

Rehabilitation Professionals' Perspectives

People living with HIV are living longer than at the onset of the HIV epidemic, but are living with significant levels of bodily impairments, functional limitations, and social participation restrictions. Rehabilitation - broadly defined as all services and activities that address or prevent impairments, activity limitations and participation restrictions experienced by an individual - can help address these issues of disablement.

To provide information for HIV services planning, a survey was conducted to explore the knowledge, attitudes and practices of Canadian rehabilitation professionals and HIV specialists concerning rehabilitation services for people living with HIV (PHAs).

This fact sheet summarizes findings from the rehabilitation professional survey.

Method

A sample of rehabilitation professionals (n=2006) [occupational therapists (OTs), physical therapists (PTs), speech-language pathologists (SLPs) and physiatrists] who may or may not work clinically in the HIV field in Canada was randomly surveyed by mail between April and October 2004. The overall response rate was 74% (n=1492) [of whom 53% successfully completed the questionnaire, 10% were ineligible and 12% refused to participate].

Respondent Characteristics

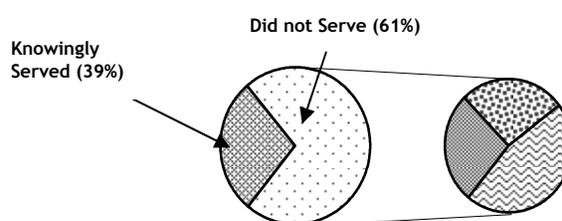
Forty-seven percent of the 1058 survey respondents were PTs, 41% were OTs, 9% SLPs, and 3% physiatrists (these percentages are roughly proportionate to those surveyed in each profession). Rehabilitation professional respondents had practiced an average of 14 years (range: <1 - 46 years). The largest percentage of respondents (43%) worked in metropolitan settings of 500,000 or more. Fifty-three percent of rehabilitation professional respondents worked in Ontario, 10% worked in the Prairies, 13% in Alberta, 11% in British Columbia, 9% in Atlantic Canada, 3% in Quebec,

and less than 1% in the NWT, Yukon and Nunavut. Respondents worked in a variety of clinical settings such as acute care hospitals [including inpatient (29%) and outpatient (21%) settings], home care (29%), individual (22%), and group private practice (19%).

Results

A) Current Practices in HIV Rehabilitation

Proportion of Rehabilitation Professionals who Served HIV Positive Clients within the past year



Of the 61% who did not serve HIV clients...

- Would LIKE to work with this client group (27%)
- Would NOT like to work with this client group (27%)
- Unsure (46%)

Of the 39% of rehabilitation professional respondents who had served PHAs:

- On average they served 4 HIV positive clients in the past year.
- 75% indicated that less than 25% of the rehabilitation issues of their HIV clients were HIV related.
- The majority of referrals to rehabilitation for PHAs were from physicians (81%) (general practitioners, psychiatrists, neurologists, ID specialists), case managers (36%), other rehabilitation professionals (36%) and PHAs who self referred (12%).
- Impairments, activity limitations and participation restrictions PHAs presented with to rehabilitation professionals who served PHAs in the past year varied. 82% of those who served PHAs indicated they had at least one HIV client who presented with decreased activity tolerance, 77% indicated they had at least one

client who presented with weakness, 74% fatigue, 72% musculoskeletal impairments, and 69% mobility issues.

B) Rehabilitation Professionals' HIV Training

Only 27% of rehabilitation professional respondents reported receipt of training in HIV/AIDS as part of their rehabilitation degree program. Only 11% of rehabilitation professional respondents participated in specialty training or continuing HIV education beyond their rehabilitation degree in the past 5 years.

C) Views on Professional Roles in HIV Rehabilitation

Despite few rehabilitation professionals working in HIV care, 46% feel their profession is 'very important' to the rehabilitation of PHAs. More OTs considered their profession was 'very important' (63%) compared with PTs (37%), physiatrists (32%) and SLPs (17%).

Did you know that...

- 66% of rehabilitation professional respondents disagree or strongly disagree that rehabilitation professionals currently possess adequate knowledge and skills to assess and treat PHAs.
- 50% agree or strongly agree that many rehabilitation professionals are uncomfortable working with PHAs.
- 58% strongly agree (and 33% agree) that rehabilitation professionals who provide these services need specialized training in HIV.
- 70% feel that rehabilitation services are not just primarily needed by PHAs at palliative stages of illness.
- 46% agree or strongly agree that rehabilitation for PHAs should be a larger priority (39% don't know).

However,

- 52% agree or strongly agree that working with PHAs is similar to working with individuals with other chronic illnesses.

D) HIV Rehabilitation Service Delivery Issues

Rehabilitation professionals were asked about challenges in delivering rehabilitation services in general, and were also asked about service barriers specific to HIV rehabilitation.

Seventy-four percent of respondents indicated that in their area of practice in the last year waiting lists was an issue, while 72% indicated funding issues, 68% availability of rehabilitation services, and 64% clients' lack of information about the availability of resources.

Forty-one percent of respondents felt that there were barriers specific to HIV that might prevent PHAs from having their rehabilitation needs met. Reported barriers include: stigma, fear, lack of funding, lack of education of health providers and lack of services in rural settings.

Conclusions

Despite the role rehabilitation professionals have to play in the care and treatment of PHAs, only a minority currently serves PHAs. Of those who had served PHAs, they saw only a very small number of PHAs in the past year, and reasons for which they served their HIV clients were primarily for rehabilitation issues unrelated to their HIV status.

There is a need for increased information for, and education of, HIV specialists, rehabilitation professionals, PHAs, and other health and service providers who may refer to rehabilitation professionals on the role of rehabilitation in the context of HIV/AIDS. There is also a need for more collaborative practice among health care professionals to better meet PHAs' rehabilitative needs.

For More Information: Consult the full Canadian Providers' Survey report at: www.phs.utoronto.ca/hivstudiesunit. For more information on rehabilitation in the context of HIV, see the Canadian Working Group on HIV and Rehabilitation (CWGHR) website at www.hivandrehab.ca.

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