



## Common Health Problem and Perception of HIV Stigmatization Among Health Care Workers of Health Centers in Alimosho Local Government Area

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**Abstract:** Introduction: The study addresses the challenges faced by healthcare workers in the context of HIV/AIDS care, focusing on mental health issues, and stigmatization. Despite advancements in healthcare, these challenges persist, emphasizing the urgent need for targeted interventions.

Objective: This research aims to comprehensively investigate the factors influencing common mental health conditions, burnout, and perceptions of HIV stigmatization among healthcare workers in Alimosho Local Government Area, Lagos. The study delves into socio-demographic factors contributing to these challenges and explores potential solutions.

Methods: A cross-sectional survey was conducted, collecting data from 400 healthcare workers in Alimosho Local Government Area, Lagos. Standardized questionnaires were utilized to assess HIV-related stigma, burnout, and mental health conditions. Statistical analyses were employed to identify correlations between various variables and burnout/stigmatization.

Results: The study revealed significant levels of anxiety, depression, and stigmatization among healthcare workers. Moreover, 37.5% were identified as at risk of burnout. Socio-demographic factors such as gender, years of service, and age correlated with burnout and stigmatization experiences.

Conclusion: Healthcare workers in Alimosho face considerable challenges, including burnout, mental health issues, and stigmatization. The study underscores the need for tailored interventions addressing these concerns, highlighting the importance of understanding socio-demographic factors influencing healthcare workers' well-being.

Recommendation: To alleviate burnout and stigmatization, healthcare institutions should prioritize mental health support and implement anti-stigmatization initiatives. Cultivating empathy and appreciation for healthcare workers' contributions is vital. Targeted interventions considering socio-demographic factors can significantly enhance healthcare workers' well-being and improve patient care.

**Key words:** Healthcare workers, HIV/AIDS care, burnout, mental health, stigma, interventions, socio-demographic factors.

## BACKGROUND

The continued prevalence of HIV/AIDS in Sub-Saharan Africa, notably in Nigeria, provides enormous and diverse issues for healthcare systems (Nyblade et al., 2019). Despite tremendous advances in medical research and healthcare practices, HIV-related stigma and prejudice continue to be strong impediments to the successful implementation of comprehensive prevention, treatment, and support programs (Earnshaw et al., 2013). It is noteworthy that, in the existing body of literature, there is a palpable dearth of research specifically focusing on the perceptions of HIV stigmatization among healthcare workers, thus underscoring the pressing need to fill this conspicuous research gap.

Furthermore, healthcare providers, particularly those directly involved in HIV/AIDS and Prevention of Mother-to-Child Transmission (PMTCT) services, face an increasingly complicated and demanding landscape marked by an expanding caseload of HIV patients. This growing patient load not only places significant strain on healthcare personnel, but it also has a significant influence on their emotional well-being (Abushaikha & Saca-Hazboun, 2019; Spoor et al., 2015). This, in turn, can have deleterious ripple effects, including an elevated susceptibility to burnout, which can seriously compromise the quality of care provided. Given the ever-mounting burden of HIV/AIDS management, the imperative to comprehensively investigate the factors influencing common mental health conditions among healthcare workers engaged in these critical domains cannot be overstated. This understanding holds the key to ensuring not only the maintenance of high-quality patient care but also the preservation of the optimal quality of life for individuals living with HIV/AIDS.

It is worth noting that the World Health Organization's broad definition of health, which depicts it as a condition of whole physical, social, and mental well-being, emphasizes the inextricable link between psychological well-being and overall health (WHO, 2018). Burnout is acknowledged as a key occupational phenomena within this broader paradigm, manifesting as emotional weariness, depersonalization, and a diminished sense of personal success (WHO, 2019; Maslach & Jacksons, 2006). Given the inherent occupational hazards and elevated stress levels associated with healthcare provision, particularly in the context of HIV/AIDS and PMTCT services, the risk of burnout is notably elevated among healthcare workers (Lai & Ma, 2019).

In Nigeria, where the HIV prevalence rate remains substantial and the demand for healthcare services for individuals living with HIV/AIDS and PMTCT services continues to escalate, addressing the mental health and overall well-being of healthcare workers is a paramount concern for the effective delivery of these critical services. This study, therefore, undertakes the ambitious task of investigating the perception of HIV stigmatization among healthcare workers at Health centres in Alimosho local Government Area, Lagos, with a specific focus on the psychosocial well-being of healthcare providers engaged in HIV/AIDS and PMTCT services. By meticulously identifying the multifarious factors contributing to stigmatizing attitudes and the risk of burnout among these dedicated healthcare workers, this research seeks to offer profound insights that can inform the development and implementation of evidence-based interventions, ultimately culminating in the enhancement of the quality of care provided to individuals living with HIV/AIDS (Ceylan & Mohammadzadeh, 2016).

The outcomes of this research endeavor are poised to serve as a guiding compass for decision-makers within the healthcare sphere. This comprehensive understanding of the challenges faced by healthcare workers and the multifaceted factors affecting their psychosocial well-being is expected to catalyze the formulation of targeted interventions aimed at not only improving the overall welfare of

healthcare professionals but also ensuring the highest quality of care for individuals living with HIV/AIDS. In this way, this research endeavor becomes an integral part of the global efforts to combat and ultimately conquer the HIV epidemic, thereby contributing significantly to the broader goals of achieving optimal public health outcomes and realizing the Sustainable Development Goals.

### Materials and Methods

**Study Area:** The study area, Alimosho Local Government Area (LGA), is a vibrant and densely populated region located in Lagos State, Nigeria. It is one of the 20 local government areas in Lagos State and covers a significant portion of the state's mainland. Alimosho LGA is known for its diverse population, economic activities, and healthcare facilities, making it an important area for research studies like the one described above. Alimosho LGA is geographically diverse, encompassing urban, suburban, and rural areas. The local government area is characterized by a mix of residential, commercial, and industrial zones. It is densely populated, with a vibrant community representing various ethnicities and cultures. Alimosho LGA is well-equipped with healthcare facilities, including primary health centers, clinics, and Alimosho General Hospital, where the study is conducted. These facilities serve the healthcare needs of the local population, making the area crucial for studying healthcare-related issues such as HIV stigmatization, burnout, and mental health conditions among healthcare workers. Considering its diverse population, economic activities, and healthcare infrastructure, Alimosho LGA serves as a compelling and relevant study area for understanding the complexities of HIV stigmatization, burnout, and mental health conditions among healthcare workers. The findings from this study in Alimosho LGA can provide valuable insights applicable to similar settings in Lagos State and beyond. reduce the number of words

**Study Design:** a cross-sectional survey was conducted to collect structured data from healthcare workers of Health clinics of Alimosho Local Government Area, Lagos. The survey utilized standardized questionnaires validated to assess HIV-related stigma, burnout, and mental health conditions among healthcare professionals. The survey included questions about participants' perceptions of HIV stigmatization, their experiences in providing care to HIV-positive patients, levels of burnout, and mental health indicators such as stress, anxiety, and depression. Demographic information, including age, gender, years of experience, and specific role within the hospital, was also collected.

**Study Population:** The study population consisted of healthcare professionals and staff working at selected health clinics in Alimosho Local Government area, Lagos. This diverse group includes doctors, nurses, counselors, and support staff, as well as other healthcare workers such as pharmacists and social workers. This inclusive approach ensures a comprehensive representation of the hospital's healthcare workforce, allowing for a nuanced exploration of HIV stigmatization, burnout, and mental health conditions within the hospital context.

**Sampling Technique:** The sampling technique involved a combination of stratified random sampling and purposive sampling. Stratified random sampling was used to select participants from different healthcare roles at Alimosho Local government areas. This method ensures representation from various roles within the hospital. Within each stratum, participants were randomly selected. Additionally, for the qualitative phase involving in-depth interviews, purposive sampling was employed. Participants were selected based on specific criteria, such as high burnout levels or extensive experience in HIV/AIDS care. This approach allowed for a diverse range of perspectives and experiences captured in the qualitative phase.

**Data collection and management:** Descriptive statistics (mean, standard deviation, percentages) will be used to analyze the quantitative data. Inferential statistical tests such as chi-square tests and regression analyses will be employed to identify correlations and associations

between variables. This phase aims to quantify the prevalence of HIV stigmatization, burnout, and mental health issues among healthcare workers. Data were entered and analyzed using IBM SPSS statistics version 20. Pearson's product-moment correlation coefficients were computed to explore the relationships between burnout dimensions (emotional exhaustion, depersonalization, and personal accomplishment) and various factors including job status, age, workload, organizational constraints, interpersonal conflict at work, and HIV and AIDS stigma by association. The results were presented in tables.

**Ethical Considerations:** Ethical approval was obtained from Alimosho General Hospital review boards. Informed consent was obtained from all participants, ensuring confidentiality and voluntary participation. Participants were informed about the study's purpose, procedures, and their rights to withdraw from the study at any stage without consequences. Data was anonymized and stored securely to protect participants' identities and confidentiality.

## RESULTS

**Table 1: Socio-demographic characteristics**

Variable	Frequency (400)	Percentage (100)
<b>Age at last birthday</b>		
25-34	100	25.0
35-44	150	37.5
45-54	100	25.0
55 and above	50	12.5
Mean±S.D.	32.9±6.04	
<b>Family status</b>		
Single	130	32.5
Married	270	67.5
<b>Health-worker title</b>		
Nurse	205	51.3
SCHEW	17	4.3
Doctor	89	22.3
CHO	93	23.3
Lab Scientist	16	4.0
<b>Gender</b>		
Male	150	37.5
Female	250	62.5
<b>Years in Service</b>		
Below 5 years	50	12.5%
5-9 years	100	25.0%
10-14 years	150	37.5%
15-19 years	100	25.0%

In Table 1 above, the majority of respondents were aged between 35-44 years (37.5%), followed by those aged 25-34 years (25.0%), 45-54 years (25.0%), and 55 and above (12.5%), with an average age of 32.9 years and a standard deviation of 6.04. Regarding family status, 67.5% were married, while 32.5% were single. In terms of health-worker titles, nurses constituted the largest group (51.3%), followed by doctors (22.3%), community health officers (CHO, 23.3%), and lab scientists (4.0%). The gender distribution showed that 62.5% were female, and 37.5% were male. In terms of years in service, 12.5% had less than 5 years of experience, 25.0% had 5-9 years, 37.5% had 10-14 years, and another 25.0% had 15-19 years of service.

**Table 2; Work-related characteristics**

Variable	Frequency (400)	Percentage (100)
<b>Shift duty in the last one month</b>		
Night	94	23.5
Day	276	69.0
Alternate	30	7.5
<b>Health Status Perception</b>		
Good	225	56.2
Very Good	175	43.8
<b>Satisfaction with work</b>		
Intermediate	74	18.5
Good	164	41.0
Very Good	162	40.5
<b>Category of workers' closeness in HIV patients' care</b>		
First Line Workers	140	35.0
Second Line	260	65.0

Table 2 provides insights into the health and work-related characteristics of the 400 study participants, In the past month, among the 400 healthcare workers surveyed, 23.5% had night shifts, 69% worked during the day, and 7.5% had alternate shifts. Regarding health status perception, 56.2% perceived their health as good, while 43.8% rated it as very good. When it came to job satisfaction, 18.5% reported intermediate satisfaction, 41% were satisfied, and 40.5% were very satisfied. In terms of their involvement with HIV patients, 35% were categorized as first-line workers, while 65% were considered second-line workers among the surveyed participants.

**Table 3: Prevalence of common mental health problems among healthcare workers**

Variable	Frequency (400)	Percentage (100)
<b>Anxiety</b>		
Yes	112	28.0
No	288	72.0
<b>Depression</b>		
Yes	120	30.0
No	280	70.0
<b>Headache</b>		
Yes	246	61.5
No	154	38.5
<b>Insomnia</b>		
Yes	259	64.8
No	141	35.3
<b>Somatization</b>		
Yes	95	23.8
No	305	76.3
<b>Stigmatization</b>		
Yes	288	72.0
No	112	28.0
<b>Use of Agent</b>		
Yes	136	34.0

No 264 66.0

Table 3 presents the prevalence of common mental health problems among healthcare workers. Of the 400 participants surveyed, 28.0% reported experiencing anxiety, while 30.0% reported feelings of depression. Additionally, 61.5% reported headaches, 64.8% experienced insomnia, and 23.8% had somatic symptoms. Stigmatization was reported by 72.0% of participants, and 34.0% acknowledged the use of agents to cope, highlighting the prevalence of various mental health challenges among healthcare workers.

**Table 4: Burnout characteristics of health care workers**

Variable	Frequency (400)	Percentage (100)
<b>I feel emotionally drained from my work</b>		
0	269	67.3
1	12	3.0
2	39	9.8
3	80	20.0
<b>I feel used up at the end of the workday</b>		
0	190	47.5
1	105	26.3
2	87	21.8
3	18	4.5
<b>I feel fatigued when I get up in the morning and have to face another day on the job</b>		
0	138	34.5
1	143	35.8
<b>I can easily understand how my patients feel about things</b>		
1	146	52.0
2	51	18.1
3	34	12.1
4	50	17.8
<b>I feel I treat some patients as if they were impersonal objects</b>		
0	135	48.0
1	122	43.4
2	24	8.5
<b>Working with people all day is really a strain for me</b>		
0	186	46.5
1	95	23.8
2	119	29.8
<b>I deal very effectively with the problems of my patients</b>		
0	59	14.8
1	138	34.5
4	203	50.8
<b>I feel I'm positively influencing other people's lives through my work</b>		
0	59	21.0
1	127	45.2

2	11	3.9
3	24	8.5
4	34	12.1
5	26	9.3
<b>I worry that this job is hardening me emotionally</b>		
0	146	52.0
1	77	27.4
2	58	20.6
<b>I feel frustrated by my job</b>		
0	400	100.0
<b>I feel I'm working too hard on my job</b>		
0	186	46.5
2	214	53.5
<b>I don't really care what happens to some patients</b>		
0	223	55.8
1	177	44.3
<b>I can easily create a relaxed atmosphere with my patients</b>		
0	59	14.8
1	138	34.5
3	58	14.5
5	145	36.3
<b>I feel exhilarated after working closely with my patients</b>		
0	70	24.9
1	153	54.4
2	58	20.6
<b>I feel like I'm at the end of my rope</b>		
0	197	70.1
1	84	29.9
<b>I feel recipients blame me for some of their problems</b>		
0	195	35.0
1	205	65.0

Table 4 presents the burnout characteristics of healthcare workers assessed on a scale from 0 to 6, where zero represents the least score and six indicates the highest score. The findings reveal that healthcare workers experienced varying levels of emotional exhaustion, with 67.3% feeling emotionally drained from their work. Additionally, 52% felt they could easily understand their patients' feelings, while 50.8% believed they dealt effectively with their patients' problems. However, 70.1% felt they were at the end of their rope, indicating high levels of burnout in specific aspects of their work.

**Table 5: Risk of burnout among healthcare workers**

Variable	Frequency (400)	Percentage (100)
Burnout	No risk of Burnout	250
	At risk of Burnout	150

In table 5, it is evident that among the healthcare workers surveyed, 62.5% of them demonstrated no risk of burnout, while 37.5% were identified to be at risk of experiencing burnout.

This suggests a substantial portion of the healthcare workforce faces a potential risk of burnout, emphasizing the importance of addressing their well-being and mental health in the workplace.

**Table 6: Perceived HIV stigmatization of health workers**

Variable	Frequency (400)	Percentage (100)
<b>People feel health workers who provide HIV/AIDS care are HIV-positive</b>		
Never	281	70.1
Several times	84	21.0
Most of the time	35	8.8
<b>It is often said that Health workers who care for HIV/AIDS patients spread the disease</b>		
Never	281	70.1
Once or twice	119	29.8
<b>People often feel we who work in homecare are HIV-positive</b>		
Never	281	70.1
Several times	119	29.9
<b>People often called me names because I take care of HIV/AIDS patients</b>		
Never	208	52.0
Once or twice	94	23.5
Most of the time	98	24.5
<b>I have been stigmatized because of the HIV/AIDS services I provide</b>		
Never	264	66.2
Once or twice	94	23.5
Most of the time	42	10.5
<b>My spouse feared that I might bring the virus home</b>		
Never	264	66.0
Once or twice	34	8.5
Several times	48	12.0
Most of the time	54	13.5
<b>People feel caregivers get infected by taking care of people with HIV/ AIDS</b>		
Never	264	66.0
Several times	136	34.0
<b>Many made negative remarks about us involved with HIV/AIDS care</b>		
Never	192	48.0
Once or twice	37	9.3
Several times	82	20.5
Most of the time	89	22.3

In this study, health workers' perceptions of HIV stigmatization were investigated, revealing significant insights. The majority of respondents (70.1%) felt that people never considered health workers providing HIV/AIDS care to be HIV-positive. Similarly, 70.1% stated that it was never mentioned that healthcare workers caring for HIV/AIDS patients spread the disease. Additionally, 52% of participants reported never being called names due to their HIV/AIDS caregiving role. Concerning personal experiences, 66.2% indicated they were never stigmatized due to their HIV/AIDS services, and 66% stated their spouses never feared them bringing the virus home. However, 34% felt caregivers were sometimes infected due to their work, and 48% experienced



negative remarks about their involvement in HIV/AIDS care, indicating persistent challenges related to stigmatization within the healthcare community. (Table 6)

**Table 7: Perceived HIV stigmatization by association score**

Variable	Frequency (400)	Percentage (100)
High stigmatization	134	33.5
Low stigmatization	266	66.5

In the analysis of perceived HIV stigmatization by association score, 33.5% of respondents fell into the category of high stigmatization, indicating a significant portion of healthcare workers experienced substantial stigma related to HIV. Conversely, 66.5% reported low stigmatization, suggesting a relatively more positive perception regarding HIV-related stigma. This data underscores the prevalence of stigma within the healthcare community, emphasizing the need for targeted interventions and awareness campaigns to mitigate its impact and create a supportive environment for healthcare workers. (Table 7)

**Table 8: Relationship between Socio-demographic characteristics and Risk of Burnout.**

Socio-demographic Characteristics		Risk of burnout		X <sup>2</sup>	DF	P	Outcome
		No Risk N(%)	At Risk N(%)				
Gender	Male	90 (65)	60 (35)	42.7	1	.00	<b>Sig.</b>
	Female	200 (80)	50 (20)				
Marital Status	Single	110(82.8)	20(17.2)	.13	1	.87	N.Sg
	Married	230(85.3)	40(14.8)				
Profession	Nurse	190(92.7)	15(7.3)	11.5	4	.021	<b>Sig.</b>
	SCHEW	17(100)	0(0)				
	Doctor	62(69.5)	27(30.5)				
	CHO	83(89.2)	10(10.8)				
Years in Service	Lab Scientist	13(81.2)	3(18.8%)	12.9	3	.005	<b>Sig.</b>
	Less than 5years	170(89.0)	21(11.0)				
	6 – 10years	75(91.5)	7(8.5)				
	11 – 15years	53(68.8)	24(31.2)				
Age	16 – 20years	11(100)	0(0)	6.2	2	.04	<b>Sig.</b>
	21 – 30years	190(92.2)	16(7.8)				
	31 - 40 years	120(80.5)	29(19.5)				
	40years above	21(75)	7(25)				

Table 8 above illustrates the relationship between various socio-demographic characteristics and the risk of burnout among healthcare workers. The analysis, conducted using Chi-square tests, reveals significant associations between gender, years in service, and age with the risk of burnout.

Specifically, male healthcare workers and those aged 31-40 years are at a higher risk of burnout compared to their counterparts. Additionally, healthcare workers with 11-15 years of service experience and those in the profession for 6-10 years are more prone to burnout. Marital status, profession, and years of service also show notable correlations with burnout risk. The findings emphasize the importance of considering these factors in addressing and mitigating burnout among healthcare professionals.

**Table 9: Relationship between Socio-demographic characteristics and Stigmatization**

Socio-demographic Characteristics		Stigmatization		X <sup>2</sup>	DF	P	Outcome
		Yes N(%)	No N(%)				
Gender	Male	23(28.8)	57(71.3)	5.45	1	.02	<b>Sig.</b>
	Female	33(16.4)	168(83.6)				
Marital Status	Single	18(20.7)	69(79.3)	.05	1	.831	N.Sig.
	Married	38(19.6)	156(80.4)				
Profession	Nurse	27(19.9)	109(80.1)	11.54	4	.021	<b>Sig.</b>
	SCHEW	5(45.5)	6(54.5)				
	Doctor	13(22)	46(78)				
	CHO	6(9.7)	56(90.3)				
Years in Service	Lab Scientist	5(38.5)	8(61.5)	9.88	3	.02	<b>Sig.</b>
	Less than 5years	23(16.8)	114(83.2)				
	6 – 10years	7(12.5)	49(87.5)				
	11 – 15years	21(27.3)	56(72.7)				
Age	16 – 20years	5(45.5)	6(54.5)	5.55	2	.06	N.Sig.
	21 – 30years	21(16.2)	109(83.3)				
	31 - 40 years	25(20.3)	98(79.9)				
	40years above	10(35.7)	18(64.3)				

Table 9 illustrates the correlation between respondents' socio-demographic characteristics and stigmatization. The data revealed that male respondents experienced a higher rate of stigmatization (28.8%) in comparison to their female counterparts (16.4%). The study established a statistically significant association between stigmatization and respondents' gender ( $p = .02$ ). Furthermore, healthcare workers in the SCHEW (45.5%) and Lab Scientist (38.5%) professions faced elevated levels of stigmatization compared to others. The analysis demonstrated a statistically significant link between stigmatization and profession. Additionally, years in service were found to be significantly related to stigmatization ( $p = .02$ ), with respondents who had 16 to 20 years of experience being the most affected. Interestingly, stigmatization did not exhibit an association with respondents' age ( $p = .00$ ). Notably, individuals aged 40 years and above experienced higher stigmatization rates than other age groups. The study indicated that stigmatization was associated with respondents' socio-

demographic characteristics, including gender ( $X^2(1) = 5.45, p = .02$ ), profession ( $X^2(4) = 11.54, p = .02$ ), and years in service ( $X^2(3) = 9.88, p = .02$ ).

## DISCUSSION

In the surveyed healthcare workforce, majority 62.5% were female, Marital status analysis revealed that 67.5% were married. Among healthcare professionals, 51.3% were nurses, 23.3% were community health officers (CHOs), 22.3% were doctors, 4.3% were SCHEWs, and 4.0% were lab scientists (Ehiri et al., 2018; Bashorun et al., 2014). The participants' years of service ranged from 4 to 25 years, with one third having 10-14 years in service), a result consistent with Hert (2020) and Salihu et al. (2017), indicating a similar experience of healthcare workers in terms of service duration. Age varied from 26 to 54 years, with an average of 32.9 years, in line with demographic patterns reported by similar studies (Saragih et al., 2021; Ullah, 2011). In the past month, 23.5% worked night shifts, 69% during the day, and 7.5% had alternate shifts, reflecting common work schedules among healthcare professionals. Health status perception revealed that 56.2% rated their health as good, while 43.8% perceived it as very good, mirroring the self-perceived health status reported in previous studies (Zong et al., 2016; Sekoni & Owoaje, 2013). Job satisfaction levels showed 18.5% with intermediate satisfaction, 41% satisfied, and 40.5% very satisfied, consistent with the varying degrees of job satisfaction observed in healthcare professionals (Hert, 2020; Salihu et al., 2017). Concerning their involvement with HIV patients, 35% were categorized as first-line workers, and 65% as second-line workers, indicating their diverse roles in HIV/AIDS care.

In terms of mental health, 28.0% reported experiencing anxiety, and 30.0% reported feelings of depression, aligning with the prevalence of mental health challenges among healthcare professionals reported in previous studies (Saragih et al., 2021; Ullah, 2011). Headaches were reported by 61.5%, insomnia by 64.8%, and 23.8% had somatic symptoms, reflecting the psychological and physiological impact of their profession (Zong et al., 2016; Sekoni & Owoaje, 2013). Stigmatization affected 72.0% of participants, and 34.0% acknowledged the use of agents to cope, findings consistent with the high prevalence of stigma-related challenges reported in the literature (Saragih et al., 2021; Ullah, 2011; Zong et al., 2016; Sekoni & Owoaje, 2013).

Regarding burnout, 67.3% felt emotionally drained from their work, while 50.8% believed they dealt effectively with patients' problems. However, 70.1% felt they were at the end of their rope, indicating high levels of burnout in specific aspects of their work, a pattern similar to findings reported by Hert (2020) and Salihu et al. (2017). The study identified 37.5% of respondents at risk of burnout, consistent with similar research indicating the substantial portion of healthcare workers facing potential burnout (Hert, 2020; Salihu et al., 2017). However, these findings differ from other studies (Al-Dubai & Rampal, 2015; Zubairi & Noordin, 2016; Leung & Rioseco, 2017) suggesting a variation in burnout prevalence across different contexts and populations.

Stigmatization was prevalent, with 70.1% believing others never considered healthcare workers in HIV/AIDS care to be HIV-positive. Yet, 48% faced negative remarks about their involvement in HIV/AIDS care, indicating persistent stigmatization challenges (Saragih et al., 2021; Ullah, 2011). Moreover, 33.8% suffered high stigmatization, emphasizing the need for targeted interventions to create a supportive environment for healthcare workers (Saragih et al., 2021).

Analyzing socio-demographic factors, significant associations were found between gender, years in service, and age with the risk of burnout. Male healthcare workers and those aged 31-40 years were at a higher risk, along with individuals with 11-15 years of service experience. Marital status, profession, and years of service were also correlated with burnout risk (Oyekunle, 2022; Al-Dubai & Rampal, 2015; Campbell et al., 2001). In a layered crosstab analysis, male respondents (28.8%) experienced more stigmatization than females (16.4%). Significant links were found

between stigmatization and gender, profession, and years in service, underlining the complex interplay of socio-demographic factors in healthcare workers' experiences (Ullah, 2011; Al-Dubai & Rampal, 2015; Leung & Rioseco, 2017). These findings reinforce the need for targeted interventions that consider the nuanced impact of various socio-demographic factors on stigmatization experiences, providing a foundation for future initiatives in this vital area.

## CONCLUSION AND RECOMMENDATION

This study provides emphasis on the numerous obstacles that healthcare personnel experience, such as exhaustion, mental health issues, and stigma in the context of HIV/AIDS care. The findings highlight the critical need for comprehensive support mechanisms to address these concerns and protect healthcare professionals' well-being. It is however imperative for healthcare institutions and policymakers to implement tailored interventions that prioritize mental health support, burnout prevention, and anti-stigmatization initiatives within the healthcare workforce. Additionally, fostering a culture of empathy, understanding, and appreciation for healthcare workers' contributions is essential to mitigate the negative impacts highlighted in this study.

## References:

1. Abushaikha, L., & Saca-Hazboun, H. (2019). Job stress, recognition, job performance and intention to stay at work among Jordanian hospital nurses. *Journal of Nursing Management*, 17(1), 93-103.
2. Adetoun A. Oyekunle. (2022). Social Predictors of Burnout among Nurses in a Nigerian Teaching Hospital. *International Journal of Clinical Science and Medical Research*, 2(3), 11–21. Retrieved from <https://journalofmedical.org/index.php/ijcsmr/article/view/10>
3. Al-Dubai SA, Rampal KG. Prevalence and associated factors of burnout among doctors in Yemen. *J Occup Health*. 2015;52(1):58–65. <https://doi.org/10.1539/joh.O8030>
4. Campbell DA Jr, Sonnad SS, Eckhauser FE, Campbell KK, Greenfield LJ. Burnout among American surgeons. *Surgery*. 2001;130(4):696–705. <https://doi.org/10.1067/msy.2001.116676>
5. Ceylan, E., & Mohammadzadeh, Z. (2016). Job burnout and its relation with personality traits among the civil servants with lower rank. *Procedia - Social and Behavioral Sciences*, 235, 574-580.
6. Earnshaw, V. A., Smith, L. R., Chaudoir, S. R., Amico, K. R., & Copenhaver, M. M. (2013). HIV stigma mechanisms and well-being among PLWH: A test of the HIV stigma framework. *AIDS and Behavior*, 17(5), 1785-1795.
7. Lai, J., & Ma, S. (2019). Factors influencing mental health of health care workers in China during the outbreak of COVID-19. *Psychosomatic Medicine*, 82(4), 328-333.
8. Leung J, Rioseco P. Burnout, stress and satisfaction among Australian and New Zealand radiation oncology trainees. *J Med Imaging Radiat Oncol*. 2017;61(1): 146–155. <https://doi.org/10.1111/1754-9485.12541>
9. Maslach, C., & Jackson, S. E. (2006). *Maslach Burnout Inventory*. Palo Alto, CA: Consulting Psychologists Press.
10. Nyblade, L., Stockton, M. A., Giger, K., Bond, V., Ekstrand, M. L., Lean, R. M., ... & Wouters, E. (2019). Stigma in health facilities: Why it matters and how we can change it. *BMC Medicine*, 17(1), 1-14.

11. Salihu MO, Makanjuola AB, Abiodun OA, Kuranga AT. Predictors of burnout Among resident doctors in a Nigerian teaching hospital. *S Afr J Psychiat.* 2023;29(0), a2017. <https://doi.org/10.4102/sajpsykiatry.v29i0.2017>
12. Sedigheh, G., & contemporary society and life (Yaoquin et al., 2020). Burnout in nursing staffs in relation to personality and religious beliefs. *Journal of Education and Health Promotion*, 9, 151.
13. Spoor, E. P., de Jong, J., & Hamers, J. P. (2015). Perceptions of psychosocial job characteristics and its association with mental health among nurses in geriatric settings. *International Psychogeriatrics*, 22(4), 614-624.
14. World Health Organization (WHO). (2018). Preamble to the Constitution of the World Health Organization as adopted by the International Health Conference. *Official Records of the World Health Organization*, 2, 100.