

Improving utilisation of workplace HIV and AIDS programme for healthcare workers at Pelonomi Hospital

N Brandsel, M Ntlola, N Myeko, F Tlhapuletsa

Background

From January to May 2011, of the 1900 healthcare workers (HCWs) that use the free occupational health service (OHS) at Pelonomi hospital, only 121 accessed the service for HIV counselling and testing (HCT). In contrast, 568 accessed it for Hepatitis B immunisation. Since November 2011, OHS offers a comprehensive HIV and AIDS program where HCT, routine monitoring of CD4 counts, drug readiness and initiation of treatment is offered. Thus, in keeping with the joint WHO- ILO- UNAIDS guidelines on *Improving Health Workers Access to HIV and TB prevention, treatment, care and support services*, the aim of this study was to improve the utilisation of the workplace HIV and AIDS programme at the OHS.

Objectives

This study aimed to understand why the OHS is under-utilised for the HIV and AIDS program in order to determine what can be done to improve the service.

Methods

This ethically approved study used self-completed questionnaires consisting of both closed and open-ended questions. The questionnaire was piloted, translated and back translated before distribution to a stratified sample of HCWs representing all categories of occupation, sex, race and age. A total of 18.1% of Pelonomi's HCWs completed the survey.

Results

Asked if a boss found out the status of a HCW, 37% felt their boss would be supportive, encourage them to get treatment (28.9%) and follow all procedures to protect themselves (18%). The majority (82.2%) knew where the OHS unit is located and 69.6% knew its operating times. More than half (57.6%) knew that HIV treatment is available at the OHS unit. Most (71.3%) agreed that occupational health (OH) practitioners are well trained to offer HCT, while 70.4% agreed that OH practitioners encourage people to use the OHS unit for HIV and AIDS services. The majority (71.2%) believed that confidentiality is maintained at the OHS unit most or all of the time. When asked what factors explain why HCWs do not access HIV services at OHS unit, most stated that they feared that confidentiality will not be maintained (37.3%), while 28.6% said the reasons listed were not applicable. Other reasons included not being given enough time during the work day (20.6%), concern that the service is not free (7%), and a misperception that anti-retroviral treatment is not provided (6%). Nearly two-thirds (62.9%) do not believe that there is stigma in the workplace often or at all. When asked what could be done to reduce stigma, more training through workshops by OHS staff for health workers, and support through support groups were the most common answers.

Conclusions and Recommendations

HCWs may be under-utilising OH services due to fear of being stigmatised, fear of breach of confidentiality, lack of knowledge of the HIV and AIDS programme, misconceptions and attitudes towards the OHS service and HIV and AIDS programme, and a misperception between policies and their implementation. Thus, more education, training and development of HCWs and OHS staff, awareness about the unit, a greater emphasis on ethical principles such as confidentiality and better links between OHS and employee assistance programme services may improve utilisation of the OHS.