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SUBJECTIVE WELL-BEING INDICATORS FOR EFFECTIVE MODELING OF MEDICAL SOCIAL WORK WITH PEOPLE LIVING WITH HIV (PLH).

Medical Social Work (MSW) is still new field in Russia, the development of which is catalyzing by threatening decline in public resources for disadvantaged population. This new professional discipline reflects everyday need to solve health care tasks interfered with and enhanced by social problems. Competent practice at infectious diseases clinic with marginalized patients demands integration of a wide range of theories, knowledge, skills, and values. Case management and teamwork are well known 'professional ideologies' for that, and they have been practiced intensively by clinical social workers in the western countries (Kowalska 2011, 48), especially with problematic target group of clients as HIV-positive patients (Amirkhanian 2010, 767).

Recent HIV infection (the disease on the early stage, when antibody testing shows undetermined or not clear results within immunoassay panel), is an important target from the public health perspectives, because it plays a disproportionate role in the sexual transmission of HIV virus due to ongoing high-risk behavior and elevated viral concentrations in the blood and genital secretions (Miller 2010, 847). According to the Russian Medical Standards the testing alone cannot be both as a final proof of HIV status on the initial iteration, and a consequent status of a patient for physicians. However when it will be clear on a biomedical scale (i.e., the adequate viral load and antibody level) it will be less valuable for targeting that person (HIV index) and his/her partners (social environment) into prevention strategy.

As a main quantitative tool we used SF-36 survey technique for self-reported functioning and well being of two groups of patients (Shahriar 2003, 26) differing from each other in the stage and duration of the HIV-infection. Within four months the survey of new admitted patients with Recent HIV has been held; the control group included the ambulatory patients having HIV infection for three-five years without anti-retroviral therapy administration (ART). The patients filled in the questionnaires on their own and answered the questions concerning the social-demographic background; there were 61 people in each group with virtually equal proportion of men and women (30 and 31).

According to the four SF-36 scales, it turned out that even in comparison with relatively low level of self-evaluated General Health, Physical Functioning, Vitality, and Mental Health among the members of the control group, there is a considerable decline in the self-appraisals of the patients with Recent HIV, regardless of sex (Nonparametric Mann-Whitney test). For other three scales - Role-Physical, Role-Emotional, and Bodily Pain – data of which were in categorical format, the statistically significant dependence was found between the level of well being and type of patients' group (Chi-Square test of independence). And only one scale – Social Functioning - was not associated with HIV-disease stage. When we applied multiple statistical models (Linear and Logistical Regressions), among the five independent factors only HIV-group was the only significant predictor (at the level of 95 % of confidence) of the lower level of quality of life indicators. And again only in model with Social Functioning scale as dependent variable we were not received statistically significant distinguishing outcome on HIV-type patients (controlling for such cofactors as age, marital status, having children, and gender). In fact, comparison of SF-36 #5 scale points didn't reveal any distinctions between groups, which means that social functioning is complicated for all PLH. Upon that, the subjective assessments of the patients' own increased physical sufferings didn't correspond to the objective medical indicators (Swendeman 2009, 1321).

Thus, statistically significant differences of the lower level of self-evaluated well-being on seven of eight scales among patients with Recent HIV infection in comparison with people who have had three-five year adaption period have been obtained. And these findings can be applied to the usage of Quality of Life concept both for planning of integrated MSW and for activities' audit at the specific health care setting (Kohli 2005, 1645). That fact of poor social functioning of all PLH supports the global need in eliminating stigma that is main social work value of dignity and worth of each person, the principle of social justice (Barney 2010, 13). Considering high contagiousness of recent HIV stage and need in monitoring of these quite rare patients (up to ten in a month in the entire clinic) it is exactly a place for application of social work technologies intended for cooperation with NGOs, and that would be efficient at the initial stage for effective prevention of the transmission of the virus into vulnerable population. However, from other side, giving the right of a patient to not disclosure his (her) positive status, the Social Work Ethics has been brought into serious question when the interests of someone and his/her surroundings, or a group of people are in conflict. There are a lot of to do for justification of methodological principles and philosophy of MSW enable to use technologies in a practice settings through all health care facilities and for all diseases. The comparison with the international theories/practices on MSW would be mutually helpful and encouraging.

References

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