DEVELOPING GUIDELINES FOR MANAGING A NURSING WORKFORCE INFECTED WITH HIV AND TB IN SOUTH AFRICAN HOSPITALS

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ABSTRACT

Workplace sickness and poor work attendance are simple to manage, unlike incapacity leave and ill health, which involve complicated processes in the management of the employees' illness. Managing incapacity leave and ill health results in nurse managers having to source many documents to obtain the information they need. The study's purpose was to create guidelines to support nurse managers in managing an ill nursing workforce. A qualitative, ethnographic study was used to develop the guidelines. Four (4) purposively selected public sector hospitals were visited and the four (4) nurse managers planning work placement for each hospital were participants. Data were collected using participant observation, in-depth interviews, field notes and document analysis of statutes and policies around poor work attendance and employment. Interviews were transcribed verbatim. Data were analysed using

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thematic analysis. Guidelines for managing a nursing workforce infected with HIV and/or TB (Kerr, Brysiewicz & Bhengu, 2014:166) are the result of this study. The rationale for developing the guidelines was to collate information on the management of HIV- and/or TB-infected nurses into a single document. These guidelines can be used in clinical practice by nurse managers and included in the nursing education curricula. They could be considered for use by other services within the public sector of South Africa.

Keywords: HIV, TB, nurses, guidelines, workforce

INTRODUCTION AND BACKGROUND INFORMATION

Nursing service productivity, efficiency and quality care delivery are influenced by the workforce, including nurses infected with HIV and/or TB (Dielemann & Harnmeijer, 2006:19). Employees infected with HIV and/or TB are often absent from work, or are at work despite feeling ill and may have been declared fit to practise by the health risk managers who advise the employer.

Incapacity is defined as being a consequence of disability, mental or other impairment, where it would not be in the public interest to allow the individual to practise with reasonable skill or safety, or may be a learner who is unfit to continue the required training programme (South Africa, 2005:50; SANC, 2011:16). Nurses infected with HIV and/or TB and who require extended absences from work due to their illness are seen as unproductive and can be considered impaired because they are unable to work at a level of productivity for which they were employed (South Africa, DOL, 2000:44).

The nurse manager is responsible for absentee monitoring (Department of Labour (DOL), 2012:31), which is of concern to employers in South Africa (Adcorp in *Sunday Times*, 20 May 2012). Sickness and poor work attendance in the workplace are simple to manage, unlike incapacity leave and ill health, which involve complicated processes in the management of the employees' illness.

The South African acceptable absenteeism rate is 2 per cent, calculated from employees' allowable 12 days sick leave per year in a three year cycle (BCOEA, 2014: sections 22–24). However, work attendance rates are reported to be 9% and 30%, respectively, in the private sector and public sector (Adcorp in *Sunday Times*, 20 May 2012). Health care workers illness absence rates have been documented as 10% (Chaudhury, Hammer, Kremer, Muralidharan & Rogers, 2006:6), with those infected with HIV as high as 34% as compared with the acceptable absentee rate of 2% (Tawfik & Kinoti, 2006:4; Chaudhury *et al*., 2006:95).

When individuals are diagnosed with HIV and/or TB and their immunity is impaired (low CD4 counts), they tend to take more sick leave until they regain their health (de V van Niekerk, 2007:108). Lowered immunity increases the risk

of contracting infectious diseases such as TB. Those newly diagnosed with TB and commencing their anti TB medication are not allowed at work for at least 14 days. In such situations and where there is MDR-TB or XDR-TB, the permitted 36 days sick leave in three years may be rapidly used.

The *Policy for Incapacity Leave and Ill-Health Retirement* (PILIR, 2009), following employee application, and with the advice of a medical practitioner (employed by a specialist company that monitors such cases) allow extra sick leave days to be granted (PILIR, 2009).

STATEMENT OF THE RESEARCH PROBLEM

The researchers' own experience managing a nursing workforce infected with HIV and/or TB initiated research looking at finding a way to assist nurse managers in their day to day management of HIV- and TB-infected nurses (Kerr, Brysiewicz & Bhengu, 2014a:5). Nurse managers deemed it necessary for guidelines to be developed as a single document to assist them in prolonged absence management and impairment of HIV- and TB-infected nurses. Faced with the reality of nurses infected with HIV and/or TB, nurse managers have access to many different documents that guide their management of HIV- and TB-infected nurses, but many nurse managers do not know what is required of them regarding protection of HIV- and TB-infected employees. A literature review of South African nursing literature revealed no specific information to assist in the daily management of HIV- and/or TB-infected nurses in the workplace (Kerr, Brysiewicz & Bhengu, 2014(b):189).

RESEARCH QUESTION

The research question was: What guideline support do nurse managers require to guide their management of HIV- and/or TB-infected nurses' incapacity leave and ill health retirement?

PURPOSE OF THE STUDY

The purpose of the study was to create guidelines providing a step by step guide to managing a workforce infected with HIV and/or TB, which was deemed necessary by the study participants.

DEFINITION OF CONCEPTS

In the context of this study key concepts are defined as follows;

HIV and TB infected nurses: nurses (including students) infected with HIV or TB or co-infected with HIV and TB (Kerr, Brysiewicz & Bhengu, 2014(b):46).

Workforce: people engaged in actions whose primary intent is to enhance health (WHO, 2006:13).

Guidelines: a rule or principle that provides guidance to appropriate behaviour (Schünemann, Fretheim & Oxman, 2006:14).

RESEARCH METHODOLOGY

This study included an ethnography in which participants were interviewed, observed and documents were identified and analysed, which informed the development of the guidelines.

Ethnography

The aim of the ethnographic study was to describe the experiences of nurse managers managing a workforce in which there are HIV- and/or TB-infected nurses (Kerr, Brysiewicz & Bhengu, 2014(b):46). A qualitative, descriptive, study design was used. A total of 17 participants were purposively selected and opportunistically selected. Data were collected between October 2010 and December 2012, using participant observation, in-depth interviews and field notes made by the researcher. In-depth interviews were conducted with 13 opportunistic participants. Document analysis was done to determine the existence of existing policies suitable for use by nurse managers when dealing with incapacity leave and ill health retirement. Thematic analysis of in-depth interviews, participant observations, field notes and document analysis resulted in themes identified from analysis of data obtained from 17 participants were: Maintaining confidentiality, including disclosure and stigma; Administrative burden, which included managing absenteeism and policy compliance; and employee personal protection. Member checks ensured participant agreement with thematic analysis of data and consensus that guidelines were needed.

Document analysis

The aim of the document analysis was to determine if there were existing guidelines that could be adapted for use by nurse managers managing HIV- and/or TB-infected nurses' incapacity leave and ill health retirement. A literature review of grey literature using Pubmed, Ebscohost and Google Scholar and technical knowledge from experts (Oxman, Schünemann & Fretheim, 2006:7 of 10) was conducted using search terms – PILIR, sick leave, abuse of sick leave, employee health and wellness, return to work and human resources planning. Documents were analysed using the AGREE II tool. Domains covered by Agree II tool were scope and purpose, stakeholder

involvement, rigour, clarity of presentation, applicability, editorial independence and overall assessment. Nineteen (19) publications were suitable to use for formulation of the guidelines, that is, 11 statutes, one strategic framework, three policies, one guideline and three regulations. The search indicated that existing documents were available but there was not a comprehensive document available for nurse managers to use as a quick reference.

Guideline development

A guideline development design was used (Oxman, Schünemann & Fretheim, 2006) including document analysis, writing the guidelines and a consensus meeting with 10 nurse experts, namely, nurse managers and occupational health nurses. The guidelines, depicting a simple algorithm, were deemed necessary by nurse manager participants. Draft guidelines were presented at a meeting with the 10 nurse experts held in November 2012. The design of Oxman, Schünemann & Fretheim (2006) was used to guide the development of the guidelines, to guide the nominal group discussion. Following inclusion of Direct Observation Treatment (DOTS) in the guidelines, consensus led to the Draft guideline acceptance by the group as relevant and applicable for use by nurse managers managing HIV- and/or TB-infected nurses' incapacity leave and ill health retirement.

ETHICS

Approval was obtained from the University of KwaZulu-Natal Ethics Committee (HSS/0434/010D), the KwaZulu-Natal Department of Health and the hospitals. All participants signed written consent forms. Assurance that they could withdraw from the study at any time was given. No names or identifying details were used to ensure confidentiality. Data were stored electronically on a hard drive. Only the researcher had the computer password. Data will be destroyed from the hard drive after five years. During the nominal group, the dialogue was not audio recorded in accordance with the participants' requests.

ACADEMIC RIGOUR

Trustworthiness (Shenton, 2004:64–69) was founded on the ethnographic research design. Credibility was obtained by the researchers' 24-month involvement in the study and data collection triangulation using document analysis, interviews, participant observation, field notes and a nominal group. Expert confirmation was obtained from the nominal group of nurse experts, who ensured trustworthy data analysis and who contributed to the study's rigour. Data collection continued until no new data were obtained. Adding to the rigour the AGREE II tool was used to assess the quality of existing policy guidelines during document analysis.

Guideline assumptions

The participants of the study agreed that for the guidelines to be useful, the following assumptions needed to be made:

- Nurses do not always disclose their disease status to the nurse manager
- Maintaining confidentiality when nurses disclose their disease status is difficult
- Providing quality care to patients and dealing with absenteeism is difficult
- Availability and use of personal protective equipment are a challenge
- The effect of prolonged poor work attendance on:
  - Organizational productivity
  - Service delivery
  - Colleague workload
    - Managers providing safe quality care in environments lacking human resources.

DESCRIPTION OF THE GUIDELINES (See Figure 1)

The guidelines are intended to be used by nurse managers planning staffing in order to provide safe, quality health care in KwaZulu-Natal, specific to nurses who are HIV and/or TB infected. The rationale for developing the guidelines was to collate information on the management of HIV- and/or TB-infected nurses into a single document. These guidelines fall into the Human Resource, Nursing, Occupational Health and Health Risk Management categories and can be used in the management of all health care workers employed in the public sector. Interventions and practices considered in formulating the guidelines were: Employee and patient rights, The Batho Pele principles (South Africa, DPSA, (n.d.)), incapacity leave management (PILIR, 2009), Prevention of Employee victimisation/discrimination, Policy implementation, Safe working environment, Employee access to benefits (where employees are not provided safe employment), and manager advocacy for nurses.

Guidelines for managing a nursing workforce infected with HIV and TB (Kerr, Brysiewicz, Bhengu, 2014(b): 268).

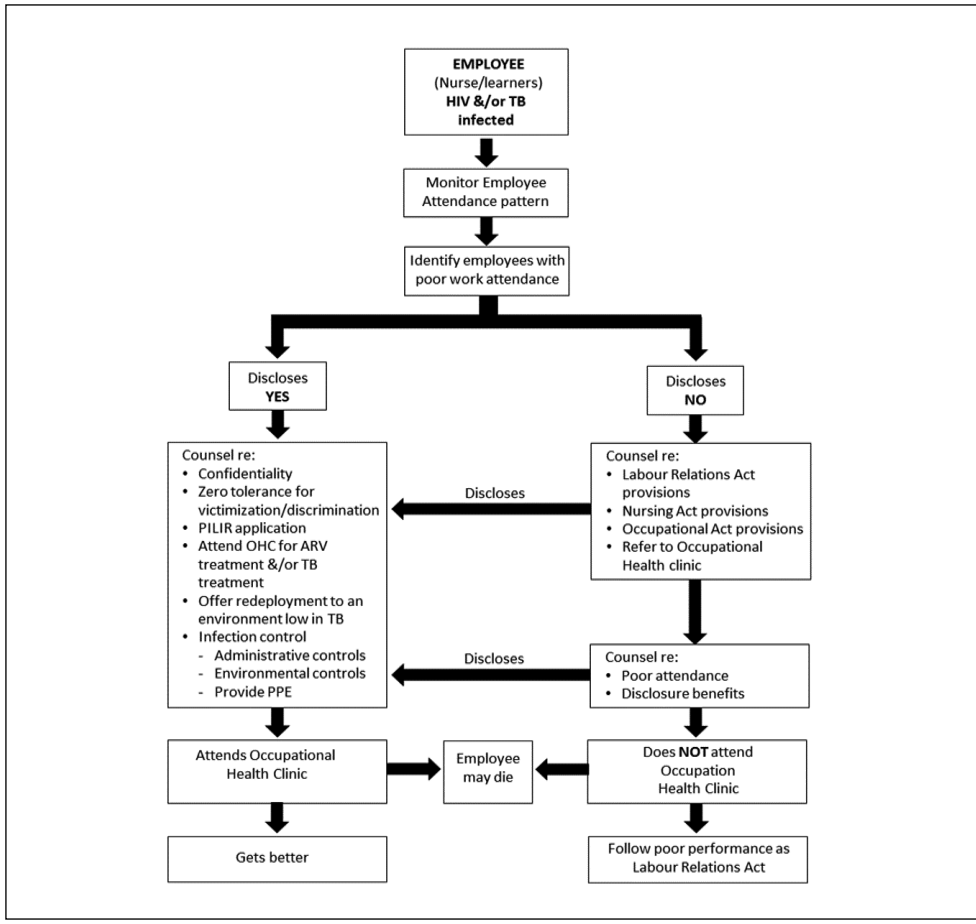

Figure 1: Guidelines for managing a nursing workforce infected with HIV and TB (Kerr, Brysiewicz, Bhengu, 2014 (b): 268)

Employee

The employee refers to nurses/learners who are HIV and/or TB infected, but could refer to any employee/learner who is ill and not at work or who is at work, but ill (South Africa, DOL, 2012:7).

Monitor employee attendance pattern

It is a statutory requirement that nurse managers ensure there are the correct complement and quality of nurses to provide care to health service clients (McIntosh & Stellenberg, 2009:12–13). Managers need to inform the Department of Public Service and Administration (DPSA) of outcomes, trends and impacts as a consequence of the PILIR policy (DPSA, 2009:28).

Employees are expected to monitor their own leave and sick leave (DPSA, 2012:23) maintaining responsibility and accountability for their presence at work, to maintain personal contact with their employer and provide expected return to work information (DPSA, 2009:28; DPSA, 2012:23–24). However, the researchers observed nurse managers keeping track of work attendance and related patterns of conduct by nurses, thereby identifying nurses with poor work attendance. This has an effect on the nurse manager:

> … you keep phoning them, you remind them and they still don't respond, and it's very, very stressful. (Nursing Service Manager, interview)

The process of dealing with poor work attendance has two possible outcomes: the employee may or may not disclose the cause of poor work attendance. The process for dealing with poor work attendance changes depending on whether the employee is willing to disclose or not the causes of poor work attendance. Employees are not compelled to disclose their disease status to their employer or colleagues (South Africa, 1996). If the employee discloses the reason for poor work attendance, then the nurse manager is required to counsel the employee.

> … after they've disclosed then they get extensive counselling then they understand. (Nursing Service Manager, interview)

Identify employees with poor work attendance

Nurse managers should counsel employees with poor work attendance regarding steps expected of the employer. The determination and directive on leave of absence in the public service require employees absent more than twice in an eight-week cycle to submit a sick certificate. If the medical certificate is not submitted, the employee should be informed that they have two (2) working days to submit the medical certificate. Failure to comply will result in the sick leave becoming unpaid leave or annual leave (with the employee's consent) and is a disciplinable offence (DPSA, 2012:24).

Employee disclosures

HIV-infected nurses may inform the nurse manager of their disease or may not. TB is a compensable disease. Nurses can receive workmen's compensation because health care work is considered by the *Compensation for Occupational Injuries and Diseases Act 130 of 1993* as compensable (document analysis). Report TB diagnosis to the employer as soon as the diagnosis is made or at least within 12 months of the initial diagnosis (COID, 1993).

Counselling

Counselling is necessary to determine the cause of the employee's poor work attendance and employee collaboration to identify what can be done to correct the poor work attendance, if it is not due to illness.

> The nurse is counselled to bring the reference number to Mrs. … as well as completed PILIR forms. (Participant observation)

Confidentiality

Nurse managers have to maintain confidentiality. Maintaining confidentiality is a foundation for 'doing no harm', and is required of all professional nurses (SANC, R387, section 15(1)). Maintaining confidentiality is problematic where nurses may be HIV and/or TB infected. Saying one cannot discuss a person's diagnosis is a cue to disclosing the diagnosis (participant observation). Where nurses do disclose their status, nurse managers feel they need to 'debrief' by discussing the information with a trusted colleague, resulting in not maintaining confidentiality. If the cause of poor work attendance is due to HIV and/or TB, employees should be counselled, providing them with information around maintenance of confidentiality. In order to maintain confidentiality, the nurse manager is expected to explain the procedure for applying for incapacity leave to the nurse.

> Mrs. … phones Human Resources and asks to speak to S …. Explains a relative brought in unsigned forms, she sent the relative back to get the forms signed (participant observation).

Workers and their dependants must have their privacy protected, including confidentiality relating to their HIV and/or TB status or that of their co-workers. The Code of Good Practice on HIV and AIDS and the World of Work states that workers are not to undergo HIV testing or screening unless justified by Labour Courts (DOL, 2012:5).

Zero tolerance for victimisation/discrimination in the workplace (DOL, 2012:1–18).

The Code of Good Practice on HIV and AIDS and the World of Work state that employee information may be disclosed to others with the written consent of the employee. Where written consent is not obtained, disciplinary action will be taken against those who disclose to others (DPSA, 2009:27). The *Employment Equity Amendment Act 47 of 2013* states that employees need to be counselled, that discrimination will not be tolerated and that offenders will be disciplined when this is reported. Encourage infected employees to report victimisation/discrimination (DOL, 2013:4).

PILIR application

The PILIR policy (DPSA, 2009) grants employees five (5) days to apply for short-term incapacity leave. Employees may be granted 29 days per occasion of illness, once sick leave is exhausted. Should the employee not apply for short-term incapacity leave, then annual leave or unpaid leave will be applied once all sick leave is used (DPSA, 2009). Cases of incapacity due to ill health/injury may be temporary or permanent. If an employee is temporarily unable to work, that is, the extent of the incapacity/injury is to be determined. In permanent incapacity, alternative employment/adapting the duties to accommodate the employee's disability should be considered. The employer needs to determine whether or not the employee is capable of performing the work:

> She suggests that the nurse is placed in CSSD, so that she can come back to work, as she needs to obtain her salary, the nurse has money to pay back. (Participant observation)

> Attends OHC for anti-retroviral (ARV) and/or TB treatment.

Nurses need encouragement to attend the Occupational Health Clinic (OHC) for ARV and/or TB treatment, and how these aspects will affect them at work.

> Well with this one that I am talking about, she was just against attending our OHC …. (Nursing Service Manager, interview)

However, they must not be compelled to do so. Nurses may be members of a medical aid, allowing them care in private health care facilities. In such cases, encourage them to maintain contact with the nurse manager or OHC on a regular basis (DPSA, 2012:23). Nurses who disclose and attend the OHC for support, ARV treatment and/or TB treatment may either get better or they may pass away. However, when the nurse is supported by the OHC there is better follow-up and monitoring of medication compliance as indicated below:

> … others will go, not ready today [for testing, counselling and support], but then they get sick again, till they realise no, I have to do something about this, they come and once they've been counselled they'll do so well. We also have a support group here. The support group is a HIV/AIDS support group. (Nursing Service Manager, interview)

If they elect to attend a private practitioner or health care facility, follow-up and monitoring by the OHC become problematic.

> … what they always say is it's better to go on private because the tablets are not the same as here, some resign from us [OHC] they say we'll go private now. (Nursing Service Manager, interview)

Offer redeployment to an environment low in TB

Employees should be offered redeployment to an area where they may be less likely to be exposed to TB, if HIV infected, and provided with personal protective equipment (PPE). However, nurse managers highlight the difficulties of 'light work':

> A lot of them are sick and the doctor will even write this person needs to do light job. What light job have you got in the hospital? Because there is no light job as such, so we put them in CSSD we try and put them in paediatric ward because it's lighter. (Nursing Services Manager, interview)

Where nurses disclose their HIV status, the nurse manager and nurse should reach consensus regarding the placement/redeployment to a workplace that they both perceive will not compromise the nurse's health. Where redeployment is refused, the employer may, after following the correct procedures, terminate the services of the employee (DPSA, 2009:26).

Infection control

Infection control includes administrative and environmental controls and provision of personal protective equipment.

Administrative controls

The Management of Drug-Resistant TB Policy Guidelines show that administrative controls include an infection control plan and quick identification, testing and treatment of drug resistant TB (DR-TB) suspects and patients, TB education and training of nurses and medical surveillance of nurses for TB.

Environmental controls

Environmental controls, in wards where extreme drug-resistant TB patients and high concentrations of MDR-TB are cared for, require adequate ventilation by opening windows and providing fans to improve air exchange.

Provide personal protective equipment (PPE)

PPE must be available for use by nurses and TB-infected patients. This can prevent spreading or acquiring infection (DOH, 2011:117). Identify coughing patients and immediately provide with face masks and treat as a priority to protect HIV-infected persons (DOH, 2011:118). Encourage fresh air ventilation within care units, open windows and doors allowing free air movement (DOH, 2011:117).

If counselling is provided to the employee and motivates the employee to attend OHC, the employee's condition should improve. However, if the employee does not disclose then the following should be the course of action.

Employee does not disclose

Nurses who choose not to disclose the cause of their poor work attendance require counselling in this regard as well as the benefits of disclosing the reasons. Counselling about disclosure of TB and the benefit of workmen's compensation is needed. The nurse who chooses not to disclose TB, after the 12-month deadline and following initial diagnosis, needs to be informed that compensation will no longer be available. Bairan, Jones Taylor, Blake, Akers, Sowell and Mendiola (2007:246) found that most people do not disclose their status to employers or strangers.

> … so if you try to explain to them they don't buy that they don't understand all they always say Matron I'm not well and you have to THINK what she means if she says I'm not well. (Nursing Service Manager, interview)

Once nurses have been counselled and they disclose the reason for poor work attendance, then counselling following disclosure (as above) can continue.

Counselling

Where a nurse continues not to disclose, then counselling with respect to the provisions of the *Labour Relations Act (66 of 1995)* states that an employer may not terminate an employee's employment based on their HIV status.

The Labour Relations Act (66 of 1995)

This statute provides for the management of an employee who is not performing the job to the standard expected by the employer. Counsel employees in respect of Schedule 8 section 8 of the *Labour Relations Act (66 of 1995)*, which states that if on completion of probation, and found to be underperforming, dismissal is possible provided that the employee is suitably evaluated, given instruction, training, guidance/counselling and given a reasonable time for improvement. This is supported by PILIR (DPSA, 2009), which states that if an employee does not accept modified duties/redeployment the employer may, after an enquiry, terminate the employee's employment (see redeployment). Employees must be informed of the guidelines to be considered in cases of dismissal for poor work performance, that is, did he/she fail to meet the performance standard; if so, was he/she aware of the required standard? Was he/she given the opportunity to meet the performance standard? And is dismissal appropriate for not meeting the performance standard? If the work attendance is unreasonable, the employer must investigate all the alternatives with the employee, for example, the nature of the job, the period of absence, the seriousness of the illness/injury and the possibility of a temporary replacement (DOL, 1995:153 of 154).

The Nursing Act (33 of 2005)

There is a need to counsel nurses in respect of section 51 of the *Nursing Act 33 of 2005*, which covers a nurse's unfitness to practise due to impairment. If the SANC deems a nurse incapacitated due to an impairment and finds that it is not in the public interest to allow the nurse to continue practising, then the SANC must hold an enquiry. SANC may allow the nurse to continue under certain conditions, or suspend the nurse for a specific period of time or stop the person from practising (SANC, 2012:25). The impaired practitioner may apply for reinstatement, then SANC will evaluate their ability to continue to practise.

The Occupational Health and Safety Act (85 OF 1993)

There is a need to counsel nurses that they need to take reasonable care of their health and safety and that of others, and comply with the rules by carrying out reasonable instructions. Also, managers must emphasise reporting unsafe/unhealthy situations to the employer or if the nurse has been involved in a situation which may affect health or cause an injury.

Refer to the occupational health clinic

The advantages and disadvantages of referral to the workplace OHC are to be discussed with the employee. Employees working in risk areas and other vulnerable employees require special insight into their health situation and support from the occupational health nurse (Acutt, 2011:290). Following counselling, the nurse may then disclose the reasons for poor work attendance, in which case the guidelines for nurses that disclose their reason for poor work attendance (above) can be followed.

CONCLUSIONS

Guidelines providing a step by step guide to managing a workforce infected with HIV and/or TB were deemed necessary by the study participants. Poor work attendance and especially prolonged poor work attendance as a consequence of HIV and/or TB affect the productivity of nursing services, nurse managers and the quality of the service delivered. These guidelines were written to provide a quick reference to nurse managers in order that they manage sick employees efficiently and effectively to ensure quality nursing care and could be included in the training of nursing administration students in respect of the management of poor work attendance due to incapacity and ill health. Despite being created for the use of nurse managers, the guidelines could be considered for use by other services within the public sector of South Africa.

LIMITATIONS

The findings of this research cannot be generalised because of the small sample size and contextual nature of the research. There is a need to implement the guidelines and evaluate their usefulness in practice. The usefulness of these guidelines and their use in other settings that are not nursing services requires further research.

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