Understanding knowledge and attitudes regarding HIV amongst secondary care healthcare professionals: A national survey

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GILEAD HIV STANDARDS SUPPORT TEAM

Background

- Recent data demonstrate stigma and misconceptions about HIV remain common among healthcare professionals (HCPs).^{1,2}
- The 2022 Positive Voices survey³ suggested 1 in 17 (5.8%) people living with HIV reported having not been treated well in the prior year in healthcare settings due to their HIV status. 1 in 14 (7.2%) had avoided accessing healthcare services and 1 in 7 (13.7%) had worried about being treated differently.
- We sought to explore knowledge and attitudes about HIV amongst UK HCPs working in non-HIV/sexual health settings to identify areas for education and training.

Methods

- A national, online survey was deployed in November 2023.
- This unvalidated 17-item survey was developed in collaboration with UK HIV clinicians, researchers and Gilead Sciences, and conducted as market research with Opinium research.
- Email, social media, journal advertisements and in person meetings were used to engage HCPs nationally by a faculty of healthcare professionals, and Gilead Sciences.
- Descriptive analysis of outcomes are presented.
- Supplementary data are available via the QR code

Results

- Between 14th November 2023 and 8th April 2024, 323 survey responses were received, 53% from nurses, and 66% from HCPs with over 10 years' experience
- Many doctors (51%) and nurses (47%) had over 20 years' experience their roles

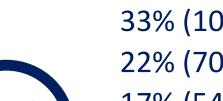
15% (49) Doctor Allied HCP 14% (44) 5% (16) Healthcare assistant (HCA) 2% (8) **Pharmacist** Other/prefer not to say 11% (36)

HCP type; % (n)

Experience in current role; % (n)

24% (76) 10-20 years 14% (46) 5-10 years 14% (46) Up to 5 years 3% (11) **Current Student**

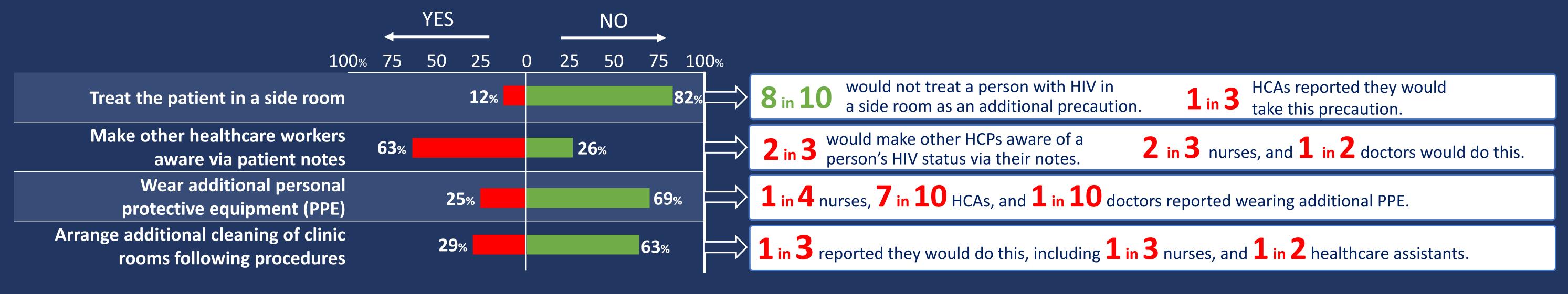
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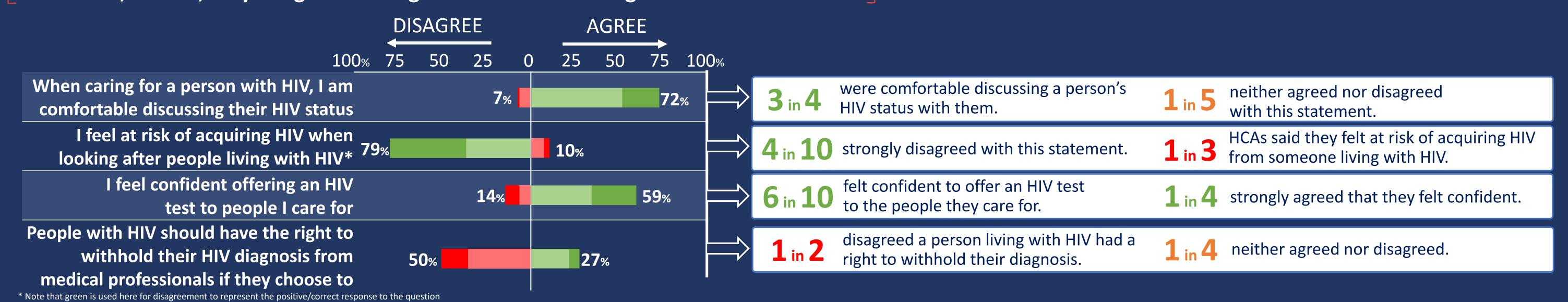
Region; % (n) 33% (108) Wales 22% (70) Northern Ireland 17% (54) London 10% (32) South of England 7% (21) Scotland 6% (19) North of England 4% (13) Midlands

Use of green infers what is considered a positive/correct agreement with the question, and red a potential negative/incorrect response. Where colour graduations are provided, depending on the question, darker green/red reflect strong agreement/disagreement with the statement or certainty it is true/false, with lighter green/red that the respondent agreed/disagreed, or that they feel the statement to be true/false.

When a person in your care is living with HIV, which of the following additional precautions, if any, would you take to protect yourself or other staff?



How much, if at all, do you agree or disagree with the following statements about HIV?



Do you think the following statements about HIV are true or false?



Belief in the U=U statement:

5 in 10 agreed this was true with 1 in 4 being certain the statement was true.

73% of doctors and 56% of nurses believed this was true.

1 in 3 thought the statement to be false, with 1 in 10 felt certain this was false.

All healthcare workers should receive training so they know up-to-date information on HIV in the UK today:

98% or respondents supported this statement (79% strongly supported)

How confident, if at all, are you in your knowledge and understanding of the medical conditions that should always prompt an HIV test?

- 45% reported they would be confident of these (13% very confident), with 49% being not confident (14% not at all confident).
- 84% of doctors were very/fairly confident, compared to 40% of nurses.

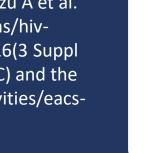
Limitations and challenges

- The questionnaire was unvalidated, but may represent a more person first and positive approach to asking about knowledge and attitudes than the WHO recommended questions.⁴
- HCP input into development and distribution came from a broad UK geography, which may reflect positive uptake in areas such as Wales and Northern Ireland.
- Whilst we did not have direct community input into its development, the survey was endorsed by 6 UK community organisations.
- Low response; reasons may include distribution methods & a similar ECDC/EACS survey⁵ as well as other surveys competing for HCO's and HCP's time.
- Effective comparisons based on role, experience, or region were not possible due to the lower than expected response rates.
- Respondents may be those with greater awareness of HIV, and so this may represent a more informed knowledge and understanding among HCPs outside of HIV.

Conclusions

- Although questions yielded largely correct responses, there are clear areas for education and training, for example a third of respondents did not agree with the well-established zero risk of sexual transmission for people on suppressive treatment.
- Responses related to infection control indicate a need for clear, evidence-based occupational guidance.
- These results suggest that a national response to educate all HCPs is needed and would be accepted in order to better support people living with HIV.





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