

Building, Supporting, and Sustaining a Network for HIV-Infected Health Workers: Interview With Phyllis Kisabei, CHRN

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The HIV pandemic has significant negative implications for the availability of human resources in many sub-Saharan countries. According to the World Health Organization (WHO, 2007), Africa bears 25% of the global disease burden but has only 1.3% of the global health workforce. This represents only 0.8 of a health care worker (HCW) per 10,000 inhabitants. Consequently, attaining the United Nations Millennium Development Goals' (UNMDGs) target indicators of 2.5 HCWs per 10,000 inhabitants by 2015 remains a formidable challenge for most health systems in Africa (WHO, 2007). My home country, Kenya, is home to an estimated 2 million HIV-infected people (Joint United Nations Programme on HIV/AIDS & World Health Organization [UNAIDS/WHO], 2008). As in other African countries, HIV-related death is regrettably the number one cause of health care personnel attrition in Kenya (UNAIDS, 2006; Liese & Dussault, 2004; Médecins Sans Frontières, 2007). Unquestionably, if Kenya is to attain the UNMDGs, the impact of HIV on Kenya's workforce must be understood.

HIV-infected HCWs face enormous challenges in the workplace, which may include infringement on human rights; denial of access to adequate health care; denial of home-based care; termination or refusal of employment; and denial of the right to earn income, produce food, or obtain loans (Kohi et al., 2006). Reducing stigmatizing attitudes and improving work environments may improve the quality of health services and ultimately the health and well-being of HCWs and the patients they serve (Mbeba et al., 2011). Therefore, clinics for staff and

support-group initiatives should be considered in settings with high HIV prevalence (Bemelmans et al., 2011). Beyond the obvious need to provide psychological support to its members, establishing sustainable support groups involves much more than good intentions (Visser & Mundell, 2008).

Phyllis Kisabei (PK) is a registered community health nurse (CHRN) and senior nursing officer in charge of the Comprehensive Care Centre (CCC) and Voluntary Counseling and Testing Center nursing services at Kenyatta National Hospital, the biggest referral hospital in Kenya. PK is also the National Advisor of the Organization of Healthcare Workers with AIDS in Kenya (OHWAK). PK was diagnosed with HIV in 2001. Her personal experience and passion for the care of persons living with HIV infection (PLWHs) has earned her recognition as a champion for the cause of HIV-infected health workers nationally and internationally (U.S. Agency for International Development [USAID], 2009). On July 6, 2011, I had the pleasure of interviewing PK about her work as the national leader of OHWAK. The following is my interview with her (see Figure 1).

JO: Tell me a little bit about yourself and your experience with HIV and AIDS.

PK: I have worked in the CCC for about 5 years. I love working with persons living with HIV with

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Figure 1. Left: Jakki Opollo; Right: Phyllis Kisabei.

a passion. I myself tested way back in 2001. I decided to go for voluntary counseling and testing because my husband was having symptoms of chest infections. After my last pregnancy, I became weak, I was not myself, and I was frequently tired. I felt I needed to know my status. So I went for the test and it was a shock to me. I did not expect it. At the time I was tested I was confident I was HIV negative. I was shocked. I did not believe it! I cried and I could not even leave the counseling group. I took so much time. I went home and slept for 3 days waiting to die. I kept pinching my skin to see if I felt the pain. I soon realized I was not dying. So I got tired of waiting to die. I decided to wake up and move on with my life.

JO: So, tell me what inspired you to form the network for HIV-infected health workers.

PK: After I tested HIV positive, I was referred to a group called Women Fighting HIV/AIDS in Kenya for psychosocial support. This was critical in helping me accept my HIV status. However, I still faced challenges there because the members of this group were not working mothers. They were women coming from all over the community. I decided to deal with the workers in Kenyatta National Hospital because I believed I was not the only one who was infected. I came back to my hospital and told the doctors I was HIV positive. I asked the private doctors who were seeing hospital staff to refer HIV-infected staff

to me. My aim was to start an HIV support group for hospital staff so we could share challenges, lessons learned, and get to know the way forward. In March 2002 we started the support group with only three staff members. We received a lot of support in the form of meeting space, facilitation support, tea, and snacks from the psychosocial support center at Kenyatta National Hospital. After 3 years we had eight members.

At that time I was working in the dialysis center at Kenyatta hospital. Since I had a special interest in HIV/AIDS services and I was challenged by my own problems I spoke to the chief nurse of the hospital and requested to work in the CCC. I felt that I should work with those who are infected like me. I wanted to know what happens to those who are infected like me. So when I went to the CCC in 2006. Everybody in the CCC was used to me because I was already a client. Also, during my free time I would stick around talking to patients, so I was a familiar person to them. After 1 year, and following a competitive interview, I was promoted to a senior nursing officer in charge of the CCC Psychosocial Support Centre and Voluntary Counseling and Testing. In 2008 we identified the need to form other support groups in the country. Through the USAID [U.S. Agency for International Development] health policy initiatives, Futures International Program, we went all over the country to various health institutions to recruit the infected and affected to attend a meeting. Following this meeting I was elected unanimously to be the coordinator of the Organization of Health Workers against HIV/AIDS in Kenya [OHWAK]. That is how I came to be the leader. In 2008 we had three support groups: one from Central Kenya, one from Kenyatta National Hospital, and one from New Nyanza Hospital. Since then we have grown to very many support groups in every constituency in Kenya. In Kenyatta there was one support group, but now we have three support groups of about 60 infected members. Sadly, only 30 are active members. Some members are not open. They are not coming to the meetings but they still access services in the CCC. Working in the CCC makes it easier for me to recruit members because they are coming for treatment. I go to them as far as their workplace, as well as when they are admitted in the hospital. However, there are times when I am

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