

Enrolled nurses' experiences of caring for patients living with HIV in a South African rural hospital

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Background: Most public hospitals in African countries are overpopulated with patients suffering from conditions related to HIV and AIDS. These patients increase the burden on healthcare providers, among which are enrolled nurses.

Aim: To explore enrolled nurses' experiences of caring for patients living with HIV and AIDS at a public rural community hospital in the Vhembe district of Limpopo Province, South Africa.

Design: The study was underpinned by the interpretative phenomenological design.

Participants: A total of 11 purposively selected enrolled nurses who met the inclusion criteria participated in the study. The sample size was based on data saturation.

Method: Data were collected through semi-structured individual face-to-face interviews guided by an interview guide. Interviews were audio-recorded; and field notes were also taken. Data were analysed thematically following a framework for interpretative phenomenological analysis.

Results: The study revealed that enrolled nurses are working without adequate resources. They also experience minimal support despite the negative circumstances they are exposed to in the process of caring for patients admitted with HIV-related illnesses.

Conclusions: A lack of resources, limited support and inadequate skills have a negative impact on the health care that enrolled nurses provide to patients admitted in hospital with HIV-related ailments. Researchers recommend the importance of supporting and equipping enrolled nurses to provide quality care to patients living with HIV.

Implications for nursing and health policy: The findings have highlighted the challenges faced by enrolled nurses while caring for patients with HIV. The identified gaps will assist the Department of Health in developing policies to enhance the support offered to enrolled nurses and improve the care provided to patients with HIV-related conditions that are admitted to rural hospitals.

Keywords: AIDS, Enrolled Nurse, Experience, HIV, Public Hospital, Rural, Interpretative Phenomenology, South Africa

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Introduction and background

This paper presents the experiences of enrolled nurses' experiences of caring for patients living with human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) at a public rural community hospital in the Vhembe district. Enrolled nurses are trained to offer basic nursing practice (Statistics South Africa 2017, p.25). The training of enrolled nurses is at certificate level; and they are expected to work under the supervision of professional nurses who either have a degree or diploma in nursing science. This category of nurses relates to those who mostly provide basic nursing care to patients with chronic conditions, such as HIV and AIDS.

The HIV is still a major health threat in the world. Approximately 42.9 million people world-wide were living with HIV globally in June 2017 among which were 2.1 million new people infected with HIV. A total of 1.2 million died of HIV-related conditions. Eastern and Southern African countries have the highest number of people living with HIV in the world, estimated at 19.0 million, as compared to other countries in the world (UNAIDS 2016).

South Africa, one of the countries in Southern Africa, has approximately 7.03 million people living with HIV; approximately 12.6% of its total population (Statistics South Africa, 2017). Approximately, one-fifth (17.9%) of women aged 15–49 years in South Africa are living with HIV. The HIV prevalence in Limpopo is 17%. About 259 227 of new HIV infections occurred in 2017 alone (Statistics South Africa 2017); and 52 408 of the new infections occurred in the Vhembe district of Limpopo. This number is approximately 10.87% of the total Vhembe district population.

The high HIV prevalence in South Africa is linked to the use of antiretroviral treatments that make people live longer. South Africa has the largest number of people who use antiretroviral treatment than all other countries in the world (Shisana et al. 2014). The longevity of people living with HIV is accompanied by frequent visits to the hospitals for treatment and care for HIV-related infections (Erkki & Hedlund 2013; Makhado & Davhana-Maselesele 2015; Ramathuba & Davhana-Maselesele 2013). These frequent visits increase the workload of nurses. The challenge is that, while there is a great demand for nurses to provide quality care to patients admitted in hospitals for HIV-related conditions, their formal training does not prepare them to care for such patients (Berg & Nilsson 2015; Haoses-Gorases et al. 2013). The high admission rate of HIV-positive patients in public hospitals contribute to exhaustion, stress and burnout among nurses. (Haoses-Gorases et al. 2013). The stress and frustration among nurses caring for patients with HIV are exacerbated

by a shortage of human and material resources (Campbell et al. 2011). This shortage of resources keeps nurses from providing proper care and support to HIV-positive patients (Erkki & Hedlund 2013).

The negative attitudes of patients, their relatives and community members towards nurses caring for patients with HIV increase the stress suffered by nurses (Ramathuba & Davhana-Maselesele 2013). The stress of this population of nurses is exacerbated by limited professional support and an inadequate salary (Mulaudzi et al. 2011). Most of the documented studies mentioned above focus on professional/registered nurses and not enrolled nurses. Therefore, this study focused on exploring enrolled nurses' experiences of providing care to HIV-Positive patients at a public rural district hospital in the Vhembe district.

Design

The researchers used an interpretative phenomenological analysis (IPA) design. Smith et al. (2009) define IPA as a qualitative research design which focuses on exploring how people view and interpret their experiences in their own terms. Researchers chose this design because of its double hermeneutic nature which allows participants to interpret their experiences; and the researchers also interpret the way in which the participants interpret their world (Smith et al. 2009). The IPA research design is aimed at entering the participant's world to gain an in depth understanding of their views and potentials (Polit & Beck 2016, p.472). The IPA design was most relevant for this study, since the researchers aimed at gaining an in-depth understanding of the enrolled nurses experiences while providing care to HIV-positive patients; and interpreting and describing those experiences through the world views of both participants and researchers.

Study setting

The study site was a public rural district hospital in the Vhembe district. The Vhembe district is situated in Limpopo, South Africa. In 2017, the Vhembe district had 52 408 new HIV infections – 10.87% of its population (Statistics South Africa 2017). The district hospital where the study was conducted has a rate of 79.2% usable beds; and an average hospital stay of up to 4.3 days (Vhembe District Health Information System, 2017). About 11.45% of beds are occupied by patients admitted for HIV-related conditions.

Population and sampling

The study population was enrolled nurses working at the site of the study. The hospital had 85 enrolled nurses. To recruit

the participants, all prospective participants were given information related to the study, including all related ethical aspects. The information was backed up with an information leaflet. The following criteria were used to purposively select participants: (i) worked for at least 2 years in medical wards; (ii) cared for patients living with HIV at the study site; and (iii) trained as enrolled nurses according to Regulation 2175 of the South African Nursing Council. All enrolled nurses meeting the inclusion criteria were willing to participate. Those who were available were contacted telephonically to set up interview appointments. The final sample size comprised 11 participants based on saturation of data (Ehrlich & Joubert 2014). The characteristics of participants are displayed in Table 1 under the results section.

Ethical considerations

Ethics clearance to conduct the study was provided by the Department of Health Studies Research Ethics Committee of the University of South Africa (Ethics clearance number: HSHDC/53/2016). Permission to utilize the study site and access to participants was obtained from Limpopo and the different levels of the study site management. The hospital participants' names were not used to ensure confidentiality and protect the institution (Polit & Beck 2016). Relevant ethical aspects such as informed consent, privacy, confidentiality and respect for human dignity, non-maleficence, justice and beneficence were observed throughout the study. All participants participated voluntarily without being offered any incentives for their participation. However, after the interview, all participants were debriefed. Those who needed post-interview counselling were provided with free access to counselling by the pre-arranged psychologist.

Data collection

Before commencing with data collection, an interview guide was developed based on the literature review, research question and the study objectives. The initial guide was piloted by interviewing an enrolled nurse who met the inclusion criteria. The pilot interview was audio-recorded and transcribed verbatim and then submitted to the study supervisor, who is one of the authors for validation. The supervisor critiqued and refined the interview guide. The revised interview guide was piloted again by interviewing another enrolled nurse and submitting the transcripts to the supervisor who approved the interview guide.

Data were collected through individual face-to-face semi-structured interviews. Each interview was conducted at a time and place identified by the participants. The conversation was initiated using the following statement: 'Kindly share with me

Table 1 Demographic data of the participants

<i>Participant</i>	<i>Age</i>	<i>Gender</i>	<i>Medical Ward</i>	<i>Experience</i>	<i>Qualifications</i>
P1	48 years	F	Female	12 years	R2176, R2175
P2	34 years	F	Female	8 years	R2175
P3	33 years	M	Male	4 years	R2175
P4	40 years	F	Male	8 years	R2176, R2175
P5	51 years	F	Male	14 years	R2176, R2175
P6	51 years	F	Female	10 years	R2176, R2175
P7	30 years	F	Female	4 years	R2175
P8	29 years	F	Female	3 years	R2175
P9	37 years	F	Female	6 years	R2176, R2175
P10	37 years	F	Male	4 years	R2176, R2175
P11	35 years	F	Male	5 years	R2176, R2175

Source: Mammbona 2017.

your experiences regarding care of patients admitted due to HIV' (Mammbona 2017:31). Probing questions were used such as: 'What protective materials do you use when nursing HIV-positive patients?'; 'What do you like the most about caring for people living with HIV?'; 'What challenges do you have with regard to caring for people living with HIV?' (Mammbona 2017: 110). Minimal encouragers were used to encourage participants to communicate. The researchers also used prompts such as 'Kindly elaborate further.', 'How does that make you feel?', and 'What does that mean to you?' (Mammbona 2017:31). Prompts were used to assist participants in making their own interpretation of their experiences. The interview guide was used to ensure that all relevant aspects were covered. All interviews were audio-recorded and field notes were taken to record all aspects that could not be audio-recorded, such as non-verbal communication. Each interview lasted for about 45–60 minutes.

Data analysis

Data analysis was done iteratively with data collection guided by the data analysis framework of interpretative phenomenological analysis (Bryman & Bell 2014). The audio-recording for each interview was transcribed verbatim within 48 hours and analysed. Each transcript was read several times together with the field notes to become acquainted with the data while making notes on how participants understand and interpret their concerns and claims. The process led to identification of themes. The researchers identified the relationship among the emerged in order to cluster related themes into superordinate themes. A master table of themes was developed consisting of: superordinate

themes, sub-themes and associated quotations for each transcript (Smith et al. 2009). The same process was followed by an independent coder who was given transcripts and samples of recorded interviews and field notes. The master tables from both the researchers and independent themes were compared in order to identify the differences and similarities. The differences were discussed until consensus was reached. Based on the reached consensus, the researchers developed a master table composed of different categories of themes. The themes were backed up by participants' quotations.

Trustworthiness of the study

The Lincoln and Guba (1994) framework for ensuring trustworthiness was followed to ensure rigour for the study (Polit & Beck 2016). The criteria included authenticity, confirmability, credibility, dependability and transferability. Authenticity was ensured by audio-recording interviews coupled with field notes and verbatim transcription. An experienced qualitative researcher was engaged in re-coding the transcripts. The researchers described the setting of the study and used participants' verbatim excerpts when presenting the results. Member checking was also done in order to confirm that the results documented are true reflection of the voices, views and experiences of participants (Polit & Beck 2016). The researchers described the participants and study setting; study design data collection process and analysis to ensure credibility and transferability. The researchers maintained the dependability of data by thoroughly describing study methodology, using audio-tapes to record interviews and transcribe the data verbatim.

Results

Participants' demographic data

The researchers used codes, such as P1 up to P11, to identify the participants instead of their real names as presented in Table 1. Demographic data collected included the age in years; the number of years the participants have worked in the hospital; gender; the ward where the participants were working during the data collection period and nursing qualifications. The aim of providing the demographic data was to aid the readers in understanding the data sources and ensuring transferability (De Vos et al. 2011). The researchers used R2176 to represent participants who were trained first as nursing auxiliary nurses under South African Nursing Council Regulation R2176, and R2175 for those nurses who were trained as enrolled nurses under South African Nursing Council Regulation R2175. The letter 'F' represents female and 'M' male.

The experiences of enrolled nurses

Resources, impact of working with patients who are HIV-positive and support emerged as superordinate themes from the data analysis (Mammbona 2017). Each superordinate theme has several themes, which are written in italics as sub-headings. See Table 2 for summary of themes. Excerpts from participants are used as an indented text followed by the code of participant to support the themes.

Resources

This superordinate theme comprises two themes, namely challenges related to human resources and challenges related to material resources.

Challenges related to human resources

Inadequate human resources is one of the challenges faced by the enrolled nurses when providing care to patients living with HIV/AIDS.

Nurses are very few compared to the number of patients admitted to the wards. We have to do everything in the ward. (P3)

The shortage of nurses is exacerbated by the increased absenteeism of nursing personnel.

Few nurses who are available deliberately absent themselves from duty in the pretence of being sick when they feel exhausted. This situation increase the shortage of nurses present in the ward daily. (P3)

High staff attrition and turnover among nurses especially among the enrolled nurses.

Enrolled nurses are resigning every month with the reason that they are overworked and tired of nursing HIV positive patients who are not even grateful. I am also intending to resign; it is just that I have not yet found a job in the private hospital in this district. (P11)

Challenges related to material resources

The participants mentioned that there is a shortage of protective materials to reduce the risk of HIV infection when handling body fluids. Materials mentioned include goggles, aprons, gloves and face masks to protect nurses from contacting infectious body fluids.

I am caring for patients with HIV and pulmonary tuberculosis without a face mask and gloves. Sometimes we ask gloves from operating theatre in the morning, just to bath the patients. Then we have re-use the gloves when changing bed linen. (P3)

Apart from protective clothing, participants raised concerns about the use of unsuitable furniture by nurses when doing administrative work related to HIV-positive patients admitted to the ward.

Table 2 Summary of themes

<i>Superordinate themes</i>	<i>Themes</i>	<i>Sub-themes</i>
Resources	Challenges related to human resources	Inadequate human resources High staff turnover
	Challenges related to material resources	Inadequate protective clothing Shortage of cleaning materials Insufficient pharmaceutical supplies Inappropriate furniture
Support	Limited professional support	Lack of training Lack of supervision
	Absence of emotional support	Lack of counselling Lack of appreciation The absence of positive results of their work
	Unsatisfactory financial support	Poor remuneration Lack of incentives
The impact of caring for patients who are HIV positive	Compromised physical health	Physical exhaustion Physical illness Increased susceptibility to HIV and TB infection
	Negative impact on nursing profession	Poor healthcare services Increased medico-legal hazards Staff absenteeism and attrition
	Poor psychosocial wellbeing	Phobia of patients HIV positive Stress

Source: Mammbona 2017.

The chairs and benches we use when compiling patients' records, admitting new HIV positive patients and discharging or transferring them out are old and uncomfortable. Even during tea time, we still use those benches in the tea room. (P2)

Support

Besides limited resources, participants indicated that they experience limited professional support; lack of educational support; absence of emotional support and unsatisfactory financial support.

Limited professional support

The results indicate that enrolled nurses providing care for patients with HIV receive limited professional support from their supervisors and managers:

Managers and supervisors are not providing us with necessary support when we are caring for HIV positive patients. The only time we see management in the wards is when there is a complaint from patients or their relatives. (P3)

Participants verbalized that, even though the hospital is aware that enrolled nurses are not trained to manage patients living with HIV, they do not offer support to equip them

(enrolled nurses) with adequate knowledge. Enrolled nurses experience a lack of educational support.

There are no trainings and workshops organised to educate us [the enrolled nurses] on management of patients with HIV. We are providing care without adequate knowledge because, during our training as enrolled nurses, we were never taught on how to care for HIV-positive patients. (P7)

Absence of emotional support

Participants reported that they are not offered emotional support regardless of the daily trauma they experience by witnessing the death of patients living with HIV and offering the last office care (care of a person immediately after death and escorting the corpse to the mortuary).

The condition of HIV positive patients is so unpredictable. One minute you will be talking with a patient, then, within a second the patient just gasps for air once and stop breathing. This is so stressful. There is no counseling service in the ward. We are not even debriefed. (P5)

Unsatisfactory financial support

The participants also mentioned that there is limited financial support when considering the amount of work, they render to patients living with HIV.

We should be given high salary to compensate for the hard work and risk we are exposed to when helping patients living with HIV. We do the work of professional nurses as we are expected to draw blood for tests and also insert drips and give injections on top of what is within our scope as enrolled nurses. We also do the work of porters, messengers, and cleaners. (P8)

The impact of caring for HIV-positive patients

The themes under this superordinate theme are compromised physical health negative impact on nursing profession and poor psychosocial wellbeing.

Compromised physical health

Caring for HIV-positive patients without adequate resources and support has a negative impact on the lives of enrolled nurses. Most of the participants mentioned that their physical health is negatively affected.

I am always bending when lifting patients living with HIV as most of them are admitted being critically ill. This has affected my back which makes me to be unable to work at home or even lift heavy things or bend. (P2)

Caring for HIV-positive patients increases susceptibility of enrolled nurses to contract HIV and TB infections

Collecting blood from HIV positive patients without proper gloves and vacutainer needles increase our possibility to be infected with HIV. Instead of vacutainer needles we collect blood using ordinary withdrawing needles and syringe which increase the risk of needle prick with infected blood when transferring blood from syringe to blood specimen tubes. (P7)

Negative impact on the nursing profession

Inadequate resources compromise the type of care provided to patients living with HIV.

It is difficult to give quality healthcare without protective material. That is why we do not even bother to change the patients with HIV even when their linen is soiled. We are also reluctant to re-insert the drip. If the drip is out during the night, the patients will be assisted in the morning by the day nurses. (P4)

The participants indicate that the risk of medico-legal hazards is increased when providing care to HIV-positive patients in a resource-challenged hospital.

Assisting patient with HIV is physically and mentally exhausting. This affects my concentration leading me to commit several mistakes while providing care to these patients. Sometimes I am forced to just record the procedures, which I did not even do, such as two-hourly turning of patients, blood pressure and provision of medicines. (P11)

Caring for the terminally ill patients without adequate and proper resources is overwhelming to enrolled nurses. The situation contributes to increased absenteeism, resignation and early retirement among enrolled nurses.

The burden of nursing patients living with HIV makes the majority of enrolled nurses resign or be absent, which worsen the shortage. The challenge is that most of the hospitals are very far from my home. I would have long resigned. But at least I fake illness every time when I feel exhausted. (P5)

Poor psychosocial wellbeing

The participants voiced an excessive fear of contracting HIV which ends up affecting the enrolled nurses' sexual lives negatively.

Since I started working with HIV-positive patients, seeing the way they deteriorate and complicate, makes me to be very much afraid of HIV. In fact, every day when I experience any signs of illness even if it is just a sore, cough or a headache, I think that I am infected. I test myself for HIV almost every week. I no longer enjoy sexual contact with my partner. I usually give excuses in order not to engage in sexual activities. (P3)

The high death rate of patients suffering from HIV-related conditions is stressful to enrolled nurses.

Patients suffering from HIV related conditions are dying every day in the ward. It is like our care is preparation to take them to the mortuary., It is so stressful to watch them dying. Most of them are very young. (P1)

Discussions

South Africa is among the countries in Southern Africa with the highest prevalence of HIV (Statistics South Africa, 2017). The situation is worse in Limpopo where at least 17 out of 100 people are living with HIV. This situation affects hospital admissions at the study site, since more than 11 patients out of 80 are admitted due to HIV-related conditions (DHIS, 2017). Against this background, it is not surprising that enrolled nurses rendering care to HIV-positive patients experience work overload. The work overload is due to a shortage of staff, especially in the wards where most patients suffering from HIV-related conditions are admitted. The shortage of human resources is exacerbated by increased absenteeism and resignations by nursing personnel, especially enrolled nurses who are expected to provide basic nursing care to all patients rather than professional nurses who are more concerned with the supervision of basic nursing care. Campbell et al. (2011) documented the same results about the shortage of human resources.

Apart from human resources, participants are concerned about the shortage of materials to use when treating patients living with HIV. The materials mentioned include goggles,

face masks, plastic aprons, gloves and vacutainer needles used for collecting blood samples. This shortage of materials keeps the enrolled nurses from adhering to basic precautionary measures that healthcare professionals should take to prevent them from contracting HIV. The findings of this study concur with Haoses-Gorases et al. (2013) who also indicated that the shortage of medicinal supplies hampers the prevention of HIV infections. The increased risk of HIV infections results in enrolled nurses living in excessive fear of contracting HIV, which ends up affecting their sexual lives negatively.

The shortage of protective materials makes enrolled nurses reluctant to provide proper nursing care to patients living with HIV. Mutenwa et al. (2013) attest to this when reporting that a shortage of resources, such as pharmaceutical supplies and protective equipment, hampers the provision of quality patient care. The inability to provide proper nursing care may contribute to increased medico-legal hazards, which may result in enrolled nurses being scrapped from the South African Nursing Council register. The study further indicates that the participants are dissatisfied with the uncondusive working environment, for example, the unsuitable old furniture. Old chairs are used to drag patients to the bathrooms or toilets, because of the lack of wheelchairs. The nurses also have to sit on steel or wooden benches when recording the information of patients. This uncondusive environment subjects enrolled nurses to occupational injuries, such as a back injury. This uncondusive environment was also documented by Stavropoulou et al. (2011) who mentioned that the stress experienced by student nurses is mostly related to poor working conditions and workload.

The care provided to patients living with HIV is severely compromised during night shifts, when enrolled nurses work with minimal supervision and support. The only time they see the hospital managers is when the relatives of patients complain, but not when the nurses complain about the uncondusive working conditions. The participants highlighted that they are not provided with professional support and they are not sent for training in HIV/AIDS-related conditions. As a result, they have limited knowledge of the type of care they are expected to provide to patients living with HIV. The findings concur with those of other studies which documented that enrolled nurses are not well-trained to provide quality nursing care to HIV-positive patients (Mulaudzi et al. 2011; Ramathuba & Davhana-Maselesele 2013).

The participants reported that they are not emotionally supported regardless of their continuous exposure to the stressful situation of witnessing patients deteriorating and dying from HIV-related conditions each day. The stress is exacerbated by witnessing the death of neighbours and relatives admitted to the wards where they are working. The experience of stress

expressed by participants attests to the findings by several authors who mention that nurses at public hospitals experience a higher level of stress, fatigue and burnout compared to those at private hospitals (Campbell et al. 2011; Haoses-Gorases et al. 2013; Stavropoulou et al. 2011).

The participants also mentioned that the financial remuneration for the amount of work they are expected to do when caring for HIV-positive patients. The participants also mentioned that they not only perform the tasks in their job description as enrolled nurses, but also render services other healthcare workers such as professional nurses, porters, cleaners and messengers are supposed to do. They indicated that they deserve a rural and danger allowance for the amount of work they are doing and the risks their work entails.

Limitations

The study was conducted at only one rural district hospital in the Vhembe district which has several rural hospitals. Participation in the study was voluntary and only targeted enrolled nurses who have worked in the hospital for 2 years or more. The criteria excluded enrolled nurses who joined the hospital 2 years ago who might have a different perspective of the situation. However, the authors have thoroughly explained measures followed to ensure trustworthiness of the study.

Conclusion

The findings indicate that enrolled nurses are faced with several challenges when caring for patients living with HIV. These challenges stem from a shortage of human resources and the lack of suitable materials to use when caring for HIV-positive patients. While the enrolled nurses are working in a resource-challenged environment, they feel that their efforts are not rewarded in the form of an adequate salary, allowances, psychological counselling or even educational support. This situation negatively affects the physical, mental, social and sexual health of enrolled nurses. This results in nurses providing poor nursing care to patients living with HIV, and some nurses resigning.

The experiences seem to be interrelated, since inadequate resources affect the provision of healthcare services to patients and also compromise the wellbeing of enrolled nurses. This further leads to staff attrition, which increases human resource challenges. Resource challenges and the poor provision of patient care may contribute to the prolonged hospital stay of patients, which increases the burden on the already compromised healthcare services. In order to break the vicious cycle, the authors recommend the following: (a) that the hospital management employ adequate healthcare providers to ease the burden on enrolled nurses; (b) relevant and adequate protective materials are purchased as well as other physical resources

to ensure that patients living with HIV are provided with optimum care; (c) enrolled nurses are supported by offering them counselling, training opportunities and improved remuneration packages, including danger and rural allowances; and (d) HIV management are included in the training curriculum of enrolled nurses. The authors further recommend that these findings be used to design a questionnaire for conducting a quantitative comparative study focusing on enrolled nurses at various public hospitals in South Africa.

The implication for nursing and health policy

The study findings have shed light on the challenges enrolled nurses have to face when providing care to HIV-positive. The highlighted gaps, especially the enrolled nurses' limited knowledge and skills to care for such patients and accompanied medico-legal hazards, will hopefully encourage the South African Nursing Council to adapt the enrolled nurses' training curriculum to include HIV/AIDS management. This will in turn inform nursing practice.

The uncondusive environment in which the nurses are working has a negative impact on the quality of patient care. This will also affect the health policy specifically the South African Nursing Council policy governing the accreditation of the hospital. Only hospitals that adhere to proper resource requirements will be re-accredited, and this should ensure that management provide adequate resources to nurses who have to take care of patients who are HIV positive.

The dissatisfaction of enrolled nurses with the remuneration they receive may have an impact on the revision of the remuneration policy of healthcare professionals to consider enrolled nurses working in rural areas with HIV-positive patients for danger and rural allowance. The gaps identified in the study will also aid the Department of Health in developing policies and manuals to enhance the support needed by enrolled nurses. The recommendations will also inform policymakers on the areas that need improvement.

Author contributions

Study design: AAM, AHM

Data collection: AAM

Data analysis: AAM, AHM

Study supervision: AHM

Manuscript writing: AAM, AHM

Critical revisions for important intellectual content: AHM

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