

**CARE AND SUPPORT MODEL FOR HEALTH  
CARE PROVIDERS OF HIV AND AIDS  
PATIENTS IN THE PUBLIC HOSPITALS OF  
LIMPOPO PROVINCE**

*by*

**MARIA LEBEKO MOSHIDI**

*A thesis submitted in fulfilment of the requirements for the degree:*

**DOCTOR OF PHILOSOPHY**

Department of Nursing Science  
School of Health Care Science  
Faculty of Health Sciences  
University of Limpopo-Turfloop Campus

---

*Supervisor*

**Professor R.N. Malema**

*Co-Supervisor*

**Professor T.M. Mothiba**

---

**August 2018**

# DECLARATION

I, **Maria Lebeko Moshidi**, declare that “**CARE AND SUPPORT MODEL FOR HEALTH CARE PROVIDERS OF HIV AND AIDS PATIENTS IN THE PUBLIC HOSPITALS OF LIMPOPO PROVINCE**” is my own work and that all the sources that I have used or quoted have been indicated and acknowledged by means of complete references and that this work has not been submitted before for any other degree at any other institution.

**Maria Lebeko Moshidi** : .....

**Date Signed** : .....

## DEDICATION

- ✎ This work is dedicated to my family, my dearest niece, Mathilda Mmatibane Malapane, and her husband, Pheane Sammy Malapane, for making it possible for me to be what I am today through their love, support, patience and prayers.
- ✎ To my lovely God-given daughter, Evah Mashienoke Sebothoma, who was an inspiration during my studies.
- ✎ Above all, to Almighty God, who is, and will always be merciful, I honour and glorify Him.

## ACKNOWLEDGEMENTS

***I reserve a very special thank you for my Heavenly Father,  
God Almighty, who granted me an abundance of grace,  
mercy and strength to conduct this study.***

- ✎ Special appreciation and gratitude to my supervisor, Professor RN Malema and my co-supervisor, Professor TM Mothiba for their enthusiastic leadership, expert advice and encouragement, who ensured that this research process becomes veracity.
- ✎ I would especially like to thank colleagues in five public hospitals of Limpopo Province for their willingness to participate in this study and to the respective hospital CEOs and managers who facilitated data collection.
- ✎ The Limpopo Province Office: Department of Health, for giving me permission to conduct the study (Appendixes E, F, H).
- ✎ I wish to express my warmest thanks to my niece, Mathilda Mmatibane Malapane, and, Pheane Sammy Malapane, her lovely husband. Without your support, your encouragement and, above all else, your love, this would not have been possible.
- ✎ My special thank-you for my lovely God-given daughter, Evah Mashienoke Sebothoma, for her constant, unselfish love, support, understanding and encouragement since the beginning of the programme to date.
- ✎ To my family, supervisor and colleagues at the workplace, I extend my sincere thanks.
- ✎ The editorial assistance of Professor DC Hiss, is gratefully acknowledged. (Appendix L).

Maria Lebeko Moshidi

## ABSTRACT

**Introduction:** Health care workers have a pivotal role in the management of Human Immune Deficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) and their well-being is consequently crucial as it could impact negatively on the quality of caregiving. With the development of a care and support model, the needs of health care workers can be identified and catered for, and quality patient care will be rendered through well-cared and supported health care workers.

**Purpose:** The purpose of this study was to develop a care and support model for health care providers of patients diagnosed with HIV and AIDS in the public hospitals of the Limpopo Province. A key step in the development of a model for care and support is to explore and describe the experiences of professional nurses regarding care and support they receive while providing care to HIV and AIDS patients in the public hospitals of Limpopo Province

**Methods:** A qualitative, descriptive, exploratory and contextual design was the method used which guided the development of the model. The population of the study were the professional nurses in five public hospitals from each district of the Limpopo Province. These hospitals were selected because they all shared similar characteristics of having clinics where HIV and AIDS patients receive care. The sample was purposively selected. The sample size was 20 professional nurses which was determined by data saturation, meaning that four professional nurses who worked for 24 months or more per public hospital were selected. Data were collected through face-to-face interviews and an audiotape was used to record all unstructured interview sessions conducted. Analysis of data were done through using an open-coding method in accordance with Tech's qualitative data methodology to develop a model.

**Results:** The research findings revealed emotional and physical strain due to shortage of staff and heavy workload which was exacerbated by staff turnover and high absenteeism. Exhaustion, fatigue, development of work-related

illnesses and increased level of stress were also challenges experienced which led to increased customer complaints and decreased quality of service provided to patients. Many professional nurses were not trained in the management of patients with HIV and AIDS, but were expected to execute their activities competently. There was also lack of counselling, debriefing sessions, recognition and rewarding systems for the health professionals who were taking care of those patients.

**Recommendations:** This *Care and Support Model* provides strategies to be used by the managers in public hospitals of Limpopo Province to enhance care and support to health care providers of HIV and AIDS patients. The model should be implemented at various public hospitals throughout Limpopo Province and feedback provided so that it could be further developed and refined.

**Conclusion:** The results indicated that health care providers of HIV and AIDS patients were deprived of the necessary care and support during provision of care to HIV and AIDS patients. A model for care and support as a strategy to assist the managers to offer care and support to health care providers of HIV and AIDS has been developed. The model is a contribution to the nursing management, the government and it serves as a guideline for improving the quality of patient care through well-cared and supported health care workers.

**Keywords:** care and support model, health care provider, HIV/AIDS patient, professional nurse

## DEFINITIONS OF CONCEPTS

<b>Health Care Provider</b>	Health care provider as defined by the Mental Health Care Act, No 17 of 2002 means a person providing health care services. In this study, health care provider will be a professional nurse chosen as a study participant who is providing care to patients diagnosed with HIV and AIDS in a public hospital of Limpopo Province, South Africa.
<b>Patient</b>	A patient means a person who is receiving medical treatment especially in a hospital (Hornby: 2010). In this study, a patient refers to a person with positive HIV status, confirmed by laboratory diagnosis, and receiving medical treatment in a public hospital of Limpopo Province, South Africa.
<b>Professional Nurse</b>	A professional nurse is a person who is registered as a nurse or as a midwife in terms of the Nursing Act No. 33 of 2005, capable of performing his/her prescribed functions as a nurse which are patient care, teaching skill for both the patient and relatives as well as doing the administrative work in a unit s/he is allocated in (Muller <i>et al</i> : 2007:200). Professional nurses in this study, mean experienced registered nurses who should have provided care for 24 months or more to patient's diagnosed with HIV and AIDS in Limpopo Province, South Africa.
<b>Public Hospital</b>	A public hospital means a hospital supported wholly or in part by funds received from the state revenue fund or a provincial revenue fund (Human Tissue Amendment Act, 1989). In this study, public hospital refers to five selected hospitals from five districts having health care providers of HIV and AIDS patients in Limpopo Province, S.A.

## LIST OF ABBREVIATIONS

<b>AIDS</b>	Acquired Immune Deficiency Syndrome
<b>ANA</b>	American Nurses Association
<b>ART</b>	Antiretroviral Therapy
<b>ARV</b>	Antiretroviral
<b>CEO</b>	Chief Executive Officer
<b>DOH</b>	Department of Health
<b>EAP</b>	Employee Assistance Programme
<b>FM</b>	Female Medical
<b>HAART</b>	Highly Active Antiretroviral Therapy
<b>HCPs</b>	Health Care Providers
<b>HCWs</b>	Health Care Workers
<b>HIV</b>	Human Immunodeficiency Virus
<b>ICN</b>	International Council of Nurses
<b>MM</b>	Male Medical
<b>OSD</b>	Occupation-Specific Dispensation
<b>PLWHA</b>	People Living with HIV and AIDS
<b>PN</b>	Professional Nurse
<b>SA</b>	South Africa
<b>SANC</b>	South African Nursing Council



**TREC** Turfloop Research Ethics Committee

**UNAIDS** United Nations Programme on HIV/AIDS

# TABLE OF CONTENTS

<b>DECLARATION</b> .....	<b>ii</b>
<b>DEDICATION</b> .....	<b>iii</b>
<b>ACKNOWLEDGEMENTS</b> .....	<b>iv</b>
<b>ABSTRACT</b> .....	<b>v</b>
<b>DEFINITIONS OF CONCEPTS</b> .....	<b>vii</b>
<b>LIST OF ABBREVIATIONS</b> .....	<b>viii</b>
<b>TABLE OF CONTENTS</b> .....	<b>x</b>
<b>LIST OF FIGURES</b> .....	<b>xvii</b>
<b>LIST OF TABLES</b> .....	<b>xvii</b>
<b>CHAPTER 1</b> .....	<b>1</b>
<i>OVERVIEW OF THE STUDY</i> .....	1
1.1 Introduction and Background .....	1
1.2 Preliminary Literature Review .....	5
1.2.1 Prologue.....	5
1.2.2 A Philosophical Framework of Nursing .....	5
1.2.3 The Rights of the Nurse.....	6
1.2.4 Caring in Nursing.....	6
1.2.5 The Impact of Caregiving .....	7
1.2.6 Care and Support for Nurses.....	8
1.2.7 Care and Support for Health Care Providers of HIV and AIDS in Developing Countries.....	9
1.2.8. Care and Support for Health Care Providers of HIV and AIDS in South Africa.....	10
1.2.9 Improving Individual Job Performance .....	13
1.3 Problem Statement.....	13
1.4 Research Questions.....	15
1.5 Aim of the Study.....	16
1.6 Objectives of the Study.....	16
1.7 Research Methodology .....	17
1.7.1 Study Site .....	17
1.7.2 Research Design .....	17
1.7.2.1 Exploratory Research Design.....	17
1.7.2.2 Descriptive Research Design .....	18
1.7.2.3 Contextual Research Design.....	18
1.7.3 Population and Sampling .....	18
1.7.3.1 Population .....	18
1.7.3.2 Sampling.....	19
1.7.4 Pilot Study.....	20
1.7.5 Methods of Data Collection .....	20
1.7.6 Methods of Data Analysis.....	20
1.7.7 Measures to Ensure Trustworthiness .....	21

1.7.7.1 Credibility .....	21
1.7.7.2 Dependability .....	21
1.7.7.3 Confirmability .....	21
1.7.7.4 Transferability .....	21
1.7.7.5 Bias .....	22
1.7.8 Ethical Considerations .....	22
1.7.8.1 Consent Form .....	22
1.7.8.2 Confidentiality and Anonymity .....	22
1.8 Organization and Structure of the Thesis .....	23
1.8.1 Chapter 1 .....	23
1.8.2 Chapter 2 .....	23
1.8.3 Chapter 3 .....	23
1.8.4 Chapter 4 .....	24
1.8.5 Chapter 5 .....	24
1.8.6 Chapter 6 .....	24
1.9 Conclusion .....	24
<b>CHAPTER 2.....</b>	<b>26</b>
<i>LITERATURE REVIEW.....</i>	<i>26</i>
2.1 Introduction .....	26
2.2 Workplace Support .....	26
2.2.1 Workplace Factors Affecting Employee Performance.....	27
2.2.1.1. Manager’s Support.....	28
2.2.1.2 Opportunity for Development.....	29
2.2.1.3 Availability of Resources .....	29
2.2.1.4. Workplace Incentives and Recognition.....	29
2.3. Impact of Lack of Workplace Support on Employees.....	30
2.2.2. Factors that Impact on Lack of Workplace Support.....	31
2.2.2.1. Decreased Quality of Service Delivery Due to Decreased Morale .....	31
2.2.2.2. Increased Workload with High Level of Stress .....	32
2.2.2.3. Increased Customer Complaints About the Service .....	33
2.2.2.4. Increased Staff Turnover and Shortage of Nurses.....	34
2.3. Factors Influencing Organizational Performance.....	36
2.3.1 Psychological and Emotional Support for HCPs of HIV and AIDS.....	37
2.3.2. Physical Support for Nurses .....	38
2.4. Availability of Resources to Enhance Organizational Effectiveness .....	39
2.5. Organizational Support According to Theorists.....	40
2.5.1. Elton Mayor and Fritz Roethlisberger’s Theory.....	40
2.5.2. Alderfer’s ERG Theory.....	43
2.5.3. Expectancy Theory .....	44
2.6. Conclusion.....	44
<b>CHAPTER 3.....</b>	<b>46</b>
<i>RESEARCH METHODOLOGY.....</i>	<i>46</i>

3.1 Introduction .....	46
3.2 Research Method.....	46
3.3 Research Design .....	47
3.3.1. Exploratory Research Design .....	47
3.3.3. Contextual Research Design .....	47
3.4. Population and Sampling.....	48
3.4.1. Population.....	48
3.4.2. Sampling.....	49
3.4.2.1. Inclusion Criteria.....	49
3.4.2.2. Exclusion Criteria .....	49
3.4.2.3. Sampling of Hospitals.....	49
3.4.2.4. Sampling of Professional Nurses.....	50
3.5. Pilot Study.....	51
3.7. Development of the Data Collection Instruments.....	51
3.7.1. Interviews.....	52
3.7.2. Central Question.....	52
3.7.3. Probing Questions.....	52
3.8. Data Collection Process .....	53
3.8.1. The Preparatory Phase .....	53
3.8.2. Information Session .....	54
3.8.3. Post-Interview Phase.....	54
3.9. Methods of Data Collection .....	54
3.9.1.Face-to-Face In-Depth Interviews.....	55
3.9.1.1. Probing .....	56
3.9.1.2.Listening Skills.....	56
3.9.1.3. Paraphrasing.....	57
3.9.2. The Use of a Voice Recorder .....	57
3.9.3. Field Notes .....	58
3.9.4 Characteristics of the Data Collection Instrument.....	58
3.9.5 Quantifiability.....	59
3.10 Data Analysis .....	59
3.11 Measures to Ensure Trustworthiness .....	61
3.11.1 Credibility.....	61
3.11.1.1 Prolonged Engagement .....	61
3.11.1.2 Triangulation .....	61
3.11.1.3 Member Checking.....	62
3.11.1.4 Persistent Observations.....	62
3.11.1.5 Peer Review and Debriefing.....	62
3.11.2 Dependability .....	62
3.11.3 Confirmability .....	63
3.11.4 Transferability .....	63
3.12 Ethical Considerations .....	63

3.12.1 Permission to Conduct the Research.....	64
3.12.2. Ethical Principles.....	64
3.12.2.1. Principle of Respect for Persons.....	65
3.12.2.2. Principle of Beneficence.....	65
3.12.2.3. Principle of Justice.....	65
3.12.3. Principle of Autonomy.....	67
3.12.4. Informed Consent.....	67
3.12.5. Data Protection.....	68
3.12.6. Bias.....	68
3.13 Conclusion.....	69
<b>CHAPTER 4.....</b>	<b>70</b>
<i>PRESENTATION AND DISCUSSION OF THE FINDINGS.....</i>	<i>70</i>
4.1 Introduction.....	70
4.2 Participants' Demographic Information.....	70
4.3 Themes and Sub-Themes that Emerged from Data Analysis of Interviews.....	71
4.3.1 Theme 1.....	74
<i>Explanation of Tales Related to Experiences During Provision of Care and Support of HIV and AIDS Patients.....</i>	<i>74</i>
4.3.1.1 Sub-Theme 1.1.....	74
<i>Experiences Related to Confirmation of Patients' Diagnosis During Admission.....</i>	<i>74</i>
4.3.1.2 Sub-Theme 1.2.....	76
<i>Exhaustion and Fatigue Experienced During Provision of Care.....</i>	<i>76</i>
4.3.1.3 Sub-Theme 1.3.....	79
<i>Existence of Lack of Rotation of Staff Problematic.....</i>	<i>79</i>
4.3.1.4 Sub-Theme 1.4.....	80
<i>Lack of Adherence to Treatment by Patients.....</i>	<i>80</i>
4.3.1.5 Sub-Theme 1.5.....	82
<i>Families Shun Responsibilities to Care of Their Relatives.....</i>	<i>82</i>
4.3.2 Theme 2.....	84
<i>Challenges Experienced During Provision of Care and Support of HIV and AIDS Patients.....</i>	<i>84</i>
4.3.2.1 Sub-Theme 2.1.....	84
<i>Existence Versus Lack of Management Support Experienced.....</i>	<i>84</i>
4.3.2.2 Sub-Theme 2.2.....	88
<i>Experience of Shortage of Staff Compromises Provision of Care and Support to Patients.....</i>	<i>88</i>
4.3.2.3 Sub-Theme 2.3.....	90
<i>Provision of Care and Support to HIV and AIDS Patients Viewed As a Stressful Process.....</i>	<i>90</i>
4.3.2.4 Sub-Theme 2.4.....	92
<i>Deprivation of Work-Related Benefits Experienced.....</i>	<i>92</i>
4.3.2.5 Sub-Theme 2.5.....	94
<i>Staff Turnover and Absenteeism Experienced.....</i>	<i>94</i>
4.3.2.6 Sub-Theme 2.6.....	96
<i>Development of Work-Related Illnesses Experienced.....</i>	<i>96</i>
4.3.2.7 Sub-Theme 2.7.....	98

<i>Existence of Material Resources Lead to Poor Provision of Care to Patients</i> .....	98
4.3.2.8. Sub-Theme 2.8.....	99
<i>Emotional and Psychological Trauma Experienced During the Caring Process</i> .....	99
4.3.3 Theme 3.....	101
<i>Explanation of Support Experienced by Nurses During Provision of Care and Support of HIV and AIDS Patients</i> .....	101
4.3.3.1 Sub-Theme 3.1.....	101
<i>Expressions of Words of Unfulfilled Help from Management</i> .....	101
4.3.3.2 Sub-Theme 3.2.....	103
<i>Different Types of Compensation Exist</i> .....	103
4.3.3.3 Sub-Theme 3.3.....	105
<i>Hope for Spiritual Support Expressed</i> .....	105
4.3.3.4 Sub-Theme 3.4.....	106
<i>Existence of Support from Patients and Relatives</i> .....	106
4.3.3.5 Sub-Theme 3.5.....	108
<i>Lack Versus Existence of Support from Multidisciplinary Team Members</i> .....	108
4.4 Conclusion.....	110
<b>CHAPTER 5</b> .....	<b>111</b>
<i>CONCEPT ANALYSIS</i> .....	111
5.1 Introduction.....	111
5.2 Concept Analysis.....	111
5.3 Procedure for Concept Analysis.....	112
5.3.1 Select a Concept.....	112
5.3.2 Determine the Aims or Purpose of Analysis.....	113
5.3.3 Identify All Uses of the Concept That Can Be Discovered.....	113
5.3.3.1 Definition of the Concept “Care”.....	113
5.3.3.2. Subject Definition of the Concept “Care”.....	114
5.3.3.3. Dictionary Definition of the Concept “Support”.....	115
5.3.3.4. Subject Definition of the Concept “Support”.....	115
5.3.4 Determine the Defining Attributes.....	116
5.3.4.1 Professional Development and Training Opportunities.....	117
5.3.4.2 Knowledge and Skill.....	118
5.3.4.3 Human and Material Resources.....	119
5.3.4.4 Conducive Working Environment.....	119
5.3.5 Identify the Model Case.....	120
5.3.6 Identify Borderline, Related, Contrary, Invented and Illegitimate Cases.....	122
5.3.6.1 Borderline Cases.....	122
5.3.6.2 Related Cases.....	123
5.3.6.3 Contrary Cases.....	123
5.3.6.3.1 Example of a Contrary Case.....	123
5.3.6.3.2 Discussion of a Contrary Case.....	124
5.3.7 Identify Antecedents and Consequences.....	124
5.3.7.1 Antecedents.....	124

5.3.7.2 Consequences.....	125
5.3.8 Define Empirical Referents .....	125
5.4 Model Development.....	126
5.4.1 Definition.....	126
5.4.2 Purpose of Developing the Model.....	126
5.5 Structure of the Conceptual Model.....	127
5.5.1 The Agent.....	127
5.5.2 The Recipient.....	127
5.5.3 The Dynamics.....	128
5.5.4 The Strategy/Protocol.....	129
5.5.5 The Context.....	131
5.5.6 The Terminus.....	131
5.6 Description of the Structure of the Model.....	132
5.7 Model Description.....	133
5.7.1 Construction of Relationship Statements and Process.....	135
5.7.2 Verification of the Main Related Concepts.....	135
5.7.3 Process Description of the Model.....	135
5.7.4 Phases of Model Development.....	135
5.7.4.1 Phase 1: Needs Awareness.....	137
5.7.4.2 Phase 2: Formulation of Plan.....	137
5.7.4.3 Phase 3: Resource Mobilization.....	137
5.7.4.4 Phase 4: Monitoring and Evaluation.....	137
5.7.4.5 Phase 5: Efficient and Quality Care.....	137
5.7.5 Procedure for the Effective Care and Support for Health Care Providers of HIV and AIDS.....	138
5.7.6 Development of Guidelines to Operationalize the Model.....	138
5.8 Validation of the Model.....	143
5.8.1 Clarity.....	144
5.8.2 Simplicity.....	144
5.8.3 Generality.....	144
5.8.4 Acceptability and Usability of the Model.....	144
5.8.5 Validation of a Model Guide.....	145
5.8.6 Validation Report.....	145
5.9 Conclusion.....	148
<b>CHAPTER 6.....</b>	<b>149</b>
<i>SUMMARY, CONCLUSIONS AND RECOMMENDATIONS.....</i>	<i>149</i>
6.1 Introduction.....	149
6.2 Research Objectives.....	149
6.3 Research Design and Method.....	150
6.4 Summary and Interpretation of the Research Findings.....	150
6.4.1 Summary.....	150
6.4.2 Interpretation of the Research Findings.....	150
6.5 Conclusions.....	154

6.6 Recommendations.....	155
6.6.1 Government/Employer.....	155
6.6.2 Research.....	156
6.7 Contribution of the Study.....	156
6.8 Limitations of the Study.....	157
6.9 Concluding Remarks.....	157
<b>REFERENCES.....</b>	<b>159</b>
<b>APPENDIX A.....</b>	<b>185</b>
<i>MAP OF LIMPOPO PROVINCE.....</i>	<i>185</i>
<b>APPENDIX B.....</b>	<b>186</b>
<i>LIMPOPO PROVINCE HOSPITALS IN FIVE DISTRICTS.....</i>	<i>186</i>
<b>APPENDIX C.....</b>	<b>188</b>
<i>ETHICS CLEARANCE BY TURFLOOP RESEARCH ETHICS COMMITTEE (TREC).....</i>	<i>188</i>
<b>APPENDIX D.....</b>	<b>189</b>
<i>LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH.....</i>	<i>189</i>
<b>APPENDIX E.....</b>	<b>190</b>
<i>PERMISSION FROM LIMPOPO PROVINCE DEPARTMENT OF HEALTH TO CONDUCT THE STUDY.....</i>	<i>190</i>
<b>APPENDIX F.....</b>	<b>191</b>
<i>GENERAL CONSENT TO CONDUCT THE STUDY AT LIMPOPO PROVINCE DEPARTMENT OF HEALTH HOSPITALS.....</i>	<i>191</i>
<b>APPENDIX G.....</b>	<b>192</b>
<i>LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH AT LETABA HOSPITAL.....</i>	<i>192</i>
<b>APPENDIX H.....</b>	<b>193</b>
<i>APPROVAL LETTER FROM CEO, LETABA HOSPITAL.....</i>	<i>193</i>
<b>APPENDIX I.....</b>	<b>194</b>
<i>CONSENT FORM.....</i>	<i>194</i>
<b>APPENDIX J.....</b>	<b>195</b>
<i>DATA COLLECTION DOCUMENT (PHILADELPHIA HOSPITAL).....</i>	<i>195</i>
<b>APPENDIX K.....</b>	<b>203</b>
<i>QUALITATIVE DATA ANALYSIS CERTIFICATE.....</i>	<i>203</i>
<b>APPENDIX L.....</b>	<b>204</b>
Validation Questionnaire.....	204
<b>APPENDIX M.....</b>	<b>207</b>
<i>CONFIRMATION BY LANGUAGE EDITOR.....</i>	<i>207</i>



## LIST OF FIGURES

<b>Figure 2.1:</b> Workplace factors affecting employee performance.....	28
<b>Figure 5.1:</b> Attributes of the concept care and support.....	117
<b>Figure 5.2:</b> Agent and recipient .....	128
<b>Figure 5.3:</b> Factors impeding professional nurse to render HIV and AIDS services .....	129
<b>Figure 5.4:</b> Strategies to improve standards of patient care .....	131
<b>Figure 5.5:</b> Strategies to improve standards of patient care .....	132
<b>Figure 5.6:</b> Care and support model for health care providers of HIV and AIDS patients.....	134
<b>Figure 6.1:</b> Lack of support.....	151

## LIST OF TABLES

<b>Table 1.1:</b> Population of professional nurses in selected wards of public hospitals in Limpopo Province.....	18
<b>Table 3.1:</b> Population of professional nurses per district hospital in Limpopo Province .....	48
<b>Table 3.2:</b> Professional nurses selected in district hospitals in Limpopo Province .....	50
<b>Table 3.3:</b> Tesch's proposed eight steps in qualitative data analysis.....	59
<b>Table 4.1:</b> Themes and sub-themes of experiences of professional nurses providing HIV and AIDS care.....	72
<b>Table 5.1:</b> A description of the support process for health care providers of HIV and AIDS patients .....	136
<b>Table 5.2:</b> Guidelines for development of the care and support model.....	139

# CHAPTER 1

## OVERVIEW OF THE STUDY

### 1.1. Introduction and Background

Health care providers play a vital role in providing for physical and emotional needs to hospitalized patients with Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) (Van Dyk: 2008). Human Immunodeficiency Virus is one of the main health challenges which impact on human resources for adequate patient care throughout the world (UNAIDS: 2012). This posed a burden and strain on the health care systems due to the fact that health care providers (HCPs) were expected to attend to the patients whose physical state were more demanding as well as the emotional state of the families affected (Ramathuba & Davhana-Maselesele: 2013 and Van Dyk: 2008). Physical and mental well-being of personnel yielded positive outcome in the workplace. Strain jeopardized the productivity of the health workers which necessitated the prompt provision of necessary interventions. A proper functioning and an effective health care system is critical if the needs of health care providers are maintained and productivity maximized (Kangethe: 2009).

According to a study conducted in Uganda by Mignone, Pidera, Davis, Migliardi and Harvey (2011), individuals living with HIV and AIDS, who come from low income and stigmatized communities relied on disadvantaged peers and formal caregivers for support and assistance. The formal caregivers indicated that they had little guidance and support from their organization. In the study conducted by Grant, Elk, Ferrell, Morrison and von Gunten (2009) in New York City, the palliative care team found that hospital health care workers were capable of handling many of the palliative care needs of clients, most were accrued while in the hospital and often actively died. However, they lacked time, training or experience to do so adequately.

A study conducted by Kiragu, Nyumbu, Nyulube, Njobvu, Mwamba, Kalmbwe and Bradford (2008) in Zambia stated that hospital staff are charged with meeting the needs of the patients, however, few programmes examined the needs of staff themselves. Another study conducted by Primo (2007) in the Nigel Caring Community Organization, Gauteng Province, South Africa, operating as community home-based caregivers, revealed that caregiving is a demanding job that requires physical and emotional reserves that occasionally exceed those of even the healthiest persons. Three important questions facing the potential need for the development of a care and support model for HCPs of patients diagnosed with HIV and AIDS were looked at, and were as follows: First, what is the situation regarding the needs of patients diagnosed with HIV and AIDS? Second, what is the situation regarding the needs of HCPs? Third, what is available in the public hospitals? The information obtained assisted the HCPs of patients diagnosed with HIV and AIDS to access a full range of care and support. Questions are discussed as follows:

❖ **What is the situation regarding the needs of patients diagnosed with HIV and AIDS?**

Caring for individuals with serious chronic illnesses is a physical and emotional challenge that has a detrimental effect on the well-being of caregivers if not effectively managed (Valjee & van Dyk: 2014). Workers take more pride in their work production when they know that their efforts are not going to be unnoticed by their managers (Meyer, Naude, Shangase & Van Niekerk: 2008). Motivational factors played an important role in increasing employees' job satisfaction. This resulted in improving employees' organizational performance (Kaur: 2013). The expansion of treatment for HIV and AIDS posed more stress to caregivers as more people living with HIV and AIDS (PLWHA) had prolonged life due to antiretroviral treatment. A safe and secure environment reduces the threat of physical injury (Muller, Bezuidenhout & Jooste: 2007).

❖ **What is the situation regarding the needs of health care providers of patients diagnosed with HIV and AIDS?**

One of the key global health challenges was the influence of HIV epidemic on the health workforce. Health care system incurred additional costs when relatives and family members become exhausted to provide in home-care and responsibility shifts to formal service providers (Bocoum, Kouanda, Kouyate, Hounton & Adam: 2013). Bell (2011) indicated that an estimated 31% of children in the United States have one or more chronic illness that often requires frequent hospitalization. The study further stated that there was a high incidence of depression in caregivers of chronically critically ill patients. In support, another study conducted by Glasda, Timm and Vittrup (2010) in Denmark stated that an increasing number of people today live with chronic disease that affect their quality of life.

#### **📌 The need for psychological and emotional support of health care providers of patients diagnosed with HIV and AIDS**

Human Immune Virus and AIDS caregiving created the emotional strain of dealing with an unpredictable and currently incurable disease. A qualitative study conducted in Kanye Care Programme in Botswana by Kangethe (2009) indicated that caregiving is psychologically draining and burdensome. Kanye caregivers indicated that they were not exposed to any motivation in their caregiving work. A study conducted in KwaZulu-Natal, South Africa, by Singh, Chaudoir, Escobar and Kalichman (2011) revealed that caregivers of patients with HIV and AIDS were experiencing a high level of emotional and physical burden due to demands of their jobs. The caregivers, therefore, suffered increased burnout, depression and stress related symptoms. Thus, support was identified as a need for these caregivers.

#### **📌 The need for physical support of health care providers of patients diagnosed with HIV and AIDS**

Caregivers played a vital role in the management of patients diagnosed with HIV and AIDS. Their well-being were consequently crucial as it impacted negatively on the quality of caregiving. Caring for someone whose mobility and bodily functions deteriorated placed a great demand on the health of caregivers. The

study conducted in Kenya by Tawfik and Kinoti (2006) indicated that caring for the sick was not only demanding, but risky. Health care providers risked their physical health when assisted someone with tasks such as getting patients out of bed. The most common problem was exhaustion. According to a study conducted by Lua, Mustapha, Abdullah and Rahman (2014) in Terengganu, Malaysia, insufficient support was identified as the major challenge for caregivers of patients diagnosed with HIV and AIDS.

A study conducted by Primo (2007) in the Nigel Caring Community Organization, Gauteng Province, South Africa, operating as community home-based caregivers, revealed that caregiving was a demanding job that required physical and emotional reserves that occasionally exceeded those of even the healthiest persons. The expansion of treatment for HIV and AIDS posed more stress to caregivers as more PLWHA had prolonged life due to antiretroviral treatment (ART).

The study further stated that many people become seriously ill before accessing the treatment due to limited access to clinics, waiting time for antiretroviral (ARV) treatment programmes and eligibility criteria for access to ARVs (Primo: 2007). This therefore posed the need for an ongoing care and support to health care providers who were expected to provide curative and the palliative care to those individuals living with HIV and AIDS.

#### ❖ **What is available in the public hospitals?**

The government has an Employee Assistance Programme (EAP) for government employees' available in the public hospitals. The EAP deals with a variety of personal issues such as addressing substance abuse, marital problems, depression, anger management, anxiety, physical illness, legal and financial assistance, day-care for children of employees and older parents of employees (Levy-Merrick, Volpe-Vartanian, Horgan & McCann: 2007). The EAP available seem to be more focused to employee's personal problems and as a result, employees' demands remain unattended. There are some gaps identified despite the availability of EAP offered by the government. The identified gaps

will necessitate the need for a development of care and support model to address the needs for employees' in the public hospital

## **1.2. Preliminary Literature Review**

### **1.2.1. Prologue**

Care and support continue to be a challenge in the public health care services. Caregiving to HIV and AIDS patients has placed considerable demands on the caregivers which is exacerbated by insufficient support (Ramathuba & Dhavhana-Maselesele: 2013). Provision of clinical care and supportive services to HIV and AIDS patients can either be formal, including health professionals or informal, including home-based care, families or voluntary caregiving, and as a result, several studies were conducted on informal caregiving (Akintola: 2010, Majumdar and Mazaleni: 2010 and Orner: 2006), yet little research has been conducted on formal support services.

A study by Casale and Wild (2012) further emphasized that in circumstances where formal institutional support is absent or inadequate, informal social support constituted a particularly important potential resource for coping and health. Based on the research problem, the following have to be considered that could contribute to the efficient nursing practice that will enhance support to the employees.

### **1.2.2. A Philosophical Framework of Nursing**

Nursing, as one of the philosophical beacons of nursing in a credo, was described by Charlotte Searle, in her inaugural lecture as the first professor of Nursing in South Africa at the University of Pretoria as the recognition of the uniqueness of every human life and the responsibility (bestowed on mankind by the Creator) for the welfare of his fellowman. Nursing, by its nature, offers a beacon of light, metaphorically at least, to those who need help in their pain and suffering, to those someone to do for them what they are unable to do for themselves (Mellish, Oosthuizen & Paton: 2010).

One of the nursing theories that have been developed since Florence Nightingale (1859) is Jean Watson's human caring theory which is based on the belief that the practice of caring is central to nursing, which involves values, a will and a commitment to care, knowledge and caring actions and consequences (Watson:1985). It is, therefore, believed that the individual nurse's everyday nursing practice is determined by her philosophy, or views and beliefs about life, nursing, the patient, health and illness.

### **1.2.3 The Rights of the Nurse**

The nurse, however, is entitled to the same rights and freedom as any other member of society. According to the declaration on the rights of the nurses, the South African Nursing Council (SANC) has stated that the nurse is entitled to her rights in terms of the Constitution and any other relevant labour legislation, provided that the exercising of her rights does not put the life or health of her patients at risk. Furthermore, the nurses' Bill of Rights as adopted by the American Nurses Association (ANA) Board of Directors on June 26, 2001, which states that every nurse must have to provide high quality patient care in a safe work environment which is equipped with at least the minimum physical, material and personnel requirements and that supports and facilitate ethical practice, in accordance with the Code of Ethics for nurses. Similarly, the International Council of Nurses (ICN) with regard to the nurses working situation, states that nurses have the right to practice in accordance with the nursing legislation in their countries and within the ethical code of their profession, meaning that they also have a right to a working environment which provides for their personal safety, freedom from abuse, threats or any form of violence.

### **1.2.4. Caring in Nursing**

The term "caring" denotes a highly developed skill, based on the psychosocial, spiritual and physiological understanding of self and others (Watson: 1985). The nursing profession aims at caring for others, which means having a strong feeling and concern for people, nurturing them and intervening to preserve and promote health (Mulaudzi & Mokoena: 2010). The ethical and professional

codes of practice guide the professional nurses towards maintaining a trusting relationship and providing care that promotes the well-being of their patients. This includes the obligation to meet the health care needs of the person with HIV and AIDS (Mellish, Oosthuizen & Paton: 2010).

LaSala and Bjamanson (2010) observed that nursing practice that includes the ethics of care raises moral courage as evidenced by promoting interdisciplinary collaboration and positively influencing outcomes that support rather than oppose moral decision making. Day (2007) published findings on the courage necessary to good nursing practice and revealed that nurses who are morally courageous, act best in the interest of their patients and are able to confidently overcome their personal fears and respond to what a given situation requires.

Watson's (1985) theory of caring emphasized the fact that caring is a deeply human activity and health services should provide the human environment for a nurse to practice nursing with the enactment of values such as commitment, support and the development of human resources, sensitivity to the needs of nurses, helping and trusting relationship with the nurse and the provision of a safe and protective environment. The nurse manager, as the one holding the leadership position in an organization, sets the tone, thus implying that the nurse manager creates the atmosphere for the model of caring that will enhance creativity and independence in the working situation (LaSala & Bjamason; 2010).

#### **1.2.5. The Impact of Caregiving**

In the high demand for effectiveness and efficiency of public health service delivery, nursing staff is placed on a high responsibility to ensure that the demands of public citizens are satisfied (Beh & Loo: 2012). Amongst the South African provinces, Limpopo Province is one of the rural provinces where hospitals are congested with HIV and AIDS patients. These patients are hospitalized, suffering from fatal opportunistic infections and secondary complications due to a depleted immune system (Davhana-Maselesele & Igumbor: 2008).



Organizational factors, including supportive leadership, play an important role in increasing nurses' self-confidence and leading to clinical competency and productivity (Fasoli: 2010). The ethical and professional codes of practice guide the professional nurses towards maintaining a trusting relationship and providing care that promotes the well-being of their patients (Murray: 2007). This includes the obligation to meet the health care needs of the person with HIV and AIDS and apply the ethical principles while caring for them.

### **1.2.6. Care and Support for Nurses**

Getting employees to do their work, even in strenuous circumstances, is one of the employees' challenges and can be made possible through motivating them (Danish & Usman: 2010). The nurse manager, as one holding the leadership position in an organization, sets the tone and provide the model for caring. This means that the nurse manager creates the atmosphere for the model of caring (Murray: 2007). A study conducted in Tanzania by Chediell (2010) showed that a first requirement in supporting nurses working with PLWHA was to acknowledge formally the fact that their work was inherently stressful, and that the feeling of distress was legitimate and not signs of personal weakness or lack of professionalism. The study further stated that much of the stress experienced by those care givers were the nature of work itself and the fact that they were dealing with an incurable condition that killed people, young and adults. The care givers' burden often produced high level of chronic stress that needed care and support from the system itself.

A qualitative study conducted by Kolisa and Ayoyusuf (2013) revealed that with increasing burden of HIV in South Africa, the care and support of HIV and AIDS patients brought a great need for them and people who cared for these patients which necessitated care and support, especially from the management side for caregivers to be able to manage the disease in its entirety. According to the study conducted by Uebel *et al.*: (2007) in Durban, Kwa-Zulu Natal, South Africa and Gaborone, Botswana, emotional and physical burden among staff members were reported to be high as a result of increased workloads with limited resources and a high percentage of young adults patients and children who

were ill and dying of AIDS. The burden of HIV and AIDS was compounded by lack of support from senior doctors and administrators.

Care and support is an integral component of the management strategies that health care providers regard as essential for managing HIV and AIDS patients. Studies such as those conducted by Kangethe (2009), De Villiers and Ndou (2008) and Moola, Ehlers and Hattingh (2008) identified lack of motivation, recognitions, rewards, counselling, debriefing sessions and little support offered to HCPs of HIV and AIDS patients. The study conducted by Cameron, Horsburgh, Armstrong and Stassen (2008) revealed that when employees are supported and empowered, their job satisfaction increases, they focus their job with additional importance and this leads to constant progress in their work procedures.

#### **1.2.7. Care and Support for Health Care Providers of HIV and AIDS in Developing Countries**

A study conducted in Tanzania by Chedié (2010) showed that a first requirement in supporting nurses working with PLWHA was to acknowledge formally the fact that their work was inherently stressful, and that the feeling of distress was legitimate and not signs of personal weakness or lack of professionalism. The study further stated that much of the stress experienced by those caregivers were the nature of the work itself and the fact that they were dealing with an incurable condition that killed people, young and adults. The caregivers' burden often produced high level of chronic stress that needed care and support from the system itself.

In their study conducted in Zambia, Kiragu *et al.* (2008) reported that few programmes that examined the HIV-related needs of hospital staff were developed that included how they were coping with the epidemic in their private lives, motivated by the recognition that hospital workers were often overlooked in HIV programming as many were infected by HIV. Caring for the caregivers was developed in Zambia prompted by the recognition that hospital workers were often overlooked in HIV programming as many were infected by HIV. The

authors further reported that few programmes examined the HIV-related needs of hospital staff themselves that included how they were coping with the epidemic in their private lives.

Since health care workers were caregivers, they too needed to be recognized and given support so that they would be able to cope in rendering health care services. A qualitative study conducted by Kolisa and Ayoyusuf (2013) revealed that with increasing burden of HIV in South Africa, the care and support of HIV patients brought a great need for HIV patients and people who cared for these patients which necessitated care and support, especially from the management side, for caregivers to be able to manage the disease in its entirety.

#### **1.2.8. Care and Support for Health Care Providers of HIV and AIDS in South Africa**

Care and support is an integral component of the management strategies that health care providers regard as essential for managing HIV and AIDS patients. HCPs of HIV and AIDS face distinctive demands that could make them more prone to occupational stress with serious consequences for their well-being (Valjee & van Dyk: 2014). A qualitative research study conducted by De Villiers and Ndou (2008) in a particular hospital in Limpopo Province, South Africa, revealed a perceived lack of institutional support for nurses who were providing care to PLWHA.

The study further explained that this lack of support for HCPs of HIV and AIDS meant that those in managerial positions did not care about caregivers of HIV and AIDS patients who were nurses. Nurses who worked in highly stressful situations were constantly under pressure and were vulnerable to a variety of symptoms in reaction to the situations they faced. As HIV prevalence of South Africa (SA) was rising, the strain placed on its hospitals was likely to increase. That increased demand for medical care and thus added additional strain on the health sector.

Although global commitment to control the HIV and AIDS pandemic has

increased significantly, the burden is especially heavy in SA where the prevalence of HIV and AIDS is very high with 5.6 million people living with HIV and 270,000 HIV-related deaths (UNAIDS: 2012) as compared to any other country in the world. Nurses were a critical part of those events in terms of the workload. Nurses provided care and prepared HIV and AIDS patients for a peaceful death and communicated with family members.

Caring for AIDS suffers and their health needs came with physical and psychological effects, including stress, burnout and exhaustion which affect the individual's well-being of caring for the dying with little support mechanism (Davhana-Maselesele & Igumbor: 2008). . According to the study conducted by Uebel *et al*: (2007) in Durban, Kwa-Zulu Natal, South Africa and Gaborone, Botswana, emotional and physical burden among staff members were high as a result of increased workloads with limited resources and high percentage of young adults patients and children who were ill and dying of AIDS.

The burden of HIV/AIDS was compounded by lack of support from senior doctors and administrators. It was indicated that staff care programmes had been established to provide care for HIV-infected health care workers and health care workers affected by caring for HIV-infected patients. The authors further stated that health care workers who must function in struggling health systems where workloads were high with limited resources were emotionally burdened by HIV epidemic. In hospital wards, a high percentage of patients were young adults and children who were ill and dying of AIDS. The burden of HIV/AIDS was compounded by lack of support from senior doctors and administrators. Therefore, based on the findings from the study, the employer took note of the difficult circumstances under which the health care providers of HIV and AIDS worked and developed a care and support model to enhance coping mechanisms that would help to prevent stress, burnout and resignations which could worsen the situation.

Based on the literature review, there were some gaps that were identified by the researcher. Studies such as those conducted by Kangethe (2009), De Villiers and Ndou (2008) and Moola, Ehlers and Hattingh (2008) identified lack of

motivation, recognitions, rewards, counselling, debriefing sessions and little support offered to HCPs of HIV and AIDS patients. Another study by Akintola (2010) found productivity and coping capabilities of primary caregivers to be inadequate. More focus was on the informal caregivers such as home-based caregivers, volunteers, families rather than formal caregivers like health care professionals.

A study conducted by Casale and Wild (2012) in South Africa revealed that HIV and AIDS constituted a key stressor for individual and caregivers whereby there was inadequate institutional support for caregivers of patients with HIV and AIDS and caregivers. As a result, caregivers faced potentially cumulative stresses and high possibilities of health risks and that stress derived from caregiving responsibilities presented significant risks for caregivers' mental and physical health.

Another study conducted in rural Eastern Cape, South Africa, by Majumdar and Mazaleni (2010), revealed the need for health care programmes, counselling and support to caregivers of patients diagnosed with HIV and AIDS that would assist and help them with the situation. The study further indicated that caring for a child with a particular health condition, including a child with HIV, might be especially stressful and was associated with mental health outcomes. Despite the availability of a programme offered by the government like an Employee Assistance Programme (EAP), there were still some gaps in providing care and support to HCPs of HIV and AIDS patients in Limpopo Province. EAPs seemed to be more directed to the employees' personal problems. Strenuous and demanding areas such as providing care to HIV and AIDS patients were neither considered nor given attention regarding care and support to HCPs. The identified gaps made the researcher develop a special interest in finding reasons why were the HCPs of HIV and AIDS patients not cared for nor supported and would therefore embark on developing a care and support model for HCPs of HIV and AIDS patients in Limpopo Province, SA.

Shadare (2009) stated that a motivated employee is responsive of definite goals and objectives s/he must achieve. An organization that produces services at

higher quality are those that strive to bring out the best in its individual employees and that create exceptional capabilities that produce high-end results (Ama & Seloilwe: 2011). Tung, Nguyen and Khuona (2014) indicated that staff's organizational support contribute to workplace stability and better customer service hence increase work performance. Nurses would not have the ability to cope with the provision of quality care to HIV and AIDS patients in public hospital because it is compromised by the lack of necessary care and support which they perceive are non-existent in their health institutions.

### **1.2.9. Improving Individual Job Performance**

Performance is the objective of any organization because only through performance, organizations are able to grow and progress (Gavrea, Ilies & Stegorean: 2011). Provision of a positive working environment is essential to enhance employees' job satisfaction, to increase employee engagement and job performance in the organization (Gardener: 2009). No organization can perform at its best unless each employee is committed to its work.

Therefore, for an organization to be successful in providing service delivery, it is essential for management to lead and develop personnel (Booyens: 2008). Continuous development and support will make employees more valuable to the organization and more fulfilled professionally. The study conducted by Cameron, Horsburgh, Armstrong and Stassen (2008) revealed that when employees are empowered, their job satisfaction increases, they focus on their job with additional importance and this leads to constant progress in their work procedures. Tshitangano (2013) suggested that improved level of job satisfaction could assist in improving health care services and reducing turnover amongst registered nurses in South Africa. This implied that nursing managers should be more effective at creating a work environment that supports the needs of individual nurses (Blegen, Vaughn & Vojir: 2008).

### **1.3. Problem Statement**

Health care professionals provided 24-hour services to patients diagnosed with

HIV and AIDS in the public hospitals of Limpopo Province. The researcher, who is a lecturer in one of the public hospitals of Limpopo Province, accompanies students in the clinical area. During those accompaniments, it was observed that some of those patients were admitted at clinical stage IV of AIDS. During this stage, the immune system deteriorates exponentially and patient presents with severe symptomatic stage (AIDS-defining conditions) such as pneumocystic pneumonia, recurrent severe bacterial pneumonia, extrapulmonary tuberculosis, HIV encephalopathy, toxoplasmosis, orolabial herpes simplex infection, Esophageal candidiasis and Kaposi sarcoma (Weinberg and Kovarik: 2010). Professional nurses were expected to deliver quality care to those patients including other patients diagnosed with medical conditions. The situation was reported as very hectic and unbearable.

In view of Fournier, Kipp, Mill and Walusimbi's (2007) findings from a participatory action research study concerning the experiences of Ugandan nurses caring for individuals with HIV illnesses, it was found that nurses faced many challenges in their daily care, including poverty, insufficient resources, fear of contamination, and a lack of ongoing education. The study conducted in Limpopo Province indicated that providing care to patients diagnosed with HIV and AIDS patients and their evolving health needs come with occupational risks of infection and the need for more training and support (Davhana-Maselesele & Igumbor: 2008).

There is an Employee Assistance Programme (EAP) for government employees which deals with a variety of personal issues such as addressing substance abuse, marital problems, depression, anger management, anxiety, physical illness, legal and financial assistance, day-care for children of employees and older parents of employees (Levy-Merrick, Volpe-Vartanian, Horgan & McCann: 2007). Health care professionals who cared for HIV and AIDS patients experienced a problem of not being cared for nor supported. The experiences of health care professionals providing care to HIV and AIDS patients necessitate the development of a care and support model for HCPs of HIV and AIDS patients. The researcher intends to develop care and support model for HCPs who cared for patients who were diagnosed with HIV and AIDS. The care and

support model will hope fully assist HCPs to cope better with their stressful job-related situation.

#### ❖ **Theoretical Framework: Elton Mayor and Fritz Roethlisberger's Theory**

The focus for this study is based on Elton Mayor and Fritz Roethlisberger's theory. It was necessary to choose a theoretical foundation for the study to inform the role of professional nurses in exploring their experiences regarding care and support they receive when providing care to HIV and AIDS patients. This theory focuses mainly on the belief that workers are best motivated by greater manager involvement in their working lives and the view that the managers should take more interest in the workers and treat them as people who have objective opinions (Gillies: 1994).

Managers' involvement in the workplace is very crucial in motivating and promoting workers' satisfaction and increase their productivity. The basic factors that determine and promote employees' provision of quality care to patients includes environmental and psychosocial conditions that will promote good physical and psychological wellbeing of the employees.

In support, Booyens (2008) stated that recognition of workers by administrators enhances workers' social and psychological satisfaction and increases productivity. Managers are to set the tone for the relationship throughout the organization by recognizing employees' performance to enhance job satisfaction associated with increased productivity and organizational growth (Danish and Usman: 2010). As a result, by using this theory in nursing management, the nurses may experience a greater accomplishment in nursing where the patient is nursed in a caring environment.

#### **1.4. Research Questions**

- ❧ What are the experiences of health care providers caring for HIV and AIDS patients regarding the care and support they received in the public hospitals of Limpopo Province?



- ❧ What type of care and support did the health care providers caring for HIV and AIDS patients receive in the public hospitals of the Limpopo Province?
- ❧ How can the care and support model for health care providers of HIV and AIDS patients be developed in the public hospitals of the Limpopo Province?
- ❧ How can the care and support model for health care providers of HIV and AIDS validate the model

### **1.5. Aim of the Study**

The aim of the study was to develop a care and support model for health care providers of patients diagnosed with HIV and AIDS in the public hospitals of the Limpopo Province.

### **1.6. Objectives of the Study**

The objectives of the study were to:

- ❧ Describe the experiences of health care providers of patients diagnosed with HIV and AIDS regarding care and support they received in the public hospitals of Limpopo Province.
- ❧ Describe the type of care and support health care providers for HIV and AIDS patients received in the public hospitals of the Limpopo Province
- ❧ Develop a care and support model for health care providers of patients diagnosed with HIV and AIDS in the public hospitals of the Limpopo Province based on the results.
- ❧ To validate the model

## **1.7. Research Methodology**

Research methodology refers to the steps, procedures and strategies used to gather and analyze information in a systematic fashion (Polit & Beck: 2012). This study adopted the qualitative approach method. Face- to- face interviews were conducted to obtain in-depth understanding of phenomenon under study.

### **1.7.1. Study Site**

The study was conducted in the public hospitals of Limpopo Province (Appendix A), South Africa. Four regional public hospitals, one from each district of Limpopo Province, namely: Waterberg, Mopani, Sekhukhune and Vhembe, were used as study sites. Capricorn district has no regional hospital. Seshego district Hospital was used as a study site for the Capricorn district as most of the HIV and AIDS patients are cared for in that hospital. The study was conducted in male and female adult medical wards in selected four regional public hospitals.

### **1.7.2. Research Design**

A research design as defined by Babbie (2007) involves a set of decisions regarding what topic is to be studied, among what population, with what research method and for what purpose. Since the purpose of this study was to describe the experiences of professional nurses providing care to HIV and AIDS patients in the public hospitals of Limpopo Province, the appropriate design was explorative, descriptive and contextual within the qualitative paradigm (Burns & Grove:2011).

#### **1.7.2.1. Exploratory Research Design**

An exploratory research design is conducted to gain insight into the situation or phenomenon (De Vos *et al*: 2011). The exploratory research design was used in this study, to explore the experiences of health care providers of HIV and AIDS patients regarding the care and support received while providing care to HIV and AIDS patients and a full understanding of the phenomenon under study was gained. Participants narrated their experiences regarding the phenomenon

under study when answering the following central question:

*What are your experiences regarding the care and support which you have received when providing care to patients diagnosed with HIV and AIDS patients?*

### **1.7.2.2. Descriptive Research Design**

A descriptive design was used to obtain information about the lived experiences of health care providers with regard to phenomenon under study (Brink *et al*: 2012).

### **1.7.2.3. Contextual Research Design**

The researcher aimed at understanding the phenomenon which was studied as described by the participants in their lived world (Terre Blanche, Durrheim & Painter: 2006). The context in which this study occurred was the public hospitals in Limpopo Province.

## **1.7.3. Population and Sampling**

### **1.7.3.1. Population**

Burns and Grove (2011) and De Vos *et al* (2011) defined a population as the entire group of persons or objects that is of interest to the researcher, in other words, that meet the criteria that the researcher is interested in studying (Polit & Beck: 2008, Burns & Grove: 2011 and De Vos *et al*: 2011). The population was 731 professional nurses from the five districts of the Limpopo province, namely Waterberg, Capricorn, Sekhukhune, Vhembe and Mopani. Table 1.1 summarizes the total number of professional nurses and bed occupancy in each hospital of the different districts of the Limpopo Province.

**Table 1.1:** Population of professional nurses in selected wards of public hospitals in Limpopo Province

	SEKHUKHUNE		CAPRICORN		MOPANI		WATERBERG		VHEMBE	
	Philadelphia		Seshego		Letaba		Mokopane		Tshilidzini	
	MM	FM	MM	FM	MM	FM	MM	FM	MM	FM
PN	9	8	10	8	8	10	8	12	10	10
BO	27	27	38	38	34	34	35	35	34	35
<b>MM:</b> Male Medical Adult Ward; <b>FM:</b> Female Medical Adult Ward; <b>PN:</b> Professional Nurse; <b>BO:</b> Bed Occupancy										

### 1.7.3.2. Sampling

Sampling refers to the technique by which a sample is drawn from the population (Bless, HigsonSmith & Sithole: 2013). Purposive sampling was used to select 20 professional nurses who met the inclusion criteria.

#### ❖ Sampling of Hospitals

The Limpopo Province has five districts, namely Waterburg, Sekhukhune, Vhembe, Letaba and Capricorn and 40 hospitals. One regional hospital was selected from each district, except in Capricorn district where there is no regional hospital. Seshego Hospital was selected to replace regional hospital in Capricorn district.

#### ❖ Sampling of Professional Nurses

Purposive sampling was employed to select two professional nurses from male and female medical wards in the five selected regional hospitals. The sample size amounted to 20 professional nurses.

#### ❖ Inclusion Criteria

All professional nurses who provided care to HIV and AIDS patients in the

medical wards of the regional hospitals and have been working in those medical wards for 24 months and more were included.

#### ❖ **Exclusion Criteria**

Professional nurses who provided care to HIV and AIDS patients in other wards and with less than 24 months' experience were excluded.

#### **1.7.4. Pilot Study**

A pilot study was conducted in one regional hospital of Sekhukhune district which was not selected for the main study.

#### **1.7.5. Methods of Data Collection**

Semi-structured one-to-one in-depth interviews were conducted to explore and describe the experiences regarding care and support professional nurses received when providing care to patients diagnosed with HIV and AIDS. All the interviews were captured on the voice record. The central question that was posed to all the participant in the same manner was as follows:

*What are your experiences regarding the care and support which you have received when providing care to patients diagnosed with HIV and AIDS patients?*

Followed by probing after each participant responded to the central question until data saturation was reached (Streubert, Speziale & Carpenter (2007).

#### **1.7.6. Methods of Data Analysis**

Data was analyzed using Tesch's method of qualitative analysis (Cresswell: 2009). The data obtained from the voice recorder were listened to and transcribed verbatim. Themes and sub-themes which emerged from the analyzed data were systematically identified. A summary of the themes and sub-themes is provided in Table 4.1, Chapter 4.

### **1.7.7. Measures to Ensure Trustworthiness**

Trustworthiness refers to the degree of confidence qualitative researchers have in their data (Polit & Beck: 2012). Various strategies, as proposed by Lincoln and Guba (1985), were applied to enhance the trustworthiness of this research. The following criteria were used: credibility (truth value), dependability (consistency), confirmability (neutrality) and transferability (applicability) as discussed below:

#### **1.7.7.1. Credibility**

Credibility was ensured through prolonged engagement triangulation, member checking, persistence observations and peer review and debriefing.

#### **1.7.7.2. Dependability**

A full description of the research methodology was provided to enhance dependability. The research methodology was described in detail in Chapter 3.

#### **1.7.7.3. Confirmability**

To ensure confirmability, the researcher used raw data from the one-to-one in-depth interviews with professional nurses. The semi-structured one-to one interviews conducted were then supported by the use of a voice recorder and the written field notes collected from the participants. The research proposal and field notes were sent to an independent coder for analysis.

#### **1.7.7.4. Transferability**

Transferability was ensured by purposive sampling to ensure that the results were right.

### **1.7.7.5. Bias**

Bias is an influence that produces a distortion or error in the study results (Polit & Beck: 2008). Triangulation and bracketing were approaches adopted by the researcher to eliminate or minimize bias, described in detail in Chapter 3.

### **1.7.8. Ethical Considerations**

The ethical clearance was obtained from Turfloop Research Ethics Committee (TREC) (Appendix C). Approval to conduct the study was sought from the Department of Health, Limpopo Province, CEO's of selected hospitals, and managers from medical units. (Appendixes E, F and H). Voluntary informed written consent from participants was secured prior to data collection (Appendix I). Anonymity and confidentiality were ensured throughout the study. The participants' right to fair selection and privacy was enforced. The principles of beneficence, which involves doing good preventing and removing potential harms, Muller (2009) and Schneider, Whitehead and Elliot (2007) were also confirmed.

#### **1.7.8.1. Consent Form**

Voluntary informed written consent was signed before commencement of data collection by all participants. Participants were informed of their right to withdraw from the study at any time and they were not victimized.

#### **1.7.8.2. Confidentiality and Anonymity**

Confidentiality was ensured by keeping the voice recordings and transcripts in a locked cupboard accessible to the researchers only. The names of the participants or any other information that identified them did not appear on the voice recordings and the transcripts. Their names or any other information which identified them were not used when the findings were discussed or reported.

## **1.8. Organization and Structure of the Thesis**

This section provides a brief summary of the chapters in the thesis with the aim of demonstrating the sequential links and the continuity among the chapters in the study. The chapters are outlined as follows:

### **1.8.1. Chapter 1**

Chapter 1 provides the overview of the study, the introduction and the background about the phenomenon. This is followed by the research problem, theoretical framework, preliminary literature review, aim of the study, research question, objectives of the study, summary of the research methodology, population and sampling, data collection, data analysis, measures to ensure trustworthiness, bias, ethical considerations, significance of the study, organization and structure of the thesis and the conclusion of the study.

### **1.8.2. Chapter 2**

Chapter 2 outlines the literature review of the study which is aimed at conveying a clearer understanding of the nature and meaning of the problem that has been identified (De Vos, Strydom, Fouché & Delpont: 2011). The chapter includes the following sections as outlined: organizational support according to the Theorists, workplace support and empowerment, factors influencing organizational performance and availability of resources to enhance organizational effectiveness.

### **1.8.3. Chapter 3**

Chapter 3 provides a detailed account of the research methodology and the research design selected for the study. This is followed by the description of the sampling that includes: population and sampling of professional nurses, sampling of hospitals, data collection and data analysis processes. The chapter concludes with measures to ensure trustworthiness, ethical consideration related to data collection relevant to the research and the conclusion of the study.



#### **1.8.4. Chapter 4**

Chapter 4 presents the discussion, presentation and the interpretation of findings. The findings include the demographic characteristics of the participants and the findings from the data sources and the transcribed interviews. The discussion of the study findings is framed within three themes and their respective sub-themes. The three themes are as follows: *Theme 1*: explanation of tales related to experiences during provision of care and support of HIV and AIDS patients; *Theme 2*: challenges experienced during provision of care and support of HIV and AIDS patients and *Theme 3*: explanation of support experienced by nurses during provision of care and support of HIV and AIDS patients. Themes identified are contextualized within the related literature.

#### **1.8.5. Chapter 5**

Chapter 5 presents the concept analysis suggested by the study findings with the aim for developing care and support model for health care providers of patients diagnosed with HIV and AIDS in the public hospitals of the Limpopo Province based on the results.

#### **1.8.6. Chapter 6**

This chapter embodies the concluding remarks and recommendations based on the study findings.

#### **1.9. Conclusion**

Chapter 1 provides the introduction and the background about “care and support” which is central to the development of this thesis. The chapter outlines the research problem, that is, the sources and background of the problem and the statement of the research problem. The chapter also describes the theoretical framework that underpins this thesis and provides an explanation on how theorists supports this qualitative research study. The preliminary literature review is also outlined which will enable the researcher to develop a feasible research problem and research methodology. The aims of the study, research

question, objectives of the study, summary of research methodology, population and sampling, data collection, data analysis, measures to ensure trustworthiness, ethical considerations and significance of the study are also discussed in this chapter. The chapter concludes with organization and structure of the thesis. The next chapter reviews the literature related to the study.

## CHAPTER 2

### LITERATURE REVIEW

#### 2.1. Introduction

The chapter focuses on the literature review which is aimed at contributing to a clearer understanding of the nature and meaning of the problem that has been identified (De Vos, Strydom, Fouché & Delport: 2011). The literature review in this chapter will provide the background to the study being conducted. Thus, the purpose of this chapter is to review the past and the present literature regarding care and support for health care professionals providing care to HIV and AIDS patients. Literature discussed in this chapter will provide a base from which a thesis will be made. The chapter includes the following sections:

- ❧ Workplace support
- ❧ Factors influencing organizational performance
- ❧ Availability of resources to enhance organizational effectiveness
- ❧ Organizational support according to the theorists

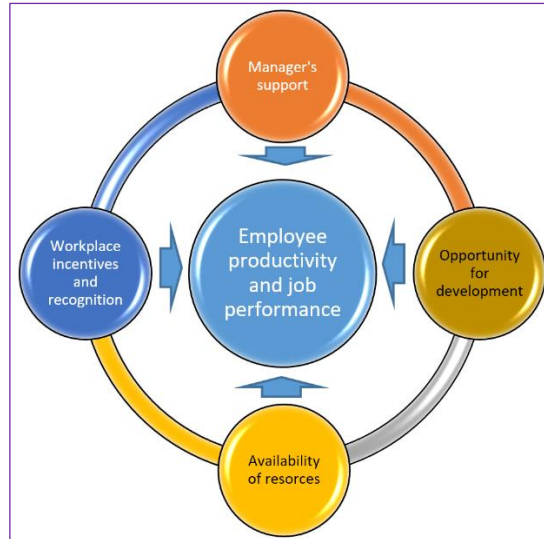
#### 2.2. Workplace Support

Developing a culture of support in a health care environment is crucial. A healthy working environment can provide a healthy life. A workplace which cares compassionately for employees reduces negative impacts associated with poor delivery of care that can impact on the issue of productivity (Pasricha, Deinstadt, Moher, Killoran, Rourke, & Kendall: 2013). Employees' performance can be affected by their psychological health as well as the organizational health of the employer. Workplace intervention for caregiving support is needed to help create a happier and healthier environment (Berg & Theron: 2009).

Care and support is an integral component of the management strategies that health care providers regard as essential for managing people with HIV and AIDS (Pasricha *et al.*: 2013). Caregiving is an interactive process which collaborates nurses and the multidisciplinary team. HIV and AIDS continue to be a serious public health issue. Nurses, even though they collaborate and interact with other members of the health care team are, therefore, a critical part of these events in terms of the workload of providing care for 24 hours (Manojlovich & DeCicco: 2007).

### **2.2.1. Workplace Factors Affecting Employee Performance**

The workplace environment impacts on employee productivity, morale and performance. The environment in which nurses are working should add to their physical and mental health or well-being. Creating a workplace environment in which workers are productive and motivated is essential to increased productivity for an organization (Marc, Zerden, Ferrando & Testa: 2011). The central focus of the nursing profession is service to humanity and a commitment to practice. Other factors like environmental and physical influences may impact on the productivity and performance of an employee (Mellish, Oosthuizen & Paton: 2010). The most important workplace factors that can lead to either workplace satisfaction or dissatisfaction are shown in Figure 2.1. Therefore, consideration of each of these workplace factors is crucial in ensuring employee job performance in their workplace (Saeed, Mussawar, Lodhli, Igbal, Nayab & Yaseen, 2013).



**Figure 2.1:** Workplace factors affecting employee performance

### 2.2.1.1. Manager's Support

A well-supported and motivated employee is responsive to the definite goals and objectives s/he must achieve (Razieh, Rangriz & Mehrabi: 2013). According to McClelland's theory, the need for achievement is described as the need to excel, to achieve in relation to a set standard which revealed that managers are to ensure courage and motivation to employees by giving them tasks that tell them how well they are doing at all times and provide reward systems appropriately to boost their morale (Booyens: 2014). Gupta and Kumar (2013) emphasized that the key to higher productivity lies in the employee's morale as high morale results in higher output. Norhia, Groyberg and Lee (2008) developed an acquiring, bonding, comprehending and defending (ABCD) employee model for motivation that demonstrates what actions managers can take to satisfy the ABCD drives and to increase motivation. It revealed that an optimal motivation requires an alignment between culture, performance, engagement, job design and reward system (Booyens: 2014). In the context of his study, managers, therefore, need to ensure availability of health-promoting organizational support practices and structures in the workplace.

### **2.2.1.2. Opportunity for Development**

A healthy working environment is one in which there is not only absence of harmful conditions, but an abundance of health-promoting ones (De Vries, Galvin, Mhlanga, Cindzi & Dlamini: 2011). One of the managers' responsibility in the workplace is provision of appropriate information and training for workers (Hallbesleben: 2010). Training and development minimizes the risk of employees making unnecessary mistakes and will prevent them from losing focus on what they are doing.

### **2.2.1.3. Availability of Resources**

Managers and supervisors in the workplace act as advocates for employees, gathering and distributing the necessary resources needed by the employees for them to be productive in the execution of their duties and providing positive encouragement for a job (Beh & Loo: 2012). In contrast, the study conducted by Tucker and Spear (2006) on operational failures revealed that there are instances where employees due to operational failures in the hospitals happen not to have the supplies, equipment, information and people needed to complete tasks leading to hospital poor performance. The study further showed that nurses experiences these failures repeatedly throughout their shifts, thus causing interruptions, decreasing efficiency and increasing the risk of medical errors. Resource allocation is one of the tools that can increase the transparency of all processes, thereby emphasizing fairness and building trust among individuals (Booyens: 2014).

### **2.2.1.4. Workplace Incentives and Recognition**

Recognition play an essential part in enhancing employee motivation towards organizational tasks. The organization determines what motivates its employees and sets up formal and informal structures for rewarding employees according to their performance (Orner: 2006). The study conducted by Nguyen, Mai and Nguyen (2014) on factors affecting employees' organizational commitment on banking staff in Vietnam deduced that staff's organizational commitment

contributed to workforce stability and better customer care and further reported that commitment-based organizations continue to reinforce organizational support for their staff and rewarding them accordingly and had found that motivated employees work best in the interest of the organizations which lead towards growth, prosperity and productivity.

Lee's (2006) study on expectations of employees towards the workplace and environment revealed that getting employees to perform their duties, even under strenuous circumstances, is one of the challenges employees come across and this can be made possible through motivating them. It is, therefore, vital to keep employees motivated at work as motivated employees see value in their work, they have confidence in their own ability and feel that that they have an impact on the organization.

Employees who are recognized are more aware of their performance and this sense of awareness leads to higher levels of intrinsic motivation and job satisfaction and reduces the level of absenteeism and staff turnover in an organization (Jose Proenca: 2012). Kalimullar's (2010) study has shown that rewarded employees are more satisfied which directly influences their performance. This notion is also supported by the study conducted by Danish and Usman (2010) who reported that rewards and recognitions are essential factors in enhancing employees' job satisfaction associated with increased productivity. Correspondingly, other researchers concluded that factors such as the feeling of being important, recognition, cohesive work groups and supervision heed the key for higher productivity (Gruman & Saks: 2011, Wayne, Alyssa, Chin-Yu & Dee: 2008, Lee: 2006 and Smith: 2010).

### **2.3. Impact of Lack of Workplace Support on Employees**

Lack of workplace support is a major concern for health care organizations and can have a negative impact on the organizational performance (Turker & Spear: 2006). A study on the prominent causes and effects of job stress and coping mechanisms among nurses in public health services indicated that work overload, lack of support from supervisors and other factors like uncooperative

patients caused stress to hospital nurses and as a result nurses performed their jobs less effectively (Beh & Loo: 2012). LaSala and Bjamanson's (2010) study on creating workplace environment that supports moral courage revealed that demanding situations in the workplace such as physical and psychological exhaustion challenge nurses to act with moral courage and result in nurses feeling morally distress failing to do what they believe is appropriate to them.

### **2.2.2. Factors that Impact on Lack of Workplace Support**

Lack of support could negatively impact on the employees' adequate service delivery to their customers which can result in the organizations failure to meet its expected goals (Hau-siu Chow, Wing-chun Lo, Sha & Hong: 2006 and Tung, Nguyen & Khuoan: 2014). According to the studies by Beh and Loo (2012) and Moola, Ehlers and Hattingh (2008), factors that impact on lack of workplace support were identified as follows:

- ❧ Decreased quality of service delivery due to decreased morale;
- ❧ Increased workload with high level of stress;
- ❧ Increased customer complaints about the service; and
- ❧ Increased staff-turnover and shortage of nurses

#### **2.2.2.1. Decreased Quality of Service Delivery Due to Decreased Morale**

The key aspect of quality is essentially the extent to which the organization is able to meet employees' expectations on certain dimensions that have value for them (Day: 2007). One of the employers' most challenging factors is getting employees to do their quality work even in strenuous circumstances, and this can be made possible through motivating them. A motivated employee is capable of achieving opportunities for growth and productivity of the organization (Nguyen *et al*: 2014).

Gurser and Carayon's (2009) study findings on exploring performance obstacles of intensive care nurses revealed that if the internal customers are not satisfied, the results of the production process will most likely not meet the requirements



of the end products as a result. The motivation of the internal customers to continually meet the requirements of the external customers is critical and their motivation will be influenced by the quality of the work life that they experience. It is one of the prime responsibilities, if not the most important, of the organizational leadership to identify the needs of employees and to create an environment in which the needs can be satisfied.

Frederick Herzberg's theory focused on the motivation of workers who determined factors in work content and context affecting employees' satisfaction and dissatisfaction (Gillies: 1994). This is one of the most popular conventional motivation theories in human resources management. Opportunity for growth and opportunities for advancement is one of Herzberg's motivating factors. Herzberg claimed that absence of motivation factors causes lack of job satisfaction. Therefore, the value of this early theorist is that it brought a variety of human needs that should be addressed in the work environment.

#### **2.2.2.2. Increased Workload with High Level of Stress**

Managing an ill or chronically ill HIV and AIDS patient is a strenuous and traumatic situation which can in the long run affect the carer's physical and psychological well-being (Ndou, Maputle, Lebesse & Khoza:2015). The well-being of the caregiver is thus crucial since impairment of their physical or mental health could impact negatively on the management of the HIV patients (Majuru: 2010). Stressed workers are likely to be unhealthy, poorly motivated, less productive and less safe at work, but it is often worse when workers feel they have little or no support from their managers or colleagues (Beh & Loo: 2012). Watson's theory of human caring emphasizes that a caregiver must attend to his/her own physical and emotional needs in order to be capable of providing patient care (Watson 2008). Providing support for a person who has HIV/AIDS can be a stressful and emotional experience (Lua, Mustapha, Abdullah & Rahman: 2014 and Feng, Feng, Chen, Lu, KO & Chen: 2009).

The heavy emotional needs of patients and the regular confrontation of death increases the risk of burnout for those caring for the growing number of patients

with HIV and AIDS. The expansion of ART poses more stress to caregivers as HIV treatment can prolong life. The increasing patient load will put a strain on existing fragile human resources. With adequate support, HCPs of HIV and AIDS are more likely to be able to respond adequately to the stress and fatigue caused by workload. Workplace support can serve to alleviate some of the pressures and help to facilitate a minimum quality of care in the health care sectors (Marc, Zerden, Ferrando & Testa: 2011).

### **2.2.2.3. Increased Customer Complaints about the Service**

Providing care and support can reduce the negative health and work-related effects of caregiving and improve the overall well-being of caregivers. Nurses practicing in today's health care environment are confronted with increasingly complex moral and ethical dilemmas. Their advocacy role in the best interest of the patients may at times predispose them to experiencing adverse outcomes. Nurses fittingly, need a working environment that support moral courage (Majumdar & Mazeleni: 2010). Although some of the burden of caring for those infected with HIV and AIDS falls onto the households and communities, hospitals and tertiary care facilities are becoming increasingly unable to care for their HIV and AIDS patients. This increases demand for nursing and medical care which put them at risks of committing medical errors (Majumdar & Mazeleni: 2010).

The study conducted by Manojlovick and DeCicco (2007) further reported that as many as 98,000 hospitalized patients die each year in the United State as a result of medical errors. Kohli, Purohit, Karve, Bhalerao, Karvande, Rangan, Reddy, Paranjape and Sahay's (2012) study conducted in India on perception regarding care provided to PLWHA reported that India has the third largest number of HIV-positive individuals and the demand for resources for care is increasing and impacting the health system, despite the care offered by home-based caregivers. The study further reported that fear and neglect at the workplace and health care settings have intensified the situation as there is increased customer complaints about the service.

#### **2.2.2.4. Increased Staff Turnover and Shortage of Nurses**

Staff-turnover is one of the most widely studied variables in research, but is still the most prominent variable that has recently affected health care systems internationally (Blegen, Vaughn & Vojir: 2008). There is growing demand for more and more nurses to combat the spread of HIV and AIDS which is spreading in epidemic proportions (De Villiers & Ndou: 2008). South Africa is experiencing a severe shortage of nurses and there is no simple solution to the problem as the shortage can be attributed to numerous factors inside and outside the health care services (Mellish, Oosthuizen & Paton: 2010). The issue of staff-turnover and its effects has caused many nurses experiencing job stress in carrying out their responsibility and maintaining the standard of patient care in public health services (Beh & Loo: 2012).

Ama and Seloilwe (2011) further reported that various multiple roles performed by nurses at the workplace such as taking doctors' rounds, attending meetings, performing administrative duties and providing counselling sessions to patients and families might lead to physical and emotional exhaustion. Unmanaged stress can cause a definite negative outcome of employees' physical and psychological health and this will have a negative impact on employees and organizational effectiveness. The well-being of the employee is of utmost importance since impairment of their physical or mental health could impact negatively on the management of the patients—hence care and support is recommended. Hau-siu Chow *et al.* (2006) reported that it is crucial for the organization to provide support needed to employees for them to deliver quality service to the health care system. Nursing shortage is an international phenomenon which has an adverse effect on the health care systems due to the increasing demands on nurses (Buerhaus, Donelan, Ulrich, Norman, DesRoches & Dittus: 2007).

There have been numerous studies on the issue of staff-turnover and shortage of nurses which is still the greatest challenges in the health care systems even to date (Lum, Kervin, Clark, Reid & Sirola: 2008; Cowin & Jaconsson: 2009, Lu, Lin, Wu, Hsieh & Chang: 2012 and Tshitangano: 2013). These studies pointed

to the unbearable working conditions as the fundamental reason for nurses leaving the health care systems. These included increased workload leading to stress, burnout, lack of recognition of individual skills and knowledge and the conditions of remunerations for nurses.

Nursing is a continuous job that demands high obligation and attention on patient care (Beh & Loo: 2012). The delivery of care for hospitalized patients is complex and requires coordinated efforts by many health professionals (Cameron, Horsburgh, Armstrong & Stasson: 2008). Their study findings reveal that nurses were required to perform additional duties such as administrative duties and counselling which added more strain on the already unbearable working conditions in their workplace.

These findings are supported by Tariq, Ramzon and Riaz's (2013) study results on the impact of employee turnover on efficiency of the organization which revealed that staff turnover can affect the workers' performance negatively due to the fact that remaining personnel will be experiencing job stress in carrying their responsibilities and maintaining the patient care in health care services. Furthermore, Beh and Loo (2012) revealed that staff shortage dealing with death and dying patients as well as dealing with patients and relatives are some of the forces that generate stress among nurses in the workplace. Caring for HIV and AIDS patients can be physically and emotionally demanding, leading to job strain and in turn stress, absenteeism and turnover (Smith: 2010). Providing a conducive supportive working environment can help alleviate the problems which may negatively affect the employees' performance in an organization (DeNisi & Pritchard: 2006). Employee turnover in an organization is one of the main issues that extensively affect the overall performance of an organization. Increased staff turnover is impacting negatively on the health care quality and patient outcome (Tariq *et al*: 2013). Hence, there is a need for nurse managers to play a strategic leadership role to address these kinds of challenges and offer care and support to employees (Begat & Severinsson: 2007).

The study findings of Nguyen *et al*. (2014) show that the most stressful type of work is that which values excessive demands and pressure that are not matched

to workers' knowledge and abilities, where there is little opportunity to exercise any choice of control where there is little support from others. Therefore, increasing knowledge, skill and quality are thus signals of long term commitment from management and in return staff will demonstrate their commitment (Cameron, Horsburgh & Armstrong-Stassen: 2008). In this regard, the organization has thus an obligation to enhance care and support to its workers as a highly satisfied workforce is far more capable of meeting organizational goals (Bouskila-Yam & Kluger: 2011).

Zambia is reported as being amongst the countries hardest-hit by the HIV/AIDS epidemic in Africa with shortages of health care workers (HCWs) (Torpey, Schwarzwald, Simumba, Kasonde, Nyrenda, Kapanda, Simpungwe, Kabaso & Thompson: 2009). A study conducted in South Africa by Yoder-Wise (2011) revealed that changes in the health care delivery system and the current nursing shortage have reduced the number of professional nurses, creating staff shortages in relation to full wards. Shortage of nurses will impact negatively on those remaining and continuing with patient care and those few HCWs available at health facilities are burdened by the provision of HIV and AIDS services. It is, therefore, the responsibility of health care services to enhance a healthy working environment with abundance of health promoting organizational support practices and structures.

### **2.3. Factors Influencing Organizational Performance**

Creating a work environment in which employees are productive is essential (Gupta & Kumar: 2013). Successful organizations represent a key ingredient for developing nations (Gavnea, Illies & Stegorean: 2011). Organizations that create the conditions that support, enhance and sustain employee engagement will have high levels of job, unit and organizational performance (Albrecht, Bakker, Gruman, Macey & Saks: 2015). The more the employees are motivated and empowered in their job, the higher will be the organizational performance and success (Gavnea, Illies & Stegorean: 2011).

Hurst (2008) further stated that a well-designed and well equipped organization

significantly influences staff performance as well as patients' welfare. Consequently, it is vital to keep employees motivated at work. Provision of a conducive working environment is essential to improve employee morale and job satisfaction (Gupta & Kumar: 2013). The factors influencing organizational performance are discussed as follows:

### **2.3.1. Psychological and Emotional Support for HCPs of HIV and AIDS**

Health care providers of HIV and AIDS face distinctive demands that could make them more prone to occupational stress with serious consequences for their well-being (Yaya Bocoum, Kouanda, Kouyate, Houton & Adam: 2013). Provision of a positive working environment is essential to enhance employees' job satisfaction, to increase employee engagement and job performance in the organization (Gardener: 2009). Gruman and Saks (2011) have shown that workplace stress can have a detrimental effect on the health and well-being of employees, as well as the negative impact on workplace productivity.

Gueritault-Chalvin, Kalichman, Demi and Peterson's (2010) study on work-related stress and occupational burnout in AIDS caregivers reflected occupational stress and burnout as potential threats to quality of care for PLWHA. A survey was done to 445 nurses who provided care to PLWHA and the findings showed that both the external (13.6% of the variance) and internal (3.1% of the variance) coping styles significantly predicted levels of burnout among AIDS caregivers. Beh and Loo's (2012) study results on investigating the prominent causes and effects of job stress and coping mechanism among nurses in public health services revealed the job itself as the major contributor of job stress among nurses.

Furthermore, Valjee and van Dyk's (2014) findings revealed that nurses who work in highly stressful situations are constantly under pressure and are vulnerable to a variety of symptoms such as psychological and emotional distress in reaction to the situation they are faced with. The study by van Dyk (2008) stated that caregivers working with HIV and AIDS infected patients are prone to occupational stress due to the nature of their job. Therefore, employers

should take note of the difficult circumstances under which caregivers work and help them to cope with occupational stress and prevent burnout and resignations that might arise. According to the Bill of Rights in the Constitution of the Republic of South Africa, everyone has the right to have their dignity respected and protected. The nurse, however, is entitled to the same rights as any other member of society, the right to a favourable working condition, security and right to be cared for and supported in their workplace (Mellish, Oosthuizen & Paton: 2010).

### **2.3.2. Physical Support for Nurses**

Nursing is a profession within the health care sector focused on the care of individuals, families and communities so they may attain and maintain optimal health and quality of life (Mulaudzi, Mokoena & Troskie: 2010). Nurses are on the front line providing physical and emotional support for patients and their families. Thus, roles played by the nurses are vital for patient care and family well-being. Based on Watson's theory (Watson: 1985), it is believed that by incorporating caring with curative society as a whole will be healthier and patients will be able to get well or die with dignity.

Acquired Immune Deficiency Syndrome is the pandemic which has the greatest impact on the human resources available to provide adequate patient care in the present age (De Villiers & Ndou: 2008). South Africa is still experiencing a challenge of HIV and AIDS epidemic despite all the preventive strategies implemented via the five years' strategic plan (2011-2015; UNAIDS: 2012). The increasing burden of HIV in South Africa and the care and support for HIV and AIDS patients have brought a great need for HIV patients and people who care for these patient (Kolisa & Ayoyusuf: 2013).

Providing nursing care to HIV and AIDS patients means dealing with the patients as well as their affected families. This causes strain and stress on nurses as they are expected to attend to patients, whose physical state are highly demanding as well as the emotional state of families affected. A supportive and caring environment for nurses is thus important. The provision of care and

support also has the potential of elevating the issue of care (Muller, Bezuidenhout & Jooste: 2007).

#### **2.4. Availability of Resources to Enhance Organizational Effectiveness**

In a participatory action study of Ugandan nurses caring for individuals with HIV illnesses, Fournie, Kipp, Mill and Walusimbi (2007) found that nurses faced many challenges in the daily care of HIV and AIDS patients, including insufficient resources and fear of contamination. Nurses also experienced moral distress due to many challenges of caring for HIV and AIDS patients.

Moral distress could also lead nurses to quit their jobs which could exacerbate the acute shortage of nurses in South Africa (Ton & Huckman: 2008). Care and support for HCPs of HIV and AIDS in this regard is needed to help them cope with the burden of care they are faced with and to encourage them cope with the workload (Sanjana, Torpey, Schwarzwald, Simumba, Kasonde, Nyirenda Kapanda Kakungu-Simpungwe, Kabaso & Thompson 2009).

Nurses in practice, however, continue providing more health care with fewer resources such as protective masks and gloves, and lesser recognition. People working in such environments are prone to occupational diseases and it impacts on employees' performance (Chandrasekar: 2011). Resource-limited organizations where employees have insufficient resources to manage the patients, predispose employees to work overload as patients will be affected by prolonged hospitalization causing physical and emotional strain on the employees.

De Villiers and Ndou's (2008) study findings on South African professional nurses' experiences in caring for HIV and AIDS patients revealed that although the occupational risks are fewer in South Africa, nurses are still afraid of needle pricks and contacting other contagious diseases like tuberculosis (TB) when caring for HIV and AIDS patients and they need support with regard to their safety and protection from contracting the disease.



Van Dyk (2008) further reported that when professional nurses are allocated to HIV and AIDS patients, their physical and psychological safety should be considered, as they will be caring for patients who suffer from a deadly illness.

## **2.5. Organizational Support According to Theorists**

Organizational support is based on the three theorists namely: Elton Mayor and Fritz Roethlisberger's theory, Alderfer's theory and Expectancy theory. The study deemed it necessary to choose the theorists for the study to explain how the roles of this theorists has towards organizational support. The theorists' roles are discussed as follows:

### **2.5.1. Elton Mayor and Fritz Roethlisberger's Theory**

Between 1927 and 1933 Elton Mayor and Fritz Roethlisberger conducted studies at Chicago's Hawthorne Electric plant to test several assumptions of Scientific Management theory. The purpose of the first study was to determine relationships between intensity of illumination and worker productivity. The findings of their study revealed that when illumination was increased, work output increased. However, when illumination was decreased, output continued to increase. The researchers concluded that an unidentified psychological factor had influenced work output.

Secondly, investigations were done where productivity was measured while working conditions were altered in one way after the other. The results indicated that some factors other than physical working conditions determined work output volume. The third experiment was based on changes that was made in environmental conditions where workers were given medical examination and interviewed daily about their food intakes and hours of sleep. Researcher concluded that there was no simple correlation between quality of work environment and quantity of work output.

Recently, experimental analysis of group dynamics was done. It was noted that work group established production quotas and behaviour that conflicted with

those established by management. Mayo and Roethlisberger concluded that factors other than environmental conditions have greatest influence on worker productivity. Support from peers, work group norms and recognition from administrators' increase productivity by enhancing workers' social and psychological satisfaction. Theorists Mayor and Roethliberger see support as an integral force in an organization and have all sustained the idea of support importance in their workplace and belief that workers are best motivated by greater manager involvement in their working lives.

Mayor and Roethliberger are of the view that workers at a workplace should be treated as people who have the worthwhile opinion and belief that workers are best motivated by greater manager involvement in their working lives (Gillies: 1994). Tucker and Spear's (2008) study findings on operational failures reported that operational failures can have a detrimental negative impact on the performance of the workers in an organization and as a result, managers' involvement and support in this regard will be crucial to enhance employees' motivation and increase workers' morale, which could positively impact performance. Mayor thought it incorrect to believe that a well-designed task and sufficiently high wages would always motivate workers, but emphasized that employees should be viewed as a whole person and not just a worker meaning the employer should also pay attention to the workers' attitudes, hopes, fears and personal problems.

Support, supervision and acknowledgement of workers are also viewed as further reinforcement to motivation in an effort to achieve the goals of the organization (Tappen: 2001 as cited in Booyens: 2008). Manzoor's (2014) study findings on how an organization through its employees can achieve success and effectiveness revealed that the organization's most central part is its human resource who need to be influenced and can either lead to the success of an organization or the decline if not focused well. The study further stated that for success to be achieved, a strong and positive relationship and bonding should be created and maintained between employees and their organizations.

Ndou, Maputle, Lebese and Khoza's (2015) study findings on support of

professional nurses caring for HIV/AIDS patients in Tshwane District of Gauteng Province, South Africa, revealed that providing nursing care to HIV and AIDS patients causes strain and stress on professional nurses, due to the strenuous circumstances of having a burden of staff shortage and poor working conditions and being expected to attend to patients whose physical state is more demanding. When allocating professional nurses to provide care to HIV and AIDS patients, certain criteria need to be followed to meet the needs of the clients.

Therefore, professional nurses should be allocated based on the following two criteria: the type of service to be provided and the intensity of care needed by HIV and AIDS patients (Muller and Bezuidenhout: 2007). Personnel should be made aware of the type of service they are required to provide as most of the patients will be terminally ill and need continuous care and support. Hence, they must be prepared and willing to work with those patients. Health service delivery should, therefore, be directed at improving the working environment of employees by paying attention to their needs (Muller: 2009). The allocation of professional nurses should consider their physical and psychological safety as they will be caring for HIV and AIDS patients, which is a fatal illness. In this regard, physical and psychological supportive care as a compound of therapeutic environment continues to be a crucial issue for professional nurses providing care to HIV and AIDS patients (Fournier, Kipp, Mill & Watusimbi: 2007). Managers thus have the responsibilities to ensure care and support to the employees in the workplace.

Mayors and Roethlisberger further believe that productivity of an employee is not the function of only the physical condition of work and money/wages paid to them. They believe that productivity depends heavily on the satisfaction of employees in their work situation. Other researchers concluded that factors such as the feeling of being important, recognition, cohesive work groups and supervision heed the key for higher productivity (Gruman & Saks: 2011, Smith: 2010, Wayne, Alyssa, Chin-Yu & Dee:2008 and Lee: 2006). Furthermore, Gupta and Kumar (2013) emphasized that the key to higher productivity lies in employees' morale as high morale results in higher output.

Proenca's (2012) study on mediators and moderators of satisfaction and turnover among service workers revealed that for a service improvement to be successful and sustainable, managers must build a culture that continually supports improvement and promote workers' satisfaction that will increase productivity. Offering support and recognition to the professional nurses providing care to HIV and AIDS patients allows and enhances workers' job satisfaction by easing the burden of caring for HIV and AIDS patients (Ramathuba & Davhana-Maselesele: 2013).

### **2.5.2. Alderfer's ERG Theory**

Clayton Alderfer's (1972) ERG theory is a modification and reformulation theory of Maslow's needs hierarchy approach that identified three levels of needs which addressed some of the limitations of Maslow's theory, namely, existence, relatedness and growth or the need to be productive and change oneself and the environment (Booyens: 2014). Alderfer's ERG theory has an important implication for managers within organizations in that they need to acknowledge that employees have diverse needs that must be satisfied, and should an employee be frustrated in achieving growth needs, s/he may regress to relatedness (Bergh & Geldenhys: 2014). Organizational factors such as supportive leadership play an important role in increasing nurses' self-confidence and leading to clinical competency and productivity (Fasoli: 2010).

The nurse manager, as one holding the leadership position in an organization, set the tone and provide the model for caring. This implies that the nurse manager creates the atmosphere for the model of caring (Murray: 2007). Gavrea, Illies & Stegorean's (2011) findings in the study conducted on the determinants of organizational performance in the case of Romania revealed that the growth and progress of an organization is manifested through performance within an organization offering support to its employees.

The view of Vasconcelos (2011) is that managers' decisions may often generate feelings of frustrations, stress and depression among employees that may contribute to a potentially, detrimental effect on the general organizational

performance. Growth is the pillar stone of the organization, empowered nurses are responsive for their practice and participate in decision making at the point of care, thus strengthening a professional practice model and promoting positive patient care outcomes (Fasoli: 2010). As a result, the growth and progress in an organization remains the managers' obligation.

### **2.5.3. Expectancy Theory**

Expectancy theory was formulated by Victor Vroom, which is based on the idea that people are rational beings who analyze the costs and benefits of possible behaviours. The core rationale of the theory is that individuals will put in the greatest amount of effort when they expect that their behaviour will lead to performance that will in turn be rewarded (Du Brin: 2009) cited in Berg & Geldenhys: 2014). LaSala and Bjamason's (2010) study conducted on creating a workplace that support environment moral courage revealed that one of the aspects of professional nursing that promote moral courage in the workplace is a professional model of care that includes reward and recognition systems, acknowledging performance improvement and nurses commitment to uphold high standard of practice predicted on a strong value system, moral courage and quality professional relationship, along with empowered and engagement in the workplace.

Studies have shown that rewarded employees are better satisfied which directly influences their performance and their productivity maximized (Kalimullar: 2010; Muhammand: 2011; Danish & Usman: 2010). It is, therefore, the duty of the nurse managers in the health care services to enhance employees' motivation as corroborated by Mullins (2005) cited Berg & Geldenhys: 2014) who stated that employees are thus motivated by the expected results of their

## **2.6. Conclusion**

Chapter 2 outlined the literature review of the study, which included the following topics: introduction, organizational support according to theorists, workplace support and empowerment, factors influencing organizational performance,

availability of resources to enhance organizational effectiveness and conclusion.

Chapter 3 will outline the research methodology.

## CHAPTER 3

### RESEARCH METHODOLOGY

#### 3.1. Introduction

This chapter describes the type of research methodology used in the course of this study. The following headings were discussed in this method: research method, research design, population and sampling, pilot study, development of the data collection instrument, data collection process, methods of data collection, data analysis, measures to ensure trustworthiness and ethical consideration. The discussion were as follows:

#### 3.2. Research Method

Research methodology refers to the steps, procedures and strategies used to gather and analyze information in a systematic fashion (Polit & Beck: 2012). The study adopted the qualitative research method. Qualitative research is about the experiences and realities of humans rather than of objects. These realities are studied in their own familiar environment.

Qualitative researchers therefore believe that many truths may exist as individuals may all account for the same experience in a different way. Accordingly, a research situation may be understood from the perspective of many realities or truths (Streubert Speziale & Carpenter: 2007).

In this study, the researcher chose a qualitative research method to describe and explore the experiences of health care providers of HIV and AIDS patients regarding the care and support received when providing care to HIV and AIDS patients in Limpopo Province. Through qualitative research method, the researcher conducted face-to-face interviews and an in-depth understanding of the phenomena under study was obtained.

### **3.3. Research Design**

Research design refers to a specific purposeful and coherent strategic plan to execute a particular research project in order to render the research findings relevant and valid (Bergh & Geldenhys: 2014). A descriptive design was chosen as this was deemed the most appropriate method to generate in-depth understanding regarding care and support received by r health care providers of HIV and AIDS patients in Limpopo Province (Polit & Beck: 2012).

#### **3.3.1. Exploratory Research Design**

An exploratory study is conducted in order to gain insight into a situation, phenomenon, community or individual (De Vos *et al*: 2013). An exploratory design was used to gain insight into the experiences of health care providers of HIV and AIDS patients. It further assisted the researcher to gain an understanding of the care and support health care providers received when caring for HIV and AIDS patients.

#### **3.3.2. Descriptive Research Design**

A description design is more likely to refer to a more intensive examination of a phenomena and their deeper meaning, thus leading to a thicker description (De Vos, Strydom, Fouché & Delpport: 2013). A descriptive design was used to describe experiences of health care providers regarding the care and support which they received when caring for HIV and AIDS patients.

#### **3.3.3. Contextual Research Design**

The study is contextual in nature. A phenomenon must be studied in its contextual setting because individuals take their meaning from themselves within their context (Lincoln & Guba; 1985.) The context in which this study occurred was the five public hospitals in Limpopo Province. Professional nurses who provided care to HIV and AIDS patients were interviewed in the respective hospitals regarding care and support they received when providing care to these patients. The intension in a contextual design is not to generalize the research to



other settings but to understand the experiences of health care providers in those hospitals where data were collected

- **Description of the study site**

Limpopo Province is one of the nine provinces of South Africa and is considered to be the most rural Province in South Africa. The geographic land area of Limpopo Province according to (Statistic South Africa: 2014) is 125 754 square km. The Province is situated in the north of South Africa and is made up of five districts namely: Sekhukhune district, Vhembe district, Mopane district, Capricorn district and Waterberg district. The health structure in this province consisted of a tertiary hospital complex, regional and district hospitals which were delivering health care to level 1 and 2. The tertiary hospital complex was therefore a referral hospital for level 1 and 2 hospitals within the province (see appendix B).

### 3.4. Population and Sampling

#### 3.4.1. Population

A population is the totality of persons, events, organizations, units, case records or other sampling units with which the research problem is concerned (De Vos *et al*: 2013). The research population for this study consisted of all five districts hospitals of the Limpopo Province, namely: Waterberg, Capricorn, Sekhukhune, Vhembe and Mopani and 731 professional nurses. Table 3.1 represents the total number of professional nurses in each hospital of the different districts of Limpopo Province.

**Table 3.1:** Population of professional nurses per district hospital in Limpopo Province

Category of Nurse	Waterberg District	Sekhukhune District	Capricorn District	Vhembe District	Mopani District
-------------------	--------------------	---------------------	--------------------	-----------------	-----------------

	Mokopane Hospital	Philadelphia Hospital	Seshego Hospital	Tshilidzini Hospital	Letaba Hospital
<b>Professional Nurses</b>	267	129	107	105	123

### 3.4.2. Sampling

Purposive sampling was employed to ascertain a sample of information-rich participants. According to Burns and Grove (2011), purposive sampling enables a researcher to select the people most suitable and knowledgeable about the question at hand.

#### 3.4.2.1. Inclusion Criteria

Inclusion criteria were implemented to select a sample of professional nurses from five public hospitals in the selected areas. These inclusion criteria determined that a participant should be a professional nurse who have been providing care to HIV and AIDS patients in the medical wards of the public hospitals for 24 months and more. The sample size was governed by data saturation reached after 20 interviews. The sample size in this study was based on the needs related to the purpose of the study.

#### 3.4.2.2. Exclusion Criteria

Professional nurses who provided care to HIV and AIDS patients in other wards and with less than 24 months experience constituted the exclusion criteria for this study.

#### 3.4.2.3. Sampling of Hospitals

One regional hospital was selected from each district, except in Capricorn district where there is no regional hospital and Seshego Hospital was selected

because it admits many HIV and AIDS patients as compared to the other hospitals. The regional hospitals were selected because the district hospitals refer their patients to the regional hospitals. The names of the hospitals are as follows: *Mokopane Hospital* in Waterburg district, *Philadelphia Hospital* in Sekhukhune district, *Tshilidzini Hospital* in Vhembe district, *Letaba Hospital* in Mopani district and *Seshego Hospital* in Capricorn district.

Limpopo Province has five districts and 40 hospitals. The hospitals were distributed as follows in the different districts: Sekhukhune has 6 district hospitals and 1 regional hospital. Waterberg has 7 district hospitals and 1 regional hospital, Mopani has 8 district hospitals and 1 regional hospital, Vhembe has 7 district hospitals and 1 regional hospital and Capricorn has 7 district hospitals and 2 tertiary hospitals and no regional hospital. The researcher selected one regional hospital from each district, except in Capricorn district.

#### 3.4.2.4. Sampling of Professional Nurses

The professional nurses were sampled from the medical wards because HIV and AIDS patients were admitted in those wards. Each regional hospital had two medical wards, namely a female and male medical ward. Each medical ward had an average of 9 professional nurses (Table 3.2). Purposive sampling method was used to select two professional nurses from each ward meaning that four professional nurses per regional hospital were selected. The sample size was 20 professional nurses due to data saturation.

**Table 3.2:** Professional nurses selected in district hospitals in Limpopo Province

	SEKHUKHUNE		CAPRICORN		MOPANI		WATERBERG		VHEMBE	
	Philadelphia		Seshego		Letaba		Mokopane		Tshilidzini	
	MM	FM	MM	FM	MM	FM	MM	FM	MM	FM
PN	9	8	10	8	8	10	8	12	10	10
BO	27	27	38	38	34	34	35	35	34	35

**MM:** Male Medical Adult Ward; **FM:**Female Medical Adult Ward; **PN:** Professional Nurse; **BO:** Bed Occupancy

### **3.5. Pilot Study**

A pilot study is a small-scale or trial run to test the methods to be used in a larger study (Polit & Beck: 2012). It is a procedure for testing and validating an instrument by administering it to a small group of participants from the intended test population (De Vos *et al*: 2011). Sekhukhune district had two regional hospitals one served as a main study and one hospital, St Ritas, served as a pilot site and did not form part of the main study. The pilot study occurred before conducting the major study to sharpen the skills of the interviewer as well as the complexity of the questions and whether the participants understood the questions. Challenges identified during the pilot study were that probe questions to be intensified in order to get more understanding of the phenomena under study.

The researcher obtained information to improve the project, made adjustments to the instrument and re-assessed the feasibility of the study. The pilot study turned out to be a strengthening and reassuring experience for the researcher. The results of the pilot study were that the interview schedule, interviewing skills of the researcher and the data analysis approach were acceptable.

### **3.7. Development of the Data Collection Instruments**

Data collection instrument as described by Polit and Beck (2012) refers to the formal written document used to collect and record information such as questionnaire, but when unstructured methods are used there is typically no formal instrument. Therefore, data collection instruments used in this study were as follows interviews, central question accompanied by probing questions.

### **3.7.1. Interviews**

The researcher used in-depth interviews with individual participants. Phenomenological studies were used to collect rich data of human experiences which were professional nurses providing care to HIV and AIDS patients in public hospitals of Limpopo Province. Interviews were conducted in an office next to where participants were working with little noise was chosen

### **3.7.2. Central Question**

Strategies to establish credibility among the participants who were studied were developed by the researcher whereby the researcher avoided taking sides by asking the same central question to all participants. The central question was:

*What are your experiences regarding the care and support which you have received when providing care to patients diagnosed with HIV and AIDS?*

Interviewing was limited two participants per unit per day to prevent emotional strain during data collection.

### **3.7.3. Probing Questions**

Probes refer to prompting questions that encourage the respondent to elaborate on the topic (Brink *et al*: 2012). The purpose of probing is to elicit more useful or detailed information from a research participant during an interview (Polit & Beck: 2012). Probing helped to explore the experiences of professional nurses regarding the care and support they received when providing care to patients diagnosed with HIV and AIDS. Participants' answers were followed up by the researcher, with subsequent questions resulting from participants' comments in order to get meaning and clarity. The following are examples of a probing questions that were used in this study to increase the detailed exploration:

*What do you mean by...?*

*Could you explain further...?*

*Can you describe...?*

Such probes gave the participants opportunities to clarify and expand their responses and explicate meaning. They also indicated to the participants how the researcher was interested in understanding their experiences. Data were recorded and subsequently transcribed to ensure that interview data were actual verbatim responses of the study participants. Notes taken were only those that were needed by the researcher for clarity seeking by probing questions as the main job of the researcher was to listen intently and to direct the flow of questioning based on what was said by the participant recorded and subsequently transcribed to ensure that interview data were actual verbatim responses of the study participants. Notes taken were only those that were needed by the researcher for clarity seeking by probing questions as the main job of the researcher was to listen intently so and to direct the flow of questioning based on what was said by the participant recorded and subsequently transcribed to ensure that interview data were actual verbatim responses of the study participants. Notes taken were only those that were needed by the researcher for clarity seeking by probing questions as the main job of the researcher was to listen intently so and to direct the flow of questioning based on what was said by the participant.

### **3.8. Data Collection Process**

The data collection process consisted of the following three phases: the preparatory phase, the interview phase and the post interview phase.

#### **3.8.1. The Preparatory Phase**

Professional nurses who had provided care to HIV and AIDS patients for at least 24 months and more were identified as potential candidates for the study after permission was granted by the Turfloop Research Ethics Committee (TREC) (Appendix C) and the Department of Health, Limpopo Province (Appendix E,

F, H) to conduct the research study. The purpose of the study and the permission required to participate in the study were discussed with the participants (Appendix I). The dates, times and venue of the interview sessions were communicated with the area managers as the interview sessions were to be conducted during working hours. A voice recorder was prepared with the new batteries for recording the in-depth interviews. Extra batteries were also procured in case the new batteries become flat.

### **3.8.2. Information Session**

The purpose and the nature of the study was discussed during the information sessions, what the expectations of the participants would be as well as the research question. Participants were informed of their willingness to participate in the study and they signed a consent form before they started in the study (Appendix I). They were also told of their right to withdraw from the study at any time if they wanted to do so. The participants were informed of the use of voice recorder during interviews. An office situated in the unit was chosen as the venue for conducting the interviews and was communicated to the participants. The atmosphere was relaxed and supportive to the participants as the researcher introduced herself and was then known to the participants.

### **3.8.3. Post-Interview Phase**

The researcher ended the in-depth interview sessions with the participants by summarizing what was narrated by the participants to ensure that she had understood them correctly after the agreed period of 30 to 45 minutes. All participants were thanked by the researcher for their time and were further informed of the possibility of further contact with them should the need for clarity arise.

## **3.9. Methods of Data Collection**

Data were collected from March to May, 2016. The study was conducted in five public hospitals from each district of the Limpopo Province. These hospitals were selected because they all had similar characteristics of having HIV and

AIDS patients. Several qualitative data gathering methods were employed to gain a full understanding of the lived experiences of the professional nurses providing care to HIV and AIDS patients in Limpopo Province. A written, informed consent (Appendix I) was obtained from each participant before commencement of the study.

The permission to conduct the study was obtained from the respective institutions after proposal was finalized and approved by the Department of Health, Limpopo Province. Data were collected using the instrument that was developed and tested in a pilot study. A qualitative approach method was used in this study, to describe in full the experiences regarding care and support for health care providers of HIV and AIDS patients in Limpopo Province. Data were collected through the use of individual face-to-face in-depth interviews, use of a voice recorder and field notes as described below:

### **3.9.1. Face-to-Face In-Depth Interviews**

Polit and Beck (2012) defined an interview as a data collection method or a tool with which an interviewer poses questions to participants either on a face-to-face basis, by telephone or over the internet. Interviewing comprises a more natural form of interacting closely with the study participants as opposed to making them fill in a questionnaire (Brink *et al.*: 2012). Interviews were chosen by the researcher as the most appropriate method of data collection suited to obtain in-depth responses from the study participants.

The study was conducted at five public hospitals from each district of the Limpopo Province. These hospitals were selected because they all had similar characteristics of having HIV and AIDS patients. The date, time and venue for the interviews sessions were communicated with the participants from all selected public hospitals. Face-to-face interview sessions were conducted on different days guided by the availability of participants. Selected participants from male and female adult medical wards of the selected five public hospitals of the Limpopo Province were interviewed in a private room in their workplace while on duty. The interview sessions commenced only after the participants had



signed a consent form (Streubert Speziale & Carpenter: 2007). The researcher introduced herself to the participants. The main question used in all participants was:

*What are your experiences regarding the care and support which you have received when providing care to patients diagnosed with HIV and AIDS patients?*

The following facilitation skills were used by the researcher during the interviews: probing, listening skills and paraphrasing.

#### **3.9.1.1. Probing**

Probing refers to the process of asking respondents questions to elicit more useful or detailed information from them during an interview (Polit & Beck: 2012). In this study, probing was used to encourage the study participants to provide more information regarding the phenomenon under study. Participants were encouraged to clarify and further explore the issues they raised. The following is an example of a probing question that was used in this study:

*Okay, I heard you talking about shortage of staff. Can you elaborate on that?*

Probing thus helped the study participants to explore their experiences and also aided the researcher to ensure that the participants did not lose focus during the narrations of their experiences.

#### **3.9.1.2. Listening Skills**

The most critical interviewing skill in terms of in-depth interviews is “being a good listener, it is especially important not to interrupt the participants”. It is the job of the interviewer to listen to the participants’ stories (Polit & Beck: 2012). Listening skill techniques were used by the researcher in this study. The researcher listened attentively during the interview sessions to what the participants were saying. This enabled the researcher to obtain the correct

meaning and clarity of the experiences of professional nurses regarding the care and support which they have received when providing care to patients diagnosed with HIV and AIDS.

Listening skills also enabled the researcher to maintain continuous interaction with the study participants. Body language cues such as nodding and other verbal responses such as “I am still listening”, “Okay”, “You can continue” or “Mmm-mm” were used to show that the researcher was had an interest in what was said by the participants. These listening techniques encouraged the participants to elaborate more on their experiences because they realized that the researcher gave them the full attention.

### **3.9.1.3. Paraphrasing**

Paraphrasing takes place when the researcher repeats the words of the participant in another way, but with the same meaning (Burns & Grove: 2011). Paraphrasing was to verify whether what the researcher have heard from the participants. The researcher wanted to verify from the participants if words such as “terminally ill” meant “very ill” or “critically ill” patient. At the end of the interview, the researcher summarized and validated what the participants had said to ensure that she understood the participants correctly. The researcher then concluded by making notes about both her personal experiences during the interview and the observations she had made.

Each interview session was approximately 30 to 45 minutes. The venue was comfortable and nonthreatening even though noise caused by psychiatric patients were sometimes disturbing. All interviews were captured on a voice recorder, with permission from the participants. The interviews were conducted in English although some participants mixed English with vernacular which was then translated to English during transcription.

### **3.9.2. The Use of a Voice Recorder**

Burns and Grove (2011) stated that a voice recorder allows for a more

comprehensive record without the distraction of notes being taken. A voice recorder was used in this study to capture interviews and this provided the researcher with sufficient time to focus on facilitating the interviews. However, the use of a voice recorder did not prevent the participants from expressing their views as the researcher had made it clear during the information session that a voice recorder would be used. Sufficient data were collected as participants were clearly interested during interview sessions. Interviews continued until data saturation was reached, that is, when no new information was gathered and the researcher felt that the information collected adequately explained what was reached (Brink *et al*:2012).

### **3.9.3. Field Notes**

According to De Vos *et al* (2013), field notes are “a written account of what the researcher observes, experiences and thinks during the interviews”. Field notes in this regard assisted the researcher to obtain information, including the experiences and attitudes of the participants. During the interview sessions, the responses of participants were written down verbatim. Immediately after each session, the researcher made notes on her personal experience and observations, including the participants’ comments and responses. After conducting the interviews and collecting observational notes, the researcher made time to answer any questions from the participants with regard to the phenomena under discussion. Field notes were then submitted to an independent co-coder and a consensus was reached between the researcher and the independent co-coder for these field notes to be included in the discussion of the results.

### **3.9.4. Characteristics of the data collection Instrument**

Data collection instrument used in this study was unstructured face-to-face central interview question developed by the researcher which was:

*What are your experiences regarding the care and support which you have received when providing care to patients*

*diagnosed with HIV and AIDS patients?*

### **3.9.5. Quantifiability**

Data were analyzed qualitatively as it was collected in a narrative form.

### **3.10. Data Analysis**

Data analysis is described by Polit and Beck (2008) as the systematic organization and synthesis of research data. Tech's (cited in Creswell: 2009) qualitative data analysis approach was the method chosen in this study (Table 3.3). This method involves breaking down the narrative data into smaller units, coding and naming the units according to the content represented. The interviews were transcribed and read several times to identify recurring themes and patterns among the themes. The categories and sub-categories were systematically identified. Data within the same category were then grouped and sub-categories were developed. The data were organized by identifying meaningful units which were categorized. Data were then compared in order to identify common and unique themes and patterns (Burns & Grove: 2011).

The themes were then categorized and exhaustively described, supported with the verbatim quotes from the participants. A co-coder was engaged to analyze the data independently. The researcher and co-coder reached consensus regarding the identified themes, categories and sub-categories. All interviews were audiotape recorded with the permission of participants. Voice recordings were transcribed verbatim. This was done through repeatedly reading every transcript to define core aspect of what each participant communicated. The themes were then categorized and exhaustively described, supported with the verbatim quotes from the participants. A co-coder was engaged to analyze the data independently. A researcher and co-coder reached consensus regarding the identified categories, subcategories and themes.

**Table 3.3:** Tech's proposed eight steps in qualitative data analysis

Step	Procedure
1.	The researcher carefully read all the transcriptions and made notes of ideas that came to mind.
2.	The researcher selected one interesting interview document, read it and obtained meaning in the information and wrote down thoughts that came to mind.
3.	After going through the transcripts, the researcher identified general categories, made a list of all topics, clustered those that were similar together and classified all categories and sub-categories accordingly, and got the general sense of the data.
4.	The researcher abbreviated the topics as codes and wrote those codes next to the appropriate segments of the text.
5.	The researcher looked for the most descriptive wording for the topics and converted them into categories. The aim was to reduce the total list of categories by grouping topics together those that were related to each other. The researcher looked for the most narrative passages and conveyed such findings of the analysis.
6.	The researcher made a final decision on the abbreviations of each category and wrote them alphabetically.
7.	The data material that belonged to each category were put together in one place and preliminary analysis was performed.
8.	Recording of data were done for further analysis. The interview transcripts were, upon completion, thoroughly reviewed before the process of coding started.

### **3.11. Measures to Ensure Trustworthiness**

To ensure that the findings of this research study were true, the researcher adopted various strategies as suggested by the model of Lincoln and Guba (De Voset *al.*: 2007). For the purpose of this study, Lincoln and Guba's model was used. Trustworthiness of this study was established and is extensively used by qualitative researchers and is also well developed contextually. The following criteria were used to measure trustworthiness of data :credibility (truth value), dependability (consistency), confirmability (neutrality) and transferability (applicability) as indicated below.

#### **3.11.1. Credibility**

Credibility refers to the confidence in the truth of the data and interpretations thereof (Brink *et al.*: 2011). It also includes activities that increase the probability that credible findings will be produced (Polit & Beck: 2012). It is thus the truth of how participants knew and experienced the phenomenon under study. The following strategies were applied and ensured confidence in the truth that was established: prolonged engagement, triangulation, member checking, persistence observations and peer review and debriefing.

##### **3.11.1.1. Prolonged Engagement**

Prolonged engagement refers to staying in the field until data saturation has been reached (Brink *et al.*: 2012). This enabled the researcher to gain an in-depth understanding of the phenomenon under study and understood participants' experiences, views and their cultures.

##### **3.11.1.2. Triangulation**

Triangulation involves the use of multiple data sources for the purpose of validating conclusions (Polit & Beck: 2008). Triangulation was achieved by collecting data through unstructured interview and through observations (different from observations notes)

### **3.11.1.3. Member Checking**

Member checking refers to assessing the intent of the participants, to correct obvious errors and provide additional information (Brink *et al*: 2012). In this study, member checking was ensured. Participants were provided with feedback and it was ensured that the information they provided was captured properly. Follow-up interviews were conducted and the data were validated.

### **3.11.1.4. Persistent Observations**

Persistent observation refers to a qualitative researcher's intense focus on the aspects of a situation that are relevant to the phenomenon being studied (Polit & Beck: 2008). In this study, the researcher made persistent observations with the participants during interviews as most of the interviews were conducted late in the afternoons and during weekends where units were not busy. The researcher did not want to disturb the ward routines. Field notes were taken and non-verbal cues were observed and recorded in the field notes.

### **3.11.1.5. Peer Review and Debriefing**

Peer debriefing refers to sessions with peers to review and explore various aspects of the enquiry (Polit & Beck: 2008). Taped interviews were played to participants. Researcher interpreted summaries of data that were gathered, categorized and themes that emerged. Peer review was ensured through the use of independent coder and credible supervision during the research process.

### **3.11.2. Dependability**

Dependability refers to stability of data over time (Brink *et al*: 2013). Data were collected under the neutral settings without being manipulated by the researcher. Dependability was further ensured through an enquiry audit whereby after the interviews, transcripts and the voice recorders used were scrutinized by an independent expert (co-coder) in qualitative research studies.

### **3.11.3. Confirmability**

Confirmability guarantees that the findings, conclusions and recommendations are supported by the data and that there is internal agreement between the investigator's interpretation and the actual evidence (Brink *et al*: 2012). In this study, the transcripts and the tape recordings were handed over to an expert in qualitative studies and an enquiry audit on the data and the meaning attached to it was conducted.

### **3.11.4. Transferability**

Transferability refers to the degree to which the results and analysis can be applied beyond a specific research project (Shenton: 2004 as cited in du Plooy-Cilliers, Davis & Bezuidenhoud: 2014). Thick description of the methodology and findings enhanced the transferability of study findings (Polit & Beck: 2012). In this study, the trustworthiness of the findings was ensured by the researcher through the use of thick description of methodology.

### **3.12. Ethical Considerations**

The word "ethics" is derived from the Greek word "ethos," meaning one's character or disposition. It is related to the term "morality" derived from the Latin term "moralis," meaning one's manner or character (Bless *et al*: 2013). The goal of this research ethics is to minimise the risks to the participants (Polit & Beck: 2012). Measures to ensure that the research was ethically conducted were followed in this study, which included the following:



### **3.12.1. Permission to Conduct the Research**

Ethics committees play an important role in protecting the public and human subjects from researchers who undertake unethical projects that do not serve the purpose of science. Such committees take part in ensuring accountability from the researcher and to ensure that the risks faced by the participants in research are minimal (Babbie: 2010). The following ethical principles were followed:

- ❧ The proposal was send to the Turfloop Research Ethics Committee (TREC) for ethical clearance (Appendix C).
- ❧ A written approval to conduct this study was granted by the Department of Health, Limpopo Province (Appendixes E, F, H).
- ❧ Permission from the Chief Executive Officers and operational managers from the respective institutions was obtained to gain entry into the institutions and to ensure that the rights of participants were protected (see Appendix H for an example).
- ❧ The study had no direct risks for participants as the study was based on the experiences regarding care and support for health care providers of HIV and AIDS and participation was voluntary(Appendix I).
- ❧ No psychological distress observed or reported amongst the participants.

### **3.12.2. Ethical Principles**

To ensure ethical conduct, the researcher was guided by the three fundamental ethical principles during the research process: respect for persons, beneficence and justice. These principles are based on the human rights that need to be protected in research, namely: the right to self-determination, privacy, anonymity and confidentiality, fair treatment and to being protected from harm (Brink *et al.* 2012 & Grove: 2011) as discussed below:

### **3.12.2.1. Principle of Respect for Persons**

Brink *et al* (2012) explained that individuals are autonomous, that is, they have the right to self-determination meaning that they have a right to decide on either participating or not participating in a study. Participants should at all times be voluntary and no one should be forced to participate in a project (Rubin & Babbie: 2008). This principle was respected by the researcher and each participant took a decision to voluntarily participate in this study, and no form of coercion or penalty was used.

### **3.12.2.2. Principle of Beneficence**

The term “beneficence” is often understood as an obligation, Grinnel and Unrau: (2008) to maximize possible benefits and to minimize possible harm. The researcher has an ethical obligation to protect participants within all possible reasonable limits from any form of physical or emotional discomfort that may emerge from the research project (Creswell: 2008).

### **3.12.2.3. Principle of Justice**

The “principle of justice” refers to the participants’ right to fair selection and treatment (Brink *et al*: 2012). It is determined in terms of fairness and equality (Mellish *et al.*: 2010). All participants were given a fair selection and treatment discussed as follows:

#### **❖ Selection of the Study Population**

The study population for this study were chosen based on the reasons directly related to the research problem, which was their experiences of lack of support in their workplace and not because they were readily available. Inclusion criteria were used when sampling was done as follows: All professional nurses who provided care to HIV and AIDS patients in the medical wards of the regional hospitals and have been working in those medical wards for and have been working in those medical wards for 24 months and more participated in the study. Only participants who qualified according to the inclusion criteria were

selected.

#### ❖ **Treatment**

Equal treatment was given to all participants irrespective of their race, gender or any other characteristics. Interviews were conducted in English as the medium of interaction and all participants were accommodated in this regard. Interview sessions were conducted as per participant agreement which lasted for approximately 30 to 45 minutes per session. The same central question was asked to all participants, namely:

*What are your experiences regarding the care and support which you have received when providing care to patients diagnosed with HIV and AIDS?*

#### ❖ **Right to Privacy**

Right to privacy was also respected as interviews were conducted in a private room next to where participants were working. Staff members were requested not to interrupt during interview sessions and phones were switched off, except the voice recorder, the use of which was communicated to each participant. Participants' information remained anonymous and confidential. The "process of ensuring confidentiality" refers to the researcher's responsibility to prevent all data gathered during the study from being linked to individual participants, divulged or made available to any other person (De Vos *et al*: 2011).

The following mechanisms were employed to ensure anonymity: participants were provided with a code name instead of using their real names; data were processed anonymously by using code names during data discussion and the master copy of the list of participants' names and matching codes were kept in a safe place. A voice recorder was listened to by the researcher during transcription of data and the co-coder and was kept safe thereafter. Participants were informed that the exception to the confidentiality will be if the information is published for the benefit of other researchers or the scientists, but were assured that their confidentiality will be respected and their names or identities would not

appear in any publication.

### ❖ **The Right to Self-Determination**

The right to “self-determination” implies that individuals have the right and competence to evaluate available information, weigh alternatives against one another and make their own decisions (De Vos *et al*: 2011). All participants voluntarily participated in the study after being informed and giving their written consent. The rights for withdrawal if the need arose were also explained to them and they all participated without being forced or pressurized by the researcher or any other person.

#### **3.12.3. Principle of Autonomy**

The principle of autonomy incorporates the freedom of individuals’ actions and choices to decide whether or not to participate in research. The principle of informed consent was of paramount importance and was adhered to in this study. Participants were fully informed about the nature of the research study in which they participated and informed decision about their participation in the study was encouraged. Right to withdraw at any time was also emphasized.

#### **3.12.4. Informed Consent**

Respect for persons requires that subjects be given the opportunity to choose what shall or shall not happen to them (Grinnell & Unrau: 2008). Nobody should be coerced into participating in a research project, because participation must always be voluntary (Neuman: 2006; Babbie: 2007). Participants were provided with adequate information on the goal of the investigation which was to develop a care and support model for health care providers of patients diagnosed with HIV and AIDS in the public hospitals of the Limpopo Province, the expected duration of participants’ involvement, the possible advantages, disadvantages and dangers.

De Vos *et al* (2011) emphasized that the term “adequate information” may be viewed as a vague term, but it seeks to assess the demands that the project will

make upon participants in terms of time, activities and disclosure of confidential information. Accurate and complete information which fully represented the details of the investigation was given to participants and a voluntary decision was taken by each participant. Henning (2005) stated that the researcher remains responsible for the ethical quality of the study. In this regard, signed consent form were treated with the utmost discretion and stored in a safe place.

Polit and Beck (2012) stated that it is not always only the informed consent of the participants or guardian of the participants that is needed, but also the informed consent of the persons in authority such as the tribal chief or head of the organization. The researcher in this regard obtained informed written or verbal consent from the various Chief Executive Officers (CEO) and managers of respective public hospitals under investigation. Letters that identified the organizations and the researcher, the time involved, potential impact and the outcomes of the study were written to the CEO and managers of the public hospitals (Creswell: 2009). Though ethical guidelines about informed consent cannot anticipate all possible problems, the researcher must handle unforeseen situations in the most ethical manner possible (De Vos *et al.*: 2011).

### **3.12.5. Data Protection**

Data were captured on a computer secured by a password known only by the researcher. The voice recorders and transcripts were kept in a locked cupboard which could only be accessed by the researcher. Hard copies will be kept by the supervisor for future references.

### **3.12.6. Bias**

Bias is any influence that distorts the results of a study and undermines validity (Polit & Beck: 2008). In this study, bias was avoided and the quality of evidence was not affected. The researcher described the phenomenon as accurately as possible, refrained from any predetermined framework, and remained true to the fact (Thomas: 2004 as cited in De Vos *et al.*: 2013). Strategies and methods used by the researcher to eliminate or minimize bias were as follows:

Triangulation to counterbalance bias. Bracketing of the researchers' own ideas was done before entering the study field and preconceived ideas were avoided and any influence that could have distorted the results and the validity of the study was prevented. Bracketing refers to the process of putting aside what is known about the study topic to allow the data to convey undistorted information (Brink *et al.*: 2013).

### **3.13. Conclusion**

This chapter outlined the research methodology of the study, including research method and designs, data collection, data analysis, measures to ensure trustworthiness, and ethical considerations. The next chapter presents the results of the study and the literature control.

## CHAPTER 4

### PRESENTATION AND DISCUSSION OF THE FINDINGS

#### 4.1 Introduction

Chapter 3 outlined the research methodology which included the research design, study site, population and sampling, data collection and data analysis. This chapter presents the findings and discussion which emerged during data analysis using Tech's open-coding method as outlined by Cresswell (2009). The main objective of the study was to explore and describe the experiences of HCPs of HIV and AIDS patients regarding the care and support they received in the public hospitals of Limpopo Province, South Africa, and to develop a care and support model in that regard. The discussion of these findings present the themes and sub-themes that have emerged during data analysis which are supported by direct participants' excerpts written in italic and a literature control.

Flick (2009) suggested that literature is presented aiming at supporting the findings of the study in existing literature for quality control purposes to verify whether the findings of the study are supported or are in contradiction with what is already known about the topic. The direct excerpts of participants are presented based on numerical codes which were allocated to them to ensure anonymity.

#### 4.2. Participants' Demographic Information

Twenty professional nurses from five public hospitals in five districts of Limpopo Province participated in the unstructured face-to-face interviews. Four professional nurses were from each public hospital of Limpopo Province, namely: Mokopane Hospital (Waterberg district), Tshilidzini Hospital (Vhembe district), Philadelphia Hospital (Sekhukhune district), Seshego Hospital (Capricorn district) and Letaba Hospital (Mopane district).

The sample comprised of 20 professional nurses. All participants had a basic professional nursing diploma. The average years of experience in medical departments were 10 years and ranged from 3 years to 20 years. The ages of the professional nurses who participated in this study, were between 29 and 50 years. Educational qualifications of the professional nurses who participated in the study were as follows: One professional nurse was trained in oncology, one was trained on palliative care, two had diploma in psychiatric nursing and four were trained comprehensively (R425) and three had general nursing only and were to commence midwifery training in June 2016. Nine professional nurses had both diploma in general nursing and midwifery. All professional nurses worked in medical wards.

#### **4.3. Themes and Sub-Themes that Emerged from Data Analysis of Interviews**

Three themes emerged during data analysis using Tech's open-coding method as described in Creswell (2013). Themes and sub-themes reflecting the experiences of professional nurses providing care to HIV and AIDS patients are summarized in Table 4.1.



**Table 4.1:** Themes and sub-themes of experiences of professional nurses providing HIV and AIDS care

Theme	Sub-Theme
1. Explanation of tales related to experiences during provision of care and support of HIV and AIDS patients	1.1 Experiences related to confirmation of patients' diagnosis during admission 1.2 Exhaustion and fatigue experienced during provision of care 1.3 Existence of lack of rotation of staff problematic 1.4 Lack of adherence to treatment by patients 1.5 Families shun responsibilities to care of their relatives
2. Challenges experienced during provision of care and support of HIV and AIDS patients	2.1 Existence versus lack of management support experienced 2.2 Experience of shortage of staff compromises provision of care and support to patients 2.3 Provision of care and support to HIV and AIDS patients viewed as a stressful process 2.4 Deprivation of work related benefits experienced

	<ul style="list-style-type: none"> <li>2.5 Staff turnover and absenteeism experienced</li> <li>2.6 Development of work-related illnesses experienced</li> <li>2.7 Existence of material resources lead to poor provision of care and support</li> <li>2.8 Emotional and psychological trauma experienced during the caring process</li> </ul>
<ul style="list-style-type: none"> <li>3. Explanation of support experienced by nurses during provision of care and support of HIV and AIDS patients</li> </ul>	<ul style="list-style-type: none"> <li>3.1 Expressions of words of unfulfilled help from management</li> <li>3.2 Different types of compensation exist</li> <li>3.3 Hope for spiritual support expressed</li> <li>3.4 Existence of support from patients and relatives</li> <li>3.5 Lack versus existence of support from multidisciplinary team members</li> </ul>

### 4.3.1. Theme 1

#### ***Explanation of Tales Related to Experiences During Provision of Care and Support of HIV and AIDS Patients***

Theme 1 outlines the description given by participants regarding their experiences during provision of care and support of HIV and AIDS patients. Under this theme, the following five sub-themes emerged, namely: experiences related to confirmation of patients' diagnosis during admission, exhaustion and fatigue experiences during provision of care, lack of rotation of staff to and from medical wards resulting in staff burnout, existence of negative decisions related to poor working environment, development of defence mechanisms to adjust to strenuous working environment, lack of adherence to treatment by patients and families shun responsibilities to care for their relatives.

#### 4.3.1.1. Sub-Theme 1.1

##### ***Experiences Related to Confirmation of Patients' Diagnosis During Admission***

The findings pointed out that there are experiences related to confirmation of patients' diagnosis during admission. Confirmation of patients' diagnosis during admission was expressed as a challenge experienced by professional nurses at their workplace. It was indicated that in some instances, doctors failed to diagnose patients properly which led to admission of patients to wrong units and given wrong medications. This impacted negatively on the professional nurses' abilities to render quality and compassionate nursing care to HIV and AIDS patients. These claims were supported by the participants who indicated:

##### **PN01 from public hospital C**

*Yes a patient came with low blood pressure and sonar was done and ectopic pregnancy was confirmed. Just because the patient was HIV-positive she was brought to medical ward expecting us to prepare her for an emergency operation...*

## ✈ PN01 from public hospital B

*They admit a patient who has been misdiagnosed, for example, per vaginal bleeding in pregnancy coming to medical ward. This becomes a challenge to us because we don't manage patients with per vaginal bleeding in this ward and the saddening part is when these patients pass away.*

Mulaudzi, Mokoena and Troskie (2010) reported that failure to confirm patients' diagnosis on admission can result in added workload to nurses who are attending to the patient or calling the doctors for transferring the patient to the relevant ward as nurses spend most of their time with the patients more than other health care professionals. Mulley, Trimble and Elwyn's (2012) study on "stop the silent misdiagnosis" has shown the need for improved diagnostic accuracy to decrease misdiagnosis and improve quality of care. Misdiagnosis or oversight in patients' proper diagnosis can deprive patients of obtaining adequate care and, as a result, patients' prognosis will ultimately be affected. David, Chira, Eells, Landrigan, Papier, Miller and Gaff's (2011) work on diagnostic accuracy has revealed that patient harm and more patient deaths, disability and medical liability occur as a result of misdiagnoses.

Zwaan, de Bruijne and Wagner (2010) have showed that misdiagnosing patients may lead to poor outcomes because of adverse or inappropriate medication or incorrect treatment. The authors further stated that misdiagnosing patients' may lead to incorrect treatment, delayed treatment or no treatment at all, and as a result, a patient condition can be made worse and may even die. Confirmation of patients' diagnosis during admission was expressed by participants as a challenge in their hospitals. The participants' experiences are that in some instances, patients were not properly diagnosed by doctors which led to inappropriate delivery of care. These are indications of the need for improved diagnostic accuracy to decrease misdiagnosis and improve outcomes in the hospitals. The findings indicate the need for improved diagnostic accuracy. Prolonged hospitalization could be reduced in this regard, leading to reduction of workload in the units (Ama & Seloiwe: 2011). Managers' interventions in this

regard are of greatest significance to ensure care and support to professional nurses by ensuring that doctors do their work as expected.

#### **4.3.1.2. Sub-Theme 1.2**

##### ***Exhaustion and Fatigue Experienced During Provision of Care***

Participants reported exhaustion and fatigue as a challenge experienced at their respective health facilities. Ama and Seloilwe (2011) indicated that physical and psychological exhaustion were the burdens experienced by caregivers of PLWHA. The following are some of the statements from the participants:

##### **✦ PN02 from public hospital C**

*Mind you, medical ward is hectic because most of our patients are HIV-positive and are bedridden, they can't help themselves.*

##### **✦ PN03 from public hospital B**

*Most of the time we find that the ward is overflowing having 35 to 40 patients with two professional nurses, one staff nurse and one or two assistant nurses. This put more strain on us as most of the patients are depended on us and as a result we sometimes are not able to cope with the workload due to fatigue.*

##### **✦ PN01 from public hospital A**

*Sometimes you don't know what tea time is because you sometimes find that almost everybody is being bed bathed, then the doctors ward rounds who need to be accompanied during rounds. That is a real challenge and a stressful situation.*

##### **✦ PN04 from public hospital D**

*Most of the patients are bedridden patients who are bed bathed, fed, changed position, given treatment, and moreover, we have*

*to do additional jobs of auditing patients' files and assisting doctors during rounds. You can't even go for lunch because you find that the ward will be left with staff nurse or nursing assistant.*

**📌 PN04 from public hospital B**

*The workloads is very high because most of this patients are bed-ridden they need a lot of help during bed baths, feeding, position changing and other thing. So is too much for us, we can't cope. It is very hectic.*

**📌 PN04 from public hospital C**

*You find that we have maybe six to ten bed baths, then the position changing followed by feeding of those who are helpless, giving of treatment because you sometimes find that you don't have an enrolled nurse for giving oral medication so the sister is forced to push the iv treatment trolley with the oral treatment trolley. This is very hectic and sometimes we are demoralized.*

Fatigue refers to psychological or physical exhaustion that hinders a persons' ability to function normally, exacerbated by prolonged periods of physical and mental exertion without enough time to rest and recover and can be a major source of stress among employees (Lerman, Flower, Gerson & Hursh: 2012). Fatigue can be a major source of stress among employees, can increase the potential for workplace injuries to occur and can negatively impact productivity by affecting an employees' capacity to function properly (Newton & Jones: 2010).

Excessive work demands of providing care to terminally ill patients where in some instances nurses do not have supplies or equipment needed to complete work tasks, are preventing nurses from providing the desired quality of patient

care (Kane, Shamiliyan, Mueller, Duval & Wilt: 2007, Dall, Chen, Seifert, Maddox & Hogon: 2009 and Gurses & Carayon: 2009). Leuer, Donnelly and Domm's (2007) study on nurses' retention strategy found that nurses in Canada who were struggling to provide a high standard of care within their current work environment experienced a sense of frustration and fatigue due to increased workload. Mulaudzi, Mokoena and Troskie (2010) has shown that due to the increased demand of the workload on the HCPs of HIV and AIDS health, they end up being engaged in routine work rather than getting a chance to know their patients as a result of exhaustion and fatigue of providing care to HIV and AIDS patients whose mobility and bodily functions have deteriorated.

The study by Dembe, Delbos and Erickson (2008) on the effect of occupation and industry on the injury risk from demanding work schedules indicated that work ability, health and safety as well as efficiency and safety of the organization can adversely be impacted by worker fatigue and those with fatigue are more likely to experience long-term absence.

Ana and Seloilwe (2011) in their study conducted in Botswana reported that burdens of physical and emotional exhaustion experienced by caregivers might be the result of multiple and sometimes conflicting roles performed towards HIV and AIDS patients. These findings are supported by Ramathuba and Davhana-Maselesele (2013) in their study conducted in Vhembe district, Limpopo Province, who also categorized caregivers' of HIV and AIDS' burden as physical and emotional exhaustion.

In addition, the study conducted by Davhana-Maselesele and Igumbor (2008) in Limpopo Province reported that nurses are mostly affected psychologically and physically by high death rates of HIV and AIDS patients, preparing patients for peaceful death, consoling grieving family members and workload of providing care to HIV and AIDS patients.

Exhaustion and fatigue were experienced by participants as a problem in their hospitals during provision of care to HIV and AIDS patients. Increased workload and patient dependency appeared to be the major challenges expressed by

participants which resulted in physical and psychological exhaustion experienced by the professional nurses. These findings point to the managers to address the issue of increased workload and measures to improve the working conditions in the hospitals.

#### **4.3.1.3. Sub-Theme 1.3**

##### ***Existence of Lack of Rotation of Staff Problematic***

This sub-theme revealed that lack of rotation of staff for the nurses working in medical ward is problematic. Participants' quotes which confirm these claims are as follows:

##### **PN03 from public hospital C**

*We have been working here for a long, long time close to 20 years and the hospital has no rotation policy.*

##### **PN01 from public hospital A**

*I have been here working in female medical for more than 5 years, but there is no rotation system. No rotation. We have to rotate.*

##### **PN02 from public hospital C**

*And the other thing is that there is no rotation in this hospital.*

##### **PN04 from public hospital A**

*So maybe if management can do something, and introduce a rotation system, it would be better as there is no rotation policy in this hospital.*

##### **PN04 from public hospital D**

*Since I have been working in this ward the rotation is not done*



*because there is no hospital rotation policy, nurses are not rotated, no rotation.*

Allot's (2013) study on rotational and training senior nurses using a rotational model has revealed that there are a number of benefits that can be obtained by employees through rotation such as strengthening a sense of commitment to a wider department or organizational goals by having an understanding of other roles, departments and challenges. The workload staffing imbalance is one of the issues that must be addressed in a workload and failure concern to balance the workload and the staffing levels in a health care system can lead to increased patient load leading to the physical and mental demand where professional nurses will carry the responsibility of managing more patients than they could safely care for or monitor (Rosekind, Gregory, Mallis, Brandt, Seal & Lerner: 2010). Work that provide sufficient opportunities for staff rotation to ensure that employees have equal share of responsibilities and distribution of exposure towards the provision of care to patients to ensure improved level of job satisfaction which could lead to reducing burnout and staff turn-over amongst the professional nurses (Shields & Ward: 2010).

Lack of rotation was expressed by participants as a challenge in their hospital. The participants' experiences were that nurses are reluctant to work in wards providing care to HIV and AIDS patients because of the increased workload and also because of a lack of rotation policy. Such a policy needs to be put in place to direct nurses' way of rotation.

#### **4.3.1.4. Sub-Theme 1.4**

##### ***Lack of Adherence to Treatment by Patients***

Lack of adherence to treatment by patients was pointed out by the participants of this study and is a challenge experienced by professional nurses. The needs of patients admitted with HIV and AIDS as a result of failure to adhere to their treatment seems to exert greater demand for nursing care from the professional nurses as they come mostly in stage IV of HIV and AIDS. Keeping patients on

treatment programmes is imperative and the rise in patients failing to follow up their ART is particularly worrying. Participants confirmed the needs of patients admitted with HIV and AIDS based on the acuity level in the following verbal cues:

**✚ PN03 from public hospital C**

*Some of the patients when they are discharged they don't take their treatment at home. They default their treatment and then come back being critically ill.*

**✚ PN03 from public hospital D**

*Most of the patients with HIV and AIDS don't comply with their treatment and this poses more strain on us as workers.*

**✚ PN03 from public hospital B**

*The problem is that most of the patients don't comply with their ARV treatment. Some of them even go to the traditional healers and collect their medication there. When they come back to the hospital you will find that their CD4 count will be low and their viral load high.*

**✚ PN02 from public hospital A**

*When patients are discharged with the ARV treatment some of them don't collect their treatment when finished, but decide to go to the traditional healers or to the pastors. When they come back you find that those patients' conditions have deteriorated, being unable to help themselves.*

**✚ PN04 from public hospital A**

*The problem of the HIV and AIDS patients is that they are not taking their treatment, not complying at all. They default their*

*treatment that's the problem we are facing in this ward.*

Non-adherence to medicines for PLWHA is considered one of the most threatening risks for the effectiveness of the treatment at the individual level and the spread of virus-resistance being a frequent problem in the population (da Silva, Fernades, de Souza Neto, Rodrigues, de Andrade, Da Silva, De Lima, Rocha & Concalves: 2016). Studies have shown that poor adherence remains an ever present and growing concern in health care and is a major cause of failure to achieve viral suppression which may have a major impact on the clinical outcome and, as a result, PLWHA need to recognize the need for treatment to continue to live with the quality of life (Nishigaki, Sugino, Seo, Shimoda, Ikeda & Kazuma: 2011, Bangsberg: 2008) and Battaglioli-DeNero: 2007).

The study conducted by Ajibade, Oseni and Akinpelu (2016) on perceived psychosocial impacts of stigmatization and coping strategies among PLWHA in two hospitals in Nigeria has reported that stigma has also been recognized as a major cause of non-adherence to ART. Beckstrand's (2006) study on end-of-life care in critical care units in the United State (US) has shown that more than 2.4 million deaths are recorded annually in the US and most of these deaths (80%) occur in hospitals and several barriers or obstacles to providing good death to patients were identified, including staffing patterns and shortage of nurses that contribute to lack of time to care for the dying patients appropriately.

Lack of adherence to treatment by patients was expressed as a challenge in the health care facilities. The study has shown that lack of adherence to ART appeared to be the most threatening risk for its effectiveness. These are indications that the managers need to strengthen awareness programmes to patients and communities and health education programmes in hospitals.

#### **4.3.1.5. Sub-Theme 1.5**

##### ***Families Shun Responsibilities to Care of Their Relatives***

The study revealed that family members shun responsibilities to care for their relatives, which is problematic. Patients are part of society and, therefore, they also need support from their families to have the feeling of belonging to accomplish one of Maslows' hierarchy of needs which is a sense of belonging (Bergh & Geldenhys: 2014). Participants' quotes which support this observation are as follows:

📌 **PN01 from public hospital C**

*Most of our community when patients are discharged they don't want to come and fetch them. We nurse patients for 7 to 14 days in the ward not being collected by families, and mind you, by then you are a professional nurse alone with a staff nurse and assistant nurses on duty.*

📌 **PN01 from public hospital D**

*Some of the patients when they are being discharged, their relatives don't come to fetch them because they still have that fear of being infected. This causes our wards to have a lot of patients that adds more strain on us. I think there is still a need for health education to our community on the mode of spread of HIV.*

In a study conducted in China, Li, Wu, Wu, Sun, Cui and Jia (2006) argued that the majority of family members displayed negative responses to family members' HIV diagnosis whereas Jia, Uphold, Wu, Chen and Duncan (2005) in a cohort study in the Southern United States have shown that greater family support was found to be predictive of positive changes in physical health and social functioning among PLWHA who were on highly active antiretroviral therapy (HAART). Burgoyne (2005) found that PLWHA consistently taking HAART experienced better clinical benefit if they perceived available social and family support. Ama and Seloilwe's (2011) study findings have indicated that sometimes caregivers of HIV and AIDS patients at home are relatively young and could become emotionally distressed.

Therefore, there is a great need for families to care for their relatives. Emotional support to these families is essential to enable them to cope with the burden of caring for HIV and AIDS patients and that might reduce the burden of care in the health care services. This suggests the need to include components such as teaching families how to cope with stress and the burden of being a caretaker in the teaching programmes at various health facilities. Tshililo and Davhana-Maselesele (2009) reported that guidelines to assist families in caring at home for their loved ones with HIV and AIDS were developed to ease the emotional burden on caregivers. The findings indicate the need for support of professional nurses who are burdened by patients discharged, but not fetched by families. More strain of workload due to overcrowding was a challenge and therefore an intervention needed. Programs such as conducting campaigns to communities regarding the impact of prolonged hospitalization on the budget of the hospital and workload to be addressed and corrected.

#### **4.3.2. Theme 2**

##### ***Challenges Experienced During Provision of Care and Support of HIV and AIDS Patients***

Eight sub-themes which have emerged from theme 2, namely: existence versus lack of management support experienced, experienced of shortage of staff compromises provision of care and support to patients, provision of care and support to HIV and AIDS patients viewed as a stressful process, deprivation of work related benefits experienced, staff turnover and absenteeism experienced, development of work-related illnesses experienced, existence of material resources lead to poor provision of care and support and emotional and psychological trauma experienced during the caring process.

The sub-themes that emerged are discussed and supported by literature and verbatim quotations of participants written in italic.

##### **4.3.2.1. Sub-Theme 2.1**

###### ***Existence Versus Lack of Management Support Experienced***

Findings revealed that participants are requesting specific support from management based on the problems they are experiencing because management is viewed as not providing support. Supportive management or supervisors refer to the extent to which employees believe that supervisors or management show concern for their needs and provide them with support and positive feedback (Booyens: 2014). Professional nurses experienced lack of support in their work stations because they are not provided with adequate human resources which result in increased workload. Organizing support group amongst co-workers was identified by participants as one of the needs management should consider in the workplace in ensuring a kind of support mechanism offered to employees as shared and discussed challenges and experiences might add value in boosting their morale and confidence. Participants confirmed lack of support by saying:

**📌 PN01 from public hospital E**

*Maybe if management can organize support system for us maybe weekly where we can meet with the psychologist just to counsel us, counselling sessions or debriefing sessions as most of the patients pass away on a daily basis. Or if we can form support groups whereby we can come together just to share our stories and our experiences regarding these patients who are passing away so that we also can cope or manage this situation that we are being exposed to on daily basis.*

**📌 PN01 from public hospital A**

*I think of maybe if the management can come to us, and see the problems that we are having, come and talk with us and hear the difficulties that we are encountering, it will really do us something. We really plea for their presence and support because it is strenuous, the ward is too heavy for us. It seems as if we have been neglected. That's the problem that we are mostly encountering or even if they can take us to the*

*psychologists for psychological support, but they don't do that. Let them not only come to pick up the wrong things that we are doing because we are not doing the wrongs always.*

The participant who indicated lack of support from management said:

📌 **PN02 from public hospital B**

*So in terms of support, normally there is nothing like support. We do not get support from our management in this hospital. They don't come to our ward and see how we cope, even if they see our patients' statistics that is most of the time very high whereby we sometimes have close to 35 patients being one or two professional nurses with junior nurses.*

Support plays an important role in increasing nurses' self-confidence and leading to clinical competency and productivity (Tshitangano: 2013). Caring for a person with HIV and AIDS without adequate support places huge demands on the HCPs of HIV and AIDS affecting their mental and physical health and often resulting in mental and physical collapse (Marc *et al.*: 2011). The findings by Ndou, Maputle, Lebesse and Khoza (2015) on the study conducted in Tshwane district of Gauteng Province, South Africa, on ineffective support for professional nurses by the organizations and nurse managers revealed that inadequate support was received by professional nurses despite all the challenges experienced whilst providing care to HIV and AIDS patients.

Nurses play a vital role in providing life-saving and life enriching care throughout the world and the institution, therefore, has an obligation of creating a good working environment for its employees by providing care and support environment to render efficient care needed by the patients (Majumdar & Mazaleni: 2010). Ramathuba and Davhana-Maselesele's (2013) study revealed the need for an employees' support system, especially for those working under stressful conditions spending long periods providing care to HIV and AIDS patients. In support of this view, De Villiers and Ndou's (2008) study findings

further suggest extension of institutional support to include counselling services to those who render care to HIV and AIDS patients.

Nguyen, Mai and Nguyen (2014) have indicated that staff's organizational support contributed to workforce stability and better customer service. Hence, improved support for caregivers is essential as organizational commitment and performance are positively affected by job satisfaction (Nawab & Bhatti: 2011). The direct quotes from participants were as follows:

**✈ PN 03 from public hospital D**

*Managers do come on specific days to check how we are coping, how many patients do we have and how many doctors are on duty. This really motivates us a lot as we know that at least somebody is taking care of us. If an employee is admitted in the unit they do come and check his or her progress.*

**✈ PN04 from public hospital E**

*We usually attend workshops and in-services like when there is something new about HIV. Doctors do provide workshops for us. We are also receiving support from stakeholders like occupational therapy and dieticians who come on a daily basis for the patients.*

Provision of individual support and encouragement play an important role in motivating employees' morale, productivity and engagement (Chandrasekar: 2011). Participants in this study, experienced support in the areas of skills development such as provision of workshops and in-services as supported by Chandrasekar's (2011) study findings on workplace environment and its impacts on organizational performance in public sectors which state that supporting workplace factors are found to be interrelated with a knowledge and skills development climate. Collins and Smith's (2006) study results have shown that a supporting workplace factor is found to be favourably influencing performance capacities as high involvement commitment-based human resource



management systems are associated with superior performance.

The study participants have shown that very little support is given to professional nurses by their managers. These are indications of lack of recognition of the role of the professional nurse providing care to HIV and AIDS patients and are likely to contribute to the burdens of professional nurses. These findings point to the managers to address the problem of lack of support and introduce psychological support and other means of support to boost the morale of professional nurses.

#### **4.3.2.2. Sub-Theme 2.2**

##### ***Experience of Shortage of Staff Compromises Provision of Care and Support to Patients***

The findings revealed that professional nurses' experienced shortage of staff which resulted in substandard care be provided. Shortage of staff resulting in increased workload have led to concerns about quality of care provided to HIV and AIDS patients as reported by professional nurses who participated in the study. The professional nurses in this study, expressed their frustrations with the quality of care they provide because of low staffing levels which increase nursing care demands.

Participants said:

##### **PN04 from public hospital E**

*The ward is always full with close to 35 patients and we are short staffed, we work being two professional nurses in this shift, so it is difficult to run the ward. Sometimes you find that we continue working, taking rounds then after taking rounds we give medications after medications this side we admit.*

Another participant with the same experiences said:

✈ **PN02 from public hospital E**

*With the shortage of staff that we have this adds more work to us as we have to do a lot of work in this ward starting with bathing the patients and, mind you, we are only 4 nurses in the ward, one professional nurse, one staff nurse and two assistant nurses with 32 patients. So we have to divide ourselves and care for the needs of those patients. All these needs adds more work on the skeletal staff that we have.*

Another participant said:

✈ **PN02 from public hospital C**

*On the issue of shortage of staff, I think management should consider developing a way of recruiting and retaining nurses. Shortage of staff is a real challenge in our ward. We are being short-staffed till to date.*

✈ **PN04 from public hospital C**

*So, the challenges that we come across is that we are short staffed. That is the main challenge we are faced with and we feel disadvantaged because in other wards specialized wards, they have enough staff and also have specialized qualifications which the government includes in their program every year.*

Shortage of nurses is an international phenomenon, putting safe effective health care services that need to be rendered in jeopardy (Al-Kanfari & Thomas: 2008 and Cohen & Golan: 2007). When staff shortages prevail, they make it impossible for professional nurses to execute all duties needed to provide care to patients (O'Brien-Palls, Aisbett, Roche, King & Aisbett: 2011). Today, the health care setting is challenged to provide the type of quality of care expected

by the consumer given the relatively insufficient number of nursing and other health care staff members which exist (Ridge: 2005). Buerhaus, DesRoches, Donelan and Hess' (2009) study findings on the impact of the nurse shortage on hospital patient care had shown that the shortage of registered nurses (RN) in the United State of America (USA) is a critical stressor for the hospitals. The authors further reported that 45% of RN employed in the USA believed that their workloads were exacerbated by shortage of nurses. Participants expressed shortage of staff as problematic in their hospitals. The participants experienced that professional nurses find it very stressful and hectic to work under such conditions as these are likely to contribute to increased workload and poor prognosis of the patients. These findings point to the managers' prompt attention regarding recruitment and retention strategies of staff.

#### **4.3.2.3. Sub-Theme 2.3**

##### ***Provision of Care and Support to HIV and AIDS Patients Viewed As a Stressful Process***

Professional nurses providing care to HIV and AIDS patients expressed feelings of frustration and hopelessness because they felt that there's nothing much that the caregivers could do for the patients. Some professional nurses were stressed because patients come being terminally ill and die immediately after admission or few days later. The situation was exacerbated by the fact that most of the patients who died were known to participants; hence, they were highly affected and traumatized. This was confirmed by the participants who indicated that:

##### **PN03 from public hospital C**

*Patients sometimes pass away in front of us almost in a short space of time and this causes more stress and trauma to us as some of them are known to us, some are our relatives and some are our neighbours and friends. It is really so traumatic and stressful to us and sometimes we are unable to cope properly. We really need support and as I have said managers don't*

*support us.*

**📌 PN04 from public hospital A**

*Majority of patients come to our ward when they are on terminal stage. Most of them spend only one day then they pass away on the second day. It is terrible, very terrible.*

**📌 PN01 from public hospital B**

*At some point, we are not coping, truly speaking. I mean you admit ten patients and out of ten patients, you only discharge two and eight die. You might say is nothing, but when you sit down doing introspection, what am I doing, looking at your statistics you become demoralized.*

**📌 PN04 from public hospital B**

*So, I think at some point we need debriefing or counselling as staff members like patients who die and others default, we turn to not even care what is happening to those patients, meaning not giving them required nursing care.*

Caring for a person with particular health problems may be stressful and studies have shown that caring for an ill person, including a person with HIV and AIDS, is associated with greater mental health outcomes (Wayne, Alyssa, Chin & Dec: 2008 and Van Dyk: 2008). Davhana-Maselesele and Igumbor (2008) indicated that most of the nurses reported that watching patients suffer and die was difficult because they couldn't help them and coping with the number of deaths in their wards was challenging. Yoder-Wise (2011) and Macey and Schneider (2008) described that stress derived from caregiving responsibilities presents significant risks for caregivers' mental and physical health.

Provision of care and support to HIV and AIDS patients was viewed by the

participants as a stressful process. These are the indications that professional nurses are calling for help and consideration from the managers and supervisors as they found it very difficult to cope with the number of deaths in their wards.

#### **4.3.2.4. Sub-Theme 2.4**

##### ***Deprivation of Work-Related Benefits Experienced***

Lack of training and workshops were identified by participants as a deprivation of work-related benefits experienced in the workplace. It was evident from the interviews with the participants that the possession of information on HIV and AIDS by health care providers of HIV and AIDS patients is necessary in order to equip them. Lack of trained health personnel is a limiting factor in the provision of services, particularly when treating HIV and AIDS patients. It is therefore, worrisome that professional nurses employed and working in units where HIV and AIDS patients are admitted are not trained.

Therefore, the need for training staff in order to equip them with adequate information for providing care to HIV and AIDS patients was identified. The following were the expressions of the study participants:

##### **PN02 from public hospital A**

*Let the management consider the issue of training and workshops because being a staff member not being workshopped on how to work and take care of HIV and AIDS patients or given some courses about HIV and AIDS is demoralizing. People must be motivated and empowered because this will improve the standard of nursing care and bring confidence to the staff.*

##### **PN02 from public hospital C**

*Coming to the issue of workshops, I was elected to go for a workshop by my operational manager to attend a HAART*

*workshop. She approved me knowing the situation of short staff. So at the end of the day, I am not trained. I am being denied the opportunities, but we are expected to provide the care to the patients.*

**✈ PN04 from public hospital A**

*Myself, I was never trained for HIV and AIDS or maybe attended any HIV and AIDS counselling or testing workshops. We need to be trained and be knowledgeable about management of HIV and AIDS patients.*

**✈ PN03 from public hospital A**

*I have been working in medical ward since 2001. You can imagine yourself almost 15 years in this situation without any development.*

**✈ PN01 from public hospital D**

*I think it will be better if we can all be trained and know the treatment that we are giving as they are changing names now and then and we are not trained to know those names. I think we really need to be trained.*

**✈ PN04 from public hospital C**

*We are disadvantaged with the training and development. Managers should include medical and surgical in their program so that we can also go to school as in other specialized wards like ICU and theatre.*

Due to the rapid changes taking place in medicine treatment modalities and medical technology, it requires that the nurses and health care personnel undergo professional development and education on a continuous basis (Ridge:

2005). One of the retention strategies the employer could utilize in an organization is to award employees with appropriate work-related benefits such as knowledge and skill (Booyens: 2008).

The study conducted by Nakiwala (2009) in Uganda reported that the HIV and AIDS programme was under-resourced as most of the health care workers were not trained in the management of PLWHA. Lack of training of personnel resulted in knowledge deficit which affected outcomes of care for the patients. Similarly, Worthington, O'Brien, Mill, Caine, Solomon and Chaw-Kant's (2016) study conducted in Canada reported that nurses providing care to HIV and AIDS patients had HIV and AIDS education deficits.

Training is one of the tools for staff development and retention and, as result, an employee who lacks proper training is not motivated as s/he lacks knowledge needed to provide for the customers and this results in low productivity and low self-esteem because of decreased morale (Ongori: 2007).

Lack of training and workshops were identified by participants as a deprivation of work-related benefits experienced in the workplace. Participants have indicated that very little support is given to areas such as staff development an on-the-job training. These findings point to the managers that attention is needed to the staff development training programmes, policies or guidelines in their hospitals.

#### **4.3.2.5. Sub-Theme 2.5**

##### ***Staff Turnover and Absenteeism Experienced***

The findings revealed that staff turnover and absenteeism are experienced by the study participants which affect quality of services that need to be delivered. There is a high absenteeism rate and turnover experienced amongst professional nurses who are providing care to HIV and AIDS patients. Staff turnover and absenteeism are said to have impacted negatively on the performance of professional nurses due to the workload for providing care to HIV and AIDS patients whilst their colleagues absent themselves from work.

The participants confirmed absenteeism by saying:

**✈ PN02 from public hospital C**

*Last year we had two resignations in medical ward, two of our professional nurses resigned. One resigned because of shortage of staff. I don't know maybe if there were other reasons, but staff shortage was one of the reasons to resign because professional nurses couldn't bear working in these hectic conditions. So apparently some staff members are still to leave as far as the situation is concerned.*

**✈ PN 03 from public hospital A**

*So, at the end of the day things like staff turnover, absenteeism is high because you find that you are tired, you can't come to work the following day because of the workload that we are facing. Four professional nurses already resigned in March and this has exacerbated the situation that we are in now.*

**✈ PN01 from public hospital C**

*I remember our junior nurses, staff nurses and auxiliary nurses, they once decided that they are tired, they don't want to come to work as they cannot cope with the situation any longer. They decided not to come to work the following day.*

Various studies have shown that employee turnover negatively affect the overall efficiency of the organization (Urbancova & Limbartova: 2011, Cohen & Golan: 2007 and Wheeler: 2007). While and Barribali (2007), in their study conducted in Mainland China on the model of job satisfaction, found that the widespread shortage of staff, especially professional nurses and high turnover, had become a global issue due to the high number of HIV and AIDS patients. Urbancova and Limbartova (2011) indicated that staff turnover is a possible threat to knowledge loss, and that persisting problems which bring the organization into a serious



situation is staff turnover whereby knowledgeable and experienced employees happen to leave the organization.

Tariq, Ramzon and Riaz (2013) outlined that in the absence of a conducive working environment with adequate resources, training and development opportunities and fringe benefits, employees will be frustrated and eventually turnover will result. Staff turnover and absenteeism were expressed by participants as problematic in their hospitals which affect quality of service that need to be delivered. These findings indicate the need for managers and supervisors to attend to the working conditions of the professional nurses and introduce recognition and retention strategies for their staff.

#### **4.3.2.6. Sub-Theme 2.6**

##### ***Development of Work-Related Illnesses Experienced***

The participants reported that the increased workload affected them physically and psychologically, and resulted in decreased body power or energy to perform their work as required. Bergh and Theron (2009) indicated that psychological stress and negative emotions can pose harm on the physical health, which could result in psychophysiological disorders, previously conceptualized as psychosomatic disorders. Participants' narratives indicated that much of the stress was experienced when they had to work alone as a professional nurse in the ward which resulted in work overload. The participants confirmed that by saying:

##### **PN02 from public hospital A**

*Sometimes you don't really feel like you want to come to work. Then you start to develop some symptoms, especially when you are supposed to come back when you were off duty. It usually happens to me, you find that you start developing some sore throat, irritability, fatigue but deep down your heart you know you are not ill. You are not sick is just that when you start to remember this place, it becomes heavy.*

Another participant with the same experience indicated that:

**✍️ PN03 from public hospital C**

*We don't have power. When you think of coming to work knowing that you will be a professional nurse alone with lower categories of nurses facing many challenges alone with no support from the management, you end up developing diseases from nowhere, backache, dizziness and just general fatigue. So that is a problem.*

Owing to the nature of the highly stressful situation in which nurses work, nurses are constantly under pressure and are vulnerable to a variety of symptoms in reaction to stress experienced (Moola, Ehlers & Hattingh: 2008). This suggests that nurses are exposed to increased risk which damage their health and well-being resulting from negative behaviour. The workplace can lead to emotional dissonance and exhaustion in employees and, as a result, the employees may suffer from distress whereby symptoms such as anxiety, irritability and depression develop of which the outcomes may also include post-traumatic stress disorders. (Karatepe, Yorganu & Haktanir: 2009).

Bam and Naidoo's (2014) study on nurses' experiences in palliative care of terminally ill HIV patients in a level-1 district hospital revealed that exposure of nurses to stress may over a time induce both the psychological, emotional and physical signs which can manifest themselves as burnout at a later state. Netterstrom, Conrod, Bech, Fink, Olsen, Regulies and Stansfeld's (2008) study conducted on the relationship between work-related psychosocial factors and the development of depression indicated that people in strained jobs bear the highest risk for developing stress-related disorders. Furthermore, Hancock and Casale (2013) reported that without care and support, caregiving responsibilities and tasks may be more difficult and stressful for caregivers, increasing health risks and compromising the quality of care.

#### 4.3.2.7. Sub-Theme 2.7

##### ***Existence of Material Resources Lead to Poor Provision of Care to Patients***

Findings pointed out that inadequate resources was one of the challenges experienced by professional nurses in medical wards. Participants revealed there is a need to have a well-equipped and safe working environment to enhance adequate provision of quality care to patients. Participants indicated that by saying:

##### ***✦ PN02 from public hospital E***

*I am a psychiatric trained nurse, but working in medical ward which has mixed patients because we also nurse TB patients and HIV and AIDS patients and we don't have resources like N95 masks to protect us from TB infection. When we order from pharmacy they don't supply us stating that they can't afford to buy for us. This is a challenge because we don't have masks to work with. Sometimes our TB patients complicate and become Multi-Drug Resistance (MDR) patients and this exposes us to an occupational hazard which is infection in this regard.*

##### ***✦ PN03 from public hospital E***

*We also have the challenge of resources, such as beds, we don't have enough beds. Some of the beds are broken and they need to be fixed. Even the mattresses are worn out, but they say there is no money to fix or buy those resources. You also find that patients are congested, sleeping being five in one cubicle, and this exposes the patients to the risk of nosocomial infection.*

The working conditions are the decisive factor and lack of sufficient supplies and equipment are the aspects that give rise to frustration in the workplace (Muller: 2009). It is indeed increasingly recognized that the burden of caring for patients with HIV and AIDS adversely affects caregivers who lack adequate resources

(Lee: 2006; Tarmo, Kohi, Outwater & Blystad: 2009).

The study conducted by Hurst (2008) in the United Kingdom (UK), on ward design, patient dependency, nursing' workload, staffing and quality, reported that well-designed and well equipped wards significantly influence staff performance and also patients' welfare. Gurses and Carayon's (2007) study on performance obstacles of intensive care nurses have shown that lack of or insufficient supplies, equipment and adequate staff in an organization leads to time wasting that was estimated at 10% and impacted negatively on the organizational performance. This findings indicates the need for managers to attend to provision of adequate supplies and equipment in the organizations.

#### **4.3.2.8. Sub-Theme 2.8**

##### ***Emotional and Psychological Trauma Experienced During the Caring Process***

The findings revealed that emotional and psychological trauma stem from the way participants expressed their experiences during the caring process. Although each participant reported unique experiences in relation to difficulties encountered in their workplace, all participants reported that the difficulties they encounter impacted on their emotional, psychological and physical well-being and implied the need for emotional support.

Emotional upsets expressed were consistent with feelings such as being demoralized, whilst there is lack of or inadequate counselling or debriefing sessions and lack of group support. Furthermore, participants expressed sad moments of HIV and AIDS patients who passed on in their units wherein they are labelled as "serial killers" of patients. Participants narrated their feelings of varying levels of emotional and psychological trauma experienced during the caring process by saying:

##### **PN02 from public hospital A**

*Sometimes we nurse 35 patients, most of them critically ill on*

*oxygen therapy being only one professional nurse, a staff nurse and two auxiliary nurses. Some of the patients come being terminally ill. Seeing those patients nearly every day suffering from all these conditions stresses us, you become affected psychologically and emotionally. Really we need psychological support.*

**✈ PN02 public hospital B**

*Even after experiencing that sad moment of having those patients who have passed away there is no one who comes to us as nurses to give us support as we are the ones witnessing these patients passing away. There is no one like maybe a psychologist, coming to us for giving us support or counselling of some sort. There are also no debriefing sessions where we can gather nor support group where we can gather and talk about our experiences. Is just the normal part of the day, you just have to keep that sadness to yourself.*

**✈ PN01 from public hospital E**

*Since I have been working here in medical ward I never had a debriefing session nor any counselling session. Okay, we see so many patients with HIV and AIDS and related diseases like TB and meningitis dying and this depresses us a lot. It is really so traumatic and stressful to us and this puts more strain on us and we are sometimes unable to cope properly with the workload and this is really saddening to us. We really need support and as I have said they don't support us.*

**✈ PN04 public hospital B**

*The other thing is that there was an office for employee wellness that was not utilised to an extend that it has been closed. That*

*person is no longer working. We still need psychological support but managers are not taking any action of reviving this service. We really need support.*

Marc, Zerden, Ferrando and Testa (2011) reported that providing care to HIV and AIDS people may have adverse effects on the caregivers' psychological health. Bam and Naidoo (2014) showed that caregiving can have a significant negative impact on the psychological well-being and health of the carer. Emotional burden on community-based workers was confirmed by Mashau and Davhana-Maselesele (2009) in that contributing factors for stress were emotional pressure accumulated during the caring for HIV and AIDS volunteers and lack of support for voluntary HIV and AIDS caregivers. Similarly, Kohli, Purohit, Karve, Bhalerao, Karvade, Rangan, Reddy, Pararyape and Sahay (2012) reported challenges experienced by caregivers of HIV and AIDS patients ranging from burnout to injury, increased vulnerability to illness and emotional despair.

#### **4.3.3. Theme 3**

##### ***Explanation of Support Experienced by Nurses during Provision of Care and Support of HIV and AIDS Patients***

Explanation of support experienced by nurses during provision of care and support of HIV and AIDS patients emerged as the third theme. From theme 3, 5 sub-themes emerged which are: Expressions of words of unfulfilled help from management, different types of compensation exist, hope for spiritual support expressed, existence of support from patients and relatives and lack versus existence of support from multidisciplinary team members.

##### **4.3.3.1. Sub-Theme 3.1**

##### ***Expressions of Words of Unfulfilled Help from Management***

Expressions of words of unfulfilled help from management is the first identified

sub-theme from theme 3. The findings revealed that professional nurse expressed their words of unfulfilled help from management by saying:

**✚ PN02 from public hospital D**

*The psychologist doesn't come to counsel us since I have been working here. I have never seen a psychologist. I mean here to assist us either with debriefing because the patients are very ill and some of them becomes irritable and even assault us verbally and you end up being depressed because there is nobody to report to.*

**✚ PN01 from public hospital A**

*Nothing is being done by the management. They will only tell you to write an incident report and from there no feedback of what has happened with that incident.*

**✚ PN02 from public hospital C**

*Managers promised us that when five community servers complete their community services they will allocate some of them in female medical as we are having shortage of professional nurses. We waited until February this year 2016 and surprisingly they were allocated in other units not in female medical ward. Three professional nurses resigned last year now we are having a serious crisis.*

It is evident that professional nurses in their workplaces were not offered sufficient support and indicated the need for counselling and debriefing if they are to perform their work efficiently. Professional nurses perceived that debriefing and counselling sessions could benefit them by reducing stress and depression. Beh and Loo's (2012) study on the prominent causes and effects of job stress and coping mechanism among nurses in public health services has shown that lack of support from the managers and supervisors caused stress to

hospital nurses and that, as a result, nurses performed their jobs less effectively. There is therefore a need for care and support from the managers where services such as counselling sessions and psychological services could be provided for professional nurses providing care to HIV and AIDS patients.

#### **4.3.3.2. Sub-Theme 3.2**

##### ***Different Types of Compensation Exist***

The findings revealed that different types of compensation exist and they caused dissatisfaction. Lack of compensation was identified as one of the challenges experienced by professional nurses providing care to HIV and AIDS patients in medical wards. Managers in a workplace are to cultivate employees' support through implementation of different forms of compensations were outlined by participants who indicated that:

##### **PN01 from public hospital A**

*What the management could do to us is the giving of incentives for their staff. This will also motivate us. When I am talking about incentives I am talking about like having danger allowance as medical ward is also nursing psychiatric patients who are most of the time violent and dangerous and most of the professional nurses are not even trained for psychiatry.*

##### **PN02 from public hospital C**

*The appraisal of staff is really what we are pleading for from the management to try to boost our morale.*

##### **PN02 from public hospital D**

*The other thing that is needed for health care workers who are providing care to HIV and AIDS patients is the incentives that will motivate them.*



One of the retention strategies an organization can utilize is through the use of different types of compensation for staff members. Compensation can be in the form of implementation of effective awards ceremonies, appraisals, motivations or incentive packages to sustain workers with skills and experience to deliver required care (Gavrea, Ilies & Stegorean: 2011). Incentives and employee recognition are effective elements of retaining staff and managers in the workplace which indicate respect and value employees for their contribution by providing incentives to and recognition for their performance (Gupta and Kumar: 2013). Appreciation of employees' achievements and hard work is essential in a workplace because when their work are valued, the higher will the organizational performance and success be (Gruman & Saks: 2011). Rewards and recognitions are essential factors in enhancing employees job satisfaction associated with increased productivity and organizational growth (Danish & Usman: 2010).

The issue of Occupation-Specific Dispensation (OSD) was one of the concerns raised by the study participants as supported by Frederick Taylor and his scientific management associate who described money as the most fundamental factor in motivating industrial workers to attain greater productivity (Adeyinka: 2007).

Ndou, Maputle, Lebesse, and Khoza's (2015) study findings on support of professional nurses caring for HIV/AIDS patients in Tshwane district of Gauteng Province, South Africa, have shown that no financial rewards such as OSD were given to professional nurses caring for people diagnosed with HIV and AIDS, even their extra efforts of working overtime without being remunerated nor rewarded with hours were not recognized by their managers.

Appreciation of employees' achievements and hard work is essential in a workplace. Managers should implement compensatory measures such as effective awards ceremonies, appraisals, motivations or incentive packages. This will boost the professional nurses' morale and improve productivity in the workplace.

#### 4.3.3.3. Sub-Theme 3.3

##### ***Hope for Spiritual Support Expressed***

The findings pointed out that the use of prayer at the workplace seem to have a noticeable effect on the health system. Most of the professional nurses when faced with challenges in the wards resorted to prayer. The findings pointed out that professional nurses are able to use their spiritual hope for a better future and their own motivation to enable them to persevere in their work. The trust these professional nurses had in God gave them courage that they would go through with whatever situation or circumstances they come across in their wards.

These findings are supported by the following direct quotes from the participants:

##### **PN01 from public hospital C**

*You end up praying every day when you come to work for God to give you strength and wisdom like David, then you will manage.*

##### **PN02 from public hospital C**

*The prayer that we pray in the morning helps us because sometimes it gives us a little bit of courage and strength. We counsel each other with the verses from the bible which reminds us of our commitment to our duties, which in this regard is patient care.*

##### **PN03 from public hospital A**

*But we are just working. God is with us, indeed God is helping us. Most of the support for us to can survive with this work in this ward is through the help of God to tell the honest truth.*

## ✈ PN02 from public hospital A

*Spiritual counselling is needed because sometimes we are almost always on duty. Even during Easter holidays when people are gone to pray somewhere, we are there on duty nursing those patients. Even on Sundays, you don't even have chance of going to church.*

Reave's (2005) study conducted on spirituality and practices related to leadership effectiveness indicated that when work is seen as a calling, it becomes more meaningful and, as a result, productivity and commitment of employees increases. Professional nurses in this study, opted for using spiritual resources as a source of their strength; hence they were able to view caregiving as a calling from God.

The nursing profession is one of the services that has a tendency to be physically, mentally and emotionally draining. Nurturing the spirit is one of the aspects a human being should consider as a human being is made up of three deeply interrelated parts: body, mind and spirit (Doolittle, Justice & Fiellin: 2016). The higher level of spirituality is associated with less psychological distress, less depression, better mental well-being, more coping mechanisms and increased productivity (Braxton, Lang, Sales, Winghood & DiClemente: 2007).

Nurses providing care to HIV and AIDS patients believe that spirituality and religion are often of central importance when nurses face challenges as a result of management of patients with the disease (Litwinczuk & Groh: 2007). Therefore, each one of these points of spiritual views need a different approach by the spiritual counsellors and should be treated with equal respect within the professional counselling environment.

### **4.3.3.4. Sub-Theme 3.4**

#### ***Existence of Support from Patients and Relatives***

Expression of words of unfulfilled help from managers was the driving force for

professional nurses not to view management as supportive. Instead, they valued support from patients and relatives. Professional nurses reported that they experienced feelings of self-worth when at work as a result of the gratitude they received from patients and relatives. These experiences gave the professional nurses strength and power and helped them feel that they have a purpose in life. Some of the professional nurses mentioned feelings of being ecstatic as a result of recognition and the appreciation shown by patients and relatives.

The compliments and support received are outlined as follows:

**✦ PN03 from public hospital B**

*Management don't see us working, but patients and relatives see and sometimes appreciate the good work that we are doing to them.*

**✦ PN04 from public hospital A**

*Patients sometime wonder and ask us how do we survive and cope in the ward as they sometimes see us running around looking for working resources. They will also ask you did you eat, are you from lunch or did you drink tea.*

**✦ PN02 from public hospital C**

*We are sometimes receiving thank you words from patients and families, which has a great impact on us as nurses.*

The workplace has become an important part of the employees' life that affects their well-being and it is where employees spend most of their lives, develop friendship and make their most meaningful contribution to society (Reave: 2005). Participants cited intrinsic rewards as their main reasons for planning to continue working in the units and they reported that intrinsically rewarding interaction with patients and relatives contributed greatly to their personal sense of satisfaction

(Muller: 2009).

Managers' support is of utmost importance in this regard. A work well done by professional nurses should be recognized by managers. Communication skills should be strengthened in the workplace.

#### **4.3.3.5. Sub-Theme 3.5**

##### ***Lack Versus Existence of Support from Multidisciplinary Team Members***

The professional nurses reported their views of the support they receive from multidisciplinary team members as compared to support by the management. Participants in this study, outlined their relationship with doctors as harmonious as they generally felt positive about the support they received from medical colleagues. Good working relationships between doctors and nurses are essential to patient well-being and to the qualities of nurses' working life (Ogbimi and Adebamowo: 2006).

Morinaga, Ohtshubo, Yamachu and Shumado (2008) have shown that in some instances it appears the doctors' fail to recognize the nurse professional's worth. These experiences are supported by the following participants' direct excerpts:

##### **PN03 from public hospital E**

*With the support from the institution we are having a doctor who is specializing with HIV and AIDS, is also running a clinic at that side, so is the one who usually comes and ask whether we have any problems. He is so supportive and always encourages us to make use of him for anything that we want. He is the one that usually does the workshops like when there is something new about HIV he does conduct in-services or work-shops and we attend it.*

✈ **PN02 from public hospital C**

*Actually, we do receive support and words of encouragement from the multidisciplinary team regarding nursing our patients who are HIV-positive and nothing from the management side.*

✈ **PN 03 from public hospital B**

*The other thing is that there was an office for employee wellness programme, but it was not utilised to an extent that it has been closed. The person who was working in that office is no longer working. It was discovered that most of the health care workers preferred utilizing outside services than services in the hospital because of fear of the stigma attached.*

Contrary to the study findings, it was noted that poor teamwork and communication are barriers to successful nursing practice (McConaughey: 2008). Konstantinos and Christina (2008) have identified that poor working relationships within the nursing profession and between nurses and other health care professionals are the result of a stressful work environment. There is strong evidence that a culture of teamwork creates an environment in which innovation and improvement flourish (Mitchell, Tieman, Shelby & James: 2008). Teamwork has been shown to improve building a healthier workplace, providing safer patient care, improving the satisfaction of both the patient and health care provider and ultimately retaining nurses (Clark: 2009).

Relationships with the multidisciplinary team members have been shown to provide professional nurses with a general sense of belonging, suggested by Maslow's hierarchy which enhances motivation and achievement in life, including life at work (Berg and Theron: 2014). In addition, Albrecht, Bakker, Gruman, Macey and Saks (2015) identified a feeling of support and sense of belonging as two factors that tend to result in a positive evaluation at work situations that enhance work performance. Supportive colleagues and a friendly work atmosphere have been shown to create a healthy relationship in the workplace, providing employees with self-esteem and helping to improve nurses'

quality of working life. Lawrence (2006) and Freaney and Tierman (2009) reported that supportive colleagues had a positive influence on how nurses cope with the strain of their work. A healthy working relationship between managers and professional nurses in the workplace should be strengthened. Supportive working environment should be created to provide.

#### **4.4. Conclusion**

This chapter outlined the presentation and discussion of the findings of the phenomenon under study. The findings of this study basically indicated that professional nurses providing care to HIV and AIDS patients generally had lack of support from their managers. Issues such as staff shortage, increased workload, physical and emotional exhaustion, lack of training, lack of rotation were reported by all professional nurses and had a negative impact on the provision of care to HIV and AIDS patient. Due to increased workload, professional nurses absented themselves, others resigned, as a result, the situation exacerbated staff shortage in the units.

The province has therefore a big role to play of hiring more nurses to ease the workload in the units. Workshops and in-service education on HIV and AIDS related conditions has to be conducted to equip professional nurses of recent developments regarding HIV and AIDS. Policies on rotation system to be developed and implemented. There is therefore a need for care and support for health care providers of HIV and patients. In the next chapter, concept analysis will be discussed.

## CHAPTER 5

### CONCEPT ANALYSIS

#### 5.1. Introduction

The results and literature control were presented in the previous chapter on the experiences of health care providers caring for HIV and AIDS patients regarding care and support they received in the public hospitals of Limpopo Province. Three themes and 18 sub-themes (Table 4.1) emerged from the responses expressed by the participants during the discussions. The study findings have shown the need for the development of a care and support model in the hospital to overcome the challenges faced by professional nurses during provision of care to HIV and AIDS patients.

This chapter describes the conceptual framework and the model development that could enhance care and support for the professional nurses providing care to HIV and AIDS patients in the public hospitals of Limpopo Province, South Africa. The aim of the study was to develop a care and support model. Care and support was identified as the main related concepts for the model based from the discussion of the data analysis and the dictionary definitions. The concepts were classified utilizing the survey list of Dickhoff and James (1971, cited in Walker and Avant: 2011).

#### 5.2. Concept Analysis

Concept analysis as described by Walker and Avant (2011) refers to a careful examination and description of a word or term and its uses in the language coupled with an explanation of how it is “like” and “not like” other related words or terms. Polit and Beck (2012) defined concept analysis as a related source of ideas for items. Concept analysis can be useful in refining ambiguous concepts in a theory. Concept analysis will be used to clarify the vague concepts to be



meaningful and understood by the readers.

### **5.3. Procedure for Concept Analysis**

Walker and Avant's (2011) method for concept analysis and Wilson's (1963, cited in Walker and Avant: 2011) eight steps in concept analysis will be followed, as mentioned below to capture the essence of the process:

1. Select a concept;
2. Determine the aims or purpose of analysis;
3. Identify all uses of the concept that can be discovered;
4. Determine the defining attributes;
5. Identify the model case;
6. Identify borderline, related, contrary, invented and illegitimate cases;
7. Identify antecedents and consequences; and
8. Define empirical referents.

#### **5.3.1. Select a Concept**

Selecting a concept to be analyzed is the starting point for developing a model and should reflect the topic or area of greatest interest (Walker & Avant: 2011). Care and support was identified as the main related concepts for the model based on the discussion of the data analysis. The findings of the study have shown that professional nurses experienced problems in providing quality patient care as expected. This was exacerbated by lack of care and support from the managers, shortage of human and material resources, staff turnover, exhaustion and fatigue and lack of rotation. The focus of the study was to develop a care and support model for professional nurses providing care to HIV and AIDs patients. In this regard, "care" and "support" were selected as the main concepts in this study, because they are found to be the central idea and as a

result, the other concepts were related to it. Participants' tales and experiences have expressed the lack of care and support as the key factor towards delivering quality patient care in their hospitals. Therefore, a model that enhances care and support would assist professional nurses to achieve the required patients' outcomes which is quality patient care.

### **5.3.2. Determine the Aims or Purpose of Analysis**

This second step helps focus attention on exactly what use the researcher intend to make of the results of her efforts. The main purpose of the concept analysis is to clarify and define the meaning of the concept "care and support", develop the operational definition that will contribute to the better understanding of its application within the health care context and how it is perceived and used (Walker & Avant: 2011). The definitions were deduced from the dictionary as well as from the literature reviewed. The definitions assisted the researcher to uncover the meaning of the concepts and allowed a better understanding of the model.

### **5.3.3. Identify All Uses of the Concept That Can Be Discovered**

A variety of sources such as dictionaries, various literature resources, thesauruses and colleagues were consulted by the researcher to identify as many uses of the concept as possible. The review of the literature helped the researcher to support and validate the ultimate choices of the defining attributes and provided the evidence base for the analysis.

Other relevant searches from various related disciplines rather than nursing or medical literature, were used in this search to avoid bias regarding the understanding of the true nature of the concept (Walker and Avant: 2008). Identifying the use of care and support involved examining these concepts:

#### **5.3.3.1. Definition of the Concept "Care.**

The Oxford Advanced Learner's Dictionary (2010) definition of the concept

“care” refers to the process of looking after. Care as a noun refers to the provision of what is necessary for health, welfare, maintenance and protection of someone or something, a serious attention or consideration applied in doing something correct. Care is also an act to avoid damage or risk to an object of concern or attention. Concise Oxford English Dictionary (2007) defines care as the act of helping someone by giving love and encouragement.

The Merriam Webster's Advanced Learner's Dictionary (2008) definition of care refers to the act or process of showing that you believe that someone or something is good or acceptable, approval of someone. Care as a noun refers to the promotion of interest or cause, upholding, defending or provide with substantiation.

- ❧ **Medical perspective:** The act of taking preventive or necessary medical procedure to improve a person’s well-being.
- ❧ **Health care perspective:** Is the maintenance or improvement of health via the prevention, diagnosis and treatment of disease illness, injury and other physical and mental impairment in a human being.

### **5.3.3.2. Subject Definition of the Concept “Care”**

Care is a reciprocal practice, occurring within a framework of a relationship between the nurse (caregiver) and the patient (care-receiver) (Gastman: 2006). In this context, care refers to a reciprocal practice, occurring within a framework of a relationship between the manager (caregiver) and the professional nurse (care-receiver).

The term care and caring are predominantly used to describe the inherent work and value of nursing. Caring is perceived as human behaviour that includes cognitive, affective, psychomotor and administrative skills within which professional caring may be expressed (Watson (2005).

### **5.3.3.3. Dictionary Definition of the Concept “Support”**

The Oxford Advanced Learner’s Dictionary’s (2010) definition of the concept “support” refers to the help by one’s approval or sympathy. Support as noun according to the Merriam Webster’s advanced Learners Dictionary (2008) refers to a thing that bears the weight of something or keeps it upright. Synonyms of support are pillar, post, prop, underprop, underpinning, base, substructures foundation (Concise Oxford English Dictionary: 2007). The meaning of “support” in the Cambridge English Learner’s Dictionary (2011) is to agree with and give encouragement to someone or something because you want him, her or it to succeed. Support (encouragement) as a noun refers to agreement with and encouragement for an idea, group or person, (help) referring to emotional or practical help and (accept) meaning to accept something and allow it to happen.

### **5.3.3.4. Subject Definition of the Concept “Support”**

The subject definition of support was obtained from a variety of sources. Although the concept of support is very common in the academic literature, its definition is difficult because of its many meanings. The concept support is an actual comprehensive one, including psychological, social, physical, financial, and many other aspects that conceptualize support (Leder, Grinstead & Torres: 2009). Support refers to the actions and work practices that are designed to facilitate workers’ effectiveness and well-being (Bekker, Johnson, Cowan, Overs, Besada & Caters: 2015).

The concept support as defined by Bergh and Geldenhys (2014) refers to the positive, potentially health-promoting or stress-buffering aspects of relationships such as instrumental aid, emotional caring or concern and information. The key aspect of support is essentially the extent to which the organization is able to meet employees’ expectations on certain dimensions that have value for them (Miao: 2011; Albrecht, Bakker, Gruman, Macey & Saks: 2015 and Ferris, Brown & Heller: 2009). The context of support includes both the organization and the health care facility. Organizational support is defined by Barank, Roling and Eby (2010) as an employee’s perception of the concern an organization shows for

his/her well-being.

Health care facility support according to Bekker, Johnson, Cowan, Overs, Besada and Caters (2015) refers to the actions and work practices that are designed to facilitate workers' effectiveness and well-being. Professional nurses perceived that their managers will be concerned with their well-being and value their contributions to the organizations. Perceived organizational support according to Mathumbu and Dodd (2013) and Miao (2011) refers to the extent to which the organization values employees' contributions and cares about their well-being.

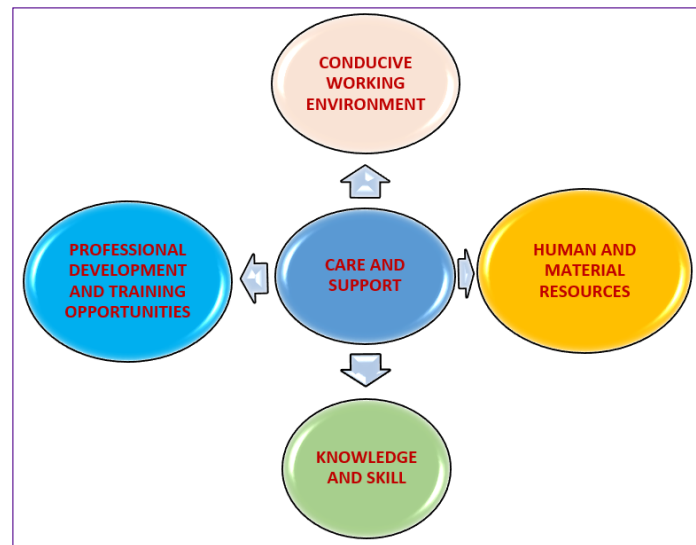
The impact of a health facility support extends beyond the immediate effect of ensuring that professional nurses have the required resources. Support of professionals from the health care facility and the nurse managers is of paramount importance as it may affect the standard of care. It is essential for the managers to know the organizational context in order to support professional nurses (Booyens: 2008).

#### **5.3.4. Determine the Defining Attributes**

Determining the defining attribute or defining characteristics of a concept is the "heart" of the concept analysis (Walker & Avant: 2011). The purpose of this step is to show the cluster of attributes that are the most frequently associated with the concept and that allow the analyst the broadest insight into the concept. In this context, the purpose of this section is to identify those characteristics without which care and support would not occur. The purpose of listing defining attributes as stated by Chinn and Kramer (2004) is to assist one to name the occurrence of a specific phenomenon as differentiated from another similar or related one.

Care and support will be assessed in its optimal sense for the purposes of the formation of critical attributes, development of the model, the determination of antecedents and consequences and the definitions of empirical referents. Therefore, the essential attributes of the care and support as determined from

the data are shown in Figure 5.1. The defining attributes for the care and support will be discussed below, considering the research findings.



**Figure 5.1:** Attributes of the concept care and support

Attribute means a characteristic or quality that can be associated with a core concept, referring to care and support in this context (Walker & Avant: 2011). A description of the attributes of care and support is outlined to serve as reference for the study. These defining attributes for care and support will be discussed separately below, considering the research findings.

#### **5.3.4.1. Professional Development and Training Opportunities**

Employees are resources in an organization, as such they need to be trained and developed properly in order to achieve an organization's goal and expectation (Brewster, 2007). The research findings revealed that professional development and training opportunities were some of the threatening risks for effective provision of quality care for PLWHA. Professional development and training is an important attribute of care and support to promote the employee's career advancement and to increase employee productivity (Bartram & Casimir, 2007).

Various types of staff development are available in the working environment including formal and informal, group and individual training such as in-service education, management training, continuing education and team-building techniques. The goals of professional development and training are to assist each employee to improve performance in her or his present position and to acquire personal and professional abilities that maximize the possibility of career advancement (Booyens: 2008). Training enhance improvement in employees' occupational knowledge, skill and attitude. Staff development activities are needed, because societal change and scientific advancement cause rapid obsolescence of nursing knowledge and skills. Practicing nurses require career-long learning to keep abreast of changing demands and capabilities. Without adequate training and development, employees are not keen to complete their job, hence resulting in low production (Laschinger, Wilk, Cho & Greco: 2009).

#### **5.3.4.2. Knowledge and Skill**

A lack of knowledge and skill is associated with inadequate service delivery. The manner in which professional nurses are expected to render quality service to PLWHA is significantly influenced by support and empowerment from the managers in a health care service. .In an organization where employees are valued for their knowledge, qualification and skills, the best employee motivation efforts focus on what employees deem to be important (Zhu, Warner & Rowley, 2007). How well the workplace engages an employee, impacts their desire to learn skills and their level of motivation to perform (Saeed *et al.*:2013).

Skills and motivation level then influences an employee's performance. Professional nurses, particularly providing care to HIV and AIDS patients require skill and knowledge to keep abreast of changing demands and capabilities. Managers at all levels of an organization's hierarchy are responsible for upgrading subordinates. Professional development programs are very crucial in to help nurses cope with new practice roles, particularly with regard to HIV and AIDS aspects.

#### **5.3.4.3. Human and Material Resources**

The study findings have shown that a lot of frustration were experienced by the professional nurses providing care to HIV and AIDS patients. Professional nurses were working under strenuous conditions due to shortage of human and lack material resources. Employee performance is affected by goal orientations of employees, the quality of leader-member exchange and the outcomes of job performance and job satisfaction (Saeed, *et al.* 2013). Managers' responsibility is to ensure that the resources needed by employees are available in order for them to be able to do a good job and providing positive encouragement for a job well-done.

Staff shortage and absenteeism should be looked at by managers and relevant correctional measures to be effected. During staff shortages, nurses not only do their own work but do the work of others, resulting in stress, dissatisfaction and subsequently staff turnover (Mokoka *et al.*: 2010). Managers are to create a conducive working environment with adequate human and material resources which will enhance provision of quality patient care.

#### **5.3.4.4. Conducive Working Environment**

Conducive working environment can be defined as a place equipped with necessary resources where professional nurses can perform required tasks to patient (Dargahi *et al.*: 2012). The working environment entails the physical and psychological aspects of the work environment and strongly influences the employees' well-being (Booyens: 2008). An employee's workplace environment is a key determinant of the quality of their work and their level of productivity. A good work environment can have a lot of positive effects on not only the welfare of the individual employee, but on the organization's bottom line (Dargahi, Alirezaie & Shaham: 2012). . If people are happy with where they work and the environment they walk into each day, they have been proven to be more productive and make less mistake (Park, Yun & Han: 2009).

Managers are to ensure a safe and conducive workplace to improve productivity



in the workplace. The study findings have shown the detrimental effects that poor working conditions had on the health and well-being of employees. Poor working conditions makes employees less productive and can cause employees to consider resigning and moving on to the new job (Mokoka *et al.*: 2010). The work of the professional nurse responsible for managing the unit is heavy and stressful and often loaded with conflicts and emotions. The environment needs to be non-threatening to proper service delivery i.e. have adequate resources, competent practitioners and good infrastructure. The level of support provided by the organization may have a direct relationship with how employees engage in both their job and other work related behaviour. From these attributes and demands of care and support, the expected outcome is a well- cared and supported professional nurse who will render quality patient care to HIV and AIDS patients.

#### **5.3.5. Identify the Model Case**

A model case as defined by Walker and Avant (2011) refers to an example of the use of the concept that demonstrates the defining attributes of the concept as discussed in “5.3.4.” and should be a pure case of the concept, a paradigmatic example, or a pure exemplar. Wilsons (1963) as cited in Walker and Avant (2011) suggests that the model case is one in which the analyst can say “Well, if that isn’t an example of it, then nothing is.” Therefore, in this context, the interviews with professional nurses served as the real life cases because they indicated the need for care and support during provision of care to HIV and AIDS patients and essential attributes were included as the key concepts (Walker & Avant: 2011).

##### **5.3. 5. 1. Example of a model case**

Professional nurses are working at five public hospital situated in Limpopo Province. Professional nurses are allocated in medical wards where they provide care to HIV and AIDS patients. Patients admitted in these units are very ill with HIV/AIDS clinical Stage IV. The patients are dependent on professional nurses to provide quality care to them at all times during their stay in hospital.

Professional nurses execute duties such as bed bath, feeding, position changing and administration of treatment. Furthermore, professional nurses are expected to do administrative duties in those nursing care units, attend to families and relatives of those patients. The nursing care units are always busy whilst there is shortage of staff, having number of patients ranging between 27 patients to 35 patients admitted. The ratio of patient to professional nurses are as follows: Public hospital A had ratio of 1 : 10, Hospital B, 1: 8, Hospital C, 1: 8, Hospital D, 1: 9 and Hospital E, 1: 12. Professional nurses are always committed to do their work though they are not trained in HIV and AIDS management. Due to the state of health of the patients, some patients die under their care and some develop complications. Families and relatives are always lodging complains of their dissatisfaction of the care rendered to their loved ones. Professional nurses complained of physical, psychological exhaustion and lack of support from management given the work they are doing. The professional nurses also report that patients are mis-diagnosed which result in prolonged hospitalization. There is lack of on-the-job training and in-service training related to HIV and AIDS management which is a disadvantage to the patients and also to the professional nurses. These aspects lead to patient care was compromised. Debriefing and counselling is not available for these professional nurses.

#### **5.3.5.2. Discussion**

The above mentioned model case has a need for care and support of the professional nurses based on the characteristics that are mentioned on Item 5.3.5.1 which could be addressed so that there could be an intervention that will focus on provision of care and support to professional nurses. Professional nurses do not receive care and support from the hospital management during execution of duties were they are providing care to HIV and AIDS patients. On-the-job training and in-service-education is not offered to up skill professional nurses so that they can be able to execute their daily activities to provide quality care to HIV and AIDS patients admitted in hospital. It is expected that professional nurses who work under these strenuous circumstances be supported through intermittent debriefing and counselling sessions and the tis case these sessions doesn't exist. Policy on rotation on staff is not in place

which could relieve the professional nurses who are working in medical wards by reallocating them to other wards for some time. Therefore, there is a need to develop care and support model that will assist professional nurses to cope with their daily execution of duties which is provision of care to HIV and AIDS patients.

### **5.3.6. Identify Borderline, Related, Contrary, Invented and Illegitimate Cases**

Examining cases that are not exactly the same as the concept of interest, but are similar to it or contrary to it in some ways will help the researcher make better judgement about which defining attributes or characteristics have the best “fit” (Walker & Avant: 2011). Several types of cases to be discussed are as follows: borderline, related invented and contrary ones.

#### **5.3.6.1. Borderline Cases**

Borderline cases are those examples or instances that contain most of the defining attributes of the concept being examined, but not all of them (Walker & Avant: 2011). These cases are inconsistent in some way and from the concept under consideration, and as such, they help the researcher see why the model is not inconsistent. The concepts may be closely related to one another, but not exactly the same. Again, these cases may be the real life examples, may come from the literature or may be constructed by the researcher as an example.

##### **5.3.6.1.1. Example of borderline Case**

Absenteeism rate for professional nurses in five selected hospitals allocated in medical wards were high. Professional nurses absented themselves due to exhaustion and fatigue resulting from increased workload of providing care to HIV and AIDS patients. Professional nurses developed work related illnesses due to physical and mental exhaustion. The absenteeism caused more strain to those few professional nurses who remained on duty. Because professional nurses could not cope with increased workload, service delivery suffered.

#### **5.3.6.1.2. Discussion**

This scenario case is an indication that there is a need to motivate for staff retention. Motivation could be through provision of incentives and award giving ceremonies where professional nurses can be awarded appropriately. Policies should be in place on how to recruit and retain staff.

#### **5.3.6.2. Related Cases**

Related cases are instances of concepts that are related to the concept being studied, but that do not contain all the defining attributes (Walker & Avant: 2011). They are similar to the concept being studied and are in some way connected to the main concept. The related cases help in understanding how the concept being studied fits into the network of concepts surrounding it.

#### **5.3.6.3. Contrary Cases**

Contrary cases refer to a clear example of what the concept is not (Walker and Avant: 2011). Contrary cases are often very helpful to the analyst because it is often easier to say what something is not than what it is. Discovering what a concept is not helps us to see in what ways the concept being analyzed is different from the contrary case. This, in turn, gives us the information about what the concept should have as defining attributes if the ones from the contrary are clearly excluded.

##### **5.3.6.3.1. Example of a Contrary Case**

At a public hospital D two professional nurses, one being newly qualified with diploma in general nursing, one staff nurse, one assistant nurse and two student nurses, first and second year bridging course were allocated in male medical ward. The ward was overcrowded with 30 patients including psychiatric patients and amongst them are very ill patients. The nurse manager approved the duty schedule and nothing was remarked about the discrepancies on the schedule, except the issue that shortage of nurses in all hospitals is a challenge. Nurse who are at work are suppose to execute activities such as bed making, damp

dusting twelve bed baths, giving medications and doing other related nursing unit administrative work. The professional nurses were not even aware of students' learning outcomes although student's objectives and files were available in the unit. In most instances, students performed procedures alone without the supervision or support of a professional nurse.

During visiting hours, some of the patients' relatives shouted at the nurses, accusing them poor care to their loved ones. Managers on the other side, instead of supporting the nurses they blamed them of the wrongdoings that happened in the unit. This resulted in absenteeism of some of the professional nurses, which further exacerbated the situation of shortage of nurses in the units. The situation further resulted in instances where patient care is compromised and nurses' morale declined.

#### **5.3.6.3.2. Discussion of a Contrary Case**

This scenario is not clearly an example of care and support. Provision of proper service delivery was difficult to perform due to increased workload and shortage of staff. The environment was non-supportive with inadequate human resource as evidenced by failure for the managers to negotiate for assistance from non-busy units in the hospital.

#### **5.3.7. Identify Antecedents and Consequences**

Identifying antecedents and consequences are the next steps in the concept analysis.

##### **5.3.7.1. Antecedents**

Antecedents refer to those events or incidents that must occur or be in place prior to the occurrence of the concept (Walker & Avant: 2011). Antecedents include personal and organizational factors that influence how the concept is enacted. Antecedents of the concept "care and support" as determined from this analysis are as follows:

- ❧ The availability of human and material resources to render quality patient care.
- ❧ The provision of counselling and debriefing sessions of professional nurses prior to the experiencing of psychological trauma and stress.
- ❧ Managers should be able to support professional nurses at all times to motivate and encourage them to provide patient care with ultimate confidence.
- ❧ Offering incentives and rewards as a way of motivating professional nurses to boost their morale.

### **5.3.7.2. Consequences**

Walker and Avant (2011) defined consequences as those events or incidents that occur as a result of the occurrence of activities. Consequences are useful in determining often-neglected ideas, variables, or relationships that may yield fruitful new research directions. Positive examples include some evidence of the impact on professional nurses leading to improved patient care in the clinical area. Consequences are as follows:

- ❧ Willingness of other nurses from different wards to work in medical wards following the rotation policy that will be in place.
- ❧ Achievement of expected outcomes of well cared and supported patient.
- ❧ Existence of positive relationships between the HCPs of HIV and AIDS patients, colleagues, patients and relatives in the workplace.

### **5.3.8. Define Empirical Referents**

Determining the empirical references for the defining attributes is the final step in a concept analysis. Empirical referents are defined by Walker and Avant (2011) as classes or categories of actual phenomena that by existence or presence demonstrate the occurrence of the concept itself. The authors further stated that the question such as “If we are to measure this concept or determine its

existence in the real world, how do we do so” arises when a concept analysis is nearing completion.

The empirical referents of care and support in this study would be measured through:

- ❧ Motivated and supported professional nurses
- ❧ Existence of training and development opportunities
- ❧ Availability and functionality of resources
- ❧ Effective communication
- ❧ Ability to retain staff
- ❧ Reduction of stress levels

## **5.4. Model Development**

### **5.4.1. Definition**

A model is a graphic representation of a theory (Walker and Avant: 2011). The concept analysis led to the development of a model that will enhance care and support for health care providers of HIV and AIDS in the public hospitals of Limpopo Province, South Africa. The model was developed through concept analysis utilizing the following steps: clarification of the main related concepts, description of the model and description of guidelines to operationalize the model. The model development and description was based on the research findings discussed in Chapter 4 and on the concept analysis.

### **5.4.2. Purpose of Developing the Model**

The main purpose of developing the care and support model for health care providers of HIV and AIDS is to improve the standard of care for HIV and AIDS patients through the implementation of the policies and guidelines developed in units providing care to HIV and AIDS patients in the public hospitals of Limpopo

Province.

## **5.5. Structure of the Conceptual Model**

The conceptual model that will enhance the care and support for the HCPs of HIV and AIDS patients will be developed once synthesis has been completed utilizing the Dickoff, James and Wiedenbach (2008) framework. Conceptualization of the identified main concepts were done according to the survey list prescribed by Dickoff *et al.* (2008) that includes: agent, recipient, dynamics, strategy, context and terminus/goal, as discussed below.

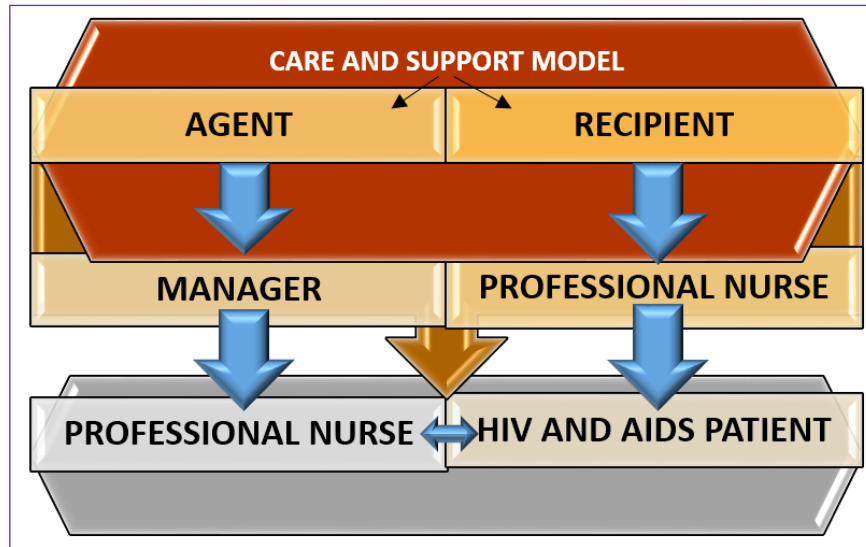
### **5.5.1. The Agent**

The person who provides. An agent according to Dickoff *et al.* (2008) refers to a person (or any other thing) who contributes towards realization of the goal. In this study, the agent is the manager. The manager as an agent who has the ability to add value in the improvement of quality patient care through encouraging, motivating and offering care and support to professional nurses providing care to HIV and AIDS patients.

### **5.5.2. The Recipient**

The recipient is the person who receives. Dickhoff *et al.* (2008) defines the recipient as a person who receives an action from an agent and this activity contributes to a certain goal. In this study, recipients are the professional nurses and the HIV and AIDS patients. The professional nurses after receiving care and support from the agent, the manager, will be motivated to have more courage and strength to be able to provide quality patient care to HIV and AIDS patients. Both the agent and the recipients in the context of this study are indicated in Figure 5.2.

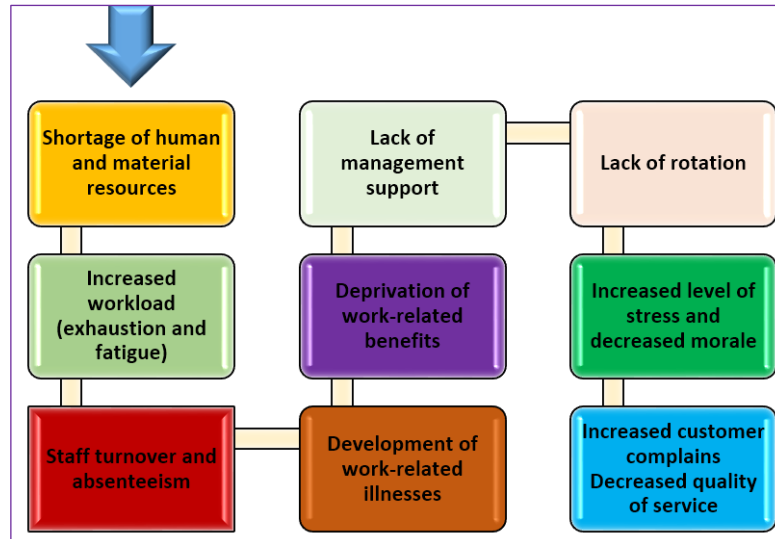




**Figure 5.2:** Agent and recipient

### 5.5.3. The Dynamics

Occur in order for the activity to happen. Dynamics are the power sources for the activity which can be chemical, physical, biological, and psychological for persons or things functioning as part of the framework in realising the goal (Dickoffet *al.*, 2008). In this study, the dynamics refer to unpleasant working environment that is created by the manager in the workplace. Participants indicated some negative factors that impede the professional nurses in rendering required service to HIV and AIDS patients such as the activities shown in Figure 5.3.



**Figure 5.3:** Factors impeding care and support for professional nurse

#### 5.5.4. The Strategy/Protocol

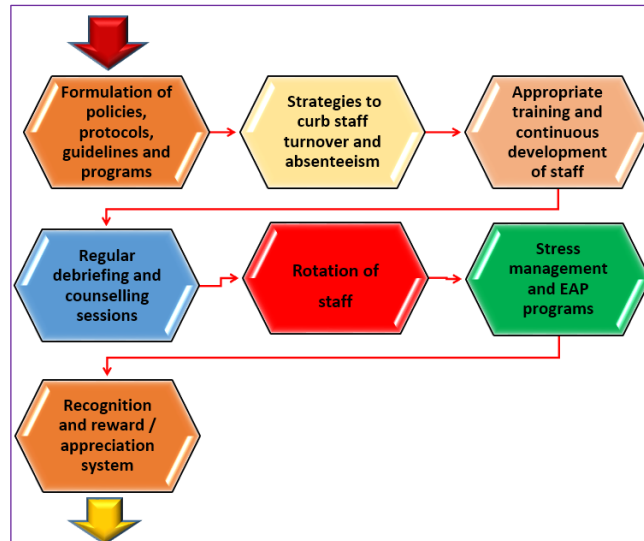
A plan designed for a particular purpose. The discussion will be situated in the context of Elton Mayo and Fritz Roethlisberger's theory which will be integrated throughout the development of care and support model. The theory emphasized that the employee should be viewed as a whole person and not just as a worker. Support, supervision and acknowledgement of workers are viewed as reinforcement to motivation in an effort to achieve the goals of the organization. One of the managers' obligation is to enhance growth and progress of employees in an organization (Zhu, Warner & Rowley, 2007).

Provision of quality patient care occurs within the legal and professional frameworks. Relevant policies, programmes and guidelines should be applied as the strategies to correct the dynamics for enhancing quality patient care through well cared and supported professional nurses. The policies, protocols and guidelines that should be followed in this context are illustrated in Figure 5.4. Recruitment of staff should be the one of the key factors to enhance employees' support which can cover the issue of absenteeism and staff turnover which in turn will reduce workload in the workplace.

One of the managers' obligation is to enhance growth and progress of employees in an organization. This play an important role in increasing self-confidence leading to clinical competency and productivity (Fasoli, 2010). Recruitment of staff should be the one of the key factors to enhance employees' support which can cover the issue of absenteeism and staff turnover which in turn will reduce workload in the workplace

The other theory is that of Alderfer's ERG which emphasized the issue that managers need to acknowledge that employees have diverse need that must be satisfied. Needs such as to be developed, to be protected both physically and psychologically and need to be recognised for the work well-done. This implies that the manager will create the atmosphere of caring. Furthermore, the Expectancy theory by Victor Vroom is that individuals will put in the greatest amount of effort when they expect that their behaviour will lead to performance that will in turn be rewarded (Du Brin: 2009). Managers are to offer support and recognition that can allow and enhance workers job satisfaction.

The employer should also pay attention to the workers' attitudes, hopes, fears and personal problems (Booyens: 2008). Care and support should be a priority at public hospitals and should be practised always. Managers should support professional nurses from challenges/dynamics as they may lead to decreased quality patient care. Professional nurses should be treated with dignity and consideration. Medical wards as the real life environment where care to HIV and AIDS patients is rendered should be conducive. This means that the needs for professional nurses should be recognized. Adequate human and material resources which will optimize the rendering of quality patient care should be available. The policies, protocols and guidelines that should be followed in this context are illustrated in Figure 5.4.



**Figure 5.4:** Strategies to improve standards of patient care

### 5.5.5. The Context

Dickoff *et al.* (2008) refer to context as a framework, and has indicated that to view an activity from the aspect of the framework is to view the activity from the aspect of the matrix of that activity or total context of that activity. In this study, the context is the Limpopo Province, DOH public hospitals.

### 5.5.6. The Terminus

The end result of the process or goal to be attained by the agent's action. In this study, the terminus or the outcome that the agent (manager) wishes to attain is the provision of quality patient care through a well-cared and supported professional nurse. The context and the terminus of care and support is illustrated in Figure 5.5:



**Figure 5.5:** Strategies to improve standards of patient care

### **5.6. Description of the Structure of the Model**

The model features a structure that represent continuity of processes through the arrows that follow each other. The main features of the model are in Figure 5.6 and the role players are managers as the “agents “and professional nurses as “recipients” in the process of care and support. The manager, in this context, is an agent in the process of care and support for professional nurses providing care to HIV and AIDS patients. The “recipients” are the professional nurses and the HIV and AIDS patients. The managers should have a positive attitude towards motivating and offering care and support to professional nurses providing care to HIV and AIDS patients to enhance provision of quality care to HIV and AIDS patients. The professional nurse as a “recipient” of care and support from the “agent”, the manager, should be willing and committed to provide quality care to HIV and AIDS patients.

The “dynamics” which are unpleasant working environment created by the manager in the workplace, are obstacles that professional nurses happen to meet, that impede the professional nurses in rendering required service to HIV and AIDS patients. The dynamics occur as follows: shortage of human and material resources, lack of management support, lack of rotation, increased workload, increased level of stress, staff turnover, development of work related

illness increased customer complain and decreased quality of service. Strategies to deal with the dynamics in the workplace have to be developed by the manager to enhance productivity through well-cared and supported professional nurses.

“Strategies” refer to the plans that are designed to deal with dynamics in the workplace to improve the standard of patient care. Strategies planned are as follows: formulation of policies and protocols, strengthening staff development and training, debriefing and counselling sessions to reduce level of stress, staff rotation, and offering reward system appropriately.

The professional nurses providing care to HIV and AIDS patients in the public hospitals of Limpopo Province “the context”, has to provide quality patient care, which is “the terminus” the end results.

#### ❖ **Clarification of Concepts**

Concepts according to Walker and Avant (2011) refer to the basic building blocks in theory construction. Definitions of concepts were derived from the interviews with the professional nurses. The dictionary and the subject definitions of concepts were explored based on the various wide reading of sources by the researcher in accordance with Chinn and Kramer (1995) who stated that this part of the defining concepts, and doing as wide as reading as possible, is invaluable. Other relevant searches from disciplines other than nursing and medical literature were utilized for this search to limit biasness of the researcher using own understanding of the true nature of the concepts.

#### **5.7. Model Description**

Construction of the model case starts with a description of an experience or an instance representing the concept according to one’s best current understanding of that particular concept (Walker & Avant: 2011). Model cases may be created from personal experience or described experiences either by certain individuals or from the literature.



**Figure 5.6:** Care and support model for health care providers of HIV and AIDS patients

A description of a model as stated by Walker and Avant (2011) includes all the identified essential attributes of the major concept.

### **5.7.1. Construction of Relationship Statements and Process**

Construction of relationship statements was done by means of appropriate theoretical structuring of the concept (Walker and Avant (2011) to determine likeness. The defined main concept was simplified by connecting all the related concepts by means of statements (Walker and Avant: 2011). A list of defining attributes was further compiled, the attributes were then analyzed and synthesised to form a definition of the main concept, Walker and Avant (2011) and finally a model case was described. The description of the model case included all identified essential attributes of the major concept.

### **5.7.2. Verification of the Main Related Concepts**

The following will be used to verify the main related concepts:

- ✎ Results from the interviews and the written narratives;
- ✎ Results from the clarification and identification of concepts;
- ✎ The dictionary and subject definitions of the concepts identified; and
- ✎ Identification of a model case.

### **5.7.3. Process Description of the Model**









Support is a process of shared interaction between the nurse manager and the health care providers of HIV and AIDS patients. In this process, the supporter (managers) share the responsibilities of enabling a supportive environment for the support of the professional nurses to take place.

### **5.7.4. Phases of Model Development**

The model was developed according to the diagrammatic representation (Walker & Avant (2011). The model was designed in five phases (Table 5.1):



**Table 5.1:** A description of the support process for health care providers of HIV and AIDS patients

<b>AGENT</b>		<b>RECIPIENT</b>
Manager		Professional Nurses and HIV and AIDS patients
<p><b>❖ PROCEDURE</b></p> <ul style="list-style-type: none"> <li> Support process for health care providers of HIV and AIDS patients as a means of ensuring shared responsibilities of creating and enabling conducive environment for provision of quality patient care</li> <li> Support needs for the professional nurses has to be created and assessed by the managers. The professional nurses then have to start to realize their own needs and their expectations.</li> <li> Plan of action then has to be formulated by both the managers and the professional nurses.</li> <li> Resources mobilization then has to take place where the professional nurses are given an opportunity to gain an access to material and human resources, training and developments, physical and psychological support.</li> <li> Both the managers, and the professional nurses monitor and evaluate the success of the support</li> <li> Through support, efficient and quality patient care will be provided by well supported professional nurses.</li> </ul>		
<p><b>❖ DYNAMICS</b></p> <ul style="list-style-type: none"> <li> The dynamics were elicited from the narratives shared by the participants as forming the source of energy. The dynamics involve aspects such as: shortage of human and material resource, increased workload, staff turnover and absenteeism, lack of management support, deprivation of work related benefits, development of work-related illness, lack of rotation, increased level of stress, decreased morale, increased customer complain and decreased quality of patient care. The professional nurses need care</li> </ul>		

and support as this will enable them to render quality care to HIV and AIDS patients.

❖ **CONTEXT**

📌 Public hospitals of DOH in Limpopo Province

❖ **TERMINUS**

📌 Well-cared and supported professional nurses

**5.7.4.1. Phase 1: Needs Awareness**

The needs for the professional nurse's support has to be created and assessed by the managers. The professional nurses then have to start realising their own needs and their expectations.

**5.7.4.2. Phase 2: Formulation of Plan**

Plan of action then has to be formulated by the managers, psychologist and the professional nurse.

**5.7.4.3. Phase 3: Resource Mobilization**

Resources mobilization then has to take place where the professional nurse is given an opportunity to gain access to material and human resources, training and development, physical and psychological support.

**5.7.4.4. Phase 4: Monitoring and Evaluation**

Both the managers, the psychologist and the professional nurses monitor the success of the support.

**5.7.4.5. Phase 5: Efficient and Quality Care**

Through support, efficient and quality patient care will be provided by well-supported professional nurses.

#### **5.7.5. Procedure for the Effective Care and Support for Health Care Providers of HIV and AIDS**

Procedure is the view of activity from the vantage of the principle, rule, routine or protocol governing activities. It is designed to emphasize the path, steps, and pattern according to which the activity is performed (Dickoff *et al.*:2008). Procedures that should be followed for the effective care and support for health care providers of HIV and AIDS are illustrated in Table 5.1.

#### **5.7.6. Development of Guidelines to Operationalize the Model**

The proposed guidelines for the operationalization of this model will assist the professional nurses to be more confident and motivated to play their roles by providing quality patient care.

- ❧ Guidelines are developed to operationalize the model in practice and in research;
- ❧ Recommendations related to the model are made to the managers and supervisors of the HIV and AIDS units.
- ❧ Meetings and workshops can be organized and delivered at the clinical to increase awareness amongst the supervisors and the managers of the relevance of incorporating care and support model in their units.
- ❧ Managers and the supervisors of units providing care to HIV and AID patients need to exercise their roles of implementing care and support model to improve productivity.

**Table 5.2:** Guidelines for development of the care and support model

Guideline 1				
Ability for health care providers (HCPs) of HIV and AIDS to provide quality patient care through the <b>training and continuous professional development</b> received from the managers at the workplace				
There is evidence that the HCPs providers of HIV and AIDS patients provide quality care after receiving care and support from their managers		<b>Yes</b>	<b>No</b>	<b>Remarks</b>
1.1	HCPs of HIV and AIDS patients receive ongoing training and educational sessions relevant to the care they are offering			
1.2	A programme is in place which ensures that the HCPs of HIV and AIDS are included in hospital development policies			
1.3	HCPs of HIV and AIDS are knowledgeable about the management of HIV and AIDS patients			
1.4	HCPs of HIV and AIDS are always involved in the development of HIV and AIDS programmes			
1.5	Appropriate training opportunities are available for developing HCPs of HIV and AIDS patients			
1.6	There is an ongoing monitoring programmes to ensure appropriate training programme is taking place for HCPs of HIV and AIDS patients			

1.7	Ongoing on job in-service education conducted regarding managing HIV and AIDS patients			
1.8	HIV and AIDS patients are always receiving care from competent trained professional nurses			
1.9	Capacity building offered for HCPs of HIV and AIDS patients to equip them of the recent information regarding management of HIV and AIDS patents.			
<b>Guideline 2</b>				
Promotion of effective <b><i>psychological and emotional support</i></b> for health care providers of HIV and AIDS in the clinical area to alleviate psychological trauma experienced at workplace				
There is evidence of effective psychological and emotional support for health care providers of HIV and AIDS by themanagers through continuous provision of care and support in the workplace		<b>Yes</b>	<b>No</b>	<b>Remarks</b>
2.1	Health care providers of HIV and AIDS are receiving regular psychological and emotional support			
2.2	There are designated people to offer psychological support at workplace			
2.3	Debriefing and counselling sessions are offered to health care providers of HIV and AIDS			
2.4	A programme is in place which ensures that			

	the HCPs of HIV and AIDS are receiving psychological support hospital workshops			
2.5	Stress management programmes in place and implemented appropriately			
<b>Guideline 3</b>				
Ability for HCPs to provide quality patient care through <i>care and support</i> received from the managers at the workplace				
3.1	There is evidence that effective care and support from the managers will encourage and motivate HCPs of HIV and AIDS to render effective patient care	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
3.2	There is rotation system that is in progress and is applicable to all nursing personnel			
3.3	Allocation and distribution of personnel is done properly considering patients' needs			
3.4	Educational and training needs for personnel i.e. HIV and AIDS training, are given consideration to equip nurses with the latest information			
3.5	There is good interpersonal working relationship between multidisciplinary team members and HCPs of HIV and AIDS patients			
3.6	Staff turnover and absenteeism rate is give attention and remedial actions are taken to rectify the situation			

3.7	Appreciation for the work well done is received from the managers, the colleagues and other relevant stakeholders.			
3.8	HCPs of HIV and AIDS are given opportunities to express their challenges regarding patient care in their wards			
3.9	Acknowledgement and appreciation through incentives and awards giving is done for HCPs of HIV and AIDS patients.			
<b>Guideline 4</b>				
Promotion of enabling environment evidenced by <b>adequate resources</b> e.g. human, equipment and material to enhance provision of quality care to HIV and AIDS patients				
4.1	There is evidence that availability and functionality of the resources are maximised to enhance quality service delivery to HIV and AIDS patients	<b>Yes</b>	<b>No</b>	<b>Remarks</b>
4.2	All the essential equipment in accordance with the level of the hospital is available and functional			
4.3	There is adequate human resource in the wards to deliver care to HIV and AIDS patients			
4.4	The working environment allows the HCPs of HIV and AIDS patients to deliver adequate care without difficulty.			
4.5	A support system is available i.e.			

	managers and supervisors to offer words of encouragement during crisis.			
4.6	Ordered materials and stock are available at all times when needed for patient care			
4.7	The infrastructure is suitable for enabling the provision of care to take place i.e. all medical wards are spacious enough to accommodate the number of patients designated for those wards			

### 5.8 Validation of the Model

Validation is the task of demonstrating that the model is a reasonable representation of the actual system: that reproduces system behaviour with enough fidelity to satisfy analysis of the set objectives. Expert intuition, referring to the process where the examination of the model led by someone other than the modeller, an “expert” with respect to the system, rather than with respect to the model, was the approach used to validate this model (Walker & Avant, 2011).

A tentative model was constructed and sent to six experts in the field of HIV and AIDS to be validated. The model was validated to ascertain its effectiveness when time of implementation process comes. The overall from the six experts’ feedback indicates that the model was accepted and be implemented and yield expected results. Suggestions recommended by some of the experts during validation. Adjustments to the model, such as proper identification of the context, the outcome / terminus and to restructure the context so that it could accommodate all the public hospitals where this model will be implemented. Consultations with the supervisors of the study before the model became clear and easily readable was done. The evaluation of the model was executed



according to the guidelines for critical reflection of theory as outlined by Chinn and Kramer (2008) as follows:

### **5.8.1. Clarity**

Chinn and Kramer (2008) define clarity as consistency in terms of terminology and structure. The definition of the concepts “care and support” are clear and developed in such a way that the relationships between the attributes are understandable.

### **5.8.2. Simplicity**

Simplicity is highly valued in nursing models and theory development. This model is simple to understand and the concepts of the model were adjusted to the field of nursing practice. The overall structure of the model could be easily followed by using the visual diagram and this allows for the study and the model to be simple to understand and apply in practice. Its use could improve care and support to the health care providers of HIV and AIDS patients.

### **5.8.3. Generality**

According to Chinn and Kramer (2008), generality refers to the scope of the concepts and the purpose of the theory. This model was designed and developed to allow professional nurses to be well cared for and be supported by managers in order to be competent practitioner during provision of quality care to HIV and AIDS patients. This model could also be used in HIV and AIDS settings with the aim of improving the standard of patient care in the health care services including public hospitals.

### **5.8.4. Acceptability and Usability of the Model**

The model would be accessible and will contribute to the improvement in the provision of quality patient care in the health care services. The model provides the managers with aspects that must be considered in the working environment to improve the standard of patient care especially those with HIV and AIDS. The

working environment must be conducive and care and support for HCP's of HIV and AIDS must be provided.

#### **5.8.5. Validation of a Model Guide**

This study was conducted at five district public hospitals in Limpopo Province on care and support of the healthcare providers who cares for patients with HIV and AIDS. The aim of the study was to develop care and support model for Health Care Providers (HCPs) of patients diagnosed with HIV and AIDS in the public hospitals of the Limpopo Province. The main focus of the study was to explore and describe the experiences of the professional nurses providing care to HIV and AIDS patients in both adult male and female medical wards in selected public hospitals in Limpopo Province. Participants interviewed were professional nurses who have been working in these medical wards for 24 months and more because they were the ones who would give relevant information related to the problem studied based on their experience.

The main purpose of validation of the model was to verify if it would be ideal and feasible for health managers in the context of the study to utilise the model in order to provide care and support to the HCPs of patients with HIV and AIDS admitted in these selected hospitals. The structured questionnaire was used to validate the model and the following instructions were given to participants:

- 🔗 Read and assess the model following the questionnaire provided
- 🔗 Write inputs in the space provided
- 🔗 10-15 minutes of your time will be taken to answer this questionnaire

#### **5.8.6. Validation Report**

A questionnaire' on evaluation of the model (see Appendix L) was distributed to six expert in HIV and AIDS and the report is as follows:

## SECTION A: Concepts Involved in the Model

### The Agent

The agent who is the manager in this model was rated very clear by five expert and clear by one expert. This is an indication that the agent was understood by expert. Managers in respective public hospitals could be able to add value through care and support to professional nurses providing care to HIV and AIDS patients in the improvement of service delivery.

### The Recipient

The recipients who in this model were the professional nurses and the HIV and AIDS patients, were rated very clear by four expert and clear by two expert. The report indicate that the recipient was well supported and could therefore be utilised in this model. Well cared and supported recipient could bring better outcomes in an organization and the standard of patient care could be improved.

### The Dynamics

The dynamics which in this model were the unpleasant working environment that were created by the manager in the workplace, were rated very clear by all expert. This was an indication that this dynamics are to be looked at by the managers in the workplace as they are the factors impeding care and support for professional nurses to render HIV and AIDS services

### The strategies

The strategies which are designed plans to improve the standard of patient care were rated very clear by five expert and clear by one expert. This was an indication that managers in the respective hospitals are to provide relevant measures to correct the dynamics for enhancing quality patient. Relevant protocols, guidelines and policies should be applied.

## Terminus

Terminus are the outcome that the agent (manager) wishes to attain, that is the provision of quality patient care through a well-cared and supported professional nurse. . In this model, terminus was rated very clear by all experts. This is an indication that the implementation of this model will yield better results which is provision of quality patient care.

## The Context

The context, referring to all public hospitals of the Department of Health in Limpopo Province were rated very clear by four expert and clear by two. Suggestions were recommended by one expert during validation to effect adjustments in this model, to restructure the context so that it could accommodate all the public hospitals where this model will be implemented.

### **SECTION B: Purpose of the model**

Five expert strongly agreed and one agreed that the purpose of the model is relevant. This is an indication that the model is relevant and could be implemented to all public hospitals. The purpose of this model was that managers from various public hospitals are expected to provide care and support for HCP's of HIV and AIDS. This could in turn lead to best outcome of providing quality patient care to HIV and AIDS patients.

### **SECTION C: Relevancy of the Model**

The overall feedback indicates that the model was relevant and was accepted. The model was recommended that it could be implemented in all public hospitals. All six expert strongly agreed that the dynamics/ problems and the strategies indicated in the model are relevant to HCP's of HIV and AIDS patients. The application of the model could lead to satisfied and motivated HCP's of HIV and AIDS patients who will render positive outcomes of rendering quality patient care

## **SECTION D: Logical Development of the Model**

Five expert strongly agreed and one agreed that the concept and the conclusion drawn from the model are in a logical sequence and the sequence of the model is complex. This is the indication that the model can be finalized and implemented in all the hospitals of the DOH.

## **SECTION D: Scope of application of the model**

All expert strongly agreed that the model could be applied to public hospitals of Limpopo Province. The scope addressed the care and support for HCPs of HIV and AIDS patients. The use of this model could lead to well supported staff who would ensure quality patient care

## **5.9. Conclusion**

The data collected indicates that the professional nurses providing care to HIV and AIDS patients experienced lack of care and support from their managers in the workplace. The research indicated the need for the development of the model. The data and the literature review guided the researcher in developing the model. The main purpose of the model is that quality patient care should be provided through well-cared and supported professional nurses. The manager and the professional nurses were the role players and care and support were the central concepts in the development of the model. This model may be used for health care providers of HIV and AIDS patients.

## CHAPTER 6

### SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

#### 6.1. Introduction

Presentation and discussion of the findings were done in Chapter 4 while concept analysis and model development were presented in Chapter 5. This is the final chapter of the research study that presents the summary, interpretation of the research findings, conclusions, limitations of the study and the recommendations for practice and further research. The research methods and the design were revisited and addressed. Contribution of the study and the concluding remarks will also be presented in this chapter. The purpose of the study was to develop a care and support model for health care providers of patients diagnosed with HIV and AIDS in the public hospitals of the Limpopo Province.

#### 6.2. Research Objectives

The objectives of the study were to:

- ❧ Describe the experiences of health care providers of patients diagnosed with HIV and AIDS regarding care and support they received in the public hospitals of Limpopo Province.
- ❧ Describe the type of care and support health care providers for HIV and AIDS patients received in the public hospitals of the Limpopo Province.
- ❧ Develop a care and support model for health care providers of patients diagnosed with HIV and AIDS in the public hospitals of the Limpopo Province based on the results.
- ❧ Implement and verify the care and support model developed.

The research objectives had been addressed adequately and recommendations concluded in this chapter to assist the department to curb staff turnover and improve the workforce dynamics.

### **6.3. Research Design and Method**

The researcher adopted a qualitative research with exploratory and descriptive design, using an in-depth interview for data collection from a sample of 20 professional nurses in 5 public hospitals from 5 districts of Limpopo Province, in order to answer the research question that was formulated as follows:

*What are the experiences of professional nurses regarding care and support they receive while providing care to HIV and AIDS patients in the public hospitals of Limpopo Province.*

### **6.4 .Summary and Interpretation of the Research Findings**

#### **6.4.1. Summary**

The qualitative approach utilized by the study supports the potential transferability of the findings to similar settings. This qualitative descriptive study considered the experiences of professional nurses regarding care and support they receive while providing care to HIV and AIDS patients. From the research conducted, care and support is the greatest challenge for HCPs of HIV and AIDS patients. The findings showed that professional nurses lack support. This is not surprising as various studies have supported this notion (Bell, Rajendran & Theiler: 2012, Mxenge, DyWill & Bazana: 2013 and Avey, Luthans & Jensen: 2009).The need for care and support is critical and managers and the government as a whole should be a part of a care role.

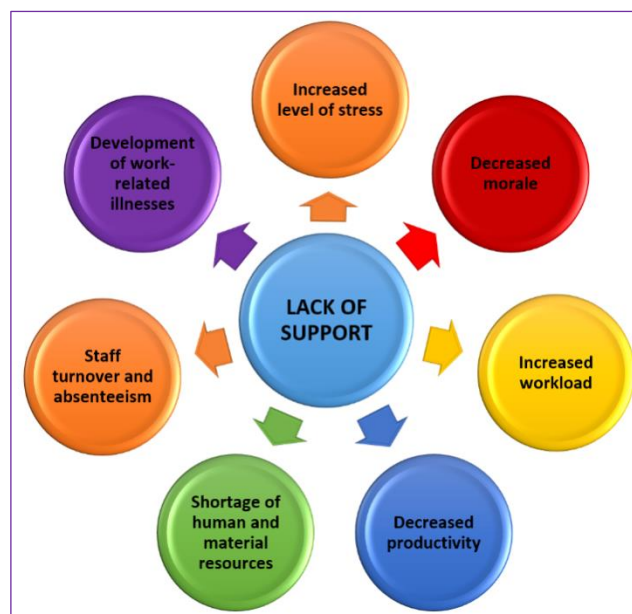
#### **6.4.2. Interpretation of the Research Findings**

The use of open-ended questions provided the opportunity for participants to respond in their own words (Polit & Beck: 2012). Following in-depth interviews and the verbatim transcription of these interviews, three themes were identified,

namely:

- ✎ Explanation of tales related to experiences during provision of care and support of HIV and AIDS patients
- ✎ Challenges experienced during provision of care and support of HIV and AIDS patients
- ✎ Explanation of support experienced by nurses during provision of care and support of HIV and AIDS patients.

Based on the analysis of data received, the following conclusions in Figure 6.1 were reached regarding participants experiences and will be discussed further.



**Figure 6.1:** Lack of support

The study revealed inadequate care and support for professional nurses who are providing care to HIV and AIDS patients in public hospitals of Limpopo Province. The researcher identified that participants from public hospitals of Limpopo Province experienced their environment as non-conducive to provide care to HIV and AIDS patients effectively. Workplace stress has been shown to have a detrimental effect on the health and well-being of employees (Booyens:



2008). Participants reported that their job is stressful, demanding and fatiguing.

These findings are also in-line with the results reported by various other researchers Paille (2011); Rothmann, Jorgensen and Marais (2011); Tuzun and Kalemci (2012); Malik (2011) and Sarode and Shirsath's (2014) study findings have shown that the employee's physical and psychological health can be impacted by the poor working environment which in turn contributes to job dissatisfaction. A supportive working atmosphere as perceived by the employee is of greater significance and may have a direct relationship with how employees engage in their job (Mathumbu & Dodd: 2013).

Kwak, Chung, Xu and Eun-Jung (2010) further indicated that nurses perform better when they perceive that they are supported by their organizations. It is important that professional nurses be valued and supported in the work environment for the efforts they put into delivering care to HIV and AIDS patients. Nurse managers are the key persons in this study, when it comes to the provision of care and support within the workplace. They need to be approachable and always available for nurses should they need help of any kind.

Another area of concern from the perspective of the professional nurses is the lack of human and material resources. The participants experienced a lot of frustrations and were working under strenuous conditions due to lack of working equipment. Inadequate equipment and adverse working conditions has been shown to affect employees' commitment and intention to stay in the organization. There was no way that participants could operate well if staff members were not given adequate supplies to perform at their best.

Dargahi, Alirezale and Shaham (2012) and Colakoglu, Culha and Atay (2010) state that employees generally perform better when they are satisfied with their jobs, however, if dissatisfied, intention to withdraw increases (Chen, Yu, Hsu, Lin & Lou: 2012). Foon (2010) and Nafei (2014) have shown that job stress occurred when employees perceive imbalance between their work demands, capabilities and resources. Nurses cannot be expected to provide quality service

delivery if they do not have necessary supplies and equipment. Poor working conditions are detrimental to staff morale, motivation and performance (Yahaya, Yahaya, Tamyas, Ismail & Jaalam: 2010; Chipeta: 2014). Improvement of conditions of service for nurses should seriously be considered by hospital management. There was unnecessary workload which was aggravated by shortage of staff, as a result, provision of quality care to patients was compromised. Due to staff shortages, some participants manifested their intension through decreased performance or increased absenteeism. This, in turn, resulted in the remaining staff members having difficulty in managing their job's responsibility which led to intention to quit (Chen & Liou: 2011 and Cameron, Horsburgh & Armstrong-Stassen: 2008). Ihami and Cetin: (2012) have indicated that dissatisfied employees are more likely to quit their job.

During staff shortages, nurses not only do their job, but do the work of others resulting in stress, dissatisfaction and subsequently staff turnover (Mokoka, Oosthuizen & Ehlers: 2010, Littlejohn, Campbell, Collins-McNeil & Khanyile: 2012 and Siela, Twibell & Keller: 2008). Chen *et al.* (2012) has shown that the human resource practitioners' responsibilities are to identify the means of retaining and engaging staff within the system as they are a valuable commodity that is not readily replaced.

Lack of incentives / performance appraisal was viewed as a challenge experienced by participants. Staff need to feel that the contributions that they are making in the organizations are recognized and that their expertise and experiences are valued (Parvin & Nurul Kabir: 2011). Furthermore, the organization has to maintain its commitment to recognizing and appreciating employees. This will be encouraging and motivating to staff because it addresses their self-esteem, self-actualization and professional worthiness (Berg & Theron: 2014 and Lapointe, Vandenberghe & Panaccio: 2011).

Motivated and committed employees may bring in new and better ways of doing things in an organization (Danish & Usman: 2010). This is also supported by the study conducted by Muhammand (2010) who stated that motivated employees perform best in the interest of the organizational effectiveness. It is, therefore,

strongly suggested that the employer investigate the current reward system and recognition, policies and practices to retain staff. Lack of training and development was expressed by participants as one of the threatening risks for effective provision of quality care for PLWHA. Without proper training and development employees are not keen to complete their job, hence resulting in low production (Yazdam, Yaghoubi & Gin: 2011). As a consequence, part of the managerial duties is to keep employees focused in their work by developing the conducive workforce to perform satisfactorily. Training and developmental opportunities should be available for professionals providing care to HIV and AIDS patients.

As it became difficult for the professional nurses to provide quality patient care to an increasing number of HIV and AIDS patients with limited resources, the study has developed care and support model (Figure 5.6) for HCPs of HIV and AIDS patients in Limpopo Province to address these challenges (Figure 6.1) experienced during the provision of care to HIV and AIDS patients.

## **6.5. Conclusions**

Lack of care and support in the public hospitals of Limpopo Province remains the greatest challenge for HCPs of HIV and AIDS patients. The model developed in this study will be beneficial to both the employees, management, researchers and government. The model could assist managers in the public hospitals to offer care and support to HCPs of HIV and AIDS to enable them to cope more effectively with the provision of care to HIV and AIDS patients. Unless this care and support for the professional nurses is managed effectively, the professional nurses will become demoralized and discouraged, impacting negatively on the provision of quality patient care. The model could assist professional nurses to cope more effectively with the provision of quality patient care through the process of care and support. Therefore, it is vital for managers to support and keep employees satisfied at work as this has been shown to lead to a higher level of productivity, less absenteeism and higher job satisfaction.

## 6.6. Recommendations

The recommendations will be made to the government/employer and research.

### 6.6.1. Government/Employer

- ❧ Policies, guidelines and programmes need to be developed as part of care and support for the caregivers to enable them to continue with effective caregiving.
- ❧ Opportunities for training and continuing professional development should be increased, especially for professional nurses providing care to HIV and AIDS patients.
- ❧ Strategies to attract and retain professional nurses in the HIV and AIDS settings should be formulated, in the form of incentives such as OSD, to motivate them. Contributions made by nurses to be recognized and rewarded accordingly based on their different levels, responsibilities and performance.
- ❧ Stress management should be part of the curriculum for all workshops, seminars and in-service courses for nurses and nurse managers.
- ❧ Strategies to curb staff turnover need to be developed.
- ❧ Revisiting and re-enforcement of EAP should be done to facilitate employee wellness.
- ❧ Managers should foster an open and honest culture to enable staff members to express their feelings openly or in confidence and learn to deal with their frustrations
- ❧ Since some stressors are arising from the working environment, creating a safe, healthy and conducive working environment such as avoidance of workloads, increasing staffing and providing adequate equipment and supplies are necessary.

- ✎ Regular debriefing sessions through the psychologists or professional social workers.

### **6.6.2. Research**

- ✎ A more extensive research study could be undertaken at the same institutions, including all the hospital wards/units and other departments that deal directly with the HIV and AIDS patients to further explore and describe the experiences of professional nurses providing care to HIV and AIDS patients in order to obtain more in-depth information regarding the care and support they receive from a broader perspective, as well as to improve service delivery in health care services.
- ✎ Such an extensive study should be repeated at other hospitals in South Africa to ensure improvement of the implementation.
- ✎ Further research studies could be undertaken to highlight and strengthen the importance of joint efforts and the link between the health facility and the community in order to share the burden of caring for HIV and AIDS patients.

### **6.7. Contribution of the Study**

The objective of this study was to create a model of care and support that will be used to improve the standard of patient care through well-cared and supported professional nurses. The model is well-grounded in theory and an extensive review of literature was conducted to ensure that the research propositions were developed using appropriate management concepts and well-conceptualized organizational behaviour framework. The model was advanced to address the experiences of professional nurses regarding care and support they receive while providing care to HIV and AIDS patients. Managers can use this model to better understand how their programmes and policies work. This study contributes to a vast literature on experiences of professional nurses providing care to HIV and AIDS patients by creating a model of care and support for HCPs

contributing to a better provision of quality care to HIV and AIDS patients. The model also suggests that managerial initiatives can be strengthened by providing a more supportive atmosphere and work-related control to employees.

### **6.8. Limitations of the Study**

The model presented in this study, was developed based on the information obtained from the interviews conducted with professional nurses providing care to HIV and AIDS patients. Participants were restricted to professional nurses employed in the public hospitals of Limpopo Province. Experiences of professional nurses studied may or may not be similar to those of nurses in other provinces in South Africa. It is possible that other provinces would have presented different information that is specific to their province.

This study investigated the availability of support for professional nurses providing care to HIV and AIDS patients in the public hospitals of Limpopo Province. Hence, the results may be applicable to public hospitals in Limpopo Province. The information was obtained from the interviews and no observations were done about the actual interaction and relationship between professional nurses and the managers during provision of care to HIV and AIDS patients as this might have added another dimension to the model. Consequently, the proposed model should be pre-tested in different provinces prior to its wide-scale application.

### **6.9. Concluding Remarks**

The objective of the study was to explore and describe the experiences of professional nurses providing care to HIV and AIDS patients regarding care and support they receive in the public hospitals of Limpopo Province. A qualitative research approach was used to answer the research question. The findings of this study clearly showed that the voices of professional nurse must be heard in order to identify the improvements needed. Certain factors influencing service delivery in the provision of care to HIV and AIDs patients were identified. The issues identified highlighted problems in the public hospitals of Limpopo

Province that require immediate attention to ensure that the prevailing abject working conditions do not drive increasing numbers of nurses into alternative careers. Possible solutions in this regard were suggested to improve the quality of service delivery.

It can be concluded, based on the findings of the study, that the objectives of the study have been achieved. It is hoped that management interventions will be put into place in order to improve service delivery with regard to provision of care to HIV and AIDS patients by well-supported professional nurses. Recommendations, based on the study, have been made by the researcher to the relevant statutory bodies. It is, therefore, anticipated that the findings of this study will be beneficial to many health care organizations and other countries in their efforts to successfully render care and support which can improve working conditions in the nursing profession.

## REFERENCES

- Ajala, E.M. 2013. The impact of workplace spirituality and employees' wellbeing at the industrial sector: The Nigerian Experience. *An online journal of the African Educational Research Network*, 13(2): 2326-8077
- Ajibade, B.L., Oseni, R.E. & Akinpelu, A.O. 2016. Perceived psychosocial impacts of stigmatization and coping styles amongst people living with HIV/AIDS (PLWHA) in selected hospitals, Abeokuta, Ogun State, Nigeria. *Journal of Natural Sciences Research*, 6 (8): 68-79.
- Akintola, O.2010. Perception of rewards among volunteer caregivers of people living with AIDS working in faith-based organizations in South Africa: A qualitative study.*Journal of theInternational AIDS Society*, 13 (1): 22-184.
- Albrecht, S.L., Bakker, A.B., Gruman, J.A., Macey, W.H. & Saks, A.M. 2015. Employee engagement, human resource management practices' and competitive advantage. *Journal of organizational Effectiveness: People Performance*, 2(1): 7-35.
- Al-Kandari, F. & Thomas, D. 2008. Adverse nurse-outcome correlation to nurses' workload, staffing and shift rotation in Kuwaiti hospitals. *Applied Nursing Research*, 21: 139-146.
- Allot, M. 2013. Rotational scheme boost skill development and job retention. *Nursing Times*, 101 (12).
- Ama, N.O. & Seloilwe, E.S. 2011. Analysis of the burdens of caregivers providing care to people living with HIV/AIDS in Botswana. *South African Family Practice*, 53 (1): 56-62.
- Anand, M. 2012. Management of HIV treatment and prevention: Indian experiences, practice.*Social Work in Action*, 24 (2): 123-136.



- Anil, A. & Mittendorf, B. 2006. Using optimal job rotation programs to gauge on the job learning. *Journal of institutional and Theoretical Economics*, 162 (3): 505-515.
- Aquinis, H, Gottfredson, R.K. & Joo, H. 2012. Delivering effective performance feedback: the strengths-based approach. *Business Horizons*, 55: 105-111.
- Aquinis, H. & Piece, C.A. 2008. Enhancing the relevance of organizational behavior by embracing performance management research. *Journal of Organizational Behavior*, 29: 139-145.
- Askarany, D. 2011. Factors affecting organizational performance. *A research Journal of Commerce, Economics and Social Services*, 5 (1): 14-31.
- Avey, J.B., Luthans, F. & Jensen, S.M. 2009. Psychological capital. A positive resource for combating employee stress and turnover. *Human Resource Management*, 48 (5): 677-693.
- Babbie, E. 2007. *The practice of social research*. 11<sup>th</sup> edition. Belmont: Thomson.
- Balducci, C., Mnich, E, McKee, K.J., Lamura, G., Beckmann, A, Krevers, B, Wolszel, Z.B., Nolan, M. Prouskas, C, Boien, B & Oberg, B. 2016. Negative impact and positive value in caregiving: Validation of the COPE Index in a six country sample of carers. *The Gerontological Society of America*, 48 (3): 276-286.
- Bam, N.E. & Naidoo, J.R. 2014. Nurses experiences in palliative care of terminally care of terminally ill HIV patients in a level-1 district hospital. *Curationis*, 37 (1): 1238-1247.
- Bangsberg, D.R. 2008. Preventing HIV antiretroviral resistance through better monitoring of treatment adherence. *Journal of Infectious Diseases*. 197(3): 272-278.

- Barank, L.E., Roling, E.A. & Eby, L.T. 2010. Why does mentoring work? The role of perceived organizational support. *Journal of Occupational Behavior*, 76: 366-373.
- Bargas, E.B. & Monteiro, M.I. 2014. Factors related to absenteeism due to sickness in nursing workers. *Journal of Nursing Management*, 27 (6): 35-43.
- Bartram, T. & Casimir, G. 2007. The relationship between leadership follower in-role performance and satisfaction with the leader: The mediating effects of empowerment and trust in the leader. *Leadership and Organization Development Journal*, 28 (91): 4-9.
- Battaglioli-DeNer, A.M. 2007. Strategies for improving patients' adherence to therapy and long-term patient outcomes. *Journal of the Association of Nurses in AIDS Care*, 18(1): 17-22.
- Baydoun, M., Dumit, N. & Dauok-Oyry, L. 2015. What do nurse managers say about nurses' sickness absenteeism? A new perspective. *Journal of Nursing Management*, 24 (10): 1-8.
- Beckstrand, R.L. 2006. Providing a "Good Death": Critical care nurses' suggestions for providing end-of-life care. *American Journal of Critical Care*, 15 (1): 38-45.
- Begat, I. & Severinsson, E. 2007. Nurses' satisfaction with their work environment and the outcomes clinical nursing supervision on nurses' experiences of well-being. *Canadian Journal of Nursing Administration*, 7 (3): 43-64.
- Beh, L.S. & Loo, L.H. 2012. Job stress and coping mechanisms among nursing staff in public health services. *International Journal of Academic Research in Business and Social Sciences*, 2(7): 131-176.
- Bejane, S.M., Havenga, Y. & Van Aswegen, E. 2013. Primary caregivers' challenge related to caring for children living with HIV in a semi-rural area of South Africa. *Africa Journal of Nursing and Midwifery*, 15 (1): 68-80.

- Bekker, L.G., Johnson, L., Cowen, .F, Overs, G., Besada, D. & Caters, W. 2015. Combining HIV prevention for female sex workers. What is the evidence? *The Lancet*, 385 (9962): 72-87.
- Bell, A.S., Rajendram, D. & Theiler, S. 2012. Job stress, wellbeing and work life balance of academics. *Electronic Journal of Applied Psychology*. 8 (1): 25-37.
- Bell, L. 2011. Caring for caregivers of the chronically critically ill. *American Journal of Critical Care*, 20 (1): 24-32
- Bellot, A. 2005. Recruiting and training senior nurses using a rotational model. *Nursing Times*, 101 (12).
- Bergh, Z. & Geldenhys, D. 2014. *Psychology in the work context*, 5<sup>th</sup> edition. Cape Town: Oxford University Press Southern Africa.
- Bergh, Z.C. & Theron, A.L. 2009. *Psychology in the work context*, 4<sup>th</sup> edition. Cape Town: Oxford University Press Southern Africa (Pty), Ltd.
- Berner, E.S. & Graber, M.L. 2008. Overconfidence as a cause of diagnostic error in medicine. *American. Journal of Medicine*, 121(5): 2223-32.
- Blegen, M.A., Vaughn, T. & Vojir, C.P. 2008. Nurse staffing' levels': Impact of organizational characteristics and registered nurse supply. *Health Services Research*, 43: 154-173.
- Booyens, S.W. (ed). 2008. *Introduction to health services management*, 3<sup>rd</sup> edition. Cape Town: Juta.
- Bouskila,-Yam, O. & Kluger, A.N. 2011. Strength-based performance appraisal and goal setting. *Human Resource Management Review*, 21:137-147.
- Braxton, N.D., Lang, D.L., Sales, J.M., Winghood, G.M. & DiClemente, R.J. 2007. The role of spirituality in sustaining the psychological well-being of HIV positive black women. *Women and Health*, 46: 113-129.

- Brewster, C. 2007. Comparative HRM: European views and perspective. *The International Journal of Human Resource Management*, 18 (5): 769-787.
- Brink, H., van der Walt, C. & van Rensburg, G. 2013. *Fundamentals of research methodology for health care professionals*. 3<sup>rd</sup>edition. Cape Town: Juta and Co.
- Buerhaus, P.I., DesRoches, C., Donelan, K. & Hess, R. 2009. Still making progress to improve the hospital work environment. Results from the 2008 National Survey of registered nurses. *Nursing Economics*, 27 (5): 289-301.
- Burgoyne, R.W. 2005. Exploring direction of causation between social support and clinical outcome for HIV-positive adults in the context of highly active antiretroviral therapy. *AIDS Care*, 17 (1): 111-124.
- Burns, N. & Grove, S.K. 2007. *The practice of nursing research*. USA: WB Saunders Company.
- Burns, N.&Grove, S.K. 2011. *Understanding nursing research*. 5<sup>th</sup>edition. Philadelphia: Elsevier.
- Cameron S.J., Horsburgh, M. E. & Armstrong-Stassen M. 2008. Job satisfaction, propensity to leave and burnout in RNs and RNAs: A multivariate perspective. *Canadian Journal of NursingAdministration*, 7(3):43-64.
- Casale, M. & Wild, L. 2013. Effects and processes linking social support to caregiver health among HIV/AIDS-affected carer-child Dyads: A critical review of the empirical evidence. *AIDS Behavior*, 17: 1591-1611.
- Casale, M., Wild, L., Cluver, L. & Kuo, C. 2014. The relationship between social support and anxiety among caregivers of children in HIV-endemic South Africa. *Psychology, Health and Medicine*, 19 (4): 490-503.
- Chandraseker, K. 2011. Workplace environment and its impact on organizational performance in public sector organizations. *International Journal of Enterprise Computing and Business System*, 1 (1): 77-95.

- Chediel, R.W.2010. *Teacher management in context of HIV and AIDS*. Paris: UNESCO-11EP.
- Chen, S.H., Yu, H.Y., Hsu, H.Y., Lin, F.C. & Lou, J.H. 2012. Organizational support, organizational identification and organizational citizenship behavior among male nurse. *Journal of Nursing Management*, 21 (8): 1072-1082.
- Cheng, C.Y. & Liou, S.R. 2011. Intention to leave of Asian nurses in US hospitals: does cultural orientation matter. *Journal of Clinical Nursing*, 20 (13-14): 2033-42.
- Chowdhury, M.S. 2007. Enhancing motivation and work performance of salespeople. The impact of supervisors' behavior. *African Journal of Business Management*, 1(9): 238-243.
- Chughtai, A.A., Scale, H., ChiDung, T., Maher, L., Nga, P.T. & Macintyre, C.R. 2015. Current practices and barriers to the use of facemasks and respirators among hospital-based health care workers in Vietnam. *American Journal of Infection Control*, 43: 72-77.
- Clark, P. 2009. Building healthier workplaces and providing safer patient care. *Critical Care Nursing Quarterly*, 32 (3): 221-231.
- Cohen, A. & Golan, R. 2007. Predicting absenteeism and turnover intention by past absenteeism and work attitudes. An empirical examination of female employees in long term nursing care facilities. *Career Development International*, 12: 416-432.
- Colakoglu, U., Culha, O. & Atay, H. 2010. The effects of perceived organizational support on employee's effective outcomes. Evidence from the hotel industry. *Tourism and Hospitality Management*, 16(2): 125-150.
- Collins, C.J. & Smith, K.G. 2006. Knowledge exchange and combination. The role of human resource practices on the performance of high-technology firm. *Academy of Management Journal*, 49: 544-560.

- Cortese, C.G. 2007. Job satisfaction of Italian nurses, an exploratory study. *Journal of Nursing Management*, 15 (3): 303-312.
- Cowin, L. & Jacobsson, D. 2009. The nursing shortage: part way down the slippery slope. *Collegian*, 10 (3): 31-35.
- Crawford, E.R., LePine, J.A. & Rich, B.L. 2010. Linking job demands and resources to employee engagement and burnout: a theoretical extension and meta-analytic test: *Journal of Applied Psychology*, 95: 834-848.
- Creswell, J.W. 2007. *Qualitative enquiry and research design: choosing among five approaches*. London: Sage.
- Creswell, J.W. 2009. *Research design: qualitative, quantitative and mixed method approaches*. Thousand Oaks, California: Sage.
- Da Silva, R.A.R, Fernandes, E.R, de Souza Neto, V.L, Rodrigues, I.D.C.V., de Andrade, I.F.C., da Silva, B.C.O., de Lima, C.F.M., Rocha, C.C.T.& Concalves, O.P. 2016. Prevalence of nursing diagnosis. Lack of adherence in people living with AIDS. *Open Journal of Nursing*, 6: 386-395.
- Dall, T.M., Chen, Y.T., Seifert, R., Maddox, P.J. & Hogon, P.F. 2009. The economic value of professional nursing: *Medical Care*, 47 (1): 97-104.
- Danish, R.Q. & Usman, A. 2010. Impact of reward and recognition on job satisfaction and motivation. An Empirical Study from Parkistan. *International Journal of Business and Management*, 5(2): 159-167.
- Dargahi, H., Alirezale, S. & Shaham, G. 2012. Organizational citizenship behavior among Iranian nurses. *Iran Journal of Public Health*, 41 (50): 85-90.
- Davhana-Maselesele, M. & Igumbor, J.O. 2008. The impact of caring for persons living with HIV and Aids on the mental health of nurses in Limpopo Province. *Curationis*, 32 (2): 67-73.

- David, C.V., Chira, S., Eells, S.J., Landrigan, M., Papier, A., Miller, L.G. & Craft, N. 2011. Diagnostic accuracy in patients admitted to hospitals with cellulitis. *Dermatology Online Journal*, 17(13):1-7
- Day, L. 2007. Courage as a virtue necessary to good nursing practice. *American Journal of Critical Care*, 16 (6): 613-616.
- Day, G., Minrchiello, V. & Madison, J. 2007. Nursing morale: Predictive variable among a sample of registered nurses in Australia. *Journal of Nursing Management*, 15 (3): 274-284.
- De Villiers, L.D. & Ndou, N.D. 2008. South African professional nurses' experience of caring for HIV/AIDS patients. *Africa Journal of Nursing and Midwifery*, 10 (1): 5-21.
- De Vos, A.S., Strydom, H., Fouchè, C.B. & Delpont, C.S.L. 2005. *Research at Grass Roots for the social sciences and human service professions*. 3<sup>rd</sup> edition. Pretoria: Van Schaick Publications.
- De Vos, A.S., Strydom, H., Fouchè, C.B. & Delpont, C.S.L. 2011. *Research at grass roots for the social sciences and human service professions*. 4<sup>th</sup> edition. Pretoria: Van Schaick Publications.
- De Vries, D.H., Galvin, S., Mhlanga, M., Cindzi, B. & Dlamini, T. 2011. "Othering" the health workers: Self stigmatization of HIV/AIDS care among health workers in Swaziland. *Journal of the International AIDS Society*, 14 (60): 1758-2652.
- Dembe, A.E., Delbos, R.G. & Erickson, J.B. 2008. The effect of occupation and industry on the injury risk from demanding work schedules. *Journal of Occupational Environment Medicine*, 50:1185-1194.
- DeNisi, A.S. & Pritchard, R.D. 2006. Performance appraisal, performance management and improving individual performance: a motivational framework. *Management and Organizational Review*, 2: 353-277.

- Dickhoff, J., James, P. & Wiedenbach, E. 2008. Theory in a practice discipline. *Nursing Research*, 17: 545-554.
- Dollard, M.F. & Bakker, A.B. 2010. Psychological safety climate as a precursor to conducive work environment, psychological work environment, psychological health problems and employee engagement. *Journal of Occupational and Organizational Psychology*, 83: 579-599.
- Doolittle, B.R., Justice, A.C. & Fiellin, D.A. 2016. Religion, spirituality and HIV clinical outcomes: A systematic Review of the literature. *AIDS Behavior*, 1-10
- Duffield, C., Kearin, M., Johnson, J. & Leonard, J. 2007. The impact of hospital structure and restructuring of the nursing workforce. *Australian Journal of Advanced Nursing*, 24 (4): 42-46.
- Fard, H.D., Ghatari, A.R. & Hasiri, A. 2010. Employees' morale in public sector: Is organizational trust an important factor? *European Journal of Scientific Research*, 46 (3): 378-390.
- Fasoli, D.R. 2010. The culture of nursing engagement. A historical perspective. *Nursing Administration Quarterly*, 34 (1): 18-19.
- Feng, M.C., Feng, J.Y., Chen, T.C., Lu, P.L., Ko, N.Y. & Chen, YH. 2009. Stress, needs and quality of life of family members caring for adults living with HIV/AIDS in Taiwan. *AIDS Care*, 21(4): 482-89.
- Ferris, D.L., Brown, D.J. & Heller, D. 2009. Organizational support and organizational deviance: The mediating role of organizational-based self-esteem. *Organizational Behavior and Human Decision Process*, 108 (2): 279-286.
- Fiuza, M.L.T., Lopes, E.M., Alexandre, H.O., Dantas, P.B., Galvao, M.T.G. & Pinheiro, A.K.B. 2014. Adherence to Antiretroviral therapy: Comprehensive care based on the model of care for chronic conditions. *Escola Anna Nery*, 17: 740-748.



- Flynn, B.B., Huo, B. & Zhao, X. 2010. The impact of supply chain integration on performance: a contingency and configuration approach. *Journal of Operation and Management*, 28(1): 58-71.
- Fournier B., Kipp, W., Mill. J. & Walusimbi M. (2007). Nursing care of AIDS patients' in Uganda. *Journal of Transcultural Nursing*, 18: 257-64.
- Fredendall, L.D., Craig, J.B., Fowler, P.J. & Damali, U. 2009. Barriers to swift, even flow in the international supply chain of perioperative surgical services departments. *A Case Study December, Science*, 40(2): 327-349.
- Freeney, Y.M. & Tiernam, J. 2009. Exploration of the facilitators of and barriers to work engagement in nursing. *International Journal of Nursing Studies*, 46 (12): 1557-1565.
- Fruza, M.L.T., Lopes, E.M., Alexandre, H.O., Dantas, P.B., Galvao, M.T.G. & Pinheiro, A.K.B. 2014. Adherence to antiretroviral therapy: Comprehensive care based on the model of care for chronic conditions. *Escola Anna Nery*, 17: 740-748.
- Gastmans, C. 2006. The care perspective in health care ethics. In AJ Devis, V, tschdin and L, de Raeve (Eds). *Essentials of teaching and learning in nursing ethics*. London, England: Livingstone.
- Gaudine, A., Saks, A.M., Dawe, D. & Beaton, M. 2013. Effects of absenteeism feedback and goal-setting interventions on nurses' fairness perceptions, discomfort feeling and absenteeism. *Journal of Nursing Management*, 21 (3): 591-602.
- Gavrea, C., Ilies, L. & Stegerean, R. 2011. Determinants of organizational performance. The case of Romania. *Management and Marketing Challenges for the Knowledge Society*, 6(2): 285-300.
- Gillies, D.A. 1994. *Nursing management. A system approach*. 3<sup>rd</sup> edition. Philadelphia: WB Saunders.

- Graber, M.L., Franklin, N. & Gordon, R. 2005. Diagnostic error in internal medicine. *Arch Internal Medicine*, 165 (13): 1493-1499.
- Grant, M., Elk, R., Ferrell, B., Morrison, R.S. & von Gunten, C.F. 2009. Current status of palliative care, education and research *A Cancer Journal for Clinicians*, 59 (5): 327-335.
- Gruman, J.A.&Saks, A.M. 2011. Performance management and employee engagement. *Human Resource Management Review*, 21: 123-136.
- Gupta, V. & Kumar, S. 2013. Impact of performance appraisal justice on employee engagement: a study of Indian professionals. *Employee Relations*, 35; 61-78.
- Gurses, A.P. & Carayon, P.2007. Performance obstacles of intensive care nurses. *Nursing Research*, 56 (3): 185-194.
- Gurses, A.P. & Carayon, P.2009.Exploring performance obstacles of intensive care nurses. *Applied Ergonomics*, 40 (3): 509-518.
- Hall, E. & Erasmus, J. 2009. Medical practitioners and nurses in Human Resource Development Review Education, employment and skills in South Africa. Pretoria: Human Sciences Research Council.
- Hall, L.M., Pederson, C. & Skierczynki, Z.L. 2008. A 36 hospital time and motion study: How do medical-surgical nurses spend their time? *Permanente Journal*, 12 (3): 25-34.
- Hallbeslenben, J.R.B., Savage, G.T., Wakefield, D.S. & Wakefield, B.J. 2010. Rework and workarounds in nurse medication administration process. Implications for work processes and patient safety. *Health Care Management Revision*, 35 (2): 124-133.
- Hallbeslenben, J.R.B. 2010. The role of exhaustion and workarounds in predicting occupational injuries. A cross-lagged panel study of health care professionals. *Journal of Occupational Health and Psychology*, 15 (1): 1-16.

- Hancock, J.H. & Casale, M.A. 2013. An exploratory model to illustrate the interrelationship between HIV, disability and caregiving in South Africa. *Journal of the Association of Nurses in AIDS Care*, 1-13.
- Hau-siu Chow, I., Wing-chin Lo, T., Sha, Z. & Hong, J. 2006. The impact of developmental experience, empowerment and organizational support on catering service staff performance. *Hospitality Management*, 25: 478-495.
- Hayhurst, A., Saylor, C. & Stuenkel, D. 2005. Work environmental factors and retention of nurses. *Journal of Nursing Care Quality*, 20, 283-8.
- Hlabiyago, K.E. & Ogunbanjo, G.A. 2009. The experiences of family caregivers concerning their care to HIV/AIDS orphans. *SA, Family Practice*, 57 (6): 506-511.
- Hornby, A.S. *Oxford Advanced Learners Dictionary. International Student's Edition. 2010*. New York: Oxford.
- Hurst, K. 2008. UK ward design: Patient dependency, nursing workload, staffing and quality-An observational study. *International Journal of Nursing Studies*, 45: 370-381.
- Ilhami, Y. & Cetin, B. 2012. Job satisfaction, organization commitment and demographic characteristics among teachers in Turkey. Younger is better. *Procedia-Social and Behavioral Science*, 46: 1598-1608.
- Jia, H., Uphold, C.R., Wu, S., Chen, G.T. & Duncan, P.W. 2005. Predictors of changes in health-related quality of life among men with HIV infection in the HAART. *AIDS Patient Care and STDS*. 19 (60): 395-405.
- Kane, R.L., Shamiliyan, T.A., Mueller, C., Duval, S. & Wilt, T.J. 2007. The association of registered nurse staffing levels and patient outcomes. A systematic review and meta-analysis. *Medical Care*, 45 (12): 1195-1204.

- Kangethe, S. 2009. Critical coping challenges facing caregivers of persons living with HIV/AIDS and other terminally ill persons. *Indian Journal of Palliative care*, 15(2): 115-121.
- Karakas, F. 2010. Spirituality and performance in an organization: A literature review. *Journal of Business Ethics*, 94: 89-106.
- Kaur, A. 2013. Maslow's Need Hierarchy Theory: Application and Criticism. *Global Journal of Management and Business Studies*, 3 (10), 1061-1064.
- Kiragu, K., Nyumbu, M., Nyulube, T.J., Njobvu, P., Mwaba, C., Kalimbwe, A. & Bradford, S. 2008. *Caring for caregivers: An HIV/AIDS workplace intervention for hospital staff in Zambia*, USA: University of Washington.
- Kohli, R., Purohit, V., Karve, L., Bhalerao, V., Karvande, S., Kangan, S., Reddy, S., Pararyape, R., & Sahay, S. 2012. Caring for caregivers of people living with HIV in the family. A response to the HIV pandemic from two urban slum communities in Pune, India. *National AIDS Research Institute*, 7(9): 1371-1378.
- Kolisa, Y. & AyoYusuf, O. 2013. Evaluation of caregivers' knowledge, belief and practice regarding oral lesions in HIV patients. *Journal of Interdisciplinary Health Sciences*, 18 (1): 1025-1032.
- Konstantenos, N. & Christina, O. 2008. Factors influencing stress and job satisfaction of nurses working in psychiatric units. A research Review: *Health Sciences Journal*, 2 (4): 183-195.
- Kostopoulou, O., Blendan, C., Dalaney, B.C. & Munro, C.W. 2008. Diagnosis difficulties and error in Primary care-a systemic review. *Family Practice*, 25 (6): 400-413.
- Kwak, C., Chung, B.Y., Xu, Y. & Eun-Jung, C. 2010. Relationship of job satisfaction with perceived organizational support and quality of care among South Korean nurses. A questionnaire survey. *International Journal of Nursing Management*, 17: 636-646.

- Lapointe, E., Vandenberghe, C. & Panaccio, A. 2011. Organizational commitment, organization based self-esteem, emotional exhaustion and turnover. A conservation of resources perspective. *Human Relations*, 64 (12): 1609-1631.
- Laschinger, H.K., Wilk, P., Cho, J. & Greco, P. 2009. Empowerment, engagement and perceived effectiveness in nursing work environment. Does experience matter? *Journal of Nursing Management*, 17: 636-646.
- Lau, P.L., Mustapha, N., Abdullah, R. & Rahman, A.K.A. 2014. The experiences and challenges in caring for HIV/AIDS patients: A qualitative exploration among Muslim family caregivers in Terengganu, Malaysia. *ASEAN Journal of Psychiatry*, 15(2):120-130.
- Laurence, S. 2006. An integrative model of perceived available support, work-family conflict and support mobilization. *Journal of Management and Organization*, 12: 160-178.
- Lee, S.Y. 2006. Expectations of employees towards the workplace and environmental satisfaction. *Journal of Facilities Management*, 24: 343-53.
- Lerman, S.E., Flower, D.J., Gerson, B. & Hursh, S.R. 2012. Fatigue risk management in the workplace. *American College of Occupational and Environmental Medicines*, 54 (2): 231-258.
- Leuer, M.D., Donneelly, G. & Domm, E. 2007. Nurse retention strategies. Advice from experienced registered nurses. *Journal of Health Organization and Management*, 21 (3): 307-319.
- Levy-Merrick, E.S., Volpe-Vartanian, J., Horgan, C.M. & McCann, B. 2007. Revising EAP and Substance use problem in the workplace: Key issues and a Research Agenda. *Psychiatric Service*, 58 (10): 1262-1264.
- Lin, F., St John, W. & McVeigh, C. 2009. Burnout among hospital nurses in China. *Journal of Nursing Management*, 2 (3): 307-319.

- Lin, L., Wu, S., Wu, Z., Sun, S., Cui, H., & Jia, M. (2006). Understanding family support for people living with HIV/AIDS in Yunnah, China. *AID Behavior*, 10 (5): 509-517.
- Littlejohn, L., Campbell, J., Collins-McNeil, J. & Khanyile, T. 2012. Nursing Shortage. A comparative analysis. *International Journal of Nursing*, 1 (1): 22-27.
- Litwinczuk, K.M. & Groh, C.J. 2007. The relationship between spirituality, purpose in life and well-being in HIV positive persons. *Journal of the Association of Nurses in AIDS Care*, 18: 13-22.
- Lu, K.Y., Lin, P.L., Wu, C.M., Hsieh, Y.L. & Chang, Y.Y. 2012. The relationship among turnover, intentions, professional commitment and job satisfaction of hospital nurses. *Journal of Professional Nurse*, 18 (4): 214-219.
- Lua, P.L., Mustapha, N., Abdullah, R. & Rahman, A.K.A. 2014. The experiences and challenges in caring for HIV/AIDS patients: A qualitative exploration among Muslim family caregivers in Terengganu, Malaysia. *ASEAN Journal of Psychiatry*, 15(2): 120-130.
- Lum, I., Kervin, J., Clark, K., Reid, F. & Sirola, W. 2008. Explaining nursing turnover intent: Job satisfaction, pay satisfaction or organizational commitment. *Journal of Organizational Behavior*, 19 (3): 305-320.
- LV, Y., Zhao, Q., Lio, X., Stanton, B., Fang, X. & Zhao, J. 2010. Depression symptoms among caregivers of children in HIV affected families in rural China. *AIDS Care*, 22 (6): 669-676.
- Mac Williams, B.R. & Schmidt, B.B.M. 2013. Men in nursing. *American Journal of Nursing*. 113 (1): 38-44.
- Macey, W.H. & Schneider, B. 2008. The meaning of employee engagement. *Industrial and Organizational Psychology: Perspectives on Science and Practice*, 1:3-30.

- Majoyinola, J.K. & Ajala, E.M. 2012. Spirituality in health care and industrial workplace. *Fort Hare Papers*, 19(1): 80-94.
- Majumdar, B. & Mazaleni, N. 2010. The experience of people living with HIV/AIDS and of their direct informal caregivers in a resource-poor setting. *Journal of the International AIDS Society*, 10: 13-20.
- Malik, N. 2011. A study on occupational stress experienced by private and public sector bank employees in Quetta city. *African Journal of Business Management*, 5 (8): 3063-3070.
- Manojlovich, M. & Barry DeCicco, M.S. 2007. Healthy work environments, nurse-physician communication and patients' outcomes. *American Journal of Critical Care*, 16 (6): 536-543.
- Manzoor, Q. 2014. Impact of employees' motivation on organizational effectiveness. *European Journal of Business and Management*, 3(3): 2222-2839.
- Marc, L.G., Zerden, M., Ferrando, S.J. & Testa, M.A. 2011. HIV caregivers and HIV+ non-caregivers: Differences in Socio demographics, immune functioning and quality of life. *AIDS Care*, 23 (7): 880-891.
- Mashau, N.S. & Davhana-Maselesele, M. 2009. Experiences of HIV/AIDS home-based caregivers in Vhembe district of the Limpopo Province. *Curationis*, 32 (4):40-47.
- Mathumbu, D. & Dodd, N. 2013. Perceived organizational support, work engagement and organizational citizenship behavior of nurses at Victoria hospital. *Journal of Psychology*, 4 92): 87-93.
- McConaughy, E. 2008. Crew resource management in health care. The evolution of teamwork training and Med Teams. *Journal of Perinatal and Neonatal Nursing*, 22 (2): 96-104.
- Meehan, T.C. 2012. Spirituality and spiritual care from a careful nursing perspective. *Journal of Nursing Management*, 10: 1-12.

- Mellish, J.M., Oosthuizen, A. & Paton, F. 2010. *An introduction to the ethos of nursing*, 3<sup>rd</sup> edition. Cape Town: Heinemann Publishers (Pty) Ltd.
- Meyer, M.S., Naude, M., Shangase, N.C. & Van Niekerk, S.E. 2008. *The Nursing unit manager. A comprehensive guide*, 3<sup>rd</sup> edition. Cape Town: Heinemann Publishers (Pty) Ltd.
- Mignone, J., Pindera, C., Davis, J., Migliardi, P. & Harvey, C. 2011. *Social support, informal caregiving and HIV/AIDS*. Canada: University of Manitoba.
- Mitchell, G.K., Tieman, J.J. & Shelby-James, T.M. 2008. Multidisciplinary care planning and teamwork in primary care: *Medical Journal of Australia*, 188 (8): 563-9.
- Mohammad, A.H. 2006. Factors affecting the development of flexible workplace facilities. *Journal of Corporate Real Estate*, 8: 213-220.
- Mokoka, E., Oosthuizen, M.J. & Ehlers, V.J. 2010. Retaining professional nurses in South Africa. Nurse Managers' perspectives. *Health South Africa Gesondheid*, 15 (1): 1-9.
- Mudaly, P. & Nkosi Z.Z. 2013. Factors influencing nurse absenteeism in general hospital in Durban, South Africa. *Journal of Nursing Management*, 23 (5): 623-31.
- Mulaudzi, F.M., Mokoena, J.D. & Troskie, R. 2010. *Basic nursing ethics in practice*, 2<sup>nd</sup> edition. Cape Town: Heinemann.
- Muller, M., Bezuidenhout, M. & Jooste, K. 2007. *Health care service management*. Pretoria: Heinemann Publishers (Pty) Ltd.
- Muller, M.E. 2009. *Nursing dynamics*, 4<sup>th</sup> edition. Pretoria: Heinemann Publishers (Pty) Ltd.
- Mulley, A.G, Trimble, C. & Elwyn, G. 2012. Stop the silent misdiagnosis: patients' preferences matter: *Dartmouth Center for Health Care Delivery Science*, 345-352.



- Murray, J.S. 2007. Creating ethical environment in nursing. *American Nurse Today*, 2 (10): 48-49.
- Mxenge, S.V., DyWill, M. & Bazana, S. 2013. Organizational stress and employees' intention to quit amongst administrative personnel at the University of Fort Hare, Eastern Cape, South Africa. *International Journal of Research in Social Sciences*, 4 (5): 13-29.
- Nafei, W.A. 2014. Do job rotation and role stress affect job attitudes? A study from Egyptian context. *American International Journal of Social Sciences*, 3 (1): 94-108.
- Naserinajafabady, R., Ringriz, H., & Mehrabi, J. 2013. Effects of organizational culture, structure and knowledge management case study. *International Research Journal of Applied and Basic Sciences*, 7 (6): 355-361.
- Ndou, N.D., Maputle, M.S., Lebese, R.T. & Khoza, L.B. 2015. Support of professional nurses caring for HIV/AIDS patients, Tshwane District of Gauteng Province, South Africa. *Journal of Human Economics*, 51 (2): 187-192.
- Netterstrom, B., Conrod, N., Bech, P., Fink, P., Olsen, O., Rugulies, R. & Stansfeld, S. 2008. The relation between work-related psychosocial factors and the development of depression. *Epidemiologic Reviews*, 30: 118-132.
- Newton, J.L. & Jones, DE. 2010. Making sense of fatigue. *Occupational Medicine*, 60: 326-329.
- Nguyen, T.N., Mai, K.N. & Nguyen, P.V. 2014. Factors affecting employees' organizational commitment. A study of banking staff in Ho Chi Minh city, Vietnam. *Journal of Advanced Management Science*, 2 (1): 7-11.
- Nishigaki, M., Sugino, Y., Seo, J., Shimoda, M., Ikeda, K. & Kazuma, K. 2011. Influences of allocating HIV/AIDS specialized nurses on clinical outcomes in Japan. *Asian Nursing Research*, 5(1): 11-18.

- Nohria, N., Groysberg, B. & Lee, L.E. (2008). Employee motivation: A powerful new model. *Harvard Business Review*, 86(7/8): 78-84.
- O'Brien-Pallas, L., Aisbett, C., Roche, M., King, M., Aisbett, K. 2011. Nursing staffing, nursing workload, the work environment and patient outcome. *Applied Nursing Research*, 24: 244-255.
- O'Reilly, K.B. 2013. The next patient safety target: Misdiagnosis. *American College of physician*, 147-167.
- Ogden, J., Esim, S. & Grown, C. 2006. Expanding the case continuum of HIV/AIDS bringing carers into focus. *Health Policy*, 21: 333-342.
- Orner, P. 2006. Psychological impacts on caregivers of people living with AIDS. *AIDS Care*, 18(3): 236-40
- Paille, P. 2011. Stressful work. Citizenship Behavior and intention to leave the organization in a high turnover environment. Examining the mediating role of job satisfaction. *Journal of Management Research*, 3 (1): 1-14.
- Parvin, M.M. & Nurul Kabir, M.M. 2011. Factors affecting employees job satisfaction of pharmaceutical sector. *Australian Journal of Business and Management*, 1 (9): 113-123
- Pasricha, A., Deinstadt, R.T.M., Moher, D., Killoran, A., Rourke, B. & Kendall, C.E. 2013. Chronic care model decision support and clinical information systems interventions for people living with HIV. *Journal of General and Internal Medicine*, 28 (1): 127-135.
- Pillay, R. 2010. The skills gap in hospital management: A comparative analysis of hospital manager in the public and private sectors in South Africa. *Journal of Health Management*, 12 (1): 1-8.
- Polit, D.F. & Beck, C.T. 2008. *Nursing research: Generating and assessing evidence for nursing practice*. 8<sup>th</sup> edition. London: Lippincott Wilkins.
- Polit, D.F. & Beck, C.T. 2012. *Nursing Research: Generating and Assessing Evidence for Nursing Practice*, 9<sup>th</sup> edition. London: Lippincott Wilkins.

- Primo, M.W. 2007. *Caring for caregivers in HIV and AIDS programmes*. Masters Dissertation. Pretoria: Unisa.
- Proenca, E.J. 2012. A model of antecedents, mediators and moderators of satisfaction and turnover among service workers. *International Journal of Business and Social Sciences*, 3(5): 37-45
- Ramathuba, D.U. & Davhana-Maselesele, M.2013. Nurses' perceptions of support in caring for people living with HIV /AIDS in Vhembe District, Limpopo Province. *International Journal of Research in Medical and Health Sciences*, 3 (2): 2307-2083.
- Reave, L. 2005. Spirituality and practices related to leadership effectiveness. *The Leadership Quarterly*, 16(5): 655-687.
- Rechel, B., Buchan, J. & McKee, M. 2009. The impact of health facilities on health care worker's well-being and performance. *International Journal of Nursing Studies*, 46 (7): 1025-1034.
- Ridge, R.A. 2005. "A dynamic duo: staff development and you". *Nursing Management*, 36 (9): 28-35.
- Roelen, C.A., Bultmann, U., Groothoff, J., Rhenen, W.V., Mageroy, N. & Moeen, B.E. 2013. Physical and mental fatigue as predictors of sickness absence among Norwegian nurses. *Research for Nursing Health*, 36 (5): 453-65.
- Rosekind, M., Gregry, K.B., Mallis, M., Brandt, S., Seal, B. & Lerner, D. 2010. The cost of poor sleep: workplace productivity loss and associated costs. *Journal of Occupation and Environmental Medicine*, 52: 91-98.
- Rothman, S., Jorgensen, L.I. & Marais, C. 2011. Coping and work engagement in selected South African organization. *South African Journal of Industrial Psychology*, 37 (1): 1-11.
- Rukhnam, K., Ramesh, M. & Jayrishman, J. 2010. Effect of leadership style on organizational effectiveness. *European Journal of Social Sciences*, 15(3): 365-369.

- Saeed, R., Mussawar, S., Lodhli, R.W., Igbal, A., Nayab, H.H. & Yassen, S. 2013. Factors affecting performance of employees at workplace in the banking sector of Pakistan. *Middle East Journal of Scientific Research*, 17 (9): 1200-1208.
- Salman, J., Brown, T., Brechting, E. & Carlson, C. 2005. The link between religion and spirituality and psychological adjustment: the mediating role of the optimism and social support. *Personnel Social Psychology Bull*, 31: 522-35.
- SANC. 2001. *Regulations relating to the scope of practice of persons who are registered or enrolled under the Nursing Act, 1978*. Pretoria: SANC.
- Sanjana, P., Torpey, K., Schwarzwald, A., Simumba, C., Kasonde, P., Nyirenda, L., Kapanda, P., Kakungu-Simpungwe, M., Kabaso, M. & Thompson, C. 2009. Task-Shifting HIV counselling and testing services in Zambia: the role of lay counsellors. *Human Resources for Health*, 10 (1): 7-44.
- Sarode, A.P. & Shirsath, M. 2014. The factors affecting employee work environment and its relations with employee productivity. *International Journal of Science and Research*, 3 (11): 2735-2737.
- Schmalenberg, C. & Kramer, M. 2008. Essentials of productive nurse work environment. *Nursing Research*, 57 (1): 2-13.
- Schneider, Z., Whitehead, D. & Elliott, D. 2007. *Nursing and midwifery research*. 3<sup>rd</sup> edition. USA: Elsevier.
- Seo, J., Nishigaki, M., Ikeda, K., Sugino, Y., Kazuma, K. & Shimada, M. 2010. Allocation of nurses and providing self-care education for outpatients with HIV/AIDS at AIDS Regional Hospital. *The Journal of the Japan Academy of Nursing Administration and Policies*, 14(2): 22-29.
- Shah, R., Goldstein, S.M., Unger, B.T. & Henry, T.D. 2008. Explaining anomalous high performance in health care supply chain. *December Science*, 39(4): 759-789.

- Shannon, R.P., Frndak, D., Grunden, N., Lloyd, J.C., Herbert, C., Patel, B., Cummins, D., Shannon, A.H., O'neill, P.H. & Spear, S.J. 2007. Using real time problem solving to eliminate central line infections. *Joint Commission Journal on Quality and Patient Safety*, 32(9): 479-487.
- Shittu, R.O., Issa, B.A., Olanrewaju, G.T., Odeigah, L.O., Sule, A.G., Sanni, M.A. & Aderibigbe, A.S. 2013. Adherence to highly active antiretroviral therapy, in depressed people living with HIV/AIDS in Nigeria, West Africa. *Journal of Antivirals and Antiretrovirals*, 6: 6-12.
- Siela, D., Twibell, K. & Keller, V. 2008. The shortage of nurses and nursing faculty: What Critical Care Nurses can do. *Advanced Critical Care*, 19 (1): 66-67.
- Singh, D., Chaudoir, S.R., Escobar, M.C., & Kalichman, S. 2011. Stigma, burden, social support, and willingness to care among caregivers of PLWHA in home based care, South Africa. *Aids Care*, 23 (7), 839-845.
- South Africa. 2003. *National Health Act 61 of 2003. Government Notice R185 in Government Gazette 35101*. Pretoria: Government Printer.
- Ssengonzi, R. 2009. The impact of HIV/AIDS on the living arrangements and well-being of elderly caregivers in rural Uganda. *AIDS Care*, 21 (3): 309-314.
- Streubert Speziale, H.J. & Carpenter, D.R. 2007. *Qualitative research in nursing, advancing the humanistic imperative*; 4<sup>th</sup> edition. Philadelphia: Lippincott.
- Tarimo, E.A.M., Kohi, T.W., Outwater, A. & Blystad, A. 2009. Gender roles and informal care for patients with AIDS. A Qualitative study from an urban area in Tanzania. *Journal of Transcultural Nursing*, 20(1): 61-68.
- Tariq, M.N., Ramzon, M. & Riaz, A. 2013. The impact of employee turnover on the efficiency of the organization. *Interdisciplinary Journal of Contemporary Research Business*, 4 (9): 700-711.

- Tawfik, L. & Kinoti, S.N. 2006. *The impact of HIV/AIDS on the health workforce in developing countries*. Cambridge, Massachusetts: Harvard University Press.
- Tennant, C. 2007. Work-related stress and depressive disorders, *Journal of Psychosomatic Research*, 51: 697-704.
- The Constitution of the Republic of South Africa 1996, *Chapter 2 Bill of Rights*. Legislated 15 January 1996. The Government of South Africa.
- Theis, S.L., Biordi, D.L., Coeling, H., Nalepka, C. & Miller B. 2003. Spirituality in caregiving and care receiving. *Holistic Nursing Practice*, 17(1): 48-55.
- Ton, Z. & Huckman, R.S. 2008. Managing the impact of employee turnover on performance: The role of process conference. *Organization Science*, 19 (1): 56-68.
- Tor, E. & Ortega, J. 2006. The adoption of job rotation: Testing the Theories. *Industrial and Labor Relations Review*, 59 (4): 653-666.
- Torpey, S., Schwarzwald, A., Simumba, C., Kasonde, P., Nyrenda, L., Kapanda, M., Simpungwe, M.K., Kabaso, M. & Thompson, C. 2009. Task-Shifting, HIV counselling and testing services in Zambia: the role of lay counsellors. *Human Resource for Health*. 10: 4491-4497.
- Tracey, C. & Nicholl, H. 2007. The multifaceted influence of gender in career progress in nursing. *Journal of Nursing Management*, 15 (7): 677-682.
- Tshitangano, T.G. 2013. Factors that contribute to public sector nurses' turnover in Limpopo Province of South Africa. *African Journal of Primary Health Care Family Medicine*. 5(1) Art. 479, 7pages. <http://dx.doi.org/10.4102/phofm.v5il.479>.
- Tucker, A.L. & Spear, S.J. 2006. Operational failures and interruptions in hospital nursing. *Health Services Research*, 41(3): 643-662.

- Tuzun, I.K. & Kalemci, R.A. 2012. Organizational and supervisory support in relation to employee turnover intentions. *Journal of Managerial Psychology*, 27 (5): 518-534
- Uebel, K.E., Nash, J. & Avalos, A. 2007. Caring for the caregivers: Models of HIV/AIDS care and treatment provision for health care workers in South Africa. *Journal of Infectious Diseases*, 196-500.
- UNAIDS (2012) Global Report: UNAIDS Report on the Global AIDS Epidemic 2012.
- Urbancova, H. & Linbartova, L. 2011. Staff turnover as possible threat to knowledge loss. *Journal of Competitiveness*, 3: 84-98.
- Utley, J.L. & Wachholtz, A. 2011. Spirituality in HIV and patient care. *Psychiatry Issue Brief*, 8 (3):147-1671
- Valjee,L & van DykAC. 2014. Impact of caring for people living with HIV on psychosocial well-being of palliative caregivers. *Curationis*, 37 (1): 2223-6279.
- Van Dyk, A. 2008. *HIV/AIDS care and counselling-A multidisciplinary approach*, 4<sup>th</sup> edition. Cape Town: Maskew Miller Longman (Pty) Ltd.
- Walker, L.O. & Avant, K.C. 2011. *Strategies for theory construction in nursing*, 5<sup>th</sup> edition. New Jersey: Pearson Prentice Hall.
- Waters, J.A. & Ussery, W. 2007. Police stress, history, contributing factors, symptoms and interventions, policing. *An International Journal of Basic and Applied Sciences*, 4 (7): 1676-1679.
- Watson, J. 2006. Carative factors – Caritas processes guide to professional nursing. *Klinisic Sygeplege*, 20 (3): 21-27.
- Wayne, N.B. Alyssa, B.S., Chin-Yu, C. & Dee, WE. 2008. The association of worker productivity and mental health. *International Journal of Workplace Health Management*, 1: 78-94.

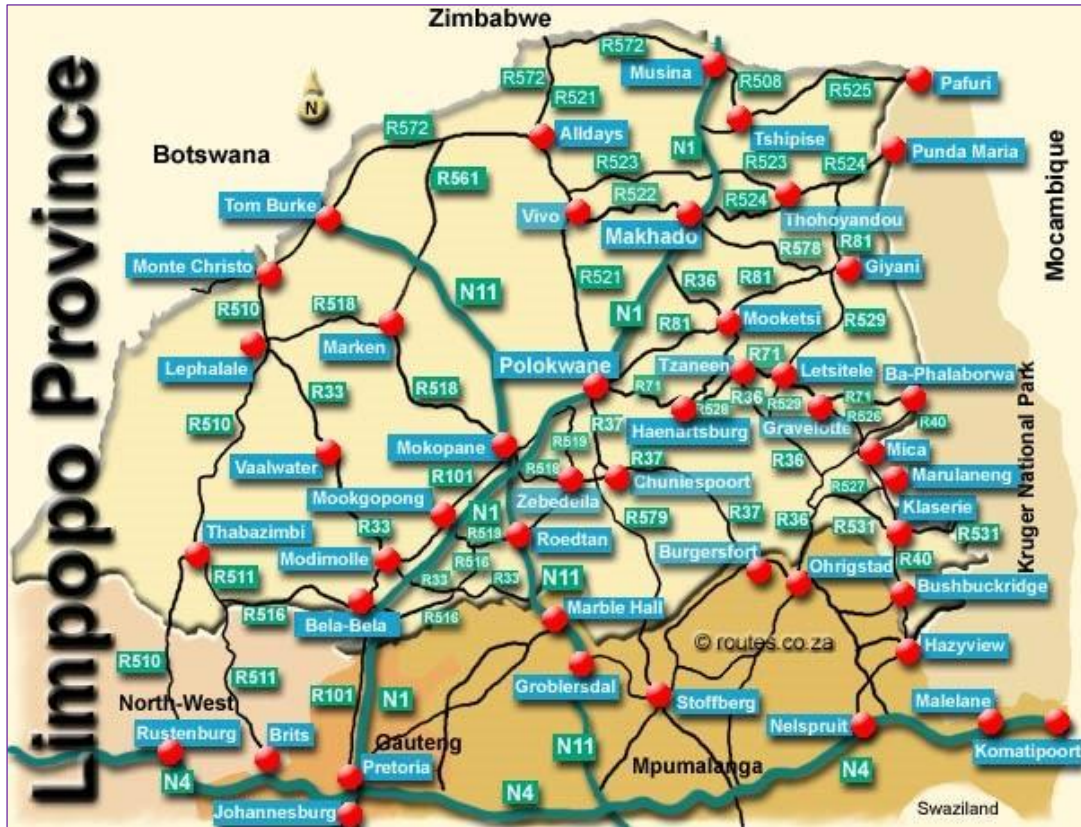
- Weinberg, J.L. & Kovarik, C.L. 2010. The WHO clinical staging system for HIV/AIDS. *American Medical Association*, 12 (3): 202-206.
- Wheeler, A.R. 2007. When person-organization (mis) fit (dis) satisfaction lead to turnover. The moderating role of perceived job mobility. *Journal of Management Psychology*, 22(2): 203-219.
- Whelan, I. 2006. Competency assessment of nursing staff'. *Orthopaedic Nursing*, 25 (3): 198-204.
- Whittington, B. & Scher, S. 2010. Prayer and subjective well-being: An examination of six different types of prayer. *International Journal of Psychology and Religion*, 20(1): 59-68.
- Worthington, C.A., O'Brien, K.K., Mill, J., Caine, V., Solomon, P. & Chaw-Kant, J. 2016. A Mixed method outcome evaluation of a mentorship intervention for Canadian nurses in AIDS care. *Journal of the Association of Nurses in AIDS Care*, 27(5): 677-697.
- Yahaya, N., Yahaya, A., Tamyas, F.A., Ismail, J. & Jaalam, S. 2010. The effects of various modes of occupational stress, job satisfaction, intention to leave and absenteeism companies, commission of Malaysia. *Australian Journal of Basic and Applied Sciences*, 4 (7): 1676-1679.
- Yaya Bocoum, F., Kouanda, S., Kouyate, B., Houton, S. & Adam, T. 2013. Exploring the effects of task shifting for HIV through a system thinking lens: the case of Burkina Faso. *Biological, Medical and Central Public Health*, 13 (10): 997-1007.
- Yazdani, B.O., Yaghoubi, N.M. & Giri, E.S. 2011. Factors affecting the empowerment of employees. *European Journal of Social Sciences*, 20 (2): 267-274.
- Yoder-Wise, P. S. (2011). *Leading and Managing in Nursing*, 5<sup>th</sup> edition. Elsevier, Mosby.



- Zhao, X., Huo, B., Selen W. & Yeung, H.Y. 2011. The impact of international integration and relationship commitment on external integration. *Journal of Operational. Management*, 29(1-2): 17-32.
- Zhen-Hau, C.2011. An interactive perspective model based for the large staff job rotation of nurses in large scale hospitals. *International Journal of Innovative Computing, Information and Control*, 7 (2): 587-596.
- Zhu, Y., Warner, M. & Rowley, C. 2007. Human Resource management with Asian characteristics: a hybrid people managing system in East Asia. *The International Journal of Human Resource Management*, 18 (5): 745-768.
- Zurmehly, J., Martin, P.A. & Fitzpatrick, J.T. 2009. Registered nurse empowerment and intent to leave current position and or profession. *Journal of Nursing Management*, 17 (3): 383-391.
- Zwaan, L., de Bruijne, M. & Wagner, C. 2010. Patient record review of the incidence, consequences and causes of diagnostic adverse events. *Arch Internal Medicine*, 170(12): 1015-1021.

# APPENDIX A

## MAP OF LIMPOPO PROVINCE



## APPENDIX B

### LIMPOPO PROVINCE HOSPITALS IN FIVE DISTRICTS

SEKHUKHUNE	CAPRICORN	MOPANI	WATERBERG	VHEMBE
<ul style="list-style-type: none"> <li>• Mecklenburg</li> <li>• Matlala</li> <li>• Groblersdal</li> <li>• Dilokong</li> <li>❖ Philadelphia</li> <li>• Jane Furse</li> <li>• St Ritas</li> </ul>	<ul style="list-style-type: none"> <li>• Lebowakgomo</li> <li>• Zebediela</li> <li>• Thabamoo</li> <li>• Helen Franz</li> <li>• Botlokwa</li> <li>• Seshego</li> <li>• WF Knobel</li> <li>✚ Polokwane</li> <li>✚ Mankweng</li> </ul>	<ul style="list-style-type: none"> <li>• Maphutha</li> <li>• Malatjie</li> <li>• Kgapan</li> <li>• Sekororo</li> <li>• Van Velden</li> <li>• Nkhensani</li> <li>❖ Letaba</li> <li>• Dr CN Phatudi</li> <li>• Evuxakani</li> </ul>	<ul style="list-style-type: none"> <li>• Voortrekker</li> <li>• Thabazimbi</li> <li>❖ Mokopane</li> <li>• Belabela</li> <li>• FH Ordendael</li> <li>• Elisras</li> <li>• Witpoort</li> <li>• George Masebe</li> </ul>	<ul style="list-style-type: none"> <li>• Louise Trichardt</li> <li>• Silom</li> <li>• Musina</li> <li>• Malamulele</li> <li>❖ Tshilidzini</li> <li>• Donald Frazer</li> <li>• Hayani</li> <li>• Elim</li> </ul>

**Total Number of hospitals: 40**

**Key:**

- District Hospitals
- ❖ Regional Hospitals
- ✚ Tertiary Hospitals

**NUMBER OF HEALTH CARE PROVIDERS OF HIV AND AIDS IN FIVE  
SELECTED PUBLIC DISTRICT HOSPITALS OF LIMPOPO PROVINCE,  
SOUTH AFRICA**

SEKHUKHU NE			CAPRICORN			MOPANI			WATERBER G			VHEMBE		
Philadelphia			Seshego			Letaba			Mokopane			Tshilidzini		
M	FM		M	FM		M	FM		M	FM		M	FM	
M			M			M			M			M		
PN	9	8	PN	10	8	PN	8	10	PN	8	12	PN	10	10
BO	27	27	BO	38	38	BO	34	34	BO	35	35	BO	34	35

**Key:** MM=Male Medical Adult Ward

FM=Female Medical Adult Ward

PN=Professional Nurse

BO=Bed Occupancy

## APPENDIX C

### ETHICS CLEARANCE BY TURFLOOP RESEARCH ETHICS COMMITTEE (TREC)



University of Limpopo  
Department of Research Administration and Development  
Private Bag X1106, Sovenga, 0727, South Africa  
Tel: (015) 268 2212, Fax: (015) 268 2306, Email:noko.monene@ul.ac.za

#### TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

**MEETING:** 05 November 2015

**PROJECT NUMBER:** TREC/211/2015: PG

**PROJECT:**

**Title:** Care and support model for Health Care Providers of HIV and AIDS patients in the Public Hospitals of the Limpopo Province

**Researchers:** Ms ML Moshidi

**Supervisor:** Prof RN Malema

**Co-Supervisor:** Prof TM Mothiba

**Department:** Nursing Science

**School:** Health Care Sciences

**Degree:** PhD in Nursing



**PROF TAB MASHEGO**  
**CHAIRPERSON: TURFLOOP RESEARCH ETHICS COMMITTEE**

The Turfloop Research Ethics Committee (TREC) is registered with the National Health Research Ethics Council, Registration Number: REC-0310111-031

**Note:**

- i) Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.
- ii) The budget for the research will be considered separately from the protocol.  
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

## APPENDIX D

### LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH

#### DEPARTMENT OF HEALTH: LIMPOPO PROVINCE

#### TITLE OF THE STUDY

#### **Development of Care and Support Model for Health Care Providers of HIV and AIDS Patients in the Public Hospitals of the Limpopo Province**

I hereby request to conduct a research study on development of care and support model for health care providers of HIV and AIDS patients in the public hospitals of the Limpopo Province. I am currently registered with University of Limpopo undertaking a doctoral degree. Your province has been chosen to conduct this study as it is a desirable site for this research study.

The study will involve some of the health care workers providing care to HIV and AIDS patients to answer some of the questions already explained to them. Participants will make an informed consent before commencing with the study. Participants will sign consent form. All participants will remain unidentified and records obtained during this study will be regarded as confidential.

Yours sincerely

.....

Researcher

## APPENDIX E

### PERMISSION FROM LIMPOPO PROVINCE DEPARTMENT OF HEALTH TO CONDUCT THE STUDY



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Latif Shamila

Ref:4/2/2

Moshidi ML  
University of Limpopo

Greetings,

**RE: Care and support model for Health Care Providers of HIV and AIDS patients in the Public Hospitals for the Limpopo Province.**

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.
2. Kindly be informed that:-
  - Research must be loaded on the NHRD site (<http://nhrd.hst.org.za>) by the researcher.
  - Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.
  - In the course of your study there should be no action that disrupts the services.
  - After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.
  - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.
  - The above approval is valid for a 3 year period.
  - If the proposal has been amended, a new approval should be sought from the Department of Health.
  - Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

  
Head of Department

Date

18/02/16

## APPENDIX F

### GENERAL CONSENT TO CONDUCT THE STUDY AT LIMPOPO PROVINCE DEPARTMENT OF HEALTH HOSPITALS



LIMPOPO  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

#### DEPARTMENT OF HEALTH

Enquiries: Latif Shamila

Ref:4/2/2

#### CONSENT LETTER :

Name of Researcher :	MARIA LEBEKO MOSHIDI
Telephone Numbers :	0826153077 / 0834161602
E- Mail Address:	mariamoshidi@gmail.com
Institution:	UNIVERSITY OF LIMPOPO
Approximate Date of targeted completion of the study :	30th NOVEMBER 2017

I MARIA LEBEKO MOSHIDI ( Full Name of Researcher ) hereby confirm that I have requested permission to conduct a study at the Department of Health in Limpopo- South Africa.

I commit to submit my completed study including all my findings to the Provincial Health Research Committee, within three months of completion. I will assist the Department in the interpretation of the findings if needed. Kindly submit the documents in HARD and SOFT copy.

I consent that my findings can be used for the benefit of the Department.

MOSHIDI MARIA L.  
Name of Researcher

Sign

10/03/2016  
Date



## APPENDIX G

### LETTER REQUESTING PERMISSION TO CONDUCT RESEARCH AT LETABA HOSPITAL

THE CEO

LETABA HOSPITAL

#### TITLE OF THE STUDY

#### **Care and Support Model for Health Care Providers of HIV and AIDS Patients in the Public Hospitals of the Limpopo Province**

I hereby request to conduct a research study on development of care and support model for health care providers of HIV and AIDS patients in the public hospitals of the Limpopo Province. I am currently registered with University of Limpopo undertaking a doctoral degree. Your hospital has been chosen to conduct this study as it is a desirable site for this research study.

The study will involve some of the health care workers providing care to HIV and AIDS patients to answer some of the questions already explained to them. Participants will make an informed consent before commencing with the study. Participants will sign consent form. All participants will remain unidentified and records obtained during this study will be regarded as confidential.

Yours sincerely

.....

Moshidi ML

Researcher

## APPENDIX H

### APPROVAL LETTER FROM CEO, LETABA HOSPITAL



**LIMPOPO**  
PROVINCIAL GOVERNMENT  
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH AND SOCIAL DEVELOPMENT  
**LETABA PROVINCIAL HOSPITAL**

Private Bag X1430  
Letaba  
0870

REF : 9/2/3

FROM: ACTING QUALITY MANAGER

DATE: 12 APRIL 2016

TO: MARIA LEBEKO MOSHIDI

UNIVERSITY OF LIMPOPO

STUDENT NO: 201429842

RE: APPROVAL FOR CONDUCTING RESEARCH TITLED: CARE AND SUPPORT MODEL FOR HEALTH CARE PROVIDERS OF HIV AND AIDS PATIENTS IN THE PUBLIC HOSPITALS OF THE LIMPOPO PROVINCE

1. The above subject matter refers.
2. You are granted permission to conduct research at Letaba Hospital as per permission granted by the Head of Department, Limpopo Department of Health.
3. Hoping that you will find this to be in order.

CHIEF EXECUTIVE OFFICER

12 April 2016

DATE

Tel: 015 303 8200 • Fax: 015 303 0207

*The heartland of southern Africa - development is about people*

**APPENDIX I**

**CONSENT FORM**

**Title of the study: Care and support model for health care providers of HIV and AIDS in the public hospitals of Limpopo Province.**

I ....., hereby voluntary consent to participate in the above mentioned study. I understand that it is completely voluntary and I can withdraw at any stage. I have been assured that my name will not be used when writing down what was discussed with me.

The purpose and objectives of the study have been explained in full to me.

**Participant:** ..... **Date:**..... **Place:**.....

**Researcher:** ..... **Date:** ..... **Place:**.....

**Witness:**..... **Date:** ..... **Place:**.....

## APPENDIX J

### DATA COLLECTION DOCUMENT (PHILADELPHIA HOSPITAL)

**Participant: No "02"**

**Key: Researcher (R)      Participant (P)**

**R:** *Good morning mam and how are you ?*

**P:** Morning, I am fine and you?

**R:** *I am fine. I really appreciate your presence. Thank you very much for honouring my request.*

**P:** You are welcome!

**R:** *Thank you. Can you please tell me your experiences regarding the care and support that you receive in your department when caring for HIV and AIDS patients.*

**P:** Ohh... It is really a very challenging issue of nursing these patients in our department. Ok...I can tell you my experiences. I am a 46 years old woman and have an experience of 20 years in my department and also specialising in oncology and palliative care which really those patients need, but ahhh... Our main challenge when caring for those patients is really emotionally, the emotional support is what we need so much so that we can continue nursing those patients because when nursing these patients you become affected, I can say that. Seeing those patients nearly every day suffering from all these conditions because some of these patients come being terminally ill. So, the important thing that is needed is that we have to give those patients a support emotionally or psychologically but if you as a staff member is not emotionally or psychologically supported is very difficult to nurse those patients. Why am I saying that is that we really

need support from our management but is not there. Is not there because....really we need psychological support.

Maybe just a visit once a month to counsel those people who are nursing these patients. Debriefing is also needed because we see these patients dying in our hands. So, can you imagine facing those challenges nearly every day of seeing patients dying as if we are not even doing the best care. We are trying so much to balance these patients to give them treatment, do everything but at the end of the day because that patient came being terminally ill, die in your own hands. So, can you imagine how hurting it is. Seeing those relatives crying in front of you. Really is affecting us a lot. That is why I am stressing this point of psychological support. And the other thing that the staff really need eee..... the awards given to staff. Just to give them the awards to say what they are doing is good but is not happening in our department. We just try as sisters to give them motivation but from our management side is not done. The other thing that is needed for health care workers who are nursing these patients is the incentives. I mean... the issue of OSD need to be reviewed because in medical department is the specified place to nurse these patients but if they are saying OSD is for critical care wards and whatever. So what about medical ward? So if you can see when they are doing the statistics of patients for the whole hospital, medical ward is the dominating ward for giving the hospital the highest statistics of patients. So if you can check the other departments you see them nursing maybe ten patients, five patients or even 15 patients but in medical ward we can even more than 30 patients which means there is an overflowing of the hospital by medical department but they are not taking care for the people who are working there.

I am saying that because even the rotation of staff is not happening in our department which really is very much tiring. Can you imagine working in the same department for 20 years. Can you imagine what is happening. All patients that you are coming across without counselling, without incentives, you are just working because you are on duty. So at the end of

the day is tiring. Staff become tired, they start not coming on duty because they are tired. You can see that this people are tired. The more hurting thing is that we tried many times to challenge our management with the issue of rotation. They held different meetings which ended up with no good results but with negative results. One of the negative remarks is that some of the hospital workers says they can rotate the whole hospital but not in medical ward. You can see that this kind of remark really give evidence that in medical ward is hectic, so even the hospital workers doesn't want to work in medical department that is why I am saying even the issue of OSD really need to be reviewed. Those appraisals are needed for those people. Even the rotation thing, really I am stressed by this because that is why I am giving the example about myself because I have been working in that department for a period of 20 years. So can you imagine that period because even the students who are rotating just for a month keep on asking this question, sister, how are you really coping in this department.

I mean, nna.....I cannot work in this department for such a long time because this is really a stressing department. So can you see that really working with those patients who are also defaulting treatment. Can you imagine you nurse a patient for two months maybe only to find that after three months that patient come back defaulted treatment which also lead to the ward to have more admissions because the more they are defaulting, the more you have a lot of admissions. A lot of terminally ill patients. If you can asked that patient why did you default treatment, they will give you lousy reasons of saying maybe I was not able to come and collect treatment. The other thing that gives us a hard times is that our patients are not disclosing most of the time to their relatives. That's the most challenging because you only find that the relative will be coming not knowing that the patient is getting such type of treatment. So can you see when that patient is defaulting you are still the one who is still going to have that burden of nursing that patient. So, is really very much difficult and is tiring to nurse those patients.

Shortage of staff. People are resigning in our department but there is no replacement. So can you just imagine, that burden goes up and up. There is no replacement. You have to work being short staffed. So what is going to happen, it results in a burn out syndrome to the staff. You will end up absenting yourself because you are tired. So, this are the main challenges that we come across. And the management side really aahha.....I don't want to lie because what they are doing is only the check-ups of the staff which is not benefiting us with anything. I mean.... I just go there for rotation of check-up checking me if I am still ok, I am not having high blood, I am not having.... So what is the benefit of the staff. What are we benefiting there, I mean, is just for formality of the hospital to do that but the staff is not benefiting anything. I mean if maybe I am HIV positive for I am living my own life there. So where does it benefit me if I am working under a stressful situation like medical department, nursing those patients who are dying in my hands nearly every day, who are terminally ill, those who need to be bathed every day. You can contract infectious diseases anytime. So you become very much tired. That is why I am saying this thing of rotation of check-ups of staff doesn't benefit us anyway. What they can do to us is to give incentives to the staff. It will also motive them that at least really we are getting something. Psychological counselling is also very much important for the staff. So is very much important because is affecting us more than anything else. The appraisals of staff. So is really what I pleaded with our management to try to attend to this problem. So this type of support that we really need so much.

**R:** *Okay, thank you, is there still anything that you want to share with us.*

**P:** The other thing that I can say is our priests are needed more to us. Spiritual counselling is needed because sometimes we are always almost on duty. Even during Easter holidays when people are gone to pray somewhere, we are there on duty nursing those patients. Even on Sundays, you don't even have chance of going to church. So if at least we can have a priest who will come and just share a word of God with us.

That will encourage us.

The other important issue that I am thinking of sharing with you is let the management consider this issue of workshops because being a staffmember not being work shopped how to work or how to take care of those patients it really doesn't help. So, if our staff can be work shopped about HIV and AIDS. I think it can also lead us somewhere. Those people will be very .much motivated and empowered because they will be having a certificate of HIV and AIDS. If you are work shopped about HIV and AIDS, you will walk proud saying that ok I nursed this patient knowing what is happening about this patient. So that is the other thing that is demoralising our staff because they are not work shopped, they are not given courses about HIV and AIDS. So, I think that one is also very much important for the management to consider seriously. It will help us a lot as health care workers.

**R:** *Okay, thank you mam, I heard you mentioning that you don't give your patients best care. What do you mean by that?*

**P:** Okay, when I am saying that eee..... about the best care of our patients there is indeed a need for quality care for that patient. I am saying that based on our patients, overflowing of the ward because if the patients are many and staff especially at night working being four sometimes you find the patients being more than 30, so the routine becomes prolonged and that best care to the patient really is not achieved according to the way time of routine is allocated you end up disturbing those patients more especially like when you are to give medication, it takes time because you have to give each and every patient quality care because by the time you go to the other patients the patients are already asleep and you have to wake them. So imagine when are other patients going to get rest because of those number of patients that you are going to give care, can you imagine being four nursing close to 30 patients in the ward.

Some other challenges that we really have is overflowing as I have mentioned because our bed occupancy is 27 of which we used to have up



to 34 patients in the ward. Sop 34 is to four nurses, can you imagine when I am talking about best care quality care, that best care is really needed but you can't provide it being short staffed, being four with 34 patients. Sometimes is not easy and is really hard because if the ward is overflowing like that, other patients end up sleeping on a stretcher because when you send those patients to the other wards, those wards don't need the patients that are very weak, they don't want the patient that is to be given treatment they want only patients who maybe are to be referred to other hospitals for example patients who are going for appointments at bo.... Mankweng hospital or Polokwane hospital, something like that. So you can't send any patient that need another care they will tell you no, if you want to give us other patients as lodgers please give us patients who are stable. So can you imagine when I am talking about best care, I am just referring to things like those things, overflowing of the ward.

So, really is so hard and sometimes we are having this terminally ill patients in the ward. Those patients with HIV when they are diagnosed you find that they are at stage IV, so that is the most frustrating situation because the patient if at stage IV is terminally ill and more demanding because some of them are confused they really become more vulnerable. Some really need care as they are on continuous oxygen therapy, we need to check all those patients. Some because of that confusion and whatever, they end up fighting us and really is not easy, is so hard.

There are lot of things happening if that patient is terminally ill or the patient has defaulted their treatment. They complicate after complication they really cause us to have so many cases like for example there was a patient who just pointed one of the staff member saying that she said this and this, all those negative things because the patient was not mentally okay by that time but the relatives wasn't aware that the patients is doing this things because she is confused. They took as if is a true story believing negatively about that nurse or what-ever so it end up being really a hurting thing and by that time you are not sure that this patient disclosed

for her family or not. You don't even have the way-out that is one of the dilemma's we come across. So there are so many challenges that we come across when nursing this patients.

The other challenges that we are getting is that of resignations of staff members are I also indicated before. Like this year two professional nurse have resigned and last year enrolled nurse and enrolled nursing assistant resigned and up until now there is no replacement for those people. So for "nna" as I am saying during the day the others had to go for leaves, others there are family matters or what –ever. So up to now as I am saying each shift during the day is only one sister and we are having two cubicles, can you imagine with those 30 patients in the ward. One sister in the ward and the other thing is that we used to balance our staff is only when the students are on training. If there are no students really in the afternoon you will find there is one enrolled nurse, one in-charge and with one enrolled nursing assistant or two. So really there is a need of staff members and then the other thing is that I wish our management can do is maybe to retain staff or maybe to be able to recruit more staff. If we can have maybe danger allowance because why am I saying that is that those patients.....we are working in that situation whereby sometimes patients can get hurt because the patient is not in a good state of mind. Patient can beat you. So if there is danger allowance I think it can also retain staff. So I wish maybe our management can try and do something.

**R:** *Okay, I also heard you talking about incentives. Can you elaborate on that?*

**P:** When I am talking about incentives I am talking about like the one I have mentioned of having danger allowance and why am I saying that, in our ward as medical ward we are nursing those psychiatric patients. Okay they said those patients must be there for 72 hours. So while the patient is there you have to make sure that you are protected and how can you really be protected. Is just an ordinary medical ward you are nursing this psychiatric patient with this very ill patient. Really is very much frustrating if

you have to also guard and protect this other patients because is not safe for them to be with those psychiatric patients because the patient is not in a good state of mind and anything can happen any time in that period of 72 hours. So that is why I am talking about danger allowance because really there is a need for that maybe can make staff to remain because some people because of these situation, different situation, some of them their exit reasons of resigning they will tell you really I cannot cope to work in that situation, in that department. So that is one of my exit reason. So can you imagine we are still going to lose more of our staff members. So who is going to take care of those patients? So our management really need to do something about that. Really there is a need

**R:** *Okay, thank you. Thank you for the information.*

**P:** It's a pleasure!

## APPENDIX K

### QUALITATIVE DATA ANALYSIS CERTIFICATE

#### Qualitative Data Analysis

---

For a Doctor of Philosophy Candidate:

---

**Ms ML Moshidi**

#### THIS IS TO CERTIFY THAT:

Prof. Maria Sonto Maputle has co-coded the following qualitative data  
for:

**One-to-one unstructured interviews**

for the study:

**Care and support model for health care providers of HIV and AIDS  
patients in the public hospitals of Limpopo Province**

I declare that the candidate and I have reached consensus on the major themes, themes and sub-themes reflected by the data during a consensus discussion. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

*MS Maputle*

Prof MS Maputle

06.09.2016

---

## APPENDIX L

### Validation Questionnaire

#### VALIDATION QUESTIONNAIRE FOR CARE AND SUPPORT MODEL FOR HEALTHCARE PROVIDERS OF HIV AND AIDS PATIENTS.

The following aspects were included so that they should not appear on the questionnaire for anonymity purpose:

- Your name
- Institution and
- Employment

NB: Write your input on Section E in the space provided.

**SECTION A: Concepts Involved in the Model**

Indicate with a **cross (x)** in the columns using the following key:

**VC** = Very clear, **C**= Clear, **U**= Unclear, **NA**= Not clear

<b>CONCEPT</b>	<b>VC</b>	<b>C</b>	<b>U</b>	<b>NA</b>
1. Is the concept of <b>Agent</b> clear in the model	1	2	3	4
2. Is the concept of <b>Recipient</b> clear in the model	1	2	3	4
3. Is the concept of <b>Dynamic</b> clear in the model	1	2	3	4
4. Is the concept of <b>Strategies</b> clear in the model	1	2	3	4
5. Is the concept of <b>Context</b> clear in the model	1	2	3	4
6. Is the concept of <b>Terminus/Outcome</b> clear in the model	1	2	3	4

**SECTIONS B, C and D**

Indicate with a cross (x) in the columns using the following key:

**SA**= Strongly Agree, **A**= Agree, **D**= Disagree, **SD**= Strongly Disagree

**SECTION B: Purpose of the model**

CONCEPT	SA	A	D	SD
1. The model leads to care and support for HCP's of HIV and AIDS	1	2	3	4
2. The model leads to outcome of quality patient care	1	2	3	4

**SECTION C: Relevancy of the Model**

CONCEPT	SA	A	D	SD
1. The dynamics/ problems indicated in the model are relevant to HCP's of HIV and AIDS patients.	1	2	3	4
2. The strategies are realistic	1	2	3	4
3. If the strategies are implemented, they will lead to staff satisfaction.	1	2	3	4
4. Is the concept of Strategies clear in the model?	1	2	3	4
5. Quality patient care will be achieved as the outcome.	1	2	3	4

**SECTION D: Logical Development of the Model**

CONCEPT	SA	A	D	SD
1. The concept are in a logical sequence.	1	2	3	4
2. The conclusions drawn from the model are logical.	1	2	3	4
3. The sequence of the model is complex.	1	2	3	4

**SECTION D: Scope of application of the model**

<b>CONCEPT</b>	<b>SA</b>	<b>A</b>	<b>D</b>	<b>SD</b>
1. This model applies to public hospitals of Limpopo Province	1	2	3	4
2. The scope addresses care and support for HCP's of HIV and AIDS patients	1	2	3	4
3. The use of this model leads to well supported staff who will be able to ensure quality patient care	1	2	3	4

**SECTION E: Inputs Regarding Care and Support for HCPs of HIV and AIDS Patients**

Any inputs which will lead to care and support for HCP's of HIV and AIDS patients is highly appreciated.

.....  
.....  
.....  
.....

**THANK YOU FOR YOUR PARTICIPATION**

**APPENDIX M**

**CONFIRMATION BY LANGUAGE EDITOR**

**Donavon C. Hiss**

Cell: 0722001086| E-mail:[hiss@gmx.us](mailto:hiss@gmx.us) or [dhiss@outlook.com](mailto:dhiss@outlook.com)



17 March 2018

To Whom It May Concern

This serves to confirm that I have edited the language, spelling, grammar and style of the PhD dissertation by **Maria Lebeko Moshidi**, titled: **“Care and Support Model for Health Care Providers of HIV and AIDS Patients in the Public Hospitals of Limpopo Province”** The manuscript was also professionally preset by me.

Sincerely Yours

A handwritten signature in black ink, appearing to be 'M. Lebeko Moshidi', written in a cursive style.

Dip. Freelance Journalism, Dip. Creative Writing, MSc (Medicine), PhD