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

Lance Rintumuki, PhD,1 Kami Kosenko, PhD,2 Liz Karras, PhD,3 Bonnie McCracken, MA,1 & Jessica Lemons1

1 University at Buffalo (SUNY); 2 North Carolina State University; 3 Canandaigua Veteran’s Administration Medical Center

ACCOUNT
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

“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.”
- Former U.S. President Bill Clinton

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 patient 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.

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.

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

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.

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.

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.

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%)