

Sexual Intimacy Issues in Occupational Exposure to Blood Borne Pathogens (Bbbs)



George Ongete*

Occupational Safety and Health Advisor, Aga Khan University Hospital, Kenya

Received:  July 17, 2018; Published:  July 23, 2018

*Corresponding author: George Ongete, Occupational Safety and Health Advisor, Aga Khan University Hospital, Kenya, Tel: 254 366 2178; Email: George.ongete@aku.edu

Introduction

Occupational splashes with blood and body fluids, cuts with contaminated sharp objects and needle prick injuries (SSNIs) are the most prevalent accidents in healthcare settings [1-3]. Such accidents and injuries have the potential of transmission of blood borne pathogens to healthcare workers (HCWs). The US Center for Disease Control estimated that the occupational risk of transmission of Hepatitis B Virus (HBV) amongst HCWs was 22-31%, Hepatitis C virus was 0-7% and Human Immuno Deficiency Virus (HIV) 0.09-0.3%. But, the risk of transmission of HIV alone was higher (0.3%) in percutaneous injuries compared to 0.1% for splashes to the mucous membrane and <0.1% in non-intact skin [4]. In low resource healthcare settings like the Sub Saharan Africa including Kenya, the prevalence of SSNIs could be much higher because of poor occupational safety and infection control practices. A recent cross-sectional study in Kenya examined 1,665 cases of SSNI's over four years, from 2011-2014, revealed increasing incidences of SSNIs [5]. Similarly, Ugandan research [6], which shares her border with Kenya, found SSNI prevalence rate of 46% amongst HCWs. However, underreporting of these accidents means this may not be an accurate picture.

Many studies around SSNIs in the region have looked into prevalence, causation and other epidemiological factors. Until recently, there has not been any work in regards to the impact on quality of life issues in SSNIs as opposed to other chronic conditions such as cancers, HIV and many more. The World Health Organization (WHO) described QOL as “. . . an individual's perception of their position in life in the context of the culture and value systems in which they live and in relation to their goals, expectations, standards and concerns.” It encompasses one's state of physical health, psychological state, level of independence, social relationships and personal beliefs and is affected by the environment one interacts with [7]. QOL is a multidimensional concept that includes the subjective evaluation of both the positive and negative aspects of one's life [8]. QOL is an important measure for clinical outcomes which has been applied to many chronic conditions to understand the impact of disease on people's lives overall and looks beyond their symptoms [9].

Quality of Life Impact

One research published by Ongete and Duffy early this year [10] revealed a lot. The cross sectional descriptive study conducted in a Kenyan University Teaching and Referral Hospital sampled at risk cadre of staff including doctors, nurses, housekeeping staff, phlebotomists, dentists amongst others n= 416, out which 192(46.2%) had experienced SSNIs. Burckhardt and Anderson's [11] 16-items self-reported Quality of Life Scale (QOLS) and a 10-item self-reported symptoms questionnaire administered using a Survey Monkey explored also the demographic variables considered useful for analysis. The 16-QOLS items in a Likert scale explored six broad domains; material and physical well-being, relationships with other people, social, community and civic duties, personal development and fulfillment, recreation and finally independence.

The overall mean QOLS score was 79.2 (SD = 20.33), which is less than the predicted 90 for a generally healthy population [11]. Again, this was lower than mean score for persons with Sickle Cell Disease of 83.6 (SD= 13.2) [12]. Further differences in mean QOLS scores for HCWs differed with the demographic variables. For instance, the mean scores for males were higher (81.4) compared to that of females (76.9). Similarly, the 'married' was 81.3 compared to the 'singles' score of 75.3. Notably, the QOLS item of “Your plans to have and rear children” was the most impacted and caused greatest level of dissatisfaction in quality of life for HCWs, recording a majority of 24.5% compared to all other 16 items in the scale. Anecdotal and personal accounts of HCWs who have experienced SSNIs suggested compounding factors such as mental and emotional states which can affect possible sexual relationships [13]. From this study, 42.2% of the participants expressed reduced desire for sexual intimacy in the symptoms scale. Comparatively, one participant in Gershon et al. [14] cast some light on the link between sexual intimacy and SSNIs. The participant stated “I was afraid to have sex with my spouse, but he did not understand my concerns, and we are separated now. I feel it's because of the problems we had when I got exposed.” Yet another person in the same study commented; “I refused to have sex for four months... It was hard on my wife, as we wanted to start a family.”

Dealing with Sexual Intimacy Issues

It is evident that there can be challenges and when it comes sexual intimacy post SSNI. It is therefore imperative that, professionals, counselors and psychologists who attend to HCWs exposed to BBPs through SSNI need to be aware of and address. The psychological trauma of being exposed and fear of being infected with BBPs ie HIV can be daunting. Besides, the symptoms of side effects of post exposure prophylaxis (PEP) treatment with Ante retroviral such as diarrhea, headaches, malaise can make sexual intimacy challenging. Others issues such as disclosure to the significant other can also crop up. It is important that exploring such challenges are explored during PEP management and included in the protocol. Again, discussing openly during the initial stages and follow ups will elicit any difficulties that the HCW may be experiencing. Counseling on the use of condoms and supplying to the worker would be additional benefit to address these challenges. The employee assistance program should allow where possible group counseling for couples who may need it to empower both and provide an open environment where any question can be asked and clarified. As an Occupational Safety and Health Advisor in a healthcare institution, I have noted that addressing these issues have the benefit of reducing psychological injury to HCWs post SSNI.

References

1. Pruss-Ustun A, Rapiti E, Hutin Y (2005) Estimation of the global burden of disease attributable to contaminated sharps injuries among health-care workers. *American Journal of Industrial Medicine* 48(6): 482-490.
2. Elder A, Paterson C (2006) Sharps injuries in UK health care: A review of injury rates, viral transmission and potential efficacy of safety devices. *Occupational Medicine* 56(8): 566-574.
3. Vaz K, McGrowder D, Crawford T, Alexander Lindo R, Irving R (2010) Prevalence of injuries and reporting of accidents among health care workers at the University Hospital of the West Indies. *International Journal of Occupational Medicine and Environmental Health* 23(2): 133-143.
4. Panlilio AL, Cardo DM, Grohskopf LA, Heneine W, Ross CS (2005) Updated US Public Health Service guidelines for the management of occupational exposures to HIV and recommendations for postexposure prophylaxis. *MMWR Recommendations Report* 54(RR-9): 1-7.
5. (2016) Republic of Kenya Ministry of Health. Occupational exposure to blood and body fluids and HIV Post-Exposure Prophylaxis in healthcare facilities in Kenya 2011-2014. Nairobi, Ministry of Health, p. 55.
6. Odongkara BM, Mulongo G, Mwetwale C, Akasiima A, Muchunguzi HV, et al. (2012) Prevalence of occupational exposure to HIV among health workers in Northern Uganda. *The International Journal of Risk & Safety in Medicine* 24(2): 103-113.
7. (2018) World Health Organization. Programme on Mental Health: WHOQOL Measuring Quality of Life. Division of Mental Health and Prevention of Substance Abuse, 1997.
8. (2018) Centre for Disease Control and Prevention. Health-Related Quality of Life (HRQOL): HRQOL Concepts.
9. Smith GD, Watson R (2018) Quality of Life in Gastroenterology. In *Gastrointestinal Nursing*. Blackwell Science Ltd, Wiley online, UK, pp. 179-188.
10. Ongete G, Duffy FJR (2018) The impact of occupational splash, sharps and needlestick injuries (SSNIs) on the quality of life of healthcare workers in a Kenyan university hospital. *Work* 59(1): 103-119.
11. Burckhardt CS, Anderson KL (2003) The Quality of Life Scale (QOLS): Reliability, validity, and utilization. *Health and Quality of Life Outcomes* 1(1): 60.
12. Mann-Jiles V, Morris DL (2009) Quality of life of adult patients with sickle cell disease. *Journal of the American Academy of Nurse Practitioners* 21(6): 340-349.
13. Hale E (2010) A nurse's journey from caring to HIV. *Australian Nursing Journal* (July 1993) 18(1): 12.
14. Gershon RR, Flanagan PA, Karkashian C, Grimes M, Wilburn S, et al. (2000) Health care workers' experience with post-exposure management of bloodborne pathogen exposures: A pilot study. *American Journal of Infection Control* 28(6): 421-428.

ISSN: 2574-1241

DOI: [10.26717/BJSTR.2018.07.001460](https://doi.org/10.26717/BJSTR.2018.07.001460)

George Ongete. Biomed J Sci & Tech Res



This work is licensed under Creative Commons Attribution 4.0 License

Submission Link: <https://biomedres.us/submit-manuscript.php>



Assets of Publishing with us

- Global archiving of articles
- Immediate, unrestricted online access
- Rigorous Peer Review Process
- Authors Retain Copyrights
- Unique DOI for all articles

<https://biomedres.us/>