

## HIV Specialists' 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 HIV specialist survey.

### Method

The known population of HIV specialists (n=731) [including dietitians, nurses, pharmacists, physicians (general practitioners (GPs), infectious disease (ID) specialists, psychiatrists), psychologists and social workers] working clinically in the HIV-related field in Canada was surveyed by mail between April and October 2004. The overall response rate was 63% (n=462) [of whom 47% successfully completed the questionnaire (n=214), 28% were ineligible (n=134) and 25% refused to participate (114)].

### Respondent Characteristics

Forty-seven percent of the 214 survey respondents were nurses, 35% were physicians, 7% social workers, 6% pharmacists, 3% psychologists, and 2% dietitians (these percentages are roughly proportionate to those surveyed in each profession). HIV specialist respondents had practiced an average of 16 years (range: < 1 to 49 years). The largest percentage of respondents (60%) worked in metropolitan settings of 500,000 or more. Thirty-six percent of HIV respondents worked in Ontario, 20% worked in Quebec, 18% in British Columbia, 9% in the Prairies, 8% in Alberta, 7% in Atlantic Canada and 2% in the NWT, Yukon and Nunavut.

Respondents worked in a variety of clinical settings such as acute care hospitals [including inpatient settings (42%), HIV clinics (46%) and outpatient settings (50%)], private practice (9%), home care (9%) and AIDS service organizations (ASOs) (9%).

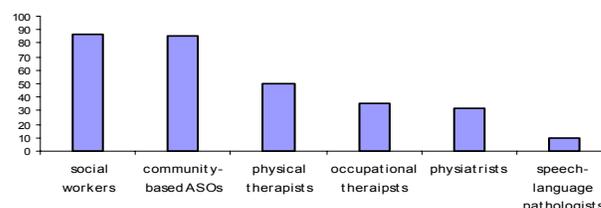
## Results

### A) Current Practices in HIV Rehabilitation

Overall, 62% of HIV specialist respondents indicated that less than half of their HIV clinical caseload was rehabilitation-related. However, a substantial proportion of some professions indicated that 75-100% of their HIV caseload was rehabilitation-related, including 47% of social workers, 43% of psychologists, 40% of dietitians, and 32% of nurses.

### Referral Practices and Service Needs

Proportion of Rehabilitation Professionals to whom HIV Specialists referred within the past year



The majority of reasons for referral to rehabilitation services were to address participation restrictions including: social service assistance (85%), income support (80%), drug coverage assistance (79%), psychosocial issues (76%), and housing support (74%).

### B) HIV Specialists' Training in Rehabilitation

Only 14% of HIV specialist respondents reported receipt of training in rehabilitation as it relates to HIV as part of their health degree program. 59% of HIV specialist respondents participated in specialty training or continuing education in the area of rehabilitation related to HIV beyond their health degree in the past 5 years.

## C) Views on Professional Roles in HIV Rehabilitation

75% of HIV specialist respondents feel their profession is 'very important' to the rehabilitation of PHAs. This was consistent across professions.

### Did you know that...

- 83% of HIV specialist respondents agree or strongly agree that rehabilitation for PHAs should be a larger priority.

### However...

- Opinion was mixed about whether rehabilitation professionals currently possess adequate knowledge and skill to treat PHAs (44% agree or strongly agree, 35% disagree or strongly disagree).
- 42% agree or strongly agree that many rehabilitation professionals are uncomfortable working with PHAs.
- 59% disagree or strongly disagree that working with PHAs is similar to working with individuals with other chronic illnesses.
- 55% strongly agree (and 39% agree) that rehabilitation professionals who provide these services need specialized training in HIV.

## D) HIV Rehabilitation Service Delivery Issues

HIV specialist respondents were asked about challenges in delivering health and rehabilitation services in general, and were also asked about service barriers specific to HIV rehabilitation.

Sixty-eight percent of respondents indicated that in their area of practice in the last year availability of rehabilitation services was an issue while 66% indicated client lack of information about resources was an issue, 61% indicated waiting lists, and 59% indicated funding issues (e.g, high costs, under-funding).

Seventy-four percent of HIV specialist respondents felt that there were barriers specific to HIV that might prevent PHAs

from having their rehabilitation needs met. Reported barriers include: stigma, lack of awareness of resources, lack of knowledge about the episodic nature of HIV, waiting lists, and lack of services in rural settings.

## Conclusions

The majority of study respondents currently provide limited rehabilitation-related services for PHAs; however, HIV specialists refer to a range of services that do provide rehabilitation services for individuals with HIV. The largest percentages of the referrals made are to community-based ASOs and social workers for assistance with social participation restrictions. Fifty percent or under had referred to traditional rehabilitation professionals (occupational therapy, physical therapy, speech-language pathology or psychiatry).

Given the multiple body impairments, functional limitations, and social participation restrictions that may be experienced by PHAs, these referral patterns are unlikely to address the complexity of service needs related to disablement of individuals with HIV.

There is a need for increased information for, and education of, HIV specialists, rehabilitation professionals, people living with HIV, 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 the rehabilitative needs of PHAs.

**For More Information:** Consult the full Canadian Providers' Survey report at: [www.phs.utoronto.ca/hivstudiesunit](http://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](http://www.hivandrehab.ca).

**Study Investigators:** Catherine Worthington, Ted Myers, Rhonda Cockerill and Stephanie Nixon. **Research Staff:** Kelly O'Brien and Tarik Bereket

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