

Quality of life of ICTC counsellors of Northern India

S.R. Mazta, A.K. Gupta, Anupam Parashar, D.S. Dhadwal, Anita Thakur, Saurabh Kumar

Department of Community Medicine, Indira Gandhi Medical College, Shimla, Himachal Pradesh, India

Abstract: Little is known about how HIV/AIDS counsellors consider their overall physical and psychological health and quality of life. The study was carried out on ICTC counsellors of Punjab, Haryana and Himachal Pradesh using WHOQOL-BREF. Overall social relationship domain had the highest mean score of 74.17 (SD 16.57) and physical health domain mean score of 60.13 (SD 8.63) was at the bottom of all domains of quality of life. Conclusion: the overall scores of physical, psychological, social relationship and environmental domains of quality of life were above 60.00, still there is a need to identify and manage the burnout of HIV/AIDS counsellors as it is leading to counsellors frequently changing the jobs.

INTRODUCTION

HIV counselling with its multidimensional domains of life is a confidential dialogue between a client and a counsellor aimed at enabling the client to cope with stress and take personal decisions related to HIV/AIDS. The counselling process includes evaluating the personal risk of HIV transmission, and discussing how to prevent infection. It concentrates specifically on emotional and social issues related to possible or actual infection with HIV/AIDS, a major challenge associated with Counselling and testing is burnout among personnel, especially counsellors. Personnel involved in counselling and testing work are particularly susceptible to the development of burnout, mainly because of the nature and the emotional demands of their job.^{1,2,3} This may lead to a state of irritability and anger, often directed at supervisors, colleagues and even clients. The counsellor may also feel despair at the limited number of sources of social or medical support that can be suggested to the client, especially in communities starved of resources. The counsellor may have a privileged awareness of issues directly affecting the client's ability to cope and reduce future risk behaviour, and feel responsible for the client's welfare. This probably affects their own life, a significant body of research examining the impact on health care workers who work with patients who have HIV/AIDS has developed over the past many years.^{4,5} Little is known about how HIV/AIDS counselors consider their overall physical and psychological health and quality of life. We conducted this study to ascertain the quality of life of ICTC counselors being trained at our institute as no published studies could be found regarding this issue.

The World Health Organization defines 'quality of life' as "individuals' perceptions of their position in life in the context of the culture and value system in which they live in relation to their goals, standards, and concerns."⁶ The definition includes four broad domains: physical health, psychological state, social relationships and environmental features. (WHO-QOL BREF).^{7,8} All the aspects of "health status", "life style", "life satisfaction", "mental state" or "well-being" together reflect the multi-dimensional nature of Quality of Life in an individual.^{9,10}

MATERIALS AND METHODS

The aim of the study was to find out the quality of life of ICTC counsellors and to find out the association of socio-demographic factors with the quality of life.

This was a cross sectional study, conducted at the Department of Community Medicine at our institute from January 2010 to June 2010 after taking the due approval from the institute's ethics committee. Our institute is the centre of excellence in HIV/AIDS training for the counselors and is also a sub-sub recipient of Global funds for AIDS, tuberculosis and malaria round-7. The counselors were administered a questionnaire; section 1 of which contained information on socio-demographic factors like age, sex, marital status, state, income, educational qualifications and experience and section 2 was WHO-QOL-BREF; during the middle of the training. WHO-QOL-BREF having a set of 26 questions on physical, psychological, social and environmental

domains was used to collect the data. Assuming that 50% of the counselors had mean score of quality of life below 50 and taking allowable error as 20% and 10% non response rate, the sample size came out to be 106.

The data was collected over a period of 6 months during the trainings on HIV/AIDS counselling issues. Only those counselors who had 6 months of experience of counselling were included in the study. Consecutive sampling was done till the required sample size was achieved. Written informed consent was taken from the counselors and they were explained the contents of the questionnaire before being administered.

The data so collected was entered in Microsoft 2007 Excel sheet and analysed using SPSS 14. For calculating the domain scores firstly all 26 items from assessment having a range of 1-5 were checked. Recoding was done for the responses of Q3, Q4 and Q26 (1=5)(2=4) (3=3) (4=2)(5=1). Domain scores for the WHOQOL- BREF are calculated by taking the mean of all items included in each domain and multiplying by a factor of four as given below: Physical=Mean of (Q3,Q4,Q10,Q15,Q16,Q17,Q18)*4.

Psychological= Mean of 5 (Q5,Q6,Q7,Q11,Q19,Q26)*4.

Social = Mean of (Q20,Q21,Q22)*4.

Environment=Mean of (Q8,Q9,Q12,Q13,Q14,Q23,Q24,Q25)*4.

These scores are then transformed to a 0-100 scale by subtracting 4 from the domain scores and multiplying by 100/16.

Mean, standard deviation of domain scores were calculated and independent sample t-test and one way anova(parametric tests), Mann Whitney test and Kruskal Wallis test (non-parametric tests) were applied to test the significant differences in the mean domain scores having after checking for normality of distribution of domain scores using Shapiro Wilk test.

RESULTS & DISCUSSION

The sample was predominantly male (54.7%) with a substantial proportion of counsellors being married (76.5%). The mean age of the counselors was 30.69 (SD 4.86) years. About 60.4% of the counselors were in the age group of 21-30 years. 34.9% counselors reported having a master's level degree in social work/psychology/sociology. On average the counselors in the study had experience of 3.14(SD2.11) years in HIV/Aids counselling. 75.5% of the counsellors had monthly salary of Rs. 6,500/ only and the rest of them had a salary varying from Rs. 6,900 to Rs. 8,100.

Domains of Quality of life

The overall mean score of all the four domains of quality life (physical, social relationship, psychological and environment) was 66.35 and 6.6% of the study subjects had over all mean score of quality of life below 50.

Amongst the domains of quality of life social relationship domain had the highest mean score of 74.17 (SD 16.57) and physical health domain mean score of 60.13 (SD 8.63) was at the bottom. There was significant difference in the mean score of social relationship domain of the counselors of various age groups with the younger lot (21-30 years) having lowest scores among them, but there was no such difference among psychological , physical, and environmental domains as per the age groups (table 1). This may be because of high aspirations of the younger population coupled with their being in

search for new jobs. further it could be due to a feeling among relatively younger counsellors that the care related demands of HIV/AIDS counselling are age-inappropriate and hence interfere with their life styles and activities. Relatively older persons are less likely to be emotionally sapped by caring role than their younger counterparts because as people grow older, they tend to be more nurturing and more others-oriented.

Males were found to have significantly higher physical domain scores and social relationships domain scores as compared to their female counterparts. This may be because usually emotionally more sensitive compared to the males and are more likely to suffer from emotional depletion consequent to constant 'giving' to the clients without the satisfaction of success and their reaction to sexually explicit topics with discomfort. And again married counsellors were having significantly higher social relationships domain scores as compared to the non-married ones.¹¹

There was significant difference in the mean scores of physical and environmental domains of quality of life among the counsellors of three states with the counsellors from Punjab faring better in these domains and the counsellors from Himachal Pradesh having the lowest scores. This may be attributed to a consolidated pay in Himachal Pradesh as compared to Policy of giving increments to the counsellors in the neighbouring states of Haryana and Punjab with the increase in job duration. But salary from SACS (States AIDS Control Society) as such was not found to be associated with any significant differences in the mean domain scores.

But neither experience nor educational qualification had any bearing on the scores in various domains of quality of life.

Limitations

Study subjects were selected from those counselors who were being trained
Table:1 Mean score of all domains with respect to socio-demographic variables

Variable	N=106 (100%)	Physical Domain (0-100)	Psychological Domain (0-100)	Social relationship Domain (0-100)	Environmental Domain (0-100)
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Age group	P value**	0.37	0.11	0.01	0.31
21-30 years	64 (60.4%)	58.91(8.53)	64.22(10.96)	70.13(17.78)	64.70(15.13)
31-40 years	38 (35.8%)	61.92 (8.85)	67.08 (10.03)	80.89 (12.08)	68.84(14.79)
41-50 years	4 (3.8%)	62.75 (5.32)	56.50 (8.96)	75.00 (15.51)	62.75 (8.96)
Sex	P Value*	0.00	0.48	0.03	0.36
Male	58(54.7%)	62.43 (8.25)	66.16(9.71)	78.45(13.52)	68.07(12.05)
Female	48 (45.3%)	57.35 (8.33)	63.50 (11.75)	69.00 (18.48)	63.75 917.54)
Marital Status	P value	0.76	0.11	0.01	0.06
Single	26 (24.5%)	60.58(8.51)	67.85(9.69)	66.88 915.81)	70.81 (13.34)
Married	80 (76.5%)	59.99 (8.71)	64.01 (10.91)	76.54 (16.20)	64.59 (15.10)
State	P value*	0.012	0.12	0.06	0.00
Punjab	21(19.8%)	62.14 (6.30)	67.05 (10.24)	71.76 916.84)	70.29 (11.79)
Haryana	72 (67.9%)	60.90 (8.47)	65.38 (10.56)	76.46 (15.75)	67.26 (15.26)
Himachal Pradesh	13 (12.3%)	52.62 (9.43)	59.23 (11.12)	65.38 (18.35)	53.00 (10.03)

at out institute and hence the findings of the study cannot be generalized and further studies need to be done to validate the findings.

CONCLUSION AND RECOMMENDATIONS

The changing demographics of the HIV epidemic along with the growing complexity of medical care, have created major challenges for the former caregivers like counsellors who provide counselling to the people living with the disease. As treatment options have expanded, so have the stresses experienced by the caregivers. Prolongation of the disease course, uncertainty about overall prognosis, and a 'roller coaster' pattern of repeated exacerbations and remissions in the latest stages of HIV disease have intensified the

Variable	N=106 (100%)	Physical Domain (0-100)	Psychological Domain (0-100)	Social relationship Domain (0-100)	Environmental Domain (0-100)
		Mean (SD)	Mean (SD)	Mean (SD)	Mean (SD)
Experience	P value **	0.93	0.35	0.11	0.69
1-2 years	52 (49.1%)	60.21 (8.12)	64.23 (10.96)	71.15 (16.10)	66.37 (12.77)
3-4 years	28 (26.4%)	59.57 (6.02)	63.96 (7.79)	77.46 (10.44)	65.57 (11.86)
≥ 5 years	26 (24.5%)	60.58 (11.67)	67.46 (12.75)	76.65 (21.65)	66.19 (21.06)
Educational Qualifications	P value **	0.12	0.38	0.60	0.73
MA Psychology	16 (15.1%)	62.38(4.97)	64.19 (13.59)	74.63 (16.11)	66.63 (11.83)
MA Sociology	5 (4.7%)	51.40 (9.21)	60.00 (5.87)	71.20 (9.50)	61.20 (10.38)
MA Social Work	16 (15.1%)	61.44 99.78)	68.00 (10.78)	80.13 (15.56)	66.25 (18.28)
Others (NS)	69 (65.1%)	59.94(8.73)	64.78 (10.23)	72.90 (17.24)	66.32 (15.10)
Income	P value **	0.91	0.40	0.31	0.93
Rs 6,500	80 (75.5%)	59.96 (8.92)	64.45 (10.78)	72.89 (16.56)	65.45 (13.98)
Rs 6,900	9 (8.5%)	61.11 (6.33)	64.67 (8.32)	86.78 (10.51)	69.67 (11.80)
Rs 7,300	12 (11.3%)	59.00 (8.71)	65.25 (12.15)	73.92 (21.32)	65.67 (21.17)
Rs 7,700	3 (2.8%)	64.67 (9.61)	77.33(9.71)	75.00 (6.00)	71.00(25.24)
Rs 8,100	2 (1.9%)	62.05 (9.19)	66.00 (4.24)	78.00 (4.24)	72.00 (12.73)

P value ** were obtained using Kruskal Wallis test; P values * were obtained using Mann Whitney test; P values were obtained using independent sample t-test; P value < 0.05 was considered significant (Note: p values are shown in italics)

emotional and physical demands of caregiving. And our study also shows that the physical domain of quality of life of counsellors had the least scores compared to the other domains. Younger age group had lower social relationship domain scores. Male counsellors were found to have better physical and social relationship domain scores and married counselors too had better physical and social relationship domain scores. Though the overall global score of quality of life was 66.35 and relatively less proportion of the study subject (6.6%) had global score of quality of life below 50 still there is a need to identify and manage the burnout of HIV/AIDS counselors as it may be one of the factors leading to counselors frequently changing the jobs. Providing a financial security to the HIV/AIDS counselors in terms of better pay and incentives can decrease the turnover of the counsellors and improve their quality of life. Further there should be regular refresher training courses and supportive supervision for the counsellors. Although the literature typically suggests personal stress-reduction techniques for workers experiencing burnout.

REFERENCES

1. Feeley R, Rosen S, Fox M, Macwangi M, Mazimba A. The costs of HIV/AIDS among Professional staff in the Zambian Health Sector. Centre for International Health and Development (CIHD), Boston University School of Public Health Boston MA; 2004.
2. Ito JK, Brotheridge CM. An Examination of the Roles of Career Uncertainty, Flexibility and Control in Predicting Emotional Exhaustion. *Journal of Vocational Behaviour* 2001; 59:406-424.
3. UNAIDS (2002). HIV Voluntary Counselling and Testing: a Gateway to Prevention and Care. Five Case Studies Related to Prevention of Mother-to-Child Transmission of HIV, Tuberculosis, Young People and Reaching General Population Groups. Best Practice Collection. Geneva: UNAIDS.
4. Bennett L, Miller D, Ross M, eds. Health Workers and AIDS: Research, Intervention and Current Issues in Burnout and Response. Chur, Switzerland: Harwood Academic Publishers; 1995.
5. Gueritault-Chalvin V, Kalichman SC, Demi A, et al. Work-related stress and occupational burnout in AIDS caregivers: test of a coping model with nurses providing AIDS care. *AIDS Care*. 2000;12:149-161.
6. *Proframme on mental health WHOQOL user manual*. WHO (MNH/MHP/98.4. Rev.1), the World Health Organization: Geneva: 1998.
7. *World Health Organization - Quality of life: WHOQOLBREF: Australian version, the World Health Organization: Geneva; 2000.*
8. Nelson CB, Lofy M. The World Health Organization's WHOQOLBREF quality of life assessment: Psychometric properties and results of the incremental field trial. WHO (MNH/MHP/99.7), the World Health Organization: Geneva: 1999.
9. *Well being Measures in primary Health care/ The DEPCARE project: Report on a WHO meeting: Regional office for Europe, the World Health Organization; 1998.*
10. *The WHOQOL Group. The development of the World Health Organization Quality of Life Assessment Instrument 9th WHOQOL*. In: Orley J, Kuyken W, editors. *Quality of Life Assessment: International Perspectives*. Springer-Verlag: Heidelberg; 1994a.p.43.
11. Maslach C, Shaufeli B, Leiter MP. Job Burnout. *Annual Review of Psychology* 2001;52:397-422.