

Being positive about being positive... staff stories to increase HIV awareness

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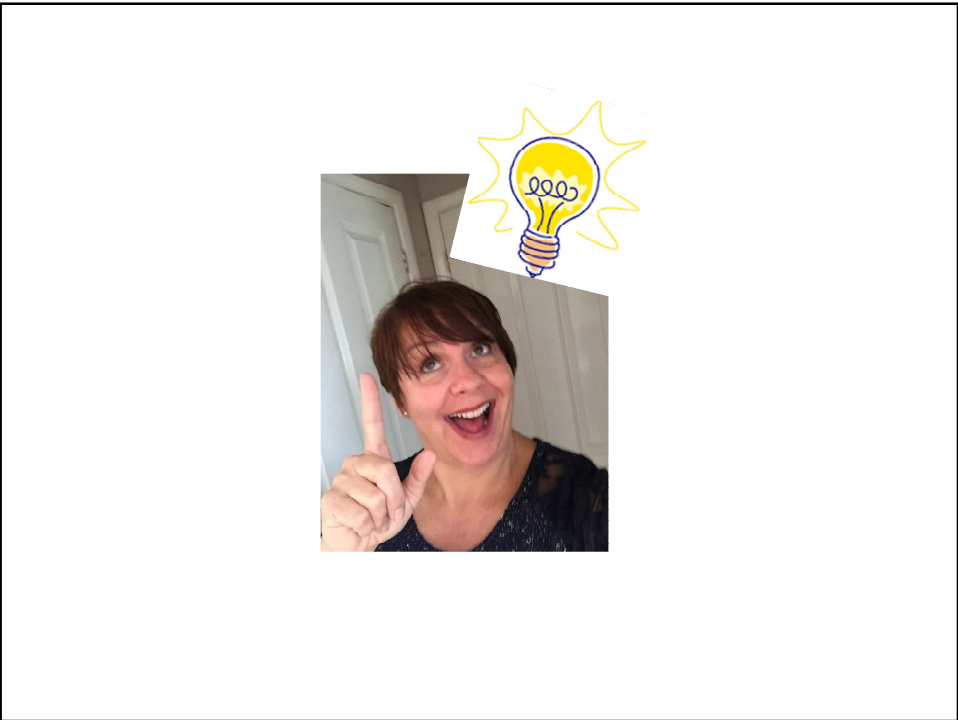


14th Annual Conference of the National HIV Nurses Association (NHIVNA)

Krattinger Rennison Charitable Trust Nursing Research Award
The prize is awarded for an original piece of nursing research presented at the NHIVNA Annual Conference, either as an oral or poster presentation.

Abstract O8: Improving nurses' knowledge about HIV:
development and evaluation of an innovative online resource
Kirstie Weeks, University of Nottingham

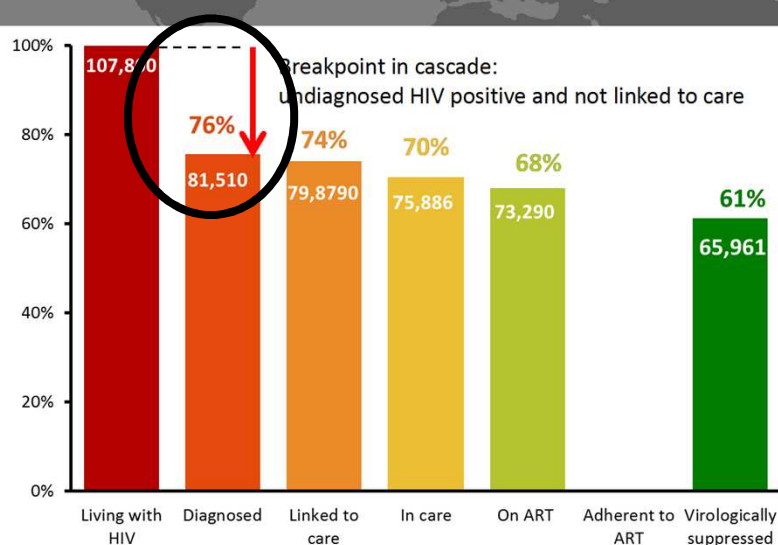




We need to do
this ourselves!



Cascade of HIV care – United Kingdom



Reference: Public Health England. *HIV in the United Kingdom: 2013 Report*. London: Public Health England. ; 2013.
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/377194/2014_PHE_HIV_annual_report_19_11_2014.pdf

Awareness

Testing

Stigma

Late presenters

Missed
opportunities

Awareness

World

AIDS

Day

2012

Trust wide
Questionnaire

Information
stand

Red Ribbons

World

AIDS

Day

2013

Increased
testing

Red Ribbons





Methods

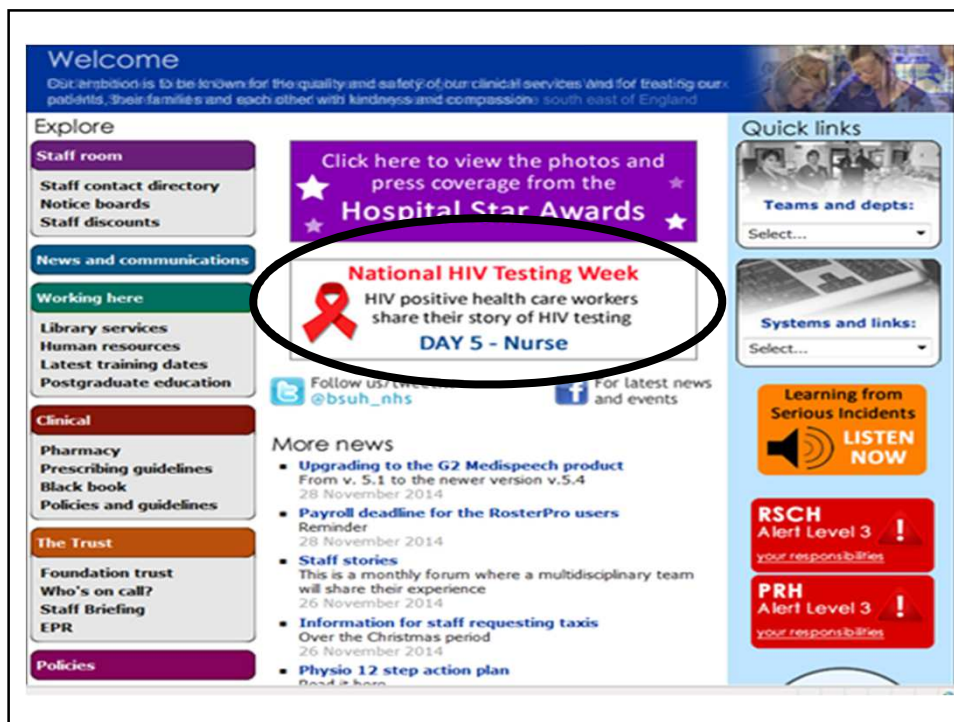
Personally approached

Engaged in care and on ARVs

Account of experiences

Gained consent

All male



Results

Story	Number of visitors
<input type="checkbox"/> Introduction	<input type="checkbox"/> 1,337
<input type="checkbox"/> Story 1 – Staff Nurse	<input type="checkbox"/> 738
<input type="checkbox"/> Story 2 – Nurse Specialist	<input type="checkbox"/> 603
<input type="checkbox"/> Story 3 - HCA	<input type="checkbox"/> 430
<input type="checkbox"/> Story 4 – Charge Nurse	<input type="checkbox"/> 331
<input type="checkbox"/> Story 5 – Pharmacy co-ordinator	<input type="checkbox"/> 322
<input type="checkbox"/> Story 6 – Clinical Lead	<input type="checkbox"/> 150

Responses

(25th November 2014)

"Wow, I just read the first one and would like to commend the author. It is so easy for us to sit on our high horses and cast moral judgment on people...."

(27th November 2014)

I've just read the third story (as it was the first on the home page) amazing, brought tears to my eyes. If I could shake your hand I would. Inspiring stories"

Key Themes

Impact of
Diagnosis

"When I was diagnosed I thought my hopes of becoming a nurse were completely over"

Taking Control

"I took time to regroup and focus on me and decided I would not let this diagnosis run my life..."

Selective
Disclosure

"One person dropped the friendship, but otherwise I had supportive responses"



NATIONAL HIV TESTING WEEK
22-29
2013

Working with HIV

Nurse Philip Hale – in full-time work and ‘doing great’

■ My decision to be open about my HIV status at work was not one I made easily. I thought long and hard before deciding that being open was the best plan for me. I currently work as a Stand 7 Night Clinical Lead in West Sussex. I was diagnosed in May of this year when I contracted a pneumococcal double pneumonia and was seriously ill. My CD4 count (white blood cells) was 1.1 and my viral load (indicating severity of an active viral infection) was at 2.3 million which in layman's terms means it was very nearly gone. After being told I was positive I cried, felt angry for myself for a few days but then decided very quickly to dust myself off and get on with things. This somewhat stoic attitude I owe to my father, an ex-Army major who has always instilled in myself and my siblings to never wobble in adversity. As soon as I returned to work in August I immediately informed my line manager and then all the ward managers whom I work with and have contact with on a regular basis. Their response was more than I could have hoped for, they all know me very well and knew that once I had returned to work it would be minimal fuss and business as usual. It is a great comfort to know that I have their support if and when I ever need it. Also from a practical perspective they are able to alert me to any situations that may put me at risk, as patients with CD4 T4 or atypical which while my immune system is still settling itself together are potentially perilous for me right now. I've never been comfortable with not being open and honest and therefore not disclosing my HIV status was never really an option for me. I understand that for many people opening up about their status in the work place is something that they don't feel able to do and that is absolutely right for them. They may be worried about not being accepted or being on the receiving end of negative reactions. I think particularly in health care being open is potentially more daunting than many other professions simply by the very nature of the clinical job we do.

‘I was determined to take this negative event in my life and turn it into a positive’

■ Living and working ‘very happily’ with HIV as a staff nurse
As a student nurse, I was lucky enough to have a placement within my local GU&H/CMH clinic, where I gained valuable insight into diagnosis, treatment and prevention of STIs and HIV. I realise I also gained enough knowledge to know that HIV would never be a condition that would affect me. I qualified as a staff nurse not long after, and I was very good at practising what I preached and on the occasions where I was perhaps not so careful I would take a sensible judgement on my likelihood of contracting anything. Underneath, after all, I had worked in this area, understood the risks, and believed my chances of contracting HIV were always negligible through careful risk assessment. A couple of years later, I became very sick which was diagnosed as glandular fever by my GP. I remembered at this point from my time spent as a student in GU&H/CMH – that glandular fever was a common pre-diagnosis for HIV sero-conversion illness. It took me a further two months before I had an HIV test because I believed that I was just being paranoid, that obviously

For me I kept it safe in a little box which I put on the shelf thinking at some point in the future when I was ready I would open the box and deal with it then. I continued working as a nurse, and I would hear other health care professionals talking about HIV positive patients, sometimes in a negative light, with comments like “oh they're clearly a bit of a mess”, and not long after I had qualified I came mouthing to me “make sure you wear apron and gloves before talking to them, you're HIV positive”.

This made me feel ashamed of myself, embarrassed and at an all time low. It also made me more determined to hide my status, and I lost my confidence as a nurse. Many months later, I opened the little box – and I told some of my close friends and colleagues that I was HIV positive and the response was overwhelming. Rather than being judged and ashamed, I felt supported and respected. I would most certainly have done this much earlier if I had known this would be the response I got. My career took a change in direction at this point, and I decided to work in the specialist area of HIV and GU&H. I was determined to take this negative

Living with HIV for 20 years

■ I WAS diagnosed HIV+ through a blood test done by my GP who I had visited due to fatigue and loss of appetite. I was very surprised when I got the diagnosis as I thought I was in a monogamous relationship and he was the first person I had ever had unprotected sex with and secondly as the GP phoned me at work to tell me. This was just over 20 years ago now, originally I carried on working, but was burning the candle at both ends and it was not long before I was signed off sick. Six years ago I had an epiphany and decided not to be a victim of my circumstances anymore and I started to get my health back on track and I could

that comfortable with most of the staff. I then managed to get a job in the cardiac ward at the Royal Sussex County Hospital and again only a couple of people knew my status mainly because I had heard a couple of nurses not being very understanding of one of the patients who was HIV+. I soon started to look for another ward to work on, this is when I got a job on the then HIV ward, not only did I feel comfortable sharing my status but felt I could help the patients more with my knowledge and experience. Now after some work in sexual health doing risk screening I now am working within the diabetic team and to be honest I do not feel I have to hide my

Conclusion



Acknowledgements

I would like to offer my heartfelt thanks to all those who felt able to share their stories and to Eileen Nixon