

Stigma Indicators Monitoring Project

Health care workers – New South Wales

Background

Stigma and discrimination have major health implications for people living with or at risk of blood borne viruses (BBVs) and sexually transmissible infections (STIs). Australia has five national strategies addressing HIV, viral hepatitis, and STIs, each with a clear goal to eliminate the negative impact of stigma and discrimination on people's health (Australian Government Department of Health, 2018a,b,c,d,e).

Since 2015, the Australian Government Department of Health has provided funding to the Centre for Social Research in Health (CSRH, UNSW Sydney) to develop and implement an indicator of stigma amongst priority groups identified by the national strategies, namely: gay and other men who have sex with men, people who inject drugs, people living with HIV, people living with viral hepatitis, and people who engage in sex work. Information regarding the development of the indicator has been published elsewhere (Broady et al., 2018). A mirrored indicator was also developed to monitor the expression of stigma by populations such as health workers or the general public. Since 2016, the stigma indicator and mirrored indicator have been periodically used in surveys of the priority populations, health workers, and the general population.

This report outlines the results from a survey of health care workers conducted in 2022. Results specific to participants living in NSW are provided, including comparisons with participants from the rest of Australia and with NSW participants from previous surveys of health care workers (conducted in 2018 and 2021).

Method

In 2022, CSRH conducted a survey of Australian health care workers. Participants were recruited via a market research panel coordinated by Qualtrics (i.e., a panel of potential participants who have signed up to be contacted for research participation opportunities). Survey questions included demographic characteristics and a range of questions regarding their attitudes towards priority population groups identified by the National BBV/STI Strategies. Participants responded to the mirrored stigma indicator in relation to sexual orientation, injecting drug use, HIV, hepatitis B, hepatitis C, sex work, and STIs.



This survey followed on from previous survey of health care workers, conducted in 2018 and 2021. The 2021 used the same recruitment method as the 2022 survey, while recruitment for the 2018 survey was conducted via paid Facebook advertising. Due to the different recruitment method used in 2018, comparisons over time should be interpreted cautiously.

In 2022, comparisons were made between participants from NSW and those living elsewhere in Australia. Comparisons between binary or categorical variables were conducted using chi-square tests, comparisons between continuous variables were conducted using independent samples t-tests, and comparisons between ordinal variables (e.g., the stigma indicator) were conducted using Mann-Whitney U tests. Among NSW participants, trends over time (i.e., from 2018 to 2022) were assessed using binary logistic regression.

Table 1 shows the demographic characteristics of NSW participants from 2018 to 2022.

Table 1. Demographic characteristics of NSW participants, 2018-2022

	2018 n (%)	2021 n (%)	2022 n (%)	Change from 2021	Trend over time
Total sample	157	267	589		
Gender					
Female	146 (93.0)	198 (74.2)	503 (85.4)	↑ $p < .001$	↓ $p < .05$
Male	11 (7.0)	67 (25.1)	84 (14.3)	↓ $p < .001$	ns
Non-binary	0	2 (0.8)	1 (0.2)	- ^a	- ^a
Different identity	0	0	1 (0.2)	- ^a	- ^a
Sexuality					
Heterosexual/straight	117 (75.5)	233 (89.6)	536 (91.0)	ns	↑ $p < .001$
Lesbian/gay/homosexual	15 (9.7)	11 (4.2)	11 (1.9)	ns	↓ $p < .001$
Bisexual/pansexual	16 (10.3)	14 (5.4)	35 (5.9)	ns	ns
Queer	2 (1.3)	2 (0.8)	4 (0.7)	- ^a	- ^a
Different term	5 (3.2)	0	3 (0.5)	- ^a	- ^a
Age: Mean (SD)	41.5 (12.9)	34.2 (11.5)	32.1 (10.2)	↓ $p < .01$	↓ $p < .001$
Aboriginal or Torres Strait Islander	11 (7.0)	12 (4.5)	27 (4.6)	ns	ns
Born overseas	- ^b	69 (25.9)	109 (18.5)	↓ $p < .05$	- ^c
University education	120 (76.4)	177 (66.3)	387 (65.7)	ns	↓ $p < .05$
Employed full-time	93 (59.2)	161 (60.3)	348 (59.1)	ns	ns
Lives in capital city	- ^b	160 (60.2)	300 (50.9)	↓ $p < .05$	- ^c
Years in health care field					
Less than 1 year	(5.7)	19 (7.2)	30 (5.1)	ns	ns
1-2 years	14 (8.9)	51 (19.3)	125 (21.4)	ns	↑ $p < .01$
3-5 years	36 (22.9)	73 (27.6)	187 (32.0)	ns	↑ $p < .05$
6-10 years	19 (12.1)	49 (18.5)	104 (17.8)	ns	ns
Over 10 years	79 (50.3)	73 (27.6)	139 (23.8)	ns	↓ $p < .001$

Note: 'ns' refers to non-significant test results

^a Trends not calculated due to small sample size

^b Data not comparable in 2018

^c Trend not calculated due to no comparable data in 2018

Across all surveys, most NSW participants were female. The proportion of female participants decreased from 93.0% in 2018 to 74.2% in 2021 before increasing to 85.4% in 2022. Conversely, the proportion of male participants increased from 7.0% in 2018 to 25.1% in 2021 before decreasing to 14.3% in 2022. Most participants identified as heterosexual (91.0% in 2022) and this increased from 75.5% in 2018, while the proportion who identified as lesbian, gay, or homosexual decreased from 9.7% in 2018 to 1.9% in 2022. The average age of participants decreased over time (from 41.5 years in 2018 to 32.1 years in 2022, $p<.001$). Between 2018 and 2022, the proportion of participants who had completed university level education decreased from 76.4% to 65.7%. Over that time, the proportion of participants who had been working in the health field for more than 10 years decreased (from 50.3% to 23.8%, $p<.001$), while the proportions who had been working in the health field for 1-2 years and 3-5 years both decreased.

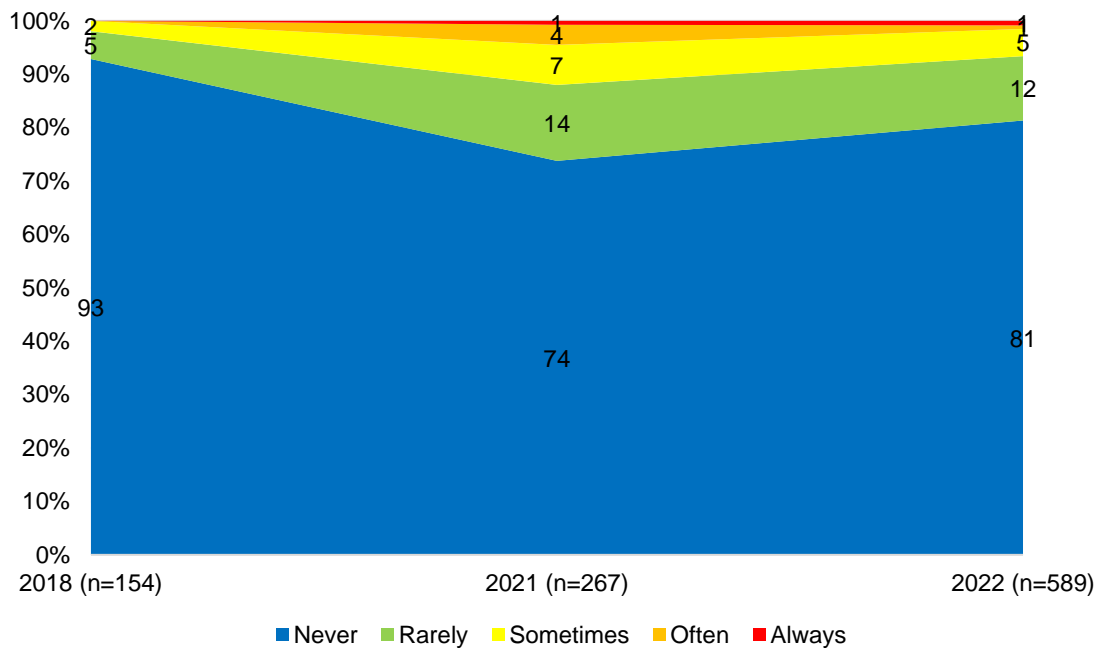
Compared with participants from elsewhere in Australia, in 2022, a larger proportion of NSW participants were male (14.3% vs. 10.7%, $p=.02$) and a larger proportion of NSW participants were Aboriginal or Torres Strait Islander (4.6% vs. 2.2%, $p<.01$). NSW participants were also younger on average ($M=32.1$ years vs. 33.6 years, $p<.01$) and were more likely to be employed full time (59.1% vs. 46.6%, $p<.001$). Compared with those from elsewhere in Australia, NSW participants were less likely to live in a capital city (50.9% vs. 66.0%, $p<.001$).

Results

In 2022, 19% of NSW participants indicated that they would ever behave negatively towards other people because of their sexual orientation. This proportion increased from 7% in 2018 ($p<.01$) but decreased from 26% in 2021 ($p=.01$). The proportion of NSW participants who indicated that they would 'rarely' behave negatively towards other people because of their sexual orientation increased from 5% in 2018 to 12% in 2022 ($p=.03$), while there was a small decrease in the proportion who would 'often' do so between 2021 and 2022 ($p<.01$).

In 2022, there was no significant difference between participants from NSW and those from the rest of Australia ($Z=0.31$, $p=.76$).

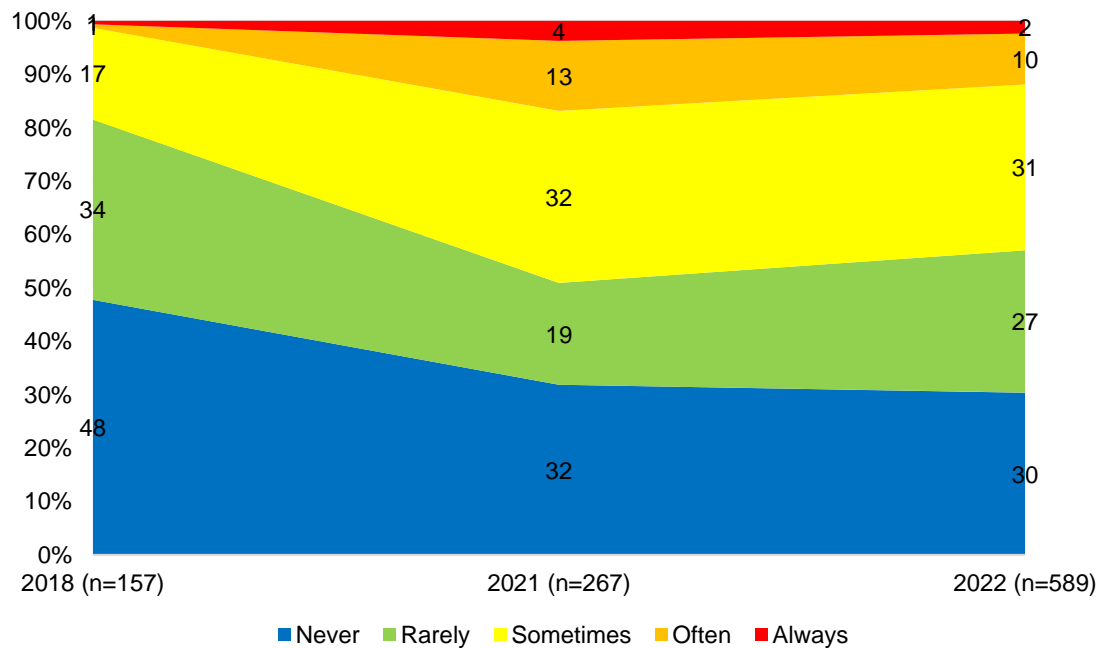
Figure 1. Self-reported likelihood of behaving negatively towards others on the basis of sexual orientation



In 2022, 70% of NSW participants indicated that they would ever behave negatively towards other people because of their injecting drug use. This proportion increased from 52% in 2018 ($p<.001$), however, there was no significant change between 2021 and 2022. While the proportion reporting any negative behaviour towards people who inject drugs did not change between 2021 and 2022, the proportion who indicated they would 'rarely' behave negatively increased (from 19% to 27%, $p=.02$). Over time, the proportions of participants who reported that they would 'sometimes' or 'often' behave negatively towards other people because of their injecting drug use both increased (from 17% to 31%, $p<.01$, and 1% to 10%, $p<.01$, respectively).

There was no significant difference between NSW participants and those from the rest of Australia in 2022 ($Z=1.03$, $p=.31$).

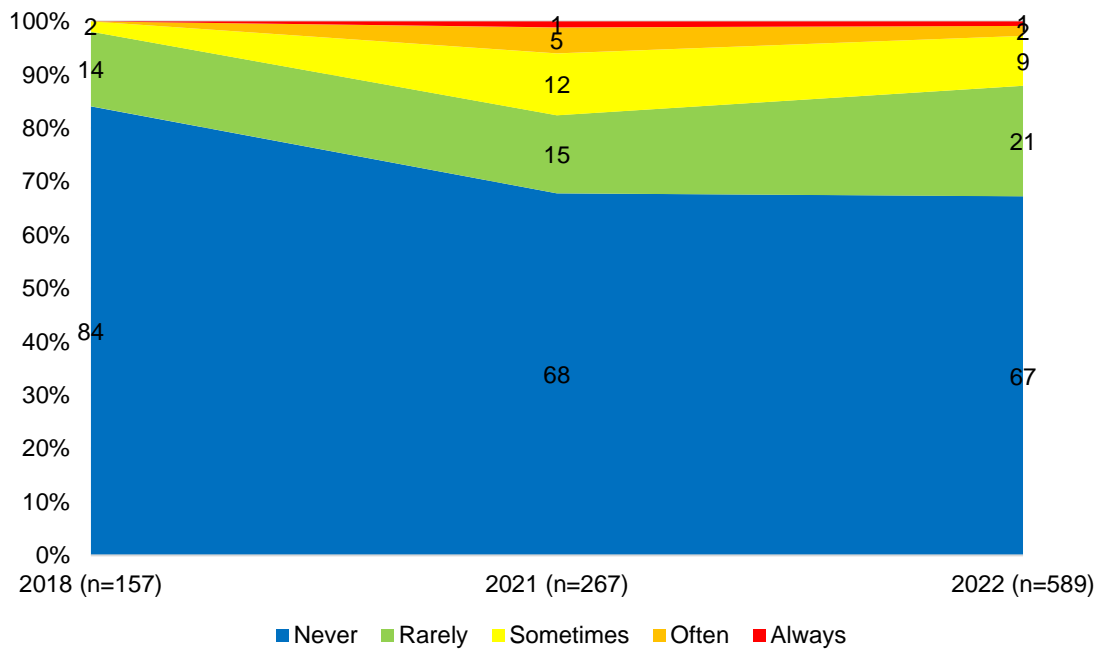
Figure 2. Self-reported likelihood of behaving negatively towards others on the basis of injecting drug use



In 2022, 33% of NSW participants reported that they would behave negatively towards other people because of their HIV. This proportion increased from 16% in 2018 ($p<.001$), however, there was no significant change between 2021 and 2022. Over time, the proportion of participants who reported that they would 'rarely' behave negatively towards other people because of their HIV increased (from 14% in 2018 to 21% in 2022, $p<.05$), as did the proportion who would 'sometimes' do so (from 2% in 2018 to 9% in 2022, $p<.01$). The proportion who would 'often' behave negatively towards people who inject drugs decreased from 5% in 2021 to 2% in 2022 ($p=.02$).

There was no significant difference between NSW participants and those from elsewhere in Australia in 2022 ($Z=0.55$, $p=.58$).

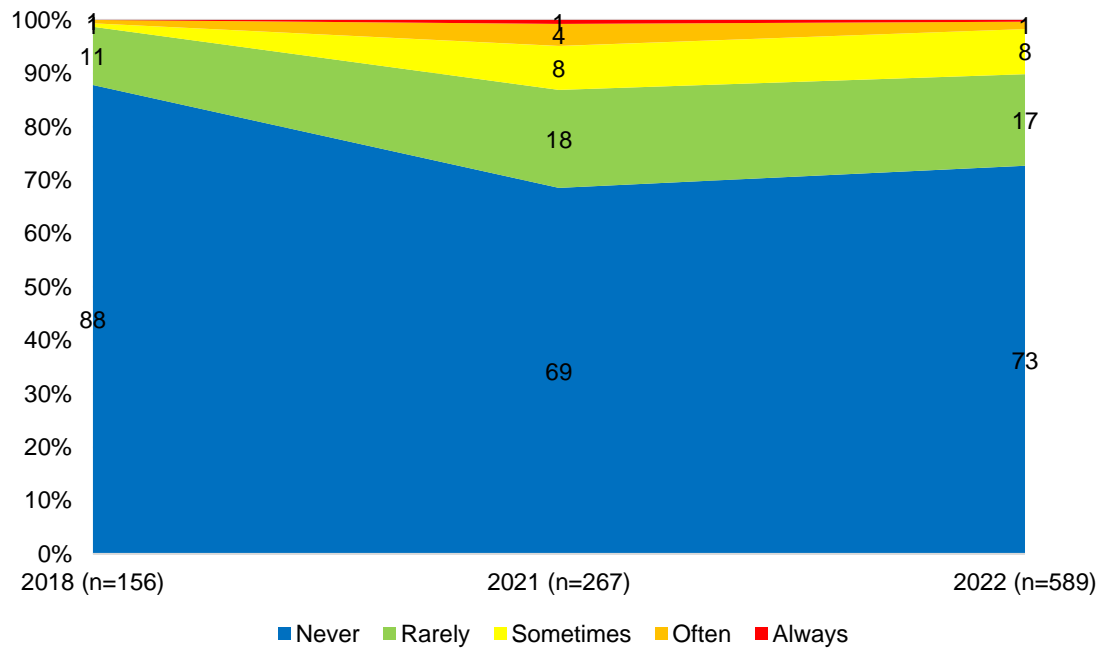
Figure 3. Self-reported likelihood of behaving negatively towards others on the basis of HIV



In 2022, 27% of NSW participants reported that they would behave negatively towards other people because of their hepatitis B. This proportion increased from 12% in 2018 ($p < .001$), however, there was no significant change from 2021 to 2022. The proportion who reported they would 'sometimes' behave negatively towards others because of their hepatitis B increased from 1% in 2018 to 8% in 2022 ($p < .01$) and the proportion who would 'often' do decreased from 4% in 2021 to 1% in 2022 ($p = .02$).

There was no significant difference between NSW participants and those from elsewhere in Australia in 2022 ($Z = 0.20$, $p = .84$).

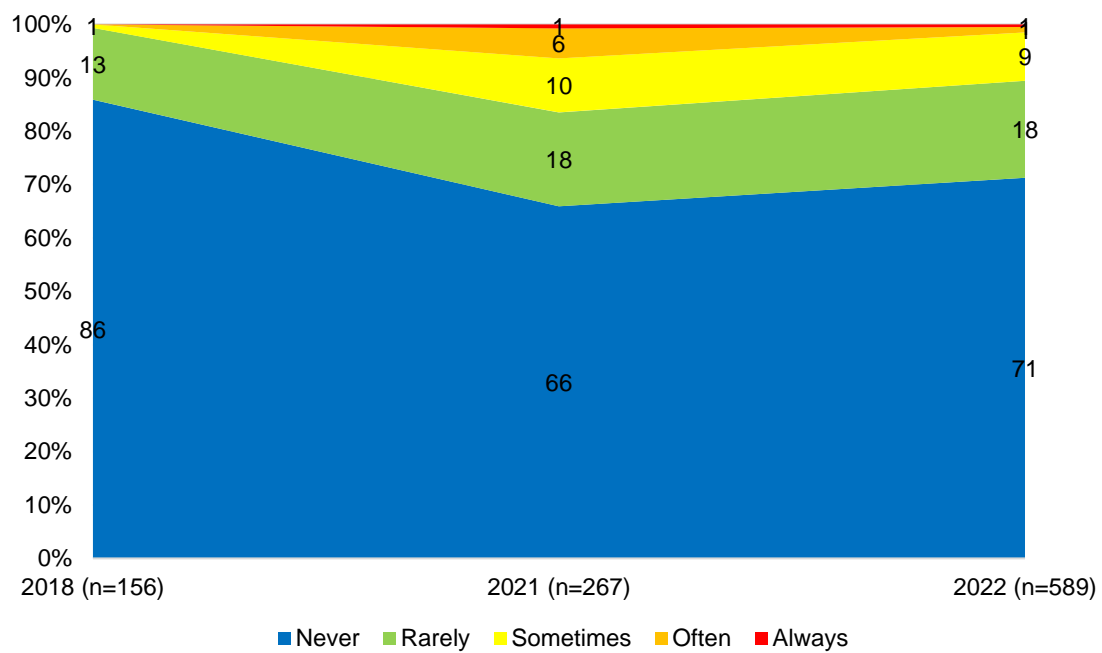
Figure 4. Self-reported likelihood of behaving negatively towards others on the basis of hepatitis B



In 2022, 29% of NSW participants reported that they would behave negatively towards other people because of their hepatitis C. This proportion increased from 14% in 2018 ($p < .01$), however, there was no significant change from 2021 to 2022. The proportion of participants who indicated they would 'sometimes' behave negatively towards others because of their hepatitis C increased from 1% in 2018 to 9% in 2022 ($p < .01$), while the proportion who would 'often' do so decreased between 2021 and 2022 (from 6% to 1%, $p < .001$).

There was no significant difference between NSW participants and those from elsewhere in Australia in 2022 ($Z = 0.35$, $p = .73$).

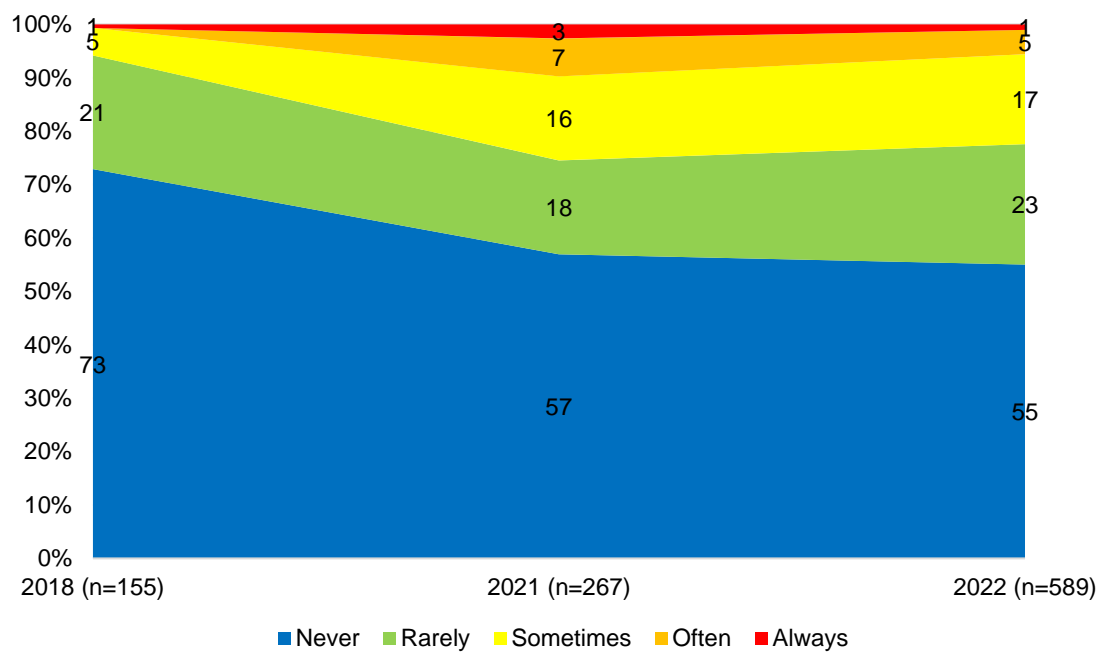
Figure 5. Self-reported likelihood of behaving negatively towards others on the basis of hepatitis C



In 2022, 45% of NSW participants reported that they would behave negatively towards other people because of their sex work. This proportion increased from 27% in 2018 ($p < .001$), however, there was no significant change between 2021 and 2022. Over time, the proportion of NSW participants who reported that they would 'sometimes' behave negatively towards other people because of their sex work increased (from 5% in 2018 to 17% in 2022, $p < .001$), as did the proportion who would 'often' do so (from 0% to 5%).

There was no significant difference between NSW participants and those from elsewhere in Australia in 2022 ($Z = 0.10$, $p = .92$).

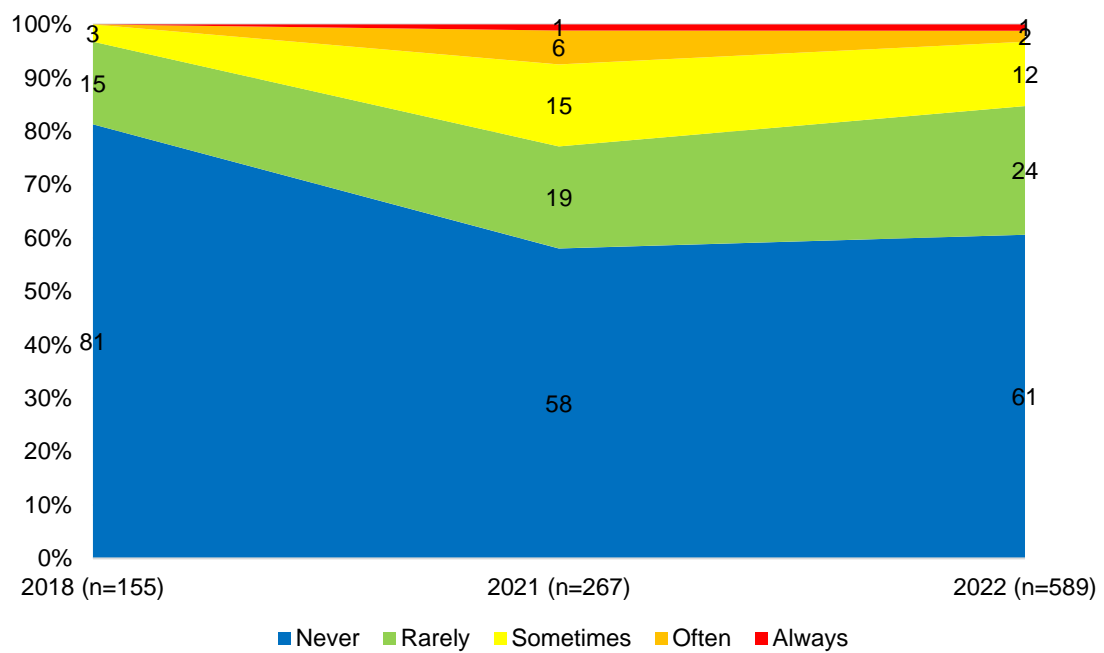
Figure 6. Self-reported likelihood of behaving negatively towards others on the basis of sex work



In 2022, 49% of NSW participants reported that they would behave negatively towards other people because of an STI. This proportion increased from 19% in 2018, however, there was no significant change from 2021 to 2022. Between 2018 and 2022, the proportions who would 'rarely' or 'sometimes' behave negatively towards others because of an STI both increased (from 15% to 24%, $p=.02$, and 3% to 12%, $p<.01$, respectively), while the proportion who would 'often' do so decreased from 6% in 2021 to 2% in 2022 ($p<.01$).

There was no significant difference between NSW participants and those from elsewhere in Australia in 2022 ($Z=.001$, $p=.99$).

Figure 7. Self-reported likelihood of behaving negatively towards others on the basis of STIs



Conclusion

Findings from the 2022 survey of Australian health care workers indicate that these professionals continue to express stigma and discrimination towards priority population groups identified by the National BBV/STI Strategies. Stigmatising attitudes were consistently reported across Australia with no significant differences between participants from NSW and those from the rest of the country.

Compared to participants in the 2018 survey, those in 2022 were more likely to report that they would behave negatively towards other people on the basis of all of the listed attributes. This is likely due to the different recruitment methods used for these surveys, particularly the self-select nature of recruitment through social media advertising in 2018. The demographic profile of participants in 2018 was noticeably different to both 2021 and 2022 samples and this is likely to explain the significant differences in responses between the 2018 sample and those in subsequent years. These findings reflect previous research that has shown stigmatising attitudes differ across demographic groups (e.g., Broady, Brener, Cama, Hopwood & Treloar, 2020).

The 2021 and 2022 samples were demographically similar and more likely to reflect a broader cohort of health care workers. Therefore, differences between 2021 and 2022 are particularly noteworthy. While the proportions of participants who reported that they would behave negatively towards any of the groups listed did not significantly change between 2021 and 2022, there were some indications that such negative behaviour was reported less frequently in 2022 (e.g., with smaller proportions reporting that they would 'often' behave negatively towards others), though these changes were small in magnitude. Given the lack of widespread initiatives to address stigma in health care settings, it is not surprising that few changes between these samples were evident.

Ongoing monitoring of stigma and discrimination expressed by the health care workers using consistent recruitment strategies is warranted to continue examining these trends over time. It will also be necessary to ensure that samples within individual jurisdictions remain large enough to monitor these trends and identify any changes, particularly with samples that are largely representative of the wider population. Considering the continued reporting of stigmatising attitudes among health care workers, there is a need to invest in wide-reaching intervention initiatives, including those specifically tailored to different demographic groups who report varying levels of discriminatory attitudes.

References

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