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Impact of Human Immunodeficiency Virus (HIV) On Workers' Job Performance In Organizations

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ABSTRACT
This study which centres on the impact of HIV on workers' job performance in organizations briefly introduced the effect of HIV to the worker and its prevalence in Nigeria. It reviewed the origin and meaning of HIV, the relationship between HIV and job performance and the impact of having HIV positive workers in an organization. This study also concludes by analysing various ways the impact of HIV can be cushioned towards both the worker and the organization.

INTRODUCTION

Sickness weakens the whole body system causing the sufferer inability to carry out their normal chores. In like manner, since the aim of every organization is to achieve optimum productivity through its employees, having a sick worker becomes counterproductive to the organization. More so, active workers who suddenly get infected with HIV during their active service years great challenges and may become burdens both to themselves, family, career and employers.

HIV if not discovered on time might lead to loss of lives. When workers die, they are unable longer contribute to economic growth of the nation. As HIV infection matures to Acquired Immune Deficiency Syndrome (AIDS), Mathew, Sydney, Rosen, William, Monique, Bliz, Ginamarie & Jonathan (2004) reported that the affected workers are most often absent from work. Absenteeism in this regard means that productivity declines which implies an increased counter productivity when the worker in question occupies a significant and important position in the organization. Replacement of such personnel has high cost implications for the organization.

In Nigeria, an estimated 3.6 percent of the population are living with HIV and AIDS (UNGASS, 2010). Although HIV prevalence is much lower in Nigeria than in some other African countries such as South Africa and Kenya (World Bank Report, 2012), approximately 220,000 people died from AIDS in Nigeria in 2009 leading to decline in life expectancy from an average of 54 years for women and 53 years for men in 1991 to 52 years in 2010 (UNAIDS, 2010). Despite several efforts to control this ugly incident by the government, like the comprehensive National Strategic Framework to cover 2010 to 2015 requiring over N756 billion US dollars to implement by the NACA (All Africa Report, 2010) aiming at reaching majority of the sexually active adults with counselling and testing and improved access to quality care and support services for 50% of infected individuals; still Nigeria is ranked 156 out of 187 on the United Nations Development Programme (UNDP) Human Poverty Index (UNDP, 2011). This state of affairs means Nigeria is faced with the difficult challenge of fighting its HIV and AIDS epidemic.

Nigeria has been reported to have the second highest number of new infections reported each year (UNGASS, 2010). HIV transmission in Nigeria occurs mainly through Heterosexual sex, especially due to lack of information about HIV, refusal to use condom, blood transfusions, because some hospitals do not have good blood screening machines; and Mother-to-child transmission because about 360,000 children living with HIV in the country became infected through their mothers (Ministry of Health Alerts, 2008)

Key Words: HIV, AIDS, Job Performance, Nigeria, Workers, Organizations

Etiology of HIV

According to the US Department of Health & Human Services (2012), HIV came from a particular kind of chimpanzee in Western Africa. Humans probably came in contact with HIV when they hunted and ate infected animals. Recent studies indicate that HIV may have jumped from monkeys to humans as far back as the late 1800s.

Furthermore, AIDS was first clinically observed in 1981 in the United States (Basavapathruni & Anderson, 2007). It was first seen among drug users and gay men who showed some signs of Pneumocystis carinii pneumonia (PCP), an infection that was known to occur in people with compromised immune systems. Afterwards, some gay men developed a skin cancer called Kaposi's sarcoma (KS). As many cases of PCP and

KS emerged, the U.S. Centers for Disease Control and Prevention (CDC) became alert and began to monitor the outbreak.

In the beginning, U.S. Centers for Disease Control and Prevention (CDC) did not know what to call the disease, but they called it the name similar to the diseases that were associated with it (Centers for Disease Control (CDC), 1982). Later the disease was called GRID, which stood for gay-related immune deficiency, Afterwards, the CDC, called the disease, "the 4H disease, standing for Haitians, homosexuals, haemophiliacs, and heroin users. Not long after, the name was changed because they discovered that AIDS is not only suffered by the gay individuals, hence at a meeting in September 1982, the CDC started using the name AIDS.

Other studies like Sharp & Hahn (2011) found that HIV originated in non-human primates in West-central Africa and were transferred to humans in the early 20th century (Sharp & Hahn, 2011). HIV-1, according to them, originated in southern Cameroon through the evolution of SIV(cpz), a Simian Immunodeficiency Virus (SIV) that infects wild Chimpanzees while HIV-2 originated from an Old World monkey living in West Africa.

Humans, especially those who participate in bushmeat activities, either as hunters or as vendors easily acquired SIV (Kalish, Wolfe, Ndongmo, McNicholl, & Robbins, 2005) Unsafe medical practices in Africa then, like unsterile re-use of single use syringes during mass vaccination, antibiotic and anti-malaria treatment campaigns, were the initial vector that allowed the virus to adapt to humans and spread (Donald & McNeil, 2010)

Donald & McNeil (2010) reports that the earliest well documented case of HIV in humans began in 1959 in Congo and the first well known case could be traced to an individual who got infected in Haiti in 1969. Through this individual, the disease began to spread among high-risk groups of homosexuals.

However, HIV and AIDS were first reported in Nigeria at an international AIDS conference in 1986 as occurring firstly in 1985 (Kanki & Adeyi, 2006). In 1987 the National AIDS Advisory Committees and the National Expert Advisory Committee on AIDS (NEACA) were established to look into the HIV/AIDS issues.

What is HIV?

HIV means Human Immunodeficiency Virus (U.S. Department of Health & Human Services 2012). Human because it infects only human beings, immunodeficiency because it weakens the immune system and destroys crucial cells that help the body fight diseases and infection and virus because a virus can only reproduce itself by taking over a cell in the body of its host. Human Immunodeficiency Virus is a like other viruses such as the common cold but the difference is that after sometime the sufferers immune system can clear most viruses out of the body when you have a cold but that is not the case with HIV. The human immune system cannot get rid of HIV. HIV can hide for long periods of time in the cells of the body and attacks the key part of the immune system. The body needs these cells to fight infections and disease, but HIV invades them, uses them to duplicate itself, and then destroys them. Over time, HIV can destroy so many of the bodies important cells weakening the body to fight infections and diseases anymore. When that happens, HIV infection can lead to AIDS.

HIV and Job Performance

Often, job performance refers to how well a person performs his job. Campbell (1990) sees performance as behaviour, as something done by the employee. Performance is not directly the observable actions of an individual, but it consists of mental productions like answers or decisions. According to Campbell, Campbell & Kennard (1994) certain factors other than employee behaviour can influence performance. Therefore performance is not the same as effectiveness. One can put great effort at performance but other conditions may predict the result of the efforts. Job performance is important in an organization because it reflects the organization's outcomes and successes. Individual's performance can be influenced by motivation, that is, the desire to do the job; ability, that is, the capability to do the job; and the work environment, that is, the tools, materials and information needed to do the job (Buchanam, 2011).

Quine (2004) also agrees that there are many factors that impact performance positively or negatively, and considerable research has gone into identifying these factors. Some of the important performance factors is the availability of the right tools for the job, access to the right information and performance objectives (a short statement of what someone should be able to do after receiving a piece of information that they might not have been able to do before).

However, human beings are active organisms with many needs, pushed and pulled about by all sorts of internal and external motivations that lead us to set objectives for ourselves and for others (Quine, 2004). All action of humans is aimed at the achievement of either short term or long term goals.

Achieving goals or objectives requires the performance of some action, some steps, some behaviour, some procedure or process in order to realize the set goals. It is unfortunate however, that sometimes, even though the

motivation to perform is there, other factors which is not a direct intention of the worker may affect productivity and performance negatively.

Despite the aforementioned, inability to perform the job role well, has been linked with a lot of negative consequences which affect the well-being of workers and the effectiveness of the organization. This study has identified HIV as one of the factors that may lead to reduced worker productivity(Rosen, Simon, Vincent, MacLeod, Fox & Thea 2003). When workers become ill, their attendance to work decrease, including decreased output which may put sick workers in jeopardy of losing their jobs and impose financial burdens on employers. A report from International NGOs (2012) also reported that HIV and AIDS has left the majority of workers infected and affected which has impacted their performance negatively. The report further opined that organizations struggle because of loss of staff through sickness, death, care for relatives, reduced performance of staff, rising medical expenditures and discrimination and stigma aimed at workers living with or affected by HIV and AIDS. This problem is exacerbated by lack of information among staff to make informed decisions, and lack of treatment, care and support.

Impact of HIV & AIDS on the Organization

The impact of the HIV/AIDS epidemic is not felt by the individual alone. It goes far beyond the household level affecting firms and businesses. Most of the individuals likely to be infected by HIV are usually in the active working years and are involved in the process of production. The United Nations Department of Economic and Social Affairs (2012) reports that if HIV prevalence reaches a high level in a country or within a firm, the impact of the disease may be dramatic for the business or firm involved. HIV impact organizations in form of costs, productivity and profitability.

As HIV infection progresses to AIDS, workers who are infected most often absent themselves from their duty post. During the periods of their absence, productivity of the firm will be negatively affected, most especially if the worker occupies a very crucial position in the firm and the firm will be adversely affected to a large extent if also his post is such that is so technical that he is difficult to replace.

AIDS deaths may result to a decrease in the number of available employees, since the deaths affect workers in their most productive years, as younger, less experienced workers take over from experienced workers, worker productivity may be reduced. HIV AIDS can also impact the firm based on the skills of affected workers. If skilled workers who occupy important positions in the firm fall sick or die from AIDS, the organization may lose the skills that these employees have gathered over the years.

Increased medical costs may be borne by the employer over these sick workers. The insurance scheme of the firm may become more expensive as insurance companies increase the costs of coverage in response to high HIV prevalence rates in firms. Higher costs could reduce saving for investment. HIV/AIDS in the workplace may also lead to increased funeral expenses for workers.

As HIV/AIDS patients die, the morale and productivity of the remaining workers may also suffer. Company will have to spend more to recruit and retrain new workers who will be taking over from the dead ones.

According to Loewenson & Whiteside (1997), the extent to which HIV impacts organizations will be based on factors like the number of people infected in the firm; their role in the company; the structure of the production process and its ability to cope with absenteeism; t he benefits provided by the company; and the effect on the business environment of HIV/AIDS in other companies and in the Government.

A study of 15 different establishments in Ethiopia (Bersufekad, 1994) found that the companies with high incidence of HIV/AIDs infected workers had 53% of their workers ill, 11 workers also lost 30 days of work within one year because of sickness. Another study carried out in Swaziland reveals that number of AIDS-related deaths could increase easily, showing that 25 per cent of the estate's workforce was infected with the HIV virus and would die within the next 10 years (Morris, Burge and Cheevers, 2000) this saps the productivity of the firm. In the same vein a study n Namibia, in 2000 shows HIV/AIDS was disrupting the company's operations leading to a high staff turnover from HIV-related deaths, increasing absenteeism and a general loss of productive hours (Angula , 2000).

The United Nations Department of Economic and Social Affairs & Population Division (2012) in its report opine that the impact of HIV/AIDS on firms depends on the age structure of the workers in the firm. According to this study conducted in Zambia in Barclays Bank, the mortality was high among the age group of 30 to 39. The death rate rose from 0.4 per cent to 2.2 per cent between 1987 and 1991. This caused the bank to pay more than 10 million Kwacha ($58,140) to the families of employees who died from HIV/AIDS (Smith and Whiteside, 1995). This also showed that medical expenses and training costs rose while man-hours reduced.

HIV can also negatively affect attendance at work. The studies of Matthew, Fox, Sydney, William. MacLeod, Monique, Margaret, Ginamarie, & Jonathon (2004), carried out among tea pluckers with HIV/AIDS in Kenya, revealed that the infected workers were absent from work more often than other tea pluckers. During their last 3 years of life, tea pluckers who were laid off because of their health status were absent from work almost twice as often as other tea pluckers. A majority (58%) of this difference was comprised of unpaid and unauthorized leave.

Co worker Attitudes and psychosocial Implications

It is a universal reality that Persons living with HIV/AIDS (PLWA) have to deal with issues of stigmatization and discrimination. Takyi (2003) identified stigmatization as a factor that prevents help seeking for PLWA. Such social implications of HIV/AIDS in the work place is aggravated in the workplace because the person's frequent abseinteism is queried and may be linked to HIV/AIDS diagnosis. While organizations are expected to maintain professional standards of confidentiality, personal information of workers sometimes "leaks" unofficially. Amosu, Degun, Makinde, Thomas; and Babalola (2011) reported that 48% of Health care workers were not comfortable with working in the same office with a PWLA. The implication of this is that the comradere of the work environment is jeopardized and other workers may not be motivated to go to work. Smith and Mbakwem (2010) stated that in Nigeria the stigma associated with AIDS is closely tied to anxieties both for the victims and in their social networks. Thus PLWA are susceptible to mental health illnesses such as depression, anxiety, shame etc which may be aggravated by negative reactions to the illness in the workplace.

Conclusion

HIV as revealed in this study plays a negative role towards the success of any organization. It impedes performance and productivity. However, organizations needs to put in place a very sound recruitment system aimed at not denying employment to HIV positive individuals but geared towards identifying at the recruitment stage their health status. The essence of this is to make sure both the worker and the organization do not loose entirely. Placement will then be done in such a way that the sick worker will not be assigned jobs too demanding both in complexity and task requirement. The organization will feel less impact of such a workers sickness because productivity and performance will not be sorely left in his hands since he is not occupying a very crucial position in the company. It is also crucial that organizations ensure the confidentiality and privacy of their workers especially PLWA. Proper record keeping measures as well as the protection of personal information needs to be put in place. Open discussion about employee's personal lives needs to be discouraged. In the event that the HIV/AIDS diagnosis of an employee becomes workplace knowledge, Organizations should facilitate seminars and workshops in the workplace that will address the ensuing social concerns, encourage appropriate responses and allay misconceptions. Such seminars are to be incorporated into universal HIV/AIDS precaution trainings. This paper has sought to present a review of the impact of HIV/AIDS on workplace environment and the implications for employees.

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