

Registered Nurses' Lived Experiences of HIV Counselling and Testing in Rural Primary Healthcare Clinics in Eastern Cape, South Africa

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Abstract

The increase in the global rates of human immunodeficiency virus (HIV) and acquired immune deficiency syndrome (AIDS) has had far reaching effects on healthcare services around the world. The aim of the study was to explore and describe the lived experiences of registered nurses (RNs) involved in daily implementation of HIV counselling and testing (HCT) in rural primary healthcare (PHC) clinics in Eastern Cape, South Africa. The researcher used a qualitative, descriptive and contextual design. Purposive sampling was used to select the participants. A total of 19 semi-structured interviews were conducted with the RNs until data saturation was achieved. The findings revealed that the RNs experienced HCT to be overwhelming. They also showed signs of stress, frustration, despair and sadness because most of the tested clients had positive results and the number of clients testing positive was increasing. Thus, it is recommended that all professionals working with HCT should be made aware of the emotional outcomes of working in HCT services. Furthermore, it is recommended that a programme to support RNs to cope better with HCT should be developed through further research.

Keywords: registered nurses; HIV counselling and testing; emotional and mental health; primary healthcare nurse

Introduction

According to the 2017 statistics released by the Joint United Nations Programme on HIV/AIDS (UNAIDS 2017), South Africa has the largest HIV epidemic in the world. The South African Department of Health (DoH) provides an HIV counselling and testing (HCT) service to patients so that they may find out their HIV status. It also



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endeavours to educate patients so that they may adapt their behaviours and lifestyles. The impact of the AIDS epidemic in South Africa is reflected in the dramatic change in mortality rates. According to Tshililo et al. (2019), RNs at clinics and health centres face challenges when they come across patients who do not accept their HIV-positive status. Some patients become frustrated after they are told of their HIV-positive status and this interferes with the process of HIV/AIDS service integration. The overall number of annual AIDS-related deaths increased sharply from 316 559 in 1997 to 607 184 in 2006. The number of deaths due to HIV/AIDS may have an impact on the RNs who are responsible for the implementation of HCT. These RNs may associate each positive HCT result with death and this in turn may affect them emotionally. In 1997, 29% of AIDS-related deaths were individuals between the ages of 2 and 49 years, while in 2006, the number of AIDS-related deaths among the same age group increased to 41%. Therefore, it can be concluded that AIDS is a major factor in the overall rising number of deaths in South Africa (WHO 2010).

The above statistics suggest a reality check for clients who find themselves HIV-positive and at the same time they frighten the RNs who have to impart the sobering news about HIV-positive test results to clients. The statistics suggest the danger with which the clients are faced resulting in healthcare providers having to deal with more pressure in giving HCT results. As part of the HCT service, the RN will suggest to clients that they undertake a blood test to determine their HIV status. When a patient is found to be HIV-positive, both the client and the nurse may find the situation emotionally challenging. When the test is done in a rural primary healthcare (PHC) clinic, there is a very good chance that the RN imparting the news knows the client on a personal as well as a professional level.

Post-test counselling assists people in understanding their test result and its implications, whether the result is positive or negative. Counselling also helps clients to explore with whom they might share the test results and how to approach sharing these test results (WHO 2010, 12). The client-centred nature of counselling engenders trust between the counsellor and the client so that there is an opportunity for in-depth discussion of HIV/AIDS, including how to prevent infection. The RNs who participated in the study explained that integrating HIV services into PHC increases their workload which has a negative impact on service delivery; they also indicated that the integration of HIV and AIDS services is time-consuming as they tend to spend too much time with one patient especially newly diagnosed patients (Tshililo et al. 2019).

Problem Statement

Over the past 22 years while doing student accompaniment in rural PHC clinics, the researcher has observed that RNs who render HCT services on a long-term basis become emotionally drained because of insufficient care and support for HCT providers in the workplace. The researcher further observed that the RNs displayed withdrawal symptoms and showed signs and symptoms of stress that they displaced to their clients. Although working in healthcare can be rewarding and satisfying, it can be emotionally

demanding and stressful. In the United Kingdom, health and safety statistics indicate that nurses are at a greater risk of work-related stress, anxiety and depression than other occupational groups (Kinman and Leggeter 2016). In PHC clinics, there is an absence of programmes to assist nurses with coping and continuing with their counselling work. These observations prompted the researcher to conduct the current study.

Research Question

The following research question was posed:

1. How do RNs experience the provision of HCT services to clients attending rural PHC clinics in Eastern Cape, South Africa?

Purpose of the Study

The main purpose of the study was to explore and describe the experiences of RNs involved in the daily implementation of HCT in rural PHC clinics in Eastern Cape.

Research Design

A qualitative research design was used to explore and describe the experiences of RNs regarding the implementation of HCT.

Study Population

The population for the study consisted of all RNs providing HCT at rural PHC clinics in two districts in Eastern Cape. Purposive sampling was used to select the 19 participants. Registered nurses in seven rural clinics in the King Sabatha Dalindyebo district were interviewed. The data obtained from these interviews was thin due to language problems; therefore, interviews were also conducted with RNs in the Sara Baartman district to add richness to the data. A total of 19 semi-structured interviews were conducted. Data was collected until data saturation was achieved. The inclusion criteria for the participants was that they all had to:

- be RNs employed by the DoH;
- be working at rural PHC clinics in Eastern Cape;
- have been providing HCT for at least six months;
- have been trained in providing HCT;
- be employed at rural PHC clinics in the King Sabatha Dalindyebo district or Sarah Baartman district; and
- be able to converse in English because the interviews were conducted in English.

Data Analysis

The interviews were voice recorded and transcribed verbatim. The data from the interviews and observations was analysed by combining and selecting the methods described by Creswell (2009, 186). The data was interpreted once the categories and sub-categories had been grouped and a tentative underlying structure of the RNs' experiences had been formulated. An independent co-coder was required to analyse the same raw data separately to ensure that there was corroboration in the identified themes. The co-coder had experience in nursing and was a qualitative research expert.

Ethical Considerations

Ethical measures were adhered to during the research regarding sensitive issues at every stage of the research process. The research proposal was submitted to the Faculty of Health Sciences, Advanced Degrees Committee for approval and permission was also obtained from the Nelson Mandela University Ethics Committee (Human) H13-HEA-NUR-002. Permission was requested and granted in writing from the DoH to conduct the research on their services. Informed consent was sought from each participant. The reasons for the interviews were given in private and they were conducted in a quiet place.

Trustworthiness

According to Polit and Beck (2012, 745), trustworthiness is defined as an assessment of the truth-value of qualitative research. The researcher ensured truth-value by observing her interactions with the participants; reviewing her interview techniques during and after the interviews; and through time sampling. Observations of the participants were made during their interaction with the clients. Triangulation was also done and data was collected by means of semi-structured interviews, field notes and a literature review. The researcher ensured prolonged engagement by spending time with the participants. She established rapport with the participants before commencing the interviews and this helped to allow the participants to divulge sensitive information.

Applicability refers to the degree to which the findings can be applied to other contexts and settings within groups (Botma et al. 2010, 233). In the current study, dense description of the experiences of RNs in HCT services was achieved by analysing the RNS' needs in these centres. A complete and accurate description of design, methodology and findings were given. Verbatim quotes from the interviews and literature control were used to provide a dense description. The study results were compared to those of similar studies done previously. Dense background information about the informants and the research contexts and setting was provided to allow others to assess how transferable the findings were. It was ensured that the research design and methodology were fully discussed in such a way that the study could be replicated easily by fellow researchers. It was anticipated that the knowledge acquired in the study would be relevant in other similar contexts, and if the research were carried out in another context, it would be possible to apply the concepts used in the research.

Botma et al. (2010, 316) contend that when credibility in findings is determined, consistency or dependability is ensured. Dependability was ensured through the triangulation of data sources and peer briefing where interview notes and documents were examined. Peer briefing was ensured by independent checking by experienced colleagues in the field of research. Dependability was also ensured by dense description of the research methods, triangulation, and a code-recode procedure. An independent coder was used to perform an audit of the data collected and a consensus discussion held between the researcher and independent coder. The opinions of peers outside the study who have a similar status, or are colleagues and experts in either the method employed, or the phenomenon being studied, were sought. Peer debriefing by independent checking was carried out by experienced colleagues in the field of research. The research was conducted under the guidance of two promoters with appropriate expertise.

Discussion of Research Findings

The following two themes and six sub-themes emerged from the data and will be discussed below.

Theme 1: RNs Were Overwhelmed by Large Numbers of Patients Needing HCT

The participants indicated that it was a huge load for the few RNs employed by the PHC clinics, as the following quote confirms:

It is too much work because we are few.

Moreover, there appeared to be a discrepancy in the number of HCTs to be performed per day by each RN. The numbers reported varied between three and 20 a day, as the following quotes illustrate:

I was worried with the number that was given by the district saying that we have to test ten clients a day.

It [HCT] is a burden to you as a professional nurse. It can affect you even more than physically affected and become psychologically affected [too].

On the positive side, the participants expressed that HCT helped them to diagnose HIV immediately. They mentioned that in South Africa, PHC clinics in rural areas are sources for healthcare services that are well used by the local population. According to Hall (2004, 8), the free health services and better equipped facilities are crowded due to people shopping around for health services. Xaba, Peu and Phiri (2012, 1) agree and further state that over the past five years, the number of clients has escalated, thus affecting the progress of expanding services in PHC settings. Bam and Naidoo (2014, 2) report that the HIV pandemic contributed to nurses feeling overwhelmed by the high number of terminally-ill patients they care for. These patients, because of the nature of their compromised health, require more specialized care than other patients, thus exacerbating the nurses' burden.

Sub-theme 1.1: RNs Experience HCT as Time Consuming, Demanding and Exhausting

Registered nurses who participated in the research expressed that they experienced being overwhelmed by time constraints and found it difficult to do all their tasks, including HCT provision, in the time they were on duty. Some participants mentioned that they found HCT fascinating, but they needed a lot of time to perform it, which they did not have. In general, the participants explained that to do one HCT counselling session took a great deal of time. They suggested that the time taken for a client with a positive result was too much. The participants reported that when a patient tested positive, they had to take some blood for testing to confirm the initial result. Furthermore, they complained about the time it took to complete the client's record:

After we have done a day's work, we are supposed to do 35 clients a day. If I am including HIV counselling and testing in my day's work, I will not reach the target. Otherwise I don't have a problem with HIV counselling and testing.

As noted earlier, the participants stated that in a day they were expected to see a stipulated number of clients. They have to offer HCT to clients who are not included in addition to clients. The nurses are expected to see 35 clients a day in the clinics as stipulated by the DoH and no longer 10 clients as previously. The nurses found this as strenuous to them, as the number of clients who are due for HCT consume a lot of time. Registered nurses mentioned that sometimes they did not offer HCT to a client and may tell the clients to come back the following day. One participant stated that:

To me it is very fascinating and needs a lot of time to do it. We do not have [the time]. Sometimes I end up not doing the counselling, [although] there was a need for a client to be tested, but because of time the client is postponed [and] told to come the next day.

As noted earlier, the participants stated that they were expected to see a stipulated number of clients daily. They have to offer HCT to clients who are not included in the target number of clients nurses have to see in a day. The participants suggested that nurses should be able to arrange more time to do the administration for an HIV-positive client so as not to rush the process.

The results of a study conducted in Tshwane by Mataboge et al. (2014) on the experiences of HIV counsellors revealed that HIV counselling took a longer time than ordinary counselling. The time taken was more than what was estimated by some of the RNs, and this extra time affected the number of patients seen per day (Mataboge et al. 2014, 1170). In the current study of rural PHCs in Eastern Cape, the participants stated that clients needed time with them so that they could answer all the clients' questions. They explained that some of the clients did not have transport to come to the clinic. They acknowledged that it would be unfair to send these clients back home without providing a service because the clients had a right to the service after having travelled to the PHC. Moreover, the patients add to the nurses' burden of work the following day. The following quote attests to this:

The nurse [needs] to have quality time [with the clients]. I mean if you are my client I must answer all your questions ... A patient has a right to spend quality time with the nurse.

A study conducted in Sub-Saharan Africa reported increased workload and occupational stress as affecting healthcare professionals' working pattern (Kayigamba et al. 2014). In addition to being time consuming, the participants described HCT as demanding. Demanding is understood to mean that HCT requires time, effort or attention. The participants described HCT as demanding, and they felt that clients were not cooperating with the nurse and were not attending the clinic to discuss the results with the nurse to get their medication refill:

You know what, if you beg and you beg [for client to come to the clinic], and you phone and you phone, straight forward you get fed up. Because I mean if the clinic was very busy, I cannot sit on the phone for the whole day [asking for clients to fetch their medications]. [The clients] give wrong numbers.

Hall (2004, 6) agrees that caring for HIV/AIDS patients is demanding and time consuming because of factors such as longer recovery times and lack of support from the families of patients. The results of the current study confirm Hall's (2004) results. The RNs who participated in the study expressed that HCT was demanding and time-consuming as shown in the following quote:

My work is too [much] now that we have to do HCT. You take more time for one client. It takes a long time because you have to counsel and wait for the [client] to answer [and the answer] may come after 30 minutes. When you test the [client] and the test is positive, you have to take all the other bloods. It takes more time and you have to do them all.

In a study conducted in South Africa, Singo et al. (2015) stated that having to deliver HIV-positive results was especially demanding in situations where support was inadequate. HIV places enormous stress on infected individuals and their families. Hall (2004, 2) describes the demanding nature of HCT when he states that the intensity of the AIDS pandemic in South Africa has created additional challenges for health workers, such as dealing with an increasing number of people with whom they were personally acquainted and who suffered from a fatal disease for which no cure had been found yet.

Juma, Edwards and Spitzer (2014, 8) assert that it has been argued that if nurses were excluded from critical decisions, including policies, it was likely that they would not be proactive in implementing the policy or making it work. The DoH decided on the HCT policy without taking into consideration the people working in the clinics and now the HCT policy would affect participants negatively in terms of the amount of time it consumes.

The characteristics of HCT, described in the data as time consuming, demanding and exhausting, have led to the participants developing depression, an outcome that Nevanperä et al. (2012, 934) reported as being linked to the degree of emotional exhaustion among nurses.

Theme 2: RNs Experience a Range of Emotions When Involved with HCT and Have Developed Various Coping Mechanisms

This theme deals with the RNs' experiences regarding the range of emotions they encounter and the various mechanisms they have developed to cope with the work. The RNs interviewed for the study stated that providing HCT has some effects on them, in that their emotions are affected by it. They feel stressed and emotionally drained. However, for some participants, it was only during the interviews that their emotions became clear to them because most often their feelings are not easily expressed. The participants stated that they cope with HCT because they engage in fitness work and are dedicated to HCT provision. One participant reported as follows:

It's like: now I am doing this HIV [counselling] and testing. I will do it, then it will affect me – obviously if the client is HIV-positive.

The participants explained that providing HCT rewards them, as it gives a diagnosis to the clients' unexplained medical conditions. HIV testing results in positive outcomes as people usually do not know their status initially and are informed after HIV testing. The participants mentioned that they remind their clients that HCT gives them a chance to know their status.

Kangethe (2009, 15) reports that several factors were found to detrimentally affect the productivity of primary caregivers caring for people living with HIV/AIDS. These included inadequate counselling and debriefings; lack of motivation and incentives; inadequate supervision visits; and lack of support groups to facilitate information sharing and encouraging one another.

Sub-theme 2.1: RNs Experience Stress When Clients May Test Positive

Stress is a state of mental or emotional strain or tension resulting from adverse or demanding circumstances (Uys and Middleton 2014, 214). Large numbers of HIV-positive clients can subject healthcare providers to occupational stress (Sehume, Zungu and Hogue 2012, 4). Stress is triggered within the RNs by their desire to help in the face of another's trauma (Gemmill, Cooke and Grant 2012, 138).

The participants stated that the emotional trauma attached to HCT affects them outside work, such as during the time they spend with their families. They mentioned that the trauma leads to stress and an inability to sleep well at night. Moreover, their work pattern is affected, leading to low productivity. The participants also admitted that they exerted great effort to cope with the results of clients' tests. They stated that when they test a client, he/she was asked how he/she is going to feel if they are reactive. The RNs

interviewed stated that it becomes difficult to do HCT as they meet different people with different characters and having to work with the different responses causes them to be stressed. The participants stated that they feel bad because they are working in their own area of residence. They are testing people whom they know and whose background they know. The fact that they are the first person to know the person's status is also experienced as stressful. The following quote illustrates this:

It is very strenuous. When the client has tested positive it's strenuous. You feel emotionally distressed.

The participants mentioned that they feel stressed and sad when they test a person who turns out to be HIV-positive and seems to have no place to go to and no-one with whom to share his/her diagnosis. Sadness is an emotional pain associated with feelings of despair and helplessness (Uys and Middleton 2014, 114). The participants feel sad because they are empathising with the clients. They take the clients' pain and make it their own as illustrated by the following quote:

I feel stressed and sad because sometimes you send [the client] away and he has nowhere to go. At times I am stressed and sad because the client has nowhere to go and ventilate [sic] his situation. May be there is a place where he could go and talk, [and] discuss this and come to terms with it.

The participants mentioned that the stress caused painful feelings and testified that HCT affects them emotionally as they feel they have been hurt. Excessive stress may lead to burnout which is a gradual process that occurs over an extended period of time. It does not happen overnight, but creeps up on a person if he/she is not paying attention to the warning signals. A critical incident or an extremely stressful event has the potential to cause unusual, strong emotional reactions that can lead to the development of burnout (Brysiewicz and Bhengu 2000, 20).

Zulu and Lehmann (2004, 17) state that anecdotal evidence suggests that, particularly in rural areas, clinic staff are stressed, burnt out and demotivated and that the HIV/AIDS epidemic is contributing significantly to this situation. The participants reported that large percentages of their patients are sick with AIDS. They further stated that nurses at PHC level seem to be saying that they cannot cope anymore. Zulu and Lehmann (2004) further state that another aspect is the deterioration of forms of patient care, such as promotive services, health education, and follow-up and support, which are being "crowded out" by the ever-increasing volume of curative services (Zulu and Lehmann 2004, 41).

According to Maarten and Dorji (2009, 596), HCT is associated with burnout, which could be caused by lack of control, an inability to influence decisions that affect work, for example, the workload. They further assert that healthcare workers could experience occupational stress because of lack of skills, organisational factors and low social support at work, which may lead to distress, burnout and psychosomatic problems in

RNs. The behaviour of one participant signified signs of burnout, as the following quote demonstrates:

[Deep sigh] I am crying because the interview is helping me. I never knew about these feelings. Its certain feelings that [are showing now] I have never known that I am having [them] until now.

Registered nurses are continuously faced with the possibility of a positive result in each test encounter. This exposes them to stress every time they test a client. In addition, they have to inform the client that he/she tested positive. According to Sehume, Zungu and Hogue (2012, 2), researchers have concluded that nurses' attitudes towards positive results are perhaps fuelled by lack of control over the disease: The fact that medication for HIV/AIDS only subdues progression of the disease and does not cure it contributes to their stress levels. The authors further state that fear of occupational exposure to HIV infection also gives rise to occupational stress, which then manifests with signs such as burnout.

Evidence from the interviews suggests that the participants were experiencing excessive chronic stress which is caused by prolonged periods of tension and can lead to a variety of physical symptoms (Uys and Middleton 2014, 200). It can result in serious health conditions, including anxiety, insomnia, muscle pain, high blood pressure and a weakened immune system (Uys and Middleton 2014, 200). The participants in the study reported symptoms of chronic stress, as the following quote illustrates:

It's a painful feeling that I feel. Physically, I don't think it affects me. It only affects me emotionally as I feel like I am being hurt.

As the statements in this section have shown, the participants experienced excessive stress due to the levels of trauma that they have to deal with on a daily basis. The RNs reported experiencing several emotional and physical reactions, including becoming anxious and psychologically strained during HCT, especially while waiting for the clients' test results.

Sub-theme 2.2: RNs Experience Distress and Sadness When Children Test Positive

The participants stated that they have a problem with the children that come for HCT. They see testing of children as difficult and mentioned that HIV is hurting innocent people. They stated that when testing a child, it is not easy to give the results to a parent. Some of the children are survivors of parents who passed away due to HIV infection. As one interviewee observed:

At times I have a problem with the [children] who came for HCT. It's very traumatising. The effects of HIV to a human being is traumatizing. It's even strenuous to read the results for the mother. There was a boy who was taking treatment and the mother died of HIV and the grandmother was afraid to tell the child what the child was suffering of.

The participants stated that they experience various feelings regarding HCT, noting that on daily basis, they see new people of different ages who test positive. They mentioned that when a child tests positive, they feel depressed and sad for his/her parents. They stated that when they feel sad, they discuss the situation with their colleagues. The participants stated that it is unfortunate for the children to test HIV-positive as children find themselves in a situation that they cannot change, and they have no choice but to live with the HIV-positive status and adopt a healthy lifestyle in order to cope with being HIV-positive. The participants stated that they blame the parents for their children's status. The following quotes illustrate these points:

There is a lot that I experience. I see new people at different ages every day, so I experience a lot of things. When a child is positive, I feel down and sad for her parents. I feel sorry for him. I feel down, I feel sad and I go and share with my colleagues so that I can feel better.

The RNs interviewed reported experiencing challenges when providing HCT to young people. They further reported that generally young adults come to the clinics alone, without support from parents or family members. The participants also mentioned that the teenagers usually do not accept their status due to their minimal exposure to the risky behaviour. Assisting these HIV-positive clients is easier when they accept the results. For example, one participant reported it was more difficult when a teenage girl cried, as illustrated by the following quote:

At times [HCT] gets me so frustrated especially when you test a 17-year-old and [the test is] positive. It makes me sad and anxious. The pregnant one makes [testing] more difficult because you have to think about the child.

The participants stated that children become infected when their parents are HIV-positive and fail to observe the precautionary measures. They also mentioned that it is emotionally draining to see children infected with HIV, especially if the client is very ill or very young. They mentioned that in most cases, the children do not understand the HIV condition, and they do not follow the processes required of a newly-diagnosed HIV-positive person. The participants become emotionally affected by these conditions, as shown by the following quote:

It's stressful to see your [children] – the young ones – being involved *kwi* [in a] condition that is irreversible. They are still young *abantwana* [children]. They don't even know what HIV entails. So, you become stressed *xa ubona* [when you see] in spite of the testing they run away – they do not even come for the CD4 count results.

The above discussion maintains that the RNs experience sadness and distress when children test positive for HIV. The following discussion addresses how the RNs experience despair and find it difficult to cope with the effects of providing HCT.

Sub-theme 2.3: RNs Experience Despair and Find It Difficult to Cope with the Effects of Providing HCT

The participants stated that they feel despair when they have patients who are already on treatment but do not come to fetch the treatment regularly. They stated that they usually try to convince the client that the condition can be delayed by adhering to living a healthy lifestyle. The RN reported that such clients are advised to relate with other clients who have been HIV-positive for some time and are now enjoying life. The following quotes refer to these views:

I feel despair, when you already have patients on treatment, and they are not interested, and you have done everything on your side and they just don't want. You can do so much. Despair, definitely; sadness, if positive.

Although in the study only one of the 19 participants mentioned feelings of despair, the other participants showed signs of despair when they confessed that they felt sad because of the numbers of clients that test positive is increasing. The participants see many patients a day, and most of the tested clients have positive test results. This leaves the participants with feelings of despair as they have no solution to the problem.

In a study conducted in KwaZulu-Natal in 2014 on nurses' experiences in the palliative care of terminally ill HIV patients in a Level 1 district hospital, it was reported that nurses confirmed that they do not always cope effectively in their roles because of the effects of HIV, from the psychosocial responses to concern about the chronic illness trajectory (Bam and Naidoo 2014). The chronic illness trajectory refers to the questions that are usually asked by patients, demanding information on their prognosis and timeframe for their illnesses (Murray et al. 2005).

The client who is going to test HIV-positive is not observed before being tested. People who are diagnosed with HIV mostly do not expect the diagnosis and therefore react with shock, making it difficult for nurses to deal with the situation. Being diagnosed with HIV is traumatic, and people with HIV are at least three times more likely than the general population to be clinically depressed, leading to RNs being depressed themselves by the state of their patients (Woolston 2015). Depression that is clinically manifested by clients was reported to affect the participants. They reported being repeatedly faced with patients who feel devastated by positive results, a reaction that the participants reported caused them to feel depressed.

Sub-theme 2.4: RNs Experience Frustration When Clients Apparently Do not Accept Health Education and Do not Change Their Lifestyles

The participants explained that the time they take when doing health education is considerable as they see it as the only solution for the problem of HIV. It is therefore frustrating when the patients do not take the health education seriously. Participants reported seeing themselves as failures due to clients who put their lives in danger of being re-infected due to not using protective measures during sexual encounters. Nurses

reported believing that this caused the rate of maternal deaths to be high, as the following interviewee stated:

I feel unhappy because the [clients] are not doing our education, they are not taking it. The rate of maternal deaths is high.

The above discussion shows that the participants are frustrated because the clients are not acting as advised based on their education for living with HIV.

Recommendations

Further research should focus on the mental health needs of RNs involved in HCT. This should focus on developing a programme for health services other than the rural health services to assist them to cope better with HCT. All professionals providing HCT, such as PHC nurses, should be made aware of the emotional impact they may experience doing HCT every day and that being exposed to stress may affect them mentally. An emotional support programme should be given to healthcare professionals providing HCT to make them aware of emotional and mental health discomfort. The nursing students should be prepared to face the emotional and psychological burden that they will face in the service as RNs.

Conclusion

The participants experienced a variety of emotions which made their implementation of HCT unbearable. Registered nurses need an urgent intervention to enable them to deal effectively with the implementation of HCT. The emotional drain that the RNs feel, which leads to stress, sadness, despair and frustration, needs an intervention to support them to deal with the demands and challenges of providing HCT services to the public.

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