Lived Experiences of Medical Technologists Handling People Living With HIV/AIDS (PLWHA) in Treatment Hubs in Cebu, Philippines

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ABSTRACT

HIV/AIDS remains a grave public health issue in the Philippines, yet the lived experiences of medical technologists working with People Living with HIV/AIDS (PLWHA) in HIV care facilities are often overlooked. This study explores the experiences of medical technologists within HIV treatment hubs in Cebu, Philippines. Seven registered medical technologists, selected using snowballing and purposive sampling, were interviewed using semi-structured interviews, and a qualitative, descriptive, phenomenological approach was used to explore their narratives, experiences, and challenges, with Colaizzi's method guiding the thematic analysis. Four major themes emerged: (1) Confronting Stigma and Discrimination: The Struggle for Equitable HIV Care in the Eyes of Medical Technologists, (2) Navigating Barriers: The Emotional, Ethical, and Systemic Challenges Faced by Medical Technologists in HIV/AIDS Care, (3) At the Crossroads of Care: The Versatile Roles of Medical Technologists in HIV/AIDS Service Delivery, and (4) Evolving Through Adversities: Strengthening Practice Through Training, Support and Experience. The findings revealed that, despite the lack of resources and training, and the persistence of stigma, discrimination, and misconceptions surrounding HIV/AIDS, they continue to function beyond their routine roles, often serving as educators and advocates. The emotional strain, systemic, and ethical challenges they carry highlight the need for institutional and government support. This study emphasizes the urgent need for reforms to support medical technologists within the country's HIV/AIDS healthcare system.

Keywords: HIV/AIDS, medical technologists, treatment hubs, phenomenology, Colaizzi

INTRODUCTION

In the Philippines, the annual increase in new HIV infections poses a grave concern in public health. Despite the collective efforts of the Philippine government and private organizations, the country is still far from effectively combating the HIV epidemic. If we examine recent statistics, the Philippines topped the list in the Western Pacific for the highest incidence of new HIV infections in the past decade, with a rapid 174% increase from 2010 to 2017 (Gangcuangco & Eustaquio, 2023; Gangcuangco, 2019). With these figures in mind, it is imperative to ensure that our healthcare professionals such as medical technologists are equipped with adequate skills and knowledge to perform their significant roles.

It is also worth mentioning that the HIV crisis in the Philippines is more than just a viral epidemic. With HIV comes stigma and discrimination (BUJPH, 2023). Stigma from healthcare providers often leads to delays in treatment seeking, reduced disclosure of HIV status, and psychological distress (Senyurek et al., 2021). Putting these altogether, this makes the HIV epidemic in the country more severe. Highlighting not only the increasing number of new HIV cases in the Philippines, but also the ongoing mental epidemic directly related to HIV stigma and discrimination poses a more dangerous threat to the PLWHA community.

Effective laboratory services play a pivotal role in HIV prevention, diagnosis, and treatment. Clinical laboratories and laboratory healthcare professionals are considered crucial in patient care and in overall clinical decision-making (Olver et al., 2022). Accurate laboratory testing to detect and confirm human immunodeficiency virus (HIV) infections plays a significant role in public health control and management. In the past few years, timely HIV diagnosis and management has been reinforced by highly sensitive and specific

laboratory tests (Williams et al., 2023). In the Philippines, clinical laboratories and HIV laboratories are manned by clinical pathologists, medical technologists, and other laboratory support personnel. With modernization comes the need for highly skilled and competent laboratory professionals to meet the demands of public healthcare.

Medical technologists who work in clinical laboratories authorized by the Philippine Department of Health (DOH) to test blood samples for HIV, or in HIV testing laboratories, are expected to have basic knowledge and skills surrounding HIV testing, prevention, and management. For example, government institutions like the Research Institute for Tropical Medicine (RITM) through its Transfusion Transmissible Infections National Reference Laboratory (TTI NRL), and the San Lazaro Hospital National Reference Laboratory - STD AIDS Cooperative Central Laboratory (SACCL), conduct HIV proficiency training, among others, for registered medical technologists, while non-profit organizations like Positive Action Foundation Philippines Incorporated (PAFPI), and LoveYourself Inc. support the government's mission in combating the HIV epidemic by providing accessible HIV-related services to the community, and conducting training in HIV counseling and testing (HCT) for qualified healthcare professionals like medical technologists.

Recent technological advances and medical breakthroughs have highlighted the role of medical technologists in the HIV epidemic. Medical technologists working in HIV laboratories, treatment hubs, and testing facilities are involved in blood collection, HIV screening and confirmatory testing, medical reporting, record maintenance, regulatory compliance, training, education, awareness programs, and counseling. The role of medical technologists in the HIV epidemic has become more evidently profound. Their first-line involvement and participation in timely testing and diagnosis highlights their crucial role in combating the epidemic in the country.

Previous studies on HIV care in the Philippines have largely focused on clinical outcomes or risk behaviors, leaving the lived experiences of laboratory professionals such as medical technologists unexplored. A cross-sectional study at a tertiary government hospital in Manila, Philippines, highlighted ongoing fears among healthcare workers regarding HIV transmission during routine procedures like phlebotomy (Lopez et al., 2017). Many respondents reported using excessive infection control measures such as double gloving, which, while not medically necessary, signaled underlying fear and stigma. Amoncio et al. (2018) identified stigma and discrimination among medical technologist but offered limited qualitative depth. This study addressed that gap by capturing rich, firsthand experiences of medical technologists in treatment hubs in Cebu.

The decision to explore the lived experiences of medical technologists handling PLWHA in treatment hubs in Cebu, Philippines, was motivated by both scholarly interests, and the persistent challenges experienced by medical technologists handling PLWHA. The evolving roles of medical technologists in the Philippines alongside challenges surrounding HIV have driven the researcher to explore the lived experiences of these laboratory professionals. Being a medical technologist, the researcher has observed firsthand the lack of awareness among some medical technologists in relation to HIV management and sensitivity. The exponential rise in HIV cases in the country has led to a shortage of adequately trained medical technologists, potentially resulting in some being required to deliver HIV-related services without sufficient training and education. Many of the Filipino medical technologists are expected to provide HIV-related services such as specimen collection, education, and counseling without proper training. This personal observation intensified the researcher's interest to further explore the real-life and real-time experiences of medical technologists who are directly working with PLWHA.

Exploring the lived experiences of medical technologists handling PLWHA aligns with the United Nations' Sustainable Development Goals (SDGs), particularly SDG 3: Good Health and Well-Being, and SDG 10: Reduced Inequalities. SDG 3 highlights the promotion of healthy lives and well-being. This study highlighted the vital role of medical technologists in delivering compassionate and effective care among PLWHA in treatment hubs in Cebu, Philippines. By examining their lived experiences, several challenges were uncovered to address issues that may compromise not only the quality of healthcare in the HIV community, but also the quality of professional lives and well-being of medical technologists. SDG 10 emphasizes the importance of reducing inequality. Addressing the lived experiences of medical technologists handling PLWHA can shed light on the challenges they face that may potentially lead to inequality among PLWHA, and inequality in the

laboratory workplace. Aligning this research study to the United Nations' Sustainable Development Goals (SDGs) ensures that the research findings can contribute to global efforts toward equitable and sustainable healthcare solutions. It also promotes its relevance, impact, and potential to inform policies that may improve public health and well-being on a broader scale.

Purpose of the Study

The main purpose of the study was to explore the lived experiences of medical technologists handling people living with HIV/AIDS (PLWHA) in treatment hubs in Cebu, Philippines, during the 1st quarter of 2025.

Specifically, this study aimed to answer the following questions:

1. How did medical technologists experience handling People Living with HIV/AIDS (PLWHA) in treatment hubs in Cebu, Philippines?
2. What was the meaning of their experience?
3. What are the possible implications of the study's findings?

RESEARCH METHODOLOGY

This section outlines the study's planning, information on participants, sampling strategies, environment, data collection methods, data analysis, and ethical considerations. This detailed discussion promotes transparency and ensures that the research process can be replicated. Moreover, it serves as a guiding framework for the researcher throughout the study.

Design

The study employed qualitative, descriptive phenomenology based on Husserlian phenomenology, to explore, describe and understand the lived experiences of participants without bias (Sinfield et al., 2023). Descriptive phenomenology is widely used in social science research for exploring and capturing individuals' lived experiences (Gumarang Jr. et al., 2021). The use of this methodology allowed the researcher to understand the narratives and challenges of medical technologists without preconceived notions.

Environment

The study was conducted in Cebu, Philippines, with the goal of capturing diverse experiences, narratives, and perspectives of medical technologists working in different DOH-designated HIV treatment hubs. Cebu was selected due to its high HIV prevalence not only in Central Visayas but also nationwide, and its diverse HIV treatment hubs, providing a rich context for exploring different personal and institutional experiences.

To ensure extensive exploration of the phenomenon, the interviews were held outside the participants' workplace, maintaining a neutral and comfortable ground for the medical technologists. This approach promoted confidentiality and allowed participants to talk about sensitive topics more candidly, making the conversation more organic (Kapoor et al., 2022). Moreover, the selection of participants from various treatment hubs across Cebu enhanced the depth of the data, providing a more comprehensive and diverse understanding of the lived experiences of medical technologists handling people living with HIV/AIDS (PLWHA).

Participants

The researcher interviewed seven (7) medical technologists from different DOH-designated HIV treatment hubs in Cebu, Philippines. They were selected using snowball sampling and purposive sampling design. Snowball sampling is a non-probability sampling method that allows researchers to select which community, group, or specific participants will be included in the study (Dragan & Isaic-Maniu, 2022). Purposive sampling design, on the other hand, involves choosing participants based on the inclusion and exclusion criteria established by the researcher. In purposive sampling, a researcher only chooses subjects that conforms with the goals and objectives of the study and is considered an effective approach to achieve a manageable amount of data (Obilor, 2023; Ames et al., 2019).

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A sample of seven was deemed sufficient by the researcher upon reaching thematic saturation, where new data no longer yielded additional insights (Hennink & Kaiser, 2022). The researcher determined data saturation when participant responses became repetitive, and no additional meaningful statements, subthemes, or themes were observed.

PRC-licensed medical technologists, aged between 25 and 50, regardless of gender, who are current residents of Cebu, Philippines, and are either currently employed or have previously worked in a DOH-designated HIV treatment hub in Cebu, were eligible to participate in the study. Participants must have earned a bachelor's degree in Medical Technology, Medical Laboratory Science, or Public Health, from a duly recognized higher education institution (HEI) in the Philippines. Their PRC license must be valid and updated. Additionally, they must have at least 1 year of clinical or laboratory experience working in their respective medical institutions. A proficiency certification in HIV and other transfusion-transmissible infections (TTIs) is optional. Participants should be involved in activities such as blood collection, HIV screening and/or confirmatory testing, medical reporting, or patient counseling and education.

Table 1. Profile of Participants

Pseudonym	Sex	Age Range	Years of Experience	Employment Type	Received HIV Training?
1. Anne	Female	45-50	21	Full time	Yes
2. Taylor	Female	25-30	2	Full time	No
3. Charlie	Male	25-30	2	Full time	No
4. Miley	Female	25-30	8	Full time	Yes
5. Selena	Female	25-30	7	Full time	Yes
6. Katy	Female	25-30	3	Full time	No
7. Shawn	Male	25-30	2	Full time	No

Instrument

The researcher served as the primary instrument which coincides with qualitative research traditions highlighting the central role of the researcher in understanding the lived experiences and phenomena of participants (Ravitch & Carl, 2021). In addition, a semi-structured interview guide was utilized. The use of a semi-structured interview guide in qualitative studies ensured flexibility while maintaining consistency (Fylan, 2020). This allowed for open-ended questioning that can capture detailed insights of the participants, ensuring that key research questions are addressed throughout the interview process while allowing the researcher to take control of the conversation (Merriam & Tisdell, 2016; Morse, 2020). To ensure validity, relevance, and clarity, the semi-structured interview guide underwent face validation by an expert. This approach not only minimizes bias and enhances the comprehensibility of questions but also improves the overall reliability and credibility of the data collection process (Patton, 2014; Merriam & Tisdell, 2016).

Data Gathering

After securing a clearance from the Ethics Committee of the University of the Visayas - Institutional Review Board (UV-IRB), a transmittal letter was sent to the Dean of the College of Nursing and Allied Health Sciences formally requesting permission to proceed with the research study. A transmittal letter was no longer prepared for the heads of HIV treatment hubs since the study focused solely on the exploration of the personal lived experiences of medical technologists handling PLWHA rather than institutional policies or confidential patient data.

The researcher utilized a qualitative, semi-structured interview guide to collect data from the participants. Before the actual interview process, the medical technologists were briefed on the study's background, purpose, and objectives. The participants were asked to accomplish the Participants Information Sheet and Informed Consent.

The interview was conducted face-to-face, and the interview took place outside the participant's workplace to ensure that they were more comfortable and more likely to provide honest answers (Kapoor et al., 2022). Aside

from one-on-one interviews, dyadic interviews, otherwise known as joint interviews, were also conducted to explore the shared experiences of two participants simultaneously by answering open-ended research questions (Liew et al., 2022). The entire data collection process was audio-recorded. Once all the interview questions were answered, the audio-recording was stopped.

Bracketing was also employed to ensure that the researcher's internal biases were eliminated. The interview questions were semi-structured and open-ended, designed to capture the personal narratives and lived experiences of the participants, encourage participants to authentically convey their thoughts, feelings or emotions in their own words which ensures a more refined and in-depth understanding of the phenomena (Kallio et al., 2016). The researcher used reflexive journals before, during, and after data collection to proactively record existing and emerging biases. To formally conclude the interview, the researcher debriefed the participants ensuring that they completely understood the research process.

Preliminary transcripts were sent to the participants for confirmation of accuracy. Modifications were made from the preliminary transcripts in accordance with the participants' comments and feedback on the researcher's transcription. Since audio recordings contained recognizable information such as verbal narratives, all audio recordings were destroyed after data analysis to ensure data confidentiality and to protect the privacy of the participants (Resnik et al., 2024).

Data Analysis

The study employed qualitative, descriptive phenomenology, a widely used method in social sciences research, to explore the lived experiences of participants without preconceived notions and bias (Gumarang Jr. et al., 2021; Sinfield et al., 2023). This allowed the researcher to understand the essence of a phenomenon from the perspective of the ones who experienced it firsthand (Bonyadi, 2023).

The data were manually coded without the use of qualitative data analysis software, and were analyzed using Colaizzi's method, designed to explore lived experiences of participants. The use of Colaizzi's method in descriptive phenomenological studies ensures credibility and reliability of results (Wirihana, et al., 2018). The researcher considered manual coding to be a reliable method because it followed Colaizzi's structured procedure, ensuring a systematic process of extracting, organizing, and validating themes.

The first step in Colaizzi's method was familiarization. At this stage, the researcher read and reread the transcripts several times to gain an overall comprehension of the participants' experiences.

This was followed by identifying significant statements. At this stage, the researcher identified and extracted phrases that have direct relevance or relationship to the phenomenon.

The third step was formulating meanings, where the researcher identified and developed meanings related to the phenomenon. Bracketing played an important role in ensuring personal biases were eliminated.

Clustering themes was the fourth step, in which the researcher grouped or clustered similar or closely related identified meanings into themes.

The fifth step was developing an exhaustive description. At this stage, theme clusters and emergent themes were incorporated to fit a structured description. The researcher ensured that these descriptions remain grounded in the data, and they still authentically represented the narratives of the participants.

The sixth step was producing the fundamental structure which was achieved by eliminating redundant or repetitive descriptions to formulate dense and concise statements. These dense statements captured the fundamental structure of the phenomenon.

The last step in Colaizzi's method was seeking verification of the fundamental structure, otherwise known as credibility check. During this final stage, the researcher returned to the participants and asked them to validate the formulated fundamental structure statements. The participants were asked whether these fundamental statements genuinely captured their narratives or experiences. If the participants requested for revisions or

modifications, it must be noted that the researcher must revisit the early stages of Colaizzi's data analysis method to truly capture the authentic meanings of the participants experiences.

Trustworthiness of the Study

Credibility pertains to a research study's believability, accuracy and trustworthiness (Lincoln & Guba, 1986). To maintain credibility, the researcher utilized member checking, where participants were given the opportunity to validate the research findings (McKim, 2023). This enabled participants to comment on whether their experiences were accurately depicted or reflected in the research findings. Member checking is used in qualitative studies to improve the accuracy and credibility of results, thus increasing the quality and rigor of the study (Creswell & Poth, 2018; Lloyd et. al, 2024). The researcher also had an opportunity to calibrate his knowledge and understanding of the research methodology and instrument through constant consultation with the research adviser who is an expert in qualitative and phenomenological studies. The researcher also employed triangulation strategies in data collection by performing one-on-one and dyadic interviews. Lastly, the researcher utilized published scientific studies, academic journals, and reference books to support the concepts and theories mentioned in the study.

Dependability refers to the study's consistency and repeatability of research findings over time (Lincoln & Guba, 1986). Utilizing an audit trail to comprehensively document the methodologies used, the data collection and analysis processes, revisions to the research protocol, are some examples of how the researcher was able to maintain the study's dependability (Forero et al., 2018).

Confirmability pertains to the ability of the research findings to be validated or confirmed by other researchers (Lincoln & Guba, 1986). The researcher maintained confirmability by utilizing a reflexive journal to document external thoughts and biases that could potentially influence the study. Triangulation techniques were also employed by using different interview methods during data collection.

Transferability is the ability of a research finding to be generalizable or transferable in other contexts or groups (Lincoln & Guba, 1986). This ensures that results, data, and interpretations could be utilized and applied to other contexts and populations. Purposive sampling was employed to maintain the homogeneity of participants in terms of roles, responsibilities, and experiences to achieve comparable findings. The use of purposive sampling enabled the researcher to obtain diverse sets of experiences, narratives, and challenges which can strengthen the rigor of the study (Forero et al., 2018).

Ethical Considerations

Respect for persons honors individual's dignity and autonomy. To do this, all participants were required to sign an informed consent, which included a complete explanation of the study's purpose, potential risks, and benefits. It was also emphasized that their participation was completely voluntary and that they had the right to withdraw at any time without penalty and consequences. This ethical principle highlights the aspects of informed consent, participant's anonymity, and confidentiality (Farrugia, 2019).

Beneficence was the second ethical principle considered. This requires researchers to maximize the potential benefits of the study while minimizing potential harms and risks to the participants. To do this, the researcher thoroughly assessed the research design to ensure that potential benefits outweighed or justified any possible risks involved. This ethical principle requires the researcher to prioritize the participants' safety and welfare (Farrugia, 2019).

The last ethical principle considered was justice. This pertains to the fair and equitable distribution of the potential benefits and burdens of study in the absence of bias, discrimination or manipulation (Farrugia, 2019). This was done by selecting the participants fairly and avoiding the exploitation of vulnerable groups and communities. The researcher employed purposive sampling to ensure that participants were fairly and correctly selected in accordance with the formulated inclusion criteria. This ethical principle highlights inclusivity and fairness to ensure that newly gained knowledge from the research findings is beneficial across diverse populations.

RESULTS AND DISCUSSION

Theme 1. Confronting Stigma and Discrimination: The Struggle for Equitable HIV Care in the Eyes of Medical Technologists

This theme captured how complex social and cultural barriers shape the lived experiences of medical technologists and people living with HIV/AIDS (PLWHA) in treatment hubs. Even in the presence of treatment advancements and education, stigmatizing beliefs and discriminatory attitudes persist both in healthcare institutions and on a much larger scale, the Philippines in general. These attitudes contribute to their internalized fear and shame which results to debilitating outcomes. For medical technologists, persistence of HIV-related stigma and discrimination disables them in providing safe, compassionate and equitable care to the HIV community. A study conducted in Istanbul, Turkey, revealed that discriminatory behaviors and inappropriate attitudes of healthcare professionals towards the PLWHA community significantly compromise the timely utilization of healthcare services (Senyurek et al., 2021).

The Job Demands-Resources (JD-R) theory connects with the first theme by showing how emotional and social demands caused by the widespread stigma towards the HIV community can heavily affect medical technologists in treatment hubs. Because of stigma and heavy workload, medical technologists are likely to lose emotional resources, which is turn causes distress or strain. One consistent thing we see is the emotional strain of confronting misconceptions or stigma from family members or healthcare professionals, which emphasizes the need for adequate resources such as institutional support, policy, awareness, and advocacy for non-discriminatory care.

Subtheme 1. Internalized Misconceptions in the Clinical Laboratory

HIV misconceptions continue to be evident in clinical laboratories. Even though they are taught not to, some medical technologists may still carry their own personal biases and will let that influence their decisions despite the continually growing evidence surrounding infectious disease treatment and diagnosis. Practices such as unnecessarily segregating patient samples were cited as examples of misconceptions observed by some medical technologists.

"… But we segregate their samples most especially if a confirmatory test will be requested, or an additional test. So, their samples are usually separated." – Charlie, Line 28

It is important to address internalized misconceptions about HIV in clinical laboratories and treatment hubs. These internalized misconceptions may potentially compromise confidentiality, affect the quality and timeliness of the test results, and discourage patients from returning for any follow-up tests or treatment. Discriminatory behaviors of healthcare workers in HIV care facilities compromise the timely access of healthcare services (Senyurek et al., 2021).

Subtheme 2. Stigma, Lack of Awareness, and Public Misunderstanding

Although health information has become more accessible, the complete absence of public debate on the issue results in lack of awareness and public misunderstanding, further isolating the HIV community. Because of social stigma, HIV is not incorporated in education conversations contributing to more misconceptions (BUJPH, 2024). Some of the medical technologists expressed the lack of visibility of HIV conversation and public engagement which completely underestimates the reality and burden of living with HIV/AIDS.

"For the public, probably not, because they don't really see it. It's not really something that's advertised on TV, like what's happening to people with HIV. As I've said, they probably see tuberculosis as more dangerous than HIV." – Anne, Line 30

"I don't think the public truly understands. Even our fellow healthcare workers are often uninformed about the lived experiences of HIV patients. As a result, I don't think the public is aware of certain aspects, like what the patients actually go through." – Charlie, Line 27

Confronting stigma, lack of awareness, and misunderstanding in public attitudes toward HIV is critical if we want to enhance health outcomes, uphold human rights, and respond effectively to the HIV epidemic in the Philippines. Addressing these barriers through comprehensive education, advocacy, outreach and inclusive communication strategies are crucial to challenge stigma but also to facilitate a context for PLWHA to live through.

Subtheme 3. Religion's Influence on Stigma

HIV remains one of the most stigmatized conditions worldwide due to several reasons such as fear or moral judgment, fear of social isolation, religion and culture (Ziersch et al., 2021). HIV transmission or behavioral risks such as premarital heterosexual sex or homosexual relations are often frowned upon in the country due to strict religious ideologies. Conservative Catholic values, combined with inadequate HIV education, are considered primary contributors to stigma related to both HIV and sexual orientation in the Philippines (Bustamante & Plankey, 2022). Some of the medical technologists expressed the connection of the Philippines being a conservative and religious nation to stigma, and religion's role in the moral perception of Filipinos towards HIV.

"We live in a conservative country, where we are deeply tied to religion. This connection with religion influences nearly every aspect of our society. While we may say there is a separation of church and state, I don't think there is a clear distinction between the two." – Charlie, Line 30

"Yes, the stigma surrounding HIV and AIDS often stems from the teachings of different religions. I believe this is a major contributor to the stigma…" – Shawn, Line 47

Religion can shape HIV stigma, especially in cultures where religion heavily shapes moral and social norms. As a result, PLWHA can potentially be condemned, blamed, and rejected by their communities. To overcome religious stigma, open dialogue must happen with faith-based groups, and education must be grounded in the realities of science and medicine.

Subtheme 4. Effects of Stigma on PLWHA

Shame, fear of stigma and concerns of personal and professional backlash may delay and even completely prevent individuals from testing even when they know something is wrong. Internalized stigma leads to silence and prevents open conversation, engagement in education and access to care. Because of stigma, men who have sex with men (MSM), who accounts for more than 84% of all new infections face multiple barriers to HIV prevention, testing, diagnosis, and treatment (Gangcuangco, 2019; Bustamante & Plankey, 2022). Some of the participants revealed that stigma truly affects the HIV community, causing them to feel ashamed and avoid testing and treatment.

"The main barrier is usually the shame patients feel. I know someone who recognized their symptoms—since they're a medtech—but still didn't get tested because they were embarrassed. They had students, acquaintances, and they were well-known. But that's the thing, getting tested is really very important." – Anne, Line 44

"They are ashamed due to internal stigma." – Katy, Line 30

Stigma cultivates a culture of silence, misinformation, and creates more barriers to awareness and public education. Recognizing that stigma has real and harmful effects on PLWHA will allow healthcare professionals, policymakers and society to introduce processes that can be applied in treatment facilities. We should practice empathy, confidentiality and respect to support the notion that HIV/AIDS prevention and treatment are not simply clinical responsibilities, but they also reflect social determinants which create barriers to prevention, treatment and ongoing support for those affected by the disease.

Subtheme 5. Advocacy for Non-Discriminatory Care

Medical technologists providing HIV care consistently engage with diverse patient populations. This experience requires them to uphold respect and dignity towards the HIV community regardless of a patient's

disease status. As HIV/AIDS remains extremely stigmatized and frowned upon, being neutral and respectful in clinical interactions becomes essential. Some of the participants expressed the importance of emotional sensitivity, respect, and inclusivity while providing HIV care.

"Everyone should receive the same treatment, whether they are a dengue patient or someone with an infectious disease. The treatment should really be the same for all." – Anne, Line 43

"No, because we just treat them like regular patients. We draw blood as usual, but with extra care." – Kate, Line 13

A study conducted in various hospital laboratories in Cebu Province, Philippines, revealed evidence of stigma and discrimination among medical technologists towards HIV-positive patients (Amoncio et al., 2018). Because of the persistent stigma and discrimination faced by people living with HIV/AIDS (PLWHA), advocacy for non-discriminatory HIV care becomes essential in the Philippines. Non-discriminatory care ensures that PLWHA are treated with dignity and respect.

Theme 2. Navigating Barriers: The Emotional, Ethical, and Systemic Challenges Faced by Medical Technologists in HIV/AIDS Care

This theme captured the ethical, emotional and psychological struggles experienced by medical technologists who work closely with people living with HIV/AIDS (PLWHA). It is evident that providing HIV-related laboratory services to the community not only requires technical competencies, but also emotional determination, ethical obligation, and psychological grit. This theme also uncovered the barriers that medical technologists encounter in treatment hubs. Upholding patient privacy and confidentiality is critical, yet ethically challenging, especially if there are no established protocols in place. These prominent gaps and concerns decrease the effectivity and efficiency of HIV services that they provide to the PLWHA community.

The JD-R theory supports the second theme by showing how ethical dilemmas, and systemic issues can function as job demands, which can potentially consume personal and emotional resources. Because of this, the need for institutional and psychosocial support to maintain motivation and the overall well-being of medical technologists becomes very critical. Failure of public health interventions and government responses, for example, could be seen as external job demands, which could add to the shortcomings of healthcare access in the Philippines.

Subtheme 1. Emotional and Psychological Strain in the Workplace

Because of their unique roles in HIV care, medical technologists experience a mixture of fear, empathy, and emotional stress while working in treatment facilities. Some medical technologists expressed that they sometimes self-consciously perceive risk of occupational exposure. Without institutional psychological support, medical professionals who engage in emotionally challenging workplaces may experience emotional and psychological strain (Arias-Ulloa et al., 2023).

"Maybe emotionally, when you feel scared—to not acquire the disease. Although we know that it is transmitted through blood. But at times, you really do overthink. Most especially as a medical technologist that we know how bad it is as a disease." – Taylor, Line 16

"Maybe emotionally. When I see that the patient is still young. I feel sad. Like they're too young for that." – Miley, Line 12

Over time, medical technologists may develop adaptive mechanisms leading to emotional and psychological resilience. Medical technologists who interact with HIV patients routinely may gradually become desensitized because of repeated exposure, habituation, and sense of familiarity, while still upholding compassion and adherence to safety protocols.

"I used to get scared, but not anymore. I've gotten used to it." – Katy, Line 23

Medical technologists face unique emotional and psychological challenges in the context of HIV care. If left unaddressed, their deeply rooted empathy and perceived fear may lead to emotional and psychological strain. However, in the long run, these firsthand experiential exposures may lead to emotional and psychological resilience. This dynamic progression towards resilience highlights the need for emotional and psychological support to address these growing concerns.

Subtheme 2. Ethical Challenges in Healthcare Practice

Medical technologists heavily rely on personal judgment and peer advice when it comes to ethically challenging scenarios. Aside from performing technical tasks, they also ensure ethical standards are upheld within the healthcare workplace. These experiences emphasize their persistent, yet invisible effort to protect the rights, dignity, and well-being of the HIV community. Some of the participants revealed that disclosure of HIV status remains one of the most ethically challenging areas in HIV care.

"Yeah, yeah. There's a time that one of the patients who submitted a sample is my friend and then someone I know. Basically, they asked me for the result—if positive or negative, but as the medtech on duty that time, I was not allowed to do that. So basically, I never disclosed their results. I just kept on telling them to wait for the official result." – Shawn, Line 25

"It's usually ethical, and sometimes emotional, especially for pregnant women—special cases like these. Sometimes, patients don't disclose to their relatives or friends that they've been tested for HIV." – Anne, Line 07

Medical technologists working in HIV treatment hubs experience ethically delicate cases as part of their role. In cases of extremely ethically complex circumstances, decision-making is situational while still adhering to ethical standards. Each unique situation demands individual reflection and unique ethical thinking. This highlights the importance of effective and continuous ethics training, emotional and psychological support initiatives, and clear institutional policies to guide medical technologists navigate sensitive ethical challenges in HIV treatment hubs.

Subtheme 3. Systemic and Technical Gaps in HIV/AIDS Service Delivery

Understaffing in many HIV facilities can lead to prolonged testing and delayed laboratory results, which in turn can delay the initiation of treatment, a critical consideration to be highlighted as HIV-infected individuals should start taking HIV medications as soon as possible, most especially for individuals with AIDS-defining conditions (NIH, 2025). One medical technologist stated the negative effect of understaffing in HIV laboratories.

"Understaffing. If the laboratory is understaffed, testing will take longer, so the confirmatory results will also be delayed, which leads to delayed treatment." – Miley, Line 30

Technical difficulties and fear associated with needle-stick injuries (NSI) are prominent concerns experienced by medical technologists as revealed by one of the participants.

*"So, for me, technical challenges. So, let's say for example, we have a "high five"(a pun used to describe HIV positive individuals) patient in *****. The nurse will instruct us that this patient is high five. So basically, we try our best as phlebotomists to not do any NSI during collection. So, I think that. That is included in the technical challenges of being a medtech handling patient samples from HIV patients."* – Shawn, Line 09

When HIV laboratories lack physical and human resources, or when medical technologists are not trained properly, the patient's diagnosis and treatment can be delayed which in turn affects patient outcomes (UNAIDS, 2022). Overall, these systemic and technical gaps highlight the importance of establishing a healthcare system that is resilient, effective, adaptive, and compatible with the growing needs of the HIV community.

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Subtheme 4. Gaps in Risk Perception of HIV/AIDS

Gaps in risk perception around HIV/AIDS create substantial barriers to service delivery. These gaps may create notions that only select populations, like MSM, are "at risk". These notions further marginalize patients and lead to delayed testing and treatment. One participant expressed that the public still holds misconceptions surrounding the LGBT community and HIV transmission, when in reality, everyone can acquire the disease.

"Perhaps it's the realization that anyone can be infected. It's commonly believed by the general public that the LGBT community is the most affected. But when it comes to accidental cases, it opens your mind to the fact that anyone can potentially acquire the infection. We must avoid stigmatizing these patients." – Taylor, Line 28

Furthermore, the increase in newly diagnosed infections among minors demonstrate a disconnect between health education and the behavior change of youth, as revealed by one of the participants.

"It's really the age. Even our pathologist once commented, "Why are they getting younger?"—since they're the last to sign the results. Of course, they double check the results. The most affected population would be MSM. The majority are MSM." – Miley, Line 23

Addressing the gaps in risk perception is essential to create a more informed and accepting community. Many Filipinos still associate HIV with immoral behaviors, or to certain groups of people that are marginalized, not recognizing that the virus is not only connected with behaviors, but it can affect anyone regardless of gender, sexual orientation or social status. If left unaddressed, efforts to control the HIV epidemic will be compromised, and the cycle of stigma and misinformation will continue.

Subtheme 5. Critique of Government Interventions

The enactment of Republic Act 11166, or the Philippine HIV and AIDS Policy Act of 2018, reinforced the rights of PLWHA in the country and established a more comprehensive framework for HIV services. In addition, the Philippine government established several programs aimed at HIV prevention, education, awareness, and management. One medical technologist stated how effective mobile testing strategies are.

"I think mobile testing initiatives are enough. So that we can also reach far-flung areas." – Miley, Line 32

Despite progressive developments, some medical technologists report significant issues which prevent full realization of these programs and initiatives. For example, since antiretroviral drugs (ARV) are not sold by commercial and local pharmacies, only the DOH-designated treatment hubs are allowed to dispense ARVs to patients. However, this makes access to antiretroviral medication more challenging to PLWHA most especially to those living in rural areas (Gangcuangco & Eustaquio, 2023).

"I wish testing was more readily available. If someone tests positive, sometimes they don't come back — like they're given medication for three months and then they move to another place. It's difficult because they can no longer access free ARVs right away, as they need to go back to their original treatment hub to get an endorsement. It becomes a hassle for them, so some stop their treatment…" – Anne, Line 38

In addition, some participants expressed that language barriers, and lack of sex education and dissemination are major gaps in HIV prevention strategies.

"Perhaps most of the programs have a language barrier, which could be why some people are not well-informed. It seems that many are unaware because they don't fully understand the program." – Taylor, Line 32

"Sex education. I think it should start while children are still young. Not when they're too young, but at least it should already be introduced in school. Back in our time, I feel like it wasn't even discussed. The only thing they talked about was "what is puberty?" and that was it." – Selena, Line 27

One of the participants stated that resource allocation remains one of the most visible weakness of existing policies.

"In treatment hubs, I suggest that services should be offered for free to those who want to avail of them." – Shawn, Line 35

"I think the government should continue funding the health sector or increase the funding—especially since many treatment hubs in the country are run by NGOs that don't rely on government fundings. Most of the help comes from outside the Philippines." – Shawn, Line 38

Collectively, these interventions from the local and national governments may be well-intentioned, but their potential and long-lasting impact are often challenged by inconsistencies in program implementation and engagements. To the medical technologists, these gaps can create additional weight and difficulties and highlight the need for more effective and sustainable government interventions in the overall HIV response of the country.

Theme 3. At the Crossroads of Care: The Versatile Roles of Medical Technologists in HIV/AIDS Service Delivery

This theme captured the ever-changing functions and responsibilities of medical technologists in HIV/AIDS service delivery. Aside from their routine function in blood collection and testing, they also engage in medical reporting, record maintenance, regulatory compliance, training, education, awareness, and counseling. Unfortunately, their effectiveness in providing HIV/AIDS care is influenced by either the presence or absence of appropriate facilities or resources, and interprofessional collaboration. Despite these challenges, they remain at the crossroads of diagnostics, ethics, and care, making their contributions vital to the overall success of HIV/AIDS service delivery in the Philippines.

The third theme aligns with the JD-R theory by demonstrating how the evolving roles and functions of medical technologists in HIV treatment hubs increase job demands. Many medical technologists perform additional responsibilities aside from the routine tasks that they usually perform in the laboratory. These additional tasks create increased job demands which could be physically, emotionally, and psychologically stressful. Thus, these gaps must be met with adequate resources such as interprofessional collaboration and facility and resource availability to maintain effectiveness and engagement. For example, interprofessional collaboration (IPC) can be seen as a tangible job resource, promoting teamwork and engagement, which could reduce work-related strain.

Subtheme 1. Fulfilling Diverse Functions in HIV/AIDS Care

Clinical laboratories and laboratory healthcare professionals play a crucial role in patient care and in overall clinical decision-making (Olver et al., 2022). In the Philippines, aside from their routine duties, medical technologists in HIV facilities are sometimes involved in counseling, advocacy and education, administrative functions, among others. Some of the participants shared their day-to-day activities at their workplace.

*"We receive laboratory requests from the treatment hub at ***** and, at times, we go to the hub to collect blood samples. Other times, the patients come to the laboratory for blood extraction."* – Anne, Line 4

"First, we check the forms we receive. We verify the label on the tube and the volume of the blood sample. If it's QNS (quantity not sufficient) or if there is missing information, we reject the sample outright and coordinate with the counselor." – Miley, Line 5

The ever-growing function of medical technologists in the Philippines in terms of HIV care not only highlights their adaptable proficiency and commitment in providing resilient and effective laboratory services towards the HIV community, but also their urgent need for systemic and institutional support. The overall function and contribution of clinical laboratories and laboratory professionals like medical technologists in overall patient care must be supported and advocated for, to optimize and improve healthcare (Olver et al., 2023).

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Subtheme 2. Protection of Patient Privacy

Due to the stigmatization of HIV/AIDS in the Philippines, multiple data protection measures have been established to effectively protect patients and clients from discrimination and unwanted identification or disclosure. Some participants shared the common measures implemented at their workplaces to ensure privacy and confidentiality, such as discreet rooms or areas for sample collection, restricted access to patient records, use of password-protected computers, and locked storage for confidential documents.

"Yes, there is a separate area for the patients. For example, if the requests come from the treatment hub, they have their own entrance where they pass through to have their samples extracted. They can also be extracted there for privacy, and it is done downstairs, within the treatment hub itself." – Anne, Line 9

"Our PC is password-protected, and only those of us in rHIVda (Rapid HIV Diagnostic Algorithm) know the password. It is turned on only when we are on duty; otherwise, it is shut down. Since it is password-protected, other medtechs cannot access it even if they try to open our PC. As for the forms and results we receive, they are stored in a separate cabinet to which only we have access, as we are the only ones with the key." – Selena, Line 18

These practices are more than just procedural. These are implemented as an ethical responsibility of medical technologists working with PLWHA. Medical technologists proactively maintain an environment where PLWHA are safe and respected. Privacy in the context of HIV care is considered as a core professional and moral value rather than just a regulatory obligation.

Subtheme 3. Interprofessional Collaboration (IPC)

HIV treatment hubs in the Philippines are manned by a multidisciplinary team collectively known as the HIV and AIDS Core Team (HACT), which is primarily composed of physicians, nurses, pharmacists, social workers, and other healthcare professionals like medical technologists (DOH, 2018). A study conducted by Windsor et. al (2020) suggests that interprofessional collaboration training yields a significant potential in improving linkages or connections for HIV clients. Some participants revealed that they work with other healthcare professionals such as physicians, nurses, and counselors.

"Yes, with doctors, PGIs, and nurses. We really need cooperation with other healthcare professionals." – Charlie, Line 8

"Only with medtechs and pathologists if we are in the laboratory. The hub is managed by nurses, doctors, and counselors. Our treatment hub is different or separate from our working/testing area." – Miley, Line 7

The complex interaction and collaboration of medical technologists not only with other laboratory professionals, such as clinical pathologists, but also with HACT physicians, nurses, and counselors, among others, signifies that HIV facilities are able to provide effective HIV care through joint efforts and continuous cooperation and communication. In this context, interprofessional collaboration is clearly not just optional but critical.

Subtheme 4. Facility and Resource Availability

Providing efficient, safe, and effective care towards the HIV community is achieved through the combination of competent staff, well-equipped facilities, robust protocols, and readily available resources. Even with adequate number of trained medical technologists, a persistent issue commonly experienced by HIV facilities in the Philippines is the limited resources or supplies, as stated by one of the participants.

"For me, regarding the usual send-out of samples, almost all hospitals send out a lot of samples. The test results for HIV-positive patients often take time, and during that period, the patients' health starts to deteriorate. This is one area I think could be improved—specifically, the process of sending out tests." – Taylor, Line 33

Laboratory protocols play an integral role in HIV healthcare in the country. Patient safety in the laboratory is fundamentally defined as prevention of harm, providing care that is safe and free from errors, and continuously improving established good laboratory practices (Plebani et al., 2020). Some participants revealed the importance of following strict laboratory protocols in providing HIV care and services.

"Yes, we have a printed SOP that we follow—starting from labeling. If there's an incorrect spelling or birthdate, we have to correct it. The software OHASIS is used by all rHIVda laboratories across the Philippines. All rHIVda sites can access patient or client information." – Miley, Line 9

"Basically, it starts with following the proper protocol in blood collection. This is the first step in the process. If we don't follow the proper protocol when collecting blood from HIV patients, there's a significant risk of transmission." – Shawn, Line 43

Facility readiness, adequate, reliable, and timely resources, and robust protocols are non-negotiable prerequisites in providing quality-oriented HIV care and services in the Philippines. As HIV cases continue to rise in the country, it is imperative that medical technologists continue to adhere to institutional systems in place no matter how demanding the job is.

Theme 4. Evolving Through Adversities: Strengthening Practice Through Training, Support and Experience

This theme captured how formal training can provide medical technologists with the competencies required for HIV-related care; how their routine or daily engagements in HIV/AIDS care allow them to further develop their skills, enabling them to adapt, grow, and reinforce their commitment to the HIV community; and how their resilience and compassion were shaped by social coping strategies, such as finding physical and emotional relief through time off, and validation through social and interpersonal relationships with colleagues. Collectively, these experiences and adversities shaped their competence, resilience, understanding, and compassion in providing HIV care. Adversity, in this context, becomes a powerful teacher that strengthens both their practice and purpose.

This last theme relates to the JD-R theory, as adversities and challenges faced by medical technologists in treatment hubs can become sources of opportunity for growth once they are given access to personal and professional resources such as training, time for recovery, and social support. This can result in resilience, learning, and job satisfaction. Many medical technologists utilize time-off as a recovery resource to recover mental and emotional energy. Additionally, social support seems to be important to medical technologists as this can provide an opportunity for them to talk about work-related concerns. Through social support, they are able to validate each other's challenges and struggles in providing care towards the HIV community. In addition, formal training, for example, must be recognized as an effective job resource as it builds professional competence. On the other hand, skill development through experience and firsthand exposure becomes a personal resource that can empower medical technologists to adapt with their growing roles.

Subtheme 1. Specialized Training for HIV-related Care

Government health institutions such as the Regional Institute of Tropical Medicine (RITM), through its Transfusion Transmissible Infections National Reference Laboratory (TTI NRL), and the San Lazaro Hospital National Reference Laboratory - STD AIDS Cooperative Central Laboratory (SACCL), as well as NGOs such as the Positive Action Foundation Philippines Incorporated (PAFPI) and LoveYourself Inc. provide accessible HIV-related services to the public and conduct seminars and training in HIV counseling and testing for medical technologists.

*"We had a training with SACCL. It was around 10 days of training at ***** on how to get a license, to run the test. After that, there was an additional training on how to obtain consent from patients, since they are treated differently. Aside from that, there was also an additional training under PAMET."* – Anne, Line 11

"I was trained in HIV proficiency and rHIVda. HIV proficiency and rHIVda training are sometimes integrated. That's the plan—as in, if you take the rHIVda training, it's as if you've also completed the HIV proficiency training. That seems to be the intention…" – Miley, Line 11

Unfortunately, the country evidently still lacks counselors and medical technologists who are properly trained in counseling and testing, and diagnostics, respectively (Sy et al., 2019). Many medical technologists in the country still engage in HIV-related roles and responsibilities without proper training due to several reasons, such as the limited number of training provided by designated health agencies and organizations annually, and expensive training costs. Some of the participants expressed the urgent need for formal training.

"Yes, it is a must. We have a colleague who underwent training, and he shared his experiences. Accordingly, they were taught how to handle HIV patients, how they acquired the disease, how to ask the questions properly for you to know the truth behind their situation. There are times that they don't tell the truth." – Taylor, Line 15

"Yes, Sir. Most especially on our part that our institution has a specific department handling HIV patients. So, I feel like we supposedly need that training. There are times that the patient is accompanied by an SO (significant other) then they will ask us a question and what if we can't answer them properly? So, we really need a training so we will know how to handle situations like this." – Charlie, Line 15

Formal training in HIV diagnostics, biosafety, and counseling is considered highly important for medical technologists working in HIV care facilities. These training are fundamental in equipping medical technologists with the necessary knowledge, skills, and competencies to deliver accurate, safe, efficient, and compassionate care toward the HIV community. A study conducted by Shah et al. (2024) in Pakistan revealed that comprehensive training programs are effective in enhancing the knowledge of physicians and allied health professionals in HIV-related concepts and domains.

Subtheme 2. Seeking Social Support

Mutual experiences and challenges can give rise to casual yet effective support systems within healthcare institutions. Medical technologists tend to openly share with one another their unique work-related circumstances and validate each other's emotional difficulties to de-stress. As expressed by some participants, this mutual understanding provides an outlet for emotional expression, psychological validation and reinforcement of unity within a demanding work environment.

*"Usually, we talk to Doc *****, our pathologist, if we encounter a difficult or heavy case. Our pathologist is really good at helping us."* – Anne, Line 21

"We talk with our workmates. We talk to each other about the things that we encountered. It's like sharing of each other's experiences." – Taylor, Line 18

"The only emotional support that you get is through sharing the same experiences with your coworkers so you can relate with one another. In case there are resources in place, we do not know about them, or we were not informed." – Charlie, Line 19

Peer support in general offers a promising and efficient avenue in improving mental health of individuals (Richard et al., 2022). Peer relationships and interpersonal social support among medical technologists can be a safe network of emotional and psychological support. Because of the absence of accessible institutional mental health resources, these internal connections may serve as a primary outlet for emotional validation and support. This can cultivate a collective sense of belonging and psychological safety within the workplace.

Subtheme 3. Coping Through Time Off

To cope with stress, medical technologists tend to rely on maintaining work and personal life balance. "Leaving work at work" becomes a usual mechanism and coping strategy to reduce emotional and psychological strain. Psychological detachment from work during time off is crucial to sustain and maintain

the health and well-being of employees (Karabinski et al., 2021). One participant shared the importance of mentally disconnecting from work during time off .

"Do not bring work home. When you're working, focus on work. Once you're home or out somewhere, leave work behind. It's already very draining." – Selena, Line 31

Keeping a distinct line between work and life becomes essential rather than just a preference. This detachment from work does not in any way indicate diminished compassion toward the HIV community, but rather a practical approach to sustain resilience and prevent burnout and extreme stress in the long run. Their experiences highlight the need for proactive psychosocial support systems within treatment hubs.

Subtheme 4. Skill Development Through Experience

Medical technologists working in HIV treatment hubs and facilities can gradually improve their technical and interpersonal competencies. This significantly highlights the adaptive learning capabilities of medical technologists outside of formal training environments. For example, routine engagements with HIV patients and clients can enhance essential skills and knowledge in phlebotomy and biosafety practices, as shared by one participant.

"I've become more skilled in phlebotomy. You really have to practice wearing gloves even if you're still palpating. I used to not wear gloves." – Katy, Line 33

Over time, medical technologists who work with PLWHA can provide greater emotional sensitivity and learn how to build rapport effectively. Repeated interactions with patients significantly improve interpersonal skills which leads to a more compassionate care (Gordon et al., 2021). Some participants expressed that communication is crucial in establishing trust, particularly with PLWHA who are vulnerable to stigma and discrimination.

"I think I've been able to improve my communication skills, especially in building rapport with patients so they don't feel awkward or ashamed. It also helps them feel less scared when it's time to have their blood drawn." – Shawn, Line 41

"It's my communication skills." – Taylor, Line 36

Day-to-day exposure to patients and clients provides an opportunity through which technical competencies and communication skills are refined. In the Philippines, where HIV-related training for medical technologists is limited, experiential learning fills a significant gap. Skills development in this context is not technical alone but is also relational. These day-to-day experiences are vital in reinforcing adaptive learning of medical technologists in providing quality laboratory services to the HIV community.

SUMMARY OF FINDINGS

The findings offer a deeper understanding of the personal, professional, and ethical challenges encountered by medical technologists surrounding HIV care, as well as the resilience, interventions, and commitment shown by these laboratory professionals.

The first theme generated was "Confronting Stigma and Discrimination: The Struggle for Equitable HIV Care in the Eyes of Medical Technologists". This theme was by far the most emotionally challenging theme among the four. Persistent stigma, misconceptions, and discrimination surrounding HIV/AIDS were among the major gaps identified within this theme. Participants revealed how stigma is not always visible. It can sometimes hide behind jokes, awkward silences, subtle comments, or hesitation during procedures. They've recognized the negative effects when patients are treated with fear or with hesitation. For medical technologists, these moments are hard to witness and even harder to correct. Public misunderstanding and misinformation remain widespread. The general population still doesn't fully understand how HIV is transmitted or that it is a manageable disease. These gaps trigger fear, which then triggers stigma. Worse, this lack of knowledge and awareness extends even to some professionals. Stigma doesn't just affect how medical technologists behave. It affects even more the PLWHA community. They often carry the burden of secrecy. They worry about being

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seen, recognized, or talked about at HIV clinics and laboratories. This emotional baggage prevents some from accessing HIV testing and treatment. In addition, religion plays a critical role in HIV healthcare. For some, religion offers hope and healing. But for others, especially for PLWHA, it becomes a source of stigma, shame, and rejection. The need for consistent advocacy for non-discriminatory care was also emphasized. Medical technologists reported that despite the presence of policies, stigma still exists even within their own institutions. This advocacy is necessary to protect the welfare of the PLWHA community. This theme proves that stigma is not just a social issue. In the bigger picture, stigma is a health issue. It can create walls where there should be bridges. If we are to truly improve HIV care in the Philippines, then we must eliminate stigma and discrimination. It must be part of every conversation, training, policy, and intervention, starting in the laboratory and treatment hubs, and extending into every corner of society.

The second theme generated was "Navigating Barriers: The Emotional, Ethical, and Systemic Challenges Faced by Medical Technologists in HIV/AIDS Care". Despite their dedication and commitment, medical technologists experience multiple challenges that affect effective HIV care. While working in HIV treatment hubs, some medical technologists face emotional, psychological, and ethical strain. They shared how emotionally challenging it can be to work with situations that carry social stigma, such as undisclosed HIV cases. Some level of emotional stress became part of their roles. Understaffing, insufficient test kits and reagents, and poor protocols are some of the systemic and technical gaps encountered by medical technologists in HIV treatment hubs. When systems fail, it is the frontline healthcare workers and patients who suffer. This not only affects the quality of service they provide but also adds stress to an already emotionally demanding role. These barriers highlight how insufficiencies in resources, social attitudes, and a lack of education continue to hinder progress. To achieve real change, institutional accountability and community-based education efforts, alongside efficient HIV care, must be present. While some government interventions were acknowledged, many shared frustrations about poor implementation, and inefficiencies were noted.

The third theme that emerged was "At the Crossroads of Care: The Versatile Roles of Medical Technologists in HIV/AIDS Service Delivery". This theme identified the different roles of medical technologists in HIV treatment hubs. Aside from their routine roles such as phlebotomy and HIV testing, some also do patient counseling, education, and advocacy. These unique functions go beyond their job title. Interprofessional collaboration (IPC) emerged as a core arrangement among medical technologists and other healthcare professionals working in HIV care facilities. Their experiences also signified that being a medical technologist in an HIV treatment hub is more than just performing laboratory tests. Part of their moral obligation is to support, defend, and advocate for the right to privacy and confidentiality.

The fourth and last theme, "Evolving Through Adversities: Strengthening Practice Through Training, Support and Experience", talked about how training and social support can help medical technologists improve their competencies. Specialized formal training was reported to be either insufficient or completely absent, and many medical technologists expressed the need for updated, relevant, and consistent HIV-related education and training to better serve the PLWHA community. On a positive note, a hopeful takeaway among medical technologists is how much growth happens through experience and exposure. Many also shared the importance of taking time off. For them, this is a necessary step to recover from physical and emotional stress. Others turn to social support. They rely on conversations with colleagues to process their emotions, frustrations, and experiences. These coping mechanisms are essential. This theme emphasizes the importance of recognizing the emotional and psychological aspects of the roles of medical technologists in HIV care. Supporting medical technologists in HIV treatment hubs goes beyond providing resources and training. It includes recognizing their humanity. Empathy and mental healthcare should be embedded in their workplace culture. Only when medical technologists are cared for can they continue to give the most compassionate and efficient care to the PLWHA community.

IMPLICATIONS AND RECOMMENDATIONS

The study highlighted the implications that extend beyond the laboratory setting into the broader context of public health. The findings emphasized that HIV care and delivery are not just clinical and diagnostic laboratory concerns, but a deeper public health issue rooted in emotional, ethical, social, and systemic dimensions. Ultimately, this study calls for interventions and reforms that prioritize system efficiency, ethics,

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mental support and wellness, and most importantly, compassion for both PLWHA and medical technologists alike. The findings of this qualitative study have several practical implications and recommendations for the following:

Medical Technologists

- Comprehensive training and government intervention and education far beyond technical procedures, including biosafety, stigma sensitivity, mental health awareness, and ethical laboratory practices, aligned with the Philippine National AIDS Council 7th AIDS Medium Term Plan 2023 – 2028
- Formally recognize the evolving roles of medical technologists in HIV/AIDS care and services
- Implementation of psychosocial support, such as counseling services, peer debriefings, and institutional arrangements for rest and recovery
- Incorporation of HIV-specific competencies in the Bachelor of Science in Medical Technology curriculum and clinical internship guidelines

People Living with HIV/AIDS (PLWHA)

- Establish interventions, policies and systems dedicated to protecting the privacy and confidentiality of PLWHA, and promoting safety, inclusivity, and empowerment, in accordance with Republic Act No. 11166 , or the Philippine HIV and AIDS Policy Act of 2018
- Promote trust and adherence to treatment, further improving public health outcomes, in line with the Undetectable = Untransmittable (U=U) campaign
- Strengthen the relationship between PLWHA and healthcare professionals such as medical technologists

HIV Treatment Hubs

- Address systemic and technical gaps including lack of training and limited resources, by pushing for institutional reforms and capacity-building programs
- Implement interprofessional support frameworks that promote collaboration between medical technologists, physicians, nurses, and counselors
- Standardization of strong ethical protocols
- Implement emotional wellness and psychosocial support programs to reduce work-related stress and prevent stigma and discrimination in HIV care delivery
- Establish feedback mechanisms allowing HIV clients and patients to safely and anonymously report stigmatizing experiences within healthcare settings such as treatment hubs and clinical laboratories

Policymakers

- Implement formal HIV training programs in testing and counseling for medical technologists involved in HIV/AIDS care
- Enforce anti-discrimination policies within HIV health care institutions, in accordance with Republic Act No. 11166 , or the Philippine HIV and AIDS Policy Act of 2018
- Allocate adequate resources for mental health programs targeting frontline laboratory professionals, in line with Republic Act No. 11223, or the Universal Health Care Act
- Reinforce data privacy measures specific to HIV care through compliance monitoring, consistent with Republic Act No. 10173, or the Data Privacy Act of 2012
- Integrate sex education in the Philippine curriculum consistent with the joint education strategies of the Department of Health (DOH), Department of Education (DepEd), Commission on Higher Education (CHED), and Technical Education and Skills Development Authority (TESDA)

Community

- Need for evidence-based, culturally sensitive, and language-effective public awareness and education campaigns focused on debunking HIV myths, testing, and lived experiences and challenges of PLWHA

Future Researchers

- Examine long-term mental health impacts of HIV-related work on laboratory professionals
- Investigate PLWHA's own perceptions of laboratory care, particularly in relation to stigma, discrimination, and confidentiality
- Develop a conceptual model for stigma-free, patient-centered HIV laboratory care
- Conduct expanded studies in different locations outside Cebu to better understand the experiences of medical technologists working in HIV treatment hubs across the country

Limitations

This research is limited to HIV treatment hubs in Cebu and might not represent the experiences of medical technologists in other parts of the Philippines. The small number of participants, although adequate for phenomenological studies, limits generalizability. Furthermore, the researcher's shared professional experience as a medical technologist may have created potential bias. The challenging nature of absolute objectivity in qualitative research was recognized, which is why bracketing and reflexive journaling were utilized to effectively reduce bias.

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