

CHAPTER 5

Conclusion, limitations and recommendations

5.1 INTRODUCTION

This chapter highlights the most important aspects of the findings and presents them as guidelines for the support of nurses. The limitations and conclusions of the study are discussed and recommendations made for practice and further research.

5.2 LIMITATIONS

According to Burns and Grove (1997:66), “theoretical and methodological restrictions in a study may decrease the generalisation of the findings”. The researcher identified two limitations in this study, namely the use of only one VCT centre and the brief time spent in the field. Although there are eight VCT centres, only one was used in this study. With regard to field work, the researcher had one month available for collecting data. This relatively short period was due to financial and logistical reasons. Given these limitations, the findings may not be generalisable to a bigger population or in a different setting.

5.3 GUIDELINES FOR THE SUPPORT OF NURSES IN EDUCATING PATIENTS ABOUT ARVs IN SWAZILAND

Based on the findings, the researcher presents guidelines on the implementation of ARV education and evaluation of the process.

5.3.1 Implementation of ARV education

It is critical that nurses be educated on these drugs so that they can empower clients to better understand the drugs in order to facilitate and ensure compliance with and adherence to the treatment. Adherence and compliance come from proper education.

Health education on ARVs should be done by nurses who have undergone extensive education and are qualified in counselling.

5.3.2 Evaluation of the process

Mellish and Brink (1990:288) describe evaluation as “a systematic process whereby a valid appraisal can be made of behaviour, skills and attitudes in terms of a described level of proficiency in the art of nursing”.

A formative (ongoing) evaluation should be put in place in VCT centres. It is important for health providers to continuously evaluate the factors that contribute to client satisfaction with ARV treatment. This would help nurses to identify problems in offering ARV education and ensure high quality education. The researcher is of the opinion that this, in turn, would increase the number of satisfied patients.

This evaluation should be based on input, process and product.

Input provides information on whether VCT nurses are still competent and knowledgeable to offer high quality education to HIV-positive people.

Process identifies defects in the process of educating HIV-positive people about ARVs. This will help nurses review their methodology, as necessary.

Product means evaluating the patients' level of satisfaction with the services.

The concept of client satisfaction with ARV treatment should be presented to government hospitals, health centres and clinics and also the private sector to ensure that this treatment is promoted because when clients are satisfied with the service, they will recommend it to their peers and relatives who are potential clients.

5.4 RECOMMENDATIONS

The researcher makes the following recommendations for nursing education, nursing practice and further research.

5.4.1 Nursing education

As new information comes to the fore, ways of making sure that the new developments and trends filter down to nurses should be developed. One strategy is continuous education. Continuous in-service education, in the form of regular workshops and seminars, is recommended for nurses in service. This will give nurses the latest information about the drugs, increase professional confidence and lead to job satisfaction. This, in turn, will lead to improved quality of care delivered. This continuous education will empower the nurses to impart effective education to patients thus contributing to empowering HIV-positive people for a better quality of life.

Since ARV treatment is a new technology, every effort must be made to include it in basic and post-basic nursing programmes to better equip nurses to counsel, advise and treat HIV-positive patients.

5.4.2 Nursing practice

The public should be well informed about ARVs, including the benefits and side effects of the drugs. Access to ARVs must be integrated into a comprehensive programme that includes VCT in all hospitals, diagnosis, prevention and treatment of the major opportunistic infections.

Good compliance and continuity of care are essential for the efficacy of ARV treatment. In addition to the key roles of nurse, doctors, pharmacists and welfare workers, it is important to use the resources offered by communities and associations of persons living with HIV, and especially their counselling expertise.

An urgent mechanism should be set up to improve nurses' conditions of work and provide them with the opportunity to upgrade themselves through continuing education.

ARV prescription must be limited to care centres with the necessary technical means (drugs, logistics, trained staff, laboratory facilities, etc). Involvement of the private sector must be in keeping with drug policy and practices stipulated by the Ministry of Health.

ARV prescriptions must be done by physicians with relevant expertise and experience in the follow-up of HIV-infected persons. This calls for specific training of current and future health personnel (physicians, biologists, pharmacists, nurses, paramedics and counselors).

National committees to fight against AIDS and associations should inform the population on the benefits and limitations of ARV drugs, through the media and other means of communication, and emphasise the fact that ARVs do not cure AIDS.

Every effort must be made to ensure access to ARV treatment for all HIV-infected persons who qualify for treatment on the basis of current medical knowledge and reality.

Continuing education should be provided to all nurses. They should be permitted to attend suitable symposia and regular meetings on ARVs. Participation in these meetings should be mandatory.

5.4.3 Nursing research

Since the study was done at only one VCT centre, it is recommended that further research be undertaken on nurses in other practice areas like hospitals and clinics because they also educate patients on ARV treatment. It is further recommended that future research be conducted on the following:

- Pharmacological prevention of mother-to-child transmission of HIV/AIDS (PPMTCT)
- Pharmacological post-exposure prophylaxis (PPEP) of HIV/AIDS
- Personal experience of seropositivity
- Study of ARV accessibility according to patients' socio-economic level
- Analysis of funding mechanisms
- Identification of factors contributing to non-adherence

- Cost-effectiveness studies
- ARV distribution system

5.5 CONCLUSION

This chapter concluded the study and presented guidelines to support nurses in educating HIV-positive patients on ARV. The researcher also made recommendations, based on the findings, for nursing education and practice, and further research.