CHAPTER III

Proposal

A participatory problem solving approach to increase willingness among doctors and nurses to manage HIV/AIDS patients at the National Referral Hospital, Thimphu, Bhutan

3.1 Introduction

AIDS related stigma as explored in Chapter II revealed that its consequences are devastating and affect the people perceived to be infected with HIV/AIDS and also individuals and groups associated with them. The worst affected are the poor and hard to reach population like prostitutes, homosexuals and intravenous drug users who need the most care and support.

Stigmatization in HIV/AIDS lead to the silent spread of this disease with discrimination endangering public health *(Dr Jonathan Mann, 1990)*. Fears of contagion has been a significant physical factor in evoking stigma related to AIDS *(Herek, 1990)* which led to discriminatory actions among the general public, and health professionals.

Globally much has been done to combat this stigma related to AIDS and there are stories of successes and of failures as cited in chapter 2. It has become clear, that this stigmatization has to do more with social aspects and less with the medical aspects in general. However, in the health care, more specifically in the hospitals, literature shows this stigma has to do more with the physical factors – that is contagiousness, perceived risk of infection at the work place, ignorance of routes of transmission and perceiving AIDS as a fatal and incurable disease. Compared to the social and moral factors, the physical factors have a significant role in causing fear, which evokes stigma related to AIDS. This further leads to less willingness among the health professionals to manage HIV/AIDS patients.

At the NRH, Thimphu, after the health professionals had come in contact with HIV/AIDS patient in December 1999, fear of AIDS as a common concern became a significant factor. This led to unwillingness to manage HIV/AIDS patients among doctors and nurses. Further, following a rapid appraisal among doctors and nurses, a preliminary analysis of data revealed that the physical factor, fears of contagion, played a significant role in causing less willingness to manage HIV/AIDS patients at NRH, Thimphu. Though at this stage, the problem of AIDS related stigma among health professionals in Bhutan would be small in comparison to other problems, I am convinced through the literature that this stigma can be spreading silently and have unimaginable consequences on people who are already suffering from HIV/AIDS. Therefore, through the experiences of other countries, I would like to see how possibly could I help to reduce

this stigma and or increase the willingness among health professionals to manage HIV/AIDS patients.

Based on the rapid appraisal, I want to focus on the physical factor as it is a significant cause for unwillingness to manage HIV/AIDS patients among the health professionals at NRH, Thimphu. This factor can be addressed and is within my control. Whereas social and moral factors are less significant at the moment in NRH, Thimphu and also would require complex involvement and longer duration of time as it deals with policy and lifestyle behaviour. Therefore my focus is on the physical factor to address the issue of fear of contagion and unwillingness among the doctors and nurses of NRH, Thimphu.

3.2 Rationale

The rapid appraisal in chapter 4 is the first phase of Participatory Action Research for this study to identify the nature and the magnitude of the problem and its main causes and factors among doctors and nurses in the context of NRH, Thimphu with regard to the management of HIV/AIDS patients.

The problem has been identified as fear of contagion which led to the unwillingness among doctors and nurses to manage HIV/AIDS patients. The main causes of fear among the health professionals are the perceived risk of HIV/AIDS

infection, and AIDS perceived as a contagious and a fatal disease, lack of knowledge, and the absence of a support system.

The method adopted to address this problem is a participatory approach in developing plans for the reduction of risks in the management of HIV/AIDS patients in the hospital, to increase knowledge and dispel misconceptions about HIV/AIDS among the health professionals of NRH, Thimphu, and to establish a support mechanism.

Studies have shown that knowledge, or universal precautions, or support separately has not proved to be an effective method to address problems such as fear among health professionals in a hospital. It requires a broader and flexible approach which addresses the facts as well as the unknowns and natural concerns surrounding a new disease syndrome that help to calm fears and increase willingness among health professionals to interact with AIDS patients. *(Sandra M. Hartnett, 1987, The Journal of Continuing Education in Nursing, Vol. 18, No. 2, pp.64-67).* Another study has shown that the learning-process approach help health professionals to understand basic facts about transmission, to overcome the fears that may make them refuse to treat someone with HIV/AIDS, or to deal with the stress they experience through dealing with death on a daily basis, such as discussion groups has proved to be effective in helping health professionals to deal with the problems. Health professionals involved in managing HIV/AIDS patients can meet together in informal groups to identify and discuss key problems and find ways to overcome them. *(B. Gerbert and others, Journal of American*

Medical Association, 16 December 1988, Vol. 260, No. 23, pp.3481-8). Further David Korten (1980) conducted a research comparing two types of management styles, a blue print approach and a learning process approach. The blue print approach stressed accountability while a learning process approach stressed flexibility, more on the ability of participants though it admitted failure to meet the time frame. The research showed that learning process approach was always successful where beneficiaries were able to take the initiative and the responsibility to solve local problems. Therefore participatory action research (PAR) considered as a possible problem solving approach to address this problem.

Participatory action research (PAR) is defined as a "collective, self reflective enquiry undertaken by participants in social situations in order to improve the rationality and justice of their own social practices". *(Kemmis and Mc Taggart, 1988 : 5).* PAR as a method includes the four moments of action research, namely reflection, planning, action and observation. This research moments exist inter-dependently and follow each other in a spiral or cycle. *(Refer Appendix B)*

Reflection in PAR is that moment where the research participants examine and construct, then evaluate and reconstruct their concerns *(Grundy, 1986 : 28).* Reflection includes the pre-emptive discussion of participants where they identify a shared concern or problem.

Planning in PAR is constructive and arises during discussions among the participants *(Kemmis and Mc Taggart, 1988 : 5).* The plan must be for critically examined action of each of the participants and include evaluation of the change.

Action happens when the plan is put into place and the hoped for improvement to the social situation occur. This action will be deliberate and strategic *(Grundy, 1986 : 28).* It is here PAR differs from other research methods in that the action or change is happening in reality and not as an experiment 'just to see if it works'.

Observation in PAR is the 'research portion of PAR' where the changes as outlined in the plan are observed for its effects and the context of the situation *(Kemmis and Mc Taggart 1988 : 13).* In this moment research tools, such as questionnaires, can be utilised to ensure proper scientific methods are followed and results have meaning. Observation and Action often occur simultaneously.

People who are involved in this PAR study would also develop capacity in problem solving in the health care services. PAR recognizes the need for persons being studied to participate in the design and conduct of all phases (eg. design, execution, dissemination) of the research that affects them. Participatory action research represents an attractive alternate research methods of health workers primarily because it allows them to be exposed to research in a collegial collaborative environment and it emphasizes both naturalistic and humanistic scientific methods *(Holter and Schwartz-Barcott, 1993-*

298). Whilst it may be attractive, it is not 'easier' than other research methods, merely different. This difference is exemplified by the collaborative approach and the practical nature of PAR.

In PAR, the research questions are more relevant, the research methods are carried out in a way so that respondents will be more likely to fully participate, the results are more important to the people who ultimately will use them, and the dissemination and utilization of the results is enhanced by having ultimate beneficiaries vested in the process from the outset.

3.3 Research Questions

1) What is the magnitude of unwillingness among the doctors and nurses to manage HIV/AIDS patients at the National Referral Hospital (NRH) in Thimphu ?

2) What actions could be taken to improve willingness among doctors and nurses to manage HIV/AIDS patients ?

3) How could we measure the effectiveness of planned actions in terms of willingness ?

3.4 Objectives

3.4.1 General Objectives

To increase willingness among the doctors and nurses in the management of HIV/AIDS patients.

3.4.2 Specific Objectives

1) To define the magnitude of unwillingness among the doctors and nurses of NRH, Thimphu by the 2nd month of PAR study period.

2) To improve knowledge on HIV/AIDS among doctors and nurses of NRH, by the end of the PAR study period.

3) To improve safe practices on universal precaution among doctors and nurses of NRH by the end of PAR study period.

4) To establish a support mechanism for HIV/AIDS care at the NRH by the end of PAR study period.

3.5 Methodology

3.5.1 Method

The method of this study is participatory action research (PAR) *(Refer Appendix C)*, using both quantitative and qualitative approaches. Research using PAR as its method will happen in the four moments of action research, namely reflection, planning, action, and observation. Prior to the actual PAR, there is need to identify and form a core team at the preparatory phase as follows :

Forming a team

Before the initiation of PAR, it may take about 2 months, firstly, to form a core team among the doctors and nurses of NRH, Thimphu comprising of five doctors, five nurses and one representative each from the National AIDS Program, Logistics Division, Health School, IECH and Health Department forming a fifteen member core team based at NRH, Thimphu. Secondly, to identify and form a resource team for conducting a PAR workshop for the core team members. The core team members will get the basic concepts of PAR and discuss their roles and responsibilities in the period of the study. They will also be briefed on the aspects of AIDS related stigma relevant to the health care. This is to ensure that the core team members are well informed to help in the

discussion and process of planning, decision making to address aspects of AIDS related stigma among the medical professionals in National Referral Hospital, Thimphu, Bhutan.

Reflection

At this moment, the outcome of the rapid appraisal shall be used to summarise the issues and identify areas for action.

A rapid appraisal conducted among the doctors and nurses on their perceptions on the management of HIV/AIDS patients, showed that knowledge is moderate to low on HIV/AIDS, the general attitude is negative and practice of universal precautions is unsafe among the doctors and nurses. Focus group discussions indicated that there are fears of contagion and discomfort in managing HIV/AIDS patients among the health professionals at the NRH, Thimphu.

Planning

The fears of contagion with its causes and consequences to be discussed among the core team members. The core team members focus on each of the identified areas to be addressed namely, universal precaution, education on HIV/AIDS and formation of focal points/groups based in the hospital. The core team shall examine the actions for the identified areas and develop a tentative plan of action. Each member critically examine

the action that needs to be taken including the evaluation of the expected change. The tentative plan of action discussed with the doctors, nurses of NRH and the relevant stakeholders for the necessary feedback. Thereafter, the necessary modifications made to ensure a strategic plan of action. The plan of action should have defined activities, time schedule, monitoring mechanism and persons responsible for it.

Action

Implement the plan of action at NRH, Thimphu by the core team.

Observation

The core team members shall take notes of changes from the time of start of implementation of plan of action. The fulfillment of the activities of the plan of action within the time frame shall be monitored. Any difficulties, untoward events, shortcomings faced during the process of implementation of plan of action shall also be noted. Of the activities, universal precaution shall be monitored through the mechanism with a set of indicators developed at the planning stage. The core team shall meet every two months to compare notes, clarify any issues, and make necessary modifications if required, to the plan of action. At the end of 12 months of implementation, evaluations at two levels take place, one for the implementation process of the plan of action in terms of time frame and activities and the other will be the effectiveness of the plan of action to

increase willingness among the doctors and nurses to manage HIV/AIDS patients at NRH, Thimphu by a repeat ten point self rating scale for willingness and repeat KAP survey.

3.5.2 Study Population

The target population of this study are the doctors and nurses of the National Referral Hospital in Thimphu, Bhutan. All the doctors and nurses who are involved in the day to day care of the patients are included in the study population.

3.5.3 Sampling method for the PAR team

1) A purposive sampling will be applied including all the doctors and nurses practicing at the NRH, Thimphu in relevance to the study objectives.

2) For the selection of core team members, the following inclusion criteria shall be followed :

- ❖ A key person at the work place.
- ❖ Adequate capacity.
- ❖ Assured to stay for two years period.
- ❖ Practicing doctors and nurses in the ward
- ❖ Interested in the study.

3.5.4 Instruments for data collection

The findings of the rapid appraisal already conducted as part of data exercise among the doctors and nurses of NRH, Thimphu will be used as input of the reflective phase of the PAR study.

- A ten point self-rating level of willingness scale will be used to measure the level of willingness to manage HIV/AIDS patients among doctors and nurses of the NRH, Thimphu. *(Refer Appendix D).* While using this measurement, there is a critical need to focus on the environment in the hospital of the number of HIV/AIDS patients admitted in a period of two months prior to application of the instrument. And similarly, when the repeat test is done, the same environmental observation in respect of the HIV/AIDS cases admitted in a period of prior to the application of the instrument. This is important as the outcome of the test could be greatly influenced by this factor of a presence or an absence of an HIV/AIDS patient in the hospital within the period of two months. Therefore, after the implementation of a plan of action, when an evaluation is done using this scale, proper interpretation of the results can be made.

- KAP questionnaires will be used to measure knowledge, attitude and practice of HIV/AIDS among doctors and nurses at NRH.

- Universal precaution, monitoring indicators to assess safe practices among doctors and nurses of NRH.

3.5.5 Data Analysis

Quantitative

1) Data obtained from the ten point self rating scale for willingness, KAP survey, and universal precaution indicators assessments will be analyzed using simple descriptive statistics such as distribution and frequency using the SPSS software package.

Qualitative

2) The qualitative data obtained from the implementation and monitoring reports carried out every two months during the PAR study period will be analyzed by descriptive analysis of the data from the different components of the study. And for the open questions, the tabulations to be done to enable to co-relate better the descriptive analysis with the perception of the problem.

3.6 Study Period

The study period for this participatory problem solving approach at the NRH, Thimphu will be for 24 months. 2 months of preparation for the PAR and 9 months developing the plan of action and the 12 months for implementing the plan of action and 1 month for evaluation of the plan of action.

3.7 Monitoring and Evaluation

3.7.1 Monitoring

1) The PAR operation plan will be monitored in terms of activities and time frame.

2) The universal precaution system will be monitored in terms of supply, frequency of accidents, frequency of errors and disposal system.

3.7.2 Evaluation

1) The effectiveness of the intervention will be evaluated in terms of willingness to manage PLWHAs among doctors and nurses of NRH through repeating the ten point self rating scale of willingness.

2) Measure improvement of knowledge, attitude and practice on HIV/AIDS through a repeated KAP survey.

3) Assess safe practices through monitoring of universal precaution indicators.

4) Assess the functioning of support mechanisms by monitoring the number of counselling services utilised and perceptions of the staff on satisfaction.

3.8 Operation Plan

The study will be conducted in four parts namely, the first phase of PAR, second phase of PAR, third phase of PAR and the fourth phase of PAR. *(Refer Appendix E).*

During the first phase of PAR, the following activities have been planned :

- To conduct a ten point self-rating scale of willingness among the doctors and nurses of NRH, Thimphu.

- To form the hospital based core team of 5 doctors and 5 nurses & representative each from the relevant stake-holders .

- To form a resource team of facilitators on PAR.

- ❖ To conduct training/workshops on participatory problem solving approaches among doctors and nurses of NRH, Thimphu.

- ❖ To draw a work schedule for the whole PAR study period.

- ❖ To examine the common major concern.

During the second phase of PAR, the following activities have been planned among the core team.

- ❖ Identify possible areas for action by review.

- ❖ To develop a plan of action to address the concern.

- ❖ To develop a monitoring system.

During the third phase of PAR, the following activity is planned among the core team.

- ❖ To implement and monitor the plan of action.

During the fourth phase of PAR, the following activities are planned among the core team.

- To undertake evaluation of the objectives through quantitative and qualitative techniques. The findings of the evaluation shall be used to reflect on the successes or the failures of the interventions and its processes to help identify the weaknesses to improve the next cycle in order to achieve its goal and objectives.

3.9 Budget

The tentative budget for this study based on the present value of US$ exchange rate in Bhutan; 1US$ = Nu. 47.40 ch.

Table 1

Sno	Particular	Qty.	Rate US$	Amount in US$
1.	PERSONNELS :			
	a) Researcher (12 months)	1	150/- (month)	1,800
	b) Research Assistant (12 months)	1	100/- (month)	1,200
	c) Research Participants core group	15	200/-(whole period)	3,000
	d) PAR expert (30 days)	1	100/- (Per Day)	3,000
2.	TRAVEL EXPENSE :			
	a) Travel expense (Air)	1	-	2,500
	b) Transportation cost	-	-	500
3.	MISCELLANEOUS :			
	a) Refreshment & gifts	-	-	1,000
	b) Stationary	-	-	500
	c) Secretarial Support	-	-	500
			Total :-	**14,000**

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