

Problems experienced by professional nurses providing care for HIV/AIDS patients in public hospitals at Polokwane Municipality, Limpopo Province, South Africa

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Abstract

The purpose of this study was to describe the problems experienced by professional nurses providing health care to patients living with HIV and AIDS in the public hospitals of Polokwane municipality, Limpopo province. A qualitative descriptive, contextual and phenomenology design was used to describe the problems experienced by professional nurses. The target population included all professional nurses providing care to HIV positive patients in medical units in public hospitals of Polokwane municipality. Purposive sampling was used to select professional nurses until data saturation was reached after 11 professional nurses were interviewed. An audiotape was used with the permission of professional nurses to capture their responses during the semi-structured interviews. The nurses reported feelings of frustrations, treatment delay, lack of knowledge on HIV and AIDS, lack of support systems and work overload as challenges faced in caring for HIV/AIDS patients. The need for in-service education for professional nurses on treatment of HIV positive patients was discussed and recommended.

Keywords: HIV positive patients, AIDS, professional nurses, public hospitals, caring.

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Introduction

The growing Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) pandemic continues to make a serious impact on all countries throughout the world. Globally, several countries have responded to the HIV and AIDS pandemic by investing millions of dollars to help fight the disease, but the impact of HIV and AIDS is even greater in developing countries of Sub-Saharan Africa, including South Africa (National Department of Health, 2001).

The South African government has indicated that HIV and AIDS epidemic is making it difficult for the hospitals to cope with the increasing number of patients because hospitals are overcrowded owing to a disproportionately inadequate medical, nursing and allied health professional (Mashau & Davhana-Maselesele, 2009). Health care services in South Africa are unable to cope with

the increasing number of HIV and AIDS patients, and therefore patients are discharged earlier from hospitals to be cared for in the family environment. Some hospitals are reported to have eventually decreased the patient's average stay from 14 days to just 3.5 days and referring them to the home based organizations (Mashau & Davhana-Maselesele, 2009).

The provision of health care to HIV and AIDS patients poses a challenge to health care professionals. These challenges include the identification and management of special clinical problems, counseling techniques, the administration of patient care and the ability to communicate effectively with individuals, families and community groups. Health care providers caring for HIV and AIDS patients need to develop new attitudes, knowledge and skills as they become immersed in multi-disciplinary problems of AIDS care and prevention (Effa-Heap, 2007).

Health care workers have been overwhelmed by the impact of HIV and AIDS on public health services with the majority of resources in many facilities to treat people presenting with opportunistic infections or dying from AIDS-related illnesses. This has resulted in overcrowding of under resourced hospitals where professional nurses work under challenging circumstances that might compromise patient's care and risk of infection. Staff morale is often low, due to the poor working conditions and the distress of being unable to treat people effectively and that leads to a number of complaints about the health system. The working conditions are worsened by lack of specialized training and staff shortage (National Department of Health, 2007).

Hall (2007) found out that HIV and AIDS are known to increase the workload of nurses because of a higher number of patients with AIDS-related diseases, the comprehensive time-consuming care that is needed by many of these patients and the lack of support that is available to them. The author also reported out that secrecy surrounding the disease reduces the nurses' efficiency, confront them with ethical issues and hinder them in curbing the further spreading of the HIV and AIDS.

Effa-Heap (2007) concurs by indicating that some of the Nigerian nurses experienced nightmares and increased anxiety levels while nursing patients living with HIV and AIDS. Some nurses requested to transfer or even leave the profession. Bester, du Plessis and Greeff (2006:) also agree that professional nurses experience interpersonal discomfort and stress that can be intensified when nursing terminally ill patients living with HIV and AIDS.

According to Bester et al. (2006), nurses have experiences that medical practitioners base their treatment decisions only on the patients' HIV and AIDS diagnosis, prognosis and the availability of medication instead of the patients' presenting condition and care needed. This was perceived by nurses as unfair and

causing conflict between nurses and medical practitioners and therefore poor patients' care (Bester et al., 2006).

About half of all patients admitted to hospitals in South Africa seek care for HIV and AIDS related illnesses, while the number of HIV-positive patients in medical wards is even higher. According to the Joint United Nations Programme in HIV and AIDS, HIV prevalence in South Africa is 21.5% (Palitza, 2010). Professional nurses allocated to medical units in public hospitals seem to have problems regarding the provision of health care to PLWHA. The problems experienced by professional nurses could be based on the increasing numbers of HIV and AIDS patients in these hospitals.

The purpose of the study was to describe and analyse the challenges experienced by professional nurses providing health care to patients living with HIV and AIDS in public hospitals at Polokwane municipality, Limpopo Province.

Methodology

Research design

The qualitative, descriptive and contextual research method was used to explore and describe the professional nurses' experiences when providing care to patients living with HIV and AIDS (Creswell, 2009). Qualitative research design attempts to understand the phenomenon in its entirety, rather than focusing on specific concepts (Brink, 2006). Phenomenological design was used in an attempt to understand professional nurses' experiences of providing care for HIV positive patients (Welman, Mitchell & Kruger, 2005). The professional nurses described their experiences during semi-structured interviews and respond to a central question "*What are your experiences as professional nurse on providing care to HIV and AIDS patients?*"? The approach also included bracketing whereby the researcher set aside pre-conceived ideas and focused on every perspective of the professional nurses, and intuition whereby the researcher paid attention to the participants during the interview and asked probing questions such as "*What do mean when you say that you feel frustrated?*" (De Vos, Strydom, Fouche & Delpont, 2004).

Population and sample

The target population included all the professional nurses providing health care to patients living with HIV and AIDS in medical units of public hospitals of Polokwane municipality in Limpopo Province. Purposive sampling was used to select professional nurses until data saturation was reached. Data saturation was reached after 11 professional nurses were interviewed. An audiotape was used to capture the responses of participants and field notes were recorded during the interview to document important facts that assisted in structuring of the probing questions and for preparation of written reports (Neuman, 2006).

Data analysis was done using Tesch's open coding method as follows:

- The researchers read through the transcripts and jotted down ideas of the whole interviews.
- The transcripts that were interesting and shorter were picked out of the pile and read, while the thoughts were written in the margin.
- A list of topics was made and information was clustered together accordingly. These topics were formed into columns, arranged as major topics, unique topics and leftovers.
- The most descriptive wording for the topics was suggested and turned into themes, trying to group those topics that relate to each other.
- A final decision on the abbreviations for each theme was written (Creswell, 2009).

Trustworthiness was ensured by using Guba's model illustrated by De Vos et al. (2004) as credibility, dependability, transferability and conformability. Credibility was ensured by having several contacts with the participants. The prolonged engagement confirmed the responses given by the participants whereby the researchers had an opportunity to dwell on the phenomenon over time until the study revealed itself and saturation point was reached. Audit trail was done by the supervisors and the independent coder. Literature control was conducted using previous studies to support the results. To ensure conformability in this study, the field notes and audiotape were kept safely to ensure conduction of audit trail and later submitted to the independent coder for assessment and documentation of dependability of the report. The researchers also had follow-up sessions with the participants to confirm the responses (De Vos et al., 2004; Creswell, 2009).

Ethical considerations

The proposal was submitted Medunsa Research and Ethics Committee for ethical clearance. A letter requesting permission to conduct the study was sent to Limpopo Province Department of Health and Social Development. Permission for data collection was then granted and the study was therefore conducted as per the ethical considerations by Democratic Nurses Organization of South Africa (1998).

Results and Discussion

Based on the responses of the participants, five themes and sub-themes emerged from the study and are presented in Table 1:

Table 1: Themes and sub-themes

Themes	Sub-themes
1. Feelings of frustration and emotions	1.1 Feeling of helplessness 1.2 Fear of patients and relatives 1.3 Fear of occupational injuries 1.4 Shortage of staff 1.5 Prolonged stay at hospital
2. Delay of treatment	2.1 Time of presentation to hospital 2.2 Non-disclosure of HIV/AIDS status 2.3 Readiness to be tested 2.4 Lack of confidentiality
3. Lack of Knowledge on HIV and AIDS	3.1 Lack of knowledge of professional nurses in terms of HIV and AIDS 3.2 Lack of family knowledge on HIV and AIDS
4. Social support system	4.1 Lack of family support 4.2 Lack of appreciation 4.3 Management support 4.4 Staff counseling
5. Patients' condition	5.1 Poor prognosis 5.3 Patients' behavior

The discussion of the results focuses on the themes, feeling of frustration and emotions, delay of treatment, lack of knowledge on HIV/AIDS, social support system and patients' conditions as follows:

Theme 1: Feeling of frustration and emotions

The study revealed that professional nurses providing care to HIV positive patients experienced feelings of frustrations and emotions. The feelings experienced by professional nurses included feelings of helplessness, fear of patients and relatives, fear of occupational injuries, shortage of staff and prolonged stay at hospital.

Sub-theme 1.1: Feeling of helplessness

The participants expressed a feeling of helplessness as patients present with different conditions and behavior. They are mostly disorientated, furious and aggressive. Some of these patients are their neighbors or just people they know and it affected the staff as they have to continue providing care irrespective of the present situation. Some of these patients are in denial of their status and thought that it was the end of their lives but the professional nurses have to carry on providing care. Delobelle, Rawlinson, Ntuli, Decock and Depoorter (2009) and Smit (2005) also reported in their studies that the nurses expressed a feeling of distress, reporting that they are overworked, demoralized and expressed feeling of emotional and psychological distresses because of seeing patients with an incurable disease deteriorate over a long period of time. These findings imply that the professional nurses are expected to give quality care to patients regardless of their illness and demanding nature of the care and this could result in professional nurses being demoralized.

Sub-theme 1.2: Fear of patients and relatives

The professional nurses expressed fear of the patients and their relatives because they are threatened and accused of not providing proper care to their patients and this could worsen as some of them are being followed and assaulted by these relatives. One participant even quoted a scene as follows: *“I know of a colleague who was attacked at a taxi rank by the family of a patient because they said she wasn’t giving him proper care.”* Smit (2004) and Harrowing and Mill (2009) reported that the family and public don’t care anymore. The implications could be that the professional nurses are blamed for everything that goes wrong at the hospital and poor quality of service delivered under the circumstances beyond their control.

Sub-theme 1.3: Fear of occupational injuries

There are procedures that are followed once an individual has sustained an occupational injury but the circumstances are still unbearable to the victims. The participants expressed the fear of occupational injuries from needle pricks. One of these participants mentioned that *“some even cry bitterly but they are been consoled, there are some procedures that are done.”* These findings implied that professional nurses might be at risk of being infected through needle pricks and this result in them being cautious when dealing with such patients.

De Villiers and Ndou (2008) indicated that nurses who cared for HIV and AIDS patients experienced negative emotions due to the perceived risks of contracting HIV infection as a result of accidental or intentional exposure to blood or body fluids of infected patients. While Gaidhane, Syed, Khatib, Shrivastav and Johrapurkar (2009) revealed that though occupational exposure is high, most nurses believe that the fear of HIV has not influenced their career choice but has contributed to decrease in quality of the patient care due to fear of HIV.

Sub-theme 1.4: Shortage of staff

The participant indicated that the hospital experienced shortage of staff and that some of the services are then compromised. The nurses expressed their frustrations as follows: “There is no time to do post counseling as we are short-staffed”. Another participant said: “This also makes it difficult and impossible for patients to get appropriate and quality care especially over the weekend whereby there is only one professional nurse on duty and cannot be able to adequately offer them care. These patients’ care is demanding and they need to be cleaned up regularly”.

The findings of this study that the impact of HIV and AIDS in public hospitals relates to shortage of staff expected to care for increased number of patients are consistent with WHO (2004) report.

Sub-theme 1.5: Prolonged stay at hospital

Professional nurses shared experiences concerning prolonged hospitalization of patients. The expression was: *“Most of the patients are kept in hospital for longer periods, they do stay long and this could be two weeks and more”*. Joubert (2009) concurred with this statement by indicating that diseases like AIDS increase the length of time that a person is likely to spend in hospital.

Theme 2: Delay of treatment

HIV positive patients delayed in seeking treatment and this could be attributed to denial and non-disclosure of HIV positive status (Dominice-Dao, Ferreira, Vallier, Roulin, Hirschel & Calmy, 2009). The delay of treatment included time of presentation to hospital, non-disclosure of HIV/AIDS status, readiness to be tested and lack of confidentiality.

Sub-theme 2.1: Time of presentation to hospital

Most patients were reported to be in denial of their status and by the time they come to the hospital it is often very late and they have already developed complications and the professional nurses have to start all over again. This delays the commencement of treatment and improvement of the condition thereby leading to prolonged hospitalisation. One participant said: *“These patients are defaulters and they still believe in their tradition that they can be healed and on the other hand they come to hospital being very sick”*. People may first seek care late in the course of their disease, after they have already become symptomatic with an opportunistic infection. Oramasionwu et al. (2009) also reported that many patients have defaulted treatment as they believed that they could be treated traditionally and they reported for medical attention when they were very sick. Ehlers (2005) revealed that many people in Africa visit traditional healers prior to or concurrently with formal health care services. Nurses form bridges between traditional and formal (western) health care systems because they are familiar with both these traditions.

Sub-theme 2.2: Non-disclosure of HIV/AIDS status

The participants explained that patients do not disclose their HIV/AIDS status to the professional nurses and they go from one institution to another for medical care. They pretend to be unaware of their HIV/AIDS status every time they visit the hospital and later during their care they disclose and find that they have wasted a lot of time and delayed their treatment. Their non-disclosure of the condition lead to mis-diagnosis by the medical doctor as they just treat the sign and symptoms until tests are done again and at that time one may confess, saying that he/she has known the status for some time but did not want to divulge. Some of the parents would say the opposite of what their results were during Prevention of Mother to Child Transmission (PMTCT) especially if the test was

positive. There were few cases where parents would say right away that “*my PMTCT was positive*” but some would say that they were HIV negative until a retest reveals that they are actually positive. Njosing, Edin, Sebastian and Hurtig (2011) presented a report whereby the participants argued in support of routine HIV status disclosure since life-saving ART’s are now provided free of charge to all eligible persons in the country. Applying this approach would ultimately be beneficial both to the patients and those at risk since it would reduce HIV transmission, and increase patients' access to HIV services. Klitzman, Marhefka, Mellins and Wiener (2009) also revealed that previous research has reported that some parents try to protect their children by attributing the need for medical care to other, more benign, or less stigmatized conditions.

Sub-theme 2.3: Readiness to be tested

Participants mentioned that they have a policy that says that every patient admitted should be tested but some patients still refuse to be tested. Patients do not readily respond to the HIV counseling and testing by the staff that mostly deals with counseling to such patients and this contributes to the delay of commencement of treatment. The experiences were expressed as follows: “*Even if the people from Hope Clinic come they still refuse to an extent that our medical practitioners discharge them and maybe after 2-3 months the very same patient comes back again being worse; delirious and confused you name them and then the same medical practitioners have to start afresh. How do you then counsel a disorientated individual?*”

In support to these findings, Pallangyo and Mayers (2009) indicated that the late testing of patients after being persuaded by the nurses, frustrated professional nurses as the patients were often severely ill by the time of the HIV diagnosis.

Sub-theme 2.4: Lack of confidentiality

Professional nurses have ethics that guide their practice such as maintaining confidentiality and keeping a secret but patients still do not trust all that. One participant expressed her experience as follows: “*I feel that they don't trust our confidentiality because they think if I know their status, when I meet them outside I will still attach what I have nursed them with, I will still associate them with what I see outside the hospital environment.*” According to Shabani (2011) if the patient does not trust or believe the nurse, then the effectiveness of the treatment and the professionalism of nursing could also be jeopardized.

Theme 3: Lack of knowledge on HIV and AIDS

Professional nurses in this study lacked knowledge regarding treatment of HIV positive patients.

Sub-theme 3.1: Lack of knowledge of professional nurses

Participants expressed the need to have adequate knowledge on HIV/AIDS and treatment so that they know exactly what to do when patients present to them. They expressed the importance of being able to differentiate between the normal and the abnormal presenting conditions and to act appropriately and one participant indicated that: *“In the medical ward there is a lot of HIV/AIDS patients, I think most of us need training as not all of us have the knowledge on what to do because we have the knowledge about VCT but not the treatment. Another participant said: “We need training on how to take care of the treatment not only for the professional nurses but also for the Enrolled Nurses because they are also involved in taking care of the patients. Mmm... This is because we have to know, like if you have given treatment to the patient and you don’t know what will happen e.g. the side effects. You won’t be able to see if the patient is reacting because you will not have the necessary knowledge”.*Shabani (2011) and Delobelle et al. (2009) indicated that the lack of knowledge which the nurses possessed about HIV and AIDS may inhibit the building of a successful nurse-patient relationship.

Sub-theme 3.2: Lack of family knowledge on HIV and AIDS

Professional nurses were concerned that family members lack knowledge on HIV and AIDS and that most of the times they are unaware of their members HIV/AIDS status and it becomes a problem to the professional nurses because they have to maintain the professional secrecy. Professional nurses expressed their experiences as follows: *“Some relatives would just come to hospital with the patient not knowing what is happening with this patient and find that only the patient knows that he is HIV positive and the relative do not know and don’t have light of the diagnosis. Even the wives sometimes do not know the diagnosis or status of the patient and when they come, you as the nurse cannot divulge the status to the relatives mmm....”* The study by Hall (2007) found that secrecy surrounding the disease reduces the nurses’ efficiency, confront them with ethical issues and hinder them in curbing the further spreading of the HIV and AIDS.

Theme 4: Social support system

Support from management seemed to be lacking for professional nurses who provide care to HIV positive patients. The patients also lacked support from family members.

Sub-theme 4.1: Lack of management support

The study revealed lack support from management in relation to the care that professional nurses provide to patients living with HIV/AIDS. Participants expressed their concerns as follows: *“I am not happy with the lack of support*

from the management as they do not respond when called for help but only comes when there are problems that involved the nurses. They don't care." Another participant mentioned that: *"Most of the time when members of management arrive they always reprimand the nurses and never support or encourage them. Sometimes when they are called they will say, it is not our responsibility, solve it in your unit, but sometimes they are helpful"*. Delobelle et al. (2009) maintained that hospital nurses expressed frustration over the lack of support in offering HIV and AIDS services and asked for allocation of permanent staff to ensure continuity.

Sub-theme 4.2: Lack of Staff counseling

Participants described their willingness to provide care to HIV/AIDS patients but are concerned about their support system. They emphasized the importance and the need for staff counseling so that they could develop better coping skills toward the situations they are faced with and the concerns were expressed as follows by different participants: *"The problem is that I counsel patients but professional nurses do not get counseling. It is hard because the professional nurses do not have support"*, while the other participant said: *"It is so painful, to see a child dying there. Actually I am affected emotionally and psychologically. Sometimes I feel that I need counseling also."* Minnaar (2005) stated that nurses needed counseling not only when they have contracted the disease but also that they cope with the demand of the high number of patients who no longer recover from the illness but die as a result of HIV/AIDS.

Sub-theme 4.3: Lack of appreciation

Professional nurses expressed concerns that the relatives of patients blame them for the patients' poor progress. One participant said: *"I feel very bad if families do not appreciate because we work hard to save lives"*. Smit (2005) supports that professional nurses are blamed for everything that goes wrong at the hospital as well as poor health care services that is beyond their control.

Sub-theme 4.4: Lack of family support

Participants stated that they do not get any support from the patients' family members and they even get threatened by these relatives even though they try very hard to cope with every circumstance that they are faced with. They are held liable for everything that goes wrong with the patients. The experiences were expressed in the following threats: *"I will meet you in town and I will fix you, I will show you, I will get you, you don't care, you are so rude to our patients, and you are what... what, just threats."* Smit (2004) and Harrowing and Mill (2009) reported that the participants' experiences were that the families think that they don't do their best to the patient now and are abused.

Theme 5: Patients' condition

Participants indicated the patients' conditions on admission and that the survival of these patients depends on damage that the disease has already caused and the extent of the disease progression.

Sub-theme 5.1: Poor prognosis

The patients' prognosis was also a concern to the participants and they expressed different feelings. One participant expressed a feeling of depression because these patients come too late to the hospital and most of them do not survive. "They come to hospital being very sick, coming from the peripheral hospitals and the prognosis is poor because they have already complicated." Berhe, Melkamu and Amare (2012) support that most of the HIV and AIDS patients with neurologic manifestations were in stage IV".

Sub-theme 5.2: Patients' behaviour

The participants mentioned that the patients presented with different conditions, in a different state of mind like being confused and disorientated most especially after they have defaulted their treatment. These presentations became unbearable to the professional nurses to an extent that they ended up cuffing the patients to their bed because they could not cope with their conditions. Some patients came to hospital in a good state of mind, well orientated, but later changed when they started the ARV's due to their side effects and they expressed their experiences as follows: "*Not all of them are like aggressive, the only patient I can remember came and was fine but after starting the medication he started having the side effects. Mentally he was very confused, talking to himself and it was said that it was one of the side effects of the medication. The patient was referred back to Hope clinic where they changed the medication and he improved after that.*" Participants agreed with Chan, Wakeman, Flanigan, Cu-Uvin, Kojic and Kantor (2008) study that some patients worsened neurologically, becoming incontinent and acutely agitated requiring medication with anti-psychotics. Gallego, Barreiro and Lopez-Ibor (2011) indicated that HIV infected patients receiving antiretroviral therapy, infrequently suffer acute organic complications, the chronicity of the disease places them at risk of psychiatric comorbidity. These findings could imply that professional nurses become negatively affected by the HIV and AIDS patients' behavior as a result of the complications.

Recommendations

There should be debriefing sessions for professional nurses who provide care for HIV positive patients, family members should be taught about HIV and AIDS treatment by non-professionals and prognosis and that in-service education on HIV and AIDS and that ART should be provided to professional nurses.

Conclusion

Professional nurses providing care for HIV positive patients experienced problems of frustration, delay of treatment by patients, lack of knowledge by patients and family members, lack of support and work overload. These professional nurses also lacked knowledge of HIV and AIDS treatment and experienced a lack of support from management and they require counseling. The implications of the study could be that the professional nurses who provide care for HIV and AIDS patients experience challenges related to the patients, their family members and the problems of themselves as providers not being knowledgeable about HIV treatment all of which require attention by the hospital management.

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