

# CHAPTER 1

## Orientation

### 1.1 INTRODUCTION

Although HIV/AIDS is a potentially serious condition, people infected will now live longer, thanks to the new and effective antiretroviral (ARV) therapy. With this treatment being introduced into health care facilities at a faster rate, nurses need to be up to date and well informed about ARVs so as to provide clients with the latest and accurate information. In the researcher's experience, with proper accurate information, clients use the drugs effectively and the death rate is reduced.

The aim of this study is to explore and describe voluntary counselling and testing (VCT) nurses' perceptions of educating HIV-positive people about ARVs in Swaziland. The responses were analysed according to the main themes that emerged directly from the respondents' views. Guidelines for the support of nurses while educating HIV-positive people about ARVs will be discussed based on the research findings.

### 1.2 BACKGROUND

In this third decade of the HIV/AIDS epidemic, no cure or vaccine has been developed. The epidemic is continuing. The impact of HIV/AIDS includes increased numbers of orphans, increased destitution, economic hardship, increased health care demands, social fabric depletion and loss of developmental gains. The global situation is worse than the world's worst expectations.

According to Kelly (2002:22), HIV/AIDS has killed more people than the two world wars combined. Approximately 2,8 million people are dying worldwide because of HIV/AIDS (UNAIDS 2002:12). Approximately four million Africans desperately need antiretroviral treatment. Three million people who need the treatment live in Sub-Saharan Africa

(UNAIDS 2002:13). According to the United Nations Development Programme (UNDP) HDI Report (2001:13) 316 out of a thousand people in Swaziland need the antiretroviral treatment. People are still dying in numbers despite the prevention measures put in place like abstinence, being faithful, and condom use (ie, the ABCs of prevention).

With the advent of antiretroviral drugs, the death rate will be reduced. Most patients taking these drugs will live longer than they would without medication. This is because antiretroviral drugs slow down HIV replication to such an extent that the viral load in the blood is reduced to very low and even undetectable levels. People may have a near normal life (Kline 2003:1331).

To make the drugs accessible to the people, drug companies have doubled the supply of ARVs to Africa at reduced prices. In Swaziland, the National Emergency Response Council on HIV and AIDS (NERCHA) has played a big role in helping the Swazi people. NERCHA has succeeded in obtaining money from the global fund to buy ARVs and provide them free to people who are infected with the virus and need them (Kline 2003:1332).

Throughout this pandemic, nurses have constituted the majority of frontline health professionals. The nurses are the professionals in most contact with the patients. They are the ones who provide care to patients and families on a daily basis. The nurses provide health care services that include health education according to the Primary Health Care Strategy (2000). According to Henderson (1966:46), it is also part of a nurse's role to improve the patient's level of understanding and therefore promote health. With the ARVs treatment being introduced into health care facilities at a faster rate, nurses themselves need to be up to date and well informed about ARVs so as to provide patients with the latest and accurate information. Nurses also need to develop positive attitudes about the drugs if they have to positively educate clients on them. Clients have a right to make informed decisions about their care. They need to be informed about ARVs. This includes the goals of treatment, side effects, when to initiate and when to stop therapy. This information must be presented to clients clearly, in a manner that will be understood and should be current.

According to the *Times of Swaziland* (TOS) (2003:6), people in Swaziland will die, not because they are HIV-positive but because they lack knowledge on ARVs. Without proper knowledge there is ignorance, non-use, noncompliance and nonadherence to the regime. Adherence and compliance are the primary determinants of the effectiveness of ARVs. Good adherence and compliance improves the effectiveness of ARVs and poor adherence severely compromises the effectiveness of the treatment

Through proper health education, nurses can have a significant impact in ensuring proper use, compliance and adherence. Educating the clients has become even more important since the ARVs are new and for now the only hope in this situation. It is critical therefore that nurses be educated on the drugs to empower them so that they (nurses) can empower clients to have a better understanding of the drugs and ensure that clients adhere to and comply with treatment. Adherence and compliance comes from proper education. Therefore, this background to the problem led to the following statement of the research problem.

### **1.3 PROBLEM STATEMENT**

Nurses have an important role in educating clients on ARVs. Kelly (2002) and Kuhn and Peterson (2000) emphasise prevention measures such as condom use and prevention of mother-to-child transmission (PMTCT). Clinical research has concentrated on issues such as possible drug combinations, when to initiate therapy, and side effects. No studies have been done to explore VCT nurses' perceptions of educating HIV-positive people about ARVs in Swaziland. As a result their perceptions are largely guesswork yet a major area of nursing is to educate people on ARVs so that they have a better understanding of the drugs. This study therefore aims to explore and describe VCT nurses' perceptions of educating people about ARVs in Swaziland.

### **1.4 RESEARCH QUESTIONS**

The researcher wished to to answer the following questions:

- What are VCT nurses' perceptions of educating HIV-positive people about ARVs in Swaziland?
- How can the findings be used to influence a change in the practice of nursing in Swaziland?

## **1.5 SIGNIFICANCE OF THE STUDY**

The HIV/AIDS epidemic is continuing despite the ABC's of prevention put in place. The ARVs are the only hope in this hopeless situation. Patients need to fully understand everything about ARVs. Patients are educated by nurses as part of health care. This study therefore is significant in that, based on the findings, recommendations will be made to the Ministry of Health for in-service training of nurses countrywide and the incorporation of ARV content into the nursing curriculum. Clients will be given proper information on ARVs so that they better understand the regime, and use ARVs effectively in order to reduce the mortality rate.

## **1.6 PURPOSE OF THE STUDY**

The purpose of the study is to explore and describe VCT nurses' perceptions of educating HIV-positive people about antiretroviral drugs (ARVs) in Swaziland.

## **1.7 RESEARCH OBJECTIVES**

The study aims to

- explore and describe VCT nurses' perceptions of educating HIV-positive people about ARVs
- develop guidelines for the support of nurses in educating HIV-positive people about ARVs in Swaziland

## **1.8 PARADIGMATIC PERSPECTIVE**

The researcher adopted a systems approach. Gillies (1994:66) states that the functions of any system are to convert information, energy or materials into a planned outcome or product to use within the system. The systems approach is appropriate for this study because the aim is to explore VCT nurses' perceptions of educating HIV-positive people about ARVs and use this information (ie, their perceptions) to improve nurses' training and the nursing curriculum. The approach focuses on the evaluation of the quality of health care based on three criteria, namely the **inputs**, **throughput/process** and **outputs** (Gillies 1994:66).

**Input** refers to the operating materials and information needed by the system. It is the energiser of the system and includes the technical, financial or human resources. In this study, it refers to the VCT nurses who are specially trained to offer ARV education to people as part of the required VCT standards. **Throughput/process** means the series of actions by which the system converts energy input into products and services that are usable by the system itself. In this study, it refers to the process of educating HIV-positive people about ARVs by VCT nurses. **Output** is the final outcome of the system throughput/process. It is the effectiveness of activities as evidenced by behaviour, responses, level of knowledge and satisfaction. In this study, it refers to the VCT nurses' level of satisfaction with their job of educating HIV-positive people about ARVs as evidenced by their perceptions and also the HIV-positive people's level of satisfaction with the education they receive, based on their level of knowledge of ARVs and behaviour towards them.

## 1.9 DEFINITIONS OF TERMS

In this study, the following terms are used as defined below.

- *Attitude*. A feeling or opinion about something or way of behaving that follows from this.
- *Knowledge*. Understanding of information about a subject which has been obtained by experience or study and which is either in a person's mind or possessed by people in general.
- *Nurse*. Practising nurse in Swaziland currently registered with the Swaziland Nursing Council.

- *Perceptions*. A way of understanding or interpreting.

## 1.10 ACRONYMS USED IN THE STUDY

ABCs	-	Abstinence, being faithful and condom use
AIDS	-	Acquired Immune Deficiency Syndrome
ARVs	-	Antiretroviral drugs
HIV	-	Human Immunodeficiency Virus
NERCHA	-	National Emergency Response Council on HIV and AIDS
PMTCT	-	Prevention of mother-to-child transmission
TOS	-	Times of Swaziland
VCT	-	Voluntary counselling and testing
UNAIDS	-	United Nations Programme on HIV/AIDS
UNDP	-	United Nations Development Programme
UNFPA	-	United Nations Population Fund

## 1.11 RESEARCH DESIGN

Burns and Grove (1997:225) and Uys and Basson (1991:38) define research design as the structural framework or blueprint of the study. This framework guides the researcher in the planning and implementation of the study, while achieving optimal control over the factors that could influence the study.

The researcher used a qualitative, exploratory, descriptive design following the phenomenological approach for this study. Qualitative research is based on a world-view that is holistic and thus explores the depth, richness and complexity inherent in phenomenon (Burns & Grove 1997:67). As this study was deemed to be holistic, looking at the phenomenon under investigation (knowledge, attitudes and perceptions of VCT nurses), the qualitative approach was considered the best approach. Perceptions cannot easily be quantified and need to be explored in depth to get the meanings. Reality in qualitative research is considered subjective thus attitudes and perceptions are considered unique to the individual (Burns & Grove 1997:39).

## **1.12 POPULATION**

Population refers to all the elements that meet certain criteria for inclusion in a given universe (Burns & Grove 1997:58). The target population for this study comprises nurses who provide education to HIV-positive clients in the Raleigh Fitkin Memorial Hospital VCT Centre in the Manzini region. In order to be included in the sample, the respondents had to be qualified nurses working with HIV-positive patients and had to participate voluntarily without being remunerated in any manner whatsoever.

## **1.13 SAMPLE**

According to Botes (1997:624), qualitative sampling techniques are always purposive and the intent is always to select small, not necessarily representative samples in order to acquire in depth understanding of phenomena under investigation. Participants are chosen by non-probability convenience sampling. In convenience sampling subjects are included in the study because they happen to be in the right place at the right time and available subjects are simply entered into the study until the desired sample is reached (Burns & Grove 2001:371). In this study, the respondents were those on duty at the time of data collection and the sample size will be determined by the quality of the data collected. If saturation was reached (i.e., no more new information elicited), no more respondents would be needed.

## **1.14 DATA COLLECTION**

Data collection is the process by which the researcher collects information needed to answer the research questions. In this study, data was collected by means of semi-structured in-depth face-to-face interviews to understand VCT nurses' perceptions of educating HIV-positive people about ARVs. This type of interviewing allows flexibility and makes it possible to follow the thoughts of participants. Interviews will be tape-recorded and continued until data saturation had occurred. According to Lincoln and Guba (1985) (in

Streubert & Carpenter 1995:22), saturation is reached when there is repetition of salient points (themes).

In accordance with the phenomenological method, prior to data collection the researcher suspended all that she knew about ARVs through the process of phenomenological reduction or bracketing. By bracketing, the researcher attempts to control judgment that might be based on values, motivations and preconceptions thus helping to eliminate bias (Polit & Hungler 1999:328). This ensures objectivity and neutrality of the data.

### **1.15 PILOT STUDY**

The researcher conducted a pilot study with subjects similar to those who were used in the study. A pilot study is a small-scale version or trial run done in preparation for a major study and serves the purpose of identifying any problems with the design, sequencing of questions and procedure for recording responses (Polit & Hungler 1999:38).

### **1.16 DATA ANALYSIS**

Data analysis is the systematic organisation and synthesis of research data (Polit & Hungler 1999:625).

Data analysis began when data collection started. Tesch's (1990) method of data analysis was used (Creswell 1994:23). Data was analysed based on the main themes emerging from the respondents' views. The themes were categorised and subcategorised and presented in tables and charts where indicated.

### **1.17 TRUSTWORTHINESS**

Since this was a qualitative study, it concentrated on enhancing trustworthiness. Trustworthiness was ensured by applying Guba's (1981) model of assessing trustworthiness. The four criteria of assessing trustworthiness are credibility, transferability, dependability and confirmability (Streubert & Carpenter 1995:29).



Credibility refers to confidence in the truth of the data (Polit & Hungler 1999:427). Credibility includes activities that increase the probability that credible findings will be produced (Streubert & Carpenter 1995:29). In this study credibility was assured by prolonged engagement with the subjects, member checks and data cleaning. Dependability is a criterion met once the researcher has determined the credibility of the findings. In this study, dependability was ensured by dependability audit through perfect data analysis protocol development and use of a research supervisor. This also ensured dependability. Confirmability refers to the objectivity or neutrality of the data (Polit & Hungler 1999:430). Confirmability was ensured by bracketing during data collection and analysis. Transferability refers to the probability that the study findings have meaning to others in similar situations (Streubert & Carpenter 1995:29). In this study, transferability was enhanced by convenience sampling of subjects, conducting of interviews until saturation was reached and a comprehensive description of data-collection and analysis methods used.

### **1.18 ETHICAL CONSIDERATIONS**

Research has ethical principles that the researcher must consider when interviewing the respondents, so as to protect human rights. For this study:

- The nurses were clearly informed of the purpose of the study and what is required of them. Written consent was sought to conduct and tape-record the interviews.
- The respondents' identities were not revealed and thus anonymity will be assured.
- The respondents were advised that they are free to decline or withdraw from the study at any time should they so wish. This ensured personal freedom.
- Confidentiality and privacy were assured by conducting interviews in a private room and the tapes cleaned after data analysis.
- Permission were obtained from the institution where interviews were conducted.

### **1.19 OUTLINE OF THE STUDY**

Chapter 1 outlines the study, including the purpose, objectives and data-collection technique.

Chapter 2 discusses the research design and methodology.

Chapter 3 discusses the literature review.

Chapter 4 discusses the findings with reference to the literature reviewed.

Chapter 5 concludes the study and presents guidelines for the support of nurses when educating HIV-positive people about ARVs in Swaziland.

## **1.20 CONCLUSION**

This chapter outlined the study, including the background to, rationale for and purpose of the study. Chapter 2 describes the research design and methodology.