International Journal of Advanced Nursing Studies, 6 (2) (2017) 103-107

International Journal of Advanced Nursing Studies

Website: www.sciencepubco.com/index.php/IJANS
doi: 10.14419/ijans.v6i2.7711
Research paper

Perceptions of the care and support services available for nurses caring for patients with HIV/AIDS in the Intermediate Hospital Oshakati

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Abstract

Purpose: The rationale of this research was to describe the care and support services given to nurses who are responsible for providing care for patients with both the human immune deficiency virus. Accordingly, the study investigated HIV/AIDS care support preferences for nurses.
Method: The study used a descriptive research design. The respondents comprise twenty-four (24) nurses who were conveniently selected from Intermediate Hospital of Oshakati (IHO).The requisite data was collected via questionnaires, which were distributed to the respondents. The respondents were required to fill in the questionnaires and furnish their views on their perceptions regarding the care and support services available for nurses caring for patients with HIV/AIDS in the Intermediate Hospital Oshakati.
Findings: The study revealed a lack of guidance for nurses who provide care for immunocompromised patients. The study also found that the majority of challenge's nurses face in providing care, and support involved emotional pain and under staff.
Conclusions: The study concluded that the nurses themselves were both affected and infected by HIV/AIDS but that these same nurses are expected to provide treatment to patients with HIV/AIDS. Support systems for nurses constitute an extremely important workplace issue, although the nurses conceded that the hospital in question did not have sufficient capacity to provide such support systems.
Recommendations: This study suggested that the hospital leadership could function as a team in developing supportive interventions that match the problems/needs identified. Nurses should also takes to take an active role in caring for themselves.

Keywords: *Availability; Care; Patients; Support; Perceptions*

1. Introduction

Following the first reported case of HIV in Namibia in 1986, the data compiled by the Ministry of Health and Social Services (MOHSS) showed that AIDS had become the leading cause of opportunistic infections and death in 1996. Approximately 22.8% opportunistic infections and deaths were recorded in the age group 25 to 29 years, while 25.8% were recorded in the reproductive age group of 45 to 49 years of pregnant women in Namibia. Opportunistic infections were recorded as highest among both primigravida and multigravida in the age group 30 to 39 and was said to be consistent with the age-specific prevalence (MOHSS, 2014).
In 1999, the reported AIDS-related deaths accounted for 26% of all deaths and 47% of all deaths in the age group 15 to 49 years. These statistics related to the regions where the majority of nurses who were at risk of HIV infections were to be found. In addition, reported HIV/AIDS-related hospitalisations increased more than 20 fold from 355 in 1993 to 7,746 in 2001 (MOHSS, 2006).
It is not feasible for the threat of HIV/AIDS and the problems arising from it to be left to government and non-governmental organisations alone. A commitment to the need to control the spread of HIV/AIDS and other opportunistic diseases and to prevent discrimination against people living with the HIV infection is required on the part of management, employers and employees. Furthermore, it is essential that care and support services are provided to the nurses and other health care providers as the HIV/AIDS pandemic continues to pose a major challenge to prevention efforts in Namibia, resulting in a decline in the quality of care in the country. The provision of these care and support services is vital to avoid the loss of experienced and productive nurses from health institutions (MOHSS, 2006).
Providing nursing support under such a conditions at risk of emotional distress. The quality of the treatment provided to the patients depends on the quality of care and support given to the providers of care (United Nation AIDS)[UNAIDS, 2007). Experience has shown that it is imperative that both management and workers have a stake in the battle against HIV and that all sectors need to be engaged from the outset because it is simply impossible for nurses to provide care if they themselves are not taken care of. Thus, the way forward is to accept that HIV is a national problem for every employer and indeed a management problem, and thus policies, health programmes, and care and support services should provide the necessary support to both nurses and nursing management that is so desperately needed.

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1.1. Problem statement

HIV/AIDS constitutes the single, largest threat to the development of Namibia and its effect is felt at every level of society, affecting all individuals including nurses, who may be seen as the fundamental building blocks of the social and economic development of the country (MOHSS, 2003). The majority of people with HIV-related infections are among the economically poor who seek treatment at public institutions. The ability of nurses to cope with providing quality care to HIV/AIDS patients in public hospitals may be compromised if nurses do not receive the necessary care and support themselves (Shisana, Hall, &Maluleke,2003).
Such services are needed to enable nurses to cope with providing quality care to patients infected and affected with HIV/AIDS in public hospitals and also among themselves. According to Pendukeni (2004), health workers in sub-Saharan Africa are infected and affected by HIV/AIDS while nurses, who make up the majority of the healthcare workforce and health care providers in Africa, are more affected by HIV/AIDS than other health workers. This has several negative effects, including diminished productivity and inadequate health care provision to patients in hospitals. It must, however, be pointed out that the number of nurses infected in Namibia is not yet known (MOHSS, 2003). Nevertheless, it is believed that many nurses may be bearing the burden of HIV in silence while continuing to render health care to patients without any care and support (MOHSS, 2003).
A lack of support for nurses may increase the stigma, discrimination and inability to accept HIV as an issue, which must be discussed among employees. The nurses often do not have the ability to cope with providing quality care to HIV/AIDS patients in public hospitals because this is compromised by the lack of necessary care and support that they perceive in their health institution (MOHSS, 2003).

1.2. Aim of the study

The purpose of this study was to describe the care and support services available for nurses who care for patients with HIV/AIDS in the IHO.

1.3. Research objectives

The research objectives of the study included the following:

- Identify the type of preparation that is given to nurses who provide care to patients infected and affected by HIVAIDS.
- Identify the problems experienced by nurses while providing such care.
- Identify how nurses caring for patients with HIVAIDS perceive their support needs and what their personal strategies are
- Assess the support services and systems that are available for nurses who are caring for patients with HIV/AIDS.

1.4. Research question

The following research question was posed:
Do the current support services at IHO address the need for care and support for nurses providing care to patients infected and affected by HIV?

1.5. Significance of the study

It is anticipated that this study may contribute towards the policy formulation and also add value to the existing body of knowledge on HIV/AIDS. It should also be of benefit to future researchers in that they will be able to obtain and use this data as a vivid exposition of the position of nurses at the IHO in the Oshana region. In addition, the study may contribute to the growth of knowledge and academic debate on the issue of HIV/AIDS and the provision of care to HIV/AIDS patients. The study attempted to provide nurses with an understanding of their role in taking responsibility for their own emotional well-being. Nurse managers may use the results to plan and implement appropriate support systems for the nurses in general and, more specially, for those who care for patients with HIV/AIDS. It is hoped that the study will eventually help to raise the quality of care and support for both patients and nurses affected and infected by HIV/AIDS (UNAIDS, 2007).

2. Research method and design

The study is a descriptive, quantitative study which used the survey method. The descriptive, quantitative approach was chosen for the purposes of the study as it represents a systematic process that attempts to understand the phenomenon in question in its entirety, rather than focusing merely on specific concepts (Brink, 1999).

2.1. Study population

The study population used for this study comprised nurses, both registered nurses and enrolled nurses, and midwifes at the IHO who were providing care for patients with HIV/AIDS.

2.2. Sampling and sample size

The study used random sampling to select the sample. Random sampling is a type of probability sampling which provides every participant with an equal chance of being selected for the study sample representing the population (Polit & Hungler, 1987). The participants were selected from among the 122 registered nurses and 145 enrolled nurse midwifes, thus a total of 267 nurses.
Thus, the participants were randomly selected because the research topic to be studied applied to the typical population in question. Accordingly, 133 participants – 50% of the targeted population – were selected from the group of 267 nurses and a random sampling method was used to select 24 nurses of both genders of whom 14 were registered nurses, and 10 enrolled nurses/midwifes from IHO wards. The participants were all between the ages of 22 and 45.

2.3. Data collection method

The requisite data was collected between October and November 2010. The study used structured questionnaires which were administered to all the respondents. The questionnaires employed a combination of closed and open-ended questions.

2.4. Ethical considerations

Institutional approval to conduct the study was obtained from both the MoHSS Research Unit and the University of Stellenbosch Ethical Clearance Committee. The informed consent of each participant was obtained. The participants were informed of the voluntary nature of their participation in the research study and also their right to withdraw at any stage if they so wished. The researcher also assured the anonymity of the participants as they were not required to give their names. Confidentiality was maintained at all times and the participants were assured that the information's obtained would be treated as confidential.

2.5. Data analysis

The data gathered from the questionnaires was presented as descriptive statistics and evaluated using quantitative, computerised statistical techniques. SPSS version 22.0 was used. In order to evaluate the data, the researcher enlisted the assistance of a professional statistician.

2.6. Validity and reliability

The validity of the study was achieved by the construction of the data collection instrument, which was also submitted to the expert who analysed the adequacy of the items in capturing the domain of inquiry and ensuring that an extensive interview was carried out. The reliability of the study was achieved through pre-testing of the instrument.

3. Findings and interpretations

3.1. Biographical information

The biographical information generated by the data collection instrument was analysed. The data is presented below. This information pertained to the participants' gender, age, professional rank, marital status, time employed at the health centre and clinics, highest qualifications and years of experience.

Table 1: Gender of Respondents (N = 24)

Gender of respondents		
	Responses (n)	Percentage (%)
Male	2	8
Female	22	92
Total (n)	24	100.0

Table 1provides shows that the questionnaires were distributed among 24 nurses at the IHO in the Oshana region. Thus, a total of 24 questionnaires were handed out to participants. The table reveals that 22 (92%) of the respondents were female while two (8%) were male. This finding may be seen to highlight the fact that nursing was previously seen as a profession for women.

Table 2: Age of Participants (N = 24)

Age of participants		
	Responses (n)	Frequency %
25–29 years	4	17
30–39 years	7	29
40–49 years	13	54
Total (n)	24	100.0

The nurses varied in age from 25 to 49 years. The study found that four (17%) were between the ages of 25 and 29 years, seven (29%) were between 30 and 39 years, while 13 (54%) were between 40 and 49 years. This is an indication that the sample comprised adult nurses who were mature and who were engaged in caring for and mixing with HIV/AIDS patients in their work settings.

Table 3: Professional Cadre of Respondents (N = 24)

Professional cadre of respondents		
	Responses (n)	Percentage (%)
Registered nurses	18	75
Enrolled nurses	6	25
Total (n)	24	100.0

The findings reflected in Figure 1indicates that 18 (75%) of the respondents were registered nurses, while six (25%) were enrolled nurses. Both were providing care to HIVAIDS patients. The experience of both the registered nurses and the enrolled nurses varied from one to 30 years. According to the findings, seven (29.2%) had one to ten years of experience, 12 (50%) of the nurses had 11 to 20 years' experience while five (20.5%) had 21 to 30 years' experience. Thus, the majority of the nurses had experience of between 12 and 20 years. This is an indication that they had had a long period of exposure in the clinical area and in the provision of care and support to their HIVAIDS patients in all care settings.

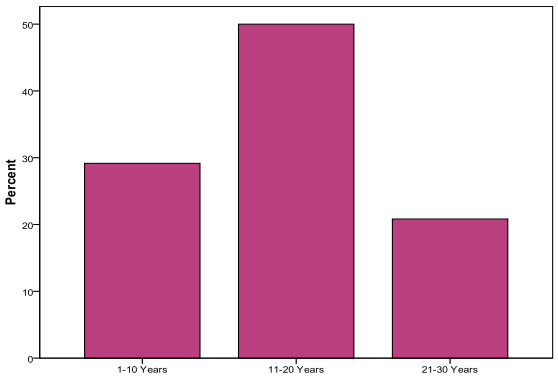

Fig. 1: Years of Experience of Respondents.

Table 4: Marital Status of Participants (N = 24)

Marital status of participants		
	Responses (n)	Frequency %
Married	16	66.7
Never married	6	24.9
Separated	1	4.2
Widow	1	4.2
Total (n)	24	100.0

According to the findings, 16 (66.7%) respondents were married, thus indicating that they had their own families apart from their extended families. Six (24.9%)of these had never been married, one (4.2%) was separated whilst another one (4.2%) was a widow. The fact that the majority of the respondents were married provides evidence that most of them were involved in relationships that required that they were provided with care and support services in the workplace. All the respondents were black and thus the researcher did not feel a chart of this finding would add value.

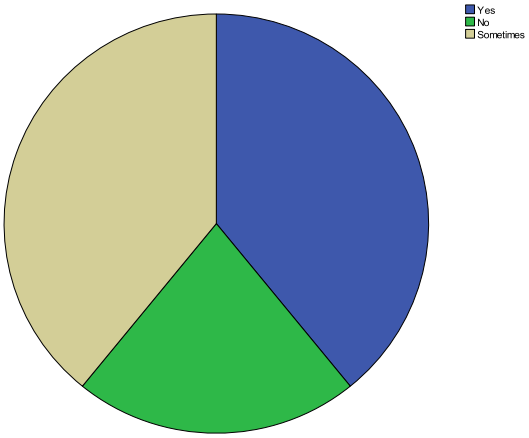

Fig. 3: Percentage of Respondents who Experienced Stress as A Result of Caring for HIV Patients.

It was found that 20.8% of the respondents did not appear to regard caring for patients with HIV/AIDS to be more stressful than caring for other patients. However, the figure also revealed that the majority of the respondents (37.5%) had indicated that they had experienced stress while caring for HIV/AIDS patients, while the same percentage of the respondents (37.5%) had experienced such stress only at times. The other 4.2% did not respond to this item.

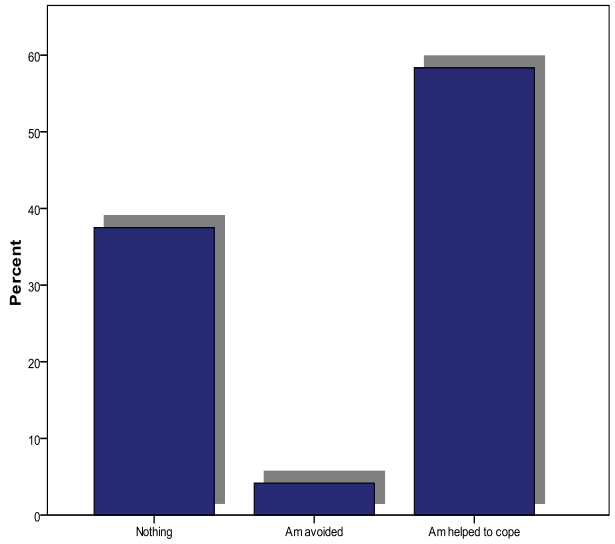

Fig. 4: Effects of Caring for HIV Patients.

Figure 2, which illustrated the effects of caring for HIV patients, reveals that the majority of the respondents indicated that through counselling, they were helped to cope in order to build up the self-confidence required to care for patients with HIV/AIDS, despite their own symptoms. Approximately 37.5% indicated that they did not experience any effects from providing care to HIV, patients while 4.2% reported that they avoided such effects.

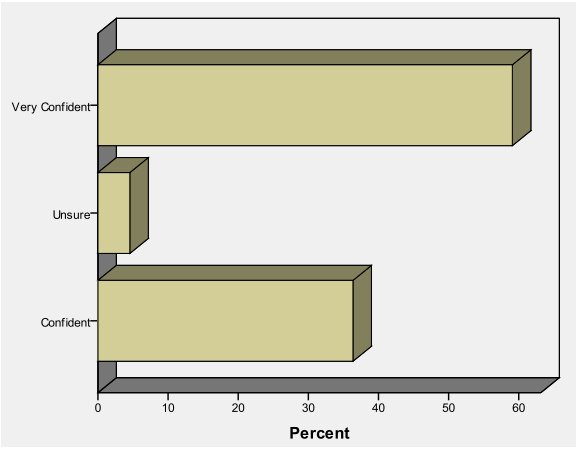

Fig. 5: Levels of Confidence and Emotional Care to HIV Patients.

As revealed in figure 3, the majority of the participants indicated that they felt very confident about providing emotional care to HIV patients, 33.3% maintained that they felt confident, while 4.2% only were unsure and 8.3% did not respond to the item in question.

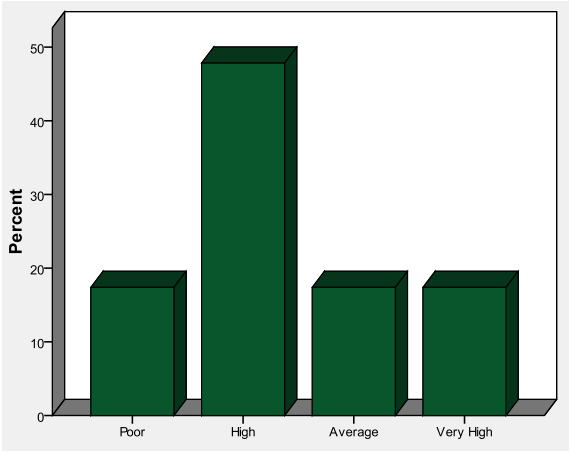

Fig. 6: Teamwork Between nurses and Physicians.

In response to question 4 as to whether there was teamwork between the nurses and physicians, 4.2% of the respondents maintained that the teamwork was poor, 50% indicated that the level of teamwork was high.

The reasons suggested for the high level of teamwork between nurses, and doctors included a positive attitude on the part of the doctors towards the nursing care provided to their patients, while the main reason suggested for poor teamwork between the nurses included the possible negative attitude of some nurses towards their patients while some nurses were said to be uncooperative. The reasons for the average teamwork between nurses included the negative attitude of some nurses towards the patients and towards work in general and the shortage of staff, which could have been caused by the impact of HIV on nurses.

The reasons suggested for the high level of teamwork between the nurses included the fact that the nurses were always ready to help and support their patients.

The study found that 16.7% of the respondents reported average to poor and teamwork. This finding was a major concern and highlighted the need for the issue to be addressed. This finding is consistent with the findings of Mukumba(2010) that the workforce of an organisation such as the IHO must be characterised by a high morale as this ensures both customer satisfaction and organisational sustainability. In other words, a motivated workforce is the best asset an organisation can have. The high morale created by teamwork boosts employee self-esteem and in turn employee confidence and drive.

Thus, a confident workforce is able to satisfy customers. In the healthcare context the patients are the organisation's assets and must be supported and treated with care. Passion enthusiasm of zeal, thus nurses should seize the opportunities available to mentor and coach their patients as well as themselves.

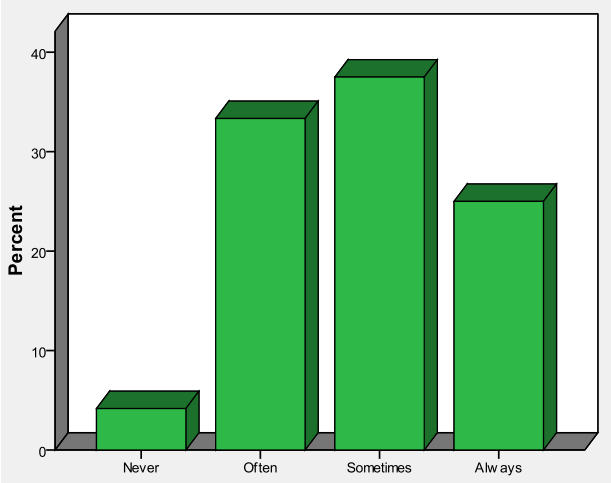

Fig. 7: Appreciation of Work by Managers.

When asked if their work was appreciated by their managers, 4.2% of the respondent expressed the view that their work was never appreciated, although the majority of the respondents (37.5%) reported that their work was sometimes appreciated by their managers. On the other hand, 33.3% indicated that they felt there was moderate satisfaction on the part of their managers.

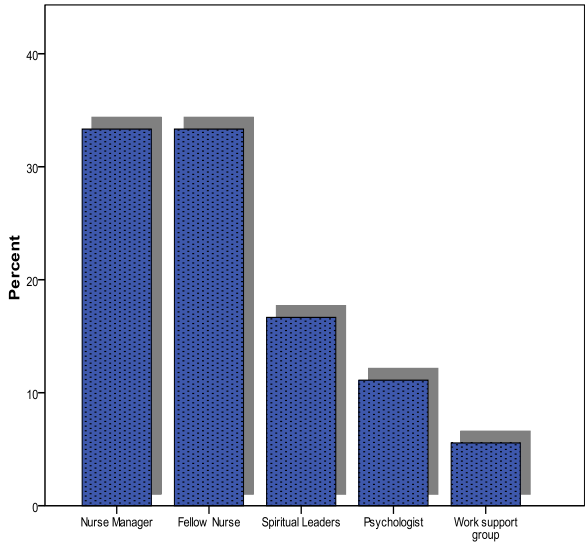

Fig. 8: Availability of Functional Workplace Support Systems.

The majority of the respondents (50%) indicated that there was a functional support system in their workplace, 20.8% reported that they had no knowledge of such a support system, while 4.2% did not respond to the question. These findings provide an indication that, although a workplace support system was available, this was not known to all staff members and thus it had not been fully utilised. It is essential that nurse managers strengthen capacity building by promoting this support system to alleviate the impact of HIV/AIDS on the nurses.

4. Discussion

The findings of the study revealed that both the job preparation and support for nurses who provide care to HIVAIDS patients were inadequate. These findings are in line with those of Jackson (2002), who argued that nurses who provide care to people with HIV/AIDS will not be able to cope with the emotional trauma of HIV/AIDS if they themselves are not cared for and supported. In fact, a stressed workforce creates a stressful atmosphere which is easily passed on to the patients, relatives and colleagues around them. The majority of the nurses in this study pointed out the problems faced by nurses. These included the extreme suffering and frequent deaths of patients, families and even of colleagues as well as staff shortages. These findings concur with the findings of a study conducted in Zambia where the mortality rates of female nurses increased 13-fold between 1980 and 1991 (UNAIDS, 2007). In Malawi the death rate of health care workers, including nurses, was 3% in 1997, six times higher than the level before the epidemic (UNAIDS, 2007).These findings suggest that there is an urgent need to improve the provision of care and support for nurses caring for patients with HIVAIDS.

5. Conclusions

The study concluded that the nurses themselves are affected and infected by HIV/AIDS but that they are still expected to provide care and support to patients with HIV/AIDS. Support systems for nurses are an important workplace issue, although the nurses who participated in the study conceded that the hospital did not have sufficient capacity to provide such a system. They were of the opinion that supports from their managers would help them to feel valued, respected and appreciated while carrying out their functions.

The study found that nurses still felt themselves to be stigmatised and discriminated against because of a lack of proper education and effective wellness programmes.

6. Recommendations

Based on the findings of this study the following recommendations are made:

- Care and support should be given to the nurses who provide care for patients with HIV/AIDS. In addition, stress management and self-care should be included in the curricula of all workshops, seminars and in-service courses for nurses and nurse managers. This should also be incorporated in a comprehensive pre-service training program. In-service training should be provided for all nurses who care for patients with HIV/AIDS. The curriculum for such training should be assessed to ensure that patient topics are not omitted.
- It is vital that the nurses themselves take an active role in looking after their own health. It is important that they adopt healthy lifestyles and avoid behaviour that may expose them to HIV/AIDS, hepatitis B, or other infections at home and outside of work.

Acknowledgements

We would like to thank all the respondents who took the time to participate in this study. Without their participation this study would not have been a success or even possible. We would also like to thank the Ministry of Health and Social Services for granting us permission to conduct the research in its health facilities.

Competing interests

The researchers declare that they had no financial or personal relationship(s) which may have inappropriately influenced them in the writing of this article.

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