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Perceptions of the Impact of HIV Patients on Health Workers in Nigerian Institute of Medical Research (NIMR), Yaba-Lagos.

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Abstract

The study examines the social life of HIV patients and their perception towards healthcare workers, within the context of the Nigeria Institute of Medical Research. The study employs qualitative research methods, including interviews and focus group discussions with HIV patients at the Nigeria Institute of Medical research. Data used for this research was a primary data involving a well structured questionnaire that was distributed among the patients using a convenient sampling technique.A total of 381 out-patient were surveyed for a period of six months. Friedman test was employed to confirm the result for each hypothesis tested. The test showed that HIV has significant effect on social life of patient at 95% confidence level, [χ^2 (7) = 155.267, $p < 0.05$]. It was also revealed that HIV patients have a good perception towards health workers attitude, [χ^2 (5) = 96.231, $p < 0.05$]. This results implies that the HIV patients are satisfied with service rendered to them by the health workers therefore we recommend the ministry of health of the federal republic of Nigeria to create more awareness that will reduce HIV-related stigma and discrimination among people in the society. Further findings shows that some of the respondent fails to disclose their HIV status as a result of fear of sigma and discrimination. This study contributes to the broader understanding of the dynamics between HIV patients and healthcare workers in the Nigerian context, shelding light on the unique challenges and opportunities for improving healthcare delivery and professional well-being in the field of HIV/AIDS.

Keywords: HIV/AIDS, Healthcare workers, Nigeria Institute of Medical Research Perceptions, out-patient, Impact, Qualitative Research.

1. Introduction

The Human Immunodeficiency Virus (HIV) is a virus that attacks cells in the Immune system, which is our body's natural defense against illness. The virus destroys a type of white blood cell, and makes copies of these cells. T-helper cells are also refers to as CD4 cells. AIDS is a condition in human, in which progressive failure of the Immune system allow life threatening opportunistic infections and cancers to thrive. Acquired immunodeficiency syndrome (AIDS) is a chronic, potentially life threatening condition caused by the human immunodeficiency virus (HIV). By damaging the immune system, HIV interferes with the body's ability to fight the organisms that cause disease. HIV is a sexually transmitted disease from mother to child during pregnancy, childbirth or breast feeding. Without medication, it may take years before HIV weakens the

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immune system to the point of having AIDS. Over the last three decade the human immunodeficiency virus (HIV) and Acquired immune deficiency syndrome (AIDS) epidemic has had a devastating impact on older women and men annually and at least 13 million children have lost one or both parents (Alpaslan and Mabutho , 2005). The rapid growth of population aging in African and the impact of HIV and AIDS add another dimension to the role of older persons. HIV and AIDS affect older people in two main ways; the elderly are themselves infected with HIV, making them vulnerable to many health and social-economic challenges (Waysdorf, 2002). Ramos et al. (2000), also mention that it places a burden on them, since many have to care for their sick children and are often left to look after orphaned grandchildren who are also infected (Rajaraman, et al ,2008). The issue of the HIV and AIDS pandemic has generated a new focus on the challenging roles of the elderly in communities affected by AIDS. An estimated 22 million adult and children were living with HIV in sub-Saharan Africa at the end of 2007, and during that year an estimated 1.5 million African died from AIDS. The epidemic has left behinds some 11.6 million orphaned African Children (Mensay et al , 2013). According to Shakirat et al (2014) HIV/AIDS has affected many lives. Therefore health care providers and other stakeholders should strengthen their efforts by addressing quality life. Nigeria's socio-economic status, traditional social ills, unemployment, illiteracy, cultural myths on sex and large population living in the rural areas make the citizens extremely vulnerable to HIV/AIDS (Bassey et al.,2009). Studies also shows that HIV and AIDS attack mostly the reproductive and economically active section of the population, changing family composition by decimating the young adult population and creating elderly female headed and children headed families (Ainsworth and Dayton , 2006). Studies reveal that many persons affected by HIV and AIDS in sub- Saharan Africa remain at home, with the main burden of their care resting almost entirely on family members, who in most cases are elderly females In many areas, social issues increase the risk of HIV infection making it difficult to tackle the global HIV epidemic effectively. According to Morris et al (2013) patients are easier to serve if they feel their needs are being met, the dissatisfaction manifests through adverse reactions from them. Furthermore, the quality of healthcare has become a daily objective for healthcare professionals and healthcare systems as a whole. Patient satisfaction that constitutes an important dimension of quality care and patients' outcomes, complementing measures of institutional performance and clinical outcome have proven to be a valuable, relatively cheap and conventional way to assess the provision of nursing care to patients. Patient satisfaction has been used in various situations for assessing the superiority of one treatment, pattern of nursing care and one healthcare system over another (Charalambous et al, 2013).

2. Review of Related Literature

In recent years, it has been recognized that HIV/AIDS is not just a medical condition, but also has political, social, psychological, economic and demographic ramifications that affect a nation. In 2009, approximately 2.98 million people in Nigeria were living with HIV/AIDS. More than 192,000 deaths were caused by AIDS and 2.175 million AIDS orphans are now living in Nigeria (UNAIDS, 2010). The availability of anti-retroviral therapy (ART) implies that people living with

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HIV/AIDS (PLWHA) should be able to carry out their daily activities like any other person. According to Wani M. A. and Shankar.(2017) since 1981, AIDS remains one of the frightening issues in public health. It kills more than 39 million people globally. Social consequences of HIV/ AIDS such as fear of social stigma, isolation and discrimination have negative impact on quality of life. People living with HIV/AIDS experience various physiological, psychological, sociological, as well as economical problems which specifically influences their quality of life. Human immunodeficiency virus (HIV) / Acquired immune deficiency syndrome (AIDS) is a chronic infection that affects not only the patients' physical condition, but also their social relations, mental health and financial aspects. There have been more than 78 million people infected with HIV as at the end of 2013 with people living with HIV/AIDS amounted to 35 million. The attitudes of health workers towards HIV positive patients are described as predominantly negative in several international studies Baylor & McDaniel.(1996). The analysis of the socio-demographic characteristics of PLWHIV in Cameroon shows that few years ago the HIV patients were predominantly female. Twenty-six percent (female and male interviewees) were below the age of 25, 37% were between 30 and 39 years and 22% were between the age of 40 and 49 years (Christopher et al 2013).

3. Materials and Method

- Chi-squared test of independence in contingency tables
- Chi-squared test of goodness of fit of observed data to hypothetical distributions
- Likelihood-ratio test for nested models
- Log-rank test in survival analysis
- Cochran–Mantel–Haenszel test for stratified contingency tables

It is also a component of the definition of the t-distribution and the F-distribution used in t-tests, analysis of variance, and regression analysis.

Test statistic of Chi-square:

$$\chi_c^2 = \sum \frac{(O_i - E_i)^2}{E_i}$$

The subscript C is the degree of freedom, O is the observed value, E is the expected value, i is the counter

ASSUMPTIONS OF CHI-SQUARE:

- The two variables are measured on ordinal or nominal level
- The two variables must consist of two or more categorical independent groups

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FRIEDMAN TEST

The Friedman test is a non-parametric statistical test developed by Milton Friedman. Similar to the parametric repeated measures ANOVA, it is used to detect differences in treatments across multiple test attempts. The procedure involves ranking each row (or block) together, then considering the values of ranks by columns. Applicable to complete block designs, it is thus a special case of the Durbin test. The Friedman test is used for one-way repeated measures analysis of variance by ranks. In its use of ranks it is similar to the Kruskal–Wallis one-way analysis of variance by ranks. Friedman test is widely supported by many statistical software packages.

Test statistic:

$$Q = \frac{12n}{k(k+1)} \sum_{i=1}^{k} \left(\bar{r}.j - \frac{k+1}{2} \right)^2$$

Where $\bar{r}.j = \frac{1}{n} \sum_{i=1}^{n} r_{ij}$

n is the rows (blocks)

k is the columns (treatments)

r_{ij} is the rank of x_{ij} within block i

Research Questions

- What is the effect of HIV on social life of HIV patients?
- What is the perception of patients towards health workers attitude in Nigerian institute of medical research (NIMR) out-patients clinic Yaba Lagos?

Study Design

This study is a cross-sectional institutional-based survey which simply means a type of observational study that analyses data from a population, or a representative subset, at a specific point in time that is cross-sectional data. Survey research method was use for this study. The research design was based on social life of HIV patients' and their perception toward health workers**:** A case study of Nigerian Institute of Medical Research Lagos.

Target Population

The population of study consists of 381 patients at the Nigerian Institute of Medical Research Yaba, Lagos.

Sample and Sampling Techniques

Purposive sampling method was used for this study. This means that all consecutive individuals (who meet the inclusion criteria) during the period of the study.

Sample Size Determination

Due to findings of the total population of HIV patients in NIMR (Nigerian Institute of Medical Research) HIV out-patient clinic, the sample size is calculated using the Taro Yamane method.

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$$n = \frac{N}{1 + N(e^2)}$$

Where,
n = sample size
N = population size
e =degree of precision/ error margin
N = 8000
e = 0.05

$$n = \frac{8000}{1 + 8000(0.05^2)} = \frac{8000}{21} = 381$$

Hence, the total sample size is 381.

Instrument of Data Collection

The instrument that was used is a well-structured and self-administered questionnaire that was subjected to slight modification before validation.

The questionnaire consist of 23 closed ended questions which was further divided into three sections as follows:

Section A - Socio-demographic characteristics of the respondents

Section B - People's attitude towards HIV Patients' (HIV patients' social life)

Section C - HIV Patient's perception on health workers Attitude

The instrument was compiled in two sections according to the two main objectives of the study. Each objective was covered by its section with related questions to the key concept except for section A which only covers the respondents Social-Demographic characteristics. For example, section C is to examine the attitude of health workers towards HIV patients.

Validity and Reliability of Instrument

A pilot study was conducted by administering the instrument to 30 people in NIMR (Nigerian Institute of Medical Research) clinical science department, taken through convenient sampling. The purpose of pre-testing the questionnaire was to ensure that it is of appropriate length to meet the aim and objectives. Face validity was also done before pilot-study. In addition, the reliability of the instrument was checked using the Cronbach's Alpha Statistic. The reliability statistics indicates the amount of variation to expect in the measurement from one occasion to another. It reveals internal consistency of the scale instrument and shows the extent to which scores are consistent from one part of the instrument to another. For this study, the Cronbach alpha was 0.778, which shows good reliability (greater than 0.5).

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Reliability Statistics

Cronbach's Alpha	N of Items
.778	23

Method of Data Collection

Questionnaire was used to collect information from individual demographic characteristics such as age, gender, marital status, religion, ethnicity and so on, at the clinical science department of NIMR, Yaba, Lagos. A total of three hundred and eighty-one (381) questionnaires were administered to the patients at the clinic.

Methods of Data Analysis

The data was collected and individually coded and entered into the computer using IBM SPSS (Statistical Package for Social Sciences) Version 23.0. Data was analyzed using Descriptive analysis such as frequency count, percentage, mean, and standard deviation to describe demographic characteristics of the respondents. Friedman's test was carried out to analyze this study.

Ethical Consideration

The ethical and administrative considerations were taken. The ethical approval and administrative permissions to carry out the study was obtained from NIMR, Institutional Review Board Yaba, Lagos. Every participant received a complete explanation about the purpose of the study. Anonymity and confidentiality was maintained through out the study period. Time allocated for filling the questionnaire was between 20-25minutes.

Analysis of Demographic Data

Table 1. Demographic Characteristics of the Respondents

Characteristics	Category	Frequency	Percentage
Age (years)	20-25	28	7.3
	26-30	56	14.7
	31-35	56	14.7
	36-40	62	16.3
	41 & above	179	47.0
	Total	381	100.0
Gender of respondent	Male	159	41.7
	Female	222	58.3
	Total	381	100.0
Marital status of respondent	Single	103	27.0
	Married	258	67.7

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	Divorce	6	1.6
	Separated	14	3.7
	Total	381	100.0
Religion of respondent	Christianity	295	77.4
	Islam	79	20.7
	Traditional	5	1.3
	Others	2	0.5
	Total	381	100.0
Ethnicity group of respondent	Yoruba	122	32.0
	Igbo	153	40.2
	Hausa	34	8.9
	Others	72	18.9
	Total	381	100.0
Respondent educational level	Primary	50	13.1
	Secondary	156	40.9
	Tertiary	162	42.5
	Others	13	3.4
	Total	381	100.0

The result in Table 1. revealed the characteristics of the respondents. Three hundred and eighty one (381) respondents were sampled from Nigeria institute of medical research (NIMR) out-patient clinic, yaba, Lagos. A total of 179 (47.0%) of the respondents were within the age bracket of 41years and above, 56 (14.7%) of the participant were between 31-35 years and 56 (14.7%) participant between the ages of 26-30 years, 28 (7.3%) participant between the ages 20-25 years. A high frequency of 222 (58.3%) were female while that of the male respondents was 159 (41.7%), this implies that female is more than male participant. In addition, 27.0% of the respondents are single, 67.7% are married, and 1.6% were divorced, while 3.7% were separated. There was a predominance of Christianity and Igbo participants than other religion as well as ethnic groups respectively. Also, majority of the respondent has Tertiary education, 13.1% are primary school holders, 40.9% are secondary school holders, and 42.5% has tertiary education, while 3.4% are those with non formal education.

Analysis Based on Research Questions

Analysis based on this section present the result of the survey conducted on social life of HIV patient and perception of patient towards health workers attitude in Nigeria Institute of medical Research out-patient clinic Yaba Lagos. See,Tables 2 and 3 below. Descriptive statistics such as frequency counts and percentages were the statistical tools use in

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achieving this. All the questions were rank and scores were giving to each options as follows (strongly disagree = 1, disagree = 2, agree = 3, strongly disagree = 4)

Table 2. Patient perceptions on health workers attitude:

Characteristics	**SA (%)**	**A (%)**	**D (%)**	**SD (%)**
I think, staff ignored me or avoid taking care of me because of my HIV status.	33 (8.7)	65 (17.1)	210 (55.1)	73(19.2)
I think, I was denied care that I should have received.	25(6.6)	49(12.9)	222(58.3)	85(22.3)
I think, I received less care or worse than others because of my HIV status.	31(8.1)	72(18.9)	200(52.5)	78(20.5)
I think that the staff seems uncomfortable with me because of my HIV status.	39(10.2)	82(21.5)	181(47.5)	79(20.7)
I think that the staff seems to use more precautions when treating me than when treating others because of my HIV status.	87(22.8)	80(21.0)	133(34.9)	81(21.3)
I think that, I was treated with disrespect or abused because of my HIV status.	27(7.1)	69(18.1)	195(51.2)	90(23.6)

Perception of Patient towards Health Workers Attitude at Nigeria Institute of Medical Research (NIMR)

The research question number one, sought to determine patients' perception of health workers attitude. To answer this research question, we relied on the responses of six (6) statements under the constructs that are presented in Table 2. above, 98 (25.8%) of the respondent strongly agree or agree that staff ignored them or avoid taking care of them because of their status. 283 (74.3%) strongly disagree or disagree that the staff did not ignored them or avoid taking care of them because of their status. 74 (19.5%) strongly agreed or agreed that they were denied of care that they should have received. 271 (80.6%) strongly disagree and disagree that they were not denied care that they should have received. 103 (27.0%) respondent strongly agree or agree that they received less care or worse than others because of their status. 278 (73.0%) strongly disagree or disagree. 121(31.7%) strongly agree or agree that the staff seems uncomfortable with them because of their status, 260 (68.2%) strongly disagree or disagree. 167 (43.8%) strongly agree or agree that the staff seems to use more precautions when treating them because of their status, 214 (56.2%) strongly disagree or disagree. 96 (25.2%) strongly agree or agree that they were treated with disrespect or abused because of their status while 285 (74.8%) strongly disagree or disagree.

Table 3. Social Life of HIV Patients

Characteristics	SA (%)	A (%)	D (%)	SD (%)
HIV status affects my social life negatively.	67(17.6)	80(21.0)	157(41.2)	77(20.2)

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In my place of work I am not given the same right with other people without HIV status.	27(7.1)	52(13.6)	195(51.2)	107(28.1)
People avoid touching me once they know about my HIV status.	31(8.1)	35(9.2)	203(53.3)	112(29.4)
People seem uncomfortable being around me once they learn about my HIV status.	40(10.5)	52(13.6)	177(46.5)	112(29.4)
People act as though it is my fault I have HIV, or say I deserve it for things I had done in the past.	19(5.0)	51(13.4)	192(50.4)	119(31.2)
People avoid hanging out with me once they learn about my HIV status.	14(3.7)	55(14.4)	196(51.4)	116(30.4)
People avoid sharing things with me once they learn about my HIV status.	39(7.1)	55(13.6)	171(51.2)	116(28.1)
People avoid communicating with me on social media once they learn about my HIV status.	19(5.0)	34(8.9)	203(53.3)	125(32.8)

Social Life of HIV Patients'

The research question number two sought to determine the effects of HIV on social life of patients. To answer this question, the researcher relied on the responses of eight (8) statements under the constructs that are presented in Table 3. 147 (38.6%) of the respondent strongly agree or agree that their status affect their social life while 234 (61.4%) strongly disagree or disagree. 79 (20.7%) of the respondent strongly agree or agree that in their place of work they were not given the same right with other people without their status while 302(79.3%) strongly disagree or disagree. 66 (17.3%) strongly agree or agree that people avoid touching them once they know about their status while 315 (82.7%) strongly disagree or disagree. 92 (24.1%) of the respondent strongly agree or agree that people seems uncomfortable being around them once they learn about their status while 289 (75.9%) strongly disagree or disagree. 70 (18.4) of the respondent strongly agree or agree that people act as though it is their fault they have HIV, or say they deserve it for things they have done while 311 (81.6%) strongly disagree or disagree. 69 (18.1%) strongly agree or agree that people avoid hanging out with them once they learn about their status while 312 (81.8%) strongly disagree or disagree. 94 (20.7%) strongly agree or agree that people avoid sharing things with them once they learn about their status while 283 (79.3%) strongly disagree or disagree. 53 (13.9%) strongly agree or agree that people avoid communicating with them on social media once they learn about their status while 328 (86.1%) strongly disagree or disagree.

Table 4. Disclosure of Status by the Respondent

Characteristics		YES (%)	NO (%)
Have you ever told people about your status		305 (80.1)	76(19.9)
If yes who?			
	Friends	32(8.4)	
	Parent	59(15.5)	
	Family	218(57.2)	
After telling them was their reaction bad towards it?		112(29.4)	191(50.1)

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Disclosure of Status by the Respondent

305 (80.1%) said yes that they have disclosed their status to either friends, parent or family while 79 (19.9%) said they have not disclosed their status to any one aside the doctors. 32 (8.4%) disclosed their status to friends, 59 (15.5%) disclosed it to parent while 218 (57.2%) disclosed their status to their family members. 112 (29.4%) said, yes reaction of the persons they disclosed their status was bad when they told them while 191 (50.1%) said that their reaction was not bad when they told them.

Hypothesis Testing

HYPOTHESIS ONE

H_O: HIV has no significant effect on social life of patient
H_1: HIV has significant effect on social life of patient

Table 5. Social Life of HIV Patients

Ranks	
N = 381	Mean Rank
HIV status affects my social life negatively.	5.25
In my place of work I am not given the same right with other people without HIV status.	4.40
People avoid touching me once they know about my HIV status.	4.30
People seem uncomfortable being around me once they learn about my HIV status.	4.63
People act as though it is my fault I have HIV, or say I deserve it for things I had done.	4.32
People avoid hanging out with me once they learn about my HIV status.	4.34
People avoid sharing things with me once they learn about my HIV status.	4.65
People avoid communicating with me on social media once they learn about my HIV status.	4.10
Chi-Square value = 155.296; df=7; P =.000	
Kendall's Coefficient of Concordance = 0.058	

Source: Result Computations from SPSS 23

Table 5. shows that HIV has significant effect on social life of patient at 95% confidence level, $[\chi^2 (7) = 155.267, p < 0.05]$. In effect the null hypothesis is rejected by this results. The implication of this findings is that HIV has significant effect on social life of patient. From the Kendall's Coefficient of Concordance of 0.058 the HIV patients agreed with each other to a reasonable but not a super high extent that social life affect their HIV status.

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HYPOTHESIS TWO

H_O: HIV patients have no good perception towards health workers attitude
H_1: HIV patients have a good perception towards health workers attitude

Table 6. Patient perceptions on health workers attitude

Ranks

N = 381	Mean Rank
I think staff ignored me or avoid taking care of me because of my HIV status.	3.42
I think I was denied care that I should have received.	3.20
I think I received less care or worse than others because of my HIV status.	3.46
I think that the staff seems uncomfortable with me because of my HIV status.	3.61
I think that the staff seems to use more precautions when treating me than when treating others because of my HIV status.	4.02
I think that I was treated with disrespect or abused because of my HIV status.	3.29
Chi-Square value = 96.231; df=5; P =.000	
Kendall's Coefficient of Concordance = 0.051	

Source: Results Computations from SPSS 23

The results in Table 6. indicate that HIV patients have a good perception towards health workers attitude, $[\chi^2(5) = 96.231, p < 0.05]$. In effect the null hypothesis is also rejected by this findings. The implications of our results is that HIV patients have a good perception towards health workers attitude. From the Kendall's Coefficient of Concordance of 0.051 the HIV patients agreed with each other to reasonable but not a super high extent that the health workers has a good attitude towards them all.

4. Discussions

Socio-Demographical Characteristics of the Respondents

A total of 179 (47.0%) of the respondents were within the age bracket of 41years and above, 56 (14.7%) of the participant were between 31-35 and 56 (14.7%) participant between the ages of 26-30 years, 28 (7.3%) participant between the ages of 20-25 years. A high frequency of 222 (58.3%) were female while that of the male respondents was 159 (41.7%), this implies that female is more than male participant. In addition, 27.0% of the respondents are single, 67.7% are married, 1.6% is divorced, while 3.7% are separated. There was a predominance of Christianity and Igbo participants than other religion as well as ethnic groups respectively. Also, majority of the respondent has Tertiary education, 13.1% are primary school holders, 40.9% are secondary holders, and 42.5% has tertiary education, while 3.4% are others during the cause of this at Nigeria Institute of Medical Research (NIMR) yaba Lagos. The analysis of the socio-demographic characteristics of PLWHIV in Cameroon seems to be similar with our findings.

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Perception of Patient Towards Health Workers Attitude at Nigeria Institute of Medical Research (NIMR)

Table 3. of the results shows that 98 (25.8%) of the respondent strongly agree or agree that staff ignored them or avoid taking care of them because of their status. 283(74.3%) strongly disagree or disagree that the staff did not ignored them or avoid taking care of them because of their status. 74(19.5%) strongly agreed or agreed that they were denied of care that they should have received. 271(80.6%) strongly disagree and disagree that they were not denied care that they should have received. 103(27.0%) respondent strongly agree or agree that they received less care or worse than others because of their status. 278(73.0%) strongly disagree or disagree. 121(31.7%) strongly agree or agree that the staff seems uncomfortable with them because of their status, 260(68.2%) strongly disagree or disagree. 167(43.8%) strongly agree or agree that the staff seems to use more precautions when treating them because of their status, 214(56.2%) strongly disagree or disagree. 96(25.2%)strongly agree or agree that they were treated with disrespect or abused because of their status while 285(74.8%) strongly disagree or disagree.

The results of this study contradicts a study which was conducted in south Africa 2003, the study reveal negative perception, though attitudes of nurses towards HIV positive patients were mostly negative due to a lack of knowledge and a lack of the internalization of knowledge, which lead to the experiencing of negative feelings towards the patient. Estelle, Deetlefs et al (2003)

Social Life of HIV Patients.

Table 3. 147(38.6%) of the respondent strongly agree or agree that their status affect their social life while 234(61.4%) strongly disagree or disagree. 79(20.7%) of the respondent strongly agree or agree that in their place of work they were not given the same right with other people without their status while 302(79.3%) strongly disagree or disagree. 66(17.3%) strongly agree or agree that people avoid touching them once they know about their status while 315(82.7%) strongly disagree or disagree. 92(24.1%) of the respondent strongly agree or agree that people seems uncomfortable being around them once they learn about their status while 289(75.9%) strongly disagree or disagree. From our study we discovered the majority of the respondents fail to disclose their status at work as a result of been sack. According to Nwosu et al (2014) revealed that HIV plays a negative role towards the success of any organization. It impedes performance and productivity. However, organizations needs to put in place a very sound recruitment system aimed at not denying employment to HIV positive individuals but geared towards identifying at the recruitment stage their health status. The essence of this is to make sure both the worker and the organization do not loose entirely.

Conclusions

From the result obtain HIV has significant effect on social life of patient at 95% confidence level, $[\chi^2(7) = 155.267, p < 0.05]$. In effect the null hypothesis is therefore rejected by this finding. The implication of this finding shows that HIV has significant effect on social life of patient. From the

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Kendall's Coefficient of Concordance = 0.058 the HIV patients agreed with each other to a reasonable level but not a super high extent that social life affect their HIV status respectively. The result in Table 6. indicate that HIV patients have a good perception towards health workers attitude, $[\chi^2 (5) = 96.231, p < 0.05]$. In effect the null hypothesis is therefore rejected by this finding. The implication of this finding is that HIV patients have a good perception towards health workers attitude. From the Kendall's Coefficient of Concordance = 0.051 the HIV patients agreed with each other to reasonable but not a super high extent that the health workers has a good attitude towards them all. By incorporating the perceptions of HIV patients into policy development, healthcare institutions like the NIMR can enhance the quality of care, promote a patient - centered approach, and ultimately improve healthcare outcomes for HIV patients. This patient - centric approach can lead to more effective policies that address the unique needs and concerns of individuals living with HIV.

5. Recommendations

Improving healthcare policies based on this study of HIV patients perceptions of healthcare workers at the NIMR involves a comprehensive approach that integrates patient feedback, healthcare worker experiences, and best practices in HIV care. We propose some steps that can be taken to enhance healthcare policies.

* Conduct a comprehensive study, Identify key Areas for Improvement, Develop Training, and Programs for Healthcare Workers, Enhance Support Systems for Healthcare Workers, Implement Patient Feedback Mechanisms, Promote Community Engagement, Monitor and Evaluate, Progress

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