# THE CHALLENGES FACED BY SOCIAL WORKERS WORKING IN HIV/AIDS HOME-BASED CARE

**by**

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## DECLARATION

I Tsakani Salphinah Manganyi (Student number 47708891), declare that this dissertation entitled, “***The challenges faced by social workers working in HIV/AIDS home-based care”*** is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of an intext references and a complete bibliography. I further declare that I submitted this dissertation to originality checking software (Turnitin) and that it falls within the accepted requirements for originality. I further declare that I have not previously submitted this work, or part thereof, for examination at UNISA for any other institution of higher learning for any other purpose.

16 November 2021

SIGNATURE

DATE

## DEDICATION

I dedicate this dissertation my late mother, Gladys Manganyi; my father, Daniel Manganyi and my children, Blessing and Bothlale, for being supportive and caring during the journey of my study, even when it looked difficult to be complete.

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# ABSTRACT

The role of social workers in home-based care services for people living with the Human Immunodeficiency Virus (HIV) is of particular significance. Social workers address various problems faced by people living with the HIV (PLWHIV) and their families. They render various support services to caregivers for coping with psychosocial challenges associated with caring for PLWHIV by among other things, and liaising with stakeholders for the benefit of patients. Despite this contribution, the challenges and coping strategies experienced by social workers who are working under the armpit of home-based care for PLWHIV have not been researched adequately. The aim was to develop an insight into the role played by social workers who are working with PLWHIV in HBC organisations, the challenges that they face in executing their roles, the strategies that they adopt in managing these challenges and their suggestions on how to better address their challenges. Purposive and snowball sampling were used to identify and recruit a total of twelve social workers to participate in individual semi-structured face-to-face interviews by answering various questions around the challenges that they face in working with PLWHIV through an HBC organisation, the strategies that they use in coping with these challenges and the suggestions on how their challenges could be addressed.

The interviews were analysed according to Tesch’s eight steps of qualitative data analysis and verified according to Guba and Lincoln’s model. The study findings revealed that in executing their various roles through the home-based care for PLWHIV, caregivers experience various challenges from within their respective HBC organisations and when dealing directly with clients who are diagnosed with HIV. The study also reveals that various strategies such as exercising and spending time with families, are adopted as some of the strategies adopted by social workers in managing their challenges. Some suggestions put forward by the participants on how to address these challenges, are that the government provide more funding for HBC programmes. A conclusion reached through this study is that it was a necessary study and it did achieve the overall aim and its related objectives. Among the recommendations proposed is the need to recruit more social workers in this field and to conduct further research which include the views of PLWHIV.

**Key terms:** Challenges; social worker; social work; social work services; people living with HIV; home-based care.

# LIST OF ABBREVIATIONS

| | |
|---|---|
| **AIDS** | **Acquired Immunodeficiency Syndrome** |
| **DSD** | **Department of Social Development** |
| **EWP** | **Expanded Public Works Programme** |
| **HBC** | **Home-based care** |
| **HBCG** | **Home-based caregiver** |
| **HIV** | **Human Immunodeficiency Virus** |
| **NGO** | **Non-governmental organisation** |
| **PLWHIV** | **People living with HIV** |
| **SADC** | **Southern African Development Communities** |
| **SASSA** | **South African Social Security** |
| **UNAIDS** | **Joint United Nations Programme on AIDS** |
| **WHO** | **World Health Organisation** |

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# CHAPTER ONE
# BACKGROUND OF AND ORIENTATION TO THE STUDY

## 1.1 INTRODUCTION

With the global advancement of Human Immunodeficiency virus (HIV) treatment, Acquired Immune Deficiency Syndrome (AIDS), has become more of a chronic condition which requires continuous care, treatment and support from professionals such as social workers. HBC has become a community-based initiative aiming to ensure that patients with AIDS-related conditions receive the necessary health care services within their households (Van Dyk, 2012:344). Through HBC services, professionals such as social workers play a crucial role in supporting people living with HIV (PLWHIV) by, among others, helping them to manage emotional distress and other related problems causing psychological stress (Ntshwarang & Malinga-Musamba, 2012:291).

HBC takes the form of physical or nursing care, palliative care and rehabilitative care. Physical or nursing care involves basic nursing care and comforting measures, such as symptom recognition and management, diagnosis, treatment, patient positioning and mobility, bathing, wound cleaning and dressing, oral hygiene, ventilation guidance and nutritional support, as well as referrals and follow-ups (Mabusela, 2010:26). As a component of HBC, palliative care is an active, compassionate, comprehensive and sensitive care aiming to meet the physical, psychological, emotional, social and spiritual needs of the individual and family, while remaining sensitive to personal, cultural and religious values, beliefs and practices (Moremi, 2012). The rehabilitative component of HBC aims to render services to mentally and physically disabled patients within the community settings by for instance guiding them on how to use assistive devices, such as crutches and wheelchairs, and to educate family members on how to manage the sick member and his/her condition for continuous care (Lekganyane, 2017:6).

The historical development of HBC service can be traced from America and Europe, where it started in the 1980s as an alternative for expensive hospital care and mainly driven by female household members who were caring for patients with chronic diseases (De Wet, 2012:114; Harris, 2010:9; Motswasele & Peu, 2008:3; Stanhope

& Lancaster, 2008: 960). These development initiatives continued even in the 19th century, with the number of organisations reaching 359 in 1980 (Harris, 2010:14-15.

As these HBC initiatives spread across some western countries, the African countries were not left behind. In most of the African countries, HBC programmes were mainly initiated and implemented by churches and faith-based organisations (FBOs) (Mabusela, 2010:20). With the scourge of HIV, the African HBC development saw the establishment of HBC programmes in highest prevalence communities as part of the community-based response to the HIV epidemic, particularly in the face of limited health care resources (Chibamba, 2011:2). In Zimbabwe, for instance, the practice of HBC began in 1980 with most clients enrolled in HBC programmes being those with chronic illnesses such as cancer, mental illness, tuberculosis and strokes (which emanated from hypertension) (Mataure, 2013:3). In Botswana, HBC has been implemented since 1995, with the aim of alleviating overcrowding resulting from the increased number of HIV infections (Chuene, 2015:2). In the case of Malawi, the Malawian National Aids Commission was responsible for the development and implementation of an HBC programme, resulting in several HBC organisations (Pandani et al., 2013:1; PinMyburgh, 2015:61).

The South African HBC service was also preoccupied and absorbed by the scourge of HIV with most of its services geared towards prevention, treatment, care and support of those living with and affected by HIV. In South Africa, many health care workers suffered burnout, because of their inability to cope with the demands required by the pandemic, particularly because they could not heal and alleviate the suffering of PLWHIV (Mashau, Mudau & Netshandama, 2014:148; Mashau, Netshandama & Mudau, 2016:1; Mataure, 2013:12; Myburgh, 2015:1; Njau, Kariuki & Wambu, 2015:72; Motswasele & Peu, 2008:8; Van Dyk, 2012:344). Although some form of HBC has been in South Africa prior to 2001, they began to gain recognition in 2001 when the South African National Assembly mandated the Department of Health and the Department of Social Development (DSD) to formally oversee the implementation of HBC in the country. The focus of HBC at that time was to best provide care and support to patients and to provide information to orphans and vulnerable children (OVCs), the uninfected population (The Southern Africa Development Community (SADC) ([SA]). Further developments were realised in the field of HBC in South Africa in 2004 when collaboration between the Departments of Health and Social Development, Basic Education, and the social sector of the government’s EPWP became fostered (Van Pletzen & McGregor, 2013:13). This collaboration was aimed at supporting the development of HBC programmes to expand the delivery of health and social services, to develop skills and build capacity among the unemployed, and to relieve widespread poverty (Van Pletzen & McGregor, 2012:13).

The HBC model of South Africa took the form of an integrated HBC model, a single service HBC model and an informal HBC model (Van Dyk, 2012:346). With the integrated HBC models, patients are provided with a range of services by trained, supported and supervised caregivers who work in partnership with clinics, hospitals, support groups, NGOs, community-based organisations and the community at large (Van Dyk, 2012:346). In the case of a single service HBC model, organisations such as clinics, hospitals, NGOs or churches recruit and train HBC volunteers and link them with patients and their families at home (Van Dyk, 2012:3 247). With regards to informal HBC, families care for their sick members at home with the assistance of extended family and the community (Kohli, Purohit, Karve, Bhalerao, Karvande, Rangan, Reddy, Paranjape & Sahay, 2012:2; Motswasele & Peu, 2008:79).

Generally, HBC services are rendered by HBCGs who are a group of community members who organised themselves or who are identified and recruited by some organisations, which will then provide them with HBC training. Once they have completed their training, these people are incorporated in the organisation and are allocated patients to whom they render HBC services (Van Dyk, 2012:346). Through HBC services, situations where there is a demand for basic services such as shelter, food, bedding and clothing, are identified and where necessary responded to (Motswasele & Peu, 2008:7). In some instances, the role of the caregiver is extended to assisting with administrative tasks, lay counselling, general maintenance and housekeeping. They also take on several other roles, such as implementing HIV advocacy programmes, generating funds, helping with rehabilitation, delivering some type of medical care, providing psychosocial support and supporting orphans and vulnerable children (Mabusela, 2010:25; Shirinda-Mthombeni, 2014:8; Van Pletzen & MacGregor, 2013:19).

Although they can do additional tasks, caregivers are clearly not *jerks of all trades*[1] and, therefore, they receive support from several parties. First, the role of the patient and their families is of particular importance. Without the support of the family and the patients, the caregiver will not even access the patient's premises. This makes the relationship between the caregiver and the family very critical for the success of HBC services. Secondly, one cannot leave the role played by the local nurses and other health care professionals whenever one thinks about HBC services. Traditionally and primarily, some of the services rendered by the HBC system were rendered by local clinics through the nurses and local health care professionals. With the introduction of HBC, these services became incorporated in this initiative, with the clinics left to address ailments that purely fall within the scope of nursing care due to their complexity (Motswasele & Peu, 2008:103). This makes the relationship that caregivers have with their patients to be of particular significance. In other words, the success of HBC service depends on the nature of their relationships with various stakeholders, including the patients, their families and the nursing personnel.

Through the entire trajectory of rendering HBC services, the critical role of the social work profession and social workers is eminent. Social workers assist patients with treatment adherence and serve as a liaison between the patient and the various stakeholders involved in the patient's life. They assist in facilitating family preservation services, educate the patient and family, and mobilise resources for the benefit of the patients and the family (Freeman, 2017:106). Social workers encourage caregivers to initiate support groups to enable them to cope with their caregiving challenges and link them with other health care professionals to ensure that they have the necessary equipment and competencies to render the necessary quality service (Qalinge, 2011:54). They support caregivers by rendering adherence counselling to their patients, mobilising local resources and providing training and development activities (Poindexter, 2010:107-108; Reckrey, Gettenberg, Ross,

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[1] Someone who does all kinds of work on their own.

Kopke & Soriano, 2014:4). Social workers also relieve the caregiver’s burden of care by addressing the patient’s socio-economic problems, such as the application and processing of pension funds and disability grants (Bester & Herbst, 2010:453; Motswasele & Peu, 2008:103). The services offered by social workers within the field of HBC are also directed to the caregivers themselves through the provision of debriefing to enable them to cope with the stress associated with their work, assist them in demarcating between professional and personal lives, and guide them through the process of case management (Van Dyk, 2008:421). Generally, social workers assist patients with social, emotional and other related problems that make their work difficult (Motswasele & Peu, 2008:103).

Given the embedded nature of social work in HBC service, it is generally impossible to conclude any discussion of HBC without advancing the role of social work. The current study also advanced the role of social work in HBC. Through this study, the researcher intended to uncover the challenges faced by social workers working with PLWHIV through an HBC organisation. Exploring these challenges through the social work lens is particularly significant because social workers are coordinators, organisers, and advocates of HBC services. The researcher’s hope was that the findings of this study would shed some light in guiding the development of programmes and policies, aiming to strengthen the HBC programme and to support HBC initiatives. It was further anticipated that the findings of this study would enhance the practice, training and education of HBCGs and the social workers by providing the evidence on which to base their intervention strategies, to develop their training material and to design and implement educational programmes.

## 1.2 RESEARCH PROBLEM

The research problem was the initial step in the research process and it provided the basis for the study (Kumar, 2011). In other words, through the research problem, the researcher had a basis upon which the study could evolve.

It is not a disputable fact that HBC services are facing several challenges, such as overhead funds, HBC kits and informative material (Mangwiro, 2014:3). They are confronted by challenges such as a lack of training and a lack of empowerment initiatives for caregivers and patients, as well as the emotional, physical and economic constraints leading to dependency of the patients on the system (Muwaniki, 2010:6-7). There is consensus among researchers that HBC services are confronted by a lack of transportation or limited funds to cover the transport costs of caregivers and limited funding for the quality and scope of the services (Department of Social Development, 2006: 32; Motswasele & Peu, 2008:28; Pindani, Maluwa, Nkondo, Nyasulu & Chilemba, 2013:4; Shirinda-Mthombeni, 2014:83; Valjee & Van Dyk, 2014:6). The limited resource base is often mentioned together with weak fundraising skills, suggesting that a vicious circle is occurring in many emerging organisations (Department of Social Development 2006:33; Leclerc-Madlala 2005:36). The daily burden of HBC work, which is often characterised by a lack of resources and social support from family members, appears to be a common experience for the caregivers (Lo Lacono & Allen, 2011:9; Valjee & Van Dyk, 2014:1). Some researchers reported on a lack of psychological support, counselling or debriefing for caregivers among the caregivers, which negatively affects the quality of caregiving (Qalinge, 2011:54; Shirinda-Mthombeni, 2014:85; Valjee & Van Dyk, 2014:6). They generally lack training and their career prospects are limited (Van Dyk, 2012:348).

Despite their contribution to communities, HBC work is characterised by HIV and AIDS-related stigma towards the patients and the caregivers by virtue of association, with some caregivers even being considered HIV-positive and subjected to discrimination (Tayisepi, 2016:20). Due to a lack of support, caregivers tend to suffer from stress and burnout, leaving the patients inadequately looked after (Shirinda-Mthombeni, 2014:11; Valjee & Van Dyk, 2014:6). In some studies, the caregiver’s eating, sleeping, socialisation, sex and physical behaviours towards partners and children are negatively affected (Dageid et al., 2011:111; Keefe & Jurkowski, 2013:84; Mashau et al., 2014:149; Mokoena, 2014:18; Motswasele & Peu, 2008:28; Shirinda-Mthombeni, 2014:11; Valjee & Van Dyk, 2014:2; Van Dyk, 2012:420). Although the government has been committed to driving the HBC initiative from 2001, reports suggest that caregivers often get little support from government (Dageid et al., 2011:11). The lack of education and/or low level of education is reported to be common among caregivers, prompting the significance of improving their skills (Kang’ethe, 2009:80).

These challenges call for a further commitment aimed at strengthening the HBC programme. For these initiatives to be strengthened, empirical evidence is needed to ensure that the measures put in place are informed by credible research findings. Given the significance of social work in HBC, as indicated earlier, it remains critical for social workers to be thoroughly informed about the dimensions and dynamics of the HBC programme. This involves, among others, creating knowledge, which could be used to respond to the challenges associated with this programme. Given the above challenges, the problem statement for this study was formulated as follows: *Despite the critical role of social work in HBC service, there is generally a lack of social work research in this field. This lack of social work research translates into a lack of evidence-based practice which may further perpetuate the challenges involved in HBC services.*

## 1.3 RATIONALE FOR THE STUDY

The rationale for a study addresses the relevance of that study. In the context of the current study, it addressed a question of why the study was relevant and necessary. Maree (2016:30) suggests that researchers should explain how they developed an interest in a certain topic and why they believe that the research endeavour is important. The high prevalence of HIV in South Africa has laid a burden on the public health care system because more people become ill and many are unable to stay in hospitals, hospices or other institutions of care due to overcrowding and stretched health care facilities. They will, therefore, be compelled to remain within their communities. This is true of South Africa wherein health care resources are limited and health care facilities are not readily available to respond to individual conditions (Mabusela 2010:18; Muwaniki 2010:6; Tsheboeng, 2015:3).

The desire for this research study evolved from the researcher's personal experience in her capacity as a social worker rendering a social work service to PLWHIV through the Zanempilo HBC, which is situated in Atteridgeville, Pretoria. She observed what researchers such as Limon (2018:8) found, that social workers are at high risk of burning out, have increased paperwork, unmanageable caseloads and difficult clients. Social workers often use alcohol and prescription medication, exercise, sought therapy and practice yoga or meditation because they are exhausted, and have sleep disorders or psychological problems (Robinson, 2012:3-

4). They are also expected to manage high caseloads with little or no supportive resources such as vehicles and other tools of the trade.

Given the multidisciplinary nature of HBC, the success of the HBC service is dependent on the full involvement of various disciplines, which is in turn determined by a thorough understanding of the HBC service from across all disciplinary angles. Although several studies have been conducted across the disciplines, the social work discipline appears to be one of the disciplines which did not really pay the required interest to the field of HIV and AIDS HBC. During the literature search conducted by the researcher, she found that existing studies focused on the role of social work in HBC, with some addressing the challenges faced by caregivers themselves (Reckrey et al., 2014; Steketee, Roos & Wachman, 2017; Tshese & Strydom, 2016). There was generally a lack of literature around the challenges faced by social workers who are involved in the provision of social work services to PLWHA through HBC programmes. A scarcity of research around this subject makes the task of social workers who develop and implement HBC programmes difficult as they lack the empirical basis on which they could base their programmes. This gap in knowledge tends to provide an incomplete picture of the dimensions of HBC as a community-based health initiative. This study was, therefore, an attempt to contribute to bridging this knowledge gap.

## 1.4 THEORETICAL FRAMEWORK OF THE STUDY

A theoretical framework refers to a coherent explanation of an event (Vithal & Jansen, 2010:17). A theory is an abstract that explains a relationship among phenomena (Kivunja, 2018:45; Langer & Lietz, 2015:8). It is a systematic set of interrelated statements aiming to explain some aspect of a person interacting with environmental configurations and, therefore, deepens our knowledge and understanding of the meanings that people create in their daily lives (Forte, 2014:47-48). In this study, the researcher adopted the Ecological Systems Theory as a theoretical framework to guide the study. The decision to choose this theory was mainly based on the nature of the research topic, which involves social workers whom in their basic operation, interact with various systems such as the family and other related systems. The Ecological Systems Theory is explained further below.

### 1.4.1 Ecological Systems Theory

The Ecological Systems Theory is an approach to social work practice, which addresses the complex transaction between people and their environment (Teater, 2014:23). It focuses on the person in the environment and the continuous interactions and transactions between persons, families, groups or communities and their environments (Teater, 2010:24). The Ecological Systems Theory was traced back from the 1979 work of Bronfenbrenner who realised that levels of environmental influence are cast in terms of dynamics (Mahoney & Ettekal, 2017:2). According to the Ecological Systems Theory, an individual's life revolves around four levels, namely the microsystem, the mesosystem, the exosystem and the macrosystem (Patten & Newhart 2018: 718-719; White & Hayes, 2013:16). It is, therefore, crucial to note that in the context of the current study, the social worker's challenges were central to the study.

The *microsystem* involves how a person develops in one immediate environment, such as the workplace, school or home environment (Drakenberg & Malmgren, 2013:119). In the context of social workers, microsystems require one to understand their challenges by paying attention to their immediate environment in which they render services daily. This means that researchers must pay attention to their immediate office environment, their relationships with colleagues and managers, and the availability of resources in their offices to enable them to execute their duties optimally.

With regard to a *mesosystem*, the major settings or environments in the life of an individual combine or interact to influence or affect his development (Patten et al., 2018:719). As defined by Bronfenbrenner (in Drakenberg & Malmgren, 2013:119), a mesosystem involves a set of interrelations between two or more settings, in which the developing person becomes an active participant. In these settings, some events affect or are affected by what transpires in the other setting (Drakenberg & Malmgren, 2013:119). In other words, the HBC which employs the social worker will interact with the family through the active participation of a social worker who renders a service to the patient within the home environment. In some instances, the social worker will interact with other systems, such as the clinic or social security agency, to lobby for services such as identity books, birth certificates or a visit by a registered nurse, or for other health care-related services. What the mesosystem portrays is that there are some factors that can either emanate from the family or from any other system with which the social workers interact and that somehow affect their development (in other words, providing a service to PLWHIV). The mesosystem requires on the part of the researcher to make sure that she strives to understand the challenges that are faced by social workers by considering them as they manifest during the interactions of these systems. Data should be collected even at the level where social workers interact with other systems through their HBC organisations.

In defining an exosystem, Bronfenbrenner (in Drakenberg & Malmgren, 2013:119), refers to a setting that does not involve the active participation of a developing person. In this setting, some events affect and are affected by events in other settings. This includes structures such as transportation, the media, communities, and others (Patten et al., 2018:19). In this scenario, a social worker finds him/herself affected by the events that happen in other settings other than his/her own setting (in other words, where own HBC organisation). These events could be the family's lack of money or transportation to assist a patient in visiting the clinic to see a doctor, so he/she can prescribe treatment and who cannot visit the patient at home due to limited resources. Although these two events do not have anything to do with the social worker, they eventually affect her duty with regards to supporting the patients with compliance to treatment.

Lastly, regarding the macrosystem is the broader institutional patterns of culture or subcultures such as the economic, educational, legal and political systems becoming the concrete manifestation of the factors that come into play in influencing the person's development (Patten &Newhart, 2018:719). This is where the policies and programmes of various societal sectors come into play in influencing the support systems for HIVHBC and PLWHIV and, therefore, either enhance or impede the work of social workers. Drakenberg and Malmgren (2013:119) describe the macrosystem as a system containing the values and beliefs of culture in which a person is growing. This means that in executing their duties of supporting PLWHIV through HBC programmes, social workers are often guided and affected by their values and cultural beliefs and the values and cultures of the patients whom they serve, which ultimately either enhance or negatively affect their services. They are also affected by broader societal policies, laws and programmes that somehow shape how their services should be rendered. A researcher who overlooks these systems may, therefore, not have the benefit of a full understanding of the challenges that are facing social workers who work in this field.

## 1.5 RESEARCH QUESTIONS, GOAL AND OBJECTIVE

There is an inextricable linkage between a research question, research goal and research objectives (Doody & Bailey, 2016:22). In this section, the researcher presents the research questions, the research goal and the research objectives which guided the study.

### 1.5.1 Research questions

Research questions closely relate to the research problem and they are questions that the researcher wishes to answer through the study (Polit & Beck, 2010:167). Research questions narrow the topic and give focus to the research study (Bui, 2013:34). They aim to guide the type of data that will be collected and the method through which the data should be collected (Polit & Beck, 2010:146). In their very nature, qualitative research questions should be formulated in a broad and open-ended manner (Koch, Niesz & McCarthy, 2014:134). A research question must be formulated in such a way that it informs how the study should be designed (Msweli, 2011:58). The research questions which were planned to guide this study were posed as follows:

- What role do social workers who are working with PLWHIV in HBC organisations within the City of Tshwane play in HBC?
- What challenges do social workers who are working with PLWHIV in HBC organisations within the City of Tshwane face in executing their roles?
- What strategies do social workers who are working with PLWHIV in HBC organisations within the City of Tshwane adopt in managing these challenges?
- What suggestions do social workers who are working with PLWHIV in HBC organisations within the City of Tshwane have with regard to how to address their challenges?

### 1.5.2 Research goal

A research goal is a statement of purpose which is set for the entire research process by conveying what the researcher hopes to address in the study (Creswell, 2013:29). For Gray (2009:52) the research goal involves the general statements on the intention and direction of the research in question. In other words, a research goal is the intention that the researcher wishes to fulfil by conducting a research study. In the current study, the overall goal of the research was formulated to *develop insight into the challenges faced by social workers working in HIV/AIDS home-based care within the City of Tshwane.*

### 1.5.3 Research objectives

Research objectives detail an explanation by the researcher of what the study intends to achieve (Parahoo, 2014:51). They inform the reader of the researcher's intention through the study and should, therefore, be worded clearly and in specific terms (Kumar, 2011:50). As defined by Thomas and Hodges (2010:39), research objectives indicate in more detail the specific research topics or issues the project plans to investigate (Thomas & Hodges, 2010:39). For the current study, the research objectives were formulated as follows:

- To explore and describe the roles that social workers who are working with PLWHIV in HBC organisations within the City of Tshwane play in the HBC.
- To explore and describe the challenges faced by social workers who are working with PLWHIV in HBC organisations within the City of Tshwane, when executing their roles.
- To explore and describe the strategies adopted by social workers who are working with PLWHIV in HBC organisations within the City of Tshwane, in managing the challenges that they face when executing their duties.
- To explore and describe the suggestions that social workers who are working with PLWHIV in HBC organisations within the City of Tshwane have on how to better address their challenges.
- To draw conclusions and make recommendations pertaining to the role played by social workers who are working with PLWHIV in HBC organisations within the City of Tshwane, the challenges they face in executing their roles,

the strategies they adopt in managing these challenges and their suggestions on how to better address their challenges.

## 1.6 RESEARCH METHODOLOGY

A research methodology refers to the broad philosophical and theoretical justification for a particular method used in research (Gray, 2009:578). It is a strategy or plan that guides the manner in which a study is to be conducted (Nagy Hesse-Biber, 2017:7). In this section, the researcher presents the research approach and research design that she adopted in guiding the study.

### 1.6.1 Research approaches

The plan for the current study was to adopt a qualitative research approach and it did not change during the implementation phase. Rubin and Babbie (2013:40) refer to qualitative research as research methods that provide for research procedures evolving simultaneously with some observations aimed at generating a deeper understanding of the meanings that human beings attach to their experiences through subjective data gathering. Qualitative researchers are interested in how people make sense of their world experiences (Guest, Namely & Mitchell, 2013:3). The following characteristics, as noted by Creswell (in De Vos, Strydom, Fouché & Delport, 2011:46), are central to qualitative research:

- Qualitative researchers tend to collect data in the field at the site where participants experience the issue or problem under study. As required by this feature, the researcher's plan for the current study was to visit the social workers in the communities where they carry out their day-to-day professional duties so that she could observe the conditions in which they render their services while interviewing them.
- Qualitative research is a form of inquiry in which researchers make an interpretation of what they see, hear and understand. It is, therefore, a form of investigation in which researchers make an explanation of what they perceive, listen to and understand. For this study, the plan was for the researcher to spend time listening to the participants' stories and observing the environments in which they render services. Her plan was that once she had

spent enough time observing and listening to these stories, she would then interpret her understanding of such events when reporting.

- In the entire qualitative research process, researchers seek to focus on learning the meaning that the participants hold about the problem or issue, not the meaning that the researchers bring to the research or writers from the literature. In observing this feature, the researcher intended to offer the participants an opportunity to express themselves as freely as they wished without any interruption. She intended to put aside her prior assumptions by enabling the participants themselves to be the ones providing her with new knowledge. The expectation was for this approach to afford her an opportunity to purely focus on the meanings the participants attached to the challenges faced in rendering services to caregivers.
- Qualitative researchers gather multiple forms of data rather than relying on a single data source. Although the plan was to use the semi-structured interviews as the primary data gathering method, the researcher also considered using observation in order to observe and record it in her diary the participants' environments, and any of the experiences and events that were observable and could not be expressed by the participants.
- Qualitative research serves as a key data collection instrument by examining documents, observing behaviour and interviewing participants. This means that the researcher could not be separated from the research participants and the research process. She was part and parcel of the entire process. When the process was evaluated, so was the researcher. In the current study, the researcher intended to observe reflexivity as a technique to critically evaluate herself and how as a person she affected the process.

Qualitative research is an approach which can result in a greater understanding of human experiences (Leavy, 2017:124). It emphasises the exploration of individual experiences, the description of a phenomenon and the development of theory (Cope, 2014). It is on this note that the researcher deemed it a suitable approach to enable her to develop an in-depth understanding of the participants' challenges as faced by them personally, as they render their services to PLWHA through an HBC programme.

### 1.6.2 Research design

By designing a study, a researcher plans, structures and develops an investigation strategy in order to obtain answers to research questions or problems (Kumar, 2011:94). A research design must be characterised by logic, coherence and be aligned with the research purpose and methods (Koch et al., 2014:135). It is an overall plan enabling the researcher to collect data, which will provide answers to the posed research questions (Aparasu & Bentley, 2014:33; Kumar, 2011:94; Msweli, 2011:58). It includes conceptualising the research problem; posing the research questions; collecting, analysing and interpreting the data; as well as reporting the findings as determined by the objectives, time and financial support (Creswell, 2013:5; Daniel & Sam, 2011:85). In designing a study, the researcher specifies exactly the population to be studied, the time during which they will be studied and the purpose for which they will be studied (Babbie& Mouton, 2009:90).For Jonson, Reynolds and Mycoff (2016:23), a research design is a specific plan detailing the intention of the researcher in relation to achieving the research goal. In qualitative research, the design is iterative in nature and it involves reviewing and reworking the research questions and methods as the process unfolds (Shaw & Holland, 2014:80). As part of her plan for the current study, the researcher intended to adopt exploratory, descriptive and contextual research as the research. These designs are further explained below.

#### *1.6.2.1 Exploratory research design*

An explorative research design is appropriate in studies where there have been some identified problems which are not adequately understood (Creswell, 2013:18; Gray, 2014:13; Yegidis & Weinbach, 2012:125). The focus of explorative research designs is on developing a preliminary understanding about a new or unusual problem (Maxfield & Babbie, 2008:20). Research studies that require answers to the question of “what” generally requires the need for an exploratory research design (Fouche & De Vos, 2011:95). It enables a researcher to be acquainted with basic facts to provide a broader picture of the phenomenon in question (Fouche & De Vos, 2011:96). The need for an exploratory research design often arises out of a lack of basic information on an area of interest or to become acquainted with a situation (Fouche & De Vos, 2011:95). In the view of Manerikar and Manerikar (2014), an exploratory research design is useful in studies where the researcher has limited experience or knowledge about the phenomenon under investigation. A lack of basic information on the subject of the challenges faced by social workers working in HIV/AIDS HBC necessitated exploratory research as a design to guide this study.

As indicated in the preceding discussion of the research problem, the phenomenon pursued through this study did not receive the necessary attention from a social work research perspective. This made an exploratory research design a suitable design to guide this study. Through an exploratory study, the researcher expected to approach the participants with an open mind and the willingness to learn new knowledge and gain new insight from them. Her open-mindedness was to include, among others, open-ended questions to allow the participants to freely express themselves without being steered or led towards certain responses.

### *1.6.2.2 Descriptive research design*

A descriptive research design refers to a thicker examination of phenomena and their deeper meaning (Rubin & Babbie, 2016:61). It is a comprehensive description of specific events, experiences of the individuals, group or place, and time (Edmonds & Kennedy, 2017:161; Toury, 2012:16). In qualitative research, a descriptive research design is used to collect data, which is in words and to explore and describe situations that have no theoretical finding (Clifford & Gough, 2013:79). This means that once the researcher explores the phenomenon under investigation, he/she will describe what was explored in detail in order to provide a detailed understanding of the phenomenon in question. Regarding a descriptive research design, the researcher begins with a well-defined subject and conducts research to accurately describe it (Fouche & de Vos, 2011:96). For the current study, the implementation plan regarding the descriptive research design was to describe the participants' experiences and challenges in as much detail as possible in order to enable an in-depth understanding of their challenges when working in HIV/AIDS HBC. Through the semi-structured interviews adopted as a data-gathering tool, the plan was also to allow the participants to describe their experiences and challenges without any interruption from the researcher. The researcher's expectation was that this approach will be crucial in providing a clear understanding of the phenomenon under investigation.

#### *1.6.2.3 Contextual research design*

A research study should reflect on several contexts in which the participants live, such as the community context; the sociocultural context; or the political, economic or historical context that shape the research issue or the phenomenon under investigation (Hennink, Hutter & Bailey, 2011:288). A contextual research design involves going out to a natural environment and observing behaviour or asking questions to find out more about your audience, their motivations and how they may receive ideas (Duda, Warburton & Black, 2020). It is a design in the understanding of the context of the environment where the participants give meaning to events. The researcher's conviction in this study was that the context is very crucial to enable an insight into the role played by social workers who are working with PLWHIV in HBC organisations, the challenges they face in executing their roles, the strategies that they adopt in managing these challenges and their suggestions on how to better address their challenges. The researcher's conviction with regard to a plan on a contextual research design was that any description of the phenomenon under investigation without considering the context in which it manifests would not be detailed enough to provide an insight as anticipated through the aim of this study. That is why a contextual research design was one of the designs planned for the current study.

## 1.7 RESEARCH METHODS

Research methods are the tools that researchers use to collect data (Nagy Hesse-Biber, 2017:17). They involve the means of data collection, analysis and interpretation that researchers propose for their study (Creswell, 2014:247). In this section, the researcher pays attention to the research methods that she planned to adopt for the purpose of this study.

### 1.7.1 Population, sampling and sampling techniques

In this section aims to explain the researcher's plan pertaining to the population, sampling and sampling techniques. These aspects are explained separately below.

#### *1.7.1.1 Population*

A population is the aggregation of elements from which the sample is selected Rubin& Babbie, 2010:135). Walliman (2011:185) defines a population as a collective term used to describe the total number of cases of the type, which is the subject of the study. In this study, the population was considered to be all social workers who render social work services to PLWHA through an HBC organisation. Owing to constraints associated with finances and other resources, researchers often draw and study a sample from the population (Taherdoost, 2016:18). It was, therefore, due to limited resources and research capacity that the researcher planned to draw a sample from the population.

#### *1.7.1.2. Sampling*

A sample refers to people who are selected from the population for inclusion in a research project as research participants (Kara, 2017; Walliman, 2011:185). In another definition, Strydom (2011) considers a sample to be a subset of a population drawn from the population for the purpose of inclusion in a study. Sampling can be categorised into either probability or non-probability sampling. On the one hand, probability sampling means that every item in a population has an equal chance of being included in the sample (Taherdoost, 2016:20). Non-probability sampling, on the other hand, is a type of sampling in which members of the population do not have equal opportunity of being selected to become part of the study (Kara, 2017; Kumar, 2008: 41). It is a strategy determined by the research questions and the researcher's intentions regarding how to approach such research questions, as well as the time constraints (Kara, 2017).

For the purposes of this study, the researcher's plan was to adopt non-probability sampling. The types of non-probability sampling methods are accidental sampling, purposive sampling, quota sampling and snowball sampling (Hall, 2008:194; Strydom, 2011:232-233). The reason for the researcher considering non-probability sampling was the impossibility of building a sampling frame (a list of social workers who are rendering services to PLWHIV) which is one of the requirements for probability sampling. Non-probability sampling methods are associated with qualitative research and are particularly suitable for such kind of studies (Tahersdoost, 2016:22). The specific sampling methods that the researcher intended to use were purposive sampling and snowball sampling, as discussed below.

### *1.7.1.3 Purposive sampling techniques*

Purposive sampling is also sometimes referred to as judgemental sampling (Botma et al., 2010:201). It is a type of non-probability sampling through which the researcher uses his/her own judgement and experiences to select the participants whom he/she deems best suited for the research purpose (Abrams, 2010). Purposive sampling is a technique involving the selection of a sample of participants that will offer you the most completed unbiased understanding of the phenomena being studied (Yegidis, Weinbach & Myers, 2018:128). For the current study, the researcher panned to use her social work expertise and networks to identify potential participants who were involved in rendering services to PLWHA through an HBC organisation. As noted by Koch et al. (2014:136), researchers should in studies where they intend using a specific criterion to include the participants, provide such criteria. In this study, the plan was to use the following inclusion criteria:

- The participant had to be a social worker[2] employed to render social work services to PLWHIV through an HBC organisation.
- At the time of this study, the participant had to be providing services through an HBC organisation to patients who are residing within the City of Tshwane Metro Municipality.
- The participant had to be voluntarily willing to sign an informed consent form and be interviewed and audio recorded.

The following exclusion criteria were set to disqualify potential participants:

- Anyone who practices as a social worker, but is not registered with the South African Council for Social Service Professions (SACSSP).
- Anyone who is not rendering services through an HBC organisation for PLWHIV within the City of Tshwane Metro Municipality.

### *1.7.1.4 Sample size*

Unlike in quantitative research in which the sample size is predetermined, qualitative research is guided by the principle of data saturation (Laher & Botha, 2012; Mason, 2010). Similar to any other qualitative research study, it was expected that the current study would not have a predetermined sample size. The researcher’s plan

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[2] The Social Service Professions Act, 1978 (Act No. 110 of 1978)

was to adopt the principle of data saturation for the current study. Data saturation is a stage during the research process in which the further collection of data yields little or no insight (Suri, 2011). In other words, data saturation is a stage during which the researcher continues to collect data, but the participants continue to provide him/her with the same insight over and over again. Similar to any other qualitative research study, it was expected that the current study will not have a predetermined sample size.

#### *1.7.1.5 The process of sampling*

In order to obtain a sample, the researcher used the Internet and her existing networks to identify various HBC organisations operating in and within the City of Tshwane Metro Municipality who have social workers rendering social work services to PLWHA. The plan was that once the researcher had obtained a list of these organisations, she would then contact them either through their contact information appearing on the websites or through a direct visit to begin the process of negotiating for permission to conduct the study. The plan was that once permission has been granted, she will identify the social workers and negotiate for their participation in the study, as guided by the inclusion and exclusion criteria set above (see section 1.7.5 above). Once she had found participants who met the inclusion criteria, she planned to build a rapport with them, introduce the study to them and make a request for their voluntary participation. If their response were affirmative, her plan was to ask them to sign consent forms so that the process of data collection could begin. It is crucial, however, to note that preparatory works were expected to happen immediately after the sampling process and prior to data collection. Below the researcher explains how the preparatory plan for data collection was made.

### 1.7.2 Preparation for data collection

Collecting rich data requires a well-prepared researcher with highly developed rapport-building skills (Mack et al., 2011:18). Research participants should also be prepared so that they can have a clear understanding of the interview and to be recorded for such interviews (Doody & Noonan, 2013:31). In preparing for data collection, the researcher planned to spend time reading through the literature to make sure she fully understood the process of negotiating access, building rapport and the actual data collection process. She also planned to spend time with the participants to explain the purpose of the study, the ethical principles, the risks, and benefits of the study, and to make sure that all the participants' questions and uncertainties were clarified. The plan was that once all the uncertainties had been clarified and questions answered, the researcher would arrange a time and place where the interviews would be conducted, free from any disruptions. The intention was that once the participants had signed the consent form and were ready to participate, the researcher would make individual appointments with them to begin the process of data collection. The plan pertaining to the methods that were adopted for data collection is presented in the next section.

### 1.7.3 Methods of data collection

Data collection involves the collection of information that is used to answer the research questions (Court, 2018). It is often an intense and exhausting experience, especially if the phenomenon being studied concerns an illness experience or another stressful life event (Polit & Beck, 2012:534). There are different ways of collecting qualitative data, namely observations, interviews, document analysis, audio and visual materials (Creswell, 2013:190; Sensing, 2011:91). Lodico, Spaulding and Voegtle (2010:114) refer to observation as a data collection tool requiring systematic and careful examination of the phenomena under investigation. Document analysis refers to data that exists independently of the research process, such as institutional records, management records and policy statements, court records, case reports, minutes, brochures, diaries, photographs and letters (Richards & Morse, 2013:132). According to Busetto, Wick and Gumbinger (2020:2), document data refer to the review by the researcher of written materials including personal and non-personal documents, such as archives, annual reports, guidelines, policy documents, diaries or letters. Through visual material, the researcher can stimulate the interviewee to discuss sensitive or uncomfortable subjects that can be difficult to articulate and uncover written- or talk-based methods (Kara, 2015:84).

An interview is suitable for qualitative research studies (Bloomberg & Volpe, 2016:154). As defined by Koch et al. (2014:137), interviews refer to questions that are designed in an open-ended fashion to avoid leading or steering the participants in a direction that will support the researcher's assumptions. They involve an interaction of at least two people (Olsen, 2012:33). Interviewing aims to develop an understanding of people's life experiences from their point of view (Fortune, Reid & Miller, 2013:241).

The three types of interviews in qualitative research are structured interviews, semi-structured interviews and unstructured interviews (Dhabi & Anozie, 2017:88; Zacharias, 2012:98-100). Structured interviews have a predetermined list of questions directed to participants without any provision for follow-up questions to their responses. Unstructured interviews are not predetermined but are rather designed in such a way as to enable an understanding of people's stories and their understanding (Zacharias, 2012:99). In the proposed study, the researcher planned to use semi-structured interviews, which were to be guided by an interview guide as the method of data collection (Josselson, 2013).

Semi-structured interviews are used by researchers to gain a detailed understanding of the participants' experiences around the subject. They enable the participants to answer the defined questions, while leaving time for further development of those answers, and including more open-ended questions (Greeff, 2011; Nieswiadomy, 2012:188; Walliman, 2011:193). Semi-structured interviews are used to facilitate a more focused exploration of a specific topic using an interview guide (Bloombery & Volp, 2016:155). A semi-structured interview is a type of interview that involves the use of key questions guiding the researcher in the areas to be explored (Gill et al, 2016:155). Although the researcher planned to use the interview guide, a list of questions contained in such a guide was expected to evolve as the study evolved (Josselson, 2013).

Interviewing for research purposes requires certain skills (Doody & Noonan, 2013; Koch et al., 2014:137). Among the skills that are used during interviews are active listening, probing, empathy, summarising, the strategic use of silence, using body language and encouragers such as nodding, smiling and demonstrating interest (Doody & Nooman, 2013; Fisher, 2009:116; Mentell, 2013:109). In the current study, the researcher used active listening, probing and summarising as the interviewing skills. Summarising skill means giving a brief account of what the researcher has heard (Fisher, 2009:116; Mentell, 2013:109). Probes, on the other hand, are used to get clarity from the participants, while active listening enables the researcher to note any new insight provided by the participants (Doody & Noonan, 2013). According to Koch et al. (2014:137), interview questions may be included in appendices or tables or explained in the method section to enable the readers to make their own decisions on the connection between the interview questions and the research goals. The questions which the researcher posed to the participants are presented below (see Addendum E):

**The following questions were asked to collect the participants' biographical data:**

- How old are you?
- What is your gender?
- What number of years' experience do you have as a social worker?
- How long have you been working as a social worker in HBC?
- What is your position in this organisation?
- What is your caseload (number of cases currently managing)?

**The following questions were posed to answer the research questions:**

- What are your main responsibilities as a social worker working with PLWHIV through an HBC programme?
- What challenges do you as a social worker face when working directly with PLWHIV through an HBC programme?
- What challenges do you as a social worker working with PLWHIV through an HBC programme face in relation to your organisation?
- What strategies do you use to cope with those challenges?
- What suggestions do you propose in addressing the challenges faced by social workers who work with PLWHIV through an HBC programme similar to yours?

### 1.7.4 Pilot testing

A pilot test helps in testing and refining a research design, fieldwork methods, the research procedures, data collection instruments and plans for data analysis (Yin 2016:39). It is a small-scale version of the main study aiming to ensure that the methods to be adopted for the main study are more rigorous (Polit & Beck 2012:195). In the current study, the researcher intended to conduct pilot testing with one participant to ensure that the adopted methods were suitable for the study and to test the research instruments. The intention was to follow the process, methods and design to be followed in the main study, so that they can provide her with proper lessons for the improvement of the research strategies and instruments of data collection.

### 1.7.5 Method of data analysis

Data analysis is quality control exercised by researchers to choose the best and most relevant pieces of information to be used in the study. This exercise, as noted by Vithal and Jansen (2010:27), includes at least three steps, namely scanning and cleaning the data, organising the data and re-presenting them. Data analysis is usually conducted concurrently with data gathering (Botma et al., 2010:220). It is a process of making sense of the data and creating meaning by consolidating, reducing and interpreting what people have said and what the researcher has seen and read (Merriam & Tisdell, 2016:202). In this study, researcher's plan was to analyse the data using the eight steps for qualitative data analysis, as proposed by Tesch (in Creswell, 2014:186). In following these steps, the researcher –

- wrote down, word for word, the interview that she had conducted and read them all to have a sense of the bigger picture while making notes of her ideas as they came to mind.
- selected one transcribed interview and read through it, seeking the underlying meaning without thinking about the content of the information while writing her thoughts in the margins.
- listed all the topics of the underlying meanings, grouped similar topics together and categorised them into columns headed "major topics", "unique topics" and "leftovers".
- identified and used a fitting abbreviation for each of the identified topics.
- developed the most descriptive wording for the topics and turned them into themes or categories.
- made a final decision on the abbreviation for each theme or category and alphabetised the codes.
- used a cut-and-paste method to assemble all the data or material belonging to each theme or category in one place and conducted a preliminary analysis.

- where necessary, recoded the existing data. Otherwise, she began to interpret and report on her findings.

### 1.7.6 Methods of data verification

Data verification involves confirmation of whether the data are good enough and adequate for the purpose of the research process (Nielsen, 2013:45). The four main criteria for qualitative data verification are credibility, dependability, conformability and transferability (Houghton et al., 2013:13; Schurink, Fouché & de Vos, 2011:149). Qualitative research is considered trustworthy when it accurately represents the experiences of the participants (Holloway & Wheeler, 2010:302-303). Below is a discussion of the strategies which the researcher intended to adopt as part of data verification.

#### *1.7.6.1 Credibility*

Credibility proves the truth-value and confidence in the research findings and the context in which the study was conducted (Houghton et al., 2013:13; Polit & Beck, 2010:492). Credibility can be enhanced through prolonged engagement, triangulation, debriefing and member checking (Houghton et al., 2013:13; Morse, 2015:1212). In the current study, the researcher planned to ensure credibility by accurately representing the participants' own experiences, as narrated by them during the data collection process (Bloomberg & Volpe, 2016:162). She also intended to engage in prolonged engagement, persistent observation, triangulation and negative case analysis (Morse, 2015:1212).

#### *1.7.6.2 Transferability*

Transferability means that the findings in one context can be transferred to a similar situation or participant without losing its meaning (Holloway & Wheeler, 2010:303; Houghton et al., 2013:16; Polite & Beck, 2010:492). To satisfy transferability, qualitative researchers use thick description (Houghton et al., 2013:16; Morse, 2015:1212). The researcher's plan for the current study was to ensure that thick description was followed throughout the study from the planning to the implementation and reporting of the research process. Her plan was to ensure that she dedicates two chapters to clearly show the reader what her initial plan looked like (the current chapter) and what actually transpired during the research process

(Chapter Two). She further intended to ensure that all her reporting was as detailed as possible in order to address the criterion of transferability.

#### *1.7.6.3 Confirmability*

Confirmability refers to the neutrality and accuracy of data (Houghton et al. 2013:14). It is the potential of data to remain congruent between two or more independent people in terms of its accuracy, relevance or meaning (Polit & Beck, 2010:492). To satisfy the criterion of confirmability, researchers use an audit trail, triangulation and reflexivity (Holloway & Wheeler, 2010:303; Houghton et al., 2013:15; Morse, 2015:1 213). In this study, the researcher’s intention was to use a research journal to document the details of the process, such as the time of the interviews, her experiences and things that happened which might not necessarily be a part of the main data. She also planned to use triangulation by using observation, interviews and a variety of literature sources.

#### *1.7.6.4 Dependability*

Dependability refers to the question of whether the research process and procedures can be tracked to collect and interpret data (Bloomberg & Volpe, 2016:163). It involves the stability of the research data over time (Houghton et al., 2013:15). In addressing dependability, the researcher should use an audit trail, stepwise replication and reflexivity (Houghton et al., 2013; Polit & Beck, 2010:492). Dependability of the findings is determined by the consistency and accuracy of the data, which will enable readers to evaluate the adequacy of the analysis by following the decision-making process made by the researcher (Holloway & Wheeler, 2010:302-303). An audit trail and reflexivity were the two strategies that the researcher intended to adopt for the purpose of ensuring dependability of the current study.

## 1.8 ETHICAL CONSIDERATIONS

Ethics refers to the widely accepted moral principles offering rules and behavioural expectations about the most correct conduct towards research participants, employers, sponsors, fellow researchers, research assistants and students (Strydom, 2011:114). The aim of research ethics is to protect the rights, safety, well-being, respect, human dignity and integrity, as well as the interests of the participants during the research planning and conduct stages (Le May & Holmes, 2012:96). The ethical principles which the researcher intended to rely on for the purpose of this study are presented below.

### 1.8.1 Informed consent

Iinformed consent requires a researcher to help participants in understanding the purpose of the research, the possible risks, benefits to be incurred, as well as the procedures that will be followed in conducting the study (Guest et al., 2013:325; Maxfield & Babbie, 2008:67). Obtaining informed consent implies that participants accepted the benefit and the risk of the study, the expected duration of their involvement and the procedures which will be followed (Strydom, 2011:117). It means that participants have adequate information regarding the research and they are, therefore, free to choose whether to consent or decline the invitation to participate (Polit & Beck, 2010:127). Informed consent must be obtained before recruiting participants as they must be given enough information about the study before they can participate (Le May & Holmes, 2012:96). The procedures involved is that the potential risks and benefits need to be explained to them so that they do not feel deceived or exploited. In this study, the researcher's plan was to provide the participants with the informed consent document and to schedule a meeting in which such a document would be explained to them. This she intended to plan in such a way that it happened prior to the participants giving their consent for participation. She also planned to remain open for any questions that could emerge from the participants throughout the study so that they could clarify anything that they may have wished to clarify.

### 1.8.2 Anonymity and confidentiality

Anonymity means that no one should be able to identify any research participants. The researcher should protect the identities of the participants by removing any identifiable information from interview transcripts or quotations used (Hennik, Hutter & Bailey, 2011:7). When anonymity is ensured, even the researcher should not be able to link participants to their data (Polit & Beck, 2010:129). Anonymity means that the participants have the right to remain unidentified.

Confidentiality, on the other hand, means that what was shared by the participant to the researcher, will remain private and will not be revealed to someone else (Polit & Beck 2010:129). It aims to ensure continuous privacy, as agreed between the researcher and the participants (Strydom, 2011:119). Whereas confidentially is ensured when the researcher can identify a given person's responses, but essentially promise not to do so publicity (Babbie, 2013:36; Rubin & Babbie, 2016:85). Anonymity means that the participant remains nameless (Lune & Berg, 2017:49). In the current study, the researcher's plan for ensuring confidentiality meant using pseudonyms as a substitution for participants' real identities and to refrain at all costs from sharing any information which would expose the participants' identities and sensitive information with third parties.

### 1.8.3 Debriefing the participants

Debriefing is important, particularly when the data that were collected was stressful to the participants or when ethical guidelines had to be bent (Polit & Beck,2010:130). It entails interviewing the participants to discover any problems generated by the research experience so that those problems can be corrected (Babbie, 2013:71). The main purposes of debriefing are to elicit the attitudes of the participants towards the study, to reveal deception and any harmful effects of the study (Morawski, 2015:10). It aims to remove any psychosocial issues that might have resulted from participating in the study. The researcher made the necessary plans for debriefing in this study. Her plan was to contact an experienced social worker who was able to assist the participants with debriefing whenever such a need arose (see Addendum F).

### 1.8.4 Beneficence and non-malfeasance

The word 'beneficence' implies mercy, kindness and charity (Guest et al., 2013:318). It is an obligation on the part of the researcher to do well or act in the interest of the participants. It is also a responsibility to do what will be beneficial to the participants and ensuring that the benefits outweigh the risks (ibid.). Beneficence refers to a researcher's action to benefit participants in the study. Non-malfeasance is an obligation to avoid harming a person (Guest et al., 2013:319). Persons are treated in an ethical manner not only by respecting their decisions and protecting them from harm, but also by making efforts to secure their well-being (Richard et al., 2008:37; Polit & Beck, 2010:121).

In observing beneficence for the current study, the researcher's intention was to make sure that the study was conducted in a way that benefited the participants directly by for instance conducting herself in such a way that she became someone who was there to listen to the participants as they shared their experiences, particularly those that could be emotionally overwhelming. In other words, as much as she planned to elicit information from the participants, she played the role of some kind of a psychological support system for the participants. She also ensured that the study benefited the participants by highlighting issues that affect the country and, by implication, the participants and, therefore, enabled mobilisation of resources that would be used to address such issues.

### 1.8.5 Management of information

The collected data must be managed properly in such a way that it does not pose any risk of breaching the principles of research ethics. Raoprasert and Islam (2010:94) recommend that collected data must be placed in a safe place in order to limit access to unauthorised persons and to be used only for academic purposes. During the collecting, storage and presentation of data, the researcher should keep the information in a safe place to ensure that the ethical principles of confidentiality and anonymity are maintained (Engel& Schutt, 2010:94; Flick, 2011:220). For this study, the researcher developed a mechanism on how to properly secure the data in such a way that it does not compromise any of the ethical principles. In her plan, she intended to create computer files for soft copies of the data and the interview transcripts. Her plan was to first turn the hard copies into soft copies and save them on her computers. She also planned to keep all the original hard copies in her personal safe at home to prevent access by unauthorised persons.

## 1.9 CLARIFICATION OF THE KEY CONCEPTS

This section focuses on key concepts central to the study. The concepts 'challenges', 'social worker', 'social work', 'social work services', 'PLWHIV' and 'HBC' are defined as they applied in the context of this study.

### 1.9.1 Challenges

The word ‘challenge’ is often used as a catchall phrase for aspects of injustice and is sometimes critiqued as a weak and unfocussed term (Jackson, 2014:2). Challenges are viewed as having a moderate to a high degree of risk (Turner & Rowe, 2013:72). For this study, the concept ‘challenge’ was defined as any factor that makes it difficult or impossible for social workers who are rendering services to PLWHIV through the HBC programme to render efficient and effective services.

### 1.9.2 Social worker

Nhedzi (2014:13) defines the term ‘social worker’ as any professional person who assists others in resolving their problems, attaining resources, providing support during crises and facilitating social responses to their needs. In South Africa, a social worker is a person registered as a social worker with the SACSSP in terms of section 17 of the Social Service Professions Act, 1978 (Act No. 110 of 1978). For the purpose of this study, a social worker was considered to be any professional who possess a four-year degree in Social Work, who is registered with the SACSSP in terms of section 17 of the Social Service Professions Act, 1978 (Act No. 110 of 1978) as social workers and who render social work services under the auspices of any HBC organisation which serves PLWHA within the City of Tshwane Metro Municipality.

### 1.9.3 Social work

Social work is the professional activity aiming to help individuals, groups or communities to enhance or restore their capacity for social functioning and to create societal conditions favourable to their goals (Zastrow, 2012:29). Social work is a practice-based profession, of which the focus is on helping people so that they can become empowered to help themselves in future (Gunda, 2018:28). Social work promotes social change and problem solving in human relationships by empowering and liberating people to enhance their well-being (Cree, 2013:4). In this study, social work was defined as a profession rendered by professionals who are registered with the SACSSP as social workers to render social services to individuals, families, groups and communities affected and infected with HIV through an HBC organisation.

### 1.9.4 Social work services

The term ‘social work services’ is defined by Rautenbach and Chiba (in Mbedzi, 2018:39) as services that are aimed at addressing the multiple complex transactions between people and their environments with the purpose of enabling people to develop their full potential, enrich their lives and prevent any form of dysfunction. In the view of Schultz (cited in Mbedzi, 2018:39), social work services are outlined in conditions of different fields of social work practice, including health care, child care and family care. In the current study, social work services were defined as services rendered by social workers through HBC programmes to PLWHIV within their homes. It also extends to include various systems (in other words, groups, families and communities) in which PLWHIV live their lives.

### 1.9.5 People living with the HIV (PLWHIV)

To understand the meaning of the term ‘PLWHIV’, one needs to first understand the term ‘HIV’. The term ‘HIV’ is an abbreviation which stands for Human Immunodeficiency Virus; a virus that causes the weakening of the immune system and can cause AIDS (Kapila et al., 2016:69). It damages the body’s immune system and causes AIDS. In the context of the current study, PLWHIV were, therefore, considered to be people who have been diagnosed with HIV and who receive services from HBC organisations within the City of Tshwane Metro Municipality.

### 1.9.6 Home-based care

HBC is any form of care given to ill people within their homes which include physical, psychosocial, palliative and spiritual care (Malale, 2011:23). HBC is the main strategic approach for delivering care to PLWHIV in most Southern African nations (Mezzo & Macanese, 2010:443). It can be defined as a health service provision by qualified and unqualified caregivers within the homes of patients. Its primary aim is to help, rebuild and retain an individual’s highest level of well-being, including nursing them to a dignified death. The activities involved in HBC can be classified into preventive; promote; curative; rehabilitative, extended-term care and palliative care. It is an integral part of community-based care meant to promote access to health care closest to home (Henderson & Khan, 2020). For the purpose of this study, the term ‘HBC’ was defined as physical, psychological, palliative and spiritual care rendered by caregivers through an HBC organisation under the support of social workers.

## 1.10 STRUCTURE AND FORMAT OF THE REPORT

This research report comprises six chapters. The primary aim of Chapter One was to introduce the study and the research plan that the researcher developed with regard to this study. As part of the introduction and background, Chapter One is specifically focused on the introduction, the problem formulation and the rationale for the study. A detailed plan was intended to guide the study and was introduced by a presentation of the theoretical framework that the researcher intended to adopt, as well as the research questions, goal and objectives that were set to guide the study. A brief introduction of the research methodology was outlined with a detailed description of the research design and the methods that the researcher planned to adopt for the purpose of this study.

Chapter Two is aimed at outlining how the research plan was adopted, presented in Chapter One and implemented during the research process. Unlike Chapter One which presented what the researcher intended to do, the focus of this chapter will be on what the researcher actually did during the process. The rationale for this chapter is based on the flexible nature of qualitative research and, therefore, intends to clearly highlight and justify any deviations from the initial plan that might have occurred during the research process. Central to this chapter is how the qualitative research approach, the research design, the research methods and the ethical considerations were implemented as the study evolved. A summary of the chapter is presented at the end of the chapter and serves as a conclusion to the chapter.

In Chapter Three, the focus is on the first part of the research findings, which is the findings pertaining to the roles played by social workers working with PLWHIV. The research findings are presented in the form of the biographical profiles of the research participants and the themes and subthemes which were generated from the data analysis process. The participants' biographical profiles are discussed in the context of the existing literature to compare them with the existing literature. The same practice is adopted in presenting the themes and subthemes, which are also supported by the quotations or extracts from the interviews and then discussed

using the adopted theoretical framework and compared with some of the existing literature.
Chapter Four of the report aims to present the second part of the research findings, which is the findings pertaining to the challenges faced by social workers working with PLWHIV through HBC programmes. Various challenges, as reported by the participants, are highlighted in this chapter and are supported by extracts or quotations from the interviews that were conducted with them. These challenges are presented in the form of themes, subthemes and, where applicable, categories are then discussed in the context of existing literature and the adopted theoretical framework. Similar to the other chapters, this chapter also concludes with a chapter summary.

In Chapter Five, the focus is on the third part of the research findings, which are the findings on the coping strategies adopted by the participants and their suggestions on how to address these challenges. The chapter begins by presenting the findings on the strategies adopted by the participants in managing their challenges as they render services to PLWHIV through HBC programmes, which is followed by a presentation of their suggested solutions on how these challenges could be resolved. Similar to the findings in the preceding chapters (Chapters Three and Chapter Four), both sets of findings are presented in the form of themes and, where applicable, the subthemes and categories which are supported by the extracts or quotations and interrogated using literature and the Ecological Systems Theory as a theoretical framework adopted for the purpose of this study. A chapter summary concludes the chapter.

Chapter Six is the last chapter of this report. Its focus is on the summaries, conclusions, limitations and recommendations of the study. As suggested by the theme of this chapter, it aims to outline the summaries based on the research process and the research findings, as well as its overall conclusions. The limitations to this study are presented in this chapter.

# CHAPTER TWO
# APPLICATION OF THE RESEARCH METHODOLOGY

## 2.1 INTRODUCTION

Whereas the previous chapter presented the research plan adopted for the study, the focus of the current chapter will be on how the plan, which was adopted and introduced in Chapter One, was implemented. The chapter begins with a justification or the motivation for implementing the research process in the manner that it was done and then proceeds to explain how the qualitative research approach, research design, research method and ethical considerations were implemented during the study. A chapter summary concludes this chapter.

## 2.2 MOTIVATION FOR THE ADOPTED PROCESS OF QUALITATIVE RESEARCH

As indicated in section 1.6.1 of Chapter One, this study was founded on a qualitative research approach. The employment of qualitative research, as noted by Yin (2011:61), often includes resistance of formal literature review prior to the onset of data collection owing to the belief that qualitative studies attempt to capture the meaning of events, including their unique time, place and distinct historical moments. Refraining from the formal literature review in qualitative research also stemmed from the belief that the most desirable meaning would come from those who were part of such unique time and place, and not the perspective of the researcher (Yin, 2011:61). For Maxwell (2013:215), “the conceptual framework for a research study is constructed and not found”. The structure of the study rather comprises pieces that are often borrowed from elsewhere and, therefore, not ready-made. The current study was guided by Yin’s (2011) approach. The researcher avoided an intensive literature review prior to data collection as she believed that the meanings emerged from the ground. For this study, the process that guided the research process was the one proposed by Fouché and Delport (2011:297) who consider qualitative research to be a five phased process.

As indicated below, the process proposed by Fouché and Delport (2011) above was adapted to suit the current study by merging some of the following components:

### 2.2.1 Selection of a researchable topic

The selection of a research topic was the pre-planning phase. Although it was part of the planning, it was not part of the formal planning for the study. It involved identifying a researchable problem by engaging in some observations in practice and scanning through some literature around the subject under investigation (Fouché & Delport, 2011:70). In this study, the selection of a researchable topic mainly stemmed from the researcher's own experience as a social worker who is involved in supporting an HBC organisation in Atteridgeville. Her involvement in this field exposed her to various challenges which triggered her interests in investigating these challenges across the broad HBC spectrum. She also started to engage in a preliminary literature search to have a picture of the scope of the problem and to zoom into a specific research problem. This exercise let to the selection of the challenges faced by social workers working in HIV HBC as the topic for the study. The decision pertaining to the selection of the researchable topic happened prior to the formal formulations of the study.

### 2.2.2 Formal formulations and planning

Formal formulations involved making a choice pertaining to the suitability of either the qualitative or quantitative research approach; the formulation of the problem statements, research goals and objectives; developing a research proposal and considering research ethics (Fouché & Delport, 2011:71). Qualitative research was found to be a suitable approach for the proposed study. As described by Morse (2012:147), qualitative research is used in studies aimed at eliciting emotions and perspectives; and beliefs, actions and behaviours to understand the participants' responses to health and illness, and the meanings which they construct based on their experience and actions. The current study focused on the "challenges faced by social workers", which could take the form of emotions, beliefs and perspectives and, therefore, made qualitative research a suitable research approach to adopt.

The planning phase of qualitative research included selecting the research paradigm, considering a place for the literature study and selecting the design or strategy to guide the study (Fouché & Delport, 2011:74). It also incorporated the selection of research methods and framing and development of the sample (Fouché

& Delport, 2011:74). All these were part of Chapter One, which formed the plan which was crafted to guide this study. Once the planning was completed, the researcher continued to the next phase of implementation.

### 2.2.3 Implementation, analysis and interpretation

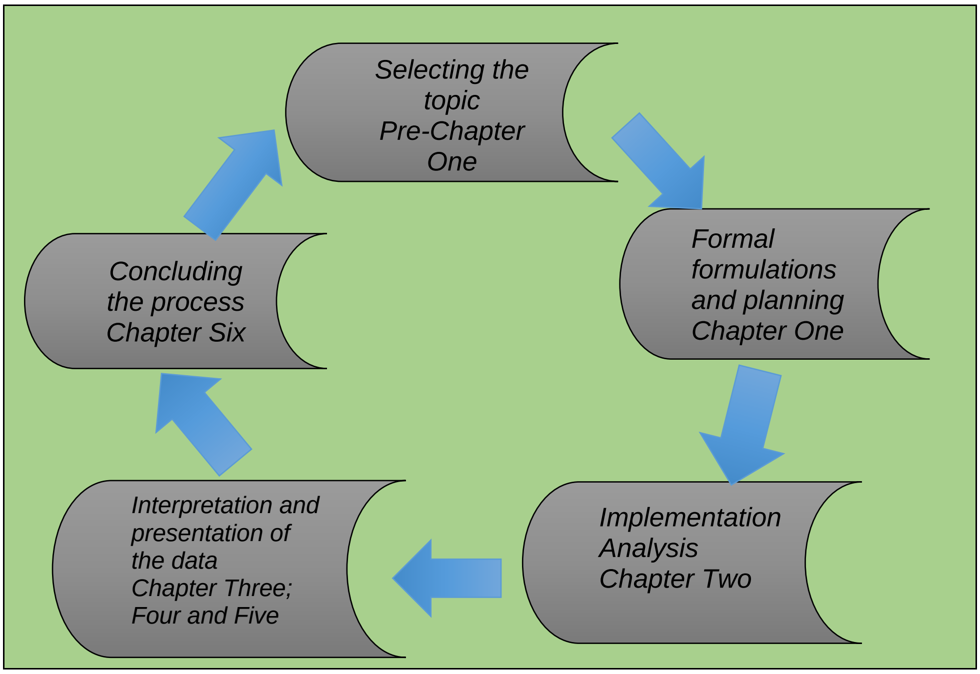
The implementation phase concerned putting the plan into action. As indicated earlier, Chapter One of this report was presented to serve as an outline of a plan which was adopted to guide this study. It was anticipated that the elements of a pilot study and developments in the field, as dictated by the flexible nature of qualitative research, could possibly affect the implementation of the original plan; hence, it was deemed crucial for the researcher to have the original plan as a reference basis so that she could clearly account for any deviation from the plan. During the implementation phase, the researcher was guided by the elements of a pilot study and considered entry and access to the research sites in implementing the design and the research methods (Fouché & Delport, 2011:74). The implementation phase also included the collection of data and, where necessary, some reviews of the literature, particularly pertaining to the process of qualitative research in order to guide the researcher as the data collection process progressed (Fouché & Delport, 2011:74), which is what this chapter seeks to discuss.

With regard to data analysis, the plan was outlined in Section 1.7.5 of Chapter One, of which the implementation is presented in Section 2.8 below. Regarding interpretation, the outcomes of the data analysis are presented in the form of themes, subthemes and categories, which are presented and interpreted in the context of existing literature and the adopted theoretical framework in Chapters Three, Four and Five, respectively. Interpretation overlaps with the presentation of the findings, which is explained in the next section.

### 2.2.4 Presentation of findings and concluding the process

This phase involved the processing, analysis, verification of results with literature control, planning of the narratives and drafting of a research report (Fouché & Delport, 2011:74). This phase was mainly dominant in Chapters Three, Four and Five in which the research findings are presented. A detailed discussion pertaining to the presentation of the findings is provided in three parts in these three chapters. The above process is graphically summarised in Figure 2.1 below.

**FIGURE 2.1: The process of qualitative research adopted for the current study**



Adapted from Grinnell & Unrau, 2011:55).

As indicated in Figure 2.1 above, the selection of a research topic was a decision made during the pre-Chapter One phase, during which the researcher was contemplating the study plan. The formal formulations and the planning were decisions that were made as part of Chapter One and the implementation of the process was part of Chapter Two, together with the analysis. The interpretation and presentation of the data were part of Chapters Three, Four and Five, while the conclusion is part of Chapter Six.

In the current chapter, the aim is to report on the implementation of the process, with a particular emphasis being on the research methodology, the research design, the research methods, and the ethical principles that were planned to guide the study, as outlined in Chapter One. Below is a detailed description of how the process evolved.

## 2.3 THE IMPLEMENTATION OF THE QUALITATIVE RESEARCH PROCESS

As indicated in Section 1.6.1 of Chapter One, the researcher's plan was to use a qualitative research approach to guide this study. As demanded by the qualitative research approach for the researcher to conduct research in natural settings, the researcher visited 12 participants within the City of Tshwane Metro Municipality (Atteridgeville, Mooiplas, Mamelodi, Soshanguve and Garankuwa) where she conducted semi-structured individual face-to-face interviews in the working contexts of the individual participants (Atteridgeville, Lotus Gardens, Pretoria West, Pretoria CBD, Mamelodi, Soshanguve and Garankuwa HBC offices). In implementing the qualitative research approach, the researcher was guided by the following characteristics, as outlined by Yin (2016:8-11):

- Qualitative researchers study the meaning of people's lives under real-world conditions (Yin 2016:9). They collect data in the field at the site where the participants experience the issue or problem under study (Creswell, 2014:185). In order to implement this particular characteristic, the researcher visited the participants in their working environments (offices in which they work) where the interviews were conducted in order to understand their experiences and make the necessary observations of the conditions in which such experiences manifest.

Through qualitative research, researchers are able to represent the views and perspectives of people (Yin, 2016:9). Qualitative research is an inquiry through which researchers make an interpretation of what they see, hear and understand (Creswell, 2014:176). In this study, the findings are subject to the meaning that participants have provided in relation to the research topic. Throughout the data collection, the researcher analysed the data to develop themes and subthemes as part of her interpretation of what she had seen, heard and understood. Further details regarding the interpretation of the participants' perspectives are presented in Chapters Three, Four and Five.

- In qualitative research, researchers cover the contextual conditions within which people live (Yin, 2016:9). Researchers pay attention not only to what the participants are saying, but to the context in which the study is being conducted. The researcher did not restrict herself to the research questions. She also considered factors such as the participants' ages, genders, number of years' experience as social workers, as social workers working in the HBC field, their position and number of cases that they were managing. Consideration of contextual factors was also made during the interviews, during which she would probe and seek clarity aimed at enhancing the context. During the interviews, for instance, some of the participants mentioned that they did not have resources such as vehicles and that they used very old vehicles, while in another interview, another reported that they did not have a vehicle at all and that when they conducted home visits, they walked long distances. An example was an interview with one of the participants in which the researcher sought clarity by saying, “As I get it, you are saying that your work space is too small?” This enabled the participant to share more of her contextual information, *“Work environment is not enough to accommodate all staff members. I share a small office with other staff members”.* Further details around the contextually based data is presented in the three chapters that address the research findings, namely Chapters Three, Four and Five.

- Qualitative research does not rely on a single source of evidence. It is rather motivated to multiple sources of evidence (Yin, 2016:9). Qualitative researchers typically gather multiple forms of data, such as interviews, observation, documents and audio-visual information, rather than relying on a single data source (Creswell, 2014:185). As guided by this particular characteristic, the researcher was able to rely not only on the interviews, but also on observation of events, which were then jotted down in her diary. During the interview with Lesedi (not her real name), for instance, she noticed that she was not happy when she asked a question of how she had overcome the challenges she was experiencing. She looked sad as if something was bothering her and the researcher decided to use an open-ended question to explore what could have been bothering her. This enabled the participant to respond by saying, “*It is depressing as a social worker not able to help some clients. As social worker should accept that at the organisation that we are working on have a lack of the resources”*. Should she have only relied on the interview questions without observation, she would have missed this piece of data.

## 2.4 APPLICATION OF THE RESEARCH DESIGN

The conceptual aspect of the research design was presented in Subsection 1.6.2 of Chapter One. In this chapter, the focus is more on how the research design was implemented.

### 2.4.1 Application of the exploratory research design

The exploratory research design was defined in Subsection 1.7.1 of Chapter One as a research design which aims to examine a new interest when the subject of the study is relatively new and unstudied (Rubin & Babbie, 2016:61). In implementing the exploratory research design, the researcher used individual semi-structured interviews which enabled the participants to explain their experiences, challenges and coping strategies freely. The researcher paid full attention to what the participants said by listening to their views and observing the environment where the interviews were conducted. She asked open-ended questions to allow the participants to share their experiences freely and to open herself up so that she could learn from the participants. During an interview with Bokamoso, for example, he posed a question on what challenges social workers working with PLWHIV in HBC experienced. This question was exploratory in nature in that it did not pre-empt what the participants were going through, but rather afforded them an opportunity to share their challenges in their own way. This became clear in a response which was shared by Bokamoso when he said, "*The challenge that I face in this organisation is shortage of resources. Yes, the resources we have here are not enough to render psychosocial services to the clients and family members''.* The aim was to get as much new insight from the participants as possible to understand the phenomenon under study in detail.

### 2.4.2 Application of the descriptive research design

A descriptive research design provides a comprehensive and detailed explanation of the phenomena under study (Chawla & Sandhi, 2011:54). Given a detailed conceptual explanation of descriptive research, which was provided in Subsection 1.7.2 of Chapter One, this section only focuses on how the design was implemented. In applying a descriptive research design, the researcher used individual face-to-face semi-structured interviews and adopted a thick description approach when writing the report and reporting the findings. The manner in which the researcher conducted the interviews was in such a way that the participants were able to describe their experiences, challenges and coping strategies in detail. As an example, the question, “I’m not sure if I hear you correctly, are you saying that work resources are not enough to render social services?”, which was posed to Rethabile, enabled her to provide very rich information around her experiences of a reflection of the benefits of a descriptive research design when she said, *“Lack of office resources is challenging”, “Yes, because it affects our work”, “Am not able to do my work because of shortage of the resources like stationery, for example, I can’t print out my reports. Sometimes transport is not available. I travel by public transport to attend meeting and I run late, walk long distance to do emergency home visit”, and “Sometimes I ask help from other organisation and I feel upset”.*

The presentation of the research findings was in the form of the sociodemographic data of the participants and the themes and subthemes which were supported by the verbatim quotations of the participants was another means through which a descriptive research design was enhanced. This enabled the researcher to present a rich description of the participants’ experiences and assisted her in soliciting rich data from the participants and assisted the reader in developing a comprehensive insight of the phenomenon.

### 2.4.3 Application of the contextual research design

A contextual research design includes focusing on the theoretical, cultural and physical contexts of the phenomenon and the implications of each context (Hennik et al., 2011:288). During data collection, the researcher paid attention to the broader context, such as the psychological context, physical context, political context, geographical context and community context. The psychological and physical contexts of the participants were found to be stressful, with the workplace characterised by challenges such as a lack of office equipment, such as stationery and cars, where in some instances the participants relied on an old vehicle to perform their duties. In terms of the geographical context, the researcher was able to notice that the participants walked long distances to reach their clients and the clients walked long distances to reach the participants’ offices. The theoretical context, for instance, included a discussion on the findings in the context of existing literature and the adopted theoretical framework, as presented in Chapters Three, Four and Five.

## 2.5 APPLICATION OF RESEARCH METHODS

Research methods involve the forms of data collection, analysis and interpretation that researchers adopt for their studies (Creswell, 2014:247). A plan pertaining to the research methods was introduced in Section 1.7 of Chapter One. In this section, the focus is on how a plan regarding the research methods was implemented.

### 2.5.1 Population, sampling and sampling techniques

As indicated in Chapter One, the population of this study comprised social workers who render social work services to PLWHIV through an HBC organisation within the City of Tshwane Municipality. The time and financial constraints restricted the researcher from involving the entire population of social workers who are employed in this field of practice. A sample was drawn from the population.

#### *2.5.1.1 Sampling*

Sampling is a method of selecting participants, cases and a location(s) for the research study (Waller, Farquharson & Dempsey, 2016:62). The plan that was introduced in Chapter One with regard to the adoption of non-probability sampling was implemented as planned. The researcher used the Internet to search through HBC organisations that render services to PLWHIV with the City of Tshwane. From this process, she identified three organisations, namely Zane HBC, Hope HBC and Tshepo HBC. She also used gatekeepers (a social worker and two HBC managers) to identity HBC organisations that employ social workers who render services to PLWHIV. One of these gatekeepers was a social worker to whom she introduced herself and the aim of the study. The social worker works with HBC for PLWHIV and orphans and vulnerable children (OVCs), and she has many networks around the City of Tshwane Metro Municipality. Further details regarding the implementation of purposive sampling and snowball sampling are presented in the next section. The researcher met with a social worker and introduced herself and the aim of the study. The social worker works with HBC for PLWHIV and OVCs in Atteridgeville. The researcher asked permission to conduct the study in HBC. The permission was granted by the social worker and the researcher was introduced to three social workers working with PLWHIV, of which two of the social workers were colleagues of the researcher. The researcher asked these social workers to link her to other social workers who would be willing to participate in the study. Through networking, 12 social workers were identified and recruited.

#### *2.5.1.2 Purposive sampling*

As indicated in Subsection 1.7.1.3 in the previous chapter, the researcher followed purposive sampling, which involves selecting a sample of participants using her own experiences and expertise (Yegidis, Weinbach & Mayers, 2018:128). By using her own experiences, the researcher added one more criterion to include social workers who volunteer as she noticed during the sampling process that some social workers were not employed by these organisations but were volunteering their services. In responding to this discovery, she amended the inclusion criteria to include this category of social workers. The purpose of developing the criterion was to get enough participants as it was very difficult to find social workers working with PLWHIV through HBC organisations. Although the criteria were introduced in Chapter One, it will be proper to present the amended criteria below:

- The participant had to be a social worker[3] employed ***or volunteering*** to render social work services to PLWHIV through an HBC organisation.
- The participant had, at the time of this study, to be providing services through an HBC organisation to patients who reside within the City of Tshwane Metro Municipality.
- The participant had to be voluntarily willing to sign an informed consent form and be interviewed and audio-recorded.

In implementing purposive sampling, the researcher used her network of colleagues to assist her in identifying organisations within the City of Tshwane Metro Municipality. Through purposive sampling, she managed to successfully recruit four participants.

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[3] The Social Service Professions Act (Act

#### *2.5.1.3 Snowball sampling*

In applying snowball sampling, the researcher asked three participants, namely Rethabile, Lubanzi and Amogelang as her first participants to assist her in recruiting other potential participants who would be willing to participate in the study. They referred the researcher to an organisation named Hope HBC. She contacted the manager telephonically who requested a meeting with the researcher, which led to an approval of the study. She was then linked to two participants, who eventually agreed to participate.

On completion of the interviews with the two participants from Hope HBC, she requested them to link her with other potential participants who might be interested, and they referred her to an organisation called Tshego HBC where she contacted the manager who eventually linked her with two more participants who both agreed to participate in this study. These two participants referred the researcher to an organisation called Tata HBC, in which two participants were identified through their supervisor and agreed to participate. One of the participants from this organisation further referred the researcher to the Isasa HBC organisation, where she identified and recruited one participant through the authorities.

Similar to all other participants, Lethabo was requested to assist in linking the researcher with other potential organisations and she did so by linking her with the Gara (Garankuwa) HBC organisation where two participants were successfully recruited through the authorities. This process of snowball sampling led to a successful recruitment of 10 participants.

#### *2.5.1.4 Sample size*

As indicated in Chapter One, sample size in qualitative research is guided by saturation where saturation is when no new categories or relevant themes emerge (Corbin & Strauss, 2015:139). Data saturation refers to the point in data collection when no additional issues are identified, and data are repeated (Hennik, Kaiser & Marconi, 2017:592). The researcher paid closer attention to the data as the collection unfolded until she noticed during the 10th interview, that no new information emanated from the interviews. These signs of data saturation were later confirmed during the interviews number 11 and 12 which confirmed that indeed data saturation is reached. The category on low remuneration is an example of how data saturation was realised, with one of the participants repeatedly reporting low remuneration until she concluded that it was the saturation point and she had to stop.

## 2.6 PREPARING FOR DATA COLLECTION AND COLLECTING THE DATA

As indicated in Subsection 1.7.2 of Chapter One, the researcher ensured that she was prepared and that the participants were also prepared for the data collection. The processes followed in preparing and collecting the data are explained further below.

### 2.6.1 Preparing for data collection

In preparing for data collection, the researcher went to the interview venues at least 10 minutes before the interviews could begin. This was a contingency measure to enable her to manage any uncertainties and to ensure that the participants were ready. As part of her preparations, she took a diary, a pen, the digital audio recording device and spare batteries to prepare for any uncertainties. She also tested the device to ensure that it was still in a good working condition. Once she was satisfied that everything was in order and that the participants were ready for the interviews, she began collecting the data.

### 2.6.2 Collecting the data

With regard to collecting the data, the researcher’s plan with regard to using the semi-structured interviews for data collection was implemented, as introduced in Chapter One. In conducting the semi-structured interviews as the data collection method, the researcher was guided by Bolderston (2012). As suggested by Bolderston (2012:70) and Rowley (2012:266), the researcher began the interviews with a preamble, a self-introduction and an explanation of the process and some ethical aspects, such as informed consent and permission to record the interviews. Although she explained the purpose of the study and the relevant ethical principles to the individual participants during sampling, she took time to explain this again as part of her preamble, in which she reminded the participants about their right to withdraw at any stage of the study or even the interview (Bolderston, 2012:70). A preamble was a standard method used with all the participants with the aim of creating a conducive environment in which the participants could feel free to participate in the interviews.

Once the preamble was laid, the researcher began with the interview process following Rowley's (2012:265) suggestion for the interviews to be conducted following the order in which the questions had been listed in the data collection tool (refer to Subsection 1.7.3 of Chapter One for a data collection tool). The researcher was mindful of the unique experiences and challenges that the participants may have experienced in their work with PLWHV and, therefore, decided to use various skills, such as probing, observation, empathy and others, to enable them to share unique experiences and challenges. She would use phrases such as, "How does this become a problem to you?", "Support..., can you clarify that" and many other techniques to enable the participants to share their unique experiences and challenges.

As indicated in Chapter One that observation will also be used to support the semi-structured interviews, it was indeed implemented alongside the interviews. During one of the interviews, for instance, the researcher noticed that the participant nodded her head in affirming the following response, *"Yes, because you become worried about those clients and family members"*. She further noticed some activities that were happening around the environment and noted them down. As an example, on 20 July 2020, she visited one of the participants who was residing in an informal settlement far away from a taxi rank. The environment was noisy with a lot of activity in the area. The area was a hive of activity with informal traders selling various merchandise. Although these activities could not directly be linked to the interview data, the researcher collected them in anyway in case they were to be useful later on.

Listening skills were also used, in which the researcher wanted to ensure that she fully understood what the participants were saying. An example of this was during the interview with a participant who said, "*I conduct support groups for PLWHIV to meet their needs and they are healing process" and* the researcher responded by saying, "As I hear you are saying that you led support group for PLWHIV". In applying empathy during an interview with one of the participants, the researcher said, “It sounds to be difficult to work with uncooperative clients” and the participant responded, “*It discourages when you think that you don’t have enough resources to assist the group members’’.*

Finally, paraphrasing was also used where the researcher used her own words to try and capture what she had heard from the participants. In an interview with one of the participants, the participant said, “*It became a challenge to me when you do follow up to check if the client goes when you refer, and you will find out that clients didn’t go is stressful’’,* which prompted the researcher to say, “Ok,”. The researcher thanked each of the participants at the end of the interviews.

The above-mentioned approach helped the researcher to explore the responses shared by the participants and, therefore, enabled her to fully understand their experiences and challenges by affording them an opportunity to share as much detail as possible in an interview environment, which was characterised by warmth and a sense of curiosity to understand their stories.

## 2.7 PILOT TESTING

Pilot testing was explained in Subsection 1.6.4 of Chapter One where, among others, it referred to a research study conducted among a limited number of participants who share the same characteristics as the participants in the main study and whose data are not included in the main research study (Hennik et al., 2020:105). It is conducted to discover a problem before the researcher could proceed with the main study and to refile the data collection instruments (Mackey & Gass, 2011:43). One participant who met the inclusion criteria set out in Subsection 1.7.1.3 of Chapter One, was identified and interviewed for the purpose of a pilot test.

Upon reflecting on the outcome of pilot testing and analysing the findings, the researcher noticed that a question which required the participants to share the challenges they were facing, had not been phrased properly. This she noticed from the participants’ responses where she was clearly confused and could not provide an accurate answer to the question. From that interview, the researcher realised the necessity to rephrase the question so that it can be understandable to the participants. The question was rephrased as follows, *“What challenges do you as a social worker working with HBC for PLWHIV experience?”* No additional pilot testing was conducted hereafter. The results of the pilot test also enabled the researcher to notice some defects in her interviewing skills. This was apparent during a reflection consultation that she had with her supervisor where they both noticed that the interview had many gaps as she had failed to use her probing skills properly. In addressing this defect, the researcher started to read different books and articles on interviewing skills to improve her skills for the purpose of data collection (Doody & Noonan, 2013; Mentall, 2013). The work of pilot testing, which focuses on the questions for instance, becomes very important in equipping the researcher with interviewing skills.

## 2.8 ANALYSING THE DATA

An analysis plan was introduced in Subsection 1.7.5 of Chapter One, in which the researcher indicated that she would adopt the eight steps of data analysis by Tesch (in Creswell, 2014:185-186). Below is an outline of how the plan, which was presented in Chapter One, unfolded:

- The researcher began the analysis process by organising and preparing raw data. In doing so, she had to transcribe the data word for word from the audio into transcripts. She conducted this process immediately after concluding each of the interviews.
- Upon collecting and preparing the data, as indicated above, the researcher read all the transcripts to make sense of what the participants were saying. As she was reading through the transcripts, she wrote the outcomes and ideas that came to mind;
- Once she completed the above activity, she began to search for some underlying meaning in the data. She did this by specifically reading through the interviews conducted with Rethabile in detail as she had responded to her questions in a very detailed fashion. From this interview, she developed some ideas with regard to the meaning of the data and jotted them down. These ideas were, among others, a lack of resources, low remuneration, managing uncooperative clients, challenges pertaining to visiting client systems, and more (see Table 3.2).

- Upon noting the underlying meanings, the researcher began to list and structure all the topics into major topics and unique topics. As an example, regarding the topic, "*The challenges working with PLWHIV",* the major topic "*Client-related problems"* and the unique topic "*Unemployment*" were listed and structured accordingly (See Subsection 3.3.2 of Chapter 3).
- All topics were then abbreviated and coded, and arranged according to appropriate segments. This preliminary organising scheme was aimed at determining if new categories and codes could emerge. An abbreviation was allocated to each topic. For instance, the topic, *"The role of social workers working with HBC for PLWHIV" w*as abbreviated as "R", which represented role. The researcher went back to the transcribed interviews and saw a segment of data matching a topic and began matching abbreviated code in the margins next to the applicable text. Once she had completed this process, she began to transform the topics into themes. In transforming the topics into themes, the researcher had to make a final decision regarding the topics and began to allocate abbreviations to each category. The data belonging to each category were allocated to one place and a preliminary analysis was then completed. The data belonging to each theme and subthemes were combined under its suitable theme and subthemes as relevant, and a preliminary analysis was competed. This process led to the creation of five themes, 17 subthemes and 32 categories. These themes, subthemes and categories are introduced and discussed in Chapter Three.
- Tesch (in Creswell, 2014:185) suggests that, where necessary, the researcher should recode the data. In the current study, the researcher found it unnecessary to recode and decided to conclude the analysis.

## 2.9 METHODS OF DATA VERIFICATION

The plan regarding data verification or the trustworthiness of the study was introduced in Subsection 1.7.6 of Chapter One. As indicated in that chapter, the researcher adopted four criteria of credibility, transferability, dependability and conformability.

### 2.9.1 Ensuring credibility

Credibility of this study was ensured by prolonged engagement and persistent observation, peer debriefing and member checks (Pickard, 2013:21). Prolonged engagement with study participants is recommended in order to gain their trust and establish rapport (Hadi & Closs, 2015:3). The researcher's extended time in the field improves the trust of the respondents and provides a greater understanding of the participants' culture and context (Anney, 2014: 276). The researcher spent time in the field without doing anything but observe and understand the field. Later, she spent time with the individual participants to build rapport with them with the aim of understanding the field and the participants better.

As part of the *prolonged engagement* during the interviews, she observed the participants and recorded events that unfolded alongside the interviews. Upon completing the interviews, she remained in the field to further develop a full understanding of the field. *Peer debriefing* involves engaging professionally with peers with the aim of reviewing some aspects of the research process (Liao, 2015:57). The aim is to receive feedback which will assist in improving the quality of the inquiry (Anney, 2014:276). As a peer review strategy, the researcher sent all the transcripts to the supervisor who read through them and identified any gaps and missed opportunities and, where necessary, provided some suggestions on how to improve. In some instances, the supervisor requested the researcher to revisit the participants to clarify issues that were not clear in the interviews. This process enabled the researcher to improve her skills and clarify uncertainties as the interviews unfolded.

Koelsch (2013:170) considers member checks to be a provisional report taken back to the site and subjected to the scrutiny of the participants so that they can confirm the content thereof. In this study, the researcher contacted individual participants to make appointments with them in order to afford them an opportunity to confirm if the report reflects their views as shared during the interviews. These consultations were characterised by discussions, in which the participants were given some copies of a provisional report to read and indicate where it needed to be corrected. Through this process all the participants confirmed that the data was a true reflection of their experiences as narrated during the data collection.

### 2.9.2 Ensuring transferability

Transferability means that the results of a study can be applied to other samples from the same population (Lapan, Quartaroli & Riemer, 2012:29). In this study, the researcher was guided by Anney (2014) who recommends that the researcher facilitate the transferability through thick description and purposeful sampling. The researcher had to provide a detailed description of the research process (i.e. dedicating a chapter on the implementation of the research process and verbatim presentation of the research findings) and to purposefully identity and select the participants as suggested by Anney (2014). Thick description in relation to the research process was facilitated by presenting an outline of the plan that was adopted for the purpose of this study (in other words, Chapter One), a detailed explanation on how the adopted plan was implemented (Chapter Two) and the presentation of the findings in such a way that they are supported by the quotations extracted from the interviews (Chapters Three, Four and Five).

### 2.9.3 Ensuring conformability

Implementation of the criterion of conformability in this study was ensured through thick description, namely an audit trail (Anney, 2014:279; Wildemuth, 2017:324). As indicated above, the researcher ensured that the reporting included the provision of an outline of the research plan (Chapter One), a detailed narration on how the plan was implemented (Chapter Two), as well as a detailed presentation of the research findings, which are supported by the quotations that were extracted from the interviews. These measures were adopted with the aim of enabling the reader to have a full understanding of the manner in which the study was conducted, where necessary, with supporting evidence (in other words, some quotations from the interviews).

### 2.9.4 Dependability

Dependability is concerned with whether the readers would obtain the same results if they were to conduct the same study twice (Kumar, 2011:185). For the current study, dependability was established by auditing the research process related to the coherence of the internal process and the way the researcher accounted for it (Anney, 2014: 278). She used member checking to enable the participants to verify the correctness of the data and an independent coder to assess the meaning of the data by analysing it independently without being invested in the research process. The data which were analysed by an independent coder was compared with what was analysed by the researcher for any deviations and no deviations were found. The researcher also used a diary to note contextual details of the data such as the feelings that the participants had, which assisted in further enhancing the meaning of the data and ultimately the dependability thereof.

## 2.10 APPLICATION OF THE RESEARCH ETHICS

The definition of research ethics was provided in Section 1.8 of Chapter One, in which a plan regarding the upholding of ethical principles was presented. Generally, as indicated in Chapter One, researchers must take sole responsibility for the ethical conduct of their own research (Shokat & Parveen, 2017:4). It involves observing certain ethical principles while conducting the study. In order to implement the research ethics, for the purposes of this study, the researcher considered informed consent, confidentiality and anonymity, debriefing the participants, beneficence and safeguarding the information. A detailed explanation regarding how each of these principles were observed is provided below.

### 2.10.1 Informing the participants and obtaining their consent

Informed consent means that the researcher should obtain the informed consent of the research participants by, among others, getting the participants to sign an informed consent form before they could participate in the research study (Bryman, 2012:140). In implementing the informed consent principle of research ethics, the researcher ensured that after she was granted permission to meet with the potential participants, she immediately contacted individual participants to secure appointments in which she introduced the study, its purpose and the entire process that she would undertake. During those meetings, the researcher provided the participants with written informed consent forms and the approval letter from the UNISA Social Work Department Research Committee (USWDRC) (see Addenda A, B and G). She then spent time with individual participants, explaining the nature of the study in detail and informed them that their participation was purely voluntary and that they have the right to withdraw at any time if they so wish. She ensured that the participants understood the purpose of the study by distributing the written informed consent form to individual participants and affording them adequate time to read through it. After being convinced that they understood the purpose of the study and were willing to voluntarily participate, the researcher assisted them in signing the consent forms before they could begin to participate.

### 2.10.2 Ensuring confidentiality and anonymity

In implementing confidentiality, the researcher ensured that the information that the participants revealed would be kept confidential by not sharing it with anyone (except the research supervisor who was also involved in the research process by virtue of being the supervisor) (Lune & Berg, 2017:49). Although a research study cannot assure a full anonymity, the researcher did put some measures in place to manage anonymity. Among these measures were ensuring that no name was revealed to anyone, including the research supervisor (even though he was part of the research process by virtue of his supervisory role), who for the purpose of guidance and support, was only provided with the substantial data of the participants. Pseudonyms were used instead of the real names of the participants and specific details regarding communities which they were serving, as well as the organisations to which they were affiliated, was avoided during reporting. All data records did not contain anything that could make the participants identifiable, codes which were later changed to pseudonyms were used instead of real names. The researcher also ensured that all information that was collected was used only for the purpose of this study.

### 2.10.3 Debriefing of participants

With regard to debriefing, the researcher's plan was to refer the participants, who would require any debriefing, to a social worker who offered to assist (see Subsection 1.8.3 of Chapter One). During the interviews, the researcher assessed the participants to determine their need for a debriefing session. She, however, did not find anyone needing debriefing sessions and, therefore, did not refer any of the participants for debriefing. She, however, advised them that should they realise the need for any debriefing after the completion of the study, they were welcome to contact her on her cell phone number, which was provided to each of them.

### 2.10.4 Ensuring beneficence and non-maleficence

The principles of beneficence and non-maleficence means that the research must be beneficial to the participants and that the researcher is obliged to provide such benefits by balancing the benefits against the risks (Hardwick & Worksley, 2011:31; Townsend, Cox& Li, 2010) The researcher should do no harm to the participants and must remove any form of harm and its sources (Townsend et al., 2010:623). Beneficence and non-maleficence were assured by enabling the participants to freely share their experiences, challenges and suggestions. This was done by building rapport with the participants before the data could be collected and by using skills, such as empathy, which enabled them to receive support while at the same time sharing their experiences, challenges and suggestions. Furthermore, the researcher ensured that the participants' narratives were captured as they were in this report, which will be published through the University repository and, therefore, be available on the website for all potential funders and others who might offer support and assistance. In a nutshell, participants benefitted from an opportunity provided for them to share their experiences which ultimately became documented.

### 2.10.5 Managing and securing the data

A plan on how the data was to be managed has been outlined in Subsection 1.8.5 of Chapter One. As indicated in that chapter, it is essential to securely store the data (Grove, Gray & Burns, 2015: 88). In implementing the information management for the purpose of this study, the researcher secured all the electronic voice recordings and notes by creating files on her computer and in the universal serial bus (USB), which were then password-protected so that she was the only one with access to such files. Hard copies of the transcripts were secured in a locked cupboard, which is accessible only to her. These measures ensured that the information is properly secured, while at the same time ensuring confidentiality by preventing unauthorised persons from accessing the data.

## 2.11 SUMMARY OF THE CHAPTER

This chapter was focused on the application of the research process. It began by outlining an introduction, which was then followed by the motivation for implementing research in the manner that was adopted. The chapter also focused on the implementation of qualitative research by outlining the key characteristics that guided the implementation, the application of the research design, as well as the research methods. In concluding this chapter, a discussion of the research ethical principles was presented. The focus of the next chapter is on the research findings.

# CHAPTER THREE

# ROLE PLAYED BY SOCIAL WORKERS WORKING WITH PEOPLE LIVING WITH THE HUMAN IMMUNODEFICIENCY VIRUS IN HOME-BASED CARE

## 3.1 INTRODUCTION

In the previous chapter, the researcher described the manner in which the qualitative research process was applied. In the current chapter, the focus is on a presentation of the first set of research findings that merged from the data analysis process, namely the role played by social workers working with PLWHIV. The presentation begins with an outline of the sociodemographic profile of the research participants, which is analysed using existing literature, followed by a summary of the main themes and subthemes that emerged from the data analysis, which are then supported by verbatim quotations and discussed using existing literature.

## 3.2 SOCIO-DEMOGRAPHICAL PROFILES OF THE PARTICIPANTS

This section presents the sociodemographic profiles of 12 social workers who participated in this study. These participants were recruited from various HBC organisations in which they were rendering social work services to PLWHIV within the City of Tshwane Metro Municipality. As indicated in section 1.6.1 of Chapter One and section 2.5.1 of Chapter Two, the participants had to have more than one year's experience in rendering social work services to PLWHIV through an HBC organisation and they all had to be willing to participate in the study out of their own volition. They were all registered with the SACSSP as social workers, with some being employed on a full-time basis by these HBC organisations and others serving in their voluntary capacity. The sociodemographic features that were collected and analysed included their ages, gender, number of years' experience as a social worker, number of years' experience as a social worker working with PLWHIV in HBC, position occupied and the number of cases they were managing at the time of the data collection. These sociodemographic features are further presented in Table 3.1 below.

**TABLE 3.1: Sociodemographical profile of the participants**

| Participant | Age | Gender | Experience as SW | Years in HBC | Position | Number of cases currently managing |
|---|---|---|---|---|---|---|
| **Rethabile** | 38 | Female | 3 years | 2 years | Social worker (Volunteer) | +[4] 50 |
| **Lubanzi** | 31 | Male | 5 years | 5 years | Social worker (Volunteer) | + 100 |
| **Karabo** | 27 | Female | 4 years | 3 years | Social worker | + 70 |
| **Iminathi** | 47 | Female | 5 years | 3 years | Social worker | + 135 |
| **Minenhle** | 26 | Female | 2 years | 1.6 years | Social worker | + 40 |
| **Bokamoso** | 28 | Female | 2 years | 1 year | Social worker | + 50 |
| **Tshegofatso** | 44 | Female | 3 years | 3 years | Social worker (Volunteer) | + 100 |
| **H Lethabo** | 27 | Male | 2 years | 2 years | Social worker (Volunteer) | + 55 |
| **Amogelang** | 30 | Female | 2 years | 1 year | Social worker (Volunteer) | + 40 |
| **Amahle** | 27 | Female | 4 years | 3 years | Social worker (Volunteer) | + 120 |
| **Thandolwethu** | 30 | Female | 2 years | 1 year | Social worker (Volunteer) | + 66 |
| **Lesedi** | 27 | Female | 4 years | 3 years | Social worker (volunteer) | + 40 |

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[4] The sign + means over. In this context, it means Rethabile was managing more than 50 cases.

### 3.2.1 Age of the participants

The age profile of the participants is crucial for every study. As noted by Shaffer and Kipp (2014:29), the participants at each age level of the study are different people. This suggests that age may have an influence on the study findings as different people may have different experiences in the work they do based on their ages. It was, therefore, important for the researcher not to overlook the age of the participants in the current study. Regarding the age of the participants, as presented in Table 3.1, 10 participants belonged to what the researcher considered as a category of young adults (26 to 30 years) and two participants belonged to a category of what could be considered as the middle adulthood stage (40 to 47 years). This part of the findings have therefore confirmed the view by Shaffer and Kipp (2014) above in that it reflected a diversity of the participants' ages.

### 3.2.2 Gender of the participants

In terms of gender, 10 participants were females and only two were males. The female domination of the participants attests to the observation made by Gunda (2018), that social work is a female-dominated profession. With the international commitment to gender equity across all global spheres, this could be a cause for concern, particularly in Africa where the masculine culture and tradition have proven to have negative impacts on patients' adherence to treatment.

### 3.2.3 Number of years' experience as a social worker

The majority of the participants had more than two years' experience, with the oldest having five years' working experience as a social worker. The researcher's intention was to provide a rich context for the study by highlighting, among others, the participants' number of years' experience. Wolgemuth et al. (2014:3) state that it is common for different kinds of research studies to have data on participants' number of years' work experience; hence, making the number of years' experience one of the significant biographical features. In a nutshell, there seem to be some similarity of data between the number of years' experience as a social worker and the number of years in HBC. This could suggest that some of the participants' experience as social worker was only in the field of HBC.

### 3.2.4 Number of years involved in HBC

The number of years the participants had worked in the field of HBC for PLWHIV varied from one year to five years. The differences in terms of the number of years' experience in the field of HBC for PLWHIV suggest that the participants may have varied experiences of working with PLWHIV. The researcher considered this factor to be crucial for the study. The number of years' experience as a demographic factor in HIV studies can be associated with the view of Zerden, Lombardi and Jones (2018:143), that social workers have been involved in the health care of individuals and communities since the 20th century and that they have been involved, particularly with PLWHIV, since the early days of the epidemic (Lekganyane & Alpaslan, 2019:142). As evident from this section, the data is diverse when coming to the number of years involved in HBC.

### 3.2.5 Number of cases currently managing

The lowest number of cases managed by the participants was more than 40 and the highest number of cases managed by the participant who had the most cases was more than 135. This is despite the recommendations by the DSD (2011), which is the custodian of social services, that the caseload of each social service practitioner should not exceed 60 cases. According to the DSD (2011), the allocation of caseload should be done in consideration of the complexity of cases, possible travelling and the experience of the practitioner. In the current study, it emerged that six participants had been allocated cases as per the DSD ratio, with their total number of cases being below 60, while only one had been allocated 66 cases. Three of the participants reported caseloads of between 70 and 100 (one had 70 cases and two had 100 cases), while two doubled the set DSD ratio by reporting 120 and 135 caseloads each. These findings painted a diverse pattern of case allocation among the participants, of which its rationale could not be explored given the scope and focus of the study.

## 3.2 THEMES, SUBTHEMES AND CATEGORIES THAT EMERGED FROM THE DATA ANALYSIS

As indicated in the preceding chapters, the researcher thematically analysed the data using Tesch's (1994) data analysis methods in order to develop the themes. The current section reports on the findings based on the themes, subthemes and categories that emerged from the data analysis process. The themes and subthemes reported here are first presented in a table form and later on discussed in the context of existing literature and using the adopted theoretical framework.

**TABLE 3.2: Themes, subthemes and categories that emerged from the data analysis process**

| Themes | Subthemes | Categories |
|---|---|---|
| **Theme 1: Roles that social workers play in working with PLWIV in HBC** | Subtheme 1.1: Providing various social work services to individual clients, groups and families. | • Conducting an assessment of the clients and their families<br>• Rendering psychosocial support<br>• Providing counselling services<br>• Preparing clients and family for death<br>• Treatment adherence support<br>• Link clients with resources through referrals |
| | Subtheme 1.2: Providing community-based social work services. | • Multi-stakeholder collaboration<br>• Implementing community education programmes |
| **Theme 2: Challenges faced by social workers when working directly with clients who are infected with HIV** | Subtheme 2.1: Managing psychosocial difficulties faced by clients. | • Managing clients who are afraid to disclose their HIV-positive status<br>• Managing denial of HIV-positive status by clients<br>• Dealing with clients who do not have family support |
| | Subtheme 2.2: Managing uncooperative clients | • Working with clients who refuse counselling<br>• Managing clients who abscond from support groups |

| | | |
|---|---|---|
| | | • Poor uptake of referral by clients |
| | Subtheme 2.3: Managing the socio-economic difficulties faced by clients | • Unemployment among clients and their family members<br>• Lack of food and nutritional support |
| | Subtheme 2.4: Challenges pertaining to visiting client systems | • Lack of transport for clients to access services<br>• Inaccessible venues for social workers to render services |
| | Subtheme 2.5: Challenges pertaining to community-based interventions | • Lack of interest in educational programmes among community members<br>• Stigma and discrimination towards social workers, clients and family members |
| **Theme 3: Challenges associated with organisational support** | Subtheme 3.1: Lack of resources from within their organisations. | • Lack of office resources<br>• Lack of office space<br>• Limited and a lack of funds to provide comprehensive social work services |
| | Subtheme 3.2: Capacity-building-related challenges. | • Lack of supervision<br>• Inadequate training<br>• Inadequate managerial support |
| | Subtheme 3.3: Poor working conditions | • Safety-related challenges<br>• Low remuneration |

| | | |
|---|---|---|
| | | • High workload |
| **Theme 4: Strategies adopted by participants to address their challenges** | Subtheme 4.1: Engaging in physical activities<br>Subtheme 4.2: Spending time with friends | |
| | Subtheme 4.3: Adopting intrapersonal strategies to manage challenges | • Emotional eating as coping strategies<br>• Listening to music and limiting the daily number of cases<br>• Prayer as a coping strategy |
| **Theme 5: Suggestions by the participants on how to address their challenges** | Subtheme 5.1: Government providing more funds<br>Subtheme 5.2: Increasing social worker’s remuneration<br>Subtheme 5.3: Adequate training<br>Subtheme 5.4: Organisational support and supervision | |

### 3.2.1 Theme 1: Roles that social workers play in working with PLWHIV in HBC

One of questions posed to the participants was based on their roles in HBC for PLWHIV. Their responses led to one of the central themes that emerged from the analysis process. The theme involved the role that is played by social workers as they execute their responsibilities with PLWHIV. This theme has been considered by researchers such as Lekganyane (2017:9), who states that the role of social workers in HBC for PLWHIV is specialised and cannot be performed by any other person. Social workers play a crucial role by assisting clients in managing emotional distress and other related psychological problems (Ntshwaran & Malinga-Musamba, 2012:291). They provide quality, effective and culturally sensitive HBC services (Altilio & Otis-Green, 2011:99). In the current study, the role that social workers play was reported through two subthemes, namely the provision of various social work services to individual clients, groups and families, as well as the provision of community-based social services. These subthemes are introduced and discussed below.

#### *3.2.1.1 Subtheme 1.1: Providing various social work services to individual clients, groups and families*

Among the participants' responses to a question pertaining to their roles as social workers in the field of HBC for PLWHIV was their provision of various social work services to individual clients, groups and families. These social work services were further divided into the following categories, namely conducting an assessment of clients and their families, rendering psychosocial support, providing counselling services, supporting patients to adhere to treatment, and connect clients with resources through referrals.

(a) Conducting an assessment of clients and their families

Conducting assessments appears to be one of the central roles played by social workers who are serving PLWHIV through HBC. As part of their role in providing comprehensive care, the participants reported that they conduct assessments of clients, which include home and family assessments for PLWHIV. As reported by the participants, assessment is not only used to identify clients' needs, but also to identify available resources so that they can link clients with appropriate resources to address their needs. The following extracts attest to this category:

> “*We do home assessment after the client come to the office and referral from other stakeholders to seek our assistance.”* **[Rethabile]**

> *“I assess the client’s holistic needs … I do assessment to identify strengths, needs, risks that may impact on the well-being of the clients and their families.”* **[Lubanzi]**

> *“Yes, I also do family assessment, I assess client strength, needs, goals and resources that are available to them. Yes, I evaluate the strength of the clients and family members, what they need and what the resources the clients and family members, how they manage the illness and improve their life.”* **[Amogelang]**

> *“I assess the needs of the clients and the family members. Yes, to check what kind of needs I can assist them with. Many clients and the family members are not coping after they know about the HIV status, so we offer them psychosocial support.”* **[Amahle]**

> *“I do a home assessment to identify the needs of the clients and their family members. To collect more information about the clients and their family members to be able to help them with the needs. Most of the clients and family members need food, while other needs emotional support.”* **[Lesedi]**

> *“… When you do home assessment, you will find out that the story that you were told by some of the clients during the intake is not the same when you do home assessment. When they come to the office to seek assistance like nutritional support, they don’t tell you the truth. They will only say that, at home there is no one who is working, but when you do home assessment, you will find out that the clients do needs food parcels.”* **[Bokamoso]**

The participants’ responses show that the role of social workers is to develop and implement a plan to help improve the well-being of their clients based on problems identified through assessment and exploration of attainable goals and available options to help those clients. Assessment is the cornerstone of social work practice as it enables social workers to understand the needs of the patient and their family (Dziegielewski, 2013:266; Habib & Rahman, 2010:85). Home assessment allows for a holistic assessment of the client's environment to identify strengths and challenges (Allen & Tracy, 2008:138). By assessing the client's holistic needs, social workers are able to address mental, emotional, physical and environmental needs and challenges. As argued by Freeman (2017:8), assessment enables social workers to identify the psychosocial needs of their clients with life-limiting illnesses and to provide moral psychosocial and emotional support. Assessment also finds support from the Ecological Systems Theory, which stresses the need for social workers to not only focus on an individual, but also assess how these individuals interact with others and their environment (Teater, 2014:4). Conducting an assessment from an ecological perspective means that a social worker will look at the relationship and connection between PLWHIV, their families, the community, as well as the physical, social and cultural environments, and how these influences their well-being (Teater 2014:36; Zastrow & Hessenauer 2016:112).

### (b) Rendering psychosocial support

One of the responses provided by the participants in relation to a question of their roles as social workers who are working with PLWHIV in the HBC field was that they provide psychosocial support services to their clients and families in order to assist them to cope with the challenges associated with a loved one living with HIV. This emerged during the interviews conducted with six participants, as indicated in the following extracts:

> *"I render psychosocial support to clients and families who are infected and affected with HIV."* **[Rethabile]**
>
> "… *I can say most clients and family members; they need emotional support. Yes, especially the newly diagnosed clients and the family member. When you find that some of the clients and family members are not coping with the illness, especially if the clients were a breadwinner.''* **[Karabo]**

> "*I provide psychosocial support to the clients and their family members*. *We [also] distribute food parcels to the clients and the family members.*" **[Bokamoso]**

> *"I provide psychosocial support to PLWHIV and family members."* **[Tshegofatso]**

> "*I render psychosocial services to help the clients and their family members to cope better with the illness."* **[Lesedi]**

> *"We distribute food parcels to the clients and the family members."* **[Bokamoso]**

From the participants' responses, it is clear that providing psychosocial support is a crucial role for social workers working with PLWHIV and their families. This suggests that it is the role of social workers to enhance the problem-solving, coping and developmental capacities of their clients. As reported by the participants, this role varied from helping the clients and their families to cope with the illness to helping them access food, especially in instances where the client was the breadwinner. According to Hildebrand (2017:20), the role of social workers in HBC include psychosocial support, which takes the form of discussing the mental and emotional needs of clients and their families with the aim of exploring options that can help them to address these needs. Social workers play a paramount role of providing psychosocial services not only to PLWHIV, but also to support the affected families so that they can be in a position to live with infected persons (Ntshwarang & Malinga-Musamba, 2012:291). These findings are supported by the ecological model, which is grounded on the premise that individuals do not exist in a vacuum, but are part of a complex system, with physical, mental and spiritual entities. It is, therefore, important that social workers rendering services to PLWHIV enable the clients to not only adapt to their environment, but to also focus on positively impacting their environment holistically (Stroink, 2020:8).

**As part of their roles, social workers also conduct support groups aimed at ensuring that clients receive emotional, social and spiritual support.**

The following quotations were extracted verbatim from the interviews to support their involvement in support groups as part of their provision of psychosocial support:

> *"I am leading a support group for PLHWA."* **[Rethabile]**
>
> "*I run [a] support group for people living with HIV. We also encourage the clients to socialise with others to reduce stress."* **[Iminathi]**
>
> "*I run [a] support group for PLWHIV to meet their needs and they are healing process, to provide social and educational support*. *We encourage clients to socialise with other people and educate them about HIV.''* **[Lethabo]**

As per the responses above, support groups provide a safe, non-discriminatory, blame-free environment and fulfils a vital function as the infected persons might lose the support of family members, friends and the community (Kulu, 2014:80). According to Willis, Reynolds and Keleher (2016:326), social workers organise group work interventions to provide support for people experiencing similar issues. In the context of HIV, support groups also assist clients in accepting their HIV-positive status. In line with the ecological framework and through psychosocial support, social workers address the problem formation, consider possible solutions and how the identified problems can be addressed, and try to identify how the clients' micro-level problems are indirectly or directly linked to the macro-level problems in their environments (Cheung & Leung, 2020).

(c) Provision of counselling services

Counselling was among the services reported to be rendered by the participants. These counselling services are mostly for clients and family members struggling to cope with HIV-related challenges and for clients who are newly diagnosed with HIV and do not understand their diagnosis and how they ought to live better with HIV. As reported by the participants, counselling also enables clients to disclose their HIV status to their families and loved ones so that they can receive the necessary care and support from such loved ones. In view of the Ecological Systems Theory adopted in this study, counselling is meant to focus on effecting change in the way PLWHIV interact with the different challenges presented by the change in their health (Stroink, 2020:8). The following quotations were extracted verbatim from the interviews conducted with the participants to support their reports on the provision of counselling services:

> *"I provide counselling to assist clients and their families to understand circumstances surrounding the diagnosis, coping skills and promote health style and behaviour."* **[Lubanzi]**

> *"I do crisis intervention, like the client want to disclose to the loved ones and family members, because they fear of rejection and those who are in denial of HIV status."* **[Rethabile]**

> *"I counsel clients and the family members to improve from the illness. I intervene in crisis for the clients, some partner find it is hard to accept that his/her partner is positive. They start to fight until clients seek assist of the social worker, because partners blame each other."* **[Karabo]**

> "*Yes, I provide therapy to the clients and their families to help them to adjust to their health status. I counsel the clients and family members who struggled to cope with the illness, because some of them, they have a false information about HIV. It becomes a problem to hear the clients every time, saying that I'm going to die very soon."* **[Lethabo]**

> *"Well, our primary goals are to provide counselling to the clients and the family members.''* **[Amogelang]**

> *"We deal with counselling. We help the clients and family members cope with HIV diagnosis. It becomes a challenge, because some of the clients are reluctant to address issue of sexuality. You become concerned because you*

> *try to help them by encouraging them to protect themselves when they encounter sexuality.”* **[Amahle]**

The participants’ responses show that in dealing with PLWHIV, they are faced with many psychosocial problems, which may not necessarily be addressed completely without counselling services. Therefore, through counselling, social workers will be in a position to assist their clients to disclose their status to their families and loved ones, to identify and avoid risky behaviours, to practise safe sex and refrain from substance abuse (Habib & Rahman, 2010:86). They render counselling services to patients and their families, which may assist in addressing issues such as stigmatisation, depression and isolation, which prevent PLWHA from seeking treatment and support (Hildebrand, 2017:28; Malale, 2011:23). Social workers provide counselling to facilitate speedy recovery from loss, rebuilding a new life, managing change and personal growth in the client, as well as counselling the patient’s family to develop insight into the patient’s situation so that they can provide the required support (Ntshwarang & Malinga-Musamba, 2012:291). From an ecological perspective, counselling takes into consideration the variables that interact and influence an individual regularly, which enables social workers to identify how a client’s environment affects their development and well-being (Shallcross, 2013:31).

(d) Preparing the clients and family for death

One of the participants explained that they prepare their clients for death and assist the family in succession planning. This is what she had to say:

> *“I also assist clients do succession planning to ensure that loved ones and children are protected. I help the clients do build memory boxes, book and preparing for the eventuality include death, for example, arrangements for children.”* **[Lubanzi]**

The necessity for preparing patients for death is supported in existing literature. Researchers such as Lekganyane (2017:10) state that the role of social workers in the context of HBC for PLWHIV extends to the family and includes preparing the patients and the family for the patient’s death. Succession planning offers an innovative approach for supporting orphaned and vulnerable children after their parents have passed away (DSD 2010:28). As much as the participants reported that they prepare patients for death, they argued that the role of social workers working with PLWHIV also involves assisting a dying patient with finishing unfinished business and passing on in a dignified manner.

(e) Treatment adherence support

Adhering to HIV treatment is one of the crucial objectives of psychosocial support among PLWHIV. It was, therefore, not surprising for the participants to highlight that one of their roles is treatment adherence support. The following quotations were extracted from the interviews verbatim to support this category:

> *“I also do treatment adherence to check if the client follow prescription.”* **[Rethabile]**

> *“I do adherence support.*” **[Lubanzi]**

The above responses are supported by Ntshwarang and Malinga-Musamba (2012:191) who state that social workers are part of a health team which provides adherence counselling to clients who are enrolled in the anti-retroviral programme. Reckrey et al. (2014:4) and Freeman (2017:106) share similar sentiments as they assert that social workers assist patients and support caregivers with treatment adherence counselling. Continuous assessment, monitoring, support and education are necessary for social workers to give as adherence tends to fade over time (Habib & Rahman, 2010:87). Without treatment adherence support, the risk is that patients will abandon their treatment and begin to engage in their normal behaviour, some of which could be risky to expose their loved ones to infection.

(f) Linking clients with resources through referrals

One of the methods through which social work services are rendered to PLWHIV and their loved ones is through a referral system. The social workers reported that one of their roles is to link their clients with resources in cases where they do not have such resources at their disposal. The following verbatim quotations attest to this category:

> “*I also link clients with community resources.”* **[Rethabile]**

> “*I do referral support to other stakeholder*s.” **[Lubanzi]**
> *“I link clients with community services.”* **[Karabo]**
>
> “*I refer clients to other stakeholders. Due to the high numbers of clients in this organisation, we also refer some of them to other organisation that deal with nutritional programmes.”* **[Iminathi]**
>
> *“We also do referral services.’’* **[Amahle]**
>
> *“We refer some of the clients to other organisation who deal with skills programme to help the clients and family members to empower themselves.’’* **[Lethabo]**
>
> *“… social relief distress, child grant, identity documents and local municipality to apply RDP house, but it’s challenging sometimes to do referrals to other organisations. Some of the clients, they don’t go where you refer them. Yes, because we try to assist them. I encourage them to go wherever you refer them and explain to them that it’s for their own benefit.”* **[Thandolwethu]**

Knowledge of HIV-related resources is critical for the success of social work interventions, particularly those who practice in the field of HIV. This means that as per the participants’ responses, social workers are brokers who should identify resources in the community and link their clients to these resources. This position is supported by Ntshwarang and Malinga-Musamba (2012:292) who state that when the client, family or support system cannot provide the required needs, social workers refer the client to community agencies that can provide them with such resources. It is, therefore, the primary role of social workers to link their clients to resources that render assistance (Hiledebrand, 2017:32). Accordingly, the Ecological Systems Theory supports the notion that social workers help mobilise resources and develop strategies to help clients (Germain & Knight, 2021).

### *3.2.1.2 Subtheme 1.2: Providing community-based social work services*

Regarding a question concerning their roles in HBC as social workers working with PLWHIC, the participants provided various responses which were clustered together under the subtheme, ‘providing community-based social work services’. This subtheme was further filtered into various categories, namely multi-stakeholder collaboration and implementation of community education programmes. These categories are introduced and explained further below:

#### (a) Multi-stakeholder collaboration

Community-based social work services, which the participants reported as one of their roles, take the form of multi-stakeholder collaboration with the aim of enabling participants to network for various resources in the community. This category is supported by the following quotations extracted verbatim from the interviews:

> *“Yes, I network on behalf of the clients and family members.’’* **[Minenhle]**

> *“I work with other stakeholders to meet the needs of the clients and family members.’’* **[Bokamoso]**

> *“I also do network community to access the resources on behalf of the client’s systems.”* **[Amogelang]**

> “*I work with other stakeholders to network the resources on behalf of the clients and their family members.’’* **[Lesedi]**

> *“I collaborate with other professionals.”* **[Karabo]**

From the responses provided above, one can note that working with PLWHIV requires a multidisciplinary team owing to the differences in knowledge and skills possessed by the team members. Therefore, to ensure that clients receive comprehensive treatment, care and support, social workers cannot deliver effective services without the involvement of stakeholders. Social workers working with PLWHIV are part of a multidisciplinary team compromising physicians, nurses, pharmacists, dieticians, spiritual care leaders, physical therapists and speech language pathologists

(Hildebrand, 2017:21). Therefore, with these collaborative efforts, social workers render essential and meaningful services to their clients. This finding is also in line with the Ecological Systems Theory as it shows that social workers reinforce the profession’s commitment to fostering interdependency for the well-being of the clients through the support of different stakeholders (Germain & Knight, 2021).

(b) Implementing community education programmes

Community education is another important role played by social workers as part of their provision of community-based social work services. According to the participants, the purpose of community education is to educate community members on HIV with the ultimate aim of preventing it and supporting those who are diagnosed with it. The verbatim extracts provided below aim to support this category:

> *“Yes, we also do awareness campaign to prevent transmission of the HIV.”* **[Karabo]**

> *“Yes, we do awareness campaign regarding HIV. We also educate community members with HIV.”* **[Iminathi]**

> *“Yes, we also teach community members about that HIV.”* **[Bokamoso]**

> “*Yes, I also provide educational groups in the community about HIV. Yes, in most of the time I do door to door and awareness walk by I am educating community members about HIV and AIDS.”* **[Amogelang]**

The responses show that one of the roles of social workers is to prevent the spread of HIV through the provision of community education. According to Patel (in Rodriquez, 2014), social workers have been continuously present in providing services to those directly and indirectly affected by HIV. Lekganyane (2017:10) shares similar sentiments as he noted that social workers engage in community mobilisation initiatives that address the plight of HIV-prevention and AIDS care by raising awareness in the community. Education is beneficial for social workers and is necessary when providing a service to PLWHA to achieve adequate care and other related services (Rodriguez& McDowell, 014:17). According to the Ecological Systems

Theory, social workers act as change agents in the communities by sensitising the communities on various issues (Tidball & Krasny, 2011:11).

## 3.3 SUMMARY OF THE CHAPTER

The purpose of this chapter was to present and discuss the first set of study findings pertaining to the role of social workers working with PLWHIV. First, the sociodemographic profiles of the participants who participated in this study were outlined and a summary was given of the research findings in the form of a table of themes, subthemes and categories that emerged from the entire process of qualitative data analysis. A detailed discussion of these themes, subthemes and categories was then presented by using existing literature and an adopted theoretical framework. In the next chapter, the second part of the research findings is presented.

# CHAPTER FOUR

# CHALLENGES FACED BY SOCIAL WORKERS WORKING WITH PEOPLE LIVING WITH THE HUMAN IMMUNODEFICIENCY VIRUS IN HOME-BASED CARE

## 4.1 INTRODUCTION

This chapter is focused on the second set of findings, which involves the challenges faced by social workers working with PLWHIV in the HBC context. Similar to the previous chapter, in this chapter, the main themes, subthemes and related categories that emerged from the data analysis process are presented. These themes, subthemes and categories are supported by verbatim quotations, which are then interrogated using existing literature and the adopted theoretical framework. Similar to all the other chapters, this chapter is concluded with a chapter summary.

### 4.1.1 The main themes giving rise to the challenges faced by social workers in HBC for PLWHIV

The main themes that gave rise to the challenges faced by social workers in HBC for PLWHIV emerged from an analysis of the responses shared by the participants on the following question: “What challenges do you face as a social worker rendering services to PLWHIV in HBC?” The main themes emerging from this analysis were the challenges faced by social workers when they work directly with clients who are infected with HIV, and the challenges associated with organisational support, as experienced by social workers working with PLWHIV.

### 4.1.2 Theme 2: Challenges faced by social workers when working directly with clients who are infected with HIV

One of the questions posed to the participants required them sharing the challenges they face when working with PLWHIV in HBC. The responses which they provided were clustered under one theme, namely the challenges faced by social workers when working directly with clients who are infected with HIV. This theme was further subdivided into some subthemes, namely the social workers’ challenges in managing psychosocial difficulties faced by their clients; the social workers’ challenges in managing the socio-economic difficulties faced by their clients; the social workers’ challenges in relation to visiting their clients with HIV; and social workers’ challenges with regard to community-based interventions. These subthemes are introduced and explained further below:

### *4.1.2.1 Subtheme 2.1: Managing psychosocial difficulties faced by clients*

The participants reported various challenges, among which some reflected their challenges of managing the difficulties faced by their clients. This subtheme manifested itself in various categories, namely challenges associated with managing clients who are afraid to disclose their HIV-positive status; managing denial of HIV-positive status by clients and dealing with clients who do not have family support. These categories are introduced and explained below:

#### (a) Challenges associated with managing clients who are afraid to disclose their HIV-positive status

One of the psychosocial difficulties faced by the clients, which has proven to be a challenge for social workers who work with PLWHIV in HBC was the fear of disclosing their HIV-positive status. The participants reported some discomfort among the patients in disclosing their HIV statuses, particularly to the families, as one of the challenges they had to deal with. As indicated in the following verbatim extracts, this was clearly one of the main concerns raised by social workers:

> *"Some of the clients fear to disclose their status, especially to the new partner. Yes, they say that they are scared to be rejected by their partners. It's becomes challenge, because the clients will spread infection... . Yes, I'm concerned, because other partners don't know anything about the health status of another partner … ."* **[ Bokamoso]**

> "*Some of our clients, they don't want family members to know about their status. I feel frustrated when the clients delay to disclosure their own status to the family members. Yes, when you need family member's support, you don't know where to start … ."* **[Tshegofatso]**

> "*Some of the clients delay disclosing the status to their partner, because they scared to be rejected. Some of the clients say that if they disclose the status to the partner, they will blame them that is the one who come*

> *with disease. It becomes difficult to do a home visit. Because another partner wants to know what we are doing. It is distressing to do a home visit, because I have to keep confidentiality and because I can't disclose the client status without consent.* I *keep confidentiality until the client is ready to disclose their status.''* **[Amahle].**
>
> "*Lack of clients to disclosure from their family members is challenging*. *It's hard to collect documents from their family member. It delays me in terms of opening files, because when I ask for the documents, they will ask me, what you want to do with the document. I feel distressed when I'm unable to open file because of [a] lack of the document."* **[Lubanzi]**

The disclosure of one's HIV-positive status by PLWHA to their partners, family and friends has proven to be an important means of reducing the incidence of HIV infection and improving HIV treatment and care (Maman, Van Rooyen & Groves, 2014). However, it is still a challenge for many people to disclose their HIV status to partners, family and friends in fear of stigma and discrimination associated with HIV status and the risk of rejection, abandonment, violence, abuse, loss of custody of children, loss of property, and ostracism, all of which are common for PLWHA, especially women (Bor, 2004; Congress & Gonzales, 2013:303). Disclosing one's HIV-positive status makes the work of professionals such as social workers quite easy, particularly with regards to mobilising resources that are aimed at supporting the patients (Mpofu, 2017). Without disclosure, the work of professionals becomes more challenging and is even bound to fail.

### (b) Managing the clients' denial of HIV-positive status

The challenges associated with managing psychosocial difficulties faced by the clients that were served by social workers through HBC also manifested through the denial of some of these clients' HIV-positive status. The following quotations were extracted verbatim to attest to this category:

> "*Yes, because it seems like they are in a stage of denial. I feel disappointed; however, I need to respect their choices, because it seems*

*that the client has not accepted their status. I have to accept, because clients have their own values and belief.”* **[Lethabo]**

*“Because it is difficult to assist clients and the family members more especial they are reluctant to accept that indeed the person is sick. It becomes a challenge most of the time to be engage on therapy session with someone who is reluctant to deal with experience most of the case whereby the clients are HIV-positive. Some of them are difficult to manage and there is nothing we can do. As a social worker, we should treat clients with respect and allow the clients self-determination regardless the situation.’’* **[Amogelang]**

*“Eish* [echoing frustration], *to work with clients who are in denial of their own status is a problem*. *As a social worker working with PLWHIV, it is so painful to see clients who are denial about their own status, because it’s difficult to help clients who are in denial*. *It becomes a challenge when clients are in denial, because we are unable to provide them with counselling. I feel hopeless to do counselling; however, I put aside my frame of reference. However, I understand that every client is unique.’’* **[Lethabo]**

*“Some of the clients even they tested positive, they don’t accept that they are positive. Some of them they say that it’s a calling from the ancestors. It is difficult as a social worker to help the client who is in denial. When the client is in denial, can’t pay attention when you provide with counselling. It’s disappointing to see clients deny their own status; however, every client is unique, because you are unable to render services, I give the clients time to improve themselves.’’* **[Amahle]**

“*We sometimes find clients that are in denial after testing HIV. It becomes hard for us to refer them for other services, such as support groups. Yes, because we need the client’s consent for him/her to be part of the support group. As a social worker, I have to give the clients time to adjust themselves.’’* **[Thandolwethu]**

> *“Some of the clients, they don’t accept that they are HIV-positive. Some of the clients who come with referral when you ask about the status, they said they are HIV-negative. It becomes a challenge, because you are unable to help them when they are in denial. Yes, because our programme deals with HIV, so if they don’t disclose status to us, it is hard to assist them.’’* **[Lesedi]**

> “*It becomes a challenge to help some of the clients who are in denial, for instance, they aren’t interested in our services, because they believe that they are HIV-negative. Some of the clients tested positive, but they continue saying that they are HIV-negative. The clients have the right. There is nothing that I can do until they accept it.”* **[Minenhle]**

> *“Some of the clients even if they are tested positive, they are in denial of their own status. Some clients say that they are not positive test kit made mistake. It’s challenging to seeing clients in denial. It hurts when clients don’t believe on their own health; however, I need to respect the client’s right.’’* **[Iminathi]**

The clients’ denial of their HIV-positive statuses affects the kind of care they ultimately receive from the social workers. According to the participants, accepting an HIV diagnosis is a big challenge confronting them. Denial of an HIV-positive status as a challenge for social workers is supported by Kulu (2014:89), who states that it is difficult for social workers to help a person to reach the acceptance stage and that the denial of the illness delays the therapeutic process (Kulu, 2014:89). In their study of the role of perspectives on the psychosocial aspects of AIDS as a chronic illness, Habib and Rahman (2010:85) found that sometimes the client’s denial is so pervasive and intense that it impairs the PLWHIV from reality testing, with the social worker needing to challenge this denial. It is, therefore, not a surprise for the participants of the current study to cite denial as one of the psychosocial challenges bothering them when working with PLWHIV through HBC.

### (c) Challenges associated with dealing with clients who do not have family support

According to the participants, another psychosocial challenge which they had to deal with in their work with PLWHIV was in relation to clients who were not supported by their family members. The participants stated that some family members do not care about their client's illness. This is despite family support being a necessary form of assistance to offer the clients in coping with their HIV-positive status. The following quotations were extracted verbatim to support this category:

> "*I think the most common challenge I encounter is when clients don't have support from their family members. For example, one of my clients is being rejected by their families after they disclosed their status. It becomes a challenge, because PLWHIV need support, support from the family members encourage the clients to accept the HIV status.*" **[Iminathi]**

> "*It's become a challenge, because some of the clients, their family members do not want to help them financially. It affects me emotionally, seeing clients and their family members facing poverty*. *Some of the clients, we refer them to other organisation to get food parcels, while other, we refer them to the community skills programme to empower themselves.''* **[Tshegofatso]**

> *"I real feel hopeless to see some of the family members stigmatising their own member instead to give them support so that they will be able to deal with illness. Yes, because I believe as family members support each other as regardless the situation.''* **[Amogelang]**

> *"Mostly you find that other families are not supportive to the client*. *Some families, they neglect the client after they know about his/her status. It hurt to see clients suffering alone, because you will become worried about the client. Some of the clients who are unable to do anything, we refer them to hospice. We also refer some of the clients to another organisation who will not able to help.''* **[Thandolwethu]**

> “*It becomes a challenge when you realise that the some of the family members, they are reluctant to care of the clients. Yes, sometimes is difficult to help the clients without support of the family members. Hmmm, some clients’ needs support from the family members, for instance, that clients can get very ill during the night, so family members are needs to support the clients. It frustrating when the family members not supporting each other.’’* **[Lesedi]**

Poor family support can negatively affect PLWHIV. This is particularly significant as families are supposed to play a crucial role of a network support for PLWHIV. Family can be a significant source of stress for PLWHIV. In a study on the perspectives of social support needed by PLWHIV, Kulu (2014:92) found that they suffer rejection from their families and lack the necessary support. In HBC settings, family members often encounter limitations or difficulties in providing care and living with someone who is ill (Da Silva & Tavares, 2015:1 114). In some instances, social workers are faced with a dilemma of family members not being interested in providing the home care (Ntshwarang & Malinga-Musamba, 2012: 294). It is, therefore, not surprising for social workers to raise this as one of the challenges encountered in their work with PLWHIV.

#### *4.1.2.2 Subtheme 2.2: Managing uncooperative clients*

In their direct involvement with PLWHIV, social workers indicated that they are often confronted by the challenges associated with clients who are uncooperative. As reported by the participants, the lack of cooperation on the part of their clients was in different forms, as presented in categories such as clients who would refuse counselling, those who would abscond from the group and those who would simply not uptake the referrals.

(a) Managing clients who refuse counselling

One of the challenges experienced by the participants relating to poor client cooperation was clients who refused counselling services, particularly those who have been newly diagnosed with HIV, of which counselling at that stage is very critical. The following quotations were extracted verbatim from the interviews conducted with the participants in support of this category:

> *"Some of them, they say that they don't needs counselling, they are fine, because you will see that clients' needs help, but she refused. It becomes a challenge to assist clients who are not ready to talk about their own status. I feel helpless; however, I have to respect the decision of the clients. I feel like I'm not offering counselling enough. Every client is unique, so I give them time to adjust to their own status."* **[Iminathi]**

> *"Some of the newly diagnosed clients reject counselling during the session."* **[Thandolwethu]**

Services such as counselling are needed for PLWHIV and their families in order to help them cope with the illnesses. Testing positive for HIV carries with it a lot of stigma and discrimination, which are barriers to preventive programmes, such as effective testing and counselling (Kulu, 2014). The social work profession is recognised as part of the multidisciplinary team assisting PLWHIV. The provision of counselling is one of the critical roles played by social workers and when clients refuse counselling, it basically means that they refuse a comprehensive service (Bott et al., 2015).

(b) Managing clients who abscond from support groups

The manifestation of a lack of cooperation among PLWHIV, as described by the participants, often takes the form of absconding from support groups. According to the participants, some clients would purposefully abscond from support groups, which was expressed as a frustrating and challenging experience for the social workers as they could not force their clients to attend. This challenge was described as follows:

> *"When I have a session with the client and the client don't come to the office."* **[Rethabile]**

> *"It became a challenge when the clients do not attend. Some say that they have other things to do at home, while others are complaining about the language barrier. It is frustrating to run a support group, because things don't always go per plan. You will plan to have a session with the group members and you will find that some of them are not coming.*

> *Nothing much can be done, because the support group is voluntary. Clients cannot be forced to participate."* **[Thandolwethu]**

The responses shared by the participants revealed that some of the clients do not attend the support groups and because of poor attendance, it became a frustrating experience for them to conduct support groups. According to Tafuma ,Mahachi, Dziwa, Moga, Baloyi, Muyambo, Muchedzi, Chimbidzikai, Ncube, Murungu, Nyagura. & Lew (2018), income-generating projects can be used as a way to attract clients to attend support groups. This means that the participants need to identify things and activities that may attract clients to attend support groups. Support groups are a key intervention for PLWHIV as they are a safe place where people can meet regularly to talk about their difficulties or simply to relax and enjoy each other's company (Kulu, 2014:35). In a study regarding support groups for HIV-positive people in South Africa, Dageid (2014:3) found that PLWHIV do not join support groups due to a lack of money for transport to attend the meeting. It may, therefore, be crucial for social workers to explore the underlying reasons for clients absconding from support groups.

### (c) Poor uptake of referrals by the clients

Among the challenges shared by the participants in relation to uncooperative clients was the clients' poor uptake of referrals. In the interviews that were conducted with the participants, they stated that they would refer clients to other stakeholders for further assistance and that some of the clients would simply not go where they were sent. The participants' responses were extracted from the interviews verbatim, as indicated in the following quotations:

> *"Yes, because you find that the resources that they need, we don't offer at our organisation. We refer them to get other assistance. It becomes a challenge when you refer the clients to other organisation to access the services. Some of the clients, they become reluctant where you refer them to another organisation.... Some of them are very difficult. For instance, you can refer them to skill programme, but they unwilling to go. It becomes a challenge when the clients don't go to improve themselves, while you take your effort to assist them."* **[Lesedi]**

> "*Some of the clients, when you refer them to other stakeholder, they become reluctant to receive other services*. *Some they will tell you they will go when they get the time. Later, when you do follow-ups, you will find that they never went there. It became a challenge to me when you do follow up to check if the client go when you refer and you will find out that clients didn't go is stressful. It is very painful to help some clients who are unhelpful, while other are grateful with the services that you are offering."* **[Amogelang]**

The responses indicate that when social workers refer clients to other stakeholders for help, they sometimes do not go. While this may be challenging and stressful for social workers, evidence indicates that barriers to referral uptake could be due to a number of factors, which may include psychosocial issues such as low health literacy or low self-efficacy to seek care, socio-economic status or even such as a lack of transportation (Carter et al., 2016). Social workers identify the need for referrals based on the concerns, issues and problems identified during one-on-one sessions with individual clients (Kulu, 2014:37). In line with these findings, the Ecological Systems Theory shows that the complexity of issues faced by clients in communities requires social workers to take a leading role by helping clients to navigate the stressors or challenges they face in improving their lives (Campbell & Heck, 2017). From an ecological view, social workers use their professional relationship with other interdisciplinary colleagues to help their clients through referrals in order to ensure adequate service delivery (Kulu, 2014:37).

#### *4.1.2.3 Subtheme 2.3: Managing the socio-economic difficulties faced by their clients*

In direct engagements with clients, social workers encounter some challenges associated with clients who are living in socio-economic conditions that are difficult for social workers to manage. The challenges relating to the socio-economic difficulties, as reported by the participants, manifested in two main categories, namely unemployment among clients and their family members, as well as a lack of food and nutritional support.

(a) Unemployment among clients and their family members

According to the participants, unemployed clients and family members are among the difficult cases to manage as they are unable to address the needs of these clients and family members. The participants' accounts are presented in the following extracts:

> *"Majority of the clients are unemployed. Sometimes they are unable to look for a job. I feel pain when I see clients suffering. I seek donation from the community members to donate what they have."* **[Lubanzi]**

> "*Yes, many of our clients are not working. Some of them, they lost their job because of the illness. Because you will see that other clients are in stage that they can't do anything for themselves and family members. It becomes a challenge, because we don't have enough resources to fulfil the needs of the clients and family members."* **[Minenhle]**

> "*To work with PLWHIV is also a challenge, because many of them are unemployed. Most of them are unable to look for job because of illness. It's become a challenge, because the clients are not able to fulfil their needs. I feel frustrate, because it will be difficult to meet some needs of the clients, for instance, transport to go to clinic for check-up, because at the organisation, we don't have transport. Some of the clients we refer them to other organisations.''* **[Bokamoso]**

> *"Yes, many of our clients and family members are not working."* **[Amogelang]**

> "*It's become difficult, because you find out that some of the clients, they don't have income at all at home.''* **[Lethabo]**

Unemployment, as described by the participants, affects their services in a number of ways. The responses of the participants indicate that some of the PLWHIV and their family members are unemployed, which poses a challenge to them when they execute their responsibilities. The accounts made by the participants are not surprising as the UNAIDS (2014) reported through its Gap report that PLWHIV experience unemployment rates three times higher than the normal national unemployment rates.

This is supported by Kulu (2014:90), who states that PLWHIV tend to have a low socio-economic status. Perri et al. (2021:3) found that HIV-related stigma was described by PLWHIV as one of the greatest barriers to gaining employment. Alongside unemployment was a lack of food and nutritional support, which is introduced and discussed below.

(b) Lack of food and nutritional support

A lack of food and nutritional support was another socio-economic difficulty that social workers had to deal with when interacting with their clients directly. According to the participants, the lack of food and nutritional support could be as a result of participants being unemployed. Participants' accounts in relation to this category were extracted verbatim from the interviews, as indicated below:

> *"It is bothering, because PLWHIV need food every day so that they can able to take pills or medication. We refer some of them to other organisation[s] to access nutritional support."* **[Lethabo]**

> "*Yes, many of them depended on the social grants and our organisation as we issue food parcels on the monthly basis. It becomes a challenging, because the organisation is difficult to meet some basic need[s] of the clients, because we don't have enough budget."* **[Amogelang]**

> *"It affects our work, because we don't have enough nutritional support to assist them. Yes, because some of the client's needs nutritional support. Some of them, we refer to other organisation[s] to receive food parcels.''* **[Thandolwethu]**

> "*Many clients don't have a food*. *When I'm incapable of helping clients and family members with food parcel as soon as possible. As a social worker, I feel powerless to not being able to satisfy the needs of the clients. Yes, because there is nothing I can do to offer them food immediately."* **[Iminathi]**

> *"We don't have enough nutritional support for PLWHIV. They depended on the social grant and food that we distribute to them. It becomes a challenge, because we are unable to fulfil the needs of the clients. It's painful for see clients and their family members suffering."* **[Lethabo]**

> *"Shortage of food parcels is distressing, because other clients are not able to work, they depended on the food parcels we distribute to them. I assess the clients' health status, caregivers' support, financial status and home and community environment. When I do assessment, sometimes I found that at home, no food and no sources of income. When I ask the client who buy food for you, they respond that they ask next door or they do door to door asking for food. It's difficult for me, because at this moment, we don't have a food parcels at the office and is hard to me to render services to clients who are hungry."* **[Rethabile]**

> *"Some of the clients and family members, they don't have any sources of income, so we give them food parcels. It's become difficult when you find out at the organisation there is a delay of food parcel. Yes, some of the clients depend on the food parcels that we give them. It's painful when the organisation is unable to issue food parcels, when you think that they need food parcels, but you are unable to give them."* **[Bokamoso]**

**In other interviews, the participants explained how challenging it was for them to deal with clients with a lack of nutritional support.** This was revealed in the following verbatim extracts:

> *"It become a challenge, because if you don't have enough resources like nutritional support to help some of the clients, it became a problem. It is depressing as a social worker not able to help some clients. As social worker should accept that at the organisation that we are working on have a lack of the resources."* **[Lesedi]**

> *“Yes, it becomes a challenge, because at the organisation sometimes we struggle to provide nutrition support due to the high numbers of the clients. We distribute food parcels for 200 households every month.* It *becomes a challenge because we have more than 200 households that we have at our organisation. We are not able to help some of the clients with nutritional support. It is painful to see some of clients and family members with hungry stomach.”* **[Lethabo]**

Support for the experiences shared by the participants in relation to a lack of food and nutritional support, can be found in the literature in the works of researchers such as Mangwiro (2014:41) who reported that HIV poses a serious threat not only to nutrition, but also to food security in general. In his study of the challenges facing community HBC givers of PLWHIV, Tayisepi (2016:53) found that the sick requires a specific proper diet; however, poor nutrition is one of the challenges facing PLWHIV. With a similar view, Moyo, Maharaj and Mambondiani (2017) state that the lack of employment opportunities and safety networks lead to poor access to food, of which food security and sound nutrition are integral to keeping emotional and physical health in good state. It is estimated that more than 2 billion people suffer from food insecurity linked to the HIV pandemic globally in both resource-rich and resource-poor settings (Oluma et al., 2020). Food insecurity is a barrier to the success of HIV treatment adherence, especially in resource-constrained countries which, therefore, affects the study participants’ efforts in ensuring that their clients adhere to treatment. As a result, all efforts that are aimed at reversing the impact of HIV may be under a serious threat.

#### *4.1.2.4 Subtheme 2.4: Challenges associated with visiting client systems*

Some of the challenges reported by the participants in relation to their direct interaction with their clients had to do with the lack of transport for clients to access services and inaccessible venues for social workers to render services. These categories are explained further below.

##### (a) Lack of transport for clients to access services

When asked about the challenges they experienced working with PLWHIV, the participants reported a lack of transport for clients whenever it was needed. Clients needed transport to attend support groups, from which some had to eventually withdraw due to a lack of transport. In some instances, transport was needed for clients to access organisations to which they were referred for further assistance. As indicated by the participants, these challenges rendered the social workers' work to be ineffective in a way. This is what the participants had to say regarding the lack of transport:

> *"… and another member leave support group due to the lack of transport. It's hard, every time I receive the apologies. Members are often off due to the lack of transport and refreshment."* **[Rethabile]**

> "*In this organisation, we have support group for PLWHIV to support member who feel lonely after HIV diagnosis. I worried, because we don't have enough resources to run support group, for example, some of them, they want organisation to provide them with transport to attend the session, because they stay far from the organisation. It is very hard to provide them with transport, because we have one car. Eish, so far we recruit member who stay near to the organisation; however, we still looking for a centre venue that will accommodate everyone."* **[Karabo]**

> "*Yes, we check what kind of the resources they need after we refer them, for example, client needs services that we don't render at the organisation. Sometime is hard to refer clients to community resources. You will find that the resources that client needs are far from where the client stay and client don't have money for transport."* **[Rethabile]**

> "*Yes, sometimes you will find that clients request transport to go to clinic to collect medication. Eish, at the organisation we don't have enough transport to assist clients. Eish, it becomes a challenge when you find that we are unable to help some clients with transport."* **[Minenhle]**

According to Bateganya, Amanyeiwe, Roxo, & Dong (2015), transportation support is a necessary resource during the implementation of support groups. The lack of transport also forms another major obstacle to the operation of the organisation as a whole (Jennings, 2015:96). As in the current study, a lack of transport poses a challenge for the participants and their clients, and social workers may, therefore, find it difficult to do their work due to transport-related challenges (Ntshwarang & Malinga-Musamba, 2012:295). The lack of transport also forms another major obstacle to the operation of the organisation as a whole, with professionals such as social workers being unable to make it to the gathering due to a shortage of vehicles (Nyaphisi & Obioha, 2015:96).

(b) Inaccessible venues for social workers to render services

Another challenge faced by the social workers is a lack of infrastructure, particularly the venues to conduct community HIV education programmes, of which most required some form of payment which the HBC organisations could not afford. This is what was reported by a participant in relation to inaccessible venues for social workers to render their services:

> *"Yes, sometimes it's difficult to educate community members about HIV. Sometimes it becomes a challenge to hire venue. They need management fees to hire a venue, for example, like community hall. We don't have enough budget to hire venue. I feel stranded not getting a venue, because I don't know what to do. Sometimes we do door to door; however, is still challenging. I can say it is difficult to deal with some of the cases."* **[Iminathi]**

The lack of infrastructure is not a surprising finding of this study since it is common among NPOs (Tshesebe & Strydom, 2016:14). Alpaslan and Schenck (2012:382) found that working condition-related challenges were expressed by social workers, such as infrastructure. As a result, the effectiveness of social work services might also be under threat.

#### *4.1.2.5 Subtheme 2.5: Challenges pertaining to community-based interventions*

Among the challenges faced by social workers with regard to community-based interventions was a lack of interest among community members regarding community education and being confronted with HIV-related stigma and discrimination. These categories are introduced and explained further below:

### (a) Lack of interest in educational programmes among community members

The participants reported that whenever they implement community education programmes focusing on HIV prevention, most of the community members appeared to lack interest in these programmes. Due to the lack of venues, the participants are forced to provide door-to-door education and, unfortunately, they are not welcome in most homes. The participants stated that this kind of treatment from the community is discouraging. This is what the participants told the researcher:

> *"Yes, we also do awareness campaign to prevent transmission of the HIV, because some of the community members not welcome us. I can say that it is distressing to do awareness campaign. Some of the community members see us they close the gate, other saying we are tired of you, is better to give us a job. We still doing awareness campaign; however, is discouraging when you know that you are going to face several challenges."* **[Karabo]**

> *"Yes, especially on World AIDS Day, we do awareness campaign. Unwelcomed by some of the community members. Community members don't welcome us when we do door-to-door awareness campaign. They also undermine the information that we share with them. Yes, it is very difficult to educate some of them."* **[Iminathi]**

> "*It becomes a problem when some of community members are not interested in instance they will tell you that we are tired to hear HIV every day."* **[Bokamoso]**

> "*It disappointing to find that some of the community members are not concerned to get new information about HIV because statistics of HIV raise every day. Because when you hear that number of HIV raise, you think about your work, so yes, I am concerned. I can say it is difficult to do community work, especially when you do door to door."* **[Lesedi]**

> *"It is difficult indeed. I remember one day we were doing door-to-door awareness campaign, some of the community members when give them*

> *pamphlet for HIV, they just cut in small pieces. I really felt discouraged to educate community members about HIV. It's very difficult to educate someone, more particular someone who does want to be educated."* **[Amogelang]**

> *"Yes, we … It becomes a challenge when you give them a pamphlet, they throw it away immediately after you give them. It's frustrating. However, I have to understand the behaviour of the community members, because when you prepared yourself to educate community members and find out they are not interested, nothing can be done. We also continue to educate those who are concerned by inviting them when we have a programme."* **[Amahle]**

According to the participants' responses, community education is an important strategy for HIV prevention. This viewpoint is supported by Mbugbaw (2011:215), who states that community participation has played a central role in the fight against HIV since the consent of the epidemic. Mbugbaw (2011:219) argues that the challenges to community participation include ensuring that the community takes ownership of the activities. In their Zimbabwean study of the role of community conversations in facilitating local HIV competence, Campbell et al. (2013:7) found that an HIV-competent community is one in which members conceive of concrete ways in which they can contribute to better supporting PLWHIV, reducing stigma and new infections, and encouraging access to available HIV testing and treatment services. According to Lekganyane (2017:10), social workers engage in community mobilisation initiatives that address the plight of HIV-prevention and AIDS care through education and raising awareness around the community.

(b) Stigma and discrimination towards social workers, clients and family members

Stigma and discrimination were among the issues that confronted the participants in their daily operational activities when working with the communities. To some participants, it was discouraging to continue working under such conditions. The following verbatim extracts attest to this category:

> *"As social worker working with PLWHIV, we face stigma and discrimination from the community members. Community member tend to believe that social workers working with PLWHIV are also positive."* **[Rethabile]**

> "*Yes*, *as social workers working with PLWHIV, we also face stigmatization and discrimination. Once the community members find out that you work with PLWHIV, they try label us and calling me with names…."* **[Amogelang]**

> "*It becomes a challenge when the clients and the family members face discrimination in the community*. *Yes, discrimination still exist in the community. It affects me emotionally, because clients develop negative self-image.*" **[Lesedi]**

The responses made by the participants, as quoted above, show that HIV-related stigma still exists and it is directed towards the social workers who work with PLWHIV, their clients, as well as family members of their clients. The revelations made by this study in relation to HIV-related stigma support the observation by Pindani et al. (2013:4) that in HBC services, stigma and discrimination still remain a challenge. HIV-related stigma has negative impacts on the work that participants have to do with their clients and the community members. Fear of stigma and discrimination is the main reason for PLWHIV not to get tested, not to disclose their HIV status and not to take their antiretroviral treatment (Ibrahim, Rahayuwati & Herliani, 2019:97). According to Rodrique and McDowell (2014:5), social workers in HBC settings also experience stigma as professionals rendering services to PLWHIV. Their experiences of stigma could have repercussions for their interventions since they might be preoccupied with their own fears of stigma, instead of supporting clients and family members.

### 4.1.3 Theme 3: Challenges associated with organisational support

The theme, "challenges associated with organisational support, as experienced by social workers working with PLWHIV" gave rise to three main subthemes, namely a lack of resources from within their organisations; challenges in relation to capacity-building organisations to support their work and the challenges in relation to the working conditions. These subthemes were further filtered and gave rise to various categories which are introduced and discussed under each subtheme below.

#### *4.1.3.1 Subtheme 3.1: Lack of resources from within their organisations*

The participants reported that one of the challenges that they faced related to a lack of organisational support in the form of resources from within the organisation, a lack of office space, limited and a lack of funds, a lack of supervision, inadequate training and inadequate management support. The lack of office space is introduced and explained in the next section.

##### (a) A lack of office resources

The lack of resources in the form of stationery, transport and computers impact negatively on the quality of work rendered by the participants. This was highlighted by the following verbal responses:

> "*Lack of office resources is challenging. Yes, because it affects our work. I am not able to do my work because of shortage of the resources like stationery, for example I can't print out my reports…."* **[Rethabile]**
>
> *"Lack of work resources is also challenging. Yes, it becomes a problem not receiving enough resources from the organisation…."* **[Lubanzi]**
>
> *Yes, lack of resources is also stressing. Yes, shortage of resources like computers is challenging. I share a computer with some of my colleagues. Is boring because I remember one day of my colleagues deleted my report by mistake."* **[Iminathi]**
>
> "*The challenge that I face in this organisation is shortage of resources. Yes, the resources we have here are not enough to render psychosocial services to the clients and family members.''* **[Bokamoso]**

As HBC organisations lack funding, they tend to lack resources and are, therefore, forced to use outdated resources and sometimes social workers pay for the resources out of their pockets, such as getting office supplies. This negatively impacts the optimal functioning of the organisation and limits the programmes offered by the organisation, thereby compromising the effectiveness of the programmes and services offered (Bromideh, 2011). Budhoo (2008:39) observed that social workers do not have access to computers, adequate furniture and cell phones, and organisations do not have enough vehicles. In a South African study aiming to gain a better understanding of contributing factors creating impediments to job satisfaction of social workers within an NGO setting, Joseph (2017:42) found that social workers work in conditions that do not have adequate resources such as sufficient and roadworthy vehicles, stationery, adequate office equipment and office space. All these challenges may have the potential of negatively eroding their great contribution to society.

(b) Lack of office space

According to the participants, it is a challenge for them to work in organisations where they have to share office space as it compromises their ethical obligation of ensuring confidentiality. This is what the participants said:

> "*The work space is too small and I am not able to do other job. Yes, is not enough, because I share [an] office with another employee. I feel … frustrating, for example, when I want to do support group, we need to hire a venue at church or school."* **[Rethabile]**

> *"Work environment is not enough to accommodate all staff members. I share a small office with other staff members. It becomes a problem, because there is no confidentiality at the office. When you are busy with clients, some of the staff members enter into the office without knocking, because they see that you are busy with clients; however, they still enter into the office."* **[Iminathi]**

> "*The work space is too small. Yes, I cannot do other activities as I want. Mostly, we book for the space to run support group, because we also don't have enough budget to book venue for support group. It becomes a challenge, because sometimes I can't get a venue on time. Sometimes they want to use it or another organisation already booked. I end up having to call group members to postpone the session."* **[Lethabo]**

> *“Well, I can say the issue of privacy is the main concerned, because our office is not enough. Yah, as already mentioned, I share office with other staff member so that the main challenge. My problem is that the issue of confidentiality not be insure of the client, because for example when you are busy with the client, some of the staff members just come in interrupted the session.*” **[Amogelang]**

It was no surprise to learn of the plight of the participants in relation to office space. According to Bakker and Demerouti (2017), office space can cause environmental stress or facilitate relaxation and social cohesion in the workplace. The lack of office space is a challenge encountered by social workers in their rendering of social work services to PLWHIV as it is difficult to work with patients in limited space with almost no privacy (Tayo, 2014:74; Valjee & Van Dyk, 2014:6).

(c) Limited and lack of funds to provide comprehensive social work services

The responses provided by the participants in relation to a question of their challenges also pointed to limited and a lack of funds in their organisations; a challenge which threatens the provision of comprehensive social work services to their clients. This is what the participants told the researcher:

> *“Yoh, in this organisation, we work with limited funds. The funds that we get from Department of Health and Department of Social Development are limited… .* Yes, *because we need more funds to render psychosocial services*. *I feel hopeless to work in this organisation. Yes, to work with limited funds lead you to the stress. We are busy trying to ask for donations from local business. Yes, more funds will help us to get more resources that we need.’’* **[Minenhle]**

> *“The funds are not enough to provide psychosocial services. Yes, lack of funds leads us to stress, because we struggle to meet the basic needs of the clients…. It is hard to get funds. Yes, because they need some documents to approve funds. Some of the document that they need, we don’t have in this organisation.”* **[Tshegofatso]**

> *"We lack funding in this organisation, because we work on the limited resources. The funds that we get is not enough to render social services. Lack of funds affects the level of running organisation."* **[Amahle]**

The participants' responses show that HBC organisations for HIV have challenges of funding in order to sustain themselves. In support of the above assertions, Mangwiro (2014:42) states that finances have become the most challenging resources for most HBC programmes in the world as clients require a large amount of funds to be taken care of and the lack of funding makes the operation and the provision of services by the organisations difficult (Ramuhaheli & Erasmus, 2012:23). Other researchers, such as Muwaniki (2010:16), Nderitu, Ndung'u and Ampah (2015:454) also share similar sentiments by considering the lack of funding for sustaining HBC programmes over the long term to be the most serious challenge facing these organisations. However, some HBC programmes have been able to make progress in this area owing to funds derived from income-generating activities (Lacono & Allen, 2011:18). Funding for HBC programmes seems to be the most significant constraint in the fight against HIV in South Africa (Swartz & Roux, 2004). As noted by Skhosana (2020:220), in South Africa, NGOs are only partially funded by government and they must still raise the bulk of funds to make ends meet from international and South African donors. This means that if an NGO fails to raise funds on its own, it will not be able to deliver adequate and quality social welfare services as expected (Skhosana, 2020:119).

#### *4.1.3.2 Subtheme 3.2: Capacity building-related challenges*

(a) Lack of supervision

The challenges pertaining to capacity building was reported in the form of a lack of supervision, inadequate training and inadequate management support. As reported below, verbatim responses from the participants indicated a lack of supervision as a concern:

> "*Lack of supervision is also a challenge. Lack of supervision is a main problem in the delivering of quality social services to people living with HIV. Yes, it too difficult, because I'm unable to do effective job, especially when I have a difficult case .... Yes, I think as a social worker, we need*

> *supervision maybe once a month, because we experience many challenges”*. **[Rethabile]**
>
> *“… we have many cases that we deal with, so I think supervision is needed. Supervision can inspire us to do our work…. Nothing, however, I can say is hard to work without supervision.”* **[Bokamoso]**
>
> “*Yoh, since I joined this organisation, I have never received any supervision session and that is challenging. I think we need supervision [in order] to do the best [and] to render quality services. It becomes a challenge if we don’t get any support, because we are unable to render quality services… .”* **[Lethabo]**
>
> *“As a social worker working in the organisation, you stand on your own. They don’t provide you with supervision. No one is supervising my work, because you don’t know if what you are doing right or wrong. It upsetting to work without supervision, because you end up not knowing what to do. Sometimes I seek assistance from other social workers.”* **[Thandolwethu]**
>
> *“No one supervising our work, because difficult to work without a supervisor. It becomes difficult because no one motivates your work. You motivate yourself. I can be saying it is frustrating to work without supervisor, because some of the cases you don’t know how to handle it ….”* **[Lesedi]**

As indicated in the above responses, a lack of supervision is clearly one of the main problems in the delivering of quality social services to PLWHIV. Supervisors play a very important supportive role to social workers and it is beneficial to their practice as social work is generally a very stressful occupation (Johnson, 2014). It is, therefore, crucial for social workers to receive the necessary support and guidance through adequate supervision.

### (b) Inadequate training

The participants articulated that they felt that as professionals who work with PLWHIV, they should receive regular training. They raised a concern regarding the importance of receiving training as they do not receive adequate training. The following verbatim quotations were extracted from the interviews with the participants:

> "*As a social worker working with PLWHIV, I feel like we need regular training, because we receive training after long time from Department of Social Development*…. *Because information for HIV and AIDS change every day, so we need new information to be able to render a quality service."* **[Rethabile]**
>
> *"Inadequate training concerning HIV is a big problem. Yes, because I get training maybe once a year. I will not able to render quality social services."* **[Lubanzi]**
>
> "*We don't receive training for HIV most of the time. Yes, sometimes we receive training once a year. It becomes a challenge, because I need a current information to do my work on a good standard. Current information on HIV can help us to offer higher quality of social services to the clients."* **[Karabo]**
>
> *"Yes, lack of training is also challenging. Social workers here we don't receive enough training regarding for HIV.* Yes, *the organisation usually sends other staff members to attending training rather than social workers. It's hard as social worker not receive training."* **[Iminathi]**
>
> *"Lack of training for social workers is also challenging. Every time when social development offers training, management chooses one staff members than social worker. Management tell us that we need to give other colleagues chance to get information as we are professional.* It *becomes a challenge because … we need training all the time."* **[Lethabo]**

The above responses show that the participants lack continued professional development, especially because continued training and education of social workers will keep their knowledge and skill levels on aspects related to HIV up to date. In working with PLWHA, social workers must be knowledgeable about HIV, family and community dynamics, be culturally sensitive and have the relevant skills (Ntshwarang & Malinga-Musamba, 2012:296). Therefore, training will help the social workers to develop new insight, which will enable them to remain committed to their roles in providing services for PLWHIV and their loved ones. In light of the above, Rodriguez and McDowell (2014:17) believe that training for social workers will be beneficial for the clients and the social workers themselves. Moreover, the social workers will be competent in rendering services that are needed for the client and the client will, in turn, benefit from being served by knowledgeable and competent social workers (Rodriguez & McDowell, 2014:19). As it stands currently, the risk is that social workers may not be rendering services based on recent developments in the field.

(c) Inadequate managerial support

According to the participants, another challenge associated with working for an HBC organisation as a social worker who serves PLWHIV and their loved ones is inadequate support from the management team. As reported by the participants, it leads to stress, poor job performance due to high workloads and other related challenges. Participants' responses were captured in the following manner:

> *"I can say management is not supporting us. Yes, lack of support from management is big problem, because we need support from them. Yes, because we face different challenges every day…. Yes, not receiving any support leads us to stress. Yes, because you try share your challenges with management, but thing happens."* **[Iminathi]**

> *"It gives me a challenge, because I submit stats every month to the Department of Social Development and my work performance is reduced. If my work reduces, manager shout at me and thinks that I am not doing my job and the Department of Social Development rate our performance every year and they told us if we don't perform and we can't get a fund from them next financial year."* **[Rethabile]**

The findings of the study show that the participants do not feel adequately supported by the organisation’s management which, in turn, impacts the quality of services rendered to the clients. In line with the findings from the study, social workers who experience organisational support are more engaged with their job and the organisation (Chang & Wei, 2008:5). According to Gunda (2018:88), a lack of management support is a challenge for most social workers in HBC organisations. From an ecological view, social workers experience several challenges at the micro, meso and macro levels, and poor managerial support has a negative impact on them (Moyane, 2016:3).

#### *4.1.3.3 Subtheme 3.3: Poor working conditions*

Poor working conditions was also highlighted during the interviews as one of the challenges faced by the social workers in their direct involvement with PLWHIV. The responses to this subtheme were further filtered into categories, which are introduced and explained further below.

(a) Safety as a challenge relating to the poor working conditions of social workers in the HBC for PLWIV

The participants reported that poor working conditions manifested through a lack of safety in their working environments. They reported that they did not feel safe when performing some of their duties particularly when conducting home visits in informal settlements. These fears emerged as a result of theft which had been experienced by some of their colleagues. This is what the participants had to say:

> *“Eish, the issue of safety is my primary concern, because I feel unsafe when I do a home visit, especially in informal settlements. It’s not safe at all, because there are no proper roads to access informal settlement, because usually our transport drops us on the main road. Yes, it is really challenging on the way I feel unsafe, because informal settlement has high crime rate, for example, one day, they robbed my colleague a cell phone.”* **[Amogelang]**

> "…*because working until late it's not safe for me, but since I am under pressure, I have to work until late. Nothing I can do, because of a shortage of social worker in this organisation….''* **[Minenhle]**

Social workers in South Africa are challenged by working in dangerous environments (Hunter, 2016). The findings from a study, which was aimed at understanding the contributing factors creating impediments to job satisfaction of South African social workers within an NGO setting in South Africa, revealed that while social workers struggle with resources, their greatest fear is the lack of safety (Joseph, 2017:43). Clearly delivering social work services to people who are as vulnerable as PLHIV will require a conducive environment which is free from fear. The lack of safety may, therefore, negatively affect the necessary quality of services that are rendered to these groups.

(b) Low remuneration

One of the categories relating to the poor conditions in which social workers work with PLWHIV in HBC settings was their unhappiness with the salaries they were getting form the organisation compared to the volume of work they had to do. To some participants, this was a stressful and depressing experience as the money which they receive as remuneration is not enough to support their families. This category is accounted through the following verbatim quotations:

> *"Social workers working with organisation receive low salary than social worker working under government. It is challenging, because I am working as social worker, but not receiving the salary for social workers. It is hard, because am not able to meet my basic needs, like to continue with my studies and to buy a car."* **[Rethabile]**

> *"Yoh, the salaries we receive here is not the salary that must be received by qualified social workers. Yes, our salaries are very low. It becomes a challenge, because every day we go to work, but our salary is not enough. Yoh, I feel disappointed to work in this organisation when I think about my salaries. Yes, sometimes a little motivation comes from our salaries to excel."* **[Karabo]**

> *“I am working hard every day, but salary is poor. Yes, I’m not happy at all. I think they must pay us more than what they are paying now as we are working hard.’’* **[Iminathi]**

> *“The salaries that we receive here you can’t believe. It is not enough as we render a social work service. Yes, to work in this organisation is depressing when you think about salary. Yes, when you think that you wake up every day to go to work, but you are unhappy about your salaries. I can say is discouraging… .”* **[Tshegofatso]**

> *“I think other challenges is salaries, because is too low. Is not enough, because at the end of the day, we work hard, but salaries are not enough. It affects me financially, especially in my case, because I have a family to take care. Look unhappy, salaries we get from this organisation does allows us to cover our basic needs to maintain our life style.”* **[Amogelang]**

According to the Skhosana (2020), poor remuneration is a challenge for social workers in South Africa. The low remuneration offered to South African social workers shows significant disparity when compared to other countries (Joseph, 2017:44). In a South African study aimed at understanding the contributing factors creating impediments to the job satisfaction of social workers within an NGO setting by Joseph (2017:46), it was found that while the remuneration of social workers is an issue across the board, the situation is more ominous with the NGOs. Similarly, Skhosana (2020:114) found that social workers were concerned about low salaries and discrepancies in salaries between NGOs and government social workers, which is also the case in this study. These concerns about salaries could have repercussions for the quality of services rendered to PLWHIV.

### (c) High workload

In other interviews, the participants reported that they have a high workload which actually delays and impacts the quality of services they render to their clients and family members. This is what the participants told the researcher:

> *“Workload is stressing me. I do intake, filing, home visit, typing report, organize meetings and training for the clients and caregivers, counselling and community work. When I have many cases, I feel frustrated to do my work*. *Yes, I feel like taking a sick leave. I select the emergency cases to deal with.”* **[Lubanzi]**

> “*Yes, workload is becoming a big problem. Workload have some negative impact on the provision of social services. It becomes a challenge, because it delays you in responding to emergency cases on time ... Yes, I feel like I’m not helping clients at the time they needed me.”* **[Iminathi]**

> *“We have a heavy workload.* We *have too much work here. Yes, because sometimes I don’t go for lunch due to workloads. I feel emotionally exhausted every day.”* **[Amahle]**

The above responses show that the participants feel overwhelmed by their work and that workload seems to have negative impacts on the quality of services they provide (Limon, 2018:22; Ntshwarang & Malinga-Musamba, 2012:294). According to Skhosana (2020), social workers in South Africa are confronted by challenges associated with high caseloads, which seem to have negative effects on vulnerable populations.

## 4.2 SUMMARY OF THE CHAPTER

In this chapter, the researcher presented the second part of the research findings, namely thosee pertaining to the challenges faced by social workers working with PLWHIV in HBC organisations. These findings were presented in the form of a theme, namely “challenges faced by social workers when working directly with clients who are infected with HIV”, which was divided into subthemes and categories, and discussed in the context of literature and adopted theory. The next chapter presents the third part of the research findings, which are based on the strategies adopted by the participants in managing their challenges and their suggestions on how to address these challenges.

# CHAPTER FIVE
# COPING STRATEGIES ADOPTED, AND SUGGESTIONS PROPOSED ON HOW TO ADDRES THE CHALLENGES ASSOCIATED WITH WORKING WITH PLWHIV

## 5.1 INTRODUCTION

In this chapter, the researcher presents the third part of the research findings in the form of two themes, namely the strategies that social workers adopt in managing their challenges and their suggestions on how to better address these challenges. From these two themes, subthemes and categories have been developed and supported by extracts from the interviews. Each category is discussed in the context of the relevant literature and the adopted theoretical framework. The chapter is concluded through a summary.

### 5.1.1 Theme 4: Strategies adopted by participants in addressing their challenges

One of the questions posed to the participants required them to share the strategies which they adopt to manage the challenges associated with working with PLWHIV through HBC programmes. The responses shared by the participants in this regard were divided into three subthemes, namely the physical activities adopted in managing the challenges, spending time with friends in managing the challenges associated with working with PLWHIV, and the interpersonal strategies adopted in managing the challenges associated with working with PLWHIV. As indicated below, these subthemes were further divided into categories.

#### *5.1.1.1 Subtheme 4.1: Engaging in physical activities*

Among the subthemes that were developed from the analysis process in relation to the strategies adopted by the participants in managing their challenges was engaging in physical activities. This subtheme is accounted for by the following extracts:

> *"After work, I do exercise and believe that exercise can reduce anxiety. Regularly exercise enhance my self-esteem and help my brain to generate new. When I do exercise, I feel strong to do a suitable work."* **[Rethabile]**

> “*I take care of my body by doing exercise. Yes, its help my body to function. Exercise help to improving body health.”* **[Iminathi]**
>
> “*I do spring cleaning to avoid thinking about these challenges. Yes, help to cope with those challenge.”* **[Bokamoso]**
>
> “*After work, I do something that is different from what I was doing at work. Yes, by developing my leisure time.* I *do a lot of physical training.”* **[Lethabo]**
>
> “*Yes, I don’t want those challenges to affect my health. If you are not coping when you face challenge, you will get sick, so I do activities to improve my health. I do physical activity. Physical activities help improve cognitive function.”* **[Amogelang]**

The participants’ responses, as reported above, seem to reflect some of the findings reported in previous studies. According to Kraemer (2013), exercising is a coping strategy used by most social workers in dealing with work-related stressors. Barck-Holst et al. (2017) report that when social workers become stressed by work-related activities, they resort to exercising and feel better as it was a way of dealing with the issues that had made them stressed in the first place. The physical activities coping strategy adopted by the participants was, therefore, justified.

Another coping strategy which was reported by the participants was spending time with friends, which is introduced and explained in the next section.

#### *5.1.1.2 Subtheme 4.2: Spending time with friends*

Spending time with friends was one of the reported mechanisms used by the participants to cope with their work-related challenges. According to the participants, they spend time with friends to try and forget about their work challenges, while those who did not go out with friends, shared and talked to their colleagues about the challenges they experienced.

> *Mostly I talk to close friend. Yes, it helps to cope with those challenges”.* **[Lubanzi]**

> “*I do social activities regularly with friends. Yes, watching movies or go to the gym. It does assist me, because it helps a lot to refresh my mind. I don’t let work challenges to stop me from living my life as usually.”* **[Amahle]**

Having a supportive network of friends and family is crucial to social workers’ sense of well-being (Thomas, Liu & Umberson, 2017). It is, therefore, important for social workers to regularly schedule time with their supporting networks to try and relieve themselves from any of the stressors associated with their work. This subtheme is also supported by the Ecological Systems Theory, which encourages social workers to access resources for the clients and with the clients, and to use the same principles to help them cope with work-related stress (Germain & Knight, 2021).

#### *5.1.1.3 Subtheme 4.3: Adopting intrapersonal strategies to manage challenges*

As indicated in the introduction to this theme, namely Theme 4, the participants adopted intrapersonal strategies to manage their challenges, which were filtered into three categories, namely emotional eating, listening to music, limiting the number of cases and engaging in prayer. These categories are introduced and explained further below:

(a) Emotional eating

One of the participants indicated that in order to cope with her challenges, she often finds herself eating too much. She explained her strategy as follows:

> *“Eish, since last I eat too much when I face challenges. Yes, I believe that when I eat too much, I released stress.”* **[Karabo]**

According to Beer (2016:36), it is common for social workers to resort to emotional eating as a coping mechanism for work-related stress. Emotional eating is used as a response to a range of negative emotions, including anxiety and depression. These negative effects subsequently increase positive effects (Kemp, Bui & Grier, 2011:3).

What the literature revealed attests to what participants were using as strategies for coping was not necessarily new. It rather seems to be a common approach among social workers.

(b) Listening to music and limiting the daily number of cases

Another intrapersonal strategy adopted by the participants was listening to music and limiting the daily number of cases in order to cope with work stressors. Some participants mentioned that music helps to distract them from issues at work, while limiting the number of cases they work on per day enabled them to cope with challenges. The accounts of the participants in support of this category are presented in the following extracts:

> “*I listen to music to rejuvenate my body.* Yes, *it takes my mind away from the challenges that I face at work… Usually I limit myself to specific number of cases per day.”* **[Lethabo]**

> "*I listen to music. Different kinds of music. Mostly I listen to gospel. I feel healed when I listen to music.”* **[Iminathi]**

The participants’ responses show that some social workers in HBC settings find music to be a coping strategy to address their challenges. Music is therapeutic and assists in addressing the stress levels and burnout risk among social workers. It is considered a non-pharmacological, simple, economic and non-invasive preventive tool (Kacem et al., 2020). Music is a common resource for the regulation of emotions, mood and stress (Baltazar et al., 2019:1). In other studies, it was found that listening to music has the capability of initiating a multitude of cognitive processes in the brain, thereby managing stressful events (Thomas et al., 2013:2).

(c) Prayer as a coping strategy

Prayer was also reported as one of the intrapersonal strategies adopted in managing the challenges that participants face. Some participants articulated that whenever they face challenges, they turn to prayer by asking God for strength to cope with whatever challenge they experience, which makes them feel better. This is what they shared with the researcher:

> *"I pray every time when I face challenge. Yes, to ask God to give me power to cope with those challenges. Yes, after prayer, I feel restored. Yes, I feel relieved from those challenges."* **[Tshegofatso]**

> "*Most of the time when I face challenge, I pray. When I face challenges, I pray to ask God to help me to overcome the challenges. Yes, prayer helps to cope with challenges."* **[Amogelang]**

> *"Most of the time, I pray when I face challenges. I believe in God whenever I face challenges…."* **[Thandolwethu]**

The adoption of prayer as a strategy to manage difficulties is one of the common options for people in various forms of distress. It was, therefore, not strange for the participants to use prayer to cope with their work-related challenges. Some social workers hold services at churches and attend prayer meetings with colleagues to pray for strength as a way of dealing with work-related issues (Kheswa, 2019:7). The use of prayer as a strategy was also found by Sheridan (2010:113) in her study of the professional practice and educational implications of ethical issues concerning the use of prayer in social work.

### 5.1.2 Theme 5: Suggestions by participants on how to address their challenges

The last question that the study sought to answer related to suggestions the participants could make in order to address the challenges they encounter. The responses made by the participants to this question were analysed and clustered into three main subthemes, namely that government should provide more funding, the need to increase the salaries of social workers, and the need to provide social workers with the necessary training. These subthemes are explained further below.

#### *5.1.2.1 Subtheme 5.1: Government providing more funds*

One of the suggestions brought forward by the participants was that government departments that support HBC organisations should increase funding so that these organisations can be in a position to render full psychosocial services to PLWHIV and their family members. The following quotations were extracted to support this subtheme:

> *“Departments of Health and Social Development [should respectively] increase funds for the organisations.”* **[Lubanzi]**

> “*Department of Health and Department of Social Development can provide more funds to be able to render psychosocial support.”* **[Minenhle]**

> *“Yes, Department of Health and Social Development must give more funds to the organisation, because the funds we get is not enough to fulfil the needs of the PLWHIV.”* **[Tshegofatso]**

> *“I can suggest that Department of Social Development and Department of Health increase funding for social workers’ posts funded at the organisation. Yes, because it’s one of the challenges that we have.”* **[Amahle]**

> *“I can suggest that the government who funds the organisation can increase funds, because the organisation work on the limited funds and is hard to work on a limited fund. Yes, to be able to render full psychosocial services to PLWHIV.”* **[Lesedi]**

NGOs are heavily reliant on the funding from the government which is responsible for most of the funding (Luksetich, 2008:9; Nderitu, Mill, J & Richter, 2015: 454). Government funds for NPOs and HBC services has not been quantified, but it is generally known that the national and provincial levels of government allocate funds for these organisations in their annual plans and budgets (Ratlabyana, Mkhonza & Magongo, 2016:11). While there is a common perception that the government does not fund the NPO sector, the reality is that the government significantly invests in this sector. The need to encourage these organisations to engage government for funding should be communicated through community meetings (Ratlabyana et al., 2016:16).

#### *5.1.2.2 Subtheme 5.2: Increasing social workers' remuneration*

One of the challenges experienced by social workers, which was discussed in Theme 2, is low remuneration. It was, therefore, based on this challenge that the participants suggested that their organisations increase their salaries. They argued that they are qualified social workers and should, therefore, be remunerated according to the salary levels of qualified social workers. One of the participants suggested that the salaries of the social workers who are employed in NGOs, such as HBC services, need to be aligned to that of social workers working for government.

> *"All social workers who are earning less should get an increment. Of course, because we are professional employees, we need full salary for social workers.*" **[Karabo]**

> *"Social workers working with PLWHIV face several challenges. I can suggest that salary must be increased or we should receive the same amount with social workers working under government.* Yes*, because our job is the same."* **[Iminathi]**

> *"Social workers deserve a better salary. Yes, I'm unhappy, because we work hard, but our salaries are not enough."* **[Bokamoso]**

> *"… Salaries must increase. Yes, I'm unhappy when I compare the work and the salary. Yes, because if they increase our salaries, we will be able to do our work with confidence. Yes, because we will be able to afford all the resources we need.''* **[Tshegofatso]**

> *"Well I suggest that employers should increase our salaries and increases workforce like hiring more social workers.* Yes, *when I think about my salary is I feel discouraged to work at the organisations."* **[Lethabo]**

> *"The organisations must increase our salaries. Yes, because we work hard every day."* **[Thandolwethu]**

From the above quotations, it appears to be clear that social workers will be motivated if their salaries are increased. According to Malherbe and Hendriks (2004:30), for most people, remuneration is the motivation for working and social workers also expect to be remunerated adequately. As observed by Breza, Kaur and Shamdasani (2018), salary concerns can affect output on a large scale and can cause negative morale among staff members. It is, therefore, crucial for organisations to look into the possibilities of improving the salaries of social workers as it will uplift their morale and enhance their performance.

#### *5.1.2.3 Subtheme 5.3: Adequate training*

As indicated earlier in Theme 2 under the challenges faced by social workers, inadequate training was one of the concerns raised by social workers. In this subtheme, they suggested that it could be addressed by providing adequate training. They argued that training can motivate them to do their work diligently. The following quotations were extracted from the interviews in support of this subtheme:

> *"I believe that since we work with PLWHIV, we need more training for HIV. Training can motivate us to work with PLWHIV."* **[Karabo]**

> "*Department of Social Development, Department of Health and South Africa Council for Social Professional Services must provide trainings so that social workers could be more motivated to render social services for PLWHA."* **[Lethabo]**

> *"Yes, we need more training about HIV, especially on [a] quarterly basis. I think that can help in increasing knowledge about HIV."* **[Rethabile]**

In line with the above suggestions for training, Rodrique and McDowell (2014:6) state that the social work profession remains an untapped resource within the community to address HIV preventions and early detection. This means that frequent education and training is beneficial for social workers and is necessary when providing services to PLWHIV in order to achieve adequate care and service delivery. Training social workers to assist in the care and treatment of HIV is likely to have a positive impact on the public health of a nation (Zelnick et al., 2018:27). The Ecological Systems Theory also requires social workers to be especially trained and equipped in addressing clients' problems (Sawyer, 2018).

#### *5.1.2.4 Organisational support and supervision*

When talking about the challenges they experienced in their organisations in Theme 2 above, the participants reported that there is a lack of support from the management team of the organisation. They suggested through the current subtheme that management should be supportive of them as it will allow them to share the challenges they face at work daily. Given the concerns that were raised regarding a lack of supervision, the participants further suggested that the organisation should ensure that all social workers are supervised frequently. This is what they told the researcher:

> *"To provide us with supervision."* **[Lethabo]**
>
> "*I also need supervisor to get motivation when I encounter the challenges in my work.''* **[Amogelang]**
>
> *"We need supervisor; a supervisor can help us do what is needed to know to do our job effectively."* **[Amahle]**
>
> "*In this organisation, we need supervisor who can supervise our work on the monthly basis."* **[Thandolwethu]**
>
> *"All social worker working at HBC organisation must have a supervision to help them to do effectively work."* **[Lesedi]**

In some interviews, the participants indicated that they want the organisations to show support by not only offering them psychosocial support through debriefing, but also by employing more social workers in order to help reduce the workload. This was recorded as follows:

> *"I suggest that social workers can receive psychosocial support. Organization managers should hire more social workers to reduce high workload and government increase funds from the organisation. If we*

> *get psychosocial support, more social workers and funds, we could be more motivated to do effective work, workload will decrease and resources will be accessible*. *I can say that social workers need private working space."* **[Rethabile]**

> "*Yes, I think management can hire more social workers so that work can become easy to handle those cases and offer the clients with the best services. I think it we help in time of reducing workloads and securing the best service at client's system as well."* **[Amogelang]**

The issue of supervision is central to social work practice and it is not surprising for suggestions to be made in relation to the provision of supervision. Kettle (2015) supports the participants' assertions that supervision is an essential component of practice in social work and social care. Good supervision provides a safe space for social workers to reflect on their practice and to develop skills and knowledge. Kettle (2015) further argues that supervision largely depends on the context of the organisation and has been associated with job satisfaction, organisational commitment and the retention of staff. According to the DSD (2012:24-25), the three functions of supervision are administrative, educational, and supportive functions. Administrative supervision in the context of HBC suggests that a supervisor has a responsibility to ensure that HBC policy is applied by social workers when they execute their duties. The second type is educational supervision, which means that the social workers must be empowered with the skills and knowledge to do effective work. Thirdly and lastly, the supportive function of supervision means that supervisors have a responsibility to ensure that relevant resources are provided to support social workers in executing their mandate. Calitz, Roux and Strydom (2014:161) also argue that employees who experience organisational support become more engaged with their job and the organisation for which they work.

Organisational support and supervision are necessary to ensure that social workers receive education, direction and support in the different work situations in which they find themselves (Beddoe, 2010:2283). Within the ecological framework, supervision plays an important role in that it enables social workers to be supported across various levels of their functioning, such as based on the challenges they face as individuals, with colleagues and regarding the environment in which they perform their duties. Social workers who do not receive adequate supervision cannot render effective, efficient quality services (Manthosi & Makhubele, 2016).

## 5.2 SUMMARY OF THE CHAPTER

This was the last chapter on the research findings. It focused on the third part of the research findings, namely the findings based on the coping strategies adopted by the participants in managing their challenges, and their suggestions on how their challenges could be addressed. The discussion began with an introduction to the chapter, followed by an outline of the main themes, subthemes and categories. Each category or subtheme was supported by extracts from the interviews and discussed within the context of the literature. The next chapter presents the summaries, conclusions and recommendations.

# CHAPTER SIX

# SUMMARIES, CONCLUSIONS, LIMITATIONS AND RECOMMENDATIONS

## 6.1 INTRODUCTION

This chapter is aimed at presenting the summaries of and conclusions to the research process, as well as the limitations thereof. A presentation of a summarised version of the research findings is also provided in this chapter. Based on the conclusions of the research process, as well as the research findings, some recommendations for practice, training and research purposes are presented. Similar to all the other chapters, the summary of this chapter serves as its conclusion.

## 6.2 SUMMARIES AND CONCLUSIONS

In this section, the researcher presents the summaries of and conclusions to the study based on the qualitative research process as introduced in the plan (Chapter One) and discussed from an implementation point of view outlined in Chapter Two.

### 6.2.1 Summaries and conclusions based on the research process

The process through which this study unfolded was outlined in Chapter One. It was indicated in that chapter that the process began during the pre-conceptual stage, in which the researcher contemplated on planning for the study.

#### *6.2.1.1 Summary and conclusions based on the research topic*

As indicated in Chapter Two, this pre-conceptual stage was aimed at identifying and developing a researchable topic. This process involved consulting the literature, drawing from own experience and making observations from the field. This ultimately led to the development of a topic, namely "*The challenges faced by social workers working in HIV home-based care",* which ultimately guided this process up to this stage. *In conclusion, the researcher finds the topic to be well formulated and researchable; hence, the research goal, objectives and questions could be formulated.*

#### *6.2.1.2 Summary and conclusion based on the research questions*

Once the topic was formulated, the researcher formulated the research questions and the research goal, and determine the research approach that would guide the study. The questions that were formulated for this study, as provided in Chapter One, are provided again below with the purpose of deciding on whether each of them was answered through this study. The questions that guided the study were phrased as follows:

- *Question 1: What role do social workers who are working with PLWHIV in the City of Tshwane HBC organisations play in the HBC?*

The aim of this question was to understand the roles that are played by social workers who work with PLWHV through an HBC organisation. In seeking answers to this question, the researcher made sure that the questions that were included in the interview guide provided an opportunity to enable the participants to answer this question. The responses provided by the participants were further explored through a variety of skills in order to allow for rich data. The participants responded to this question according to their various responsibilities, which ultimately led to the findings on "the roles that social workers play in working with PLWHIV in HBC", which comprised two subthemes and six categories. What was revealed by the participants through this theme was that their roles involve providing various social work services to individuals, groups and families. These services include conducting an assessment of individual clients and families, providing psychosocial support, counselling services, preparing the client for death, supporting adherence to treatment and linking the clients with resources through referrals*. In conclusion, the first research question could be answered.*

- *Question 2: What challenges do social workers who are working with PLWHIV in HBC organisations within the City of Tshwane face in executing their roles?*

The second research question evolved from the first one. It was formulated with the aim of soliciting the challenges that the participants face as they perform their duties towards PLWHIV through their respective HBC organisations. Similar to the first question, the interview guide included a question which clearly required the participants to respond to it. As they responded, some skills and techniques were used to gather more detailed information. This process led to the emergence of a theme labelled *"*The challenges faced by social workers when working directly with clients who are infected with HIV", which had five subthemes and 12 categories. Based on the participants' responses, they are confronted by challenges relating to managing psychosocial difficulties that are faced by their clients and managing clients who do not cooperate when offered services. It further emerged that participants experience difficulties in managing the socio-economic conditions in which their clients find themselves and the challenges associated with visitations to their clients. Finally, they responded to this question by alluding to the challenges associated with their community-based interventions, such as a lack of interest among members of the community, stigma and discrimination. A conclusion which the researcher drew from this question is that it was answered adequately and provided insight into the challenges faced by the participants.

- *Question 3: What strategies do social workers who are working with PLWHIV in HBC organisations within the City of Tshwane adopt in managing these challenges?*

In Question 3, the researcher sought to establish the strategies that are adopted by the participants in managing the challenges responded to in Question 2. Responses provided by the participants were in the form of three subthemes and three categories. Among the strategies adopted by the participants were to engage in physical exercise, spending time with friends and adopting intrapersonal strategies such as emotional eating, listening to music and praying. *From this, the researcher concluded that the study was able to answer the posed questions.*

- *Question 4: What suggestions do social workers who are working with PLWHIV in HBC organisations within the City of Tshwane have with regard to how to address their challenges?*

The final question which the researcher sought to answer was on the suggestions by the participants on how to address the challenges they face when performing their duties. Similar to the preceding questions, the interview guide was compiled in such a way that it included a question phrased in such a way that it enabled the participants to share answers which would ultimately answer this question. From the responses provided, several suggestions were made on better ways of managing the challenges social workers face, which were clustered into four main themes. These suggestions included the need for government to provide more funding for HBC organisations, the need to increase social workers’ salaries, the need for more training, organisational support and supervision. The question was, therefore, fully answered and provided some insight into the suggested solutions to address the challenges facing the participants. *In a nutshell, this question was fully answered, as desired.*

### *6.2.1.3 Summary and conclusions based on the research objectives*

The aim of this section is to determine whether or not the objectives of this study, as set out in Chapter One, were achieved. They are presented in sequence below:

*(a) Objective 1: To explore and describe the roles that social workers who are working with PLWHIV in HBC organisations within the City of Tshwane play in HBC.*

In exploring the roles that are played by the participants, the researcher made time to visit the participants in their respective offices at which they render their services. In these working environments, she conducted the interviews in such a way that the participants could respond to all of the posed questions based on their own experiences in terms of the roles that they play. An interview guide, which supported the interviews, was used to afford the researcher an opportunity to "explore" their roles by allowing them to share their experiences in their own ways. With regard to the description part of this objective, the researcher used extracts from the interviews and the literature, as well as the adopted theoretical framework, to describe the roles, as shared by the participants during the interviews. *The researcher's conclusion with regard to this objective is, therefore, that it was realised.*

*(b) Objective 2: To explore and describe the challenges faced by social workers who are working with PLWHIV in HBC organisations within the City of Tshwane when executing their roles.*

For the purpose of exploring the challenges that were confronting the participants, the researcher allowed them to express themselves in a conducive environment, which was characterised by a sense of openness. She did this by using skills such as empathy, which enabled her to create a warm environment in which the participants could share their challenges and which allowed her to understand these challenges from their points of view. The interviews were also posed in such a way that they allowed exploration. She asked one question at a time and allowed the participants to respond. Based on the participants' responses, she would either seek clarity or move on to the next question, depending on her satisfaction with the participant's response. Through this approach, she was able to collect all the responses and analyse them in order to generate one theme, namely "the challenges faced by social workers when working directly with clients who are infected with HIV". As indicated earlier, this theme was further divided into subthemes and categories that outlined the various challenges that the participants were confronted with as they render their services to PLWHIV through an HBC organisation. *This development enabled the researcher to conclude that the second objective of the study was achieved.*

(c) *Objective 3: To explore and describe the strategies adopted by social workers who are working with PLWHIV in HBC organisations the City of Tshwane in managing the challenges that they face when executing their duties.*

The purpose of the third objective was to solicit the strategies that had been adopted and used by the participants to manage their challenges. Once the strategies had been solicited, the intention was then to describe them in the context of existing literature, as well as the theoretical framework that was adopted to guide this study. The question to be answered through this chapter with regard to this objective was whether or not this was achieved. Theme 4 of the research findings provided a detailed description of various strategies that are adopted by the participants, which include engaging in physical exercise, spending time with friends, adopting interpersonal strategies among others (all details were presented in Section 3.3 of Chapter 3).

In order to share these strategies, the researcher used the same approach that was used to achieve the exploration element of the preceding objectives (first and second objectives). She did this by creating a warm environment in which the participants were asked questions based on a semi-structured interview guide, which required that one question be posed at a time to allow the participants to respond and based on such responses, follow-up questions would be posed or the next question would be posed, depending on the richness of the response and the clarity thereof. This, therefore, convinced the researcher to conclude that she was able to achieve this objective since she could, based on the explored responses provided by the participants, describe the strategies using the literature presented in Chapter Three (Subsection 5.1.1).

*(d) Objective 4: To explore and describe the suggestions that social workers who are working with PLWHIV in HBC organisations the City of Tshwane have on how to better address their challenges.*

The procedure followed in an effort to attain this objective was the same one that was followed for the preceding objectives. Through the semi-structured interviews which were guided by an interview guide and supported by a variety of skills, the researcher was able to gather the participants' responses, which were then collated into a theme labelled "suggestions by participants on how to address their challenges". This theme was further broken down into four subthemes, which were then described in detail and analysed using literature. Based on the successful exploration of the participants' suggestions with regard to the manner in which their challenges could be addressed which led to a detailed description of such suggestions as shared by the participants, a conclusion can, therefore, be reached that Objective 4 of this study was achieved.

#### *6.2.1.4 Summary and conclusions based on the research methodology*

As indicated in Chapters One and Two, qualitative research was adopted for the purpose of this study, which was designed using exploratory, descriptive and contextual research designs. Purposive sampling was used to select participants for the study, while data were collected through semi-structured research. In analysing the data, the researcher followed Tesch (in Creswell, 2014) and verified the data according to Guba and Lincoln's qualitative data verification strategies. The study was conducted within the relevant ethical protocol, which included, among others, subjecting the proposal to the Institutional Review Committee. A detailed summary and conclusion on each of the elements of the research methodology is provided further in the next section.

(a) Summary of and conclusion to the qualitative research process

In this section, the summary of and conclusion to the applied description of the qualitative research process are presented.

- Qualitative research approach

The researcher followed the qualitative research approach in order to study the participants in the context of their past and current situation in which they find themselves (Taylor, Bogdan & De Vault, 2016:9). The necessity to employ qualitative research was generally due to a paucity of literature around the subject under investigation, as well as the need to understand the personal experiences of the participants as they happen in their natural contexts, in other words, their working environments such as their respective organisations and the communities which they serve.

In employing qualitative research, the researcher visited the participants to interview them in their respective organisations through which they were rendering services to PLWHIV. She also enabled them to respond to the posed questions in their own words. She adopted the semi-structured interviews as the primary data collection method, made use of observation and recorded the observed events and experiences in a diary. This enabled her to collect rich data while enhancing the context in which the interviews were collected. *A conclusion with regard to the adoption of a qualitative research approach is that it was suitable for the study and delivered the desired outcomes.*

- Summaries of and conclusions to the research designs

A gap in the knowledge concerning the challenges experienced by social workers who are rendering services to PLWHIV through an HBC organisation necessitated the study to be designed from an exploratory and descriptive research design and to explain it in context.

An exploratory research design afforded the participants the opportunity to express their experiences and challenges in their own way and at their own pace, with techniques and skills such as probing being used to solicit more information where necessary. A descriptive research design involved describing the participants' responses as part of the research findings in the form of quotations supported by existing literature which either confirmed or contrasted what had been found.

A contextual research design involves paying attention to the context through observation or the actual questioning of the participants around the context-related data, such as their sociodemographic data, which was presented in Chapter Three. All of the adopted research designs enhanced rich data and clearly provided the reader with a detailed presentation of the research process and the findings. *The conclusion on the research design is that they were all relevant and, as expected, provided rich data within the context of its existence.*

- Summaries of and conclusions to the research methods

With regard to the research methods, the population was described as all social workers rendering services to PLWHIV through an HBC organisation. A non-probability sampling method was adopted with purposive and snowball sampling as strategies. The data were collected through a semi-structured interview, which was supported by an interview guide. The collected data were then analysed using Tesch's steps of qualitative data analysis and verified using Guba and Lincoln's criteria for qualitative data verification.

In this section, the critical question regarding **the population** was whether or not it was relevant to enable the study to achieve its aim and objectives. In answering this question, one needs to revisit the aim, objectives and questions with a specific focus on the target group. It emerged that although the targeted group was social workers, not any social worker could provide the desired information to address the goal and objectives. Therefore, a specific category of social workers was chosen, namely those who were working with PLWHIV through an HBC organisation. *In conclusion, the population of this study as "all social workers who are rendering social work services to PLWHA through an HBC organisation" was found to be suitable to enable an understanding of their challenges in working with PLWHIV.*

Having addressed the population of this study, it needed to be determined whether the adoption of **non-probability sampling in the form of purposive sampling and snowball sampling** the correct choice was, whether they enabled the process to achieve the desired goal and objectives and if they were able to assist in answering the research questions. As indicated in Chapter One, a sample is drawn from a population. This implies that a conclusion that the population was suitable will, by extension, qualify the sample to be suitable as well. *In summary, this means that a conclusion can, therefore, be confidently reached that the study sample was suitable and enabled the collection of data from suitable participants.*

A determination as to whether the **semi-structured interviews**, supported by an interview guide, was the correct choice for the study and whether it was able to lead to the collection of rich data, lies at the heart of the research findings. Chapters Three, Four and Five of this report presented a detailed discussion of the research findings, which was supported by quotations from the interviews that were conducted with the research participants. The chapters were presented in such a way that each theme was a response to the research question which, at the same time, addressed a corresponding research objective. Based on the three chapters, it can be stated that the semi-structured interview and its guide assisted in providing data of that magnitude, which accurately responds to each question and related objective. *A conclusion based on the use of semi-structured interviews and the interview guide is that they were a necessary choice and have proven this by affording the participants the opportunity to provide detailed narratives of their experiences, challenges, coping strategies and suggestions, as outlined in the three chapters.*

In determining whether or not Tesch's steps of **qualitative data analysis** was the correct choice, the decision again lies in the quality of data and more importantly in whether the data provided answers to the questions posed and addressed the set objectives. The answer to this question lies in the three chapters on the study findings (Chapters Three, Four and Five). Each of the three chapters responded in detail to each of the posed questions and the research objectives in the form of themes, which were developed through the steps of qualitative data analysis proposed by Tesch. Tesch's steps were instrumental in enabling the researcher to prepare the data and ultimately develop the themes and subthemes as presented in the findings in the three chapters. *The researcher can, therefore, conclude that the adopted method of analysis was suitable for this study.*

The **data verification strategies** adopted were credibility, confirmability, transferability and dependability, as proposed by Guba and Lincoln (Pickard, 2013:21). As strategies for enhancing *credibility*, prolonged engagement and persistent observations enabled the researcher to establish and maintain a relationship with the participants, which enabled them to relax in the interview settings and share their experiences freely with someone with whom they are familiar. This ultimately resulted in rich data to address the research objectives and respond to the research questions.

Peer debriefing served as some kind of blind spot check to assist the researcher in not only identifying some pitfalls as the process unfolded, but also to address them. *To sum up, credibility was, therefore, the correct strategy to enhance the reader's confidence in the study.*

With regard to *transferability*, the adoption of purposive sampling as a strategy enabled the researcher to use her knowledge and experience by contacting colleagues whom she knew so that they could assist in identifying the organisations from which the participants were to be recruited. This approach yielded positive results in that the researcher was able to immediately have access to the organisational authorities and eventually the participants. Should it have not been for this approach, it would have been difficult if not impossible to even have access to the participants. Adopting a thick description as transferability also had a crucial role to play in this study. It enabled the researcher to be as detailed as possible with regard to the process that was followed and the justification of every decision that was made. This could easily enable readers to follow the process without any difficulty or uncertainty. *The researcher's conclusion is, therefore, that transferability was the correct strategy for data verification.*

Measures that were put in place for transferability were also adopted for confirmability, which could suggest that a conclusion reached in relation to transferability can by virtue of extension, be reached with confirmability. A thick description and audit trail allow the researcher to confirm or clarify any of the issues that she might have regarding the study and its processes. The rationale for presenting the study plan through Chapter One, and dedicating Chapter Two to outlining the process that was followed were particularly aimed at addressing the question of an audit trail in order for the reader to have a full understanding of the plan and how it would actually be executed in practice. This was a necessary move since the reader engaged the document without the researcher around and should have the benefit of getting any of their questions answered immediately. *In conclusion, confirmability and its related strategies were suitable for the study since they are expected to enhance the reader's confidence.*

Finally, and as indicated in Subsection 2.9.4 of Chapter Two, dependability was enhanced through member checking and the use of an independent coder. Whereas member checking enabled the participants to verify if indeed the data was a true reflection of what they had shared with the researcher, an independent coder was similar to a data quality assurer, who analysed the data independently from the researcher. Similar to the peer debriefing explained above, member checking and the use of an independent coder were a blind spot check strategy, particularly for the data. It afforded the participants an opportunity to correct any misunderstood parts of the data by the researcher. This was, therefore, a necessary strategy to build the integrity of the study. *A conclusion to be drawn with regard to dependability and its related strategies is that it was relevant for the study.*

#### *6.2.1.5 Summary of and conclusion based on the ethical considerations*

The ethical principles adopted in guiding this study were informed consent, confidentiality, anonymity, debriefing, beneficence and information management. While informed consent was aimed at ensuring that the participants became involved in the study with full knowledge of the aim, objectives and procedures of the study, confidentiality and anonymity were aimed at protecting the identities of the participants and the information that they shared with the researcher. Debriefing was aimed at ensuring psychosocial support to the participants and beneficence was to ensure that the participants had some benefit either directly or indirectly from the study. With regard to information management, measures had to be put in place to protect the information that was shared by the participants.

All these ethical principles were found to be necessary, given the personal nature of the data that the participants shared with the researcher. They had to be informed with regard to the procedures of the study and given the personal nature of some of their information, it was necessary to treat such information with confidentiality and to put measures in place to protect it, as well as providing some kind of psychosocial support in the form of debriefing. More importantly, they had to somehow derive some kind of benefits out of participating in this study. *A conclusion to be drawn regarding the ethical considerations is that they are all relevant to the study.*

### 6.2.2 Summary and conclusion based on the research findings

The summaries and conclusions on the research findings are in the form of the sociodemographic profiles of the participants, as well as the five themes that emerged during the data analysis process.

#### *6.2.2.1 Summary and conclusion based on the sociodemographic profiles of the participants*

The findings from the demographic data revealed that 10 of the study participants were female, while only two were males. The participants were from varied age groups ranging between 26 and 44 years of age. The data also showed that eight of the 12 participants were social work volunteers, with only four being employed as social workers in the HBC organisations. A majority of the participants had between two to five years' working experience of HBC with a range of cases being managed between a minimum of 40 cases to a maximum of 135 plus cases per participant. A conclusion with regard to the demographic data is that social workers who render services to PLWHIV through HBC organisations are mostly female and that they differ in terms of their age, number of years' experience and workload.

#### *6.2.2.2 Summary and conclusion based on themes and subthemes of the study*

With regard to the findings based on the themes, the following are eminent, namely (1) the roles played by social workers working with PLWHIV in HBC, (2) the challenges faced by social workers when working directly with clients who are infected with HIV, (3) the challenges associated with organisational support, (4) the strategies adopted by social workers in addressing their challenges, and (5) the suggestions made by social workers on how to address their challenges. The question to be answered by this section with regard to the findings of this study based on the main data is whether they were able to provide answers to the posed questions and to address the set objectives and ultimately satisfy the goal. It is the purpose of the following discussion to make such a determination.

The first theme of the research findings highlighted the roles that social workers play in working with PLWHIV in HBC. It indicated that social workers working with PLWHIV play various roles such as intervening at their individual, group and family levels. They do this by assessing clients and their respective families in order to render psychosocial support, counselling services, prepare patients for death, support treatment adherence and linking clients with various resources. In Theme 2, the findings revealed the challenges faced by social workers when working directly with clients who are infected with HIV. As indicated in Chapters Three and Four, it emerged that the social workers who work with PLWHIV are confronted by a variety of challenges that make it difficult to efficiently render their services. These challenges included managing psychosocial difficulties, such as a fear of disclosure, denial of an HIV-positive status and a lack of family support among some of the clients. In some instances, social workers were faced with a lack of cooperation from clients who would refuse counselling, abscond from support groups and sometimes not cooperate with their referral systems.

Frustrations among social workers were also found regarding challenges to manage the socio-economic difficulties faced by the clients, such as unemployment and a lack of food and nutritional support. In executing their duties, social workers would reach out to communities to render mass educational programmes and would also visit their clients from time to time to assess their socio-economic conditions. This study demonstrated that these tasks are often not easy for social workers who work with PLWHIV since they often lack transport and venues to access various sites where they can conduct their educational activities and to visit their clients within their homes. In some instances, stigma and discrimination by some community members towards themselves and their clients have proven to be one of the difficulties as they navigate their services towards their client systems.

Through Theme 3, the findings revealed the challenges associated with organisational support, as faced by social workers working with PLWHIV. These challenges related to their capacity and others emanated from within the organisations through which they were serving. These related to a lack of resources, such as office space, funding, supervision, training support by management, workplace safety, remuneration and a high workload.

The strategies that are adopted by social workers in managing their challenges were presented in the form of Theme 4. From this theme, it emerged that they engage in physical exercise, spend time with friends, engage in emotional eating, listen to music, limiting the daily caseload and praying.

Finally, in Theme 5, the researcher sought to understand the suggestions by the participants on how to address the challenges faced by social workers. A few suggestions that they made regarding how to address the challenges faced by social workers were the need for government to provide more funding, increasing the remuneration of social workers working with PLWHIV, and providing adequate training, organisational support and supervision. The study has clearly shed some light regarding the roles that social workers play in working with PLWHIV, the challenges that they face, how they manage such challenges and their suggestions on how these challenges could be addressed.

A conclusion drawn from this study with regard to the research findings based on the themes, subthemes and categories is that social workers working with PLWHIV in HBC execute their responsibilities in various ways with the common purpose of supporting their clients. As they perform their roles, they face several challenges to which they had to develop various coping strategies, while also suggesting other measures to address these challenges.

## 6.3 LIMITATIONS TO THE STUDY

Similar to any research project, this study had its own limitations, which are discussed below.

- The profiles of the participants from which the data were collected were dominated by females and, therefore, not diverse enough to provide insight regarding social workers from other genders. Although as research literature reveal that social work is a female-dominated profession, it would be informative to collect the data on the experiences of male social workers.
- The areas from which the participants were recruited were mostly the black townships, which led to the recruitment of black social workers from organisations that did not have other racial profiles of social workers. This left the data without any other racial groups other than black people. The findings of this study should, therefore, be interpreted with caution.

## 6.4 RECOMMENDATIONS

This section is on recommendations and is informed by the findings and conclusions made above. The proposed recommendations are based on the research process, the research findings and they are directed to social work practice, training and education for future research. These recommendations are presented below.

### 6.4.1 Recommendations for social work practice

According to the findings of the study, the researcher recommends that –

- more social workers be recruited into the HBC organisations in order to assist in managing a heavy workload;
- some educational programmes on combating HIV-related stigma should be developed and implemented by social workers with the aim of addressing HIV-related stigma among members of the community and to create a safe environment in which they can render services free from stigma and discrimination;
- HBC organisations that employ social workers who work with PLWHIV should develop some kind of in-house support systems, such as the employee wellness programmes that specifically focus on this category of social workers, in order to support them in managing their daily operational challenges; and
- HBC organisations should mobilise for funding and resources from various funders and stakeholders in order to support the work done by social workers who work with PLWHIV.

### 6.4.2 Recommendations for training and education

The researcher proposed the following recommendations pertaining to training and education:

- Institutions of higher learning should develop learning programmes specifically to train social workers interested in working with PLWHIV in order to equip and prepare them with the necessary skills and knowledge to be able to comprehensively support PLWHIV.

  Continuous Professional Development (CPD) programmes offered through the SACSSP for social workers should include lessons for improving the skills and knowledge of social workers working with PLWHIV and how to better manage the challenges associated with working with PLWHIV. This will ensure that the client systems are provided with quality services.

### 6.4.3 Recommendations for further research

- Future studies should consider including the views of PLWHIV and the adoption of a mixed methods research approach, which will allow for diverse and in-depth comprehension of the challenges faced by social workers in this field of practice.
- Future researchers should consider conducting intervention research, which will identify programmes that will assist the social workers and support them in managing their challenges as they render services to PLWHIV through HBC.

## 6.5 SUMMARY OF THE CHAPTER

In this chapter, the summaries, conclusions, limitations and recommendations of the study were presented. A specific focus was on the summaries and conclusions of the research process, as well as the research findings. Each aspect of the research process was revisited, summarised and a conclusion drawn. The chapter also drew the reader’s attention to the limitations of this study which, among others, cautioned the reader to interpret the findings with care as the study was based on a small sample. Some recommendations were proposed specifically in relation to social work practice, training and research with the overall aim of ensuring support to social workers who work with PLWHIV in this field, as well as for measures to generally improve the HBC programme for PLWHIV.

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## ADDENDA

### ADDENDUM A: PREAMBLE TO AN INFORMATION AND INFORMED CONSENT

Dear participants,

My name is Tsakani Salphinah Manganyi, a part-time Masters student in the Department of Social Worker at the University of South Africa. In fulfilment of the requirements for the Master's degree, I have to undertake a research project and have consequently decided to focus on the following research topic: *The challenges faced by social workers working in HIV/AIDS home-based care.*

In view of you being well informed about the topic, I hereby request you to participate in this study. To help you make an informed decision on whether or not to participate in this research project, I will provide you with information that will help you to understand the study, for example, what the goal of the study is and why there is a need for this particular study. Furthermore, you will be informed about what your involvement in the study will entail, for example, what you will be asked to what you will be requested to do during the study, the risks and benefits involved in participating in this research study and your rights as a participant in this study.

This research study originated because of an identified gap in the challenges faced by social workers working in HIV home-based care and therefore seeks to *develop insight into the role played by social workers who are working with PLWHIV in HBC organisations, the challenges that they face in executing their roles, the strategies that they adopt in managing these challenges and their suggestions on how to better address their challenges.*

Should you agree to participate in this study, you will be required to participate in semi-structured interviews that will be conducted in any area which is convenient for you, at any day and time which we can agree upon between Monday and Friday.

It is estimated that one interview will last approximately one hour. The questions which will be directed to you during the interviews are attached (see Addendum D).

As the research progresses, you may be required to do the following:

1. Answer questions around your sociodemographic information.
2. Share your expectation regarding the entire research project.
3. Evaluate the value of every interview to check if expectation is being addressed and by sharing the experiences gained.
4. Read through the verbatim transcription of the interview to verify if they are indeed a true reflection of the conversation.

With your permission, the interview will be audiotaped. The recorded interviews will be transcribed verbatim. Your responses to the interview (the tapes and transcribed versions) will be kept strictly confidential. The audiotapes will be coded to disguise any identifying information. The tapes will be stored in a locked safe at my private house and only I will have access to them. The transcripts (without any identifying information) will be made available to my research promoter, translator and an independent coder with the sole purpose of assisting the editor and the independent coder who will each sign an undertaking to treat the information shared by you in a confidential manner. The independent coder is someone who is well versed and experienced in analysing information collected by means of interviews and has been appointed to analyse the transcripts of the interviews independently of the researcher to ensure that the researcher will accurately report the participants' accounts of what has been researched. The audiotapes and the transcripts of the interviews will be destroyed upon completion of the study. Identifying information will be deleted or disguised in any subsequent publication and presentation of the research findings. Please note that participation in the research is completely voluntary. You are not obliged to participate in the research. Your decision to participate or not to participate will not affect you in any way now or in the future and you will incur no penalty or loss to which you may otherwise be entitled.

Should you agree to participate and sign the information and informed consent document attached, as proof of your willingness to participate, please note that you are not signing your rights away. If you agree to participate, you have the right to change your mind at any time during the study. You are free to withdraw this consent and discontinue participating without any loss of benefit. However, if you do withdraw from the study, you will be requested to grant me an opportunity to engage in an informal discussion with you so that the research partnership that was established can be terminated in an orderly manner. As a researcher, I also have the right to dismiss you from the study without regard to your consent if you fail to follow the instructions or if the information you have to divulge is emotionally sensitive and has upset you to such an extent that it hinders you from functioning physically and emotionally in a proper manner. Furthermore, if participating in the study at any time jeopardises your safety in any way, you will be excused from the process. Should I conclude that the information you have shared left you feeling emotionally upset, I am obliged to refer you to a counsellor for debriefing or counselling. You have the right to ask questions concerning the study at any time. Should you have any questions or concerns about the study, please contact these numbers: 066 292 0879 or 076 539 3768. Please note that this study has been approved by the Research and Ethical Committee of the Department of Social Work at Unisa. Without the approval of this committee, the study cannot be conducted. Should you have any questions and queries not sufficiently addressed by the researcher, you are more than welcome to contact my supervisor in the Department of Social Work at Unisa. His details are as follows: Mr M.R. Lekganyane on 012 429 2926 and at lekgamr@unisa.ac.za. After you have consulted the supervior and his answer has not statisfied you, you may direct your question to the Departmental Chairperson of the Departmental Research and Ethic Committee within the Department of Social Work, Prof. Alpslan, on 012 492 7693 and at alpash@unisa.ac.za. Should you still be dissatisfied with the answer, you may direct your concerns to the Chairperson of the Human Ethics Committee, College of Human Science, P.O. Box 392, Unisa, 0003. Based on all the information provided to you above and being aware of your rights, you are kindly requested to give your written consent should you decide to participate in this research study by signing and dating the information and consent form provided herewith and initialling each section to indicate that you understand and agree to the conditions.

Thank you for your participation.
Kind regards,

Tsakani Salphinah Manganyi
Principal Researcher
066 292 0879/076 539 3768

## ADDENDUM B: INFORMATION AND INFORMED CONSENT DOCUMENT

Title of the research project: The challenges experienced by social workers working in HIV/AIDS home-based care programmes: Lessons for Social Work Practice

**Principal investigator: Tsakani Salphinah Manganyi**

| | |
|---|---|
| DECLARATION BY THE PARTICIPANT:<br>I, the undersigned……….................(name),<br>ID No…………...……. of…………………………………...<br>…………………………………………………………(address)<br>**A. HEREBY CONFIRM AS FOLLOWS:**<br>1. I was invited to participate in the above research project, which is being undertaken by Tsakani Salphinah Manganyi. | Initial |
| 2. The following aspects have been explained to me:<br>2.1 Topic: The challenges face by social workers working in an HIV/AIDS Home Based Care service. The information will be used to *develop insight into the role played by social workers who are working with PLWHIV in HBC organisations, the challenges that they face in executing their roles, the strategies that they adopt in managing these challenges and their suggestions on how to better address their challenges.* | Initial |
| 2.2 I understand that I am participating in this research project without any expectation of remuneration of whatever nature and that I will be interviewed on the challenges faced by social workers working in HIV/AIDS home-based care. | Initial |
| 2.3. Risks: As the research progresses, I may be emotionally too overwhelmed to share some of my experiences and the researcher will refer me to a qualified professional for debriefing in this regard. | Initial |
| 2.4 A possible benefit: As a result of my participation in this study, I will be afforded an opportunity to share the challenges and coping strategies that I experienced as a result of residing in the mining community and, | Initial |

| | | |
|---|---|---|
| | therefore, play a huge role in amplifying the plight of women who reside in the mining communities. | |
| 2.5 | Confidentiality: My identity will not be revealed in any discussion, description or scientific publications by the researcher. | Initial |
| 2.6 | Digital recordings of interviews: I also understand that the interviews will be digitally recorded through a digital voice recorder in order for the researcher not to miss important data during the analysis and this process will not result in my identity being revealed. | Initial |
| 2.7 | Possible follow-up interviews: I am also aware that the researcher may do some follow-ups on the interviews in order to get clarity on issues that may not be clear. | |
| 2.8 | Access to findings: Any new information or benefit that develops during the course of the study will be shared with me. | Initial |
| 2.9 | Voluntary participation/refusal/discontinuation: My participation is purely voluntary. My decision on whether or not to participate will in no way affect me now or in the future and I can withdraw at any stage of the study. | Initial |
| 3. | The information above was explained to me by Tsakani Salphinah Manganyi in Xitsonga/Sepedi/Setswana/isiZulu and I am in command of this language. I was given an opportunity to ask questions and all these questions were answered satisfactorily. | Initial |
| 4. | No pressure was exerted on me to consent to participate in this study and I understand that I may withdraw from the study at any stage without any penalty. | Initial |
| 5. | Participation in this study will not result in any additional cost to me. | Initial |
| B. | I HEREBY CONSENT VOLUNTARILY TO PARTICIPATE IN THE ABOVE PROJECT.<br>Signed at ______________________________on________________2017<br>____________________________________ ________________<br>Signature or right thumbprint of participant Signature of witness | |

## ADDENDUM C: REQUEST LETTER FOR ACCESS TO THE STUDY SITE

Leratong Hospice (Home-Based Care Section)
Atteridgeville

Dear Madam,

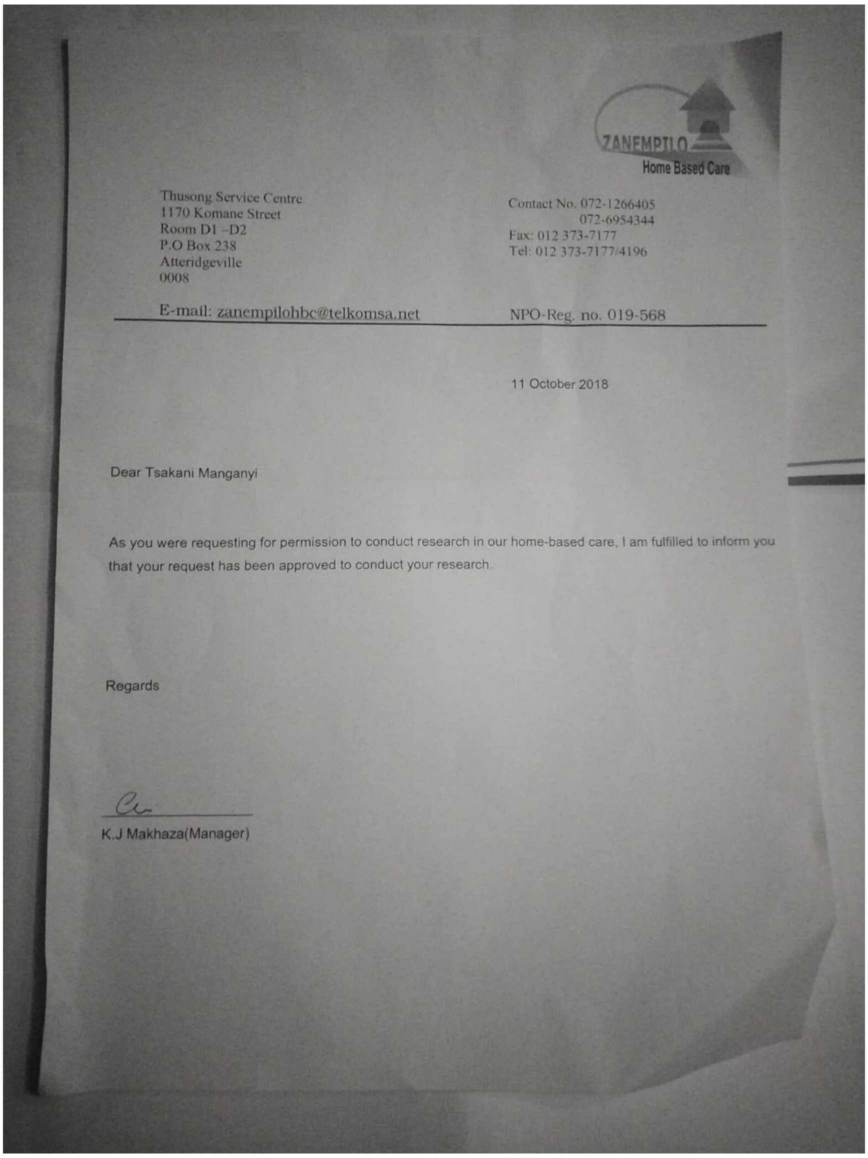
My name is Tsakani Manganyi, a Masters student in Social work at the University of South Africa. As a Master's student, I am expected to conduct a research study as part of my study's requirements. I have decided to conduct a study focusing on the challenge faced by social workers working in HIV/AIDS home-based care. This study is aimed at *developing an insight into the role played by social workers who are working with PLWHIV in HBC organisations, the challenges that they face in executing their roles, the strategies that they adopt in managing these challenges and their suggestions on how to better address their challenges.* It is supervised by Dr Lekganyane, a senior lecturer in the Department of Social Work at Unisa. Potential participants will be expected to participate in an interview of approximately one hour concerning their challenges as social workers working in home-based care for PLWHIV. Given the fact that your organisation has employed a social worker who works in the Home-Based Care Section, I, therefore, request your permission to conduct interviews with the social worker.

I trust my request will be taken into consideration.

Yours faithfully,

T.S. Manganyi

# ADDENDUM D: PERMISSION TO CONDUCT A STUDY



ZANEMPILO
Home Based Care

Thusong Service Centre
1170 Komane Street
Room D1 –D2
P.O Box 238
Atteridgeville
0008

Contact No. 072-1266405
072-6954344
Fax: 012 373-7177
Tel: 012 373-7177/4196

E-mail: zanempilohbc@telkomsa.net
NPO-Reg. no. 019-568

11 October 2018

Dear Tsakani Manganyi

As you were requesting for permission to conduct research in our home-based care, I am fulfilled to inform you that your request has been approved to conduct your research.

Regards

K.J Makhaza(Manager)

## ADDENDUM E: THE INTERVIEW GUIDE

- How old are you?
- What is your gender?
- What number of years’ experience do you have as a social worker?
- How long have you been working as a social worker in home-based care?
- What is your position in this organisation?
- What is your caseload (number of cases currently managing)?

**The following questions were asked to answer the research questions:**

- What are your main responsibilities as a social worker working with PLWHIV through an HBC programme?
- What challenges do you as a social worker face when working directly with PLWHIV through an HBC programme?
- What challenges do you as a social worker working with PLWHIV through an HBC programme face in relation to your organisation?
- What strategies do you use to cope with those challenges?
- What suggestions do you propose in addressing the challenges faced by social workers who work with PLWHIV through an HBC programme similar to yours?

## ADDENDUM F: COMMITMENT TO COUNSEL/DEBRIEF THE PARTICIPANTS

CHILDREN ON THE MOVE

Orphans and Vulnerable Children (OVCs) &Development

**BETTER LIFE- BETTER FUTURE FOR ALL**
**(Multi-Purpose Provider)**
**NPO 014-558**

**711 State Theatre**
**320 Pretorius Street**
**PRETORIA**
**0001**
**Fax: (012) 320 8651**
**Cell: 082 459 9566**

**P.O. Box 12921**
**THE TRAMSHHED**
**0126**
**Tel: (012) 320 8650**

**E-mail: childrenonthemove707@gmail.com**

Dear Sir/ Madam

**Confirmation to offer debriefing to research participants**

This serves to confirm that I, Dimakatso Pertunia Maila, work at Children On the Move as a qualified Social Worker.

I confirm that I will be available to offer counselling to research participants as requested.

You are welcome to contact me for any clarity.

Kind Regards

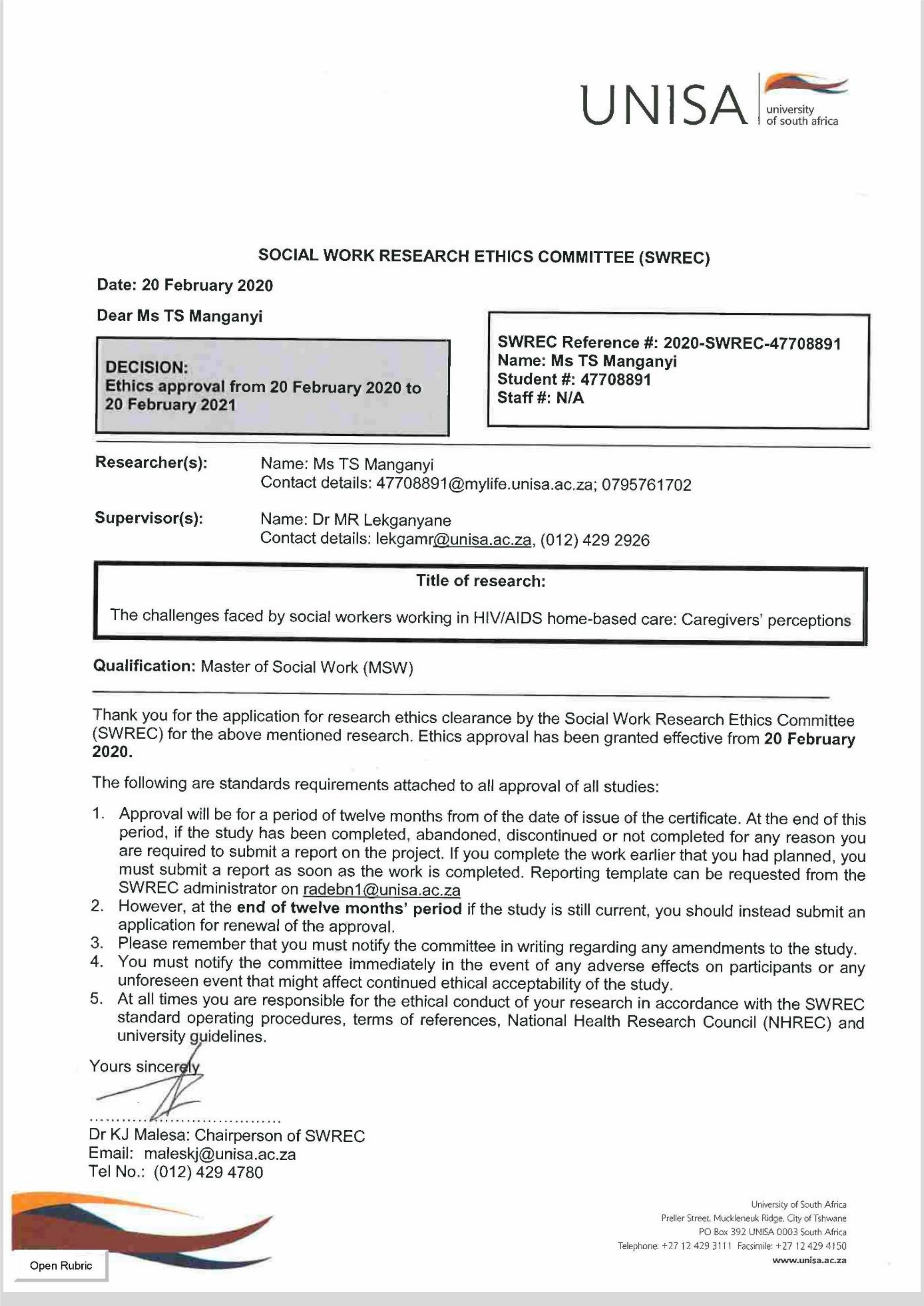
Dimakatso Pertunia Maila

Social Worker

D.P.Maila
Signature

CHILDREN ON THE MOVE
TEL: 012 320 8650
FAX: 012 320 8651
DATE: 12/10/2018
P.O BOX 12921, THE TRAMSHED 0126

# ADDENDUM G: ETHICAL CLEARANCE LETTER



UNISA
university
of south africa

## SOCIAL WORK RESEARCH ETHICS COMMITTEE (SWREC)

**Date: 20 February 2020**

**Dear Ms TS Manganyi**

**DECISION:**
**Ethics approval from 20 February 2020 to 20 February 2021**

**SWREC Reference #: 2020-SWREC-47708891**
**Name: Ms TS Manganyi**
**Student #: 47708891**
**Staff #: N/A**

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**Researcher(s):** Name: Ms TS Manganyi
Contact details: 47708891@mylife.unisa.ac.za; 0795761702

**Supervisor(s):** Name: Dr MR Lekganyane
Contact details: lekgamr@unisa.ac.za, (012) 429 2926

**Title of research:**

The challenges faced by social workers working in HIV/AIDS home-based care: Caregivers' perceptions

**Qualification:** Master of Social Work (MSW)

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Thank you for the application for research ethics clearance by the Social Work Research Ethics Committee (SWREC) for the above mentioned research. Ethics approval has been granted effective from **20 February 2020.**

The following are standards requirements attached to all approval of all studies:

1. Approval will be for a period of twelve months from of the date of issue of the certificate. At the end of this period, if the study has been completed, abandoned, discontinued or not completed for any reason you are required to submit a report on the project. If you complete the work earlier that you had planned, you must submit a report as soon as the work is completed. Reporting template can be requested from the SWREC administrator on radebn1@unisa.ac.za
2. However, at the **end of twelve months' period** if the study is still current, you should instead submit an application for renewal of the approval.
3. Please remember that you must notify the committee in writing regarding any amendments to the study.
4. You must notify the committee immediately in the event of any adverse effects on participants or any unforeseen event that might affect continued ethical acceptability of the study.
5. At all times you are responsible for the ethical conduct of your research in accordance with the SWREC standard operating procedures, terms of references, National Health Research Council (NHREC) and university guidelines.

Yours sincerely

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Dr KJ Malesa: Chairperson of SWREC
Email: maleskj@unisa.ac.za
Tel No.: (012) 429 4780

Open Rubric

University of South Africa
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