

# Healthcare Workers' Perceptions of Services at the Swaziland Wellness Centre

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## Abstract

The healthcare workforce in southern Africa is diminished by unprecedented morbidity and mortality as a result of the HIV pandemic. Healthcare workers (HCWs) have been hesitant to access care where facility staff may be unprofessional, stigmatising, or breaching client confidentiality. The Wellness Centre for Health Care Workers opened in 2006 to enhance the health and well-being of HCWs in the Kingdom of Swaziland. The Centre's nurse-managed model of care – the first of its kind in Africa – delivers HIV and tuberculosis prevention and treatment services through a primary care, community-based clinic. Our mixed-methods study evaluated the first 10 years of the Centre's operation; a medical record review was complemented with 23 HCW client interviews. This article reports on the qualitative component in which HCWs described their experiences of receiving services at the Centre. The Centre's service delivery was described as acceptable by HCWs receiving care for physical and psychological conditions. Clients with HIV described a supportive and inspiring environment that lacked the stigma and mistreatment that clients had experienced in other health facilities. Nurses were well-trained, trustworthy clinicians who engaged with their clients in a compassionate manner. The Centre's unique outreach is effective in engaging HCW clients and their family members in primary care and HIV services. The Centre's approach may serve as a model for similar nurse-managed clinics in Africa. It is recommended that nurses caring for HCW clients be respectful, communicative, and competent clinicians. Assuring privacy and confidentiality for HCW clients may increase enrolment and retention of clients in care.

**Keywords:** Africa; healthcare workers; wellness; HIV; tuberculosis; qualitative



## **Introduction and Background Information**

In the Kingdom of Swaziland, healthcare workers (HCWs) face unprecedented challenges due to a chronic shortage of skilled personnel (CIA 2017; De Vries et al. 2011, 2). The HIV pandemic has increased morbidity and mortality across all cadres of health workers, further undermining the health and well-being of the country's health workforce (Carrier-Walker 2011, 273; Tudor et al. 2016, S255). Patients have reported delaying or avoiding needed health services owing to the fear that nurses and other health personnel may be unprofessional, stigmatising, or willing to breach their privacy and confidentiality (Feyissa et al. 2012, 10; Gebremariam, Bjune, and Frich 2010, 6). HCWs have identified the same factors as barriers to accessing care at their home facilities (Carrier-Walker 2011, 273; Mamba et al. 2013, 30).

To support the health and well-being of HCWs in Swaziland, the Swaziland Nurses Association collaborated with the International Council of Nurses (ICN) and a variety of international funders and partners to establish the Wellness Centre for Health Care Workers® (Carrier-Walker 2011, 273). The Centre is located in a community setting in the city of Manzini, close to public bus ranks. The nurse-managed centre introduced an innovative model of care – including a healing garden of flowers and nutritious vegetables – designed to provide compassionate care and services to HCWs and their families (Carrier-Walker 2011, 273; Mamba et al. 2013, 30). Members of the healthcare workforce who enrol in the Wellness Centre services may also enrol up to four of their family members as clients (herein called “dependents”); this benefit illustrates the Centre's family-centred model of care (Mamba et al. 2013, 30).

## **Statement of the Research Problem**

The Swaziland Wellness Centre for Health Care Workers was designed to reduce barriers encountered by HCWs when seeking healthcare services (Mallinson 2015, 533). After the first 10 years of its operation, there had been no formal evaluation of the Wellness Centre's performance in enrolling – and retaining – HCWs in care. The Centre staff needed an assessment of the HCW clients' perceptions of the clinic and the delivery of services by its staff. An evaluation was also needed to characterise the trends in enrolment and the service uptake by the clients so that a summary report could be created to share with funders and stakeholders. If an evaluation was able to uncover operational issues needing quality improvement actions, the Centre might be more effective and efficient. As the Swazi Centre was the first of its kind in southern Africa, the evaluation might offer valuable insights for the “sister” Wellness Centres in Lesotho, Malawi, Uganda, and Zambia.

## **Purpose of the Study and Research Questions**

The purpose of this mixed-method study was to provide quantitative data on enrolment and utilisation patterns and qualitative data on the HCW perceptions of the Wellness

Centre for its first 10 years of operation. The specific objective of the qualitative component of this study was to obtain HCW perceptions of their experiences with receiving care at the Wellness Centre. The research question was: What are the HCW perceptions of the Wellness Centre for healthcare workers in Swaziland and the staff's delivery of services?

## **Research Methodology**

### **Design and Sample**

A descriptive design was used in the collection and analysis of the qualitative data. The clients attending the clinic were recruited purposively to assure that the sample of HCWs ( $n = 23$ ) was diverse in gender, age, cadre, and length of time as a Centre client. To be eligible, the participants needed to be 18 years of age or older and currently enrolled in the Centre.

### **Procedures**

Flyers were posted in the Centre's waiting area that notified HCWs of the opportunity to engage in a face-to-face qualitative interview for the study. The interviews were conducted in a private room in the Centre by one of two Swazi health professionals who were experienced in the conduct of qualitative health research. The participants were given the option of speaking in either English or SiSwati during their interviews. Each participant signed an informed consent form before the start of the interviews. Three questions were used to initiate participant responses:

- Tell me about your experience of attending the Wellness Centre?
- What do you like about the Wellness Centre?
- How could the Wellness Centre services be expanded or improved?

To encourage the participants to elaborate on their narratives, the interviewers used a set of standard qualitative interviewing probes. Each of the participants was provided an option of receiving a tote bag or airtime for their phone [E20, approximately \$2 USD] in appreciation for their time and participation in the study. Participant recruitment was closed when the research team had concluded that theoretical saturation had been achieved; no new relevant categories or topics were emerging in subsequent interviews.

Interviews were audio-recorded to assure the accurate collection of data; subsequently, the audio files were translated into English while being transcribed into an electronic text file. The research team read each narrative to extract significant words, phrases, and statements; these data were categorised before formulating themes (Polit and Beck 2017, 540) to answer the research question.

## **Ethics**

The study procedures were approved by the Human Protections Committee at the Washington University in St. Louis, Missouri (USA) and the Scientific and Ethics Committee of the Ministry of Health in the Kingdom of Swaziland.

## **Results**

### **Participant Characteristics**

The interview participants (n = 23) were predominantly female (74%), diverse in ages (29–71 years), and representing all four regions of Swaziland. While the majority of the participants were nurses, the sample also included ancillary staff in the healthcare workforce such as orderlies, cleaners, and a driver. At the Wellness Centre, the definition of “healthcare worker” is broad and intended to be inclusive of workers who contribute to the success of the delivery of healthcare services in a variety of settings. The participants’ length of time as a client at the Wellness Centre ranged from a couple of months to several years.

### **Themes**

The data analysis resulted in the categorisation of the HCW comments and perspectives into four broad themes, namely characteristics of the Centre, staff engagement, Centre services, and recommendations for improvement.

#### **Theme 1: Characteristics of the Centre**

The Wellness Centre is located in an accessible area of Manzini. It is within walking distance of the bus stop in a secluded community setting. The building is set back from the main road, reducing the noises of the city streets. While talking about the benefits of the Centre, one participant interjected some of the barriers she had faced when accessing care in the facility in which she worked; she said:

So the idea of the Wellness Centre has helped us a lot as healthcare workers because as a healthcare worker, the patients has so much confidence on you that you are the most healthy person who can provide healthcare to them. But once they start seeing you queuing with them, they lose confidence ... they lose trust in healthcare workers ...

Another thing is that the colleagues are likely to talk about my health status if I seek healthcare where I work from, especially on sensitive issues such as HIV and TB. So having the Centre has helped us a lot as healthcare workers because we are also human beings and we are likely to fall sick. But having our own health care Centre has helped us a lot, my brother.

In fact, several of the HCWs mentioned that they appreciated having a clinic that was specifically designed to meet the needs of HCWs. One of the participants explained:

This is a very good idea for healthcare workers because most of the time, [we] don't have time to seek healthcare services. But this Centre motivates the caregivers to easily look into their own health. We find it very useful ... the idea of the Wellness Centre was good.

Similarly, many noted the forethought put into calling it the "Wellness Centre" as the staff provide much more than simply medical care. The model of care delivery was designed to be holistic and family-oriented. As one client described:

When I come here, it's for medical reasons. But every time I come, there is always something more than the medical attention. I'm always healed, even psychological, as they also attend that aspect of my life.

### *Environment*

Another characteristic about the Centre that was noted by several participants was the impact of its physical setting. Many of the participants noted that just entering the Centre – through its garden-like setting – was "refreshing" and "life-affirming." The vibrant colours of the waiting area and clean clinical environment provided an atmosphere unlike other health facilities. The participants frequently noted how the environment contributed to their confidence in the quality of the care they received. As one health worker exclaimed:

The place is well maintained and the outside is very clean and neat. As you are coming you can see that this is a good place because you can always judge from the environment in a place whether you are going to get a proper service. Here is clean and the garden is beautiful. You can see you are in a healthy place. The place is life.

The garden, in fact, was frequently mentioned as contributing to the overall environment that supported a sense of vitality. Another participant said:

The garden makes me feel not labelled that I have come here because I'm sick. When they say it's a "Wellness Centre", indeed it feels different from a hospital. Yes, they might be giving similar medical treatment, but I always find it different here from other clinics because you feel relaxed when you get here. You can even start by walking outside in the garden if you like. The garden itself gives a relaxing atmosphere that can heal you.

The Wellness Centre environment – inside and outside – was described as "inspiring" and "lively". Another participant stated that the Centre "feels like home." Yet another health worker exclaimed:

I came here and I had hope again!

### *Lack of Stigma*

Some of the participants were HCWs living with HIV infection. In their interviews, their concerns about being stigmatised were apparent. One participant echoed the sentiment of several who appreciated the Wellness Centre name because it did not suggest that any client would have a stigmatising condition; he said:

No one knows why you are attending the Centre.

Attending the Centre put them at ease as they quickly learned that they would not be shunned or shamed for having HIV infection or any other stigmatising condition. One participant felt free from discrimination by the welcoming atmosphere in the clinic:

You don't feel like someone who has committed a crime.

Another client compared the Wellness Centre to other facilities in terms of privacy and the confidentiality of their health conditions:

The treatment here is for every illness unlike in [a hospital] where the VCT is separate from the rest of the facilities, so when you visit it everyone would know you're HIV-positive. So there isn't that division here. No one knows why I have visited; it's just between me and the nurses. For that reason, it's great coming here.

## **Theme 2: Staff Engagement**

### *Welcoming Staff*

There were many comments from the participants concerning the attitudes of the Centre staff. Upon arrival on the property, many noted that the first person they often encountered was the groundsman; he was described as cheerful and always welcoming them to the clinic with his greetings. The receptionist, nurses, and other staff were frequently described as warm and engaging. There were direct connections that clients made between the warm welcome they received upon entering the Wellness Centre and their overall satisfaction with the services provided. As one health worker stated:

I was very ill when I started. I have found that the hospitality is great here. The staff that is working here is like they are born from the same father. I would be attended by different members of the staff but I would say that there was not a single time when I was not happy about any of their services.

The staff were noted for personally greeting and acknowledging clients as individuals and not simply as persons in a queue. Even when the clinic was busy, participants noticed that the nurses would not go to tea or lunch in the midst of providing care or if clients were waiting to be seen. The attitudes of the staff were correlated with the overall atmosphere of the clinic by one health worker who said:

There is life here! The treatment is good yet it's free ... When they give the medication, they give without complaining.

### *Good Communicators*

The communication skills of the Centre staff were mentioned by nearly every participant. The nurses, in particular, were described as good listeners. For example, one client stated:

Here you are free to communicate ... they give time to listen to the patients' complaints and everything you are asking is attended to.

The staff conducted themselves in a professional manner that respected the needs of the clients. Another HCW explained:

... if I have questions he/she answers all of them well and without getting impatient and irritable and they go on to ask me if I'm satisfied with the treatment and the response to the questions I had and my worries have been dealt with.

### *Competent Nurses*

The nursing staff respected the HCW clients for having insights into their own health situations. This encouraged a partnership between nurse and client that often led to a negotiated plan of care; this may account for why some clients suggested that the treatments and medications received at the Centre were more effective than those prescribed in other health facilities.

It's like I get medications that is unique and special here as compared to the ones I have been receiving from [the] hospital in the past. Since I started using this clinic there was no time where the medications I get from here failed to heal my sickness.

It may also be that the nurses gave the appropriate time and attention to obtaining a pertinent history of the illness, and conducted a careful assessment of signs and symptoms, so that the individualised care led to the appropriate treatment being prescribed.

### *Confidential Staff*

In addition to the strong communication skills, the participants appreciated the staff's ability to maintain client confidentiality and to refrain from gossiping. One participant stated:

There is a difference my brother. The staff is friendly ... there is confidentiality ... shame! Our files are kept well and we are only called by numbers as identities, there is no kind of writing of identifiers which are unacceptable. Mmm. Even if [they] call us in the examination rooms, [they] call us by the numbers.

The participants frequently noted that the staff would not discuss the clients' health status until they were behind the closed door of the consultation room. The clients' privacy was also carefully maintained. Once in the consultation room, there would be very few interruptions or intrusions during the delivery of care or health counselling. Similarly, the staff maintained respect for clients. As one participant noted:

the nurses don't yell at you ... they don't interrupt you when you are talking.

Skilled dialogue with clients allows treatment to be tailored to the needs of the individual. A participant noted feeling free to be open without fearing that they would be shamed, blamed, or belittled. Often, participants suggested that clients were "safe" and the Wellness Centre staff could be trusted; one of the health workers offered:

Even when you get inside the consultation rooms, they are not friendly in the other health facilities but it's different here ...

### *Excellent Educators*

Another strength of the Centre staff was their ability to educate clients about their health behaviours, medical diagnoses, and treatment options. They provided clear instructions and took the time to assure that clients understood the aspects of their healthcare. They took the time to answer questions and did not rush the clients out the door. As one of the participants explained:

I am being able to be open about my illnesses here and can ask them about anything about my illness. They are able to explain and tell us in a friendly way.

Another client reflected on years of experience as a client at the Wellness Centre:

It's not like other facilities where they don't discuss your health issues with you. I always feel better after coming here for the fact that they discuss and explain to me my health issues. They explain what kind of illness I have and how to prevent them. I always feel better afterwards because I am able to know that there are the causes and how to prevent them.

There was considerable emphasis put on the value of nurses educating clients. Another health worker described it from her perspective:

Unfortunately, in the local clinics they don't explain to me the right nutrition to prevent my illnesses or explaining that I should exercise to improve my health. I would end up wasting my money and coming to the clinic for something that I should have prevented at home. But I'm very happy here because they always explain to the client on what should one do to prevent some of the illnesses at home.



Similar to others, one participant remarked on the unique, consistent atmosphere established and maintained within the Centre by suggesting that the staff acted similarly; she exclaimed:

It's like they are all from the same mother.

### **Theme 3: Services Provided by the Centre**

The Wellness Centre was established to provide a range of primary healthcare services. The nursing staff provided health counselling and prevention education for clients and their dependents. Although screening for HIV infection and the administration of ART may have been important issues for the staff to deal with, the nurses provided these HIV services in concert with the prevention and treatment of a diverse range of infectious and non-communicable diseases and conditions. Clients have received treatment for problems ranging from stomach upsets to asthma attacks, pneumonia to tuberculosis. One woman exclaimed:

Other services like prevention of breast cancer, they tell us about those things. They explain everything about their services. The good thing is that the services are not only centred around HIV. So they also render all the other services. If you are talking of pap smear, it's there and you get your result.

#### *Fast and Efficient Service*

One of the most obvious differences noted by the participants was that the queue for receiving care at the Centre was usually short and quick. As one of the health workers described:

Even if you find that the queue is a bit long but they are fast before you know it ... it's your turn, this shows that they work as a team, you can observe a lot of team and dedication because they put us first.

Many of the participants also mentioned the convenience of having many different services available at the Wellness Centre. The participants expressed their satisfaction with how the "one-stop" nature of the Centre helped them to utilise their time more effectively so that they could return to their daily routine. One client said:

The difference is that this one is a one-stop shop – meaning when I come here, I get all what I want. I can do blood tests and have medication. They don't refer to other doors where I have to seek and read which I may feel tired as I may be too ill. I may as well decide to turn back home because I may have difficulties in finding the directions. So this is a one-stop shop.

Further, it was mentioned that the nursing staff would strive to conduct most of their clinical activities with the client in one room; the participants thought the activities were coordinated and helped to protect their privacy and to save time because they would not have to leave and join another queue.

### *Integrated Services*

The Centre obtained the services of a physician who would be on-site for a day or two each week, or more when possible. The participants valued their access to a physician for specific problems. Similarly, the Wellness Centre maintained a reasonable stock of medications that could be immediately dispensed without going to a pharmacy; one client explained:

In other health centres you have to see the nurse here, she will refer you to other places for blood test, you will then be referred to other places for medication and so on.

### *Psychological Care*

One of the services that participants greatly valued were the services for psychological issues provided through the Wellness Centre. Clients mentioned how they were stressed by family issues, feeling ill, and having financial struggles. An HCW was thankful for what the staff could provide by saying:

I would say they should continue with that spirit of treating clients well. Even they're reassuring that I like. Last year, I lost someone but I was happy with their reassurance.

Another participant explained how important it was for the Centre staff to deal with her psychological needs:

When I come here, it's for medical reasons. But every time I come, there is always something more than the medical attention. I'm always healed even psychological as they also attend that aspect of my life.

A nurse who had specialised training in psychotherapy and professional counselling was often available when the clinical nurse needed to refer a client. She was able to calm clients who were agitated, facilitated stress reduction workshops, and referred clients for more specialised assessment and treatment (for example, at the National Psychiatric Referral Hospital). For some clients, she was able to engage in regular follow-up appointments to assure their progress in getting better.

### **Theme 4: Clients' Recommendations for Improvements**

In the interviews, the clients were asked how services at the Wellness Centre could be improved. While some of the recommendations were impractical, many were thoughtful. Table 1 lists the most frequent recommendations for improvements to the Centre.

**Table 1:** List of clients’ recommendations

<i>Services</i>	<i>Recommendations</i>
Medications	Provide funding for keeping the current supply or expanding the formulary
Human resources	Employ a doctor more often or full-time at the Centre
	Employ more nurses at the Centre
Services	Expand paediatric services – provide more immunisations for children
	Provide contraceptive services
	Provide dental care
	Provide full-time psychological services
	Provide lab-testing and screening services (for example, X-ray machine)
	Provide more signs for easily locating the clinic
	Ensure a more “men-friendly” atmosphere to attract or retain males
	Maintain operating hours for 24 hours or maintain Saturday hours
Infrastructure	Provide more consultation rooms for clients
	Provide more waiting room areas; include a childcare section
	Provide a room with beds for admission and/or rehydration or recovery
	Establish a small hospital at the Wellness Centre

Very often, the clients recommended establishing a small hospital that provided a wide range of services while maintaining all the qualities of the Wellness Centre that they appreciated (the warm and welcoming environment, the focus on wellness, and having a nursing staff that respect the client and provide health education). The clients appreciated the opportunity to give feedback and their ideas for expanding or improving the Centre.

## **Discussion**

This evaluation of the first 10 years of the Wellness Centre provides evidence for the viability of this innovative model of a free-standing, nurse-managed community clinic to serve HCWs from all cadres of the health system. There is clear evidence that nurse-managed clinics have provided high quality primary care services to underserved populations at lower costs (Coddington and Sands 2008, 75; Sutter-Barrett, Sutter-Dalrymple, and Dickman 2015, 263). In South Africa, nurse-managed ART down-referral clinics have demonstrated excellent outcomes on a par with, or exceeding, those of physician-led services (Long et al. 2011, 8).

The findings of this study provide evidence that a nurse-managed model can engage Swazi HCWs in screening, care, and treatment so that they remain healthy and continue to contribute to the healthcare workforce. One of the mottos used by the Centre is “Caring for Caregivers.” Focusing on the delivery of care specifically to HCWs is fundamental to the Centre’s mission. The nurses and staff understand how important it is to treat HCWs as colleagues; they endeavour to treat clients with respect. Supporting the findings of previous research, these participants relayed that mutually respectful nurse-patient encounters that involve joint decision-making empower the HCWs to assume ownership of their health and well-being (Darko 2005, 28; Mallinson, Rajabiun, and Coleman, 2007, S81). Patient education has been identified as an important element of a workplace programme for nurses living with HIV (Basson and Roets 2013, 42). The participants at the Wellness Centre described receiving valuable health education from nurses who recognised the HCWs’ knowledge and experience. The appointment times at the Centre are flexible to accommodate the HCWs’ schedules. Furthermore, the Centre staff have an awareness of the stresses experienced by HCWs in their workplace and are able to provide psychological support and to teach coping strategies.

The findings illustrate how a clinic that is focused on the health and well-being of HCWs engages clients in a range of crucial services such as HIV testing, antiretroviral treatment (ART), or screening for tuberculosis. It is important to clients that the Centre staff maintain strict policies for privacy and confidentiality; the staff do not gossip about clients, nor do they chastise or belittle them in front of others. This professional, respectful approach contributed to HCW clients having mutual respect for the Centre staff. The clients trusted that the staff were providing high-quality services, dispensing the correct medicine for their condition, and providing excellent health advice.

Nurse-designed models of care are characteristically “family-centred” (Mason et al. 2015, 536). The participants appreciated the family-centred model of care that includes access to primary health services for up to four immediate family members. The inclusion of these dependents promotes health within the family unit through consistent advice to all members about healthy lifestyles (for example diet and exercise), medication adherence, and coping with family stresses. In the context of the high rates of HIV and TB in Africa, Harries et al. (2010, 73) encouraged ART clinics to provide a range of family-centred services to improve adherence to treatment regimens.

The environment of the Centre was also highly valued by the clients and staff. The garden setting surrounding the Centre provided refreshment; the flowers, vegetables, and fruit trees enlivened the spirit and allowed one to shed at least some of the stresses of the day. The colours of the Centre’s lobby and the artwork on its walls contributed to an atmosphere in which one could focus on getting well by providing a more inspirational healthcare space than most facilities in the country. While a “clean” clinic environment has been valued by patients receiving ART services (Ndou, Maputle, and Risenga 2016, 3), these findings expand the dimensions of the “environment” that may

affect how clients perceive quality care; the aesthetics of a clinical space have not been explored in the research literature.

The recommendations for improving, or expanding, the Wellness Centre may be valuable to the Centre staff as they develop their strategic plan for the coming years. While some suggestions may have been unrealistic in the Swazi context (for example to establish a Wellness Centre hospital), the staff may seriously consider the more practical recommendations (for example adding paediatric services or establishing a male-friendly environment). There were general characteristics of the Wellness Centre (beyond its staff and overall wellness approach) that were important to the clients. The location of the facility in the community – close to transport, but not in the centre of pedestrian activity – was highly valued. Additionally, the name “Wellness Centre” did not suggest that HCWs only attended the clinic for ART or TB treatment; it allowed all to enter without the fear of being stigmatised as someone with one of these two diseases.

## **Conclusions and Recommendations**

The findings of this study have implications for the nursing profession and the well-being of HCWs. Nurses who are apathetic, who stigmatise patients, or who breach confidentiality erode the profession’s reputation. Patients are less likely to seek health services if they expect the nurses they encounter to be rude or unprofessional. HCWs who do not seek treatment may have higher rates of morbidity and mortality from infectious and non-communicable conditions. These interview narratives provide evidence that HCWs will engage in prevention, treatment, and care services if the staff are professional and the venue is welcoming. There are implications for any clinic or hospital whose staff care for HCWs; having nurses that are respectful to patients may enhance recruitment and retention in care.

The findings may inform the nationwide initiative in Swaziland to improve the customer care experience. The participants in this study greatly appreciated that the Centre staff maintained strict confidentiality of their medical information. Clients with HIV and/or TB described having a trusting rapport with the nurses that enhanced their willingness to adhere to their treatment regimen. Other health facilities may explore how to foster effective nurse-client relationships in an effort to successfully engage clients into primary and specialty care (i.e. HIV and TB services). Improving nurses’ attitudes to patients may reduce the incidence of unprofessional behaviours that serve as a barrier to effective care.

The participants appreciated that the Wellness Centre was designed to meet the unique needs of HCWs. The findings from this study may have implications for similar nurse-managed healthcare Centres for HCWs in Ethiopia (in development), Lesotho, Malawi, Uganda, and Zambia. Similarly, there may be employee wellness programmes that benefit as well. Even if a facility is not specifically dedicated to serving HCWs, the staff training may include how to best tailor services to the unique needs of HCWs as noted in this study.

Nurse educators may use these findings to strengthen the preparation of new nurses to assure professionalism in practice. Curricula might integrate skills in developing a trusting rapport through interpersonal communication with patients. Continuing professional development programmes may include topics such as ethics in practice, reducing stigmatisation, or the importance of patient confidentiality. In-service workshops could teach skills for engaging with HCWs as patients. Future research may test interventions to improve nurse-patient encounters, to engage HCWs into care at existing facilities, or to integrate a family-centred model of care into public clinics.

In conclusion, the narrative data from this study provide valuable insights for improving the delivery of health services to HCWs and their family members. The unique needs of HCWs can be met with a nurse-managed, community-based clinic whose staff are well trained and motivated by compassion. However, the focus on respect, confidentiality, and patient education can inform the delivery of care to all persons in the society.

## **Limitations**

The participants were interviewed at the Wellness Centre for Health Care Workers in Manzini and may not have represented perspectives of HCWs living in the more rural areas of the country – receiving outreach services – who attend the Centre only occasionally. The clients were interviewed only once; the study design did not allow the researcher to obtain additional comments by conducting follow-up interviews.

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