

# The HIV Ally: Self-Presentation Strategies for Health Care Personnel

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## BACKGROUND

### HIV as a Social Phenomena

"Many people suffering from AIDS and not killed by the disease itself are killed by the stigma surrounding everybody who has HIV/AIDS."

- Former South African President Nelson Mandela



"Make no mistake about it. There is still a lot of stereotyping. There is still an astonishing amount of denial. And there is still even persecution of people who are working on the front lines of this battle."

- Former U.S. President Bill Clinton



"The impact or the fear of stigma can be as detrimental as the virus itself. The solitude and lack of support it entails is wounding to those who suffer it."

- Deputy Secretary-General Louise Fréchette of the United Nations



### Stigma and Healthcare

People belonging to Stigmatized groups are hypersensitive to signals that someone might dislike them

This sensitivity is especially acute when you depend on someone, such as health care personnel (HCPs)

Stigmatizing attitudes among HCPs towards this patients with HIV are not uncommon

- Some HCPs belittle, patronize, mistreat, or outright refuse to treat patients with HIV

Fortunately, most HCPs disdain HIV stigma and treat these patients with respect; however, HIV patients' hypersensitivity to cues that might signal stigma can lead them to misread ambiguous HCP's cues (having a headache, for instance, can be read as irritation with the patient,

- As such, even well-intentioned healthcare personnel may inadvertently exhibit behaviors their patients interpret negatively
- Critical to identify what behaviors might provoke patient concerns
- Also critical to identify strategies that alleviate this hypersensitivity and stigma concerns

## METHODS

As part of a larger project on managing HIV stigma, 282 people living with HIV took part in structured interviews on their experiences with HCPs. These included questions on what they perceived as HIV Ally behaviors and the meaning of these cues.

### Phase 1 Analysis

- Two-person coding team
- Latent content analysis of open-ended responses
- Constant comparative techniques

### Phase 2 Analysis (on-going)

- Shift from latent to manifest content analysis
- Descriptive and inferential stats, where applicable
- Assessment of method feasibility

Total N:	282
Sex:	
Male	252 (89.4%)
Female	19 (6.7%)
Trans	8 (2.8%)
Race:	
Black	143 (50.7%)
White	94 (33.3%)
Latino	32 (11.3%)
Asian	3 (1.1%)
Other	10 (3.6%)
Sexual Orientation:	
Heterosexual	104 (36.94%)
Bisexual	23 (8.2%)
Homosexual	111 (39.4%)
Other	4 (1.4%)
Age:	
Mean	44.1
Time Since Diagnosis:	0-21 years
AIDS Diagnosis:	248
AIDS - NO	138 (48.9%)
AIDS - YES	110 (39%)

## RESULTS

Through discussion and consensus regarding their respective compilations, the authors produced a categorical system for describing five primary sets of ally strategies that revolved around:

- Performance of specific nonverbal cues
- Execution of the clinical encounter
- Provision of care
- Disclosure/Inquiry regarding personal information
- Provision of emotional support

### Performance of Specific Nonverbal Cues

The performance of one or more of four specific nonverbal cues led HIV patients to view their HCPs as allies. These included:

- Smiling:** Simply put, smiling at HIV patients puts them at ease
- Proxemics:** Standing at a close or comfortable distance from patients (standing too far away may suggest you're afraid of them)
- Non-clinical touch:** Clinical touch is part of the job (e.g., physical exam), but using other forms of touch (e.g., handshake, pat on the back, etc.) signals you aren't afraid to touch them. Also signals immediacy and connection.
- Active listening cues:** Attending to the patient while s/he is speaking. Patients took care to point out how valuable they viewed HCPs who didn't multi-task while the patient was speaking. Doing so made the patients feel like they were important to the HCP.

### Execution of the Clinical Encounter

How HCPs manage the clinical encounter shapes how HIV patients feel towards the HCP (safe, unwanted, etc.). These strategies leave patients feeling like their HCPs aren't just treating the disease, but helping them fight alongside them as partners to keep them healthy. Participants focused on two specific communication tasks:

- Shared decision-making:** This involves simply allowing patients input when determining treatment plans, asking for patient preferences, and/or giving choices.
- Translation of complex, clinical information:** HIV is a highly complex illness, as are its treatments. These strategies simply involve taking the time to explain clinical information in layman's terms, such as how the virus works, medications and their function, or meaning and importance of treatment adherence.

### Provision of Care

This set of variables depicts the lengths to which the HCPs go in providing care outside of the clinical encounter. Participants settled on four specific cues that signal an HIV ally:

- Extensive Availability:** Allowing patients to contact the HCPs outside of the clinical visit, working late or coming to work at odd hours (evening/weekends) for the patient's benefit.
- Rapid Response Times:** Quickly returning phone calls or e-mails (even if only in the same day)

- Reminders & Follow-up:** Contacting patients to remind them of appointments or contacting them after appointments to ask how they're doing or if they have any questions.
- High (Exceedingly) Standard of Care:** Participants described examples in which HCPs don't stop trying to help after encountering a single roadblock (social workers trying multiple venues to access & coordinate resources; physicians working with pharmaceuticals to get free sample or insurance companies to get a regimen accepted).



### Provision of Emotional Support

This set of cues involve showing empathy and emotional support or sharing in the distress of patients.

- Addressing Emotional Upset:** Providing emotional support to patients, offering reassurance and sympathy in times of distress.
- Sharing Emotional Upset:** Participants recounted a number of examples where HCPs seemed to share in their patients' distress, even crying with them. Several of these participants underscored how these events were the most powerful evidence that their HCPs were allies and "on their side."

### Affective & Behavioral Outcomes

We asked what these cues signal HIV patients, which we present in aggregate:

- Perception that HCP are unafraid.
- Perception that HCP are relating to patient on a human level.
- Increased confidence in quality of care.
- Increased motivation for treatment adherence and achievement of target health & behavioral outcomes.

## DISCUSSION

These findings present a variety of strategies from which HCP may pick and choose to fit context and their personal style.

Caveat regarding forced behaviors (can feel fake): Need for these to feel genuine (hence, not picking strategies that don't readily integrate into your current interaction style.

Next steps involve assessing frequencies and distributions (preference trends across groups or normative approaches), as well as linking these to patients' behavioral and clinical outcomes.

Finally, this work will be developed into training modules for HCPs who work with HIV patient populations.

