EXPERIENCES OF ENROLLED NURSES TOWARDS CARING FOR PEOPLE LIVING WITH HIV AND AIDS

BY

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DEDICATION

I would like to dedicate this dissertation to the following people:

- My loving husband, Matevhutevhu Albert Mammbona for his love, understanding, support and taking care of the children while I was busy with my studies.
- My late father, Phaswana Jeremiah Ndou and my mother Mulutanyi Jeanie Ndou who gave me support, courage and for shedding the light of education in my life.
- My children (Tshedza and Mukhethwa) who are my source of inspiration and victory for most of my life achievements. Your presence always urges me to work harder.

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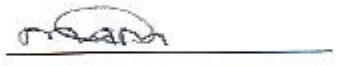
DECLARATION

I declare that **"Experiences of Enrolled nurses towards caring for people living with HIV and AIDS"** is my own work and that all the sources that I have used or quoted have been acknowledge in the study by means of complete references. This dissertation has not been submitted before, for any degree or examination in this or any other university or academic institution.



16/06/2017

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Avhatakali Allga Mammbona

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ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Antiretroviral therapy
ARV	Antiretroviral treatment
DHIS	District Health Information System
HCT	HIV Counseling and Testing
HIV	Human Immunodeficiency Virus
IPA	Interpretative Phenomenological Analysis
LP	Limpopo Province
NIMART	Nurse Initiated and Maintenance Antiretroviral Therapy
PLHIV	People Living with HIV
PLWHA	People Living with HIV and AIDS
PMTCT	Prevention of Mother- To- Child Transmission
UNAIDS	Joint United Nations Programme on HIV/AIDS
WHO	World Health Organization

EXPERIENCES OF ENROLLED NURSES TOWARDS CARING FOR PEOPLE LIVING WITH HIV AND AIDS

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ABSTRACT

The aim of the study was to gain an understanding on the experiences of enrolled nurses with regard to caring for people living with HIV and AIDS in one of the rural hospital in Vhembe district, in order to make recommendations for guiding and supporting those enrolled nurses. This study followed qualitative approach using interpretative phenomenological analysis design. Data were collected from 11 purposively selected participants using semi structured interviews. Data were analysed using interpretative phenomenological analysis framework for data analysis. Three super-ordinate themes emerged from data analysis namely: resources, support and impact of working with HIV positive patients. The study revealed that enrolled nurses are failing to provide proper care to people living with HIV and AIDS due to inadequate resources and lack of support. This situation has negative impact on the health of enrolled nurses providing care to people living with HIV and AIDS. Recommendations are put forth to improve resources, enhance support and for mitigating impacts experienced by enrolled nurses when caring for people living with HIV and AIDS at a rural hospital in Vhembe district of Limpopo province.

Key concepts: AIDS, Care, Enrolled Nurses, Experiences, HIV, Patient.

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CHAPTER 1

OVERVIEW OF THE STUDY

1.1 INTRODUCTION

There is high number of people living with Human Immunodeficiency Virus (HIV) AIDS Acquired Immune deficiency Syndrome (AIDS) who are admitted in the public hospitals in African countries (Campbell, Scott, Madenhire, Nyamukapa & Gregson 2011:797). Enrolled nurses, like any other health care professionals are expected to care for the patients including those living with HIV and AIDS. This study is about the experiences of enrolled nurses towards caring for people living with HIV and AIDS (PLWHA) at a rural hospital in Vhembe district.

This chapter presented the introduction to the study, problem statement, research question, research aim and objective. It also provides definition of key concepts, an overview of research methodology. It highlights ethical aspects considered and provides an overview of how other chapters are structured.

1.2 BACKGROUND OF THE PROBLEM

According to Statistics South Africa (2016:07) HIV prevalence of South Africa in 2016 was at approximately 12.75% of the total population. The total number of people living with HIV in South Africa was estimated at approximately 7.03 million in 2016. This shows that HIV prevalence is continuing to rise as in 2013, South Africa had an estimated 6.3 million people living with HIV in 2013 (Shisana, Rehle, Simbayi, Zuma, Jooste & Zungu 2014:13). In the same year, there were 330,000 new infections while 200,000 South Africans died from Acquired Immunodeficiency Syndrome (AIDS)-related illnesses. South Africa has the largest antiretroviral treatment program globally and this effort has been largely financed from its own domestic resources (Shisana et.al 2014:13). The high number of people living with HIV and AIDS indirectly implies that

some of these people may become ill and end up in the hospital being taken care of by nurses.

Due to a high number of PLWHA who are admitted in the public hospital for care, nurses experience more stress, fatigue and burnout (Campbell et al 2011:798 & Haoses-Gorases, Katjire & Goraseb 2013:90). Campbell et al (2011:798) also noticed that nurses in poor health centres feel frustrated by severe shortage of resources such as material and human resources. The shortage of resources makes it difficult for nurses to provide quality patient care (Berg & Nilsson 2015:8 & Erkki & Hedlund 2013:03).

Other stressors are negative attitudes of relatives and patients towards nurses caring for PLWHA (Ramathuba & Davhana- Maselesele 2013:09). Nurses working with PLWHA are also stigmatised and discriminated upon in the community and in health services (Ramathuba & Davhana- Maselesele 2013:09). Other factors which lead to stress among nurses caring for PLWHA is inadequate support from health care facilities management and poor remuneration (Mulaudzi, Pengpid & Peltzer 2011:27 & Ramathuba & Davhana- Maselesele 2013:09).

1.3 STATEMENT OF THE RESEARCH PROBLEM

Nursing PLWHA have diverse impact on the nurses who are directly involved in providing care. There are a number of studies conducted in South Africa on the experiences of nurses towards caring for patients living with HIV and AIDS (Ramathuba & Davhana- Maselesele 2013:10 & Haoses- Gorases, Katjire & Goraseb 2013:91). The studies conducted report diverse experiences of nurses caring for PLWHA. The experiences reported include stress and burnout, lack of support, inadequate resources and limited information. The limitations with those studies are that most of them focussed on registered nurses excluding enrolled nurses and auxiliary nurses who are mostly on the bedside of the patients. The above situations made the researcher realise

the need to conduct this study in order to understand the experiences of enrolled nurses caring for PLWHA at a rural hospital in Vhembe district of the Limpopo province.

1.4 AIM OF THE STUDY

The aim of the study was to gain an understanding on the experience of enrolled nurses caring for PLWHA in one of the rural hospital in Vhembe district in order to recommend support for those nurses.

1.5 OBJECTIVES OF THE STUDY

The objectives of the study were as follows:

- To explore the experiences of enrolled nurses with regard to caring for PLWHA in one of the rural hospitals in Vhembe district of the Limpopo province.
- To identify available support for enrolled nurses caring for PLWHA in one of the rural hospitals in Vhembe district of the Limpopo province.
- To recommend support for enrolled nurses caring for PLWHA in one of the rural hospitals in Vhembe district of the Limpopo Province.

1.6 RESEARCH QUESTIONS

The following were the questions which the study intended to answer:

- What are the experiences of enrolled nurses with regard to caring for PLWHA at a rural hospital in Vhembe district of Limpopo province?
- What types of support are provided to enrolled nurses caring for PLWHA at a rural hospital in Vhembe district of Limpopo province?
- What support is required for enrolled nurses caring for PLWHA at a rural hospital in Vhembe district of Limpopo Province?

1.7 SIGNIFICANCE OF THE STUDY

As there are limited studies on the experiences of enrolled nurses caring for PLWHA, the findings of the study shed light on what enrolled nurses' faces on day to day life when caring for PLWHA. The highlighted challenges experienced by enrolled nurses while caring for PLWHA which guided the researcher recommend support for enrolled nurses. Supported enrolled nurse would be able to offer quality patient care for PLWHA. The findings will help the policy makers in developing strategies to empower enrolled nurses rendering care to PLWHA.

1.8 DEFINITIONS OF KEY CONCEPTS

A concept is an abstraction inferred from the observation of behaviours, situations or characteristics. A conceptual definition presents the abstract or theoretical meaning of a concepts being studied (Polit & Beck 2016:722). The following are the definitions of key concepts used in this study:

1.8.1 AIDS (Acquired Immune Deficiency Syndrome) refers to the fatal disease caused by a rapidly mutating retrovirus that attacks the immune system and leaves the victim vulnerable to infections (UNAIDS 2016:02).

1.8.2 Care refers to being kind, humane or concern with looking after people or displaying warmth or feeling of affection and exhibition of empathy to others, which is most commonly used to imply its psychological and social dimensions (Livingstone 2010:63). In this study care will be focused on the attention provided by nurses to patients who are living with HIV and AIDS.

1.8.3 Enrolled nurse refers to a person who is registered in terms of section 31 of the Nursing Act 33 of 2005 and who is trained according to regulation R2175 to practice basic nursing care in the manner and to the level as prescribed (South Africa 2005:25).

The enrolled nurse in this study refers to a nurse who is providing health care to people living with HIV and AIDS.

1.8.4 Experience refers to the knowledge or skill acquired by practical or way of seeing; understanding things or the way a person views something (Oxford Dictionary 2015:210). In this study experience refers to the practical knowledge and skills derived from nursing people living with HIV and AIDS.

1.8.5 HIV (Human immunodeficiency virus) refers to either two of closely related retroviruses that invade T- helper lymphocytes and weakens the immune system, ultimately leading to AIDS (UNAIDS 2016:04).

1.8.6 Patient refers to person receiving or registered to receive medical or surgical treatment (Oxford Dictionary 2015:430). In this study patient refers to a person in need of health care who is living with HIV and AIDS and is or has been admitted in medical wards for treatment and further management.

1.9 RESEARCH METHODOLOGY

The researcher followed a qualitative approach. The study design used is Interpretative Phenomenological Analysis (IPA) design in order to understand the experiences of enrolled nurses caring for PLWHA. Data were collected using individual semi-structured interviews guided by an interview schedule from 11 purposively selected participants from a rural hospital in Vhembe district. Data was analysed using IPA framework of data analysis. More details regarding research design and methods utilised in this study is provided in chapter three.

1.10 MEASURES TO ENSURE TRUSTWORTHINESS

Grove, Burns and Gray (2009:132) define trustworthiness as a means of demonstrating the plausibility, credibility and integrity of the qualitative research process. The researcher followed the framework for ensuring trustworthiness described by Lincoln and Guba (1994) as cited in Polit and Beck (2016:747). The criteria of credibility, transferability, dependability, confirmability and authenticity were ensured in this study. The processes followed to meet these criteria are articulated in chapter 3.

1.11 ETHICAL CONSIDERATION

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to study participants (Polit & Beck 2016:727). The researcher ensured that high ethical standards were observed (Ehrlich & Joubert 2014:39). A full discussion regarding ethical aspects is provided in chapter 3.

1.12 SCOPE OF THE STUDY

The scope of the study was limited to one rural hospital in Vhembe district. Only enrolled nurses with six months and above experience of working in medical wards with PLWHA participated in the study.

1.13 STRUCTURE OF THE DISSERTATION

The research report structured according to the following chapters:

Chapter 1: an introduction and general orientation to the research report is provided with a specific focus on the following: background and problem statement. Furthermore, the research aim, objectives and research questions are presented. Key concepts used in the study are also defined. Research methodology including ethical considerations

and measures to ensure trustworthiness are highlighted. The final section of this chapter displays the structure of dissertation.

Chapter 2: Presents the literature review process and presents the findings of the existing literature related to the topic. It also presents the gaps in the literature.

Chapter 3: Presents the research design and methodology used in the study. It also highlights fully the ethical principles and measures to ensure trustworthiness followed in the study.

Chapter 4: Presents results obtained after analysis of participants transcripts.

Chapter 5: Provides a discussion of the findings in relation to existing literature, provides conclusions of the study and recommendations for supporting the enrolled nurses working with PLWHA.

1.14 CONCLUSION

This chapter provided an overview of the study and how the study is structured. The next chapter presents the process of literature reviewed relating to the study.

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

In the previous chapter, an overview of the study was presented. The background of the research was discussed; the concepts and the research approach, design and methods were highlighted. This chapter presents relevant literature reviewed in relation to the research topic which is the experiences of enrolled nurses with regard to caring for PLWHA. Taylor (2014:305) defines literature review as a synthesis of the literature that describes what is known or has been studied in relation to a particular research question or purpose. The literature review provides the reader with an overview of existing evidence and contributes to the argument for the new study (Polit & Beck 2016:114). It also determines consistencies and inconsistencies in the literature about the subject, concept or problem, as well as the need for the replication or refinement of a study. Performing a literature review synthesised the strength, weaknesses, and findings of the available studies on a topic or a problem (Polit & Beck 2016:109). Literature review helps the researcher to develop a theoretical or conceptual framework for the topic under study as stated by Brink, Van der Walt and Van Rensburg (2014:54).

This chapter provides a detailed process for literature review covering the aspects of focus question, search strategy, search profile, appraisal of identified studies, themes and sub-themes that emerged from the literature sources.

2.2 FOCUS QUESTION

According to Bryman (2007:06) focus question is a defined clear expression about an area of concern, condition to be improved upon, a difficulty to be eliminated, a troubling question that exists in scholarly literature, in theory, or within the existing practice that point to a need for meaningful understanding and deliberate investigation. Focus

question is designed to elicit information or poses a problem or situation that the reviewer will provide an answer from own knowledge, experience or imagination (Bryman 2007:07). According to Kumar (2011:41) the focus question is used to decide what the researcher wants to find out about. The focus question was formulated using Kumar's (2011:57) framework of assumptions which revolves around the four **Ps**: **P**eople (group of individuals or community); **P**roblems (to ascertain their attitude towards an issue or ascertain issues relating to their lives; **P**rogrammes (to evaluate the effectiveness of an intervention) and **P**henomena (to establish the existence of a regularity).This framework of assumptions was adopted due to its flexibility, openness, adaptability and easy to follow (Kumar 2011:57). This framework of assumptions was used together with the five "**W**s" (**W**hat, **W**hy, **W**ho, **W**hen and **W**here) in order to ensure that all aspects of the problems under investigations are considered (Bryman 2007:10). The researcher used the following focus question to guide literature search strategy: *What are the enrolled nurses' experiences of caring for people living with HIV and AIDS in hospitals?*

2.3 SEARCH STRATEGY

The researcher commenced the study at UNISA library in Polokwane where the researcher is a student. The search strategy included the use of electronic databases such as BMC Health services research, HEALTHROM, SAGE, MEDLINE and Global Sciences. The researcher was assisted in the process of searching for journals and articles by the librarian. The following search terms were used during the literature review search process: experiences, nurses, Enrolled nurses, Professional nurses, Health care services, patients living with HIV and AIDS. Combination of key terms were used following Boolean's logic which allows three types of search "AND", or "OR", and "NOT". It was done in order to identify the most relevant references, for example, "the experiences" and "enrolled nurses" were combined at some point in the search process (Gilbert 2008:73 & Polit & Beck 2016:91).

The researcher used the search strategy by Cooper (2010) as cited in Polit and Beck (2016:90).The following three approaches of search strategy were used, which is: ancestry, descendancy, and grey literature (Polit & Beck 2016:90). According to Polit and Beck (2016:90) Ancestry involves using references cited in relevant studies to track down earlier research on the same topic. Descendancy is to find a pivotal early study and to search forward in citation indexes to find more recent studies that cited the key study and Grey literature refers to studies with more limited distribution, such as conference papers and unpublished reports (Polit & Beck 2016:90).

In order to limit irrelevant sources, the researcher used set inclusion and exclusion criteria, listed below enabled the researcher to identify literature sources relevant to the study.

Inclusion criteria

- Articles on the experiences of nurses or health care workers caring for PLWHA in the health care services.
- Articles publish in English.
- Articles published from 2010-2017.

Exclusion criteria

- Articles on the experiences of nurses or health care workers caring for PLWHA outside the health care services.
- Articles not published in English.
- Articles published before 2010.

Not enough literature was located with regard to the experiences of enrolled nurses towards carrying for PLWHA. The focus was broadened to include other categories of nurses. The focus of most previous studies dwells much on the experiences of

professional and student nurses. Twenty-three articles were located that were considered relevant to the study.

2.4 APPRAISAL OF IDENTIFIED STUDIES

The identified literature sources that met inclusion criteria were evaluated in terms of their rigour, validity, reliability, dependability, and transferability as stated in Polit and Beck (2016:557-560) and Brink et al (2014:126-127). The researcher followed the stages in Guest (2012:11) for appraisal of literature sources that met inclusion criteria:

The researcher read each identified literature source several times in order to become familiar with what the data entails, paying specific attention to patterns that occur. In the process of re-reading, the researcher made notes in order to generate the initial codes by documenting where and how patterns occur. The researcher combined codes into overarching themes that accurately depict the data while describing the meaning of each theme. The researcher searched for connections across the emergent themes and refined them while merging others and refining other themes until final themes emerged.

2.5 EMERGENT THEMES

The following five themes emerged from the appraisal of literature sources reviewed:

- Overview of HIV and AIDS
- HIV as a burden to health care services
- Fear and risk of contracting HIV during patient care
- Knowledge about HIV and AIDS and attitudes
- Resources
- Supervision and support

2.5.1 Overview of HIV and AIDS

According to estimates by UNAIDS (2016:02), there were 36.7 million people living with HIV and AIDS globally at the end of 2015. That same year globally 2.1million people became newly infected and 1.1.million died of HIV-related causes. As compared to Eastern and Southern African with 19.0 million PLWHA in 2015, the following regions have the lowest number of PLWHA: Western and central Africa 6.5 million, Asia and Pacific 5.1million, Western and central Europe and North America 2.4 million, Latin America and the Caribbean 2 million, Eastern Europe and central Asia 1.5 million and Middle East and North Africa 230000 (UNAIDS 2016:02).

The new incidences of HIV in 2015 according to continents were as follows: Eastern and Southern Africa 1.1 million, Western and central Africa 530 000, Middle East and North Africa 380 000, Asia and Pacific 300 000, Eastern Europe and central Asia 200 000, Latin America and the Caribbean 120 000 and Western and central Europe and North America 97 000 (UNAIDS 2016:02). Eastern and Southern Africa are still leading in new incidences and also with the highest number of people living with HIV and AIDS (UNAIDS 2016:02).

Although Eastern and Southern Africa are still leading in the number of people living with HIV and AIDS the prevalence rate has declined as compared in 2010.There were about 40 000 fewer new adult HIV infections in the region in 2015 than in 2010, a 4% decline. More gradual declines in HIV infections were achieved in the Asia and the Pacific region, Western and Central Africa. Rates of new adult HIV infections were relatively static in Latin America and the Caribbean, Western and Central Europe, North America and the Middle East and North Africa, while the annual numbers of new HIV infections in Eastern Europe and Central Asia increased by 57% (UNAIDS 2016:10).

According to Statistics South Africa (2016:07), HIV prevalence in 2016 was at approximately 12.75% of the total population. The total number of people living with HIV in South Africa was estimated at approximately 7.03 million in 2016. Statistics in

Limpopo province has shown that 17 % of people were living with HIV and AIDS and 259227 new infections (Statistics South Africa 2016:10). Out of this number, approximately 52408 were from Vhembe district, which is 10.87% of the population of that district. Due to antiretroviral coverage, people are living longer and often frequenting the hospital under study. In one of the rural hospitals in Vhembe district of Limpopo with the usable bed utilisation rate of 79.2% and average length of stay of 4.3% days according to DHIS (2016:520), there was an estimation of 11, 45% of people living with HIV and AIDS, and this increased workload to nurses who were responsible for the provision of healthcare (DHIS 2016:521). Most of the people living with HIV and AIDS frequent the hospital as they are afraid of going to their nearest clinics for fear of being labelled names, stigmatised and fear of being known by the community as people living with HIV and AIDS (DHIS 2016:522).

2.5.2 HIV as a burden to health care services

The roll-out of Antiretroviral (ARV) medications came with its own advantages and disadvantages. The advantage is that ARV increases the life span of PLWHA, which in turn increases the prevalence of people living with HIV. The disadvantage is that the higher number of PLWHA increases the need for receiving health care services. (Zadeh, Far & Isa 2011:448). This high number of people seeking health care services increases the burden on health care services. The burden on health care service is worsened by shortage of material and human resources increase. Medical wards are always full with PLWHA and this, in turn, creates a burden on health care (Ramathuba & Davhana- Maselesele 2013:09 & Campbell et al 2011:799). Ramathuba and Davhana- Maselesele (2013:09) and Makhado and Davhana- Maselesele (2015:03) argued that more patients living with HIV AIDS are always frequenting the health care services due to HIV/AIDS- related infections and this increase the workload to nurses (Erkki & Hedlund 2013:03).

2.5.2.1 Ways of reducing burden to Nurses

It was found that by educating patients and giving counselling is most important as it makes it easy for nurses to manage patients who understand their conditions (Berg & Nilsson 2015:8). It was reported that nurses need an understanding of HIV/AIDS, knowledge of physical and psychosocial skills to provide optimal care to people living with HIV and AIDS (Haoses- Gorases, Katjire & Goraseb 2013:92).

2.5.3 Experience of stress and burnout

According to Campbell et al (2011:799) nurses' experience work-related stress. Nurses' experiences several challenges when caring for people living with HIV and AIDS, which results in workplace stress (Haoses-Gorases, Katjire & Goraseb 2013:90). It was found that nurses described that they have learned to feel the inner pain of someone, to put themselves in someone's place (Berg & Nilsson 2015:08). They also experienced stigma from being labeled as "those nursing people who are suffering from incurable diseases", have been discriminated upon in the community and in health services (Ramathuba & Davhana-Maselesele 2013:09).

Ramathuba, and Davhana- Maselesele (2013:09) argued that nurses who are caring for people living with HIV and AIDS are subject to unique sources of care giving stress such as physical and psychological issues, they develop back ache by lifting and doing position changing to bedridden patients, and psychologically they fail to cope witnessing human suffering and patients' death. Nurses can therefore feel overwhelmed or helpless and may be at greater risks for mental or physical illness (Haoses-Gorases, Katjire & Goraseb 2013:91 & Campbell et al 2011:799). Management of stress is therefore a real threat in nurses who spend their time working with people living with HIV and AIDS, dying and grieving and observe the struggles of families to survive. The nurses' welfare should be a high priority for all HIV/AIDS programmes (Mulaudzi, Pengpid & Peltzer 2011:28).

2.5.3.1 Sources of stress

Nurses suffer stress due to work loads and poor working conditions. In contrary situations that are considered to be more stressful for students nurses is when caring for people with HIV, nursing workload and the contact with the infected patients (Stavropoulou, Stroubouki, Lionaki, Lionaki, Bakogiorga & Zidianakis 2011:288). Furthermore, nurses experience shortages of staff, shortage of resources, emotional exhaustion and fatigue as they work under great pressure, meeting death and misery on daily basis without receiving encouragement, compensation or on-going training and supervision (Ramathuba & Davhana- Maselesele 2013:09). Seeing people dying of HIV/AIDS related illness on daily basis is a torture on its own for nurses.

2.5.3.2 Negative attitudes from relatives and patients

Nurses working with PLWHA experience stigma and discrimination both in the community and in health services. They are labeled as “those nursing people who are suffering from incurable diseases” (Ramathuba & Davhana- Maselesele 2013:09).The above sentiment was also anchored in a study conducted by Berg and Nilsson (2015:0 8) where it was found that negative attitudes from relatives and patients impact negatively on the provision of care. In a study conducted by Stavropoulou et al (2011: 288), it was found that student nurses are reluctant to care for people with HIV due to high levels of stigma towards nurses working with PLWHA.

It is also difficult for patients living with HIV and AIDS as they are always stigmatised in the community and in the health care institutions. This makes them have negative attitudes towards nurses as they are always labelled by names, like “those with contagious diseases” (Berg & Nilsson 2015:08).

2.5.3.3 Pressure from relatives

As the rooms where nurses consult the patients are not labelled, it is difficult for patients' relatives to realise the type and extent of medical care offered to the patients. Patients' relatives view nurses as very slow and bad leading to the portrayal of negative attitudes towards nurses (Chambers et al 2015:05). Relatives blame nurses concerned with the care of the patients as they don't know the types of disease the patient is suffering from. It is confidential and the patient is the one who must disclose his or her condition to relatives (Chambers et al 2015:06).

2.5.4 Fear and risk of contracting HIV during patient care

According to Manganye, Maluleke, and Lebese (2013:34) and Zadeh, Far, and Isa (2011:446) nurses are afraid to nurse people living with HIV and AIDS as they believe that their disease is contagious and dangerous. Nurses are afraid that they will get infected in the line of duty. Due to fear of contracting HIV from infected patients; nurses are reluctant to provide care to PLWHA. The fear may be related to lack of clear understanding of modes of infection, and method of prevention, as well as to the social stigma attached to HIV/AIDS. Fear of contagion, unpredictable illness trajectories which bring about additional challenges in the work environment, as more and more researches are done in the mode of spread it is difficult for enrolled nurses who lack the knowledge to understand the mode of spread (Marranzano, Rasusa, Platania, Faro & Coniglio 2013:09 & Berg & Nilsson 2015:10). According to Chambers et al (2015:06), nurses use excessive protection such as wearing protective clothing for general care, double gloving or placing protective covering for services that only involved casual touch. This is done because they are afraid that they may be infected by HIV (Stavropoulou et al 2011:289). Haoses-Gorases, Katjire, and Goraseb (2013:90) found that nurses who provide care for PLWHA are overwhelmed and stressed because of the shortage of personal protective equipment thus exposing them to the risk of contracting HIV. Nurses also pointed out lack of universal precautions adherence, because management fails to provide personal protective equipment as a result putting

nurses at risk of contracting occupational HIV infection (Marranzano et al 2013:11). Students' nurses also displayed fear in providing health care to patients living with HIV and, fearing that they will get infected (Philip, Chadee & Yearwood 2014:1237).

2.5.5 Knowledge about HIV/AIDS and attitudes

In the study conducted by Manganye, Maluleke and Lebese (2013:34) it was found that professional nurses are knowledgeable and are aware of the stigma and discrimination of people living with HIV and AIDS in their workplace and they also agreed that their behaviour is bad and improper towards caring for PLWHA. Professional nurses also agreed that such type of behaviour is bad for the care of PLWHA is always left in the care of junior nurses who lack knowledge and skills of HIV/AIDS and who (junior nurses) due to lack of knowledge portrays judgemental behaviours and stereotyping towards caring for people living with HIV and AIDS (Manganye, Maluleke & Lebese, 2013:35). The same sentiment was also shared in the studies conducted by Haoses-Gorases, Katjire and Goraseb (2013:90) and Ramathuba and Davhana- Maselesele (2013:09). Not knowing the mode of spread to some nurses as documented in the above studies lead to the nurses portraying negative attitudes to patients living with HIV and AIDS and labeled them as patients who are problematic, uncooperative and patients who wanted to infect them in the wards (Hassan & Wahsheh 2011:774). Coupled with inadequate training and lack of skills and preparation for their work, it is hard for nurses to display good attitude to PLWHA (Haoses-Gorases, Katjire & Goraseb 2013:91).

It was found that more than two-thirds of nurses (84%) refused to provide care to the patients living with HIV and AIDS (Hassan & Wahsheh 2011:775). As knowledge about HIV/AIDS is constantly evolving, enrolled nursing personnel need to be updated in this regard by means of continuing educational programmes. Berg and Nilsson (2015:10) mentioned that in their study none of the participants knew much about HIV/AIDS because it was not included in their training and they denied receiving any in-service education on the subject since being in the workplace. The same views were found in

the study conducted by Haoses- Gorases, Katjire and Goraseb (2013:94) that the little information nurses knew about HIV/AIDS had been gleaned from peers, newspapers, radios and magazines. In the study conducted by Zadeh, Far and Isa (2011:446) it was found that nurses who have bachelor degrees are knowledgeable when it comes to HIV/AIDS and enrolled nurses have misconceptions about HIV detection from human biological specimens, such as oral secretion, urine tear and sweat (Marranzano et al 2013:09). Students also display negative attitudes, stigma, and discrimination towards people living with HIV and AIDS (Philip, Chadee & Yearwood 2014:1237).

2.5.5.1 Training and development of nurses

In the study conducted by Ramathuba and Davhana- Maselesele (2013:09) it was mentioned that nurses are reluctant to provide nursing care to PLWHA as a result of lack of knowledge and understanding of HIV/AIDS. Knowledge plays an important role in nurses, which results in workplace stress (Haoses-Gorases, Katjire & Goraseb 2013: 90). Student nurses in the study conducted by Stavropoulou et al (2011:288) are of the view that education is an important factor for improving communication between health professionals and patients. Students' nurses also expressed interest in gaining additional training related to HIV context (Stavropoulou et al 2011:288). Enrolled nurses have no access to policy and guidelines documents for HIV/AIDS management, some don't understand the management of HIV/AIDS as they are not trained when doing their training and only professional nurses are trained (Mulaudzi, Pengpid & Peltzer (2011:31). According to Stavropoulou et al (2011:288), education and knowledge have been identified by student nurses as the most important factor for the treatment of people infected with HIV in order to avoid misconceptions.

Lack of education is identified as one of the major causes of fear, negative attitudes and reluctance to care for people with HIV and AIDS. On the other hand, it is reported that knowledge about the disease and understanding of patients' needs, can result in more positive attitudes towards caring and provision of non-judgemental quality care towards people living with HIV and AIDS (Stavropoulou et al 2011:289).There should be on-

going training and supervision of enrolled nurses so that they can provide quality nursing care to people living with HIV and AIDS (Ramathuba & Davhana- Maselesele 2013:10). Enrolled nurses do not use gloves routinely when handling biological specimens as of potentially HIV-positive due to lack of knowledge and not trained in the management of HIV/AIDS (Marranzano et al 2013:05).

Berg and Nilsson (2015:10) also reported that in their study none of the participants knew much about HIV/AIDS because it was not included in their training and they denied receiving any in-service education on the subject since being in the workplace. Judgemental, stigma and blame was more evident to nurses who have no formal training in HIV/AIDS towards people who got infected following intravenous drug use (Gutierrez 2014:91).The little they know about HIV/AIDS had been garnered from peers, newspapers or internet. According to the study conducted by Marranzano et al (2013:05), it was found that enrolled nurses who have undergone HIV/AIDS-specific training are more aware of universal precautions for preventing the risks of occupational HIV transmission.

2.5.6 Resources

It is mandatory according to the Constitution of the Republic of South Africa (1996) that the government has the responsibility to provide health care services to its entire citizen as their right without failure. Out of the literature sources reviewed two types of resources are needed for the realization of the above, which are human and material resources.

2.5.6.1 Shortage of human resources

Due to shortage of staff and large number of people living with HIV and AIDS, nurses encountered burnout syndrome as found in a study conducted by Campbell et al (2011:798) as there is always shortage of staff with the management doing nothing about the issue, that is management is not hiring nurses in order to curb the problem

(Zadeh, Far, & Isa 2011:450). According to Amakali (2013:56) staff shortage in Namibia has been intensified by the increase in hospital visits of people suffering from opportunistic infections as a result of HIV/AIDS. Berg and Nilsson (2015:08) and Erkki and Hedlund (2013:03) also support the above studies that there is shortage of staff, which increases the rate of absenteeism as the workload is very high, which made it difficult for nurses to provide quality patient care, because nurses are always stressed by workload and shortage of staff, whereas patients are many ((Mutenwa, Mayhew, Colombini, Busza, Kivunaga & Ndwiga 2013:08). Students nurses also argued that several improvements are needed in the working condition, which is human resources (that is the hiring of more nurses should be of paramount important) in order to afford nurses to provide quality patient care (Campbell et al 2011:798).

2.5.6.2 Lack of material resources

It was also noticed that nurses in poor Zimbabwean health centres feel frustrated by a severe shortage of resources that need to be solved in order to enable nurses to proceed in delivering high-quality care for people living with HIV and AIDS. In contrast with the above statement from the same study, some nurses are willing to care for people living with HIV and AIDS, regardless of the working conditions they found themselves in (Campbell et al 2011:797). Due to the shortage of resources, they will be unable to provide proper care which will lead to more complications and recurrent infections to the patients and resulted in them always frequenting the hospital more often or staying longer than expected (Ramathuba & Davhana- Maselesele 2013:09 & Campbell et al 2011:798). Shortage of personal protective material is a hindering factor in the provision of quality patient care as enrolled nurses are afraid to contract HIV/AIDS and this leads to the provision of sub-standard medical care (Marranzano et al 2013:06 & Berg & Nilsson 2015:10).

Berg and Nilsson (2015:08), Erkki and Hedlund (2013:03) and Mutenwa et al (2013:08) found that there is a shortage of resources, for instance, medication, pharmaceutical supplies and protective equipment, which made it difficult for nurses to provide quality

patient care. The same sentiment was echoed by Feyissa, Abebe, Girma and Woldie (2012:05) who also found a shortage of laboratory reagents and drugs (ARVs). It was also argued that several improvements are needed in the working condition, regarding material resources, in order to afford nurses to provide quality patient care (Campbell et al 2011:799).

2.5.7 Supervision and support

Lack of support from the management contributes to the provision of sub-standard care as mentioned by some of the nurses in a study conducted by Haoses-Gorases, Katjire, and Goraseb (2013:91). It is difficult to provide optimal health services to patients living with HIV and AIDS. In the study conducted by Mulaudzi, Pengpid, and Peltzer (2011:27) it was revealed that nurses who are demotivated and not appreciated for what they are doing will never strive for quality in the health care delivery system. It was also stated that health care facilities in which staff exhaustion is ignored can expect negative outcomes in staff morale, in working atmosphere and in quality care (Haoses-Gorases, Katjire & Goraseb 2013:91). In such cases, social support, assistance with problem-solving and appropriate management style can reduce stress related to leadership and management (Haoses-Gorases, Katjire & Goraseb 2013:91). The same view was also echoed by Ramathuba and Davhana- Maselesele (2013:09) and Mulaudzi, Pengpid and Peltzer (2011:27) that Nurses work under the stressful condition without receiving encouragement, compensation or on-going training and supervision.

According to Makhado and Davhana- Maselesele (2015:03) it was found that nurses need support which includes educational, organisational with respect to employee wellness programmes that address depression and work burnout as well as social support. According to Feyissa et al (2012:05), HIV related protocols were available only to those health care providers who are trained in HIV/AIDS programmes. It was also found that there were no policies specifically dealing with PLHIV in their health care environment which includes stigma and discrimination (Feyissa et al 2012:05). General Nurses do not always receive the necessary support from management and colleagues

when providing care to mentally ill patients who are living with HIV (Chorwe–Sungani, Shangane & Chilinda 2013:38).

2.6 GAPS IN THE LITERATURE

Little is known about the experiences of enrolled nurses caring for PLWHA. The literature reviewed focused much on other categories of nurses other than enrolled nurses. Only one article focused on enrolled nurses was found and reviewed (Marranzano et al 2013:06). The other gap is not using literature from 2010 and below which also restricted the researcher from getting information from articles published in 2010 and before. The other gap identified was the number of participants which doesn't necessarily reflect the majority of enrolled nurses under study, but this was done because in qualitative research using interpretative phenomenological analysis design the study usually involves smaller samples often ten or smaller than ten (Polit & Beck 2016:499).

2.7 CONCLUSION

The literature reviewed dwells much on other categories of nurses, for example, professional nurses and students' nurses, other than enrolled nurses. Only one literature source was found which addresses the experiences of enrolled nurses as little is not known about the topic. This chapter presented a literature review on the experiences of enrolled nurses towards caring for PLWHA, covering aspects such as focus question, search strategy, appraisal of identified studies, themes and sub-themes that emerged from the literature sources. In the next chapter, the research methodology will be discussed.

CHAPTER 3

METHODOLOGY

3.1 INTRODUCTION

The previous chapter presented literature review related to the study topic and objectives. This chapter focuses on research methodology. Research methodology is a theory of how research proceeds (Braun & Clarke 2013:333). This research methodology chapter presents the paradigm, research approach, and design used in this study. The chapter further presents methods and procedures used in the study, including setting, the population and sample, data collection procedures and data analysis. Measures to ensure trustworthiness of the research findings and the ethical aspects are also discussed.

3.2 RESEARCH PARADIGM

Polit and Beck (2016:738) define paradigm as a way of looking at natural phenomena. These authors mentioned that a paradigm is a world-view, which encompasses a set of philosophical assumptions that guide one's approach to inquiry in a constructive way. According to Kuhn's (1970) as cited in Bryman and Bell (2014:19), a paradigm is a cluster of beliefs and dictates which is for scientists in a particular discipline influence what should be studied, how research should be done and how results should be interpreted.

The researcher followed Interpretivism paradigm. This paradigm originates from phenomenology and sociology (Green & Martelli 2015:22). Interpretivist focuses on the actions of the individual and culturally derived and historically situated interpretations of the social life-world (Gray 2014:23). Interpretivist assumes that people are social actors in their environment and thus promote the idea that subjective thought and ideas are valid. The researcher followed interpretivism paradigm as she wanted to have an in-

depth understanding of the lived experiences of enrolled nurses regarding the care for PLWHA in the rural hospital at Vhembe district.

3.3 RESEARCH APPROACH

According to Polit and Beck (2016:743), research approach is a plan and the procedure for each research, which span the steps from broad assumptions to detailed methods of gathering data, analysis, and interpretation in a systematic fashion. As the researcher used interpretivism paradigm, a qualitative approach was used. According to Bryman and Bell (2014:31), qualitative approach usually emphasises words rather than quantification in the collection of data and analysis of data. It also rejects the practices and norms of a natural scientific model and of positivism in particular, in preference for an emphasis on the ways in which individuals interpret their social world and view social reality as both constantly shifting and emergent, as interpreted by individuals. According to Ehrlich and Joubert (2014:349), the qualitative study aims at a deeper understanding of people's feelings, beliefs, and values, especially by interpreting behaviour and use of words. It is useful for researching the humanity of health care and also valuable in investigating how and why existing services are ineffective, inefficient or inequitable. Qualitative research also helps the researcher to find out why certain behaviours occur or why people hold specific views of a phenomenon (Ehrlich & Joubert 2014:349).

According to De Vos, Strydom, Fouche, and Delport (2011:132) and Polit and Beck (2016:463), a qualitative approach is the only method used in order to get an in-depth sense of what people think of a particular object or event. The researcher used qualitative approach in order to gain an in-depth understanding of enrolled nurses' experiences of caring for PLWHA. According to Polit and Beck (2016:463), qualitative research is the investigation of a phenomenon, typically in an in-depth and holistic fashion, through the collection of rich narrative materials using a flexible research design. The in-depth probing inherent in qualitative approach is very useful in bringing an awareness on the phenomena of which little is known. As there are limited studies published focusing on the experiences of enrolled nurses caring for PLWHA, a

qualitative approach was considered most suitable than other approaches such as quantitative (Polit & Beck 2016:463).

3.3.1 Research design

According to Polit and Beck (2016:743) and Langford and Young (2013:86) research design is an overall plan for addressing a research question, including specifications for enhancing the integrity of the study. Research design provides the structure that guides the use of a research method and the analysis of the subsequent data (Bryman & Bell 2014:100). The researcher followed phenomenological design, focusing specifically on an interpretative phenomenological analysis (IPA). According to Smith, Flowers, and Larkin (2009:15), interpretative phenomenological analysis is a qualitative research design committed to the examination of how people make sense of their major life experiences in their own terms.

The interpretative phenomenological analysis design is a double hermeneutic approach as both the researcher and the participants' interpretation is needed because is not possible to directly access a person's life-world (Smith et.al 2009:03). Double hermeneutic is also associated with a hermeneutic circle where one understands the whole of a text in terms of its part and the parts in terms of the whole, where a researcher enters into a dialogue with the text, in which the researcher continually questions its meaning (Polit & Beck 2016:472). In interpretative phenomenological analysis study, bracketing does not necessarily occur as it is impossible to bracket one's being in the- world (Polit & Beck 2016:472). The goal of IPA research design is to enter another's world and to discover the practical wisdom, possibilities and understandings found there (Polit & Beck 2016:472).

The interpretative phenomenological analysis is more concerned with the understanding of personal lived experience and thus exploring person's relatedness to or involvement in a particular event or process (Smith et al 2009:15). Interpretative phenomenological analysis design focuses on the subjective experiences of a person in regard to certain

phenomena, as well as how they interpret the experiences. In describing the lived experiences the researcher focused on what was happening in the life of an individual, what was important about the experience and what alterations can be done (Brink at el 2014:113). The researcher found Interpretative phenomenological analysis design as most appropriate as the researcher explored, described and interpreted the experiences of enrolled nurses with regard to caring for PLWHA. The researcher's interest was not only to understand the enrolled nurses' experiences but also how the enrolled nurses interpret their experiences. As the researcher believes that people, who experienced the situation, are the best in suggesting the solutions, which is also inherent in IPA, the researcher used this design in order to explore the possible alterations, or solutions to enhance the experiences of enrolled nurses in their interaction with PLWHA.

3.4 RESEARCH METHODS

3.4.1 Setting

The study setting refers to the physical location and the conditions in which data collection will take place in a study (Polit & Beck 2016:744). For the qualitative study, the researcher mostly collects data in a real world, naturalistic setting (Polit & Beck 2016:464). The study was conducted in one of the district hospitals in Vhembe district of the Limpopo Province. According to Statistics South Africa (2016:07), HIV in Limpopo province has shown that 17 % of people were living with HIV and AIDS and 259227 new infections. Out of this number, approximately 52408 were from Vhembe district, which is 10.87% of the population of that district. Due to antiretroviral coverage, people are living longer and often frequenting the hospitals. In one of the rural hospitals in Vhembe district of Limpopo with the usable bed utilisation rate of 79.2% and the average length of stay of 4.3% according to DHIS (2016:520), there was an estimation of 11, 45% of people living with HIV and AIDS. Most of the people living with HIV and AIDS frequent the hospital as they are afraid of going to their nearest clinics due to fear of being labeled, stigmatised and being known as people living with HIV and AIDS by the community (DHIS 2016:521).

The hospital has two general medical wards (male and female), Paediatric, Maternity, Psychiatric ward, Theatre, Outpatient, Casualty departments, TB and Step-down wards. The hospital has 350 active beds. It serves more than 472276 people from Vhembe district. Who is mostly coming from middle to low-class background? Most of the population rely on pension and child grant. The hospital was selected as a study site because the statistics have revealed that 15% of the population utilising it are living with HIV and AIDS (DHIS 2016:522).

3.4.2 Population

According to Polit and Beck (2016:739) population is the entire set of individuals or objects having some common characteristics or is the entire aggregation of cases in which a researcher is interested (Polit & Beck 2016:249). Population sets boundaries on the study units and also refers to individuals in the universe who possesses the specific characteristics (De Vos et al 2012:223). The population of this study consisted of all enrolled nurses working in the selected rural hospital in Vhembe district of Limpopo province. According to Vhembe District Health Information system (DHIS 2016:522), the hospital has 85 enrolled nurses.

3.4.3 Sample and sampling methods

A sample is subsets of population elements (humans), which are the most basic units about which data are collected (Polit & Beck 2016:250). According to Bryman and Bell (2014:170), a sample is the segment or subset of the population that is selected for investigation. The process of selecting the sample is called sampling, which is a process of selecting cases/participants to represent an entire population (Polit & Beck 2016:250).

In this study, purposive sampling was used to select participants. According to Ehrlich and Joubert (2014:354), purposive sampling is when the researcher deliberately chooses respondents or settings in order to ensure that the sample covers the full range

of possible characteristics of interest. Purposive sampling is used in order to get participants who are knowledgeable and experienced about the phenomena under study in order to answer the research question (Polit & Beck 2016:254). In purposive sampling, participants are selected because of some defining characteristics that make them the holders of the data needed for the study in order to obtain the richest possible source of information to answer the research questions. These characteristics are known as eligibility criteria. Polit and Beck (2016:727) define eligibility criteria as the specific attributes of the target population by which people are selected for inclusion in a study. The researcher used enrolled nurses as they were believed to have rich information which can address the phenomenon under study and answers the research question, aim and objectives of the study.

Inclusion criteria

Not all enrolled nurses were included in the study; some were excluded as they did not meet inclusion criteria. Inclusion criteria specify the population characteristics for inclusion in the study (Polit & Beck 2012:274). The following were the eligibility criteria for this study:

- Trained according to rule R2175 of the South African Nursing Council Act no 33 of 2005.
- Enrolled with the South African Nursing Council as an enrolled nurse.
- Worked in the medical wards for at least six months and nursed PLWHA.

Exclusion criteria

Exclusion criteria are characteristics that can cause a person or element to be excluded from participation in a study (Grove, Burns & Gray 2013:353). The following were the exclusion criteria for this study:

- Not trained according to rule R2175 of the South African Nursing Council Act no 33 of 2005.

- Not yet enrolled with the South African Nursing Council as an enrolled nurse.
- Worked in the medical wards for less than six months
- Never nursed PLWHA.

As there are less than 50 enrolled nurses in medical wards working in the hospital, information leaflets were distributed to all of them. The information leaflet contains the purpose of the studies, relevant ethical aspects, and the inclusion criteria. The researcher requested those who were willing to participate and meet inclusion criteria to contact the researcher in order to make an appointment regarding interview date, time and venue. For those who were not responding the researcher has made an individual follow-up.

The sample size was 11 participants which were determined by data saturation (Ehrlich & Joubert 2014:354). According to Polit and Beck (2016:499), qualitative research studies using interpretive phenomenological analysis design usually involves smaller sample often 10 or fewer sizes than quantitative research studies. This is because the aim of most qualitative studies is to discover “meaning” and to uncover multiple realities, not to generalize the findings to a target population (Polit & Beck 2016:491).

3.5 DATA COLLECTION

Data collection is the gathering of information in order to address a research question (Polit & Beck 2016:725). Grove, Burns, and Gray (2013:691) define data collection as a precise, systematic gathering of information relevant to the research purpose, study objectives, questions or hypotheses of a study. In this section, the researcher discusses the data collection instrument and data collection process followed in this study.

3.5.1 Data collection instruments

Data collection was guided by the use of an interview guide. Interview guide developed was consisting of open-ended questions as stated in Polit and Beck (2016:270). To develop the questions, the researcher used the objectives and the research questions. The initial questions developed were piloted through interviewing one enrolled nurse, transcribed the interview and submit to the supervisor. The length of the transcript was only one and a half page. The supervisor gave comments for the questions to be revised as they were more leading questions. The researcher revised the interview guide based on supervisor's comments and interviewed another enrolled nurse and resubmit to the supervisor. The final interview guide was consisting of the core question and probing questions as indicated in Appendix 8

3.6 DATA COLLECTION PROCEDURES

All participants who met the inclusion criteria and agreed to participate in the study were contacted telephonically prior to the interview sessions, preparing them for the actual interview and clarification of questions (Polit & Beck 2016:140). The interviews were conducted at the place and time determined by the participants. Those who preferred to be interviewed in the workplace, the interviews were conducted in the office of the researcher on weekends, during relatives visiting hours when the nurses were less busy or after working hours to avoid compromising service delivery. Those who preferred to be interviewed in their own homes, when they were officially off to ensure privacy and to minimize disturbance, their wishes were adhered to. Four participants were interviewed at their own homes while seven were interviewed in researcher's office. Before starting the interview, the researcher re-explained the ethical aspect such as confidentiality, the purpose of the study, issues of benefit, voluntary participation and the right to withdraw without giving any reason. They were also allowed to ask any questions for clarification. When they were satisfied, they signed informed consent. Permission for audio recording the interview was also obtained from each participant as recommended by Ehrlich and Joubert (2014:37).

Before continuing with the interview with each participant, the researcher first recorded the initial conversation for at least two minutes and immediately listened to the recording in order to make sure if it is recording properly. The researcher used interview guide consisting of open core question and probes to guide semi-structured individual interviews (Appendix 8). A semi-structured interview was used to guide data collection. According to De Vos et al (2011:189) semi-structured interview is defined as that interview organized around areas of particular interest, while still allowing considerable flexibility in scope and depth. Open-ended questions were used because they allowed for a richer and fuller perspective on a topic. These types of questions also give allow spontaneity and freedom to elaborate (Polit & Beck 2016:270). The following core question was used to initiate the conversation: “May you kindly share with me your experiences regarding care of patients living with HIV and AIDS?” When the participant responds, the researcher used minimal encouragers and probes to allow the participants to talk more. The researcher also used prompts such as “what do you mean?”, “kindly elaborate further”, How does that make you feel?” what does that mean to you”, what might be the reason for that”. That was done to allow further verification and input by the participants.

The researcher always maintained good communication skills and respected all participants throughout the interview process. Field notes were taken to ensure that the researcher record what she has heard, seen, thought and experienced which cannot be audio recorded (Polit & Beck 2016:508). This was done to enhance the electronic recording of the interviews. After each interview, data were transcribed and analysed because, in IPA, data collection and analysis are done iteratively (Smith et al 2009:79). The interview was continued with every participant until each participant had exhausted all the explanation of their experiences which was shown by repetition of what they have already mentioned. The interview sessions for each participant lasted for about 45 to 60 minutes. The process of interview continued until data saturation has been reached. Data saturation was reached after interviewing participants number nine. However, the researcher continued to interview three more participants hoping that maybe something new will come out of the interview. After participant 11, the researcher was satisfied that

data saturation was definitely reached. The process of analysis will be discussed fully in the next section.

3.7 DATA MANAGEMENT AND ANALYSIS

It is important to ensure that data collected is well managed and properly analysed. This section highlights data management and data analysis process.

3.7.1 Data management

Safety of data is important in ensuring confidentiality (Polit & Beck 2016:147). The audio recorded interviews were copied to external hard drive as audio to avoid leaving it in the digital recorder which is used by several people in the hospital. The audio recordings were transcribed within 48 hours after each interview. Transcripts were only identified by codes. After analysis of each transcript, the transcripts were also kept safely by the researcher and only the researcher and the supervisor have access to ensure confidentiality. All the signed consent forms are kept under lock and key separately from the transcripts so that people cannot link the names of participants and transcripts.

3.7.2 Data analysis

Data analysis is a systematic organization and synthesis of the research data (Polit & Beck 2016:535). Qualitative data analysis is constructionist because it involves putting segments together into meaningful conceptual patterns (Polit & Beck 2016:535). In qualitative research, data analysis is conducted concurrently with data collection (Smith et al 2009:79 & Polit & Beck 2016:530). According to Bryman and Bell (2014:42), data analysis in IPA is when researching the world through the eyes of those with direct lived experience to discover how they interpret their experiences and make sense of their world. The purpose of data analysis is to organize, provide structure to, and elicit meaning from data. In IPA, the search for important themes and concepts begins from the moment data collection begins. Data collected was analysed manually using IPA

framework for data analysis (Smith et al 2009:82; Bryman & Bell 2014:336). The processes of analysis using this framework were as follows:

- Top quality recording equipment was used together with field notes for verbatim transcriptions of recordings in order to increase the accuracy of data collected (Polit & Beck 2016:531).
- Reading and re-reading of each transcript and field notes while coding and categorising for themes (Smith et al 2009:82). According to Bryman and Bell (2014:336) coding is the starting point for most form of qualitative data analysis and it implies that the coded data will not be presented in the original format but will be interpreted by the researcher.
- Searching for connections across emergent themes.
- Clustering the themes which are similar to super-ordinate themes.
- Development of a master table of themes containing super-ordinate themes, sub-themes, and quotes from the transcript.
- Samples of recorded interviews and field notes were transcribed and analysed by an independent researcher and coder who is an expert in qualitative data to ensure conformability. This was done to ensure the researcher reliability of the coding by having another person coding the same data and then by checking for agreement (Brink et. al 2014:185). Trustworthiness of the data was ensured by the researcher by returning to each participant and asked them if the exhaustive description reflected their experiences. The description of the data was revised to ensure that there is no ambiguity, unclearness, and misinterpretation. Validity check was done to ensure that the themes are relevant to the data collected (Polit & Beck 2016:509).
- After the above process, the researcher developed a single master table of themes from the master table of themes of individual transcripts.

The following three super-ordinates themes emerged from the data analysis were discussed in chapter four with participants' narratives extracts:

- Resources
- Support
- Impact of working with HIV positive patients

3.8 ETHICAL CONSIDERATIONS

Ethics is a system of moral values that is concerned with the degree to which research procedures adhere to professional, legal and social obligations to study participants (Polit & Beck 2016:727). The researcher acknowledged the following ethical principles:

3.8.1 Protecting the rights of the institution involved

Before conducting the study, the proposal to conduct the study was submitted to the Department of Health Studies, University of South Africa Research Ethics Committee for ethical clearance and approval was granted (see Appendix 1: Ethical Clearance Certificate). Permission was also sought and obtained from the Limpopo provincial department of health (see Appendix 3). Separate permission was also granted by the chief executive officer of the hospital, hospital nursing manager and operational managers of the wards (see Appendix 4), The names of the hospital and that of participants (Enrolled nurses) were protected in order to ensure confidentiality of the institution (Polit & Beck 2016:147).

3.8.2 Informed consent

Ehrlich and Joubert (2014:37) define informed consent as the ethical principle of voluntary participation and protecting participants from harm. The participants' right to make an informed and voluntary decision about the study participation requires full disclosure (Polit & Beck 2016:143). According to Royse cited in De Vos et.al (2011:17)

obtaining informed consent implies that all possible or adequate information on the goal of the investigation, the expected duration of the participants involvement, the process which will be followed during the investigation, the possible advantages, disadvantages and dangers to which participants may be exposed, as well as the credibility of the research, be rendered to potential participants or their legal representatives.

The researcher explained the purpose and nature of the research to the participants (see Appendix 06: Information leaflet) what would be expected from them and how the results would be used. The participants were also informed about their rights. The participants were told that by agreeing to participate they had the right to withdraw from the study at any time without giving the reason. Participants were also informed that they will not be enumerated for participating in the study. They were also informed of the potential risk of participating in the study such as being emotionally affected. To curb that, participants were informed that they should not answer any question they felt uneasy or uncomfortable with (Polit & Beck 2016:143). However, should they become emotionally affected; they will be referred for counselling in case that occurs. This process provided enrolled nurses with enough detail to exercise a rational decision to participate before signing an informed consent. The researcher also disclosed that there would be no discrimination, intimidation or duress against those who did not wish to participate in the study. The possible risk was disclosed.

3.8.3 Privacy

Privacy means that the personal information which could make the person identifiable is not shared with any person (Polit & Beck 2016:141). According De Vos et al (2012:119) privacy is to keep to oneself that which is normally not intended for others to observe or analyse. Interviews were conducted in a safe and private area where other people could not hear the conversations. The researcher did not mention the names or identities of the participants but only used codes such as P1 until P11 for participants instead of using participant's name. Raw data such as audio recordings and signed consent forms were stored in a locked cupboard which only the researcher has access to.

3.8.4 Confidentiality

Confidentiality means that information provided by participants; particularly sensitive and personal information should be protected and not made available to anyone other than the researcher (Polit & Beck 2016:147). The researcher assured participants that information would only be kept safe and in strictest confidence protected from other people and that information would only be disclosed through participants' permission. Information obtained about research participation during the cause of the study investigation was confidential unless otherwise agreed upon in advance. All recorded interviews and written demographic data that could identify the participants were stored safely in a locked cupboard (Polit & Beck 2016:147).

3.8.5 Justice

Justice is concerned with the equitable distribution of benefits and burden of research (Polit & Beck 2016:141). Participants were selected based on the study requirements and not on a group's vulnerability. The researcher selected the participants with fairness. The researcher asked only the information related to the study.

3.8.6 Respect for human dignity

The researcher maintained the participants' right to self-determination when obtaining written consent to participate in the study. The researcher ensured that the participants understand their voluntary freedom to participate and their freedom to withdraw from the study at any stage without being questioned or need to explain the reason for withdrawal. The researcher communicated with the participants in a respectful way. Participants were provided freedom not to respond to any question which they felt uncomfortable. (Polit & Beck 2016:140).

3.8.7 Beneficence

Beneficence is concerned with the minimisation of harm and maximising the benefits to the participants (Polit & Beck 2016:139). The researcher maintained this ethical principle throughout the research process. The researcher referred participants in need for debriefing during the process and on completion of the research. The researcher avoided causing intentional emotional and psychological discomfort to all participants by being empathetic and transparent (Polit & Beck 2016:139).

3.9 MEASURES TO ENSURE TRUSTWORTHINESS

According to Polit and Beck (2016:747) trustworthiness is the degree of confidence used by qualitative researchers in their data collection and analysis. Trustworthiness is assessed by the criteria of credibility, transferability, dependability, confirmability, and authenticity (Polit & Beck 2016:559). To ensure trustworthiness, the researcher also followed these five criteria.

3.9.1 Credibility

Lincoln and Guba (1994) as cited in Polit and Beck (2016:559) viewed credibility as an overriding goal of qualitative research. It refers to confidence in the truth of the data and interpretations of those data. According De Vos et al, (2012:419) credibility is to demonstrate that research was conducted in such a manner as to ensure that the participants are accurately identified and described. To ensure credibility, the researcher has fully described the setting and the study participants. Interviews were audio recorded and transcribed verbatim to ensure proper capturing of participants voices. Recoding of the transcripts was also coded by an independent coder who is an expert in qualitative research for validation of super-ordinates, themes, and sub-themes. Participants' excerpts are used in the discussion of the results to show the source of the theme (Polit & Beck 2016:559).

The following steps for demonstrating credibility in research report were followed:

3.9.1.1 Member checking

Member checking is when the researcher provides feedback to all participants about the emerging interpretations in order to obtain participants' response to the findings. This is done to check if the participants agree that the results reported are the true representatives of what transpired during the interview (Polit & Beck 2016:564). Member checking was carried through data collection process by deliberate probing to ensure that participants' meanings were understood Participants confirmed the accuracy of data to ensure its credibility.

3.9.1.2 Prolonged engagement

Prolonged engagement is the investment of sufficient time collecting data to have an in-depth understanding of people under study, to test for misinformation and distortions, and to ensure saturation of key categories (Polit & Beck 2016:561). It is also essential for building trust and rapport with informants, which in turn makes it more likely that rich, detailed information will be obtained (Polit & Beck 2016:561). The researcher first met with the participants as a group when recruiting them to participate in the study. This was followed by telephonic conversation and then face to face individually before the actual data collection to share information about the research to be conducted. This was done to allay anxiety and to build rapport with the participants. Each participant's interview lasted for about 45 to 60 minutes to ensure adequate time of engagement.

3.9.1.3 Triangulation

According to Silverman (2001) cited in Ehrlich and Joubert (2014:356) triangulation method compares the results using any number of multiple referents to see if they complement each other. In this research data was collected from different participants with the aim of validating data through multiple perspectives on the phenomenon (Polit

& Beck 2016:563). Study participants included enrolled nurses who were trained only as enrolled nurses directly from schools and those who stared their training first as assistant nurses before training as enrolled nurses. Field notes were also taken to complement data collected through interviews. In this research, triangulation was used to cross-check findings of the study in order to ensure credibility (Bryman & Bell 2014:45).

3.9.1.4 Peer Debriefing

According to Polit and Beck (2016:568), it involves sessions with peers to review and explore various aspects of the inquiry. In ensuring that, the researcher discussed the emerged themes with other students who are also doing masters for comments and feedback before sending written summaries and taped interviews of data, emergent categories and themes and interpretations of data to the supervisor.

3.9.2 Transferability

Transferability refers to the potential for extrapolation, that is, the extent to which findings can be transferred to or has applicability to other settings or groups (Polit & Beck 2016:560). This process is done through ensuring that theoretical parameters of data collection and analysis are followed (De Vos et.al 2012:420). To ensure transferability, the researcher has described the study design, setting, the study participants, and data collection and analysis process properly.

3.9.3 Dependability

According to Polit and Beck (2016:559) dependability refers to the establishment of data over time and conditions. The researcher maintained the dependability of data to ensure that if the study repeated with the same participants and in the same context will yield similar results or findings. The researcher conducted a pilot study prior to collecting data in order to assess as to whether the research question will be answered by the

participants. All participants were asked the same questions using interview guide in this study.

3.9.4 Confirmability

Confirmability refers to objectivity, that is, the potential for congruence between two or more independent people about the data's accuracy, relevance or meaning (Polit & Beck 2016:559-560). According to Taylor (2014:205) and De Vos et al (2012:421) confirmability refers to the study in which results can be confirmed by others. To ensure that the researcher makes sure that findings reflected the participants' voices and the conditions of the inquiry and not the researcher's biases or perspectives through using an independent coder and also through member checking (Polit & Beck 2016:559-560).

3.9.5 Authenticity

Authenticity is the extent to which researchers fairly and faithfully show a range of realities. Authenticity emerges in a report when it conveys the feeling tone of participants' lives as they are lived (Polit & Beck 2016:560). The researcher portrayed the experiences the participants are facing on day to day life when caring for people living with HIV and AIDS in a public hospital through the audio recording of interviews, writing of fields notes and using verbatim quotations from participants when presenting the results. An Independent coder re-coded the results. The verbatim transcripts and audio recordings are kept safe and can be requested by an authorised person in case there is a need of validating the results.

3.10 RESEARCH MISCONDUCT

According to Polit and Beck (2016:153), research misconduct is viewed as fabrication, falsification or plagiarism in proposing, performing, or viewing research, or in reporting research results. The researcher acknowledged all academic work of other researchers used in the form of references both in text and reference list. Ethical issues and

research conduct were taken into consideration by the researcher throughout the study process.

3.11 CONCLUSION

This chapter described the research design and method of the study. The information discussed included the instrument used for data collection, the procedure for data collection and analysis. Ethical considerations of the study were also discussed. The next chapter will present the results that emerged from data analysis and the findings of the study.

CHAPTER 4

RESULTS

4.1 INTRODUCTION

Chapter 3 focused on research methodology with the main focus on research approach and research design. The study setting, population, sample, data collection and data analysis were also presented. Ethical aspects and measures of ensuring trustworthiness of the study were fully addressed in the previous chapter. This chapter presents the findings which emerged from data analysis process discussed in the previous chapter. The first section of this chapter presents the biographical data of participants while the second section discusses the results according to super-ordinate themes, themes, and sub-themes that emerged from data analysis.

4.2 DEMOGRAPHIC DATA OF THE PARTICIPANTS

This section deals mainly with the information concerning demography of the study participants which is displayed in table 4.1. The names of the participants were not used in the study; participants were referred as P1, P2 and so forth. The information included was the participants: age, gender, ward, qualifications and years of experience. It was provided so that the readers would understand the sources of the data. The researcher provided the demography in order to ensure transferability of the findings to other settings similar to the one studied (De Vos et al 2012:420).

KEY: R2176 = South African Nursing Council Regulation for a course leading to enrolment as a Nursing Auxiliary.

R2175 = South African Nursing Council Regulation for a course leading to enrolment as a Nurse

F/Medical = Female Medical

M/Medical = Male Medical

Table 4.1 Demographic data of the participants

Participants	Age	Gender	Ward allocated	Years of experience	Qualifications
P1	48	Female	F/Medical	12	R2176 ,R2175
P2	34	Female	F/Medical	08	R2175
P3	33	Male	M/Medical	04	R2175
P4	40	Female	M/Medical	08	R2176,R2175
P5	51	Female	M/Medical	14	R2176,R2175
P6	51	Female	F/Medical	10	R2176,R2175
P7	30	Female	F/Medical	04	R2175
P8	29	Female	F/Medical	03	R2175
P9	37	Female	F/Medical	06	R2176,R2175
P10	37	Female	M/Medical	04	R2176,R2175
P11	35	Female	M/Medical	05	R2176,R2175
Participants Total number= 11	**Age** 20-30= 2 31-40= 6 41-50= 1 51-60= 2	**Gender** Male= 1 Females=10	**Ward** M/Medical = 5 F/Medical= 6	**Experience in years** 3- 5= 5 6- 10= 4 11-15= 2	**Qualifications** Single = 4 Both = 7

In this study, all participants have enrolled nurses working in medical wards of the hospital under study. Five participants were working in male medical and six participants in a female medical ward. Out of eleven participants, one was male and ten were females and their age's ranges from 20 to 60 years. Only one male participated in the study as there were only three male enrolled nurses in the whole hospital. One participant was between 20-30 years, six were between 30-40 years, two between 40-50 years and two between 50-60 years. The participants have worked in medical wards

for many years ranging from three to fifteen years. Five participants worked in medical wards for 3-5 years, four for 6-10 years and two for 11-15 years. Seven participants were first trained according to the R2176, of the South African nursing council, regulation of 19 November 1993, which lead to enrolment as a nursing auxiliary and then trained according to the R2175 regulation of 19 November 1993, leading to enrolment as a nurse. Four participants were only trained according to the R2175, Regulation of 19 November 1993 of the South African Nursing Council, which allows them to practice as enrolled nurses after registration.

4.3 PRESENTATION OF THE RESULTS

The following section provides an overview of the results based on super-ordinate themes, themes and sub-themes that emerged from analysis of the interview transcripts and field notes gathered to gain an understanding of the experiences of enrolled nurses towards caring for people living with HIV and AIDS in one of the rural hospitals in Vhembe district of the Limpopo province. Three super-ordinate themes emerged from the literature reviewed. The summary of the relationship between the super-ordinate themes, themes, and their sub-themes are illustrated below in table 4.2. The themes are supported by verbatim quotations from participants which are indented and written in italic. The Alphabet P followed by a number is used at the end of each quotation as a code to identify the participants from which the quotation is taken.

Table 4.2 Summary of the results

SUPER-ORDINATE THEME	**THEME**	**SUB-THEME**
4.3.1 Resources	***4.3.1.1 Challenges related to Human resources***	*4.2.1.1.1 Inadequate human resource.* *4.3.1.1.2 Staff absenteeism.* *4.3.1.1.3 Staff turnover.*

	4.3.1.2 Shortage of Material resources	*4.3.1.2.1 Shortage of protective clothing.* *4.3.1.2.2 Lack of appropriate cleaning materials.* *4.3.1.2.3 Shortage of pharmaceutical supplies.*
	4.3.1.3 Infrastructural challenge	*4.3.1.3.1 Improper buildings* *4.3.1.3.2 Lack of proper furniture and equipment.*
4.3.2 Support	***4.3.2.1 Professional support***	*4.3.2.1.1 Lack of Supervision* *4.3.2.1.2 Lack of training*
	4.3.2.2 Emotional support	*4.3.2.2.1 Lack of counselling* *4.3.2.2.2 Lack of appreciation* *4.3.2.2.3 Absence of positive results of their work*
	4.3.2.3 Financial support	*4.3.2.3.1 Lack of Incentives*
4.3.3 Impact of working with HIV positive patients	***4.3.3.1 Physical impact***	*4.3.3.1.1 Physical exhaustion* *4.3.3.1.2 Physical illness* *4.3.3.1.3 Risk of contracting HIV and TB*
	4.3.3.2 Professional impact	*4.3.3.2.1 Compromised health care services* *4.3.3.2.2 Increased risk of medico-legal hazards* *4.3.3.2.3 Increased staff absenteeism and attrition*

	4.3.3.3 Psychosocial impact	*4.3.3.3.1 Phobia of HIV infection* *4.3.3.3.2 Negative attitudes towards patients living with HIV and AIDS* *4.3.3.3.3 Stress* *4.3.3.3.4 Frustration* *4.3.3.3.5 Demotivated* *4.3.3.3.6 Burnout*

4.3.1 Resources

According to Gopee and Galloway (2014:168) resources are sources of supply, support, and information that influence patients' outcomes, living conditions, lifestyles as well as access to health care. In relation to health care setting, resources required are manpower, facilities, revenue, equipment, and supplies to produce requisite health care and services (WHO 2016:42). Resources are of paramount importance in the provision of quality health care services to PLWHA. In this study, resources identified by most participants were human, material, and infrastructure.

4.3.1.1 Challenges related to Human resources

Human resources in healthcare settings are defined as all people engaged in actions whose primary intent is to enhance health care (Gopee & Galloway 2014:168). According to Gopee and Galloway (2014:170) personnel should be adequate in order for the institution to provide quality patient care for all. Results of this study indicate that there are challenges related to the human resource which is signified by inadequate human resource, staff absenteeism and staff turnover which affect the enrolled nurses while providing care to PLWHA.

4.3.1.1.1 Inadequate human resources

Participants mentioned that there are inadequate human resources in the medical wards despite the high number of patients living with HIV and AIDS admitted in the wards.

> *"There is a great shortage of staff in the medical wards. During the night, you will find that there is one enrolled nurse, one assistant nurse with one professional nurse, it is difficult to give total patient care when the ward if full. Mind you these patients living with HIV and AIDS care are demanding and they need to be bathed frequently". (P8)*

> *"Nurses are very few. The hospital does not hire more nurses even when other nurses have resigned, died or retired. These lead to a huge shortage as there is nobody to relieve the load we are having as nurses". (P3)*

Results also indicate that limited human resources are not only for nurses but also for other categories which make the enrolled nurses not to focus only on providing nursing responsibilities to PLWHA but also rendering non-nursing duties. Participants mentioned that there are no care workers, no messengers and no porters in the wards; which lead enrolled nurses to work as care workers, messengers or porters.

> *"You will do bed bath and then you are also working as a messenger. You will be sent to other departments, for instance, to collect blood results from the laboratory, dental department to accompany the patient or to x-ray department to accompany the patient or just to collect the x-ray. As you can see our hospital departments are not next to each other you end up being tired by running around on the corridors and next thing you don't come to work the next day and PLWHA then suffer because most of the professional nurses do not even want to touch PLWHA". (P7)*

4.3.1.1.2 Staff absenteeism

Absenteeism of staff was also raised by participants as another cause for the inadequate human resource which affects their care to PLWHA. Absenteeism refers to the failure to be present at the normal allocated hours, which can be due to illness, a crisis at home or could be feigned, meaning that the person decides not to come to work with no reason (Muller, Bezuidenhout & Jooste 2009:318). The participants also stated that some of the nurses would never complete their working shift without being absent.

> *"I know that we cannot finish eight days shift without sick leave from one or two enrolled nurses. Some of the nurses will just tell you in advance that, tomorrow they will be sick because they are tired of nursing PLWHA who are not even recovering. These situations worsen the shortage of staff". (P6).*

The other problem which has an impact on the high absenteeism rate is sick leave.

> *"Nurses can't finish an eight-day shift without taking two, three or more sick days, which in turn makes the remaining nurses work under severe stress due to the pressure of workload". (P1)*

4.3.1.1.3 Staff turnover

The study revealed that limited human resources are worsened by staff turnover. Staff turnover is when an employee quits his/her job (Muller, Bezuidenhout & Jooste 2009: 318). Participants mentioned that several enrolled nurses are resigning from the hospital to go and work at the private institutions. The reasons for resigning work overload due to limited staff members which is making them do a lot of work including caring for PLWHA

"Enrolled nurses are tired of working under stressful and non-conducive environment and they decided to seek better opportunities elsewhere. Enrolled nurses are tired to do the work which is supposed to be done by five nurses alone because of many patients they nurse every day. Enrolled nurses who are living the institution are not replaced as the management is not hiring new staff. I also want to leave the hospital as the workload is too much". (P7)

"Every month we are throwing farewell for the nurses who are resigning from the hospital to go and work in private hospitals. The reason for resigning is work overload or inadequate salary. The department is also not replacing nurses who have resigned. This situation worsens the shortage". (P11)

Limited resources which impacts on enrolled nurses' provision of quality health-care service to PLWHA is not, only confined to the human resources, but also material resources.

4.3.1.2 Shortage of Material resources

Results indicate that the enrolled nurses caring for PWLHA are experiencing challenges due to shortage of material resources. Materials identified are protective clothing, cleaning materials, and medical supply.

4.3.1.2.1 Shortage of protective clothing

Caring for PLWHA require nurses to put on clothing which will reduce the risk of contracting HIV. Participants mentioned that most of the times there are no aprons, goggles, mask, and gloves to be used by nurses in the wards when handling body fluids or conducting procedures which increase the risk of being in contact with the infectious body fluids from the patients.

"I am prone to infections as I am nursing patients with TB and there is no N95 mask. The other things these patients are diagnosed here in our ward before they can even go to TB ward where the nurses there are provided with N95 masks". (P3).

"There are no goggles and disposable aprons in the ward I am working in. I am using the same apron for the whole shift to all patients. Sometimes I even bath the patient without gloves as there are no gloves most of the time. Or I can be given one pair of gloves from operating theatre which I will use for bathing all patients in the wards. Even when it is torn, I will just continue even if I am expected to bath a patient on full-blown AIDS stage". (P10)

The study participants also reported that when the gloves are available in the ward, the quality is very poor which lead them to use extra pairs of a glove.

"Gloves are not of good quality. They tear easily, especially if we don't double or triple them when doing bed bath and other procedures involving bodily fluids. So I wear three pairs of gloves at the same time because they can break at any time without noticing them. I don't want to get infected with HIV myself". (P1)

4.3.1.2.2 Lack of appropriate cleaning material

Taking care of the patients living with HIV and AIDS, needs proper infection control. Participants mention that infection control practices are not adhered to at all times. Participants reported that there is always a shortage of supplies like surgical hand wash soap and paper hand towels making it difficult to minimise infections.

"You wash hands and there are no paper hand towels, you will use your own uniform to wipe excess water from your hands and it is not good because I am also spreading infections to patients and myself. Sometimes you do not even have soap to wash hands". (P4)

“Sometimes there is lack of water and we are supposed to insert drips and do other procedures which need sterility. We end up working without washing our hands. Just imagine attending to an HIV positive patient and end up not washing hands. We do not even have hand sanitizer. We end up even reluctant to help those patients. We even go to an extent where we rinse our hands only before eating using drinking bottle water brought by someone from home”. (P9).

“Sometimes the wards are not cleaned due to lack of water and cleaning material. When you enter the ward it will just smell. The smell that comes from the toilets is sometimes so unbearable. The other issue is the shortage of air freshener to use in the toilets. I think this is also making most of the Patients living with AIDS to complicate and die. They come with one infection and within a day, they will be having no problems such as diarrhoea or just having an elevated temperature which does not respond to treatment”. (P2)

4.3.1.2.3 Shortage of pharmaceutical supplies

Participants mention that it is difficult for them to monitor PLWHA with other medical conditions such as diabetes mellitus in the wards as there are no pharmaceutical supplies like glucometers and urine test strips.

“I have never seen a health institution with no glucometer, some of the patients we admit including those living with HIV and AIDS have Diabetes Mellitus and it is difficult to monitor their blood sugar level. It also takes our time by running around to borrow from other wards”. (P5)

Participants also mentioned that there is a frequent shortage of medicines including ARVs for PLWHA and other medical injections.

"As far as treatment is concerned there is sometimes a shortage of some ARVs. You know that these people are supposed to take treatment without failure for the rest of their lives. Ohhh!! You may find that a person is supposed to get three treatments and instead the person get one or two. The next thing the person is coming back as a defaulter with all the complications". (P1)

"Sometimes there are no injections which force nurses to improvise by giving oral medication instead of prescribed injections. It is difficult for some patients who are unable to swallow or eat by mouth. We end up not giving them anything as we are no longer inserting a nasogastric tube to feed the unconscious patients as we do not even have the litmus paper to test if the tube is in the right position. It is so painful even though I know is not my scope of practice because seeing patients dying without having been fed or given treatment is so traumatising". (P3)

4.3.1.3 Infrastructural challenge

The study participants revealed that the working conditions are not conducive due to infrastructural challenges. The challenges mentioned were improper buildings and lack of proper furniture and equipment.

4.3.1.3.1 Improper buildings

Results indicate that participants are facing challenges with the buildings which affect their provision of care to PLWHA.

"In some wards, there are no designated room or cubicle for isolation of cases. The very same room can be used to provide services to other patients if the ward is full. There are no nurses' stations; they share the open space with the clerk of the wards. Some wards don't have storage space, which made it difficult to store things correctly and neatly. There is also no nurses' bay in most of the wards,

which made it impossible for nurses to rest a little after taking medication. The corridors are also dilapidated and leaking and raining which makes us get wet with the patients." (P5)

"The building that we are working in is dilapidated with leaking roofs and cracks on the walls of some wards. During windy or rainy season we are afraid as we are not sure if the building will sustain the harsh weather. Toilets for patients are not in good working conditions and some are always leaking and don't have lids". (P10)

"The wards are small and overcrowded. During winter it is better because you can open the doors at night, but summer is problematic as patients can get malaria through mosquitos and bitten by snakes if you open doors. There are air conditioners which are not working properly. There are no air extractors in the wards and it is a challenge as nurses and patients are prone to all respiratory infections due to poor ventilation. The cubicles in the wards usually accommodate six or more patients, which is not good for their health". (P10)

4.3.1 3.2 Lack of proper furniture and equipment.

Participants mentioned that the environment that they are working in is not conducive at all as there is a shortage of furniture which affects their motivation to provide care to patients in the ward.

"We are using worn out chairs and steel or wooden bench to sit on when doing record keeping. It is difficult when working especially during the night sitting on the wooden or steel bench and it is not comfortable at all. You end up developing backache". (P2)

4.3.2 Support

Results indicate that apart from resource challenges, enrolled nurses caring for PLWHA have challenges related to supporting. The support which is lacking includes professional, financial and emotional support.

4.3.2.1 Professional support

The professional support in this theme relates to lack of supervision and lack of training, of enrolled nurses in order to provide quality patient care to PLWHA. Professional support entails formal clinical supervision and training that equip enrolled nurses to acquire skills and competencies to improve patients' health care (Gopee & Galloway 2014:194).

4.3.2.1.1 Lack of Supervision

Supervision of personnel is very important for the provision of quality patient care Supervision is when inspecting another's work, providing guidance, support, and feedback, evaluating performance and approving or correcting performance (Muller et al 2009:351). Participants reported that there is no supervision from the supervisors and managers when providing care for PLWHA.

> *"We lack support from management with regard to the care they are providing to people living with HIV and AIDS. They mentioned that when they see management in their wards they are there to complain not to support them whereas they say they are there to do support visits". (P3)*

> *"We do not have guidance when caring for people living with HIV and AIDS. We only get guidance from other fellow enrolled nurses, not from management and professional nurses. Professional nurses are no longer teaching and guiding us with the skills needed for the job. It is difficult to work without direction and*

guidance. We sometimes look like fools in front of patients and relatives. We also lose respect from patients and relatives''. (P1)

"If you are stuck and need assistance regarding support or treatment for PLWHA, the supervisor will say anything without respecting you. Instead of talking calmly they always put blame on us or use humiliating words like "ni tou vha nese la danana" translated in English you are a "stupid nurse". When you make a mistake, instead of being assisted or guided, you are reprimanded in front of other nurses and patients. I was once yelled at by my supervisor in front of patients and relatives. She told me that I should consult the book or ask doctors as she is not a book, neither a doctor. I just don't ask anything from her". (P2)

Apart from lack of supervision enrolled nurses also lack training in matters concerning HIV/AIDS.

4.3.2.1.2 Lack of training

Participants verbalised that they have never been trained on managing PLWHA. They are just working using common sense which may increase their risk of being infected with HIV.

"I have never attended in-service training or workshop with regard to HIV/AIDS management. The hospital usually sends professional nurses to training rather than enrolled nurses. It is a problem because we are the ones who are always providing care to these patients". (P7)

Though other participants mentioned that they have never been trained on HIV/AIDS-related courses, others mentioned that they have received some training.

"I am trained for VCT for two weeks and not trained in the treatment of HIV/AIDS. It is difficult to nurse PLWHA you don't know what to give the patient. It is a

problem when it comes to giving treatment when you are not knowledgeable. I rely on professional nurses and internet. It is not good to ask everything form colleagues even basic things, for instances not knowing different treatment regimens". (P10)

"I don't know most of the HIV/AIDS treatment as I am not trained or in-serviced on that, but I am expected to give the patients treatment. I am also getting tired of asking everything from professional nurses. At least I want to know the basics of managing people living with HIV and AIDS". (P6)

4 .3.2.2 Emotional support

This theme relates to lack of counselling, lack of appreciation and absence of positive results out of their work, which is needed so that enrolled nurses are able to give quality health care to PLWHA.

4.3.2.2.1 Lack of counselling

The study participants mentioned that they experience the death of patients under their care on daily basis and grief from relatives which frustrates them without help. They emphasized the importance and need for counselling so that they can develop better-coping skills towards the situations that they always face.

"I am expected to do counselling to patients when I also need counselling myself.to be honest with you there is no way I can counsel patients when I am also stressed and not supported". (P5)

"Caring for patients living with HIV/AIDS is stressful. When I am stressed sometimes I just go to the corner and cry without anybody minding me. There is no counselling service in the ward. I cannot go to my supervisor as it will worsen the situation. It is like she doesn't know the value of counselling". (P3)

"Like now if I even inform my immediate supervisor that I need psychosocial support, they will tell you that they will send you for counselling, but they will never do that. Is it 12 years now as I am working in medical wards without been debriefed or counselled? This work is stressful as I witness people die on daily basis due to HIV and AIDS-related illnesses". (P1)

Enrolled nurses mentioned they are only blamed for the few mistakes they commit and they are not even sent for counselling or debriefing as they experience death on daily basis for PLWHA. Regardless of the good work they are doing, they are not appreciated.

4.3.2.2.2 Lack of appreciation

Some enrolled nurses feel that they are working very hard and their supervisors don't recognise and appreciate the services that they are providing. Enrolled nurses feel that they are doing more work with low remuneration. Their morale is always low as they are demotivated. Participants verbalised that managers are always complaining when patients die without looking at the contributory factors and the conditions of the patients. One enrolled nurse mentioned that managers should give them credit when it is due. Managers act as if they are the ones who are taking care of the patients whereas enrolled nurses are the ones who are doing the job.

"I know I tried my best but the manager will never say good things to you. The manager is always complaining. When you commit a mistake you are told to write an incident report, which is not good because is like the manager is already judging you". (P10)

The performance of enrolled nurses is not undermined only by their supervisors, but also patients.

"Some patients intentionally messed themselves and call us to clean them whereas they are able to go to the toilet. Patients tell us that it is our duty to clean them as we are getting paid at the end of the month. Some patients will pretend to be sick. I once nursed a patient living with HIV and AIDS who came presenting with diarrhoea and when the problem was resolved, the patient continued to pretend as if he was still having diarrhoea. The patient used to pass stools and mixed it with water to make it look like he is still having diarrhoea. After that, he will smear his man-made watery stool on bed linen. Just imagine! I have to clean the patient who is able to look for himself". (P6)

"Managing people living with HIV is not a child's play. They are difficult to manage. Some are very aggressive, and they will even attempt to hit or beat you with anything they can get hold of. I was once hit by a phone tablet by one of the patients while trying to feed him. Some will abuse you verbally and they will also tell you that you will be expelled from work as they have a connection from the province. They want you to do as they say. It is very stressful". (P1)

Participants mentioned that their work is not even appreciated by the relatives of PLWHA as they are always complaining about the care provided to patients. Participants mention that patients expect dramatic recovery from their relatives especially because most of the relatives are not even aware of patient's HIV status.

"Patients' relatives will come and just harass us. They want to see their relatives getting better. They do not even know their relatives status. Some will openly say that we are not doing anything, we are useless. When one thinks of the amount of time we spent on those patients whom the relatives do not even want to take care is frustrating". (P5)

Most of the patients they nursed end up dying which makes it difficult to cope as it seems that regardless of the good work they are doing no positive results come out of their work.

4.3.2.2.3 Lack of positive results of their work

Participants mention that working with patients with HIV makes them feel as if they are wasting their time because most of the patients admitted in the wards end up dying.

> *"Eisssh… Hhh…When seeing people die every day due to HIV/AIDS-related infections, when I know that they were not supposed to die because treatments are freely available. It seems as if I am not doing enough for the patients". (P3)*

> *"Caring for people living with HIV and AIDS is so traumatic. When I see all those patients I feel like I am in their shoes. I cannot stand a patient of my age who is living with HIV. Nursing people you know living with HIV and AIDS when they are not responding to treatment is not easy. Patients living with HIV and AIDS do not adhere to treatment. They do not disclose their HIV status to their partners or close relatives" (P8).*

> *"Caring for people living with HIV and AIDS affects us psychologically. I once nursed a patient who looked very fine and physically well. The patient was discharged just waiting for relatives. When I was busy giving him health education on a proper diet he just gasped and died in my hands. It was so traumatizing". (P10)*

Participants mentioned that some patients recovered well in the hospital. When they are at home they stop hospital treatment and use traditional medicine which makes them complicate.

> *"I nursed a man who was stable on discharge and only to return weeks later with dehydration, sunken fontanel and a lot of cuts in the head and was told he was sent to the traditional healers as he was suffering from Gonorrhoea according to the family. The very same man was also in the process of being initiated as a*

sangoma (traditional healer) because his family believed that he had ancestral calling". (P3)

4.3.2.3 Financial support

In this theme financial support entails lack of incentives for enrolled nurses who are caring for people living with HIV and AIDS.

4.3.2.3.1 Lack of Incentives

Participants mentioned that having PLWHA in the ward ad shortage of staff make enrolled nurse to do everything from nurses, porters, and messenger's responsibility. They mention that the salary they are receiving is very little compared to the work they are performing. The participants under study mentioned that they need to be appreciated for the good work they are doing and they also feel that they can also be given rural allowance like professional nurses as they are also working in the rural areas with all the dangers they face from physically confused patients who are physically aggressive.

"I think they must pay us more than what they are giving us as we are working hard and also risking our lives. To work daily with people living with HIV is very risky and even dangerous, but we are paid peanuts. Our salary is not different from the ward clerks who just sit and do nothing. They are just the first people to complain about the bad smell. The work we are doing as an enrolled nurse is dangerous because you can get infected in a line of duty and the disease is incurable. There is no danger allowance or even rural allowance". (P3)

"I am working very hard but the salary I get is not enough as I am prone to HIV/AIDS. I am also not getting danger and rural allowances like professional nurses and nurses who work in psychiatric ward". (P5)

4.3.3 Impact of working with HIV positive patients

This theme covers the negative impact that enrolled nurses' experiences when caring for PLWHA, which are: physical impact, physical exhaustion, and psychosocial impact.

4.3.3.1 Physical Impact

Participants are physically affected when nursing people with HIV and AIDS in the following manner: physical exhaustion, physical illness, and risk of contracting HIV and TB.

Most of the participants complained of a backache as they are always bending when lifting the patients and they are getting tired of the process wherein they are unable to perform other tasks at their homes when they are off due to physical exhaustion.

> *"I am useless at home, I can't bend or lift anything heavy because I am always complaining of a backache; it is for a long time now. I don't know what to do and I have exhausted the medical aid as I am frequenting the general practitioner due to a backache". (P2)*

4.3.3.1.1 Physical exhaustion

Results indicate that enrolled nurses become physically exhausted due to assisting patients living with HIV.

> *"Here you have to work even if there is a severe shortage. Most of HIV patients admitted to the ward are very sick and even unconscious because if they are still well, they are sent back home from the clinic or outpatient department. When they are admitted you know that it is really difficult. You have to run the patients carry them to the bath or do bed bath several times per day as most of them*

come with diarrhoea and vomiting and you get tired. When you go home, you are just a cabbage, you cannot do anything". (P2)

4.3.3.1.2 Physical illness

The other thing which is a problem to nurses is suffering backache due to bending a lot when doing bed bath and getting patients out of bed and when they complain the management think they are just faking sick leave.

"hmmm… Obviously, the workload is one of the problems. We are tired of nursing more bed-ridden patients living with HIV and AIDS. As a nurse I also have backache problem, and I think is because I bend a lot when doing bed making and position changing". (P1)

"Our wards are always full with PLWHA and it is difficult to provide basic nursing care to them. As I am talking to you I have this terrible backache, I cannot bend even at home without feeling pain. I am quite sure I develop this backache due to lifting and bending while doing bed bath and turning the bedridden patients". (P11)

Besides a backache, which seems to be common physical complaints of all the participants, some participants are complaining of a headache.

"Sometimes I have this terrible headache. I will be sick for two to three days. I know that a headache is caused by the stress. Most of us even have high blood pressure. Being exposed to these patients living with HIV and AIDS daily is heavy and taking its tall in our health." (P9)

Apart from a headache, some enrolled nurses are afraid of contracting HIV and TB while on duty as the chances are very high.

4.3.3.1.3 Risk of contracting HIV and TB

Participants mentioned that they are always at high risk of being infected with HIV due to working with PLWHA.

> *"The most fearful experience I always have in mind is needle prick injury. It is very easy to prick yourself with the needle because most of the patients admitted with AIDS are very restless and we work without proper gloves. Sometimes we use needle and syringe to collect blood and transfer it to test tube". (P7)*

> *"We have aprons, gloves, and masks. The aprons and gloves are of poor quality. When I put on gloves I usually wear them being two or three at a time. There are no N95 masks and goggles. It is a challenge when you are performing venepuncture is a problem because these patients can twist or make some movement and blood can splash into your eyes and N95 masks are given to nurses working in TB ward. The management forgets that patients living with HIV and AIDS came to our wards presenting with signs and symptoms of TB. They first nursed in medical wards before they can be diagnosed. The ward I am working in doesn't have air extractors. As an enrolled nurse, I am prone to develop occupational TB". (P3)*

4.3.3.2 Professional impact

This theme entails the health care services which are compromised; increased medico-legal hazards and staff absenteeism and attrition. Participants mentioned that the standard of healthcare is compromised due to lack of human and material resources. Patients living with HIV and AIDS end up receiving sub-standard care.

4.3.3.2.1 Compromised healthcare services.

The findings revealed that provision of proper health care is compromised because patients are not nursed in totality as there is a shortage of either human or material resources.

> *"More patients are admitted in the night. Unfortunately enrolled nurses are limited and patients will have to wait for a longer period to be helped. Most of the patients living with HIV and AIDS present with more than one condition at a time which makes it difficult to give quality health care especially during the night or after hours when other staff members had knocked off". (P4)*

Due to the shortage of human resources enrolled nurses commits a lot of mistakes which in turn resulted in increased medico-legal hazards.

4.3.3.2.2 Increased risk of Medico-legal hazards

Results further indicate that caring for patients living with HIV and AIDS under the environment where there are resource challenge and limited support is negatively affecting the quality of nursing and nursing profession and lead to Medico-legal hazards.

> *"I am always tired and working under stress. Management is not doing anything about that. I meant they are not hiring nurses. I end up committing a lot of mistakes due to lack of concentration". (P6)*

Enrolled nurses feel threatened in their profession they are not protected as they can easily be scraped from the roll of the South African Nursing Council.

> *"It is easy to appear before the South African Nursing Council for not providing proper healthcare because of committing chargeable mistake or offense while on duty". (P6)*

"Working so hard with scanty resources makes me feel unsafe working in the government hospital. Here in this hospital, we commit a lot of mistakes and afraid of being expelled and removed from the roll. I want to go and work at a private institution because of better working conditions and environment". (P11).

4.3.3.2.3 Increased staff absenteeism and attrition

Working in such a situation is further worsening human resource challenge as nurses develop ill-health, burnout, increased absenteeism and resignation.

"When you think of a ward full of HIV positive patients, whom we are supposed to nurse without even having gloves, some of us (enrolled nurses) always absent ourselves from work. We are tired to work the work which is supposed to be done by five nurses alone because of many patients living with HIV and AIDS they nurse every day. Other enrolled nurses when tired of working under stressful and non-conducive environment decide to seek better opportunities elsewhere". (P10)

4.3.3.3 Psychosocial impact

This theme is about the psychosocial impact of providing care to PLWHA. The psychosocial impacts experienced by enrolled nurses providing care to PLWHA are as follows: Phobia of HIV infection, Negative attitudes towards patients living with HIV and AIDS, Stress, Frustration, Demotivation and Burnout.

4.3.3.3.1 Phobia of HIV infection

The participants under study mentioned that the disease is here to kill all of them. More especially, enrolled nurses who are busy taking care of people living with HIV and AIDS. Participants are also afraid that there is no such as 100% protection and they know that the department is trying to make them feel safe as there won't be anyone who would

love to take care of people living with HIV and AIDS. They believe that unless cure if found they are also in danger of contracting the disease.

> *"I make sure that I wear gloves even when I am dressing clothes to patients because some have wounds and I don't want to infect myself. Sometimes I am forced to wear the mask while feeding them as they can spit food in your mouth". (P3)*

> *"I am afraid that I may even get infected by HIV. When you are busy and unaware, the saliva can enter your mouth or your eyes". (P1)*

> *"I wear three pairs of gloves at the same time because they can break at any time without noticing them. Aaa! (Laughing sarcastically) it is obvious that I am always afraid as I can be infected by HIV. I am trying by all means to protect myself". (P1)*

Due to fear of contracting HIV/AIDS some participants display the negative attitude towards patients living with HIV and AIDS.

4.3.3.3.2 Negative attitudes towards patients living with HIV and AIDS

Workings under stressful situation make the enrolled nurses develop negative attitudes towards patients living with HIV and AIDS. Instead of seeing PLWHA as patients in need of care, they see them as a burden.

> *"I am so sorry but these patients with AIDS make our job difficult and it is not us who have infected them. We spend the whole day giving care to them. They are the once who have filled the wards and when they are admitted, they are not discharged. They want to be treated like special patients whereas there are a lot of patients who are suffering from other diseases who need to be provided care by us". (P5)*

"Yooh! These patients are tiresome. They demand a lot of attention from us, nurses. I have encountered several bad experiences with them. You may find that the patient didn't want to be discharged and will play sick". (P2)

4.3.3.3.3 Stress

Participants mention that caring for PLWHA is very stressful to the enrolled nurses due to the fact that most of the patients end up dying.

"The condition is stressful as I witness the death of people living with HIV and AIDS every day of my work life. To make matters worse some of the patients are my closest relatives or neighbours. If I am stressed I usually don't talk". (P1)

4.3.3.3.4 Frustration

Nursing people living with HIV and AIDS is as demanding in itself as some patients come to seek hospital care being bedridden and they need constant observations. Enrolled nurses are frustrated when they are nursing more critically ill patients and due to staff shortage, they become overwhelmed by the increased workload with less manpower. Enrolled nurses' frustrations emanate from fear of occupational injuries and fear of family views or attitudes towards them. Enrolled nurses are also frustrated as they feel that they are unable to help the patients. Some patients are unable to take or refuse to take medication which put more pressure to nurses as there is nothing they can do.

"These patients are difficult to manage, there are those patients who are able to feed themselves but don't want to eat at all and when trying to feed them they will close their mouth and you don't know what to do. When the family comes, patients will them that they have not eaten anything and the family will be angry at you. The other won't take medication and when you force them they will spit the medication at you". (P10)

The other frustration is when feeding a helpless patient and at the end of the day the patient never recovers and died under your care. The other frustration is the disclosure policy on the status of the patients. Enrolled nurses mentioned that most of the patients especially males don't disclose their HIV/AIDS status to their spouses or closest relatives and enrolled nurses are ethically bound by confidentiality clause not to disclose to spouses, partners and relatives. Patients don't take treatment while at home as there is no one to help and remind the patients about that. Patients are dying because there is no transparency when it comes to disclosure on HIV/AIDS Status.

> *"I think the disclosure policy should be reviewed and HCT be made non-confidential because some patients don't want to disclose their status to their close relatives or partners and most of them end up not adhering to treatment as they are no support structures at home and they end up defaulting treatment and put their lives in danger". (P4)*

4.3.3.3.5 Demotivation

Participants in the study revealed that they have lost interest in the job as they are not treated and supported well and there is always a shortage of resources and they are expected to provide quality patient care to all patients regardless of all the challenges at hand. They reported that the Department of Health is not like before where you never heard of a shortage of medication like Paracetamol and Potassium chloride, to mention a few. Enrolled nurses come to work because they are expected to come and not with passion like what enrolled nurses used to enjoy before. The study revealed that when enrolled nurses are at work they feel like winding their watches to knock off time. Enrolled nurses had lost trust in the management as there are not supported with their problems and they are promised to get help but always in vain.

"I am used to this situation and I know there is no one who cares about us. After all, a job is a job. I don't have any other choice, I decided to convince myself that I belong here, whether I like it or not". (P2)

"You know patients sometimes come to us and we are supposed to treat them until they can be discharged. The conditions worsened while still in our care and if they die you are to blame. At the end of the day no one will come and appreciate you but instead, you are to be blamed for not saving the patients'' life". (P8)

4.3.3.3.6 Burnout

The human resource challenges increase the workload of available staff members. This is made worse by the nature of the patients admitted. Participants mention that most of the PLWHA need total care which needs a comprehensive staff complement. But with human resource challenge, it means that the work is piled up in the hands of enrolled nurses.

"As I am working in medical wards, you will find that most of them are confused and will remove their infusion lines. This increased workload as it takes time to do vein puncture procedure and because we are few it creates a problem. I have to re-insert those intravenous lines and it takes time and it is so stressful". (P1)

Participants shared the same sentiment that the moment patients remove their infusion lines it creates a problem as it will need to be re-inserted again and this creates an unnecessary workload. Participants also stated that the problem they are facing is that patients stay longer than anticipated because they tend not to disclose their status to the relatives. It was found in the study that it is difficult to discharge people living with HIV and AIDS in the care of relatives as it will be against disclosure policy and confidentiality. The above experiences were expressed by participants as follows:

"You may find that the patent is sick and unable to take treatment; it is so difficult to tell the relative, wife or husband to assist in giving the patient treatment as the patient has not disclosed his or her status to them. We are also forced not to discharge the patient even if we can see that it needs home-based care". (P1)

Participants also stated that increased workload was also worsened by prolonged stay at the hospital for people living with HIV and AIDS. Most of the patients living with HIV and AIDS present with conditions that require constant observation and in turn this increases workload and this was shown in the testimony of a participant who verbalises that:

"I am tired of nursing more bed ridden patients living with HIV and AIDS. These patients need constant cleaning and changing as they usually soiled the clothes and bed linen, especially those who also presented with diarrhoea". (P5)

The participants also verbalised that patients also frequent hospital more often due to opportunistic infections such as TB and pneumonia to mention a few. The experience was shown by saying:

"I am tired as the ward is always full due to a high volume of patients suffering from HIV related infections, for example, Pneumonia and Tuberculosis". (P8)

4.4 CONCLUSION

In this chapter, the researcher provided a detailed description of the study findings in relation to, the experiences of enrolled nurses towards caring for people living with HIV and AIDS in one of the rural hospitals of Vhembe district in Limpopo province. The next chapter deals with the discussion of the findings, recommendations, limitations and conclusion of the study.

CHAPTER 5

DISCUSSION, LIMITATIONS, RECOMMENDATIONS AND CONCLUSION

5.1 INTRODUCTION

The previous chapter presented the results of this study. This chapter provides a summary of the research process, the discussion of findings, limitations of the study and recommendations based on the findings.

5.2 RESEARCH PROCESS

This study used the qualitative approach following an interpretative phenomenological analysis design. The aim of the study was to gain an understanding of the experiences of enrolled nurses with regard to caring for people living with HIV and AIDS in one of the rural hospitals in Vhembe district, in order to develop recommendations for guiding and supporting those enrolled nurses. Targeted population was selected using non-probability purposive sampling. Data were collected from eleven participants using individual semi-structured interviews and field notes.

Each interview was initiated through asking the following central question: “May you please kindly share with me your experiences regarding care of patients living with HIV and AIDS”? The question was followed by prompts and probes as indicated in the interview guide. Each interview was audio recorded and lasted for at 45 minutes to an hour. The researcher used interpretative phenomenological analysis framework for data analysis to analyses data. The criteria of credibility, transferability, dependability, confirmability, and authenticity by Lincoln and Guba (1994) as cited in Polit and Beck (2016:559) were maintained throughout the study in order to ensure trustworthiness. The researcher also adhered to all relevant ethical principle from the beginning of the study to the end.

5.3 DISCUSSION BASED ON THE RESEARCH FINDINGS

This section presents the interpretation of data in relation to the existing literature. The discussion of the findings covers demographic data and the thematic categories which emerged during data analysis.

5.3.1 Demographic data

Under this section, aspects such as sex, age, work experience, the type of qualification of the participants and the wards where the participants were allocated will be discussed.

5.3.1.1 Sex

Majority of participants were females. There was only one male out of 11 participants. This is not surprising as the majority of people in the nursing profession are females. This is following historical trends as nursing was considered a female profession. However, there was no difference in experiences between a male enrolled nurse and female enrolled nurses who participated in the study.

5.3.1.2 Age

More than 50% of the participants were between the ages of 31 to 40 years. None of the participants were below the age of 25 years or over 52 years meaning that all the participants were still in their productive years. Regardless of the age difference, all the participants have more or less similar experiences.

5.3.1.3 Work experience

All the participants have worked in the medical wards for more than two years. This shows that they were having relevant experiences to narrate their stories regarding

caring for patients living with HIV and AIDS. All participants, despite variation in the number of years they worked in medical wards, they were relating more or less similar experiences.

5.3.1.4 Qualifications

Majority of participants were first trained as enrolled nursing assistance before they were trained as enrolled nurses. Despite the prior training before being trained as enrolled nurses, both groups of participants narrate similar experiences regarding caring for patients living with HIV and AIDS.

5.3.1.5 Ward

More than 50% of participants were allocated in female medical wards. Despite the wards were participants were allocated the participant's experiences are more or less the same. However, the threats of verbal abuses by patients were more experienced by the participants allocated in male medical wards.

5.3.2 Experiences of enrolled nurses regarding care of patients living with HIV and AIDS

Experiences of enrolled nurses regarding care of patients living with HIV and AIDS will be discussed based on the super-ordinate themes and themes that emerged from data analysis namely Resources, Support, and Impact of working with HIV positive patients.

5.3.2.1 Resources

The discussion will be based on the following sub-themes identified from the study which is, challenges related to human resources, shortage of material resources and infrastructural challenge.

5.3.2.1.1 Challenges related to Human resources

Shortage of human resources in hospital under study is driving enrolled nurses to resign and go to work in private sectors. Enrolled nurses who are leaving the institution are not replaced as the management is not hiring new staff. Campbell et al (2011:797) share the same findings with the current study that several improvements are needed in the working condition, which is human resources (that is hiring of more nurses should be of paramount important) in order to afford nurses to provide quality patient care (Campbell et al 2011:797).

Patients are not nursed in totality as there is a shortage of enrolled nurses. Patients who are admitted in the night experience difficulties because they will have to wait for longer periods to be helped due to limited enrolled nurses. The same sentiment was shared in the study conducted by Berg and Nilsson (2015:08) that there is shortage of staff, which increases the rate of absenteeism as the workload is very high, which made it difficult for nurses to provide quality patient care, because nurses are always stressed by workload and shortage of staff, whereas patients are many (Berg & Nilsson 2015:08).

The participants also stated that some of the enrolled nurses never complete their shift, and this leads to the shortage. The findings revealed that the other thing that increases shortage of enrolled nurses is that they also work as care workers, messengers and porters in the wards due to the shortage of supporting staff. By working as a porter it creates problems because enrolled nurses end up getting injured as they are unable to use stretcher effectively as it is not their duty to push stretchers. Workload stress plays an important role in the shortage of enrolled nurses. The same sentiment was shared in the study conducted by Ramathuba and Davhana- Maselesele (2013:09) that nurses who are caring for people living with HIV and AIDS are subject to unique sources of caregiving stress such as physical and psychological issues.

5.3.2.1.2 Shortage of Material resources

Enrolled nurses believe that in private sectors they don't struggle with regard to and material resources. The current study concurs with the findings of the study conducted by Haoses-Gorases, Katjire and Goraseb (2013:90) which revealed that there is a shortage of pharmaceutical supplies like surgical hand wash soap and paper hand towels and it is difficult to minimize infections. Same findings were also reported in the study by Mutenwa et al (2013:08) that there is a shortage of resources, for instance, medication, pharmaceutical supplies and protective equipment, which made it difficult for nurses to provide quality patient care.

Enrolled nurses are expected to wash hands in between patients but due to the shortage of paper hand towels, they use their uniform to wipe excess water. Due to lack of hand wash soap and paper hand towels that they are unable to provide proper care. These problems lead to recurrent infections and even cross-infection from one patient to others. This also resulted in patients always frequenting the hospital more often or staying longer than expected. The same sentiment was shared by Makhado and Davhana- Maselesele (2015:03) that more patients living with HIV AIDS are always frequenting the health care services due to HIV/AIDS-related infections.

The findings of the current study revealed that enrolled nurses work without pharmaceutical supplies like glucometers and urine test strips which are always not available. They work sometimes with no such crucial items wherein it is difficult to manage other condition like Diabetes Mellitus without glucometers. Some patients living with HIV and AIDS also had Diabetes Mellitus. It is difficult to monitor their blood sugar level without the glucometer. This results in compromising their health. The same findings were found in the study conducted by Mutenwa et al (2013:03) that there is lack of clinical supplies and equipment which make it difficult for nurses to provide quality patient care.

The study findings revealed that basic material resources are not of good quality because of enrolled nurses double or triple gloves, fearing that they can infect themselves as gloves can tear easily when doing bed bath and other procedures involving bodily fluids. Infection prevention and control practices were not adhered to at all times. The same views were also found in the study done by Makhado and Davhana-Maselesele (2015:03) that nurses use excessive protection such as wearing protective clothing for general care, double gloving or placing protective covering for services that only involved casual touch. This situation also worsens the shortage of material because if a box has 100 pairs of gloves, it ends up like it has only 30 gloves. The use of extra pairs of gloves may as well be related to increased fear of being infected with HIV infection which will be discussed under the impact of working with people living with HIV and AIDS on the enrolled nurses Makhado and Davhana- Maselesele (2015:03).

5.3.2.1.3 Infrastructural challenge

Enrolled nurses are tired of working under stressful and non-conducive environment and decide to seek better opportunities elsewhere. The non-conducive environment was also emphasised in the study conducted by Mutemwa et al (2013:08) that there is insufficient physical room space as well as the increased workload for health care providers when providing care. The same sentiment was shared in the study conducted by Stavropoulou et al (2011:288) which states that student nurses suffer stress due to workloads and poor working conditions.

The current study found that enrolled nurses sit on worn out chairs and steel or wooden benches when doing record keeping for patients living with HIV and AIDS. This situation may affect the quality of their service and even their health as the bad sitting position may affect the back of the individual. This might be contributing to recurrent backaches which participants are complaining about. A backache is also worsened by frequent bending while providing bed bath and lifting patients as most of the patients living with HIV and AIDS admitted in their wards are bedridden (Stavropoulou et al 2011:288).

The study found out that the wards are always full, small and overcrowded. There are no air extractors in the wards and it is a challenge as enrolled nurses and patients are prone to all respiratory infections, this is because most of the patient admitted in the wards living with HIV and AIDS have tuberculosis (TB) and some are diagnosed in the wards and not yet started on treatment and some are TB defaulters. Enrolled nurses mentioned that they are reluctant to provide quality patient care as they are afraid to get sick themselves and take treatment for a long time. The same sentiment was shared in the study conducted by Campbell et al (2011:798) which mentioned that medical wards are always full with PLWHA and this, in turn, creates a burden for health care.

5.3.2.2 Support

The findings of the current study revealed that support needed includes professional, emotional and financial.

5.3.2.2.1 Professional support

Enrolled nurses received minimal supervision and support from their supervisors and managers because they usually stay in their offices. It is difficult to access them. The study found that some of the managers are not friendly towards enrolled nurses. Enrolled nurses revealed that they want to be supported by their supervisors and managers. They need to be afforded professional support. They want to be trained in matters related to HIV/AIDS. The following studies conducted by Ramathuba and Davhana- Maselesele (2013:09) and Mulaudzi, Pengpid and Peltzer (2011:27) concurs with the current study that there should be on-going training and supervision of enrolled nurses so that they can provide quality nursing care to people living with HIV and AIDS (Ramathuba & Davhana- Maselesele 2013:10). The study of Haoses-Gorases, Katjire, and Goraseb (2013:90) share the same sentiment with the current study that enrolled nurses are not trained in HIV/AIDS management, treatment and care or other related courses. Only one nurse is trained in HCT and some are not trained. Nurses mentioned that training in HIV management is very important as it will make their work easy and

they would be able to know what to do when caring for people living with HIV and AIDS. Enrolled nurses are not knowledgeable when it comes to HIV management including treatments. They are not sent to workshops and in-service training by the management. In their training curriculum, treatment of HIV/AIDS is not included. The same findings were found in the study conducted by Haoses-Gorases, Katjire, and Goraseb (2013:94) that 79% of participants didn't know about any policy on HIV/AIDS. None of the participants knew much about HIV/AIDS as it was not included in their training and they denied receiving any in-service education on the subject since being in the workplace.

Enrolled nurses' competency plays a crucial role in the provision of care to people living with HIV and AIDS. Enrolled nurses mentioned that they lack competence when it comes to nursing PLWHA. They don't know the different treatment regimens of HIV/AIDS and they don't know which patients should use certain types of drugs. Enrolled nurses are not afforded the opportunity to be trained on management of HIV/AIDS. Enrolled nurses use internet services to gather information in the management of HIV/AIDS. The same views were found in the study conducted by Haoses- Gorases, Katjire, and Goraseb (2013:94) that the little information nurses knew about HIV/AIDS had been gleaned from peers, newspapers, radios and magazines. It was suggested that nurses need an understanding of HIV/AIDS, knowledge of physical and psychosocial skills to provide optimal care to people living with HIV and AIDS (Haoses- Gorases, Katjire & Goraseb 2013:92).The other issue raised by enrolled nurses is that they lack support from management with regard to care for people living with HIV and AIDS. The findings from the current study share the same sentiment with the findings of the study done by of Chorwe-Sungani, Shangane, and Chilinda (2013:38) that general nurses are not afforded the support when caring for people living with HIV and AIDS with mental illness

5.3.2.2.2 Emotional support

The participants mentioned that if they can be afforded counselling or psychological support when they encounter problems it will be easy for them to fulfil their work.

Participants in the study revealed that nurses are working without being recognised for their good work. The same sentiment was shared in the study conducted by Haoses-Gorases, Katjire and Goraseb (2013:91). Makhado and Davhana- Maselesele (2015:03) also share the same sentiment that nurses need to be supported educationally and organisationally with respect to employee wellness programmes the addresses work burnout as well as social support.

5.3.2.2.3 Financial support

The enrolled nurses mentioned that they need to be appreciated for the good work that they are doing and they also feel that they should also be given rural allowance like professional nurses as they are also working in the rural areas with all the dangers that they face, for instance like getting infected when caring for people living with HIV and AIDS. Enrolled nurses also verbalised that they want danger allowance like psychiatric nurses because they also nurse patients who are not mentally stable. Chorwe-Sungani, Shangane and Chilinda (2013:38) concur with the current study that general nurses don't feel confident about caring for people living with HIV and AIDS with mental problems as they do not receive the necessary support they need.

The enrolled nurse mentioned that the salary they are getting is not enough as they working in a dangerous situation wherein they are at risk of being infected with HIV and AIDS. The same sentiment was shared in the study conducted by Mutemwa et al (2013:08) that health providers felt that their salaries were poor compared to the work they are doing.

5.3.2.3 Impact of working with HIV positive patients

5.3.2.3.1 Physical impact

The findings revealed that enrolled nurses are always absent from work or leaving to work in other institutions such as private institutions. Enrolled nurses are tired of

working under stressful and non-conducive environment and they decide to seek better opportunities elsewhere. Enrolled nurses are tired of doing the work which is supposed to be done by five nurses alone because of many patients that they nurse every day. The above findings were also found in the study done by Amakali (2013:56) that nurses are tired of nursing more 46 patients in one ward while being three and among those patients there will be 10 to 16 bedridden patients who need to be washed, fed and mobilised. The current study revealed that nurses experience burnout because of workload stress. The same view was shared in the study conducted by Haoses-Gorases, Katjire and Goraseb (2013:91 that nurses experiences burnout and can, therefore, feel overwhelmed or helpless and may be at greater risk for mental or physical illness.

The current study found that some enrolled nurses have recurrent backaches which they believed is worsened by frequent bending while providing bed bath and lifting patients as most of the patients living with HIV and AIDS admitted in their wards are bedridden. Ramathuba and Davhana- Maselesele (2013:09) concurred with the current study that nurses who are caring for people living with HIV and AIDS are subject to unique sources of caregiving stress such as physical and psychological issues, they develop backache by lifting and doing position changing to bedridden patients, and psychologically they fail to cope witnessing human suffering and patients' death (Ramathuba & Davhana- Maselesele 2013:09).

5.3.2.3.2 Professional impact

Absenteeism is caused by lack of job satisfaction. The study participants mentioned that they are not happy about the way in which allocation is done as they had been working in the medical wards for a long time in the same wards. They even mentioned that they are moved from one medical ward to another. The managers, supervisors, patients, and relatives do not appreciate what enrolled nurses are doing, instead, they are always complaining. If the patient dies the enrolled nurse is to be blamed for not providing quality patient care. The management always sides with the relatives as they say that

the patient is always right. Enrolled nurses develop stress and burnout syndrome as there is no support or job satisfaction. This resulted in more sick leaves by enrolled nurses' and not coming to work. The same sentiment was shared in the study conducted by Ramathuba and Davhana- Maselesele (2013:09).

The other problem which had an impact on the high absenteeism rate is sick leave. Enrolled nurses can't finish eight-day shift without taking two, three or more sick days, which in turn makes it difficult for the remaining nurses to work without stress due to workload pressure. The following studies: Berg and Nilsson (2015:08) and Erkki and Hedlund (2013:03) share the same sentiment with the current study that, enrolled nurses work under pressure due to shortage of enrolled nurses as a result of sick leaves, and this makes them prone to commit medico-legal hazard and they are afraid of appearing before the Nursing Council for chargeable offence while on duty. The same sentiment was also shared in the study conducted by Mutenwa et al (2013:08).

It was also found in the study that other professional nurses display negative attitudes towards enrolled nurses who are caring for people living with HIV and AIDS and patients living with HIV and AIDS. The same views were found in the study conducted by Hassan and Wahsheh (2011:775) that 84% of Jordanian nurses refuse to provide care to patients who tested positive due to fear of contagion and social stigma. The same sentiment was shared in a study conducted by Feyissa et al (2012:05) were nurses display negative attitudes towards patients living with HIV and AIDS by designating and refusing to treat them.

The study revealed that some nurses are willing to nurse the patients in totality and treat them like other patients without discriminating them. Enrolled nurses verbalised that they view patients living with HIV and AIDS patients the same way as they see other patients who take treatment for life like any other chronic conditions. The same sentiment was shared in the study conducted by Okpala, Uwak, Nwaneri, Onyiapat, Emesowum, Osuala and Adeyemo (2017:547) that 94% of nurses have positive attitudes towards caring for people living with HIV and AIDS. Few participants have

negative attitudes and they tend to discriminate people living with HIV and AIDS. The same sentiment was also shared in the study conducted by Zadeh, Far, and Isa (2011:446) that there were several areas of deficiency in knowledge and attitudes towards caring for HIV and AIDS patients among nurses. They are stereotyped thinking that patients living with HIV and AIDS were not faithful to their wives or husbands and difficult to manage. The current study shares the same findings with the study conducted by Manganye, Maluleke and Lebese (2013:02) that junior nurses perceive patients with HIV as uncooperative and problematic in the wards.

5.3.2.3.3 Psychosocial impact

Enrolled nurses mentioned that they are traumatised by the death of patients under their care on daily basis and grief from relatives which frustrates them without help. They emphasized the importance and need for counselling so that they develop better-coping skills towards the situations that they always face. In contrary situations that are considered to be more stressful for students nurses are when caring for people with HIV, nursing workload and the contact with the infected patients (Stavropoulou et al 2011:288). The current study revealed that enrolled nurses develop stress when nursing people living with HIV and AIDS as they witness death and suffering of patients under their care on day to day basis. The same sentiment was shared in the study conducted by Ramathuba and Davhana- Maselesele (2013:09) that nurses who are caring for people living with HIV and AIDS are subject to unique sources of caregiving stress such as physical and psychological issues, they develop backache by lifting and doing position changing to bedridden patients, and psychologically they fail to cope witnessing human suffering and patients' death (Ramathuba & Davhana- Maselesele 2013:09).

All participants under study agreed that they need to be debriefed and counselled. The situation they found themselves in is so traumatizing in such a way that they become demoralised and valueless. The insults they get on day to day's work is unbearable sometimes. Some mentioned that they feel guilty as if they are the ones who fail the patients. When patients died they are to be blamed by both families and management.

The same sentiment were shared in the study conducted by Haoses-Gorases, Katjire and Goraseb (2013:91) that nurses who are demotivated and not appreciated for what they are and for what they are doing will never strive for quality in the health care delivery system.

The working environment they found themselves has no resources and this makes it difficult for them to provide quality patient care. It was found in the study that enrolled nurses are frustrated when patients die under their care due to lack of knowledge. The same findings were found in the study conducted by Berg and Nilsson (2015:10).

5.4 LIMITATIONS OF THE STUDY

The study was limited to one of the rural hospitals of Vhembe district of Limpopo province and therefore findings cannot be generalised to other hospitals. Only enrolled nurses who were willing to participate with two and more years' experience working in medical wards were included in the study. The researcher is of the opinion that if other categories of nurses had been included it could have led to different data findings. The sample size was also small with only eleven participants who participated in the study. The study included only one category of nurses and if different categories of nurses were included in the study it could have led to different results. However, the results may be transferable to other public hospitals in the same district.

5.5 RECOMMENDATIONS OF THE STUDY

The recommendations were made based on the findings and according to relevant structures in order to ensure that there is availability of resources in order to improve health care services; enrolled nurses receive adequate support which will assist in reducing negative impact when caring for people living with HIV and AIDS in one of the rural hospitals of Vhembe district in Limpopo province. The following recommendations were made based on the super-ordinate themes of the findings of the study:

5.5.1 Recommendations to improve resources

- The managers need to adhere to infection prevention and control practices by supplying water and surgical soap for hand wash at all times in order to prevent cross infection while providing care to people living with HIV and AIDS.
- Procurement of quality personal protective clothing such as gloves, N95 masks, aprons, and goggles in order to prevent infections.
- Improvement of infrastructure and procurement of office furniture (swivel chairs) for nurses.
- The hiring of enrolled nurse and other categories of nurses should be taken as a priority as there is the severe shortage of human resources.

5.5.2 Recommendations for enhancing support

- Development of standard operating procedures on the continuous development and support of enrolled nurses in the provision of care for people living with HIV.
- Provision of in-service training and workshops on the development and updates of HIV/AIDS management to enrolled nurses.

5.5.3 Recommendations for mitigating impacts of working with patients living with HIV and AIDS.

- Provision of debriefing and employee wellness programmes for enrolled nurses in coping with traumatic events while providing care to people living with HIV and AIDS.
- Provision of training and development for enrolled nurses in the management and different regimen treatments of HIV/AIDS.
- Nurse Manager to strengthen team building between nurses and operational managers.
- The regular meeting should be held between managers and staff members with regard to patient care and management.

- Enrolled nurses working in medical wards with patients living with HIV and AIDS should be considered for rural and danger allowances as like other professional nurses and nurses working in high-risk wards such as psychiatric ward.

5.5.4 Recommendation for Future research

- The study should be conducted to explore the attitudes of enrolled nurses towards patients living with HIV and AIDS.
- There should be a study focusing on investigating the attitudes of hospital managements towards people living with HIV and AIDS.
- A study needs to be conducted focusing on the experiences of patients living with HIV and AIDS admitted in the hospital under study.

5.6 SUMMARY OF THE RESULTS

The following is a summary of the results in relation to the questions which were formulated based on the objectives of the study:

Research question 1: *What are the experiences of enrolled nurses with regard to caring for PLWHA at a rural hospital in Vhembe district of Limpopo province?* Results indicate that enrolled nurses caring for people living with HIV and AIDS experiences shortage of resources, lack of support and the negative impact of working with HIV positive patients.

Research question 2: *What types of support are provided to enrolled nurses caring for PLWHA at a rural hospital in Vhembe district of Limpopo province?* Results indicate that there is minimal to no support given to enrolled nurses caring for PLWHA at a rural hospital in Vhembe district of the Limpopo province.

Research question 3: What support is required for enrolled nurses caring for people living with HIV and AIDS at a rural hospital in Vhembe district of Limpopo province?

Recommendations were made regarding support needed for enrolled nurses caring for PLWHA at a rural hospital in Vhembe district of the Limpopo Province.

5.7 CONCLUSION

This chapter concluded the study, describe its limitations, discuss the findings and made recommendations for the training and support of nurses in their working environment and the future research to be done. Although nurses did receive support sometimes from management it was considered inadequate, however, they did receive continuous support from their colleagues. The study was conducted to explore, describe and interpret the experiences of enrolled nurse towards caring for PLWHA in one of the rural hospitals in Vhembe district and to develop strategies to guide and support enrolled nurses working with PLWHA.

The findings indicated that enrolled nurses experienced positive and negative emotions and feelings while caring for PLWHA. The study objectives were met. It was noted that enrolled nurses lack skills, knowledge, support and supervision while providing care for people living with HIV and AIDS. Lack of resources(human and material) had negative impact on the provision of health care to PLWHA .The findings should also influence the formulation of policies and training implications for enrolled nurses in the management of HIV/AIDS in Limpopo province.

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APPENDIX 1

UNISA university of south africa

RESEARCH ETHICS COMMITTEE: DEPARTMENT OF HEALTH STUDIES
REC-012714-039 (NHERC)

10 August 2016

HSHDC/531/2016
Mrs AA Mammbona
Student:
Staff: 4396-997-6

Dear Mrs AA Mammbona

Decision: Ethics Approval

Name: Mrs AA Mammbona

Proposal: Experiences of Enrolled nurses towards caring for people living with HIV and AIDS.

Qualification:

Thank you for the application for research ethics approval from the Research Ethics Committee: Department of Health Studies, for the above mentioned research. Final approval is granted for the duration of the research period as indicated in your application.

The application was reviewed in compliance with the Unisa Policy on Research Ethics by the Research Ethics Committee: Department of Health Studies on [add date of meeting].

The proposed research may now commence with the proviso that:

1) *The researcher/s will ensure that the research project adheres to the values and principles expressed in the UNISA Policy on Research Ethics.*

2) *Any adverse circumstance arising in the undertaking of the research project that is relevant to the ethicality of the study, as well as changes in the methodology, should be communicated in writing to the (Name of unit/sub unit) Ethics Review Committee. An amended application could be requested if there are substantial changes from the existing proposal, especially if those changes affect any of the study-related risks for the research participants.*

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3) The researcher will ensure that the research project adheres to any applicable national legislation, professional codes of conduct, institutional guidelines and scientific standards relevant to the specific field of study.

4) [Stipulate any reporting requirements if applicable]

Note:

The reference numbers [top middle and right corner of this communiqué] should be clearly indicated on all forms of communication [e.g. Webmail, E-mail messages, letters] with the intended research participants, as well as with the Research Ethics Committee: Department of Health Studies.

Kind regards,

Prof L Rocks
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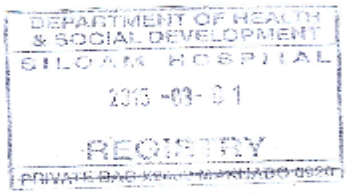
APPENDIX 2



P.O.BOX 3038

Thohoyandou

0950

01 March 2016

The Chief Executive Officer

Attention: HRM&D/ Nursing Management

Siloam Hospital

Request for permission to collect information for Studies: Mammbona A.A. (Student No: 43969976).

I Mammbona A.A. **(Student No: 43969976)** who is registered at UNISA in the College of Human Sciences under the Department of Health Studies for the degree of Master of Public Health, is hereby requesting your institution to grant me permission to collect information for studies. I am researching on the following topic **"Experiences of Enrolled nurses towards caring for people living with HIV and AIDS".**

In order for me to complete this study, I am requesting your institution to permit Enrolled nurses as the targeted population, to provide me with information needed for my study project. I believe that the research i am undertaking will yield results that might also assist your institution. For this reasons, i am encouraging your institution to provide me with the necessary information. I also undertake that i will supply you with the results once the study is completed for your own use.

Hoping that you will find this to be in order and therefore, anticipate your assistance.

Yours Faithfully

Mammbona A.A

Email: olgaavhatakali@gmail.com Cell: 082 4071 534/ 079 6917 748

01/03/2016

Signature *Date*

APPENDIX 3

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Latif Shamila (015 293 6650) Ref:4/2/2

Mammbona AA
UNISA
P.O Box 392
South Africa
0003

Greetings,

RE: Experiences of enrolled nurses towards caring for people living with HIV and AIDS

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
    - Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.
    - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
    - In the course of your study there should be no action that disrupts the services.
    - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
    - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
    - The above approval is valid for a 3 year period.
    - If the proposal has been amended, a new approval should be sought from the Department of Health.
    - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

06/10/2016.
Date

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

APPENDIX 4

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
SILOAM HOSPITAL
Confidential

DEPARTMENT OF HEALTH & SOCIAL DEVELOPMENT SILOAM HOSPITAL 26-10-16 SECRETARY

Ref: S5/3/2
Enq: Netshikweta N.D
Date: 2016/0810/25

To: Ms Mammbona A.A.

RE: REQUEST FOR PERMISSION TO CONDUCT RESEARCH AT SILOAM HOSPITAL.

1. The above matter refers:
2. Receipt of your letter regarding application for permission to collect data regarding experiences of Enrolled nurses towards caring for people living with HIV and Aids, for the fulfilment of your studies with the University of South Africa (UNISA) is hereby acknowledged.
3. Kindly note that your application to conduct research has been approved.
4. Wishing you success in your study.

Chief Executive Officer

2016/10/26
Date

Approved
congratulations!!

Private Bag X2432, Makhado, 0920 Tel (015) 973 0004/5/6, 015 973 1447/8, 015 973 1977, 015 973 1803/4/9 Fax (015) 973 0607

APPENDIX 5

INFORMED CONSENT FORM

This is to certify that I……agree of my free will to participate in this research topic, which focus on the "**"Experiences of Enrolled nurses towards caring for people living with HIV and AIDS".**

All the information that is entailed in the research project has been explained to me in full. I understand that the information that I will share will be used for research purposes only and that nowhere will my identity be made known in any research report or publication. My participation is voluntary. I can participate in part or whole and I can withdraw at any stage or time by the reason known by me, without being restricted anyhow or panelised. I understand that I will not be paid for participating.

I understand that agreeing in participating means that I am willing to:
Take part in the face-to -face interview.

Be informed about the results.

I also understand that if I have any questions or concern about the study, I should contact the researcher (Mammbona A.A.) at the following numbers: 082 4071 534/ 079 6917 748. I can also contact Prof AH Mavhandu-Mudzusi: (the student supervisor) 0124292055/ 0824062494

Participant's Signature Date

Researcher's signature Date

APPENDIX 6

PARTICIPANTS INFORMATION SHEET

Department of Health Sciences
University of South Africa
/ / 2016

Dear Prospective Participants

"Experiences of Enrolled nurses towards caring for people living with HIV and AIDS"

My name is Mammbona Avhatakali Allga and I am doing research with Mavhandu-Mudzusi Helen, a professor in the department of Health Studies towards a Master of Public Health at the University of South Africa. We are inviting you to participate in a study entitled **"Experiences of Enrolled nurses towards caring for people living with HIV and AIDS".**

I am conducting the study in order to gain an understanding on the experience of enrolled nurses in regard to caring for people living with HIV and AIDS in one of the rural hospital in Vhembe district. The reason to do this research is that little is known about the topic. You are targeted as participants as previous studies focus mainly on registered nurses and not enrolled nurses. Since you have personal experience about this subject, I regard you as an expert who can provide me with valuable information.

Should you agree to participate in this research project, I would like to have one interview with you at a time and place that suite you. This interview will not take longer than 60 minutes. If necessary, arrangements will be made with you for follow up interview(s).

Since I would like to give you my attention during interviews, and since I might forget some valuable information that you share with me, I would like to, (with your permission) record the interviews on the tape. After the interviews the audio- recording will be written out word for word. When the interview, is written out, all information that might identify personally, will be removed so that no one will be able to link any information that you have shared during the interviews. The audio- recording will then be kept in a safe place. Some of the information you have shared will be documented in the research report and nowhere will your name or any personal information be shared, this will make it impossible for anyone to identify you.

Please note that participating in this research is completely voluntary (you are free to participate or not to participate). You are also not forced in any way to participate in this research project. Your decision to participate or no to participate will not affect you in any way now or in future. No incentives will be received by participating in the study.

If you agree to take part, you still have the right to change your mind at any time during the study and withdraw from the study. If I see that the information that you have shared with me has left you feel emotional upset, or anxious, I am required to refer you to a counsellor for debriefing or counselling (if you agree).

You have the right to ask question about the study at any time. If you have any questions or concern about the study, please feel free to contact the researcher (Mammbona A.A.) at the following numbers: 082 4071 534/ 079 6917 748.

Thank you for taking time to read this information sheet and for participating in this study.

Thank you

_____

Mammbona A. A

APPENDIX 7

INTERVIEW TRANSCRIPT

PARTICIPANT 1 (RECORDING) **DATE: 28 DEC 2016**

DEMOGRAPHICS

AGE: 48
GENDER: FEMALE
EDUCATIONAL QUALIFICATION: R2176 (NURSING AXILIARY)**,** R2175 (ENROLLED NURSING)
WARD: FEMALE MEDICAL
WORK EXPERIENCE: 12YEARS

KEY TO ABREVATIONS
P: PARTICIPANT
R: RESEARCHER

R: Hi, my name is Olga; I am a Master student in the school of human sciences. I am here to conduct interviews on the **"experiences of enrolled nurses towards caring for people living with HIV and AIDS"** at this institution. Feel free as everything recorded here will be strictly confidential and your identity will remain anonymous throughout the whole interview. The data collected will be used solely for the purpose of research. Please respond to the questions truthfully and accurately. Feel free to participate in this research as agreed.

R: May you please kindly share with me your experiences regarding care of patients living with HIV and AIDS?

P1: This people can be very friendly and sometimes they become aggressive but it also depends on the care they receive from me as a nurse.

R: What do you mean by that?

P1: Ahhh... Like for instance when you don't love the patients and you also shout at them they can pick that up and disassociate themselves to you. They will become aggressive and use all sorts of vulgar words. Like hmm… is so difficult to tell the words I don't think I can repeat the words we are told. Sometimes they can even spit saliva at your face or uniform.

R: Ok, then how do you feel after that?

P1: I feel like quitting this job, is just because I don't have any means to support myself and the children as my husband is not working at the moment.

R: Really, what do you mean?

P1: You know what it is like we are not supported in any way as the management are not the ones who are dealing with this type of bad treatment from the patients who are stubborn.

R: What do you mean when you say you are not supported by the management?

P1: I mean they don't care whether you are ok or fine. They will always take side as they will say the patient is always right. They believe whatever the patient says than a nurse.

R: You also mention that the management are not the ones who are dealing with this type of patient; can you kindly explain what do you mean by that?

P1: Ok I mean, they think that this people are innocent were as they are the ones who are giving nurses bad attitude. You will be abused verbally and nothing will be done to

the patient by the management. You know this people will give you stress and feel like you are nothing. Really is a burden to us nurses.

R: What do you mean when you say is a burden?

P1: As I am working in medical wards, you will find that most of them are confused and will remove their infusion lines. This increase workload as it takes time to do vein puncture procedure and because we are few it creates a problem. I have to re-insert those intravenous lines and it takes time and it is so stressful.

R: I hear you saying that they stress you; can you kindly elaborate on that?

P1: Managing people living with HIV is not a child's play. They are difficult to manage, some are very aggressive, and they will even attempt to hit or beat you with anything they can get hold of. I was once hit by a phone tablet by one of the patients, while trying to feed him. Some will abuse you verbally and they will also tell you that you will be expelled from work as they have connection from the province. They want you to do as they say. It is very stressful.

R: Earlier you also mentioned that when patients remove drips it creates problems due to shortage of staff, what do you mean when you say it is a problem?

P1: Mmmm! Instead of seeing those people as patients, I tend to see them as a burden, because the work load is too much to cope with. I will have to re-insert the drips when giving treatment and is not easy as we are few nurses. It also takes a lot of time and at the end of the day you are tired. The next morning you are expected to come to work. I usually fake sick leave due to physical exhaustion.

R: Do you think other nurse does that or is just you who fake sick leave?

P1: Nurses can't finish eight day shift without taking two, three or more sick days, which in turn makes the remaining nurses to work under severe stress due to pressure of workload.

R: Yaa, it seems very difficult for you to deal with patient living with HIV and AIDS. What type of training have you received regarding those types of patients?

P1: I am not trained in any course, in fact even HCT (HIV Testing and Counselling).

R: You mentioned that you are not trained: what is your source of information for managing people living with HIV and AIDS?

P1: I am not ok, because I have to get information by asking Registered nurses or by searching from internet which is time consuming.

R: I hear you, earlier you mention that some patients spit medicine to you. How do you feel about that?

P1: I am afraid that I may even get infected by HIV. When you are busy and unaware, the saliva can enter your mouth or your eyes.

R: What type of protective materials do you have in regard to prevention of contracting HIV in the workplace?

P1: There are gloves, aprons and masks, but the problem is that there are not of good quality and sometimes not available.

R: What do you mean they are not of good quality?

P1: Gloves are not of good quality. They tear easily especially if we don't double or triple them when doing bed bath and other procedures involving bodily fluids. So I wear

three pairs of gloves at the same time, because they can break at any time without noticing them. I don't want to get infected with HIV myself.

R: That must be tough on you; you mentioned that you sometimes use three gloves at a time, would you mind to tell me why?

P1: I wear three pairs of gloves at the same times, because they can break at any time without noticing them. Aaa (Laughing sarcastically) it is obvious that I am always afraid as I can be infected by HIV. I am trying by all means to protect myself.

R: You also mentioned that you are not trained. How do you feel about that?

P1: I feel like working without direction. I depend on others and the internet which is sometimes hard to connect. It also needs data and money.

R: I can hear you, did management sent you people for psychosocial training?

P1: No I have never been sent there, they don't support us.

R: Can you elaborate further?

P1: Like now, I even inform my immediate supervisor that I need psychosocial support, they will tell you that they will send you for counselling, but they will never do that. It is 12 years now as I am working in medical wards without been debriefed or counselled? This work is stressful as I witness people die on daily basis due to HIV and AIDS related illnesses.

R: Have you ever voiced out any concern about you not being trained or counselled?

P1: Yes, I informed my manager but not in writing. It was during climate meeting in the ward.

R: Earlier on you mentioned that managing people living with HIV and AIDS is stressing you, kindly share with me things which stress you most?

P1: The condition is stressful as I witness death of people living with HIV and AIDS every day of my work life. To make matters worse some of the patients are my closest relatives or neighbours. If I am stressed I usually don't talk.

R: What do you do to deal with stressors?

P1: I usually find a corner and cry alone. If I am stressed I usually don't talk and sometimes I have this terrible headache. I will be sick for two to three days
.
R: I am sorry for that, what do you think should be done to make your work easy to manage people living with HIV and AIDS?

P1: If the department can supply nurses with good quality resources such as gloves, disposable aprons, goggles and N95 masks) and also make sure that they are always available, I will be able to provide quality nursing care without fear of being infected. Nurses are also few, if they can hire more nurses it will relieve the load we are having as nurses. Now nurses are resigning and going to work in private sectors. Also the department can revise the policy on HIV management and make it non-confidential; I think we can be able to nurse the patient in totality.

R: I can see that you want to say something, can you share with me?

P1: You may find that the patent is sick and unable to take treatment; it is so difficult to tell the relative, wife or husband to assist in giving the patient treatment as the patient has not disclosed his or her status to them. We are also forced not to discharge the patient even if we can see that it needs home-based care.

R: What do you mean by home-based care?

P1: I mean patient can get treatment while at home.

R: You also mentioned that nurses are leaving, why are they going?

P1: Is because of the workload and in the private sector you won't struggle to get resources and the working environment there is good. Here you only get sub-standard resources. You cannot finish an eight day shift without sick leave of one or two nurses.

R: If I hear you correctly, what do you think it can be the cause?

P1: hmmm…. Obviously workload is one of the problems. We are tired of nursing more bed ridden patients living with HIV and AIDS. As a nurse I also have backache problem, and I think is because I bend a lot when doing bed making and position changing.

R: What other resources are available for you to do the job?

P1: There are no resources; there is shortage of personnel and material resources for instance, cleaning material and equipment, You can see our wards are always dirty, bushy next to the wards this environment is not conducive for both nurses and patients to work in. Infection control practices measures are not adhered too. There is a lot of snake due to the bush. This place is dangerous.

R: I am so sorry about that, you also mention the problem of backache, are you getting assistance concerning that?

P1: No, they will think you are lying if you are constantly absent from work. They won't even bother to ask you. You will use your own medical aid scheme to consult doctors. Unless you fall in line of duty and injure yourself, is then that they can help you, as it will be taken as injury on duty.

R: What do you like most in the care of people living with HIV and AIDS?

P1: When they become stable after our care and comply with follow-up and treatments.

R**:** What do you mean by being stable?

P1: Ok, I mean is like when they are no longer having HIV/AIDS related infections, for instance, Tuberculosis, Pneumonia etc.

R: What challenges do you have with regard to caring for people living with HIV and AIDS?

P1: Mmm… It's a lot. The most challenges are the treatment and resources which are constantly not available and I will be busy telling the patient to comply with treatment. The other challenges are human resources as there is always shortage of staff in relation to burden of disease.

R: Can you kindly elaborate further when you say burden of disease?

P1: I mean (yawning…) nurses are fewer and patients living with HIV and AIDS are more, and some are bedridden. They need more nursing care. As we are few it poses a problem or a burden. That's where we commit a lot of mistakes, and management won't see that. The management thinks we are being careless. The next thing you are blamed and told to write a statement or incident report.

R: It seems you are afraid of writing incident report?

P1: When you write incidents report is like they are saying you have done something wrong. You end up implicating yourself, in case a patient or relative lay a complaint against you. You can end up being expelled or suspended by the nursing council if found guilty.

R: I can hear you; can you elaborate further on the issue of shortage to treatment?

P1: As far as treatment is concerned there is sometimes shortage of some ARVs (Anti-retroviral treatment). You know that this people are supposed to take treatment without failure for the rest of their lives. Ohhh.. You may find that a person is supposed to get three treatments and instead the person get one or two. The next thing the person is coming back as a defaulter with all the complications

R: You seem worried; can you tell me what the problem is?

P1: We do not have guidance when caring for people living with HIV and AIDS. We only get guidance from other fellow enrolled nurses not from management and professional nurses. Professional nurses are no longer teaching and guiding us with the skills needed for the job. It is difficult to work without direction and guidance. We sometimes look like fools in front of patients and relatives. We also loose respect from patients and relatives.

R: Ok, don't worry you will be referred to the relevant people if you are willing and available, after this session.

P1: No, that won't be necessary.

R: Thank you very much for your time.

CONTACT PERSONS

Any concerns or queries regarding this research should be directed to:

THE RESEARCHER
Ms A A Mammbona
082 507 1534/ 015 9730 004
Email: olgaavhatakali@mail.com

THE SUPERVISOR
Prof A H Mavhandu-Mudzusi
082 406 2494/ 012 4292 055
Email: mmudza@unisa.ac.za

APPENDIX 8

INTERVIEW GUIDE

Experiences of enrolled nurses towards caring for people living with HIV and AIDS

QUESTIONS ASKED DURING INTERVIEWS

Qualitative questions formulated were divided into four categories, namely, biographic, core / main question, probes and follow-up

Biographic Data

1. Gender
2. Age
3. Educational qualification
4. Working experience
5. Allocated ward

Core question

- Kindly share with me your experiences regarding care of patients living with HIV and AIDS?

Probing questions

- What type of training have you undergone in relation to HIV and AIDS?
- What type of protective materials you have in regard to prevention of contracting HIV in the workplace?
- What type of educational do you have with regard to managing HIV and AIDS?
- What type of educational do you have with regard to managing HIV and AIDS?
- What do you like most in the care of people living with HIV and AIDS?

- What challenges do you have with regard to caring for people living with HIV and AIDS?
- What should be done to make your work easy to manage people living with HIV and AIDS?

Other questions were depended on the participants' responses to questions.