

# Workplace wellness for HIV/AIDS-affected nurses in South Africa

Helena Aletta Basson and Lizeth Roets

## Abstract

**Purpose:** The development of a framework for a workplace wellness programme for HIV/AIDS infected and/or affected nurses in South Africa, who comprise registered nurses and midwives, enrolled staff nurses and auxiliary nurses. **Research objectives:** To identify and describe components for a framework of a workplace wellness programme. **Background:** Registered nurses and midwives, enrolled staff nurses and auxiliary nurses (referred to as nurses) in the South African nursing workforce are confronted daily with HIV/AIDS in the workplace due to the high HIV/AIDS prevalence rate among sexually and economically active adult women between 15–49 years of age. The research explains how health and wellness could be promoted by instituting a workplace wellness programme. **Research design:** Quantitative descriptive research. **Findings:** The nurses emphasised the threat of HIV/AIDS and considered a workplace wellness programme a priority. **Conclusion:** A logic model underpinned the workplace wellness programme framework.

**Key words:** Framework ■ Workplace wellness programme ■ HIV/AIDS ■ Nurse ■ Logic model ■ Quantitative

**‘What cannot be talked about must be talked about. What must not be talked about must be talked about openly. What cannot and must not be felt must be given its hearing. We must have the courage to break the spell of our cherished workplace self-protectiveness.’ (Vickers, 2006: 279)**

It has been stated that ‘the effective management of HIV/AIDS in the healthcare workplace requires an urgent integrated strategy that includes an understanding of the impact of HIV/AIDS on the workplace’ (Nel et al, 2008).

This statement is supported by the South African Code of Good Practice on Key Aspects of HIV and AIDS and Employment (Republic of South Africa, 1993; 1995; 1998), wherein recommendations were made for the creation of

Helena Aletta Basson, Registered Professional Nurse, School of Nursing, Faculty of Health Sciences, University of the Free State, Bloemfontein, South Africa  
Professor Lizeth Roets, Lecturer, Nursing Dynamics, Department of Health Studies, School of Social Sciences, South Africa  
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a wellness programme for people, such as registered nurses and midwives, enrolled staff nurses and auxiliary nurses (henceforth referred to as nurses), found in the nursing workforce to possibly deal with the impact of HIV and AIDS in the health care workplace (O’Donnell, 2002).

## Why a workplace wellness programme?

The building blocks of HIV/AIDS prevention and care in a workplace wellness programme (WWP) are primary sexual behaviour change, open communication about HIV/AIDS, organisational and community-level structures and interventions of support, contact and care (Low-Beer, 2005).

A WWP attempts to enhance organisational wellbeing in terms of improved attendance patterns, productivity and profitability (Vass and Phakathi, 2006). It could also assist and support nurses newly diagnosed with HIV to cope with their status, informing them of measures so that they are able to work productively and develop positive attitudes towards healthy-living principles.

A WWP attempts to move the focus to signs of health, emphasising that wellness relies on responsibility for oneself. It assists in establishing a positive approach, notwithstanding the emotional, social and economic deprivation of the HIV/AIDS affected and/or infected nurse. The hostility of co-workers can also negatively affect HIV/AIDS affected nurses. Thus, to defuse any harmful attitudes, the need to implement a comprehensive HIV/AIDS WWP, is acknowledged (Evian, 2003; Smit, 2005; Vass and Phakathi, 2006).

## Background

Because of the character of their nursing function, every nurse is directly and/or indirectly involved with HIV/AIDS in the workplace. They experience the impact of HIV/AIDS in a number of ways, such as caring for large numbers of sick people and facing inevitable high death rates among colleagues, patients, family and friends. They are confronted with additional sick leave, absenteeism and loss of highly qualified colleagues. They are afraid of losing their jobs, being discriminated against and stigmatised. They fear infection and the additional responsibilities induce low staff morale (Zuberi et al, 2005; Champ, 2006; Page, et al, 2006; Van Dyk, 2008).

The literature warns that the influence of a debilitating disease, such as HIV/AIDS, on the self-esteem of nurses could compel them to change or abandon their set goals or career (Gorman et al, 1989).

The 2008 mid-year population of South Africa was about 48.7 million, with 52% (about 25.2 million) of the South

African population being female. The HIV prevalence rate (the proportion of adults who were infected with HIV) in adults aged 15–49 years in South Africa was 18.8%. Thus an estimation of 5.35 million HIV-positive adults indicates an increase from less than 9% in 2001 to about 11.32% in 2008. The HIV prevalence rate estimation for sexually and economically active women aged 15–49 years in South Africa was 19.6%, which was the highest overall prevalence rate, making it the leading cause of death among working female adults in South Africa (Vass and Phakathi, 2006; Statistics South Africa, 2008).

These statistics affect South African nurses directly. A total of 212806 active registered nurses and midwives, enrolled staff nurses and auxiliary nurses were registered on 31 December 2008 at the South African Nursing Council (SANC), not taking into account the nurses in training and unregistered lay caregivers. A total of 139121 active nurses in all categories registered and enrolled at SANC were aged between 15–49 years (67.4%), of which about 92.51% (n=128700) were female nurses (SANC, 2008).

The statistics therefore emphasise a need for implementing a wellness programme in the workplace. A WWP focuses on rehabilitation and social assistance. It provides guidelines for best practice to nursing managers, assisting nurses with re-training for multi-skillship, compassionate leave, flexible working hours and redeployment. Employers benefit through lower levels of labour turnover, reduced absenteeism and increased productivity (Vass and Phakathi, 2006).

A literature search revealed that a WWP did not exist for HIV/AIDS infected and/or affected nurses. Therefore, the development of a framework for a WWP would be appropriate in assisting nurses in the health care sector.

Although the study was conducted in a central city in the Free State Province of South Africa, the same components identified might be applicable to other healthcare facilities in Sub-Saharan Africa.

## Purpose

The purpose of this study was to develop a framework for a WWP for HIV/AIDS infected and/or affected nurses to meet

the challenges of HIV/AIDS and promote optimal health and wellness in the workplace.

## Research objectives

The objectives were to identify and describe components necessary for a framework of a WWP.

## Literature review

The purpose of the literature review was to explore the need for a framework for the development of a WWP for nurses who were confronted with the realities of HIV/AIDS in the workplace. Concepts such as health, wellness, health promotion and wellness programmes were studied and summarised.

According to the World Health Organization (WHO, 2006), a mode of existence that indicated complete physical, social and mental wellbeing, and not merely the absence of an illness or disability, was defined as health. Wellbeing was explained as a contented, positive condition of the body, mind and spirit and social adaptability where social and economical networks and resources existed to encourage, develop and nurture health in all its dimensions (Hawk, 2005; Hall, 2007). This state of wellbeing, where a person experienced positive health, as demonstrated by the quality of life he or she lived, typified wellness (Corbin and Pangrazi, 2001).

A WWP was a prearranged plan and course of action to develop and design a programme in the workplace to promote awareness of positive physical and mental health. It enhanced wellbeing and supported modification to healthy lifestyles (O'Donnell, 2002). The rationale for a framework to implement a WWP was also examined. It was found that a framework could help in organising ideas, reaching conclusions and understanding events depicted in a WWP (Burns and Grove, 2005; Doran and Sidani, 2007; Lunney, 2008).

The Theory of Change Logic Model (WK Kellogg Foundation, 2002) was applied to underpin the suggested framework for a WWP. It supplied the theoretical guide of meaning to express views to the research findings, evaluate the existing knowledge, describe, explain, and predict thoughts and behaviours, which needed testing through further research. The theoretical components of the

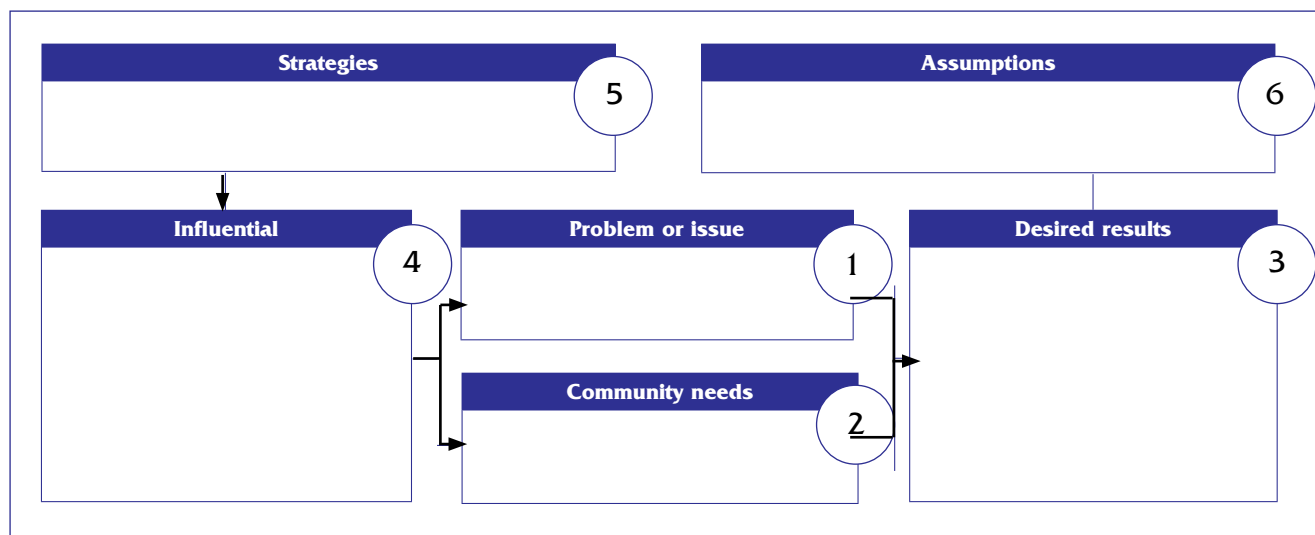


Figure 1. Theory of Change Logic Model Template (WK Kellogg Foundation, 2002)

model comprised of six steps, as illustrated in *Figure 1* and summarised as follows:

#### **Step 1: Problem or issue**

The problem or issue described the difficulty the WWP was attempting to solve or would address.

#### **Step 2: Community needs**

The needs of the community, which depicted specific requirements of nurses, prompted the design of a WWP containing activities to address these problems or needs.

#### **Step 3: Desired results**

The desired results referred to the identification of outcomes that the healthcare manager of a hospital or health care institution aspired to achieve in the short-, medium- and long-term.

#### **Step 4: Influential factors**

Influential factors represented a list of factors that were believed to influence change in the target population, being the nurses.

#### **Step 5: Strategies**

Strategies referred to actions or activities that could bring about change to achieve the intended results or outcomes through using a WWP.

#### **Step 6: Assumptions**

Assumptions were the convictions and beliefs about why the change strategies should achieve the objectives of a WWP.

A framework for a WWP would, therefore, focus on promoting activities that focused on a specific health goal to increase the level of wellbeing and health of the HIV/AIDS infected and/or affected nurse. Furthermore, it would provide a framework in the workplace to motivate and promote, empower and enhance, achieve and maintain optimal health and wellbeing in the nurse.

### **Methodology**

#### **Design**

Obtaining, identifying and exploring information about components found in the workplace that had a direct impact on the physical, social, spiritual and economic wellbeing of the nurse affected and/or infected with HIV/AIDS suggested the use of a quantitative, descriptive research design (Burns and Grove, 2005; De Vos, Strydom et al, 2009).

#### **Population**

Practicing nurses registered and enrolled with SANC participated in the study. The target population was 250 registered and enrolled nurses, including enrolled auxiliary nurses (Burns and Grove, 2005; De Vos et al, 2009). They were employed at a private hospital in a city of the Free State Province, South Africa.

#### **Sampling**

Probability sampling was done, as every registered and enrolled nurse, as well as enrolled auxiliary nurses, were

directly or indirectly involved with HIV/AIDS in the workplace, due to the character of their nursing function (Burns and Grove, 2005; Sandelowski et al, 2007).

#### **Measurement strategy**

A structured questionnaire was developed with closed-ended questions, an open-ended question and the application of the Likert scale of measurement (Burns and Grove, 2005). Overall, 40 questions were derived from the literature search and analyses. All the items in the questionnaire addressed an element of the concept being measured (Burns and Grove, 2005) to enhance content validity.

The questionnaire consisted of four sections, grouping questions related to specific topics together. Section A addressed the biographical information, such as the nursing category, sex, age, race, marital status and financial obligations of each participant. Section B included questions relating to nurses and their opinions on HIV/AIDS issues in the workplace, as well as their need for a WWP. Section C focused on questions referring to their workplace, which managerial input and interventions relating to HIV/AIDS issues were found in their workplace, and which interventions in their workplace they considered important or necessary.

Sensitive information was required in section D. The participants were encouraged to answer the eight questions as honestly as possible, with the assurance that the feedback would only be used for the completion of the study. They were requested to indicate if they were afraid of HIV/AIDS, wanted to stay HIV negative and if they had any family or friends infected with and/or affected by HIV/AIDS.

#### **Pilot study**

After ethical approval was granted, a pilot study was conducted at the sister-hospital of the designated hospital, a few kilometres away, in order to pilot and streamline the research process. It assisted in identifying probable problems with the questionnaire and assessed the reliability and validity of the questionnaire to be used. Participants in this pilot study, as well as the data yielded, were not included in the main study.

#### **Ethical procedure**

The questionnaire was submitted to a validation committee and a panel of experts in instrument development, research methodology and HIV/AIDS at a local university in Bloemfontein, South Africa. It was done in collaboration with a study supervisor (Burns and Grove, 2005). Final approval for the research was granted from the ethics committee to continue with the study.

#### **Data collection**

After approval from the ethics committee was granted, as well as written permission to conduct the main study (Halcomb, et al, 2008), the data were collected.

A pre-packed sealable envelope with a covering letter and an anonymous number-coded questionnaire with clear instructions on how to complete the questionnaire (Lavoie-Tremblay et al, 2008), was distributed to each participant. The questionnaires were anonymously and voluntarily completed, with adherence to confidentiality, integrity and honesty. A



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A pharmacist giving boxes of HIV medication to a patient

response rate of 61% ( $n=141$ ) was elicited from a sample ( $n=232$ ) of the target population ( $n=250$ ), which enhanced the power of the study (Sandelowski et al, 2007).

### Data analysis

Quantitative descriptive research analysis was used (Sandelowski et al, 2007) to analyse and describe the responses yielded from the questionnaires, from which conclusions were drawn. The raw data were entered into a computer and numerically coded and organised by a biostatistician at the university.

The relevance and inference between the literature review and the data yielded from the respondents were captured and explained within:

- The biographical data
- The needs and perceptions of the nurses about the workplace and a wellness programme
- Which interventions were considered important in a WWP
- To what extent the nurse was affected by HIV/AIDS.

The categorical data, such as sex, race and marital status, as well as nursing classification and continuous data were measured by applying the Likert scale. The respondents were asked to explain why they thought that it was important to have a WWP.

### Interpretation and application

#### Biographical data

The respondents were predominantly white, registered SANC nurses, representing sexually and economically active female adults between 19–49 years of age. The majority of respondents were married and had to support their families financially.

#### Response of nurses on HIV/AIDS in the workplace

A relationship was found between HIV/AIDS, health, health promotion and wellbeing (Figure 2). Although the majority

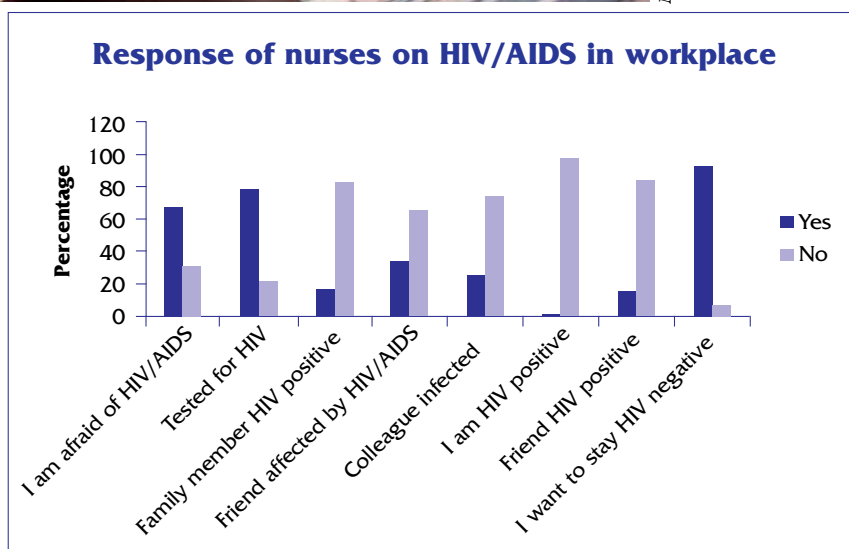


Figure 2. Response of nurses on HIV/AIDS in the workplace

of respondents declared that they had been tested for HIV and were diagnosed HIV negative, a large percentage of respondents (68%,  $n=92$ ) indicated that they were afraid of being infected with the disease. They wanted to stay HIV negative and were of the opinion that HIV/AIDS posed a serious threat to nurses in the workplace. The majority (69%,  $n=95$ ) of respondents indicated that, although they experienced good health and wellbeing, it was often compromised by symptoms of depression, tension or stress, as well as symptoms of flu or a common cold.

#### HIV/AIDS, management and the workplace

The respondents indicated that they felt an operational WWP was of considerable importance to nurses (Figure 3). They were aware of an existing workplace HIV/AIDS policy, workplace HIV/AIDS prevention and awareness programme, and an HIV/AIDS managerial training programme.

However, the respondents felt that an HIV/AIDS task team, voluntary confidential counselling and testing (VCCT) facilities, and a peer-educational programme were not adequately promoted.



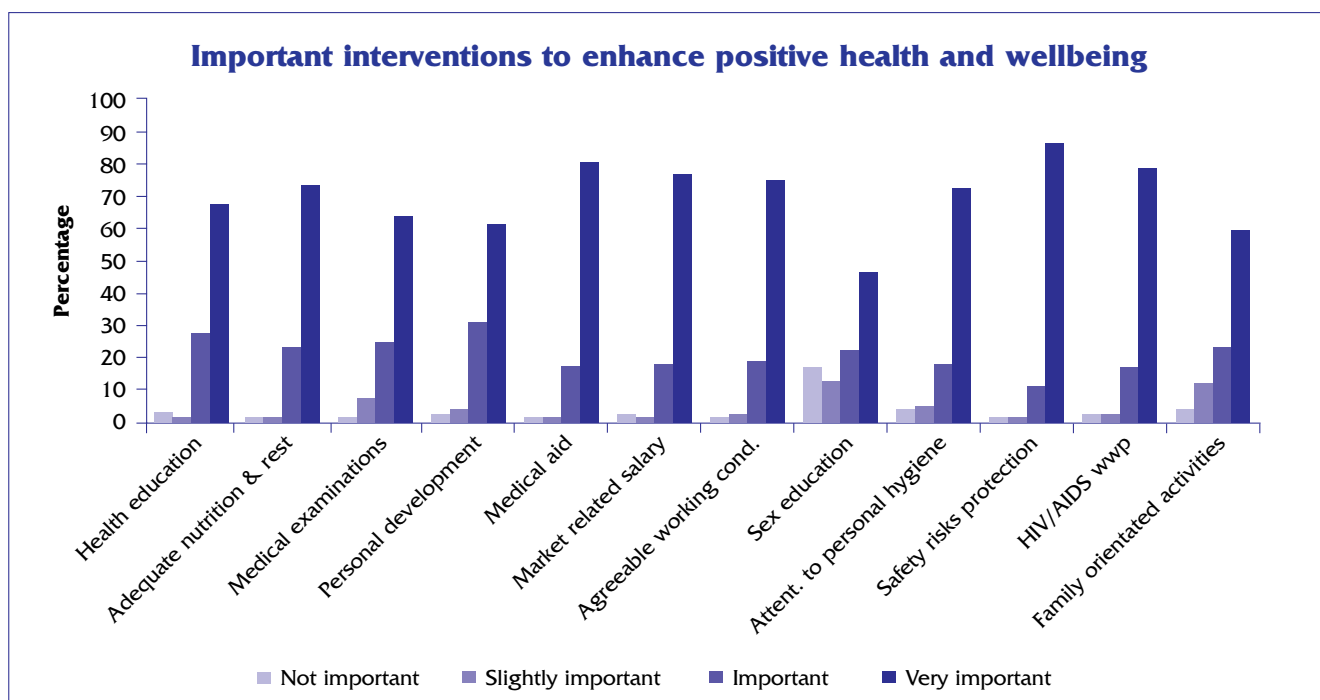


Figure 3. Important interventions to enhance positive health and wellbeing

They furthermore indicated that nurses should be allowed to be involved with the development of a workplace HIV/AIDS strategy and policy applicable to nurses. The proposal was made that the physical and psychosocial, as well as economical and occupational requisites with necessary education and information for the nurse, should be purposefully addressed by means of a WWP.

The obligation of an employer to develop, as well as co-ordinate, employee wellness to promote and enhance positive health, positive daily living principles and wellbeing among nurses were determined as proposed managerial factors, internal as well as external, workplace factors that disposition, namely regulate and plan, the development of a WWP.

Nurses needed information about managing stress, working hours that allowed enough resting periods, staying employed, and protection initiatives against life-threatening diseases, such as HIV/AIDS.

The respondents highly recommended the availability of an occupational health nurse skilled in HIV/AIDS issues. They stated that peer and counsellor education, as well as an operational HIV/AIDS workplace task group, should be implemented.

The nurses in this study effectively indicated that:

- They proposed to stay healthy and well
- The management of HIV/AIDS in their workplace should be reconsidered
- Health and wellness promotional interventions and services should be implemented to support a sustainable and effective WWP.

The literature study, as well as the research data yielded, recommended an integrated managerial strategy for effective management of HIV/AIDS in the workplace. It identified the objectives and components necessary for the introduction of a WWP.

The framework of a WWP had to focus on the following:

- Creating an awareness of health and occupational topics that posed a hazard in the workplace and had an effect on nurse wellbeing, such as HIV/AIDS
- Health education, information and behaviour modification strategies promoting lifestyle changes and optimal health and wellbeing
- Creating a supportive work environment that encouraged nurses to obtain and maintain positive health and wellness.

### Framework

A framework (Figure 4) was developed to guide the design of a WWP. The evidence acquired from the literature and the results, offered a mode of reference to describe, integrate, and connect the relationships among the components of the proposed framework (McCray, 2003). A logic model (Figure 1) was used, which demonstrated the theory of change underpinning this framework for the development of a WWP.

### Logic model

The logic model was a tool that rendered a visual image or picture of how a programme was expected to achieve its intended outcomes and guided the components underlying programme. It furthermore described the causal link from the start of a programme up until achieving the programme objectives (WK Kellogg Foundation, 2002), clearly defining, as well as describing, the theory of change that supported a programme.

The theory of change supporting a programme was therefore described in the logic model. The theory of change was an explanation of the causal links that connected the programme activities to the expected outcomes. It helped in planning and managing activities in the programme where evaluation was important (WK Kellogg Foundation, 2002; Julian, 2005; Frechtling, 2007).

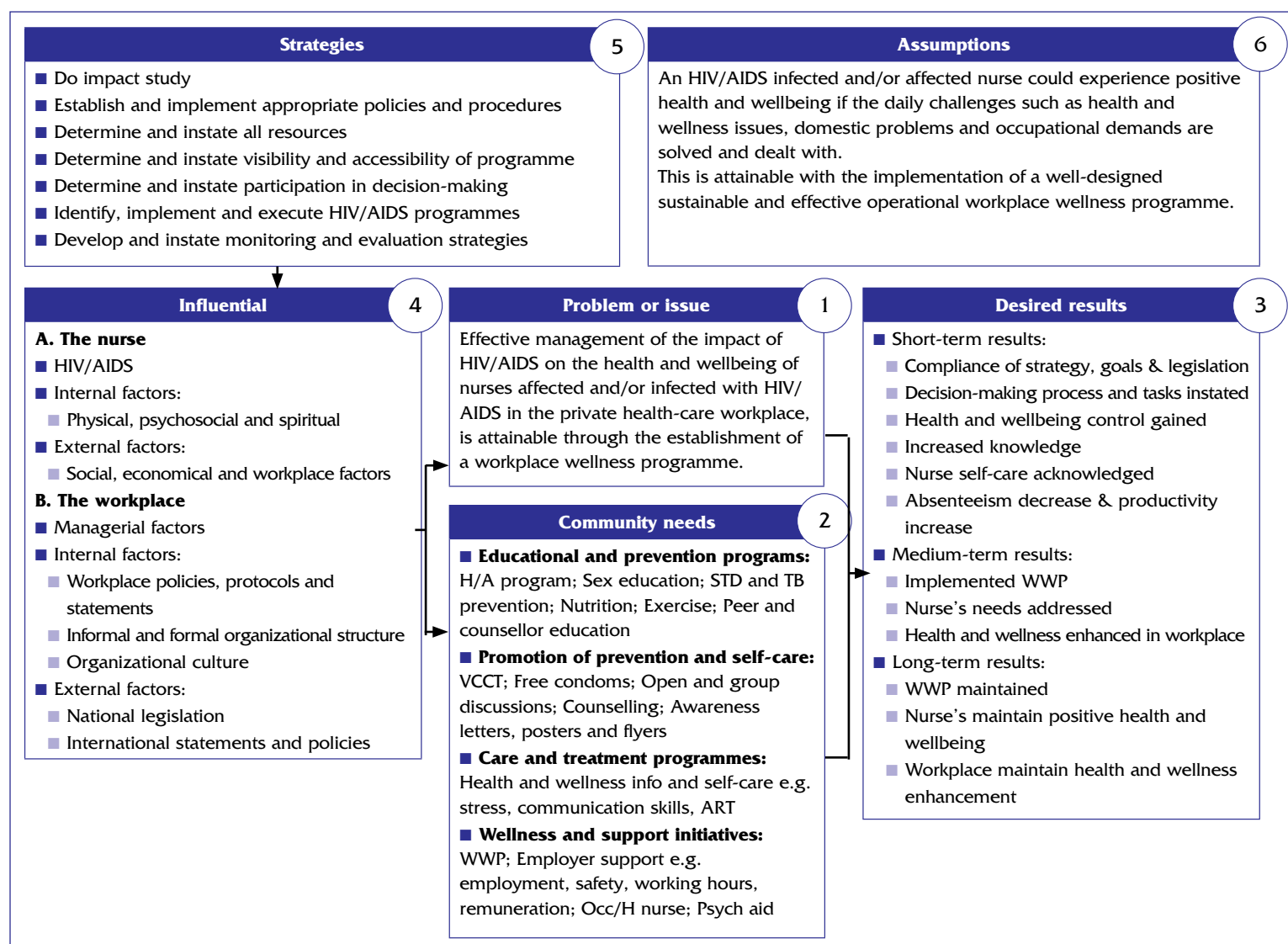


Figure 4. Framework for a workplace wellness programme

This theory of change logic model, therefore, illustrated how and why the WWP would achieve its proposed goals and objectives, because the focus was on the problem or issue and the reasons or needs for proposing the given solutions. This determined that an HIV/AIDS infected and/or affected nurse could experience positive health and wellbeing, if the daily challenges, such as health and wellness issues, domestic problems and occupational demands were dealt with. It was attainable with the implementation of a well-designed, sustainable and effective operational WWP.

Subsequently, the Theory of Change Logic Model template (WK Kellogg Foundation, 2002) (Figure 1) was applied to assist in understanding the framework for a WWP (Figure 4). The theoretical components were arranged in six steps and linked together to explain the value and assumptions of the WWP.

The components, which were depicted in the six steps, consisted of the problem; the community's (nurses) needs; the desired results; the influential factors; strategies and assumptions. The framework is presented in Figure 4.

## Recommendations

This study was concluded with the acknowledgement that nurses would experience positive healthy living and wellness if daily health and employment issues were effectively addressed. A requisite would remain for the co-responsibility and commitment of the employer to promote the health and wellbeing of employees in the workplace (Hartwig et al, 2008).

The following recommendations are put forward to address the limitations found in this study:

### Recommendations relating to the nurse and the workplace

The majority of respondents in this study were white, female nurses. The South African population consisted of about 79% black Africans (Statistics South Africa, 2008), who embraced strong traditional and cultural beliefs influencing their perceptions of HIV/AIDS-related issues. The opinion of nurses from this group should be further investigated to ascertain their willingness to seek advice and help from the employer by means of a WWP.

Research had determined that HIV/AIDS counselling provoked resistance among black Africans (Mawar et al, 2005).

## KEY POINTS

- The effective management of HIV/AIDS in the health care workplace required an integrated strategy that included an understanding of the impact of HIV/AIDS on the workplace.
- A workplace wellness programme could attempt to enhance organisational wellbeing and assist nurses infected with and/or affected by HIV/AIDS to stay healthy and well within an environment where they were confronted with the disease on a daily basis.
- The HIV-prevalence rate estimation for sexually and economically active adult women aged 15–49 years in South Africa was 19.6%, which was the highest overall prevalence rate, making it the leading cause of death among working adults in South Africa.
- These occurrences affected the South African nurses directly, because the nursing pool in South Africa consisted of predominantly female nurses.
- Components necessary for the development of a framework for a workplace wellness programme were identified and described.
- The Theory of Change Logic Model was applied to underpin the suggested framework for a workplace wellness programme.

Further research into this occurrence needs investigation, as it could have a profound effect on the sustainability of counselling services rendered in a WWP.

The research and study findings were limited to one sample and could not be appropriately generalised to the complete nursing population represented in the private healthcare sector. It would therefore be of value if the study could be expanded to include all nurses practicing in the private, as well as the public health care sector in South Africa. Similar research studies should be encouraged in other countries where nurses are confronted with HIV/AIDS in the workplace on a regular basis.

### Recommendations relating to the framework

Evaluation strategies should be developed enabling health care managers to measure the progress against the stated goals and objectives of a hospital or health care institution on HIV/AIDS issues, as well as making informed decisions on the effectiveness and appropriateness of a WWP and the HIV activities (International Finance Committee, 2002; Thomas et al, 2005; Van Dyk, 2008). A logic model for an evaluation framework was recommended.

BJN

**'If you don't know where you're going, how are you gonna know when you get there?'**

**Yogi Berra (WK Kellogg Foundation, 2002)**

*Conflict of interest: none*

- Burns N, Grove SK (2005) *The Practice of Nursing Research: Conduct, Critique, and Utilization*. 5th edn. Elsevier Saunders, St Louis
- Champ D (2006) Nurses need support. *Nursing Update* 30(2): 50
- Corbin CB, Pangrazi RP (2001) Toward a uniform definition of Wellness: A commentary. *President's Council on Physical Fitness and Sports Research Digest* 3(15): 1-7
- De Vos AS, Strydom H, Fouché CB, Delpont CSL (2009) *Research At Grass Roots: For the Social Sciences and Human Services Professions*. 3rd edn. Van Schaik Publishers, Pretoria
- Doran DM, Sidani S (2007) Outcomes-focussed knowledge translation: A framework for knowledge translation and patients outcomes improvement. *Worldviews Evid Based Nurs* 4(1): 3-13
- Evian C (2003) *Primary HIV/AIDS Care*. 4th edn. Jacana, Houghton
- Frechtling JA (2007) *Logic Modeling Methods in Program Evaluation*. Jossey-Bass, San Francisco
- Gorman M, Sultan D, Luna-Raines M (1989) *Psychosocial Nursing Handbook for the Nonpsychiatric Nurse*. Williams and Wilkins, Baltimore
- Halcomb EJ, Davidson PM, Salamonson Y, Ollerton R, Griffiths R (2008) Nurses in Australian general practice: implications for chronic disease management. *J Clin Nurs* 17(5A): 6-15
- Hall E (2007) Creating spaces of wellbeing for people with learning disabilities:

- A commentary. *New Zealand Geographer* 63(2): 130-4
- Hartwig K, Pashman J, Cherlin E et al (2008) Hospital management in the context of health sector reform: a planning model in Ethiopia. *Int J Health Plann Manage* 23(3): 203-18
- Hawk C (2005) The interrelationships of wellness, public health, and chiropractic. *J Chiropr Med* 4(4): 191-4
- International Finance Corporation (2002) Code of Practice on HIV/AIDS and the World of Work. Number 2, December. [tinyurl.com/czllmvx](http://tinyurl.com/czllmvx) (accessed 8 December 2012)
- Julian DA (2005) Enhancing quality of practice through theory of change-based evaluation: Science or Practice? *Am J Community Psychol* 35(3-4): 159-68
- Lavoie-Tremblay M, Wright D, Desforges N (2008) Creating a healthy workplace for new-generation nurses. *J Nurs Scholarsh* 40(3): 290-7
- Low-Beer D (2005) HIV and AIDS in Africa: Beyond Epidemiology – a Review. *Ann Assoc Am Geogr* 95(2): 478-81
- Lunney M (2008) The need for International nursing diagnosis research and a theoretical framework. *Int J Nurs Terminol Classif* 19(1): 28-34
- Mawar N, Sahay S, Pandit P, Mahajan U (2005) The third phase of HIV pandemic: Social consequences of HIV/AIDS stigma & discrimination & future needs. *Indian J Med Res* 122(6): 471-84
- McCray J (2003) Leading interprofessional practice: a conceptual framework to support practitioners in the field of learning disability. *J Nurs Manag* 11(6): 387-95
- Nel PS, Swanepoel BJ, Kirsten M, Erasmus BJ, Tsabadi, MJ (2005) *South African Employment Relations: Theory and Practice*. 5th edn. Van Schaik Publishers, Pretoria
- O'Donnell MP (2002) *Health Promotion in the Workplace*. 3rd edn. Delmar Thomson Learning, Albany
- Page J, Louw M, Pakkiri D (2006) Working with HIV/AIDS. Juta and Co. Ltd, Cape Town
- Republic Of South Africa (1993) Occupational Health And Safety Act, No. 85 Of 1993. Government Gazette, 337 (14918). Government Printer, Pretoria
- Republic Of South Africa (1995) Labour Relations Act, No. 66 Of 1995. Government Gazette, 366 (16861). Government Printer, Pretoria
- Republic Of South Africa (1998) Employment Equity Act, No. 55 Of 1998. Government Gazette, 400 (19370). Government Printer, Pretoria
- Sandelowski M, Barroso J, Voils CI (2007) Using qualitative metasummary to synthesize qualitative and quantitative descriptive findings. *Res Nurs Health* 30(1): 99-111
- Smit R (2005) HIV/AIDS and the workplace: perceptions of nurses in a public hospital in South Africa. *J Adv Nurs* 51(1): 22-9
- South African Nursing Council (2008) Age Statistics 2008 and Geographical Distribution of the Population of South Africa versus Nursing Manpower. <http://www.sanc.co.za/stats.htm> (accessed 8 December 2012)
- Statistics South Africa (2008) Mid-year population estimates, South Africa 2008: Statistical release P0302. [www.statssa.gov.za](http://www.statssa.gov.za) (accessed 8 December 2012)
- Thomas EP, Colvin M, Rosen SB, Zuccarini C (2005) HIV prevalence study for the development of a HIV workplace strategy for Buffalo City Municipality. [www.cadre.org.za/page/1/4/11/28](http://www.cadre.org.za/page/1/4/11/28) (accessed 16 December 2012)
- Van Dyk A (2008) HIV/AIDS Care and Counselling: A Multidisciplinary Approach. 4th edn. Pearson Education, South Africa
- Vass J, Phakathi S (2006) *Managing HIV in the workplace – Learning from SME's*. HSRC Research Monograph: 1-98. HSRC Press, Cape Town
- Vickers MH (2006) Towards employee wellness: Rethinking bullying paradoxes and masks. *Employee Responsibilities and Rights Journal* 18(4): 267-81
- World Health Organization (2006) Constitution of the World Health Organization. Basic documents, 45th ed. supplement, October 2006. [www.who.int/governance/eb/who\\_constitution\\_en.pdf](http://www.who.int/governance/eb/who_constitution_en.pdf) (accessed 8 December 2012)
- WK Kellogg Foundation (2002) Logic Model Development Guide. Kellogg Foundation, Michigan
- Zuberi T, Sibanda A, Udjo E (2005) The Demography of South Africa. ME Sharpe Inc, South Africa

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