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Research Article

Attitudes and Behaviors of Healthcare Professionals toward HIV Positive Patients in a Tertiary Hospital

Esan Ayodele Jacob[1*], Osime E. O[2], Fasakin Kolawole[1] and Oyedele Titilayo E[3]

[1]Hematology Department, Federal Teaching Hospital, Ido-Ekiti, Nigeria.

[2]Department of Medical Laboratory Science, University of Benin, Benin City, Nigeria.

[3]Department of Medical Laboratory Science, Achiever's University, Ondo State, Nigeria.

***Corresponding Author:** ESAN Ayodele Jacob**,** Hematology Department, Federal Teaching Hospital, Ido-Ekiti, Nigeria.

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Abstract

Background: In reality, fear of being infected at work has led to stigmatization and discriminatory treatment of HIV/AIDS patients. The consequence of such negative attitude is poor management of people with HIV/AIDS who need most care, treatment, and support.

Aim: To evaluate attitudes and behaviors of healthcare professionals toward HIV/AIDS patients in a tertiary hospital in Nigeria

Methodology: This was a cross-sectional study conducted in Federal Teaching Hospital, Ido-Ekiti, Nigeria. 250 healthcare professionals were selected randomly, Participants completed a well-structured, self-administered questionnaire delivered to them at their workplace. Data obtained from the questionnaire was analyzed using SPSS software version 9.

Results: A total of 250 healthcare professionals participated in the study, 148(59.2%) were males and 102 (40.8%) were females. 153(61.2%) of them had been working between 0- 10 years with prevalence age group 30-40 years. Majority of Healthcare professionals (HCPs) in this study demonstrated positive attitude and behaviour toward HIV/AIDS patients. However, minority of HCPs had negative attitudes toward HIV/AIDS patients by agreed to the statements that HCPs should not share office with HIV patients, beds of HIV patients should be marked and HCPs should allow relation to marry HIV patients.

Conclusion: Healthcare professionals should have access to up-to-date information on all aspects of HIV/AIDS through effective training on the modes of HIV transmission, prevention, counselling, guidelines for safe practice and the rights of PLWHIV, this would reduce discriminatory attitudes towards PLWHIV and also improve patients' care and access to quality healthcare services.

Keywords: attitudes; healthcare professionals; hiv-patients; stigmatization and discriminatory

List of Abbreviations

AIDS: Acquire Immune Deficiency Syndrome

BBFs: Blood and Body Fluids

HCPs: Health Care Professionals

HCWs: Health Care Workers

HIV: Human Immunodeficiency Virus

PLWHIV: People Living With HIV/AIDS

Introduction

Healthcare professionals operationally defined as professionally trained healthcare givers, occupy a potential position in HIV/AIDS preventative programs and management of HIV diagnosed patients (Jonathan, 2016). The attitude of Healthcare professionals (HCPs) influences the willingness and ability of PLWHA to access healthcare and influences the quality of healthcare they receive. Healthcare professionals' attitudes may indicate their level of preparedness in caring for HIV/AIDS patients (Nooshin *et al.*, 2015). Stigmatization and discriminatory attitudes of healthcare professionals toward HIV patients have numerous causes including: type of medical profession, lack of knowledge among HCPs

about the modes and risk of HIV transmission, judgmental attitudes, assumptions about the sexual lives/immoral behaviour of people living with HIV, occupational risks from handling non-sterile injecting equipment or accidental exposure to blood or blood products, lack of access to supplies and training in infection prevention and standard precautions, despite the evidence that has revealed nonsexual contact with HIV/AIDS positive individuals and also taking careful precautions while working with blood, blood products and other body fluid of HIV patients carry no risk of HIV transmission (Mohammad and Kippax, 2010). Although the frequency of exposure to HIV patients, blood and body fluids (BBFs) among HCPs varies according to their occupation, procedures performed and use of preventive measures (Braczkowska *et al.*, 2010). However, absence of assurance that they will be protected from the virus and without access to drugs for post-exposure prophylaxis, health workers may engage in behaviour that can prevent HIV patients and other vulnerable individuals from receiving lifesaving care and support. Stigmatization and discrimination impact negatively on interventions and act as barriers to adherence to antiretroviral therapy among PLWHA (Omosanya *et al.,* 2013). HIV/AIDS-related stigmatization and discrimination has been defined as an undesirable, discrediting attribute, negative attitudes or action towards HIV-infected patients reducing their status in the society. Stigmatization and discrimination associated with HIV/AIDS are the greatest barriers to prevent further infections, providing adequate healthcare, support, treatment and alleviating the impact of HIV/AIDS. This may affect government efforts at curtailing the spread of HIV/AIDS (Famoroti *et al.,* 2013). The factors affecting HIV/AIDS-related stigma and discrimination among healthcare professionals that have received most attention include exposure to PLWHA, level of medical education, knowledge about HIV and perceived infection risk at work (Hassen and Wahsheh, 2011). Interventions to reduce HIV/AIDS-related stigmatization in healthcare settings need to address different patterns of stigmatization and discrimination among healthcare professionals in different positions of authority and professional roles (*Pharris, 2011*). However, international principles of medical ethics and Nigerian health professional codes of conduct clearly provide for patient autonomy the right: to informed consent, quality healthcare and confidentiality of patient information (Amoran, 2011). In spite of the persistent discrimination and stigmatization associated with HIV patients, some healthcare professionals interact well and also politely communicate with them in discharging their duties. This positive attitude of caring, educating, counseling, and treatment of patients with HIV will result in improving their quality of life. The aim of this article is to evaluate attitudes and behaviors of healthcare professionals toward HIV/AIDS patients in a tertiary hospital in Nigeria.

Materials and Methods

This was a cross-sectional study conducted in Federal Teaching Hospital, Ido-Ekiti, Nigeria. Participants were selected randomly, 250 healthcare professionals including 50 physicians, 50 nurses, and 50 laboratory scientists 50 ward orderlies and 50 physiotherapy were selected due to frequent access to patients or patients' blood sample as the nature of profession demanded. Participants completed a well-structured, self-administered questionnaire delivered to them at their workplace. Questionnaire was consisted of two sections: socio-demographic items and statements on attitudes and behaviors of Healthcare Professionals toward HIV positive patients. Verbal consent was received from the participants. However, Healthcare Professionals that are not willing to respond to questionnaire were excluded from the study. Data obtained from the questionnaire was analyzed using SPSS software version 9.

Results

A total of 250 healthcare professionals participated in the study, 148(59.2%) were males and 102(40.8%) were females, Doctors had highest prevalence in male while Nurses had highest prevalence among female. Majority of the participants were aged between 30-40 years and Nurses had highest frequency. 153(61.2%) of healthcare professionals had been working between 0- 10 years and medical laboratory scientist had highest prevalence. Out of 195(78.0%) that were married, hospital orderlies had highest frequency. Among 236(94.4%) that were Christian religion, medical laboratory scientist had100%. Out of 235(94.0%) that know their HIV status, Medical laboratory scientist also had100%. 30(12.0%) of the participants had HIV/AIDS related training in last 5 years and Doctors had highest prevalence as showed in table1a. 195(78%) of HCPs were aware of HIV policy document in workplace, however hospital orderlies had highest prevalence among HCPs that do not aware or do not know about the HIV policy document in workplace. 216(86.4%) of participants had good knowledge about HIV/AIDS, also hospital orderlies had highest prevalence among participants that had fair or poor knowledge about HIV/AIDS. Out of 42(16.8%) of HCPs that were exposure to HIV infection in the last 6 months, nurses had highest prevalence. Among 215(86%) of HCPs that had access to post exposed treatments, Nurses had highest prevalence. Out of 205(82%) HCPs that had enough kits for standard precaution practices, medical laboratory scientist had highest prevalence. Among 72(28.8%) of HCPs that had direct contact with HIV patients at work, Nurses had highest prevalence. Out of 57(22.8%) HCPs that were involve in the treatment/care of HIV patients, Nurses had highest prevalence as showed in the table 1b. Statements of stigmatization and discriminatory attitudes by Healthcare professionals towards HIV patients in this present study includes HCPs working with HIV patients, emotions of HCPs towards people living with HIV and effectiveness of healthcare for HIV/AIDS patients by HCPs. In this study, majority of HCPs agreed that HIV patients should be on a separate ward and they should be notified if a patient has HIV. Majority of participants shows willingness to take care of HIV patients and believes that caring for HIV patients should be done with precautions. Also majority of HCPs that participated in the study agreed that the consequences of stigmatization and discrimination by HCPs towards HIV patients leads to denial of HIV patients having access to necessary treatment/quality healthcare which delayed initiation of HIV treatment, prevents HIV patients from disclosing their HIV status to others causing low turn-out for HIV counseling and testing. However, minority of HCPs agreed that beds of HIV patients should be marked, relatives of HIV patients should be notified even if without consent. Minority of HCPs believes that, HIV patients are responsible for their illness due to their immoral behaviors and deserve punishment for their behaviors, minority of HCPs that participated in this study exercise fear of becoming infected through patient care and believed that treating HIV patients is a waste of resources since HIV infection as no cure, their responses is showed in table 2a. Majority of HCPs that participated in this study agreed that, the mode of HIV Transmission are through unprotected sexual intercourse, transfusion of unscreened blood, sharing sharp objects with HIV infected, vaginal and semen secretions while minority of HCPs agreed that HIV can be transmitted through saliva, tears and sweat, insect bites, eating/drinking, hugging/touching or sharing the same toilet facility with HIV patients. Attitude of HCPs toward routine HIV counselling and testing (HCT) showed that majority of HCPs that participated in the study agreed with the statement of testing which attributed to the positive attitude of HCPs in the present study. However, minority of HCPs that participated in this study had attended a refresher course on HIV/AIDS. Majority of Healthcare professionals (HCPs) in this study demonstrated positive attitude and behaviour toward HIV patients during treatment of HIV/AIDS patients. However, minority of HCPs agreed that HIV/AIDS patients deserve to die and HCPs should allow relation to marry HIV patients as showed in the table 2b and 2c.

Socio-demographic	Doctor N=50	Nurse N=50	Scientist s N=50	Orderlie s N=50	Pharmaci sts N=50	Total N=50
Age						
21-30	10	04	06	14	04	38(15.2)
31-40	20	36	33	27	31	147(58.8)
41-50	15	08	10	08	12	53(21.2)
51-60	05	02	01	01	03	12(4.8)
Sex:						
Male	40	12	36	18	42	148(59.2)
Female	10	38	14	32	08	102(40.8)
Marital status:						
Single	15	10	12	05	13	55(22)
Married	35	40	38	45	37	195(78)
Religion						
Christianity	45	47	50	46	48	236(94.4)
Islam	05	03	---	04	02	14(5.6)
Years of working experience:						
0-10	29	32	35	24	33	153(61.2)
11-20	14	13	12	17	16	72(28.8)
21-30	05	04	03	07	01	20(8)
31-40	02	01	---	02	---	5(2)
HIV status:						
Known	47	49	50	41	48	235(94)
Unknown	01	03	---	09	02	15(6)
HIV/AIDS related training in last 5 years:						
Yes	12	06	08	01	03	30(12)
No	39	44	42	48	47	220(88)

Table 1a: *Socio-demographic characteristics among the participants*

Socio-demographic	Doctor N=50	Nurse N=50	Scientists N=50	Orderlies N=50	Pharmacists N=50	Total 250(%)
Aware of HIV policy document in workplace:						
Aware	48	44	47	14	42	195(78)
Not aware	02	04	03	30	05	44(17.6)
Don't know	----	02	----	06	03	11(4.4)
Exposure to HIV blood in the last 6 months:						
Exposed	12	18	04	07	01	42(16.8)
Not exposed	38	32	46	43	49	208(83.2)
Accessibility of post exposed treatments						
Yes	45	46	44	38	42	215(86)
No	04	02	04	09	05	24(9.6)
Don't know	01	02	02	03	03	1(4.4)
Standard precaution practices						
Enough kits	44	40	46	32	43	205(82)
Not enough kits	06	10	04	18	07	45(18)
Levels of Knowledge of HIV/AIDS:						
good	50	48	50	21	47	216(86.4)
fair	--	02	--	18	03	23(9.2)
poor				11		11(4.4)
Had any direct contact with HIV patients at work						
Yes	18	23	12	14	05	72(28.8)
No	32	27	38	36	45	178(71.2)
Involve in the treatment/care of HIV patients						
Yes	15	22	08	10	02	57(22.8)
No	35	28	42	40	48	193(77.2)

Table 1b: *Socio-demographic characteristics among the participants*

Stigma and Discrimination	Health Care Professionals (HCPs)									
	Doctor N=50		Nurse N=50		Scientists N=50		Orderlies N=50		Pharmacists N=50	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Working with HIV patients										
HIV patients should be on a separate ward	39	11	44	06	02	48	41	09	12	38
HCPs should be notified if a patient has HIV	48	02	50	--	42	12	49	01	40	10
Beds of HIV patients should be marked	01	49	04	46	--	50	13	37	06	44
Caring should be done with precautions	50	--	50	--	50	--	50	--	50	--
Relatives should be notified without consent	12	38	16	34	11	39	14	46	08	32
Emotions towards people living with HIV										
HIV patients are responsible for their illness	04	46	10	40	05	45	08	42	06	44
Most HIV patients have immoral behaviors	06	44	13	37	05	45	10	40	07	43
HIV patients should not be admitted to hospitals	---	50	---	50	---	50	---	50	---	50
HIV-patients deserve punishment for their behaviors	06	44	13	37	05	45	10	40	07	43
Effectiveness of care for HIV/AIDS patients										
Treating HIV patients is a waste of resources	-	50	-	50	-	50	-	50	-	50
Fear of contact with HIV patients in hospital	-	50	-	50	-	50	-	50	-	50
Fear of becoming infected through patient care	11	39	15	35	07	43	18	32	10	40
willingness to take care of HIV patients	38	12	39	11	42	08	35	15	36	14
HIV is curable if treatment is commenced early	-	50	-	50	-	50	-	50	-	50
HIV women transmit HIV during menstrual period	48	02	50	-	42	12	49	01	40	10
Consequences of Stigmatization by HCPs										
It denied access to necessary treatment/care	50	-	50	-	46	04	50	-	50	-
It delayed initiation of HIV treatment	50	-	50	-	48	02	50	-	50	-
Low turn-out for HIV counseling and testing	50	-	50	-	50	-	50	-	50	-
Choice not to access healthcare services	50	-	50	-	47	03	50	-	50	-
It prevents risk person to be tested	50	-	50	-	50	-	50	-	50	-
It prevents disclosing their HIV status to others	50	-	50	-	50	-	50	-	50	-

Table 2a: *Stigma and Discrimination Related to HIV patients by Healthcare professionals*

Stigma and Discrimination	Health Care Professionals (HCPs)									
	Doctor N=50		Nurse N=50		Scientists N=50		Orderlies N=50		Pharmacists N=50	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Modes of HIV Transmission										
Unprotected sexual intercourse	44	06	49	01	47	03	50	--	48	02
transfusion of unscreened blood	50	--	50	--	50	--	50	--	50	--
sharing sharp objects with HIV infected	50	--	50	--	50	--	50	--	50	--
saliva, tears and sweat	--	50	03	47	--	50	05	45	02	48
vaginal and semen secretions	47	03	49	01	47	03	50	--	48	02
insect bites	--	50	--	50	--	50	02	48	--	50
hugging/touching an infected person	--	50	02	48	--	50	06	44	03	47
sharing the same toilet HIV patients	--	50	03	47	--	50	03	47	01	49
Eating and drinking with HIV patients	--	50	02	48	01	49	06	44	03	47
Attitude to routine HCT of HCWs										
Prospective HCPs should submit to mandatory HCT	50	--	50	--	50	--	50	--	50	--
HIV screening should be performed on HCPs	49	01	47	03	50	--	41	09	48	02
HCT should be part of pre-employment test for HCPs	50	--	50	--	50	--	50	--	50	50
Regular HCT should be performed on HCPs yearly	48	02	47	03	49	01	42	08	48	02
Had never been screened because of fear	49	01	47	03	50	--	41	09	48	02
HIV patients should not be given priority	45	05	47	03	--	50	38	12	48	02
Ever provided HIV counselling and testing (HCT)	48	02	49	01	49	01	32	18	47	03
Breaches of confidentiality	04	46	10	40	05	45	12	38	07	43
Need of law to protect the right o PLWHIV	49	01	47	03	50	--	41	09	48	02
Coding of HIV-positive patients' charts	48	02	47	03	49	01	42	08	48	02
HIV- patients should have separate clinic	49	01	47	03	50	--	41	09	48	02
Awareness of Universal Precautions against HIV										
Knowledge of universal precautions	50	--	50	--	50	--	43	07	--	50
Availability of existence at their workplaces	44	06	42	08	48	02	40	10	47	03
attend a refresher course on HIV/AIDS	11	39	06	44	08	42	01	49	03	47

Aware of HIV policy document in workplace	48	02	44	06	47	03	14	36	42	08

Table 2b: *Possible Modes of HIV Transmission and Precaution Measures*

Stigma and Discrimination	Health Care Professionals (HCPs)									
	Doctor N=50		Nurse N=50		Scientists N=50		Orderlies N=50		Pharmacists N=50	
	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
Attitudes of HCP to PLWHIV										
HIV is a serious threat to health workers	44	06	48	02	46	04	50	-	47	03
Treating PLWA increased risk of contracting HIV	45	05	48	02	47	03	50	-	49	01
HIV patients poses a great danger to HCPs	42	08	45	05	40	10	50	-	44	06
HIV/AIDS patients deserve to die	-	50	02	48	-	50	04	46	03	47
HIV patients should not be given best treatment	-	50	-	50	-	50	-	50	-	50
HCPs should retain their friendship with PLWAs	50	-	50	-	50	-	48	02	50	-
HCPs should not share office with HIV patients	-	50	01	49	-	50	04	46	02	48
HCPs should visit HIV patients	50	-	50	-	50	-	48	02	50	-
HCPs should allow relation to marry HIV patients	20	30	15	35	12	38	05	45	10	40
Attitude of Health Workers towards Treatment of HIV/AIDS Patients										
I want to be removed from caring for PLWHIV	05	45	07	43	03	47	08	42	06	44
HIV testing for patients without consent	04	46	10	40	05	45	12	38	07	43
HCPs with HIV should be disengaged	-	50	-	50	-	50	-	50	-	50
Refusing to hug/touch HIV patient	04	46	10	40	05	45	08	42	-	44
Refusal of admission to a hospital	-	50	-	50	-	50	-	50	-	50
Refusal to operate/assist in clinical procedures	-	50	-	50	-	50	-	50	-	50
Cessation of ongoing treatment	04	46	10	40	05	45	10	38	07	43
Early discharge from hospital	07	43	04	46	01	49	11	39	05	45
Bad facial expression when treating HIV patient	01	49	04	46		50	10	47	06	44
Judgmental attitudes	03	47	06	44	04	46	09	41	05	45
Physical isolation in the ward	02	48	05	45	01	49	11	39	06	44
Restrictions of movement around the ward		50	-	50	-	50	-	50	-	50
Restricted access to shared facilities	04	46	10	40	05	45	10	38	07	43
Double-gloving when taking pulse/ giving patients medication of HIV patient	03	47	10	38	06	44	15	35	10	40

Table 2c: *Attitudes and Behaviours of Healthcare Professionals toward HIV Patients*

Discussion

The most interesting findings of this study was the fact that most of the healthcare professionals showed positive attitudes towards HIV patients. Stigmatization and discriminating attitudes among HCPs in this present study is lower compared with other previous studies. Supporting the findings obtained in this study, it was assumed that the HCPs who were working in the tertiary hospitals would have less discriminatory attitudes than primary and secondary hospitals because in the tertiary hospitals, not all the HCPs were involved in providing healthcare and treatment to PLWHIV. Thus, HCPs from the tertiary hospitals were either involved in providing treatment or were not involved. On the other hand, HCPs in primary and secondary hospitals were all involved with either providing treatment or diagnosing HIV due to limited number of HCPs that are available (Mohammad and Kippax 2010). However, contrary to the findings in this study, Amoran reported that HIV related stigmatization is mostly prevalent in tertiary facilities among the health workers in Northern Nigeria (Amoran, 2011). This study revealed that, based on the year of working experiences, younger healthcare providers had more negative attitudes towards the care of HIV patients compared with the older healthcare providers. The rationale behind this is that older healthcare providers were more experienced to take care of these patients than younger HCPs (Caterina et al., 2014). A significant proportion of HCPs in this study had appreciable knowledge of the causes and prevention of HIV/AIDS. In spite of this, some HCPs had various misconceptions regarding how HIV/AIDS can be transmitted and how to handle the contagious nature of the disease. This study indicated that Nurses and ward orderlies were more feared of contagion while working with HIV patients compared to other HCPs in the study. These differences might be due to the nature of their duties because, Nurses and ward orderlies stay more often with the patients in the ward than other HCPs. Majority of HCPs in this study believes that the main modes of HIV transmission are unprotected sexual intercourse, unscreened blood transfusion, sharing sharp objects with HIV patients. However, very few HCPs are erroneous beliefs that HIV could be transmitted through insect bites, touching and hugging, sharing of toilet facilities with HIV infected persons. World Health Organization has reported that Casual contacts such as touching and hugging an HIV infected person does not result in HIV transmission. There is good evidence that HIV is not transmitted through close skin contact even over prolonged periods. The incidence of HIV transmission through accidental needle pricking is a rare, although HIV has been isolated from most body fluids such as blood, blood products, semen, vaginal secretions, saliva, tears, urine, breast milk, cerebrospinal and amniotic fluids, only blood, blood products, semen, vaginal secretions, donor organs/tissues and breast milk have been implicated as mode of HIV transmission. However, Saliva is known to be a hostile body fluid for HIV, which quickly inactivates the virus (Sylvia *et al.,* 2003). Minority of HCPs who participated in this study felt that HIV infected patients are responsible for their illness and they deserve the punishment for their immoral behaviours, that they should die rather than being admitted into the hospitals or if they are admitted, their beds should be marked in the ward. Many of HCPs that participated in the study agreed that they cannot allow their relation to marry HIV patients. As observed in this study, lack of protective and other materials needed to treat and

prevent the spread of HIV infection may contributes to discriminatory behaviours by the HCPs. Supporting the findings in this study, Reis Stated that lack of protective materials contributed to the reasons for HCPs not applying universal precautions, which cause discriminatory behavior among HCPs. Healthcare professionals that lack protective materials or resources may be afraid of treating or providing quality healthcare services to PLWHIV which lead to stigmatization and discrimination toward PLWHIV. In order to do their jobs safely and effectively, health professionals must be provided with adequate supplies of essential protective materials, to reduce the fear of being infected at work (Reis et al., 2005). In this study, majority of HCPs admitted that they have moral, strong legal and professional or ethical obligation as health workers to treat HIV/AIDS patients and to encourage their admission into the wards. Also, majority of HCPs that participated in the study were willing to treat HIV/AIDS patients. However, HCPs in this study recommended that, they should be inform any time HIV patients is admitted into the ward, so that they can apply better protecting manners so as not to be infected at work place. As observed in this study, majority of HCPs that participated in the study believed that caring, educating, counseling and treatment of HIV patients will result in improving their own quality of life, these positive attitudes of healthcare providers in this study might be likely due to their positive experience of caring for HIV patients. Negative attitudes by HCPs towards HIV patients while taking care of them might be fear of being infected at work (Teamur et al., 2009). This study revealed that hospital orderlies were more afraid of contagion while working with HIV patients compared with other HCPs in this study, these differences might be due to their level of knowledge and experiences regarding working with HIV patients. In this study, majority of healthcare professionals knows their HIV status, many of them readily surrendered themselves for the test without the fear of being stigmatized/discriminate if result turn positive. Many of HCPs support mandatory HIV test for all health care providers and they believe that HIV patients should not be treated in a separate ward, many of HCPs in this study shows warm receiving of HIV patients while carrying out their duties, this is similar to the Jonathan report that HCPs often embraced or hugged HIV patients who have not visited the clinics for a long time, with a smile, addressed them politely, readily offered them a seat and asked them about their health even before they were treated or counselled (Jonathan, 2016). This quality qualifies HCPs to be role models to discuss HIV testing with clients. Findings in this study is contrary to the findings of Amoran who reported that majority of Health workers were reluctant to have an HIV test done due to fear of stigmatization and that HIV patients should be treated in a separate ward (Amoran, 2011). This suggests that HIV stigma reduction programs should be developed to target the healthcare professionals in health sector to address professional attitude, cultural and religion beliefs along with scientific matters. Minority of the healthcare professionals in this study breaches the confidentiality by giving confidential information to a patient's family member or relatives without the patient's consent, this is similar to the findings of Amoran. Supporting their decision, that patient's relatives fulfil their responsibility to help the patient find a diagnosis and treatment, that when someone is sick, it is the family members who normally take decisions on care and treatment on behalf of the sick person, sometimes such close relatives contribute financially towards cost of treatment for the patient. The patient who is deemed incapable of taking such decisions on his own depends on relatives for treatment and other necessary support. This implies that relatives have to know what type of sickness the patient is suffering from to enable them to look for appropriate treatment. Family members often accompany patients to health care settings to assist with certain aspects of patient care in case of hospital admission (Jonathan, 2016). Minority of the healthcare professionals in this study had judgmental attitudes toward HIV patients believing that HIV/AIDS infection has been considered contagious as a result of immoral behavior and they should suffer for their morality. In view of this, it can be said that the unprofessional attitudes and behaviours of health workers in the present study were largely driven by judgmental attitudes toward HIV patients (Hill, 2010). Very few HCPs in this study believes that HIV/AIDS patients deserve to die because, HIV/AIDS is an incurable disease and HIV patients are bound to die of the infection no matter the efforts put in by HCPs. Supporting the findings in this study, Duh stated that stigmatization of HIV patients is based on the position that there is no cure for the disease and its patients are going to die anyway and unfounded fears about HIV/AIDS (Duh, 2008). Majority of HCPs in this study had not attended HIV/AIDS related training in last 5 years. it was observed that training, competence in the care of patients with HIV/AIDS and the prevention of HIV-related occupational risks are of paramount importance for HCPs. Regular training of HCPs, will equipped them with the requisite skills to relate well and treat HIV patients in a professional way compared to other health workers who have not received such training. This type of training will help HCPs to understand better the level of risks associated with caring for HIV patients and how to handle such risks. Training on how to care and treatment HIV patients will lead to a greater willingness by health workers to care for HIV patients with less negative attitudes and behaviours towards them. Other studies also found that HIV training equips health workers to behave well towards HIV patients during service provision. According to USAID report that, health care providers with HIV training had significantly higher knowledge scores than those without it, a result that is consistent with the possibility that HIV training can significantly improve such knowledge regarding HIV transmission and prevention. Their study further noted that AIDS education among health workers, particularly nurses, led to significant improvement in attitudes towards HIV patients (USAID, 2007). Few of HCWs in this study mentioned that they would not feel comfortable if their other patients and colleagues knew that they were involved in treating or providing care to HIV-positive patients, this is similar to previous study, that this is associated with social and economic risks influence of societal and familial prejudice and loss of earnings as working with PLHIV is negatively viewed by the society (Mohammad and Kippax, 2010; *Wasiu, 2014*). To reduce stigmatization and discrimination toward HIV patients in health care settings, there is need to address health care professionals' fears about being infected on the job and the need to protect themselves through standard precautions. Fear of being infected at work is based on real risks due to their lack of access to supplies and training in infection prevention and standard precautions. There is mounting evidence that medical transmission is an important, yet largely neglected route of HIV transmission in resource-poor settings. It is becoming clear that HIV programs have paid insufficient attention to transmission in health care settings. The number of cases of HIV infection through medical transmission is certainly not trivial. Health workers' negative attitudes and behaviours are driven by beliefs and myths about HIV/AIDS, lack of knowledge and skills in HIV/AIDS clinical management and counselling, lack of drugs and supplies, limited knowledge of the modes and risks of HIV transmission in health care settings and an over estimation of the risk of HIV infection following occupational exposure (*Dahlui et al., 2015)*. However, international principles of medical ethics, professional obligation and Nigerian codes of conduct which clearly provide for patient autonomy; the right to informed consent, confidentiality of patient information, the right to quality healthcare and treatment would reduce the negative discriminatory attitudes among HCPs towards PLWHIV and protect their right.

Conclusion

Healthcare professionals should have access to up-to-date information on all aspects of HIV/AIDS through effective training on the modes of HIV transmission, prevention, counselling, guidelines for safe practice and the rights of PLWHIV, this would reduce discriminatory attitudes towards PLWHIV and also improve patients' care and access to quality healthcare services. HCPs should be competent to provide healthcare and

counselling to patients, know the universal precautions and accept caring for people living with HIV/AIDS as their ethical and moral duty. A safe environment should be secured for all healthcare providers including the provision of protective equipment and materials that will shield them from exposure to HIV-infection and other blood-borne diseases.

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