# Model to Reduce HIV Related Stigma among Indonesian Nurses

**Sismulyanto[1], S. Supriyanto[2], Nursalam[3]**
[1,2]School of Public Health, Airlangga University, Surabaya, Indonesia
[3]School of Nursing, Airlangga University, Surabaya, Indonesia

| Article Info | ABSTRACT |
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| | Stigmatization of persons living with HIV (PLWH) did by health professionals including nurses. Stigma was a barrier of nurses to implement nursing care to PLWH patients. The purpose of this study was to make model of reducing stigma among nurses particularly in the hospital, district of Banyuwangi, Indonesia. Design used in this study was analytical observational. The population was all nurses who worked in 4 hospitals in Banyuwangi of Indonesia. Total sample recruited were 77 respondents. Data were collected by questionnaire and analyzed by using *Smart* PLS (Partial Least Squares). The result showed that stigma existed among nurses particularly on *labelling* and *stereotyping* to PLWH patient. *Transcultural* components had influence to nurses' stigma on HIV and AIDS patients; there were jobs factor, facilities factor, values factor, and knowledge factor. Stigmatizing attitudes were found among nurses with quite satisfied. It can be concluded to reduce the stigma of nurses by intervening on *transcultural* components among other factors affecting jobs factor, facilities factor, values factor and knowledge factor. Further research should apply this model in nursing care.<br> |

*Corresponding Author:*

Sismulyanto,
School of Public Health,
Airlangga University,
Airlangga University Campus C, Mulyorejo, Sukolilo, Surabaya, 60115, Indonesia.
Email: sis_mulyanto@yahoo.co.id

## 1. INTRODUCTION

One of the major problems of Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) cases was the stigma and discrimination against people living with HIV and AIDS [1]. The emergence of stigma and discrimination among people living with HIV and AIDS namely fear of HIV and AIDS, stigma for patients with negative behavior, and lack of knowledge about HIV and AIDS [2]. People with HIV infection received unfair treatment (discrimination) and stigma because of his or her disease [1]. Stigma and discrimination was not only done by lay people who did not have sufficient knowledge about HIV and AIDS, but also can be done by health personnel. Health workers including nurses have potential to do stigma and discrimination on HIV and AIDS [3].

Stigma and discrimination in health care to be one of the obstacles for patients with HIV and AIDS to achieve a high quality nursing care, which in turn can reduce the health status of patients with HIV and AIDS [1]. The stigma associated with HIV and AIDS referred as a major problem and disrupts family life, social, economic and individual. The stigma associated with HIV and AIDS were considered as a major barrier to prevention, care, and treatment of HIV and AIDS [4].

The results of a preliminary study conducted at a hospital in Banyuwangi, Indonesia, showed that 96 nurses have done stigma and discrimination to patients with HIV and AIDS as described 20 nurses (20%) put on a specific code on HIV and AIDS patients, 24 nurses (25%) used special protection (double gloves, masks), 24 nurses (25 %) were reluctant to communicate with patients with HIV and AIDS, 7 nurses (7.5%)

were fear to hold patients' s dress and patients's bed, 7 nurses (7.5%) were fear to care patients' wound, 7 nurses (7.5%) were fear to take laboratory sample, such as blood and urine, 7 nurses (7.5%) were fear to do infasive treatment to patients, such as infection, taking infusion and cateter.

Stigma became problem or new issue in nursing practice in health care setting. Stigma is a part of the culture, because of the stigma that appears and rooted cultural background as health workers, especially nurses. The culture that mean was jobs factor, facilities factor, values factor, and knowledge [8].

Nurse's stigma on HIV and AIDS patients has a huge impact, especially in the implementation of nursing care for patients with HIV and AIDS in the Hospital. Therefore, it was necessary to reduce the stigma of nurses for the implementation of nursing care for patients with HIV and AIDS. One of the solutions to reduce stigma based on nurses' view was the cultural approach, namely the model to reduce stigma of HIV related diseases by nurses in the hospital in Banyuwangi, Indonesia. This model was derived from the theory of culture by Leininger [4] and mixed with conceptualizing stigma by Link and Phelan [5].

## 2. RESEARCH METHOD

The design used in this study was observational studied, which was devided in two sections. Which one was a descriptive exploratory research and the two was explanatory research [9], and then viewed by factors conceived as manifest variables. The explanation aimed to explain the causal relationship between latent variables [10]. The population is all nurses working in four hospitals in Banyuwangi, Indonesia. The total sample was 77 respondents that met the inclusion criteria. Inclusion criteria were a nurse who worked at least 1 year experience in a hospital, having minimum diploma degree, and working in the HIV and AIDS care. Sampling technique in this research is cluster sampling. The instrument used in this study was a questionnaire, and the observation sheet. A questionnaire was used to measure transcultural, nurses' stigma, and job satisfaction. The observation sheet was used to measure nursing care discrimination. The research procedure was used in this study is shown in Figure 1.
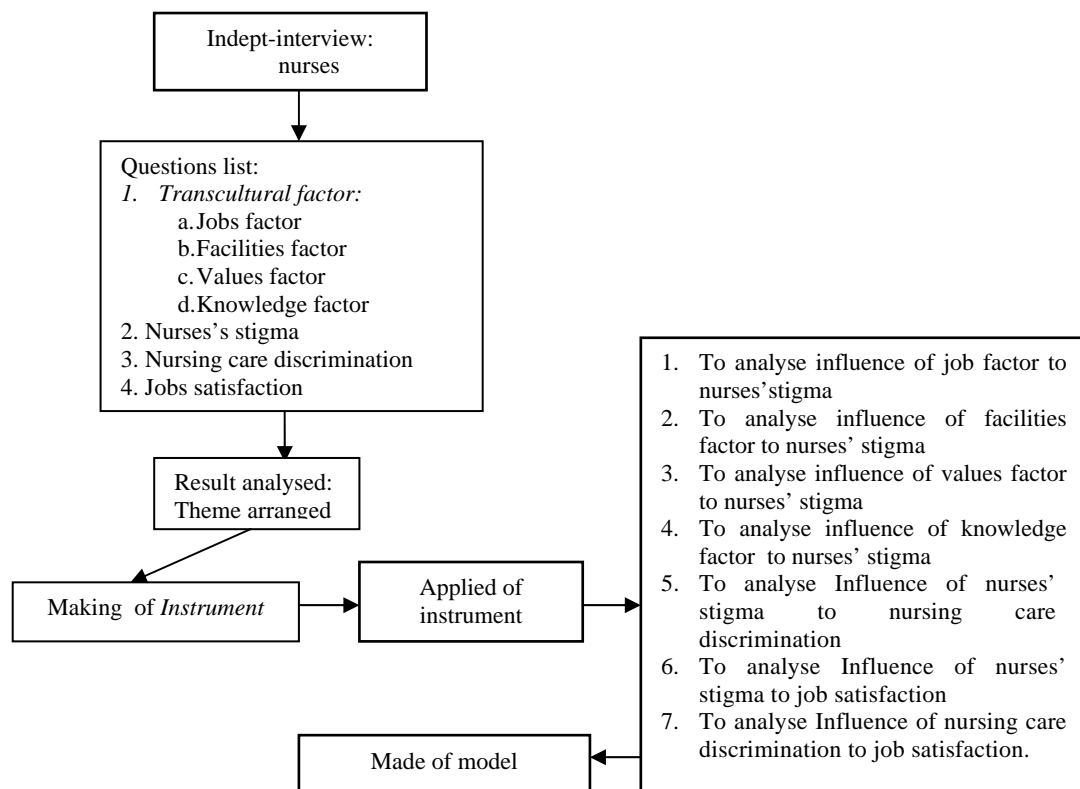


Figure 1. Research Procedure of Model to Reduce Nurses' stigma to Patient with HIV and AIDS

First step of research procedure was begun through indept interview to nurses used question list, the result of indept-interview was analysed to make instrument, instrument was applied to nurses to analyse influence of factor each other. The result of instruments analyzed was used to make "model to reduce HIV related stigma among Indonesian nurses".

## 3. RESULTS AND ANALYSIS

The result of path analysis is presented in Table 1. Table 1 shows that all indicators of transcultural components were statistically significant and have influenced significantly to nurses's stigma (all t>1.96). Transcultural components are job factor (t=2.026), facilities factor (t=3.084), value factor (t=2.801), and knowledge factor (t=2.178), nurses's stigma have influenced significantly to nursing care discrimination (t>1.96), nurses's stigma have influenced significantly to job satisfaction (t>1.96), but nursing care discrimination did not have influenced significantly to job satisfaction (t<1.96).

Table 1. Parameter of Path Coefficient to Latent construct as direct influence and indirect influence

| No | Direct and indirect influence between endogenous and exogenous variable | Path Coefficient parameter | Sample Mean (M) | Standard Error | T-Stat Value | p value |
|----|---|---|---|---|---|---|
| 1 | Influence of job factor to nurses' stigma | 0.174 | 0.182 | 0.086 | 2.026 | 0.046 |
| 2 | Influence of facilities factor to nurses' stigma | 0.277 | 0.303 | 0.090 | 3.084 | 0.003 |
| 3 | Influence of value factor to nurses stigma. | 0.294 | 0.291 | 0.105 | 2.801 | 0.006 |
| 4 | Influence of knowledge factor to nurses' stigma | 0.250 | 0.275 | 0.115 | 2.178 | 0.032 |
| 5 | Influence of nurses' stigma to nursing care discrimination | 0.682 | 0.695 | 0.060 | 11.422 | 0.000 |
| 6 | Influence of nurses' stigma to job satisfaction | 0.476 | 0.496 | 0.131 | 3.632 | 0.001 |
| 7 | Influence of nursing care discrimination to job satisfaction. | 0.011 | 0.191 | 0.127 | 0.085 | 0.933 |

Model to reduce HIV related stigma among Indonesian nurses was made to understand how transcultural components have influenced to reduce nurses's stigma in nursing care. The model to reduce HIV related stigma among Indonesian nurses is shown in Figure 2.
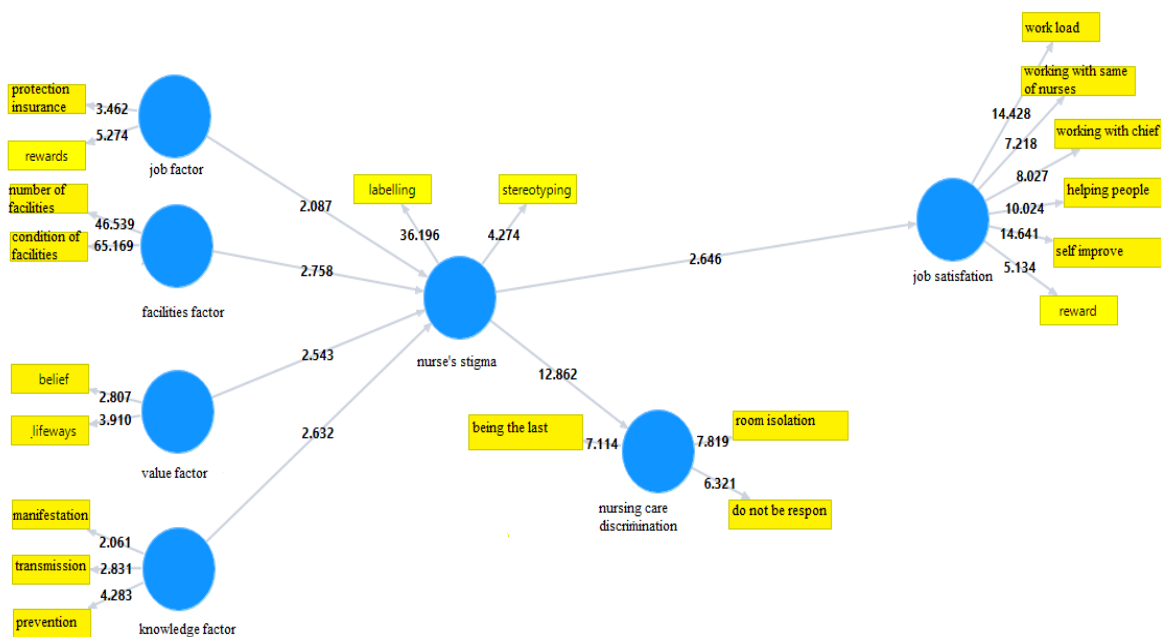


Figure 2. Model to reduce HIV related stigma among nurses based on pathway analysis

Figure 2 shows that all indicators of transcultural components were statistically significant and have influenced significantly to nurses's stigma (all t>1.96). Transcultural components are job factor (t=2.026), facilities factor (t=3.084), value factor (t=2.801), and knowledge factor (t=2.178), nurses's stigma have influenced significantly to nursing care discrimination (t>1.96), nurses's stigma have influenced significantly to job satisfaction (t>1.96), but nursing care discrimination did not have influenced significantly to job satisfaction (t<1.96).

### 3.1. Influence of jobs factor to nurses stigma

There were Influence of occupational factor to nurses' stigma with t-statistic 2.026 (t-statistic>1.96), the result of jobs factor manifest were 68 nurses (88.3%) answered did not get reward in their jobs and 54 nurses (70.1%) answered did not get health assurance from HIV contagious. That showed jobs factor of nurses were felt decreasing.

Health workers must be able to understand the occupational risk of HIV infection relative to other infectious diseases that are more highly transmissible and commonly found in heath care settings. Understanding the association of HIV and AIDS with assumed immoral and improper behaviours is essential to confronting perceptions that promote stigmatizing attitudes toward individuals living with HIV (nymblade, combating stigma).

Programmes need to increase jobs factor are supply reward and health assurance from HIV contagious. Reward is addressed to people to repair or increase their productivities. Health assurance as a form of compensation is given to worker from job accident in their offices. In this case, form of health assurance to nurses is health assurance from HIV contagious.

### 3.2. Influence of facilities factor to nurses' stigma

There was influence of facilities factor to nurses' stigma with t-statistic 3.084 (t-statistic>1.96), the result showed that 26 nurses (34%) answered less of universal precaution number and 32 nurses (41.6%) answered less of universal precaution condition. It means that available of number and condition of universal precaution tool were still current issue, that problem should be repaired.

Health workers' fears and misconceptions about HIV transmission must also be addressed. Fear of acquiring HIV through everyday contact leads people to take unnecessary, often stigmatising actions. Thus programmes need to provide health workers with complete information about how HIV is and is not transmitted and how practicing universal precautions can allay their fears. In addition to basic HIV epidemiology, health workers must be able to understand the occupational risk of HIV infection relative to other infectious diseases that are more highly transmissable and commonly found in heath care settings [11].

In the physical environment, programmes need to ensure that health workers have the information, supplies and equipment necessary to practice universal precautions and prevent occupational transmission of HIV. This includes gloves for invasive procedures, sharps containers, adequate water and soap or disinfectant for handwashing, and post-exposure prophylaxis in case of work-related, potential exposure to HIV. Posting relevant policies, handwashing procedures or other critical information in key areas in the health care setting enables health worker to maintain better quality of patient care [11].

### 3.3. Influence of values factor to nurses' stigma

There was influence of values factor to nurses' stigma with t-statistic 2.801 (t-statistic>1.96), the result showed that 30 nurses (39%) answered that HIV was a danger disease, 30 nurses (39%) answered that HIV could contagious by sexual contact and blood. That mean HIV could vulnerable easily.

While health workers living with HIV may face the same kinds of stigma as their patients because of perceived improper or immoral behaviours, their self-blame and shame may be compounded by their relatively higher social and educational status in the community [11].

Similarly among health care workers, research suggests that fear of casual contact and moral judgements contributesto stigma and discrimination directed at clients living With HIV. Studies in Nigeria, Mexico, Ethiopia and Tanzania have found high levels of fear of contagion among health workers, which is related to a lack of understanding of how HIV is and is not transmitted, and how to protect oneself in the workplace through universal precautions [11].

Health workers' fears and misconceptions about HIV transmission must also be addressed [11]. Fear of acquiring HIV through everyday contact leads people to take unnecessary, often stigmatising actions. Thus programmes need to provide health workers with complete information about how HIV is and is not transmitted and how practicing universal precautions can allay their fears. In addition to basic HIV epidemiology, health workers must be able to understand the occupational risk of HIV infection relative to other infectious diseases that are more highly transmissable and commonly found in heath care settings.

### 3.4. Influence of knowledge factor to nurses stigma

The result showed there was influence of knowledge to nurses' stigma with t-statistic 2.178 (t-statistic>1.96). The result showed that 76 nurses (98.7%) knew about HIV transmission, 71 nurses (92.2%) knew about HIV prevention, and 72 nurses (93.5%) knew about HIV treatment. That mean knowing of nurses was average.

Actionable key causes of HIV-related stigma in the community setting: of awareness of what stigma looks like and why it is damaging; fear of casual contact stemming from incomplete knowledge about HIV transmission; and values linking people with HIV to improper or immoral behavior similarly among health care workers [11].

Studies in Nigeria, Mexico, Ethiopia and Tanzania have found high levels of fear of contagion among health workers, which is related to a lack of understanding of how HIV is and is not transmitted, and how to protect oneself in the workplace through universal precautions. In India, a study of hospital workers found that those who expressed greater agreement with stigmatizing statements about people living with HIV and hospital discriminatory practices were more likely to have incorrect knowledge about HIV transmission [11].

Knowledge is as a being of trancultural component. So, intervention to reduce stigma is addressed to increase awareness among health workers of what stigma is and the benefits of reducing it is critical [11]. Raising awareness about stigma and allowing for critical reflection on the negative consequences of stigma for patients, such as reduced quality of care and patients' unwillingness to disclose their HIV status and adhere to treatment regimens, are important first steps in any stigma-reduction programme. A better understanding of what stigma is, how it manifests and what the negative consequences are can help reduce stigma and discrimination and improve patient-provider interactions.

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### 3.5. Influence of nurses' stigma to nursing care discrimination

The result study showed there was influence of nurses' stigma to nursing care discrimination with t-statistic 11.422 (t-statistic>1.96), the result showed that 29 nurses (37.7%) used spesific protection when contacted to HIV and AIDS patient, 35 nurses (45.5%) isolated termomether and tensimeter which contacted to HIV and AIDS patient, 26 nurses (33.8%) isolated wound care tool which contacted to HIV and AIDS patient, 22 nurses (26.6%) were fear to close with HIV and AIDS patient, 12 nurses (15.6%) were fear contacted with HIV and AIDS patient's blood, and 30 nurses (39%) were fear to get stabbed needle after contacted to HIV and AIDS patient.

Other study conducting by Link and Phelan (2001) in our conceptualization, stigma exists when the following interrelated components converge. In the first component, people distinguish and label human differences. In the second, dominant cultural beliefs link labeled persons to undesirable characteristics—to negative stereotypes. In the third, labeled persons are placed in distinct categories so as to accomplish some degree of separation of "us" from "them." In the fourth, labeled persons experience status loss and discrimination that lead to unequal outcomes. Finally, stigmatization is entirely contingent on access to social, economic, and political power that allows the identification of differentness, the construction of stereotypes, the separation of labeled persons into distinct categories, and the full execution of disapproval, rejection, exclusion, and discrimination. Thus, we apply the term stigma when elements of labeling, stereotyping, separation, status loss, and discrimination co-occur in a power situation that allows the components of stigma to unfold. With this brief explication of the stigma concept as background, we turn to a more detailed examination of each component we identified. Stigma is consist of labelling, stereotyping until discrimination. Discrimination is as a manifest of stigma labelling and stereotyping [4].

With regard to general stigma experienced by AIDS workers in this study, it appears that the general stigma regarding HIV /AIDS is still very much present, although education-both in general and specific to HIV/AIDS – is viewed as being associated with lower stigma. While it seems that working with PLHA may not always elicit negative responses from others, and therefore may only be considered a mild adverse attribute, there is a high degree of stereotyping of HIV/AIDS workers as being HIV positive themselves. Such negative stereotyping, it can be assumed, carries innate potential for loss of status within the community where HIV /AIDS stigma is still quite strong, and is further reflected in the perception of lower pay and less professional respect [4].

### 3.6. Influence of nurses' stigma to job satisfaction

There was influence of nurses' stigma to job satisfaction with t-statistic 3.632 (t-statistic>1.96). Job satisfaction describes how people feel about their jobs-whether they like or dislike their jobs [12]. Job dissatisfaction has been cited as the primary reason for high turnover and absenteeism, which in turn poses a

threat to organizations' capacities to provide quality service and meet the needs of customers [12]. Studies have shown that dissatisfied employees are more likely to quit their jobs or be absent than satisfied employees [12]. Therefore, increasing job satisfaction and organizational commitment are potentially good strategies for reducing absenteeism and turnover intentions [12]. Spector's job satisfaction survey assesses job satisfaction through nine job facets: pay, promotion, supervision, fringe benefits, contingent rewards, operating procedures, co-workers, nature of work, and communication [12].

UNAIDS defines HIV-related stigma as "a process of devaluation of people either living with or associated with HIV" [12] . Our study identified three different categories related to stigma based on the source and target of stigmatization: i) stigma toward key populations at risks in society, ii) stigmatization of patients with HIV-related illnesses, and iii) stigma experienced by health workers originating from society, colleagues, and families. The third category of stigma is recognized as "associated stigma" or "perceived stigma" that includes both stigma health workers create and the stigma they experience as a result of their work [12].

Consistent with other studies, we show that health workers are influenced by common negative attitudes associated with drug users and sex workers [12]. As part of society, health workers are understandably influenced by societal norms, attitudes, and prejudices [12].Therefore, we conclude that stigma towards this profession has a negative impact on employees' perception of their work, and ultimately their job satisfaction. Several studies have highlighted considerable reluctance in significant proportions of health staff that would prefer not to work with HIV-positive patients if given the choice [12]. Fear of infection is a significant contributing factor to this reluctance [12]. Similarly, other studies in Vietnam have found a reluctance to provide services [12]. In the present study, "social evils" and HIV asa punishment for practicing socially unacceptable behaviors were attitudes that came up in the intervie ws and discussion groups.

### 3.7. Influence of nursing care discrimination to job satisfaction

There was not influence of nursing care discrimination to job satisfaction with t-statistic 0.085 (t-statistic>1.96). Factors related to job dissatisfaction included unsatisfactory compensation, lack of positive feedback and support from supervisors, work-related stress from a heavy workload, fear of infection, and HIV-related stigma because of association with PLHIV. An adjusted Spector's model of job satisfaction for HIV service health workers was developed from these results [12].

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### 4. CONCLUSION

Nurses showed stigmatization while doing nursing care to patients with HIV and AIDS. Stigmatization was greatest in labelled stigma and stereotypes. Transcultural factors have an influence on the stigma of nurses to patients with HIV and AIDS on the work setting, facility, value and nurses' factor. Discrimination among nurses found to be prevalent in patients with HIV / AIDS. This model can be reference to reduce stigma among nurses in caring HIV/AIDS patients based on theirs culture.

### REFERENCES

[1] Paryati T., Raksanagara A. S., Afriandi I., "Factors that Influenced Health Staff's Stigma and Discrimination to HIV and AIDS Patients: Literature Review ", 2012.

[2] Dyalchand A., "A validated stigma scale measures decreased", *Dyalchand Retrovirology*, vol/issue: 7(1), pp. 107, 2010.

[3] Aisha A. L., "Stigmatization of Patients with HIV/AIDS among Doctors and Nurses", *AIDS Patient Care and STDs,* vol. 11, pp. 22, 2008.

[4] Parker R., Aggleton P., "HIV and AIDS-related stigma and discrimination: a conceptual framework and implications for action", *Social Science & Medicine,* issue 57, pp. 13-24, 2003.

[5]   Link B. G., Phelan J. C., "Conceptualizing Stigma", *Annu. Rev. Sociol,* vol. 21, pp. 363-385, 2001.
[6]   Haa P. N., Chucb N. T., Hienc H. T., Larssona M., Pharris A., "HIV-related stigma: Impact on healthcare workers in Vietnam", *Global Public Health,* vol/issue: 8(1), pp. 61-74, 2013.
[7]   Nyblade L., Jain A., Benkirane M., Li L., Anna L., McLean R., et al., "A brief, standardized tool for measuring HIV-related stigma among health facility staff: results of field testing in China, Dominica, Egypt, Kenya, Puerto Rico and St. Christopher & Nevis", *Journal of the International AIDS Society,* vol/issue: 2(16), pp. 187, 2013.
[8]   Leininger M., "Culture care theory: a major contribution to advance transcultural nursing knowledge and practices", *Journal of transcultural nursing,* vol/issue: 10(1), pp. 9, 2002.
[9]   Jokesrog S., "Lisrel 8: Structural Equation Modelling with the Simplis Command Language", Chicago, USA: SSI Inc, 1993.
[10]  Kusnendi, "Structural Equation Model of single and multigrup samples with Lisrel", Bandung, Afabeta, 2008.
[11]  Nyblade L., Stangl A, Weiss E, Ashburn K., "Combating HIV stigma in health care settings: what works?", *Journal of the International AIDS,* vol/issue: 12(15), pp. 1758-2652, 2009.
[12]  Pham H. N., Protsiv M., Larsson M., Ho H., Vries D. H., Thorson A., "Stigma, an important source of dissatisfaction of health workers in HIV response in Vietnam: a qualitative study", *BMC Health Services Research*, issue 12.

## BIOGRAPHIES OF AUTHORS

Sismulyanto
E-mail        : sis_mulyanto@yahoo.co.id

Education:
1. Doctoral student of health science in airlangga university, 2011.
2. Master of Society Science in UNS, 2010
3. Bachelor's degree of Nursing in Nursing Science School, 2007
4. Diploma III in Nursing science school, 2002

Organisation and Working Experiences:
1. Associate nurse in Genteng Hospital, September 2002 to oktober 2006
2. Lecture in nursing health science, 2008 to 2012
3. Lecture in qamarul huda nursing health science, june 2012 up to now


Stefanus Supriyanto
Professor in Departement of Public Health Science, Airlangga University

Education:
1.     Doctor degree at Pascasarjana airlangga university, 1994
2.     Master degree at Pascasarjana airlangga university,1983
3.     Bachelor's degree at Medical Faculty, Airlangga University, 1977

Organisation And Working Experiences:
1.      Lecture in Public Health Departement, airlangga university, 1982 to now
2.     The second dekan assistance in health science, airlangga university, 2000 to 2007
3.     Chief of talent in MPK Pascasarjana, airlangga university, 1998 to now
4.     Chief in AKM-FKM, airlangga university, 1995 – 2000
5.     Chief of talent AKK (S2) IKM, airlangga university, 1995 - 1999

Publication:
1. Books  = 6
2. Acredited journal & (national)=  23

Prof. Dr. Nursalam, M.Nurs (Hons) 081339650000
Professor in Nursing, Airlangga University.
E-mail: nursalam@fkp.unair.ac.id

Education:
1. Doctor, Model of Nursing Care for HIV-AIDS, Postgraduate Programme,
   Airlangga University, 2005
2. Honours Master of Nursing,, University of Wollongong, New South
   Wales, Australia, 1997
3. Master of Nursing (Coursework), Univ. Wollongong, NSW, Australia,1996
4. Med. Surgical Nursing, Lambton College, Sarnia Ontario Canada, 1991
5. Diploma III in Nursing, Sutoma Surabaya 1988

Organisation and Working Experiences:
1. Lecturer and nurse in Diploma III in Nursing, Anesthesia, Ministry of Health, RI Surabaya
(1988 – 1997)
2. Lecturer in School of Nursing, Faculty of Medicine / Faculty of Nursing, Airlangga
University (since 1998)
3. Vice, Head, School of Nursing, Faculty of Medicine, UA (1999– 2008)
4. Vice Head, PPNI Educatin & Training, East Java Nursing Association (2000 – 2010)
5. Dean, Faculty of Nursing Airlangga University (2008 – 2010)
6. Nursing Manager, Airlangga University Hospital (2011-now)

Publication:
1. Books = 15
2. Acredited journal & (national & international)= 100