sidibé, 2018). Likewise, some studies report that PLWHIV do not disclose their HIV status to their partners, their loves one by fear of being judged or rejected (Sidibé, 2018). The fact that PLWHIA are not compliant with care or treatment, makes them more vulnerable to spread the HIV and contribute to increase the incidence of HIV in the community (Tavakoli et al.2020).

Furthermore, the fact that someone refuses to go get an HIV test has two consequences, first, HIV will be diagnosed at later stage, in the other hand, it put more people at risk of getting infected with HIV. For example, it is reported that in the United Kingdom (UK) because of the stigma in 2005, 65 % of people were diagnosed with HIV at a later stage but this number has

decreased to 35 % in 2015 (WHO, 2011) which is still not acceptable when potent anti retrovirus therapy is available. Likewise, study showed that in Africa, some women are afraid to go get the PreP, a pill that would prevent them from getting HIV, for fear of being labeled with HIV, decided to not go to the clinic and chose to continue the behavior that put them more at risk for contracting HIV.

HIV stigma is drove by lack of knowledge of the basic modes of HIV transmission, non-founded fears of contagion, moral judgment and personal prejudice against the people living with HIV (CDC, 2020). The fear of being infected by HIV by just being in contact with someone living with HIV is enforced by other reasons. For instance, people believe that HIV/AIDS is associated with deaths since at the beginning of HIV, there was not effective antiretroviral to control the disease and most of the person infected end up dying with the virus. Furthermore, some people think that everyone infected with HIV deserved his or her punishment because of immorality practice such as sex for money, infidelity, homosexuality, and drug misuse (Sayles, et al. 2009).

Summary of the literature/Evidence related to the clinical question

To this project, a cumulative literature review was conducted in efforts to identify provider's stigma and discrimination related to HIV and identify educative intervention to improve providers' views in regard to PLWHV. The search included published and unpublished articles in English without any limitation to age, sex of the contestants and country. The databases searched were: PUBMED, CINAHL, Nursing and Allied Health Collection through the Florida International University (FIU) library . The unpublished studies search included: AIDSinfo, United Nations Joint Program on HIV/AIDS (UNAIDS) publications and Centers for Disease Control and Prevention (CDC) HIV publications. Keywords used to facilitate the search were "HIV stigma", "discrimination against HIV", HIV stigma amongst healthcare provider, PLWHIV,

providers negative feedback of, HIV, intervention to decrease HIV stigma were used. *The search provided about 19 articles.* Nine studies met the criteria for review. Out of the nine, 6 articles were reviewed based on the publication year. The articles were from 2016 to 2021 and 4 of them were systematic review, a meta-analysis article, and one essay of a nursing student who reports a systematic literature review to present the paper. The criteria of inclusion were the year of publication, articles or studies were selected in the last 5 years between 2016-2021.

All six articles have their main goal to decrease HIV stigma and discrimination and the main sources of discrimination found were: fear of contagion, lack of knowledge of what Stigma is and its outcomes. In addition, three out of the five studies reported a structural factor that contribute to discrimination, such factors include shortage of protective equipment (Dong, et al., 2018).

The first article, "*Measuring HIV-related stigma among healthcare providers: a systematic review. AIDS Care*"(Alexandra Marshall et al. 2017), main's goal was to decrease healthcare providers' stigma and discrimination, in this review the author after cumulative search end up with a summary of 5 articles but only one article was regarding healthcare ' providers' perceptive toward people living with HIV. This article was a systematic review with a level 1 of evidence. The sample size used was appropriate. Although the review was mainly focus on provider 's perspective against HIV, there was not enough data or scale available to assess provider stigma against HIV, the majority data assessed was from the patient 's perspective.

Considering the second article, "HIV-related stigma and discrimination amongst healthcare providers in Guangzhou, China" (Dong, et al., 2018). The aim of this article was to identify HIV stigma and discrimination amongst healthcare providers. This article was a Cross-sectional study. Participants were required to have worked at least for one year as a nurse, a doctor, or a laboratory

staff member working in a current healthcare facility and be capable to answer questions without help. The authors received the consent of all participants before the study. Amongst the 972 participants, 706 were females. The article identified some discrimination not mentioned in the other articles recruited. Such as "Refused to treat", "Forced detection", "Differential treatment", and "Disclosed information". The article reported healthcare workers' stigma and discrimination toward people living with HIV. However, this article was not only focus on healthcare providers' perspective.

Nonetheless, The third article "*Reducing HIV-related stigma and discrimination in healthcare settings: A systematic review of quantitative evidence* "and the fifth article "A realist systematic review of stigma reduction interventions for HIV prevention and care continuum outcomes among men who have sex with men" were also focus on identifying the HIV stigma and discrimination against PLWHIV however compared to the first two previous articles, the purpose was not limited to identify stigma and discrimination but also finding ways to fight against stigma and discrimination by identifying techniques implementation to end those barricades for ending the HIV/AIDS epidemic and ending the shame that comes with HIV.

Finally, the sixth article "*Significant association between perceived HIV related stigma and late presentation for HIV/AIDS care in low and middle-income countries: A systematic review and meta-analysis"* which purpose was to assess the most evidence associate between HIV related stigmas and time to present to HIV/AIDS care. This meta-analysis revealed that HIV related stigma played an important role on people living with HIV presenting to care at a later phase of their disease.

Table 1. Measures of HIV stigma in healthcare providers

Author(s)	Purpose	Methodology Research Design	Intervention(s)/ Measures	Sampling/ Setting	Perspective	Primary Results	Relevant Conclusions
Alexandra Marshall et al. (2017)	To identify tools to quantitatively appraise stigma against people living with HIV/AIDS amongst health providers.	Systematic literature review level 1 of evidence	The authors used a literature review using a meta analysis (PRISMA), using the MESH strategy to find relevant study reviews to identify measurement tool to address stigma against people living with HIV) by providers. 975 articles assess and after exclusion only five (5) were relevant to their inclusion criteria.	The review included all quantitative studies that HIV stigma studies was the primary outcome The review assess assessed, perceived or experienced HIV stigma among providers. The participants where all living with HIV and were Both sex (Female and male) Sample size: was representative. The review consisted of five (5) studies and were between 60 and 2466 persons	Among these 5 articles chosen for the review, one evaluate the providers' perceptive toward people living with HIV and the other 4 articles were mostly related to the patient's perceptive of stigma experienced from their providers (Stringer et al., 2016),	Although the review was mainly focus on provider 's perspective against HIV, there was not enough data or scale available to assess provider stigma against HIV, the majority data assessed was from the patent perspective	Recommendation to assess appropriate tools scale to evaluate providers 'stigma against people living with HIV. -Enhanced assessment of HIV stigma among providers will allow a better understanding of the health outcome related to stigma and influence the patient –provider relationship and patient quality of life.
Dong et al. (2018) Geses ew , et al.(2017)	Explore the incidence of factor which are causes of discrimination against people living with HIV/AIDS between healthcare providers in Guangzhou, China. Assess relevant evidence associate between HIV related stigmas and presentation to HIV/AIDS care	Cross-sectional study piloted between July and October 2016, Meta- analysis was done by Revman-5 software. chi-square tests were used to measure heterogeneity. Research results were expressed as pooled odds ratio with 95% confidence intervals and corresponding value. and chi-square test were used to assess heterogeneity. Summary statistics were expressed as pooled odds ratio with 95% confidence intervals and corresponding p-value. Meta analysis	The study explored 9 health facilities which included 972 healthcare workers 706 females, representing 72.6% of the sample Quantitative researches conducted in English language between 2002 and 2016 that appraised the link between HIV related stigma and late presentation for HIV care across four major databases.	Participants worked at least 12 months at the current health facility considered. And all participants were nurse, medical doctor, and lab technician. informed consent obtained and study received approval of The Ethical Committee of the Guangzhou Centers for Disease Control/Prevention.; 972 were Ten studies from low- and middle- income countries met the search criteria, including six (6) and four (4) case control studies and cross-sectional studies respectively. The total sample size in the included studies was 3,788 participants	HIV-related discrimination was also common in the healthcare providers of Guangzhou, the article conclude that such fact might be related to lack of knowledge and personal's perceptive as well as the hospital management system and government policy. Only half of this meta analysis showed a late presentation to care related to HIV stigma	The study conclude that fear of occupational exposure was a key factor in the occurrence of discrimination in the medical field Their conclusions shown that HIV-related discrimination common in healthcare providers of Guangzhou, by Refusing to treat PLWHIV", "Forced detection", "Differential treatment", and "Disclosed information that should not have to", and also, the hospital attitude approaches creating a milieu for discrimination by lacking essential material Based on the results even though this meta -Analysis does not reflect 100 % o f late entry to care is associated to HIV related stigma, the results found is large enough to	Comprehensive HIV- knowledge training should be implemented to change the providers' view and attitude against people living with HIV. Importance for policy maker to address policies that cover and protect the rights of healthcare providers should refine the current regulations and guidelines. The hospital rank should be eliminated to allow everyone to have access, and every sick patient should have the same right to appropriate and efficient care to make sure that people living with HIV get appropriate and efficient assistance and therapy

Author(s)	Purpose	Methodology Research Design	Intervention(s)/ Measures	Sampling/ Setting	Perspective	Primary Results	Relevant Conclusions
Feyissa et al. (2019)	Locate, evaluate and explore results of studies done on measurement tools to decrease HIV-related stigma and discrimination amongst health care providers in healthcare facilities. And identify lack of knowledge of healthcare workers and pinpoint institutional aspects Backing up stigma and discrimination	This study is a Systematic literature review with a level 1 of evidence This systematic the review was conducted in accordance with the Joanna Briggs Institute methodology for systematic reviews of effectiveness evidence and an *a-priori* protocol registered in PROSPERO 2017	They used a Collective Index to Nursing and Allied Health (CINAHL), Excerpta Medica Database from Elsevier (EMBASE), PubMed and Psychological Information (PsycINFO) database. To conduct this review, the authors used a PRISMA reporting guidelines for systematic reviews	The study was evaluated and assess by two peers to judge the quality of the papers using appraisal instruments from the Joanna Briggs Institute (JBI).	Fear was also the source of stigma and discrimination	The final end to this review was to repetitively implement education section, posting or flyer to remind staff of true Evidence of HIV infection and different mode of transmission	-General population Education on HIV, ' _Mode of transmission, _school seminary about HIV _ Educative flyer and but to inform people importance for healthcare industry to provide supply in a mater of time.
Skundric (2016)	The study analyzed 6 research studies with the purpose to identify different type of stigma and discrimination toward people living with HIV in the healthcare system by healthcare providers	Focus group methodology Where the author review some previous qualitative studies to direct her essay on medical staff behavior and attitude toward PLWHIV/AIDS	This article discusses the experiences of a student nurse involved in the care of HIV-positive individuals within a specialist area compared to a non-specialist area. A literature review examines the relationships between HIV-related stigma experiences and depression, low ART adherence and multiple HIV-related health issues.	Lack of healthcare professionals' knowledge of transmission and encountering fear of contagion Association of HIV with immoral or improper behavior Internalized stigma Violation of rights Structural stigma		All 6 studies considered reported healthcare discrimination and stigmas toward PLWHIV	The findings confirm that HIV-related stigma in healthcare is largely caused by lack of knowledge regarding methods of transmission and the need for education to address the issue.
Dunbar (2020)	Conducted to highlight the mechanisms through which sexual and HIV stigma is reduced in relation to HIV prevention and care engagement.	Systematic review Level 1 evidence		Personal fear –Religious belief Perception of HIV being a sin and people living with HIV deserved to be punished	The study Concluded that to fight stigma and discrimination. One's should apply: Self-acceptance And leadership, socialization, knowledge Haring, and social empowerment.		Policy that encourage Community introspection, which intervene on both anticipated and enacted stigma

Purpose/ PICO Clinical Questions/Objectives

Despite an overall pledge t ending HIV infections and guaranteeing that everybody has access to care and receiving treatment, a large number of patients living with HIV are still not aware of their sero-status, or not in HIV care, or even though some persons knew about their sero status, they were not compliant with their treatment or their follow up visit. (UNAIDS, 2017). Stigma and discrimination are reported to play a major role in this matter. Many research studies reported that PLWHIA reports stigmatization and discrimination from their love one, at work and even more at their healthcare facilities.

The primary goal of this project is to identify stigma and discrimination amongst Health care providers towards people living with HIV/Aids (PLWHIA), and conduct an educative intervention to improve healthcare providers' attitude regarding PLWHIVA and provide evidence based outcomes to justify that where stigma and discrimination are absent or minimal, people living with HIV/AIDS are more prone to disclose their sero-status, to discuss challenges and are more involved in their care (Sidibé, 2018). Consequently PLWHIA are found to be more compliant to their care and treatment. It is also reported that PLWHIA are better controlled and undetectable, more mentally stable and have a more steady life. Since PLWHIA are less afraid to discuss and disclose their sero status to their partners, the incidence rate of HIV is predicted to decrease (Sidibé, 2018).

PICO Project Title: Identify stigmas/ discrimination related to HIV among healthcare provider, and educative intervention targeting the identify stigma, a quality improvement project in Palm Beach

PICO Question: Would an educational intervention improve providers' views concerning people living with HIV (PLHIV) over a period of 3 days?

Population: Healthcare providers

Intervention: Performing an educational intervention for providers to decrease stigmatization toward people living with HIV/AIDS within a 3 days period.

Comparison: Pre-post test

Outcome: Improve healthcare providers' attitude towards PLWHIVA in Palm Beach Florida

*S*pecific: Identify HIV related stigma and discrimination against people living with HIV/AIDS at the Delray Clinic, conduct an educative presentation for 10-15 minutes addressing the identified stigma with the objective to stop any HIV related stigma, consequently prevent new infection in the community and in South Florida.

*M*easurable

Compare healthcare providers attitude/view toward people living with HIV after conducting an anonymous pre and post survey, and educative intervention addressing providers attitudes towards HIV/AIDs patients.

Attainable/Achievable: Conduct an anonymous pre-questionnaire designed to assess knowledge, attitudes of healthcare providers towards HIV/AIDS among the healthcare providers at the Delray Health Center to identify HIV stigma, then address those stigma by providing evidence-based educative intervention session and finally provide a post anonymous implementation survey.

Relevant: The more knowledgeable is a healthcare provider on HIV the better is the preparedness in caring for people living with HIV/AIDS (Dong, et al., 2018). Health providers are expected to deliver care and reliable information on HIV/AIDS to patients and their families, as well as to the general public (Dong, et al., 2018). Healthcare provider is a professionally educated caregiver such as physician, Advanced Nurse Practitioner, Registered Nurse and laboratory staff technician, working at the Delray Health Center Annex providing care to HIV/AIDS clients. It is imperative that healthcare providers have reliable and correct knowledge of the HIV disease (Dong, et al., 2018). Acquire appropriate knowledge concerning HIV /AIDS reduce stigma related to HIV and consequently eliminate any form of discrimination toward people living with HIV for optimal health care delivery. Several studies have shown that the knowledge

and beliefs of health care providers about HIV and AIDS are commonly erroneous and their attitudes toward HIV are frequently negative (Lo, et al., 2021)

Time: 3 days period intervention

Definition of Terms

Stigma: according *to APA Dictionary of* psychology, Stigma is defined as a negative social attitude associated to a feature of a person that may be considered as a physical, social, or mental deficiency. A stigma infers societal disapprobation and can lead dishonorably to discrimination against and rejection of an individual or a group of persons. CDC defines HIV stigma as a hostile attitudes and beliefs concerning people with HIV. It is the preconception that occurs with stamping an individual as part of a group that is considered to be socially improper for example as previously said, supposing that only certain groups of people can get HIV and feeling that people deserve to have HIV because of their sexual choices (CDC, 2020).

Discrimination: Is the use of unfairly treating an individual or group of persons differently from other individuals or groups of persons. Whereas stigma indicates belief or attitude, discrimination is the comportments that result from those mindsets or opinions. HIV discrimination is the act of treating people living with HIV differently than those without HIV (CDC, 2021)

HIV Viral load: Is the amount of HIV measure in a volume of blood. The RT-PCR (real-time polymerase chain reaction) mostly used nowadays, can detect a few HIV copies in the blood as 20 copies of HIV RNA in a milliliter of blood (CDC, 2020). Having a HIV viral load less than 20 called an undetectable viral load is the goal for everyone affected with HIV and for all providers that are treating PLWHIA. The higher is the viral load, the higher is the probability to infect someone else with HIV. When someone takes his/her ART accurately, the person decreases the risk of passing on HIV to someone else, and decreases his/her mortality rate by staying healthy (CDC, 2020).

CD4 cells: Also known as T cells, are white blood cells that fight infection and has an important role in one's immune system.

Incidence: Incidence refers to the amount of new cases of a disease in a population over a given period of time.

Healthcare provider: is a professionally educated caregiver such as physician, Advanced Nurse Practitioner, Registered Nurse Nutritionist, pharmacist, laboratory staff technician providing care to HIV/AIDS clients.

Methodology

The Plan-Do-Study-Act (PDSA) methodology model is used to guide the realization of this project. The PDSA framework is an efficient tool that help to create, to assess, and to implement a quality improvement project to a smaller sample scale before applying the framework to a larger sample scale (Spath & Kelly, 2017). After careful literature review of systematic studies, meta- analysis studies and some non-published articles pertinent to the research question, we conducted a prospective research to assess providers' stigma and discrimination against PLWHIVA at one clinic in Delray, Palm Beach County.

The clinic is a branch of large nonprofit organization providing care to over one million people in 45 countries. The Clinic has approximately 10 employees. With the objective to observe the anonymous aspect of the QI project, the online survey was sent to all healthcare providers of the company in Palm Beach Country.

The criteria for inclusion were healthcare providers delivering direct or indirect care to people living with HIV/AIDS. The health providers included: physicians (MD, DO), Advanced Nurse practitioner (APRN), Registered nurses (RN), and LPN. The survey took about 5 minutes to complete, and included 14 main questions with several sub-question; involving the socio-demographic aspect of the participants

(age, sex, and highest level of education), numerous questions related to HIV stigma within healthcare providers and question of anxiety of getting infected accidentally with HIV. A link to the survey was sent via email to the medical director of the Center. An APRN at the Delray health Center assisted in survey distribution by forwarding the survey link to the emails of all their healthcare providers at Palm Beach Country. Participants were sent a friendly reminder email about two weeks later. The survey was sent to approximately 35 employees. Pre-surveys were completed during the period of May 18 through July 21, 2022.

Setting/ Sample & Sample Size/ Exclusion/Inclusion Criteria

The QI project was done at a specialized HIV healthcare clinic in Delray, Palm Beach country. The participants target were healthcare providers who delivered care directly or indirectly to PLWHIVA, including: Physician (MD, DO), Advance Practice Nurse (APRN), Registered Nurse (RN), and LPN. The Institutional Review Board of the Florida International University (FIU) approved the study and the Clinic administration Center and the medical director approved the QI project provided a support letter for the realization of this QI project. A verbal informed consent was presented prior the beginning of the QIP to ensure ethical values and reduce the probability of intimidation or redundant influence (Manti & Licari, 2018). The principal outcome in this QI is a scale of providers 's stigma regarding people living with HIV." The scale involves of six statements scored using a four-point Likert scale (0= strongly agree, 1=agree, 2=disagree, or 3=strongly disagree). 32 participants completed the pre-surveys, and 4 (12.5 %) had omitted data on the main element measure, the stigmatizing attitudes scale, and were therefore excluded from analysis, living a total of 28 participants.

Procedures and Measures

With the assistance of the medical director of the clinic Center, a link was forwarded as beforehand stated to 30 employees 'email through the Qualtrics survey system. No names or identifiers were included in the survey to protect privacy. Following a short introduction of the QI project, an informational consent was given. The participants were invited to participate to the take survey; those who consent take a pre-survey. After the pre-survey, an educational intervention delivered through a PowerPoint presentation through Zoom. We had 4 zoom presentations to accommodate the availability of all providers who liked to attend. The Zoom educational presentation lasted 30 minutes. After the presentation, another link for the post survey was forwarded to all the previous 35 participants through an anonymous link to the Qualtrics system. The post-test concluded the presentation (Moran et al, 2020). The data collected were analyzed/ compared and evaluated with previous findings and based on QIP create policies to combat any HIV related stigma in Palm Beach Florida for a much better client satisfaction.

Results

The principal outcome in this QI is a scale of providers 's stigma regarding people living with HIV." The QI project included 28 participants with an average age of 47 ± 10.92(SD) year old, 57.17 % were women, and 76 % of the participants attended college or University (ref to table 1), the survey included 14 main questions, mostly focus on Providers 'point of view regarding people living with HIV, among those questions. n=6(26.09 %) of participants worried of contracting HIV when doing procedure such as C. section, Colposcopy, LEEP (loop electrosurgical procedure). n= 8(40.00%) worried of accidentally infected with HIV when drawing blood for PLWHIV. n= 12 (54.55%) worried to get HIV when doing an IUD insertion (intra uterine device), implant insertion (Nexplanon) or doing a pap smear

for a PLWHIVA providing services to people living with HIV, and finally n=6 (28.57%) worried of getting HIV when dressing the wounds of a patient living with HIV /AIDS (table. 2)

For the questions related to the participants opinions(table #3) about people living with HIV/AIDS, n=5 (18.52%) strongly agreed that most people living with HIV AIDS have had many sexual partners, n=3(11.11%) strongly agreed that people get infected with HIV because they engaged in irresponsible behavior, and n= 3 (11.11%) agreed with the statements that most people living with HIV do not care if they infect others, n=2(7.41%) strongly agreed that HIV is a punishment for bad behavior, and finally n=2 (7.69%) strongly agreed that people living with HIV should be ashamed of themselves. n=2(6.90%) strongly disagreed with the statement that people with HIV/AIDS should allow to have children if the wish to. Finally, about 7% of the participants n=2(7.14%) strongly agreed that if had a choice would not provide care to men having sex with men (MSN). (Table .5)

Descriptor	Group (n=29)
Gender Male Female Prefer not to say **Mean Age**	 11 (37.93%) 16 (57.17%) 2 (4.09%) 47 years old ± 10.92 (SD)
Highest level of education Bachelor's degree Graduate or professional degree (MA,MS,MBA,PhD,JD,MD,DDS) etc.)	 3(10.34%) 22(75.86%)
Prefer not to say	4(13.79%)

Table 1: Demographic characteristics of participants (n=28)

Question	Worried	Not worried	n
Level of worry when conducting the following activities: C section delivery/ colposcopy,LEEP(loop electrosurgical procedure)	6 (26.09%)	17 (73.91%)	23
Draw blood from a patient living with HIV	8 (40.00%)	12 (60.00%)	20
Doing procedures insertion of IUD, Implant insertion, for a patient living with HIV	12 (54.55%)	10 (45.45%)	22
Dressed the wounds of a patient living with HIV	6 (28.57%)	15 (71.43 %)	21

Table 2: worry of getting infected accidentally with HIV (n=28)

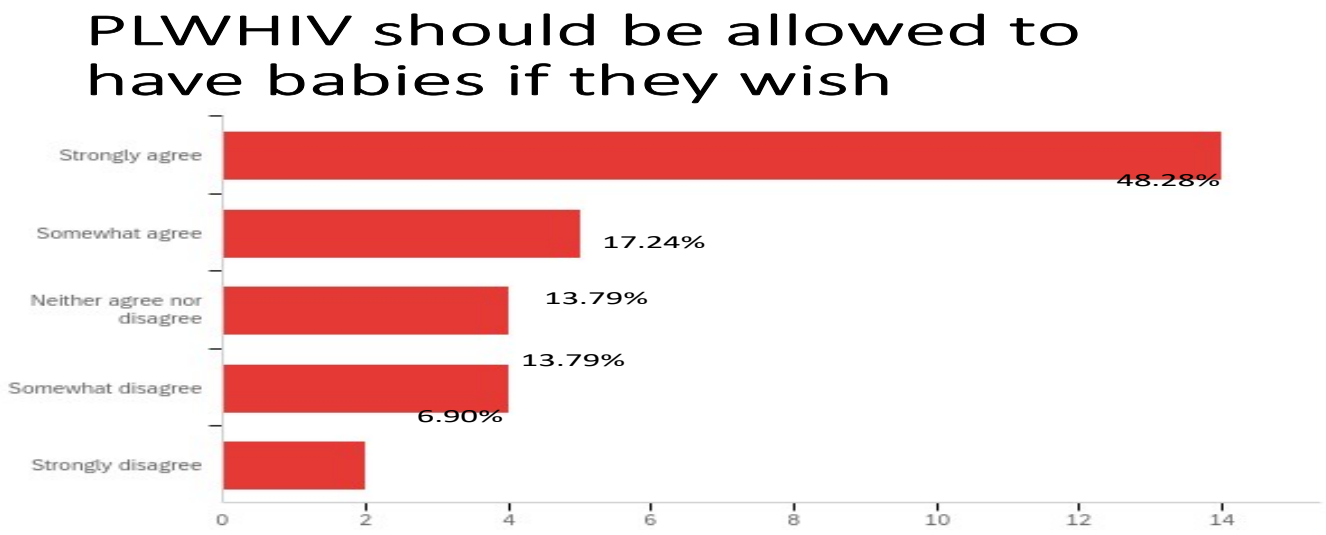

Table 3: Opinions of participant about PLWHIVA (n=28)

Questions	Strongly agree	Somewhat disagree	Somewhat agree	Neither agree nor disagree	Strongly disagree	n
Most people living with HIV have had many sexual partners	5 (18.52%)	5 (18.52%)	3 (11.11%)	9 (33.33%)	5 (18.52%)	27
People get infected with HIV because they engage in irresponsible behaviors	3 (11.11%)	6 (22.22%)	3 (11.11%)	9 (33.33%)	6 (22.22%)	27
HIV is a punishment for bad behavior	2 (7.41%)	0 (0.00%)	2 (7.41%)	1 (3.70%)	22(81.48%)	27
Most people living with HIV do not care if they infect others	3 (11.11%)	4 (14.81%)	7 (25.93%)	6 (22.22%)	7 (25.93%)	27
People living with HIV should feel ashamed of themselves	2 (7.69%)	0 (0.00%)	2 (7.69%)	1 (3.85%)	21(80.77%)	27

Opinion about people living with HIV/AIDS

Table 4: Opinions of participant about PLWHIVA (n=28)

#	Answer	%	Count
1	Strongly agree	7.14%	2
2	Somewhat agree	0.00%	0
3	Neither agree nor disagree	28.57%	8
4	Somewhat disagree	14.29%	4
5	Strongly disagree	50.00%	14
	Total	100%	28

Table 5:If had a choice would not provide care to MSM (n=28)

Discussion

The level of worry when conducting pap smear, colposcopy, LEEP and C-section for patient with HIV dropped from n= 6 (26. 09 %) in the pre test to n= 2 (8.33 %) in post test, and from n =8 (40%) to n=2 (21.7 % when doing insertion of IUD, Implant insertion in patient living with HIV. Participants' opinion: people living with HIV have had many sexual partners n=5 (18.52 %), posttest n=1 (3.45%). People get

infected with HIV because they engage in irresponsible behaviors n=3 (11.11%) posttest n=2 (7.14%) strongly agreed people living with HIV do not care if they infect others n=3 (11.11%) dropped to n=2 (7.14 %).

People get infected with HIV because they engage in irresponsible behaviors n=3 (11.11%) post test n=2 (7.14%) n = 4 (14.29%) pre test to n= 2 (7.14 %) in post test strongly disagreed that PLWHIV should have kids if they wish. However, The number of participant agreed with the statement that HIV is a punishment for bad behavior has not changed n=2 (7.41 %) in pre and the post test

People living with HIV should feel ashamed of themselves n=2 (7.69%) similar to post test. A two-tailed t-test for independent samples (equal variances assumed) showed that the difference between pre test and Post test with respect to the dependent variable was not statistically significant, $t(8) = -0.22$, $p = .833$, 95% confidence interval [-24.82, 20.53].

Misconceptions about HIV transmission represent a major barrier for fighting HIV/AIDS widespread and HIV/AIDS-related stigma. The majority of study done was focused on the perception of PLWHIA as stigmatized. Few studies were focused on healthcare workers and did not include per se healthcare providers such as physician, advanced nurse practitioner, RN, LPN who were involved directly in the care of PLWHIA. Furthermore a few studies set up their purpose to assess and evaluate HIV related stigma and discrimination and do not propose or create prevention measurement to fight the stigma stigma/discrimination assessed in the community or in sector studied. In addition, few recent studies done recently proposed HIV awareness, education in all sector to fight HIV related stigma and consequently aid in reducing HIV incidence in the community. The QI project included a small group and was not really representative of the healthcare providers providing care to HIV in Palm Beach. Furthermore, the entire participants were already taking care of people living with HIV that might play an important tool for the non study not being statistically not significant.

Limitations

This QI project has its limitation, first, the clinic where the QI was conducted is a specialized clinic taking care of people living with HIV and has existed for more than 20 years which could be considered as a bias for our QI project, and the reason of this project not being statistically representative of HIV stigma among providers not identified. For future project it would be beneficial to extend the study to other specialties such as general medicine, dentistry, dermatology. Among the 35 participants only 28 completed the surveys (n= 28), which is considered a small sample size and not representative of all healthcare providers in Palm Beach County. Secondly, we did not mentioned the race of the participants, which might be important to mention, since the survey was conducted in Palm Beach Florida, where the clinic provides care to a lot of immigrants and specially when creating survey addressing disparities among populations who have experienced ongoing marginalization for example African Americans, Hispanics/Latinos, who reside in the United State. In addition, it is important to recognize the effects of racism in the area and in what way this element can influence their risk for HIV and utilization of HIV prevention (PreP), treatment, and care services. Furthermore, we omitted the religion affiliations which might give more understanding on some answers obtained which stayed unchanged in pretest and posttest such as; providing care to male having sex with male n+ 2 (7.14%), people living with HIV/AIDS might feel ashamed of themselves, and HIV is considered a punishment of bad behavior.

Implications for Nursing Practice

Wherever HIV/AIDS has been beaten, it is through openness, trust, dialogue between individuals and communities, human solidarity, family support and human perseverance to find new paths and solutions (Sidibé, 2018). Talking openly about HIV can help becoming familiar with the disease first by creating educational engagement related to HIV in the community, on transmission modes, update on

potent antiretroviral drugs and their benefits, in the other hands, posting positive and real fact on social media to fight prejudice and stigma (Tavakoli et al.2020).

Correct stigmas as soon as it appeared or mentioned to avoid spreading negative conception or pre-consumed ideas related HIV/AIDS. Finally, organize annual conferences educative for the nurses. Start to introduce sexual health education in high School and at higher educational level to inform the youth about HIV and how they can be in power to prevent infection (Tavakoli et al.2020) and mainly.

Conclusion

Our study statistically was not significant; however, several studies have shown that the knowledge and beliefs of healthcare providers about HIV and AIDS are commonly erroneous and their attitudes toward HIV are frequently negative (Lo Hoget al., 2021). Addressing and understanding healthcare providers' stigma will possibly have an impact on HIV engagement and care by permitting patients to feel more supported during their lifetime of HIV-related medical interactions. Better understanding of the ways in which healthcare provider stigma may influence HIV care can inform prevention interventions and polices in various healthcare settings. HIV awareness, community education, Staff and patient education are primordial to contain HIV infection.

Comprehensive HIV- knowledge training should be implemented to change the providers' view and attitude against people living with HIV. The more knowledgeable is a healthcare provider on HIV the better is the preparedness in caring for people living with HIV/AIDS (Dong, et al., 2018). Health providers are expected to deliver care and reliable information on HIV/AIDS to patients and their families, as well as to the general public (Dong, et al., 2018). It is imperative that healthcare providers have reliable and correct knowledge of the HIV disease (Dong, et al., 2018). Acquire appropriate knowledge concerning HIV /AIDS reduce stigma related to HIV and consequently eliminate any form of discrimination toward people living with HIV for optimal health care delivery.

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Appendix

A. Recruitment materials

Pre and post survey

FIU FLORIDA INTERNATIONAL UNIVERSITY

All responses will be kept confidential and anonymous.
We value your input.

1- **Worry related to contracting HIV when caring or providing services to people living with HIV.**

Level of worry when conducting the following activities

Worried	Not worried	Not applicable

Took the temperature of a patient living with HIV.

Worried	Not worried	Not applicable

Touched the clothing of a patient living with HIV

Worried	Not worried	Not applicable

Dressed the wounds of a patient living with HIV

Worried	Not worried	Not applicable

2- Do you strongly agree, agree, disagree, or strongly disagree with the following statements?
My health facility has policies to protect HIV positive patients from discrimination.

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

I will get in trouble at work if I do not follow the policies to protect patients living with HIV.

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

Since I have been working at my institution, I have been trained in protecting the confidentiality of patients' HIV status

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

I would never test a patient for HIV without the patient's informed consent

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

There are adequate supplies (e.g., gloves) in my health facility that reduce my risk of becoming infected with HIV.

Strongly agree	Agree	disagree	Strongly disagree	Do not know

There are standardized procedures/protocols in my health facility that reduce my risk of becoming infected with HIV

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

My health facility has policies to protect patients living with HIV from discrimination

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

3-Opinions about people living with HIV

Level of agreement with the following statements

HIV is a punishment for bad behavior

Most people living with HIV do not care if they infect others

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

People living with HIV should feel ashamed of themselves

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

Most people living with HIV have had many sexual partners

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

People get infected with HIV because they engage in irresponsible behaviors

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

People living with HIV should be allowed to have babies if they wish

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

If I had a choice, I would prefer not to provide services to people who inject illegal drugs

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

If I had a choice, I would prefer not to provide services to men who have sex with men

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

I would be ashamed if someone in my family were infected with HIV

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

3- I think that

People living with HIV could have avoided HIV if they had wanted to

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

HIV is a punishment for bad behavior

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

Most people living with HIV do not care if they infect other people

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

People living with HIV should feel ashamed of themselves

Strongly agree	Agree	Disagree	Strongly disagree	Do not know

Most people living with HIV have had many sexual partners

Strongly agree	**Agree**	**Disagree**	**Strongly disagree**	**Do not know**

People get infected with HIV because they engage in irresponsible behaviors

Strongly agree	**Agree**	**Disagree**	**Strongly disagree**	**Do not know**

4- How hesitant are you to work alongside a co-worker living with HIV regardless of their duties?

Hesitant	Not hesitant	**Neutral**

5- in your opinion, how hesitant are you to take an HIV test due to fear of other people's reaction if the test result is positive?

Hesitant	Not hesitant	**Neutral**

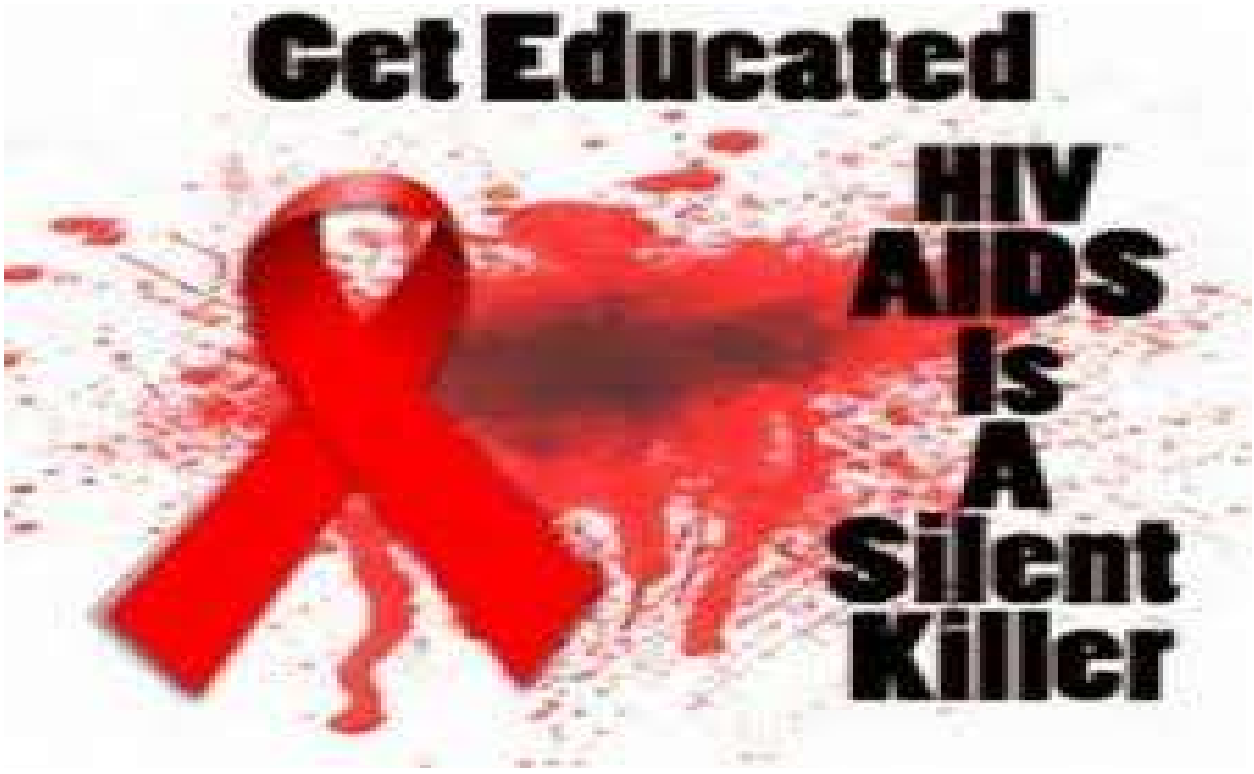
Thank you. Answering those questions to your best will help improving care to patient living with HIV/AIDS and consequently contain the HIV infection in South Florida.

Appendix B: Recruitment material

Let Take Action to Keep and Bring Patient to Care ASP

Educational In Service Dates: TBA

For Healthcare Provider at Delray Clinic



For any further info contact Marie Eronne Jean Charles at 954-6571877

Appendix C: IRB approval

FLORIDA INTERNATIONAL UNIVERSITY

Office of Research Integrity
Research Compliance, MARC 414

MEMORANDUM

To: Dr. Derrick Glymph
CC: Marie Eronne Jean Charles

From: Maria Melendez-Vargas, MIBA, IRB Coordinator

Date: April 27, 2022

Protocol Title: "An Educational module used to decrease stigma toward people living with HIV/AIDS among healthcare providers: A Quality Improvement Project"

The Florida International University Office of Research Integrity has reviewed your research study for the use of human subjects and deemed it Exempt via the **Exempt Review** process.

IRB Protocol Exemption #: IRB-22-0174 **IRB Exemption Date:** 04/27/22
TOPAZ Reference #: 111596

As a requirement of IRB Exemption you are required to:

1) Submit an IRB Exempt Amendment Form for all proposed additions or changes in the procedures involving human subjects. All additions and changes must be reviewed and approved prior to implementation.
2) Promptly submit an IRB Exempt Event Report Form for every serious or unusual or unanticipated adverse event, problems with the rights or welfare of the human subjects, and/or deviations from the approved protocol.
3) Submit an IRB Exempt Project Completion Report Form when the study is finished or discontinued.

Special Conditions: N/A

For further information, you may visit the IRB website at http://research.fiu.edu/irb.

MMV/em

Appendix D: Center approval letter

Lake Ida Medical Center, INC.

200 Congress Park Dr. Suite 210
Delray Beach, Fl 33445
Phone (561) 279-0991
Fax (561) 279-0539

Date: 4/11/2022
Derrick C. Glymph, DNAP, CRNA, APRN, COL., USAR, FAANA, FAAN
Enrollment and Global Initiatives Coordinator
Clinical Associate Professor, Graduate Nursing Department
Nicole Wertheim College of Nursing & Health Sciences
Florida International University

Dear Dr. Glymph

Thank you for inviting Lake Ida Medical Center to participate in the DNP Project of Marie Eronne Jean Charles I understand that this student will be conducting this project as part of the requirements for the Doctor of Nursing Practice program at Florida International University (FIU). After reviewing the project's proposal titled "An Educational module used to decrease stigma toward people living with HIV/AIDS among healthcare providers: A Quality Improvement Project" I have warranted her permission to conduct the project in this facility.

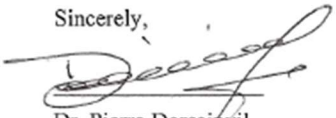
We understand that the project will be developed in our setting and will occur in one session, and probably be implemented afterward. We are also aware of our staff participation in supporting the student to complete this project, including grant the student access to the facilities, give consent, deliver the pre-test questionnaire, provide the educational intervention and the posttest questionnaire to the recruited participants. We will provide a peaceful and safe environment to safeguard our participants' privacy and adequate area to conduct the educational activity.

This project intends to evaluate if a structured educational program targeting healthcare providers will increase provider perceptions of HIV infection in primary care. The Florida International University Institutional Review Board will evaluate and approve the procedures to conduct the project. Evidence suggests that the knowledge and beliefs of health care providers about HIV and AIDS are commonly erroneous and their attitudes toward HIV are frequently negative. It is imperative that healthcare providers have reliable and correct knowledge of the HIV disease (Dong, et al., 2018). Acquire appropriate knowledge concerning HIV /AIDS reduce stigma related to HIV and consequently eliminate any form of discrimination toward people living with HIV for optimal health care delivery and better patient outcomes.

The educational intervention will be done via Microsoft Teams and will last 30 minutes. The student will provide the educational materials to each participant. Any data collected by Marie E Jean Charles will be kept confidential and stored in a password-protected computer.

We expect that Marie E Jean Charles will not interfere with the normal office performance. Furthermore, Mrs. Jean Charles will behave professionally and follow the office standards of care. As the Medical Director of Lake Ida Medical Center, I support our healthcare providers participation in this project and look forward to work with you.

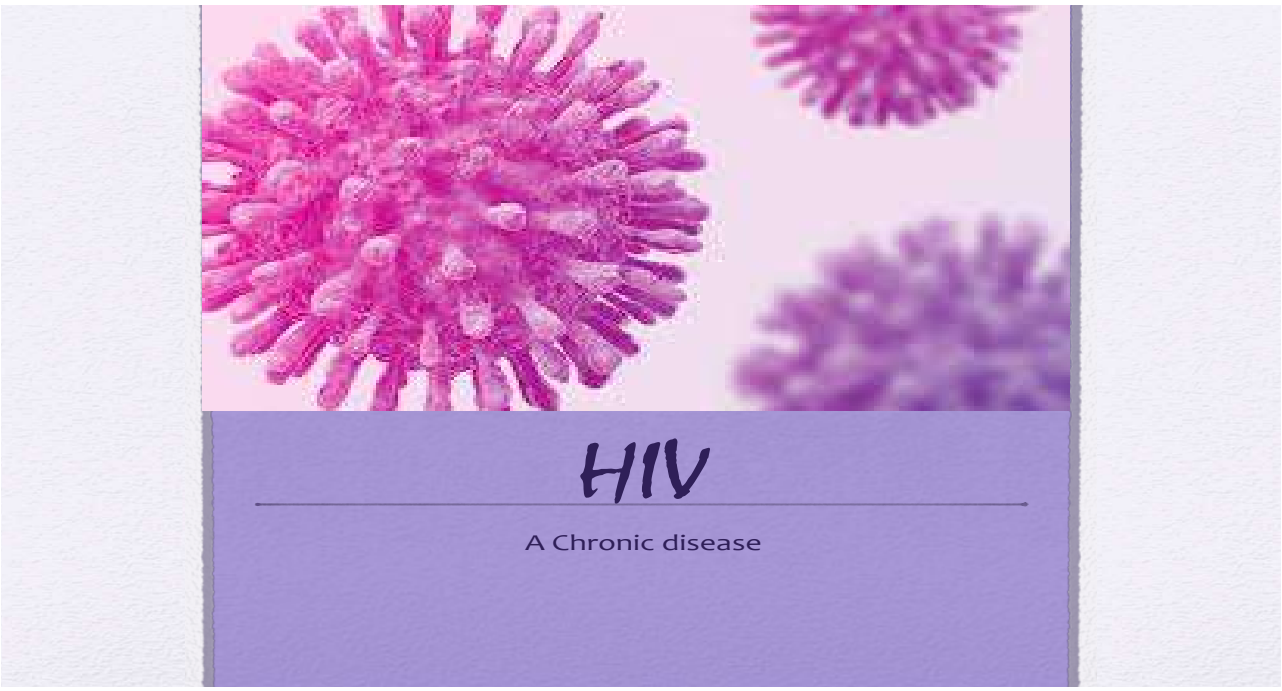
Sincerely,



Dr. Pierre Dorsainvil
Medical Director
200 Congress Park Drive Ste 210
Delray Beach FL 33445
Phone:(561)279-0991
Fax: (561)279-0539

Appendix E.: Zoom Presentation

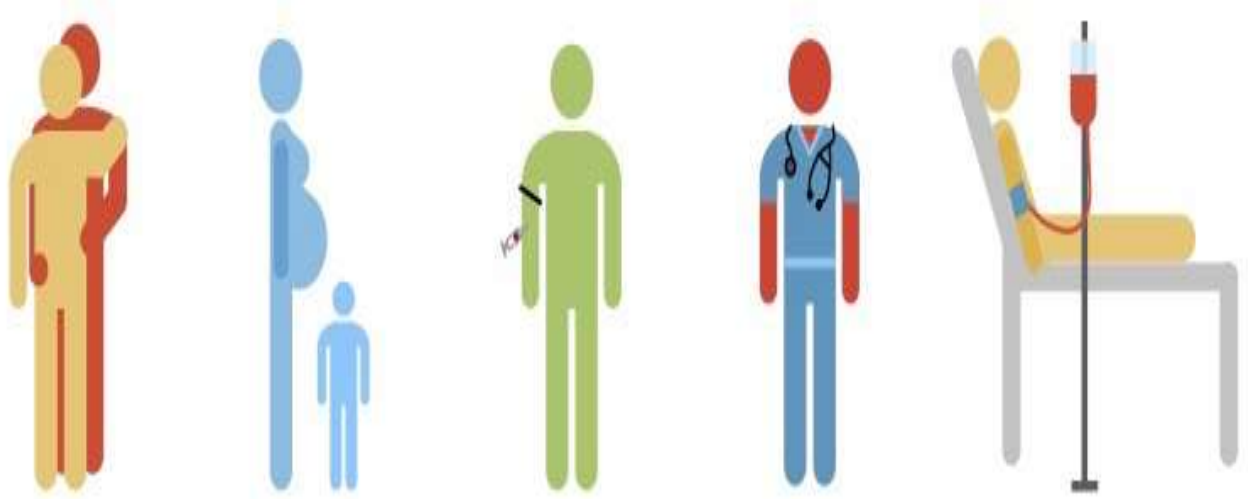
PowerPoint Presentation



Background

- Central Africa 1800s.
- The chimpanzee version :simian immunodeficiency virus.
- The virus has existed in the United States since at least the mid to late 1970s.

Mode of transmission



- In the mid-1980, HIV was still not well known including its mode of transmission, which made people scared of those who were infected with HIV by fear of contagion (Than et al., 2019).
- HIV= Death

HAART

- Anti-retroviral has changed the HIV course dramatically by decreasing the mortality rate
- The Prevention Access Campaign (2016) established that a person who is undetectable has a zero chance to transmit the disease to his /her partner, Undetectable = Untransmissible (U=U).
- United Nations Joint Program of HIV/AIDS (UNAIDS) has established the goal of ending HIV epidemic.
-

If HAARTs are so efficient ?

- PLWHIV are not seeking care or treatment
- Scared of facing discrimination and stigmatization


STOP
STIGMA

Stop stigma

- Creating educational engagement
- Posting positive and real fact on social media to fight prejudice and stigma (Tavakoli et al.2020).
- Correct stigmas as soon as it appeared
- Finally, organize annual conferences educative for the nurses.
- Include sexual health education in high School curriculum

HAART(Cont'D)

- United Nations Joint Program of HIV/AIDS (UNAIDS) has established the goal of ending HIV epidemic.
- Health Department same year 2016 started the Test and treat program to contain HIV/

Questions?

Thank you