



HIV Status Disclosure in the Workplace: Positive and Stigmatizing Experiences of Health Care Workers Living with HIV

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We explored workplace experiences of 10 health care providers with HIV in the Netherlands. We used semi-structured interviews to discuss motivations for disclosure and concealment, reactions to disclosures, the impact of reactions, and coping with negative reactions. Reasons for disclosure were wanting to share the secret, expecting positive responses, observing positive reactions to others, wanting to prevent negative reactions, and being advised to disclose. Reasons for concealment included fearing negative reactions, observing negative reactions, previous negative experiences, having been advised to conceal, and considering disclosure unnecessary. Positive reactions included seeing HIV as a nonissue; showing interest, support, and empathy; and maintaining confidentiality. Negative reactions included management wanting to inform employees, work restrictions, hiring difficulties, gossip, and hurtful comments, resulting in participants being upset, taken aback, angry, depressed, or feeling resignation. Participants coped by providing information, standing above the experience, attributing reactions to ignorance, seeking social support, or leaving their jobs.

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Due to improvements in the treatment of HIV, people living with HIV (PLWH) are currently as employable and able to work as uninfected people. However, misconceptions about productivity as well as workplace stigma continue to limit PLWH's opportunities at work and contribute to nondisclosure of HIV status at work (Worthington, O'Brien, Zack, McKee, &

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Oliver, 2012). In the study reported here, we explored the workplace disclosure experiences of health care providers living with HIV in the Netherlands. Specifically, we explored motivations for disclosure and concealment at work in the health care sector, reactions to disclosures, the impact of those reactions, and the ways in which health care providers with HIV coped with negative reactions to their HIV status at work.

Background

People who possess a concealable identity, defined as an identity that is not visible to others, are able to decide whether or not to disclose or conceal that identity to others (Pachankis, 2007; Stutterheim, Bos, et al., 2011). Disclosure can have significant advantages. It increases congruency between one's private and public identity, which is associated with greater self-worth and self-esteem (Pachankis, 2007). It also contributes to physical well-being if it alleviates the negative physical repercussions of inhibition associated with keeping a secret (Chaudoir, Fisher, & Simoni, 2011). Concealment, in contrast, can be cognitively burdensome, particularly in situations where the concealed identity is salient, and the risk and costs of being discovered are great (Obermeyer, Baijal, & Pegurri, 2011). Concealment has thus been linked to increased psychological distress and lower self-esteem as well as social anxiety and isolation (Pachankis, 2007; Quinn & Chaudoir, 2009). However, it is not the case that disclosure is always the better choice. Research has shown that, for some concealable identities, particularly those subjected to significant stigmatization such as HIV, the costs of disclosure may be greater than the costs of concealment (Stutterheim, Bos, et al., 2011; Stutterheim, Bos, Shiripinda, et al., 2012; Stutterheim et al., 2009).

In the Western world, HIV is a chronic medical condition that nonetheless remains stigmatized as a result of its association with behaviors often considered to be norm-violating, such as sex between men, having multiple sex partners, commercial sex work, and intravenous drug use (Stutterheim, Bos, van Kesteren, et al., 2012). HIV is also often construed as contagious and severe, and those who have HIV are frequently considered personally

responsible for having acquired HIV (Stutterheim, Bos, van Kesteren, et al., 2012). A large body of research has demonstrated that disclosure of HIV status can lead to stigma that subsequently has substantial costs for psychological, social, and physical well-being (Stutterheim, Bos, et al., 2011; Stutterheim, Bos, van Kesteren, et al., 2012; Stutterheim et al., 2009). However, even with stigmatized identities such as HIV, disclosure may still be beneficial, as it is associated with greater self-acceptance and is key to acquiring social and instrumental support (Chaudoir et al., 2011; Pachankis, 2007). Disclosure of a concealable stigmatized identity such as HIV is also linked to decreases in anticipated and internalized stigma (Tam, Amzel, & Phelps, 2015), and can change society's beliefs and attitudes about the condition, thereby contributing to the reduction of public stigma (Chaudoir et al., 2011; Obermeyer et al., 2011).

Disclosure of any concealable identity, including HIV, is often a gradual process that entails disclosing to increasingly more people over time. As such, disclosure is often selective and starts with significant others before moving to more peripheral social contacts such as acquaintances and colleagues (Dima, Stutterheim, Lyimo, & de Bruin, 2014; Obermeyer et al., 2011).

The workplace is a unique setting in which disclosure of a concealable identity such as HIV can occur as it carries with it unique advantages and disadvantages. In the workplace, the disclosure of HIV status can lead to the provision of supportive workplace accommodations (e.g., flexible work hours, less physical labor), appropriate vocational services, and increased access to support networks (Barkey, Watanabe, Solomon, & Wilkins, 2009). It can also effectively explain employment gaps (Maguire, McNally, Britton, Werth, & Borges, 2008). However, HIV disclosure at work can also have high costs. More broadly, in the context of work, chronic illnesses are often viewed negatively and dealt with insensitively (Reavley, Jorm, & Morgan, 2016), and HIV is no exception (Barkey et al., 2009; Worthington et al., 2012). Disclosing HIV status at work can indeed lead to workplace discrimination (Barkey et al., 2009; Kazathchikine, 2010; Worthington et al., 2012). Research has demonstrated negative attitudes about the employability of PLWH and resistance to

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