

INSTRUMENTAL SUPPORT FOR PROFESSIONAL NURSES CARING FOR PATIENTS LIVING WITH HIV/AIDS IN THE TSHWANE DISTRICT OF GAUTENG, SOUTH AFRICA

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ABSTRACT

Public hospitals across South Africa are flooded by patients diagnosed with the human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) related illnesses. The AIDS situation has completely changed the medical landscape and placed a great burden on the shoulders of professional nurses. The purpose of this study was to explore and describe instrumental support for the professional nurses. Challenges faced by the professional nurses were fatigue, ill health, resignation and poor HIV/AIDS care to patients admitted with opportunistic infections. The study was conducted at one of the Tshwane district hospitals in Gauteng, South Africa. Instrumental support was explored focusing on tangible assistance provided by the hospital and nurse managers. A qualitative approach with explorative, descriptive and contextual designs was employed. Purposive sampling method was used to select 25 participants who participated in the individual face-to-face interviews. Data gathered from the participants were analysed using Tesch's eight-step criteria of open-coding techniques. The findings of the study revealed that the hospital and nurse managers did not provide effective tangible support. It was recommended that instrumental support for professional nurses who care for patients diagnosed with HIV/AIDS-related illnesses be effectively provided by the hospital and the nurse managers through the development of a model to deal with instrumental challenges.

Keywords: acquired immune deficiency syndrome; caring; instrumental support; professional nurses; stressors; patients living with HIV/AIDS; hospital; nurse manager

INTRODUCTION AND BACKGROUND INFORMATION

Acquired immune deficiency syndrome (AIDS) has completely changed the medical landscape and placed a tremendous burden on the shoulders of professional nurses. Våga et al. (2013) state that although the global number of new human immunodeficiency virus (HIV) infections is finally declining, the HIV/AIDS burden will continue to be devastating in sub-Saharan Africa in the foreseeable future. This burden is especially heavy in South Africa where the prevalence of HIV is very high with seven million people living with HIV (Statistics South Africa 2015). Public hospitals across the country are packed by patients diagnosed with HIV/AIDS-related illnesses. Furthermore, the Department of Health has the highest HIV burden of supporting the professional nurses who care for patients diagnosed with HIV/AIDS-related conditions (DoH 2013). Although South Africa has far-reaching HIV/AIDS programmes, morbidity and mortality rates are still high (DoH 2013). As such, increased manpower to care for patients and the dying is needed as well as reinforced advanced knowledge of HIV/AIDS-related illnesses and management (DoH 2013).

The hospital management is responsible for the employees' welfare in order to achieve its goal. Professional nurses who care for patients diagnosed with HIV/AIDS need support as they experience various instrumental challenges such as the increased number of patients, a shortage of manpower, and a shortage of cleaning and protective materials. Professional nurses experience burnout as a result of delay in dealing with the instrumental challenges by the DoH, the organisation or hospital and the nurse managers. Despite the delay in dealing with the challenges, instrumental support is ineffectively provided (Ndou et al. 2014). Ehrenstein, Hanses, and Salzberger (2006) found that 28 per cent of German professional nurses may abandon work in favour of protecting themselves and their families against HIV. Nurses were reluctant to give care to patients with HIV/AIDS-related illnesses, hence instrumental support should be provided (Cai et al. 2007).

Professional nurses within the workplace are expected to ensure adequate safe job conditions and resources such as adequate supply of protective materials. Professional nurses in Gauteng, South Africa, expressed concerns about the poor quality and unavailability of gloves, aprons and masks, which increased the risk of accidental exposure to HIV infections (Ndou et al. 2014).

Fear of occupational exposure has a serious of professional consequences, such as avoidance or refusal to care for patients, and personal consequences from partners urging caregivers to quit their jobs to avoid infection of themselves and their children (Van Dyk 2008). Phaswana-Mafuya and Peltzer (2006) recommend that proper HIV/AIDS management strategies be formulated and implemented in order to retain experienced professional nurses. Implementation of such strategies would help to maintain good morale, motivation of workers and to reduce stress associated with HIV/AIDS-related illnesses and death. The researcher therefore sought to elucidate information on support

for professional nurses who care for patients diagnosed with HIV/AIDS-related illnesses in Gauteng, South Africa.

PROBLEM STATEMENT

Caring for patients living with HIV/AIDS (PLWHA) at the hospital setting poses a number of challenges to the hospital professional nurses who need instrumental support. Professional nurses find themselves working in an environment that does not promote quality patient care because of long-standing unresolved instrumental challenges such as shortage of manpower and shortage of protective materials (Phaswana-Mafuya and Peltzer 2006). The hospital and nurse managers provide ineffective tangible support for the professional nurses. Professional nurses therefore need instrumental support from the hospital and nurse managers when caring for PLWHA (Ndou et al. 2014).

OBJECTIVE OF THE STUDY

The objective of the study was to explore and describe instrumental support provided by the hospital and nurse managers to the professional nurses caring for PLWHA.

SIGNIFICANCE OF THE STUDY

The findings of the study could provide some insight to nurse managers about the instrumental support needed by the professional nurses caring for PLWHA. The study could serve as enlightenment to the DoH regarding the insufficient instrumental support received by the professional nurses. The findings may provide guidance for the DoH on the aspects that should be considered to improve tangible support for the professional nurses.

RESEARCH METHODOLOGY

The study was conducted in one of the hospitals of the Tshwane district in Gauteng, South Africa, which is commonly used for clinical practice and research purposes by student researchers. The hospital is utilised by students from universities nationally and internationally. The hospital is predominantly a tertiary healthcare institution, rendering highly specialised services to medically referred patients. It is also a referral hospital in that patients are referred by their local clinics including the patients diagnosed with HIV/AIDS-related illnesses.

A qualitative approach using explorative and descriptive research design was used. A qualitative research approach was chosen to explore, interpret and describe the instrumental support for professional nurses by the hospital and the nurse managers. According to Polit and Beck (2012), a qualitative design is valuable for the exploration

of subjective experiences of service users, i.e. professional nurses. Qualitative research methods precisely capture the concerns of the current research and resonate well with the concerns of nursing practice.

The research population were all professional nurses allocated in the units where patients diagnosed with HIV/AIDS-related illnesses were cared for. Non-probability purposive sampling was used in the selection of professional nurses involved in the care of PLWHA. The purposive sampling method was chosen as it involves conscious selection by the researcher of subjects who had the range of specific and quality of information required for the study (Grove, Burns, and Gray 2013). The sample size of 25 professional nurses was determined by reaching data saturation when conducting in-depth interviews from 1 to 30 November 2013. The researcher could not get new data after she has interviewed 20 professional nurses, therefore she added an extra five professional nurses.

The core method for data collection was through unstructured in-depth interviews. A central question that directed the interviews was: "Tell me about the tangible assistance you receive from the hospital and nurse managers when providing care to patients diagnosed with HIV/AIDS-related illnesses." Probing questions allowed for deeper and more thought responses from the participants (Polit and Beck 2012). This was coupled with the writing of field notes and the use of an audio tape-recorder to capture the interview information. Trustworthiness was considered a measure to ensure reliability of the data collection instrument to prevent biases in the interpretation of the results. Lincoln and Guba (2010) identify the following criteria for trustworthiness, namely credibility, confirmability, transferability and dependability. Data from the hospital managers will support the professional nurses' information.

Data were collected through unstructured in-depth face-to-face interviews. Participants were requested to sign informed consent forms, after the researcher had explained the purpose of the study and informed them of their right to withdraw from the study without repercussions. The purpose of recording the interviews on audiotape was explained to the participants, after which permission was obtained to capture their responses. The interviews were flexible and followed the direction taken by the participants. The participants were made to feel at home by welcoming and thanking them for being present. During the interviews, a relaxed engaging and conversational atmosphere with each participant was initiated with the assurance of confidentiality about information provided, that it would be used only for research purposes. This encouraged participants to provide a genuine reflection of their life experiences throughout the interviews. Each interview session started with questions on a variety of informal, conversational questions about life in general, and progressed towards the challenges encountered regarding instrumental support the participants received when caring for PLWHA. Using open-ended probing type questions, more information was obtained regarding the challenges the participants have encountered and the type of support they received when caring for PLWHA. This was done to encourage participants to elaborate

on their statements and to clarify any information or identify emotions around the topic. Participants were interviewed individually in the place where they felt more comfortable. Interviews were conducted in English as all the professional nurses could understand it. Validation was done through asking related questions to verify observations of non-verbal cues, and to avoid wrong assumptions that might affect the results.

Ethical measures were considered throughout the process of data collection to protect the rights of the participants and the institution where the data were collected. The research proposal was approved by the Research Ethical Committee of the University of Pretoria. A letter of permission to conduct research was received from the hospital nurse director. The participants were informed about voluntary participation and their right to withdraw from the study at any time without giving a reason. The participants voluntarily signed the consent forms. Beneficence was maintained through ensuring that participants would not be harmed physically from fatigue owing to the time needed for the interview schedule. Confidentiality was promoted throughout the study by assuring that no unauthorised person could access the data from the completed interview schedules.

The narrative data from the unstructured in-depth interviews and field notes were analysed individually by the researcher and an independent coder. Data were analysed using an open-coding method by following Tesch's eight-step criteria described by Creswell (2014). Finally, the main themes and sub-themes identified by both the researcher and the independent coder were compared by one external reviewer who were not part of the initial analysis and who acted as an external reviewer to compare the similarities and differences.

PRESENTATION AND DISCUSSION OF THE RESEARCH FINDINGS

The results revealed that professional nurses require tangible support from the hospital managers and the nurse managers. Two themes and six sub-themes are outlined in Table 1.

Table 1: Instrumental support to professional nurses caring for HIV/AIDS patients

Themes	Sub-themes
Support provided by the hospital managers	Provision of preventive measures against HIV transmission Supply of medical, cleaning and safety materials Provision of human resource management
Support provided by the nurse managers	Provision of mentoring and communication Management of role stressors Provision of professional development and training

Two main themes and six sub-themes that emerged from the results are support provided by the hospital managers and support provided by the nurse managers. The discussion is presented in a narrative format with direct quotations of the participants that are supplemented by the literature.

SUPPORT PROVIDED BY THE HOSPITAL MANAGERS

It is believed that health workers' necessity for HIV prevention has been neglected. The results of the study revealed that hospitals do not ensure effective physical safety for the professional nurses because they do not provide adequate resources for preventing transmission of HIV through contaminated blood and other body fluids. Inadequate safety material resources often put professional nurses at risk of contracting HIV. Support provided by the hospital managers focused on preventive measures against HIV transmission (occupational safety), the supply of medical, cleaning and safety materials, and human resource management.

Preventive Measures against HIV Transmission (Occupational Safety)

Professional nurses claimed that they are at risk of HIV-related infections from a smaller but real risk of occupational exposure to HIV. Participants raised a concern related to preventive measures against the spread of HIV infections. It was not clearly stated how professional nurses ensured safe handling of the sharps (for example, needles used to inject or draw blood from patients). Participants further mentioned the requirement of adherence to infection control measures. They were not satisfied with the way in which the infection control measures were maintained. This was supported by the following quote by one of the participants:

We are at risk of contracting HIV when performing messy procedures such as puncturing the membranes during second stage of labour of the delivery process with inadequate protective clothing such as goggles. There should be quality maintenance and infection control measures. HIV transmission should be prevented through the use of infection control measures. Hand-washing, sterilising and decontamination of equipment, maintaining a clean environment through provision of sufficient cleaning materials, safe handling of the sharp instruments, proper management of waste and disinfection of contaminated patients' linen should be improved.

Shyang-Guang et al. (2014) stated that professional nurses in Taiwan have a high risk of needle-stick and sharps injuries (NSIs), which have a high potential for the transmission of diseases. The nurses' narratives confirmed that the transmission of HIV infection through NSIs was acknowledged as a real and much feared occupational hazard. The fear was clearly present despite acknowledgement of the low probability of the HIV infection. This fear could not be prevented.

Supply of Medical, Cleaning and Safety Materials

Professional nurses expressed their concerns in relation to the supply of protective clothing that was used as a precautionary measure to prevent the transmission of HIV from patients' blood and body fluids. This resulted in the hospital taking supply of medical, cleaning and safety materials as its primary responsibility. One participant explained:

We cannot take care of patients with opportunistic infections without protective clothing. The hospital should supply us with adequate quality protective clothing and safety materials such as masks, plastic aprons and disposable gloves.

Våga et al. (2013) affirmed that when safety materials are in short supply and support systems are weak, nurses have been reported to fall back on medical fraternity and task-oriented rather than patient-oriented care. In such context professional nurses commonly feel blamed for deficiencies that are clearly beyond their control. In order to deal with these challenges, a broader knowledge base is needed on how nursing care is expressed in different healthcare system contexts. Professional nurses are constrained by a critical lack of essential supplies such as gloves, medications and sterile equipment. They struggle to provide care that is congruent with their professional and ethical standards. Nurses experience moral distress as a consequence of being unable to attain high quality standards (Harrowing and Mill 2010).

Some of the participants explained that material resources such as equipment, protective clothing and protective gloves were provided as instrumental support. Another kind of support is related to medication, such as anti-tuberculosis and antiretroviral drugs, and antibiotics. The availability of resources such as antiseptic soaps and paper towels is essential as the hospital sometimes have minimal or none at all thereby increasing the transmission of HIV infections from patients' body fluids and blood. It was assumed that when the chances of contracting HIV increase, professional nurses sometimes may disappear from the scene, compromising the patient care. One participant stated:

In case where one is exposed to the blood and body fluids of the patients with AIDS-related infections, free ARVs are given as post-exposure prophylaxis to the victim or professional nurse. We are also immunised for other opportunistic infections. Confidentiality becomes a major concern in case of HIV seropositive status. Our main fear is increased by the inadequate supply of material resources which sometimes are of poor quality.

Some participants aired their concerns in relation to the supply of protective materials that were used as precautionary measures to prevent the transmission of HIV infections from patients' blood or other body fluids. Professional nurses complained that they sometimes still run short of material resources as the number of patients diagnosed with HIV/AIDS-related illnesses increased daily. In the context of inadequate resource supply or the unavailability thereof, nurses felt blamed for deficiencies that were clearly beyond their control.

Human resource management provision

Professional nurses expressed a sense of both physical and mental fatigue from caring for an increased number of PLWHA. They added that providing care for patients in general, and patients suffering from HIV/AIDS-related illnesses in particular, is very taxing. Apart from feelings of physical weariness, nurses were even more concerned about their experiences of emotional exhaustion and stress. Many professional nurses remain sadly under-empowered owing to ineffective support and the effects of drastically increasing workloads, coupled with the lack of resources to fight effectively against threats brought about by low work morale. Short-staffing drives nurses away who can no longer face their growing burnout and the realisation that they cannot meet their professional responsibilities. One participant explained:

Shortage of manpower can be reduced by tirelessly attracting new recruits and motivating nurses to care for patients diagnosed with AIDS-related illnesses without fear. However, the correct nurse-patient ratio determines the quality of care rendered to patients. It takes a long time for the government to employ more professional nurses.

Attracting and retaining nurses are essential to increase manpower. Job opportunities drew nurses into HIV/AIDS care while job satisfaction was the primary influence to remain in specialised areas of HIV/AIDS practice (Puplampu et al. 2014). Davhana-Maselesele and Igumbor (2008) argued that nurses feel used up at the end of the day, fatigued when they had to get up in the morning and they had to face another day on the job, and they were working too hard engulfed in feelings of reaching the end of their tether. One participant shared this sentiment:

The government should employ more professional nurses in order to reduce shortage of manpower, hence reducing the workload brought about by the high statistics of patients admitted with opportunistic infections.

As the high rate of HIV infection causes the number of patients admitted with opportunistic infections (OIs) to drastically increase, the shortage of staff or manpower is increasingly becoming a growing concern and sometimes a nightmare. According to the study findings, the South African government does not seem to be prioritising the issue of staff or manpower shortages even though the memoranda and motivation for increase of staff are consistently submitted by the hospital managers. The President of South Africa, Jacob Zuma in his State of the Nation Address (2011), 10 February, in Cape Town, mentioned that: "We plan to revitalise 105 nursing colleges countrywide, to train more nurses in order to resolve the staffing shortage." This was a strategy to deal with the shortage of manpower. The shortage of manpower is further aggravated by the professional nurses who take sick leave in order to rest. One participant explained:

I think absenteeism is very complex, but so far it is within the acceptable norms because teamwork is encouraged. Nurses are encouraged to talk with the supervisors about their physical challenges. They most often disclose what is going on. Teamwork is possible because nurses

are orientated to do various skills and services. Absenteeism for a genuine reason is not a major problem.

The findings of a study on the challenges of HIV/AIDS in rural hospitals in the Vhembe district in Limpopo, South Africa, revealed that when a nurse is absent from work as a result of sick leave, the rest of the nurses just push through the routine to fill the gap (Ramathuba and Davhana-Maselesele 2013). The findings of the study also revealed that management does not bother to check the cause of absenteeism and the impact of absenteeism on the unit, until the nurse comes back. Those nurses who are on duty continue to work under such strenuous working conditions. Professional nurses take sick leave in response to physical fatigue. One participant emphasised:

We frequently take sick leave days. We report sick telephonically to the nurses' managers almost every day. This is followed by the managers signing the sick leave forms almost every day.

HIV/AIDS is known to increase the workload of nurses because of the high number of patients admitted with HIV/AIDS-related illnesses that demand comprehensive and intensive care, even when much support is not available to them (Ndou et al. 2014). As reported in the literature and as also revealed from the research findings of this study, secrecy surrounding the disease reduces nurses' efficiency, confronts them with ethical issues and hinders them in curbing further spread of HIV. However, professional nurses concurred that the solution to the shortage of skilled manpower is long overdue, and that there is no replacement for those who resign or die. The hospital management could not deal with the shortage of skilled manpower.

SUPPORT PROVIDED BY THE NURSE MANAGERS

The nurse managers provide support when supervising the professional nurses who are caring for PLWHA. Mentoring and communication, management of role stressors and professional development and training were highlighted under the type of support required from the nurse managers.

Mentoring and Communication

Professional nurses expressed difficulties related to not always having a mentor to guide them on what should be done with the long-standing challenges resulting in low quality service, an unsafe working environment, the lack of professional development and HIV/AIDS knowledge. One participant said:

It takes very long for us to get the response from DoH authorities through the head nurse to an extent that one may think that the professional nurses' challenges are not considered. The slow pace of addressing shortage of manpower is frustrating us as we experience the consequences affecting patient care and the health of the professional nurses.

According to Moola, Ehlers and Hattingh (2008), nurses do not have tangible systems in place to support them, nor listen or talk to them. Muller, Bezuidenhout and Jooste (2006) stated that experienced employees are responsible for monitoring the newly employed staff to ensure competency in nursing care.

Management of Role Stressors

Professional nurses explained that their workloads increased because, in addition to their specific duties, they also perform non-nursing duties as demanded by the patients in the absence of other health team members. Professional nurses are always close to the patients providing care according to their needs and requirements. One participant indicated:

In daily practice, I find my time consumed by endless administrative tasks such as recording of all the activities and observations performed to a patient and other work activities unrelated to direct patient care.

Chen et al. (2010) state that Chinese nurses' increased workload was aggravated by the lack of clarity about nurses' roles because they became too occupied with administrative work, which the institution required them to do. Professional nurses expressed that unresolved job stress may result in emotional withdrawal and burnout.

Professional Development and Training

Professional nurses stated that they do not believe that they have adequate knowledge for the nursing care of patients with OIs. They also confirmed that plans had been put in place to train nurses on the management of HIV/AIDS, including the management of antiretrovirals. Professional development and training plans were difficult to implement due to the increased shortage of manpower. One participant stated:

All professional nurses need to undergo intensive training for HIV-related opportunistic infections. If we become knowledgeable about these opportunistic infections and their mode of spread, we may achieve the happy and healthy personnel. I was not trained to take care of patients with opportunistic infections. I just continue to nurse because I have to.

Professional nurses emphasised that their basic diploma nurse training did not include much on the care of patients diagnosed with HIV/AIDS-related illnesses. The curriculum was designed to increase the nurses' knowledge and skills in multiple areas. Guberski (2007) explains that the content of the curriculum included an overview of HIV pathogenesis and transmission, antiretrovirals, side effects, common OIs and adherence. Nyamathi et al. (2008) argued that more education about HIV/AIDS is needed for nurses through training programmes that focus on the prevention of HIV transmission and the treatment of patients diagnosed with HIV/AIDS-related illnesses. Strong emphasis is also on evaluating different methods of education, a combination of

methods, to most efficiently transfer knowledge. A cost-effective analysis would also be important in terms of train-the-trainer modalities versus the more traditional models.

LIMITATIONS OF THE STUDY

Some of the professional nurses could not participate in the interviews owing to the gross shortage of manpower influenced by nursing of the increased number of patients diagnosed with HIV/AIDS-related illnesses. Data were collected from only one hospital which is commonly used for clinical practice and research purposes by student researchers, nationally and internationally.

CONCLUSION

The study revealed that instrumental support of professional nurses who care for PLWHA was ineffective, thereby compromising patient care. Based on these findings, strategies are needed to support the professional nurses who care for PLWHA. The findings of the study revealed that absenteeism is very complex. Professional nurses work under strenuous conditions due to an increased number of HIV/AIDS patients. Professional nurses were not satisfied with the way in which the infection control measures were maintained. Professional nurses do not have adequate knowledge of HIV/AIDS (Ramathuba and Davhana-Maselesele 2013). The findings of the study is similar to the previous study when it was revealed that professional nurses do not have adequate knowledge about caring for PLWHA owing to a shortage of manpower. This study differs from the previous ones by stating that professional nurses expressed difficulties related to not always having a mentor to guide them on what should be done with the long-standing challenges, thereby resulting in low quality service.

RECOMMENDATION

Instrumental support of professional nurses should be researched in all the provinces so that the DoH becomes aware of the extent in which instrumental support is needed by the professional nurses who are caring for patients diagnosed with HIV/AIDS-related illnesses.

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