Support of Professional Nurses Caring for HIV/AIDS Patients, Tshwane District of Gauteng Province, South Africa

N. D. Ndou[1], M. S. Maputle[2], R. T. Lebese[3] and L. B. Khoza[4]

*Department of Advanced Nursing Science, University of Venda, Thohoyandou, South Africa
E-mail: [1]<Nthomeni.Ndou@univen.ac.za>, [2]<Sonto.Maputle@univen.ac.za>
[3]<Rachel.Lebese@univen.ac.za>, [4]<Base.Khoza@univen.ac.za>*

ABSTRACT Professional nurses providing care to patients diagnosed with AIDS related illnesses are identified as a risk group in terms of contracting HIV. They sometimes feel stressed when carrying out their basic tasks of promoting, preventing and maintaining the health of individuals, families and the public. The main objective of the research was to explore and describe the support provided by the hospital, nurse managers and co-workers to the professional nurses when providing AIDS care to patients. Qualitative explorative and descriptive designs were employed. The population comprised of all professional nurses and nurse managers working at the hospital caring for patients diagnosed with HIV/AIDS related illnesses. Ethical clearance was received from University of Venda's ethical research committee. A non-probability purposive sampling method was used to determine the sample of the study. In-depth individual interviews were conducted using un-structured interview guide. Tesch's open coding method of data analysis was used. The findings revealed that professional nurses received ineffective support from the organisation, nurse managers and co-workers when experiencing challenges related to AIDS care. The researcher recommended that further research on this study topic be conducted in other provinces of South Africa for consideration by the DOH.

INTRODUCTION

Professional nurses caring for patients with Human Immunodeficiency virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) related illnesses, experience physical and psychological challenges. In order for the professional nurses to provide care to the patients diagnosed with AIDS related illnesses, the health care facility, nurse managers and co-workers should take a responsibility of supporting them. Health facility support refers to actions and work practices that are designed to facilitate workers' effectiveness and wellbeing (Skinner et al. 2005; Bekker et al. 2015). The findings of the study, revealed that professional nurses received ineffective social support whilst providing care to patients diagnosed with AIDS related illnesses. These key functions in supporting the professional nurses were provided by the organisation/hospital, nurse managers and co-workers. Aube et al. (2007) and Baranik et al. (2009) refer to perceived organizational support as the degree to which employees perceive their employer to be concerned with their well-being and value their contributions to the organisations. The impact of a health facility support extends beyond the immediate effect of ensuring that professional nurses have the required resources. The participants experienced ineffective support in the areas of manpower shortage, increased workload, inadequate material resources, inadequate knowledge of HIV and AIDS as well as poor communication. Ineffective support was experienced by almost all participants.

RESEARCH METHODOLOGY

The research used qualitative exploratory and descriptive designs. This study sought to answer the question: *"What type of support if any is provided to professional nurses while caring for patients diagnosed with AIDS related illnesses?"* The study was conducted at one of the academic hospitals of Tshwane District, Gauteng province in South Africa which is a setting where professional nurses provide care to patients diagnosed with AIDS related illnesses. The target population consisted of professional nurses and nurse managers, allocated in the hospital units where patients with HIV/AIDS related illnesses are cared for. Accessible population for this study were all professional nurses allocated to the hospital units where patients diagnosed with AIDS related illnesses were admitted and gave consent to participate in the study. Non-probability purposive sampling method was chosen for the study. This method

was chosen as it involves conscious selection by the researcher of participants who had the range of specific and quality of information required for the study (Burns et al. 2011; Brink et al. 2012). This entails selecting professional nurses who were caring for patients diagnosed with AIDS related illnesses. Individual in-depth interviews were used to describe the essence of behaviour. An open coding system method according to Tesch's eight steps in Creswell (2009) was used to analyse data.

RESULTS

The results indicated that the professional nurses who experienced challenges received ineffective social/emotional support from the organization, nurse managers and co-workers to meet professional nurses' needs so that they feel valued, cared for, and respected. Gardulf et al. (2005) reported that professional nurses were less satisfied with support from their superiors. Based on the literature, the researcher supports that a healthy work environment with mechanisms, programs, policies, initiatives, actions and practices provide health workers with the physical, mental, psychological and organizational conditions that can improve their health and well-being. Furthermore, the researcher affirms job pressure and lack of organizational support as major dimensions of occupational stress for male and female employees in a wide variety of work settings.

Support Provided By the Organisation

Support provided by the organization was described under provision of valued rewards and ensuring fairness of treatment. The literature indicates that employees with high level of organizational support judge their jobs more favorably as characterized by job satisfaction, positive mood, reduced stress, greaterS investment in the organization in terms of increased effective organizational commitment, increased performance and reduced turnover (Arnolds and Venter 2007).

Provision of Valued Rewards for Professional Nurses

The findings revealed that participants caring for an increased number of patients diag-nosed with HIV/AIDS related illnesses expect some form of rewards from the organization. Participants explained that they are experiencing challenges resulting from caring for increased number of patients. They also stated that an extra effort of caring for patients diagnosed with HIV/AIDS-related illnesses was not valued and rewarded by the organization. Due to shortage of skilled manpower, the hospital expects professional nurses to work overtime. Working in a dual burden of shortages and poor work environment is not rewarded by the organization. No financial rewards such as Occupational Specific Dispensation (OSD) are given to professional nurses. One participant (nurse manager) said:

"If a professional nurse is most of the time absent and don't even fulfil the normal hours of work then you are not given overtime opportunity. One can be sick sometimes, but one cannot repeatedly be out of work for whatever reason and expect to be allocated overtime. You can't work 20 hours and have 20 hours overtime, it does not work like that. Overtime is given to the professional nurses who are doing the best and they are able."

Organisations are encouraged to establish a reward system to enhance professionalism. Organisations that create systems that reward professional hard work and behaviour should also expect job satisfaction to be enhanced. Rewards are positively related to job satisfaction. If professionalism is positively associated with job satisfaction, rewards system should be employed to increases a desire to serve (Tynan 2015). Schlett et al. (2014) concur that organisational rewards and favourable job conditions such as pay, promotion and job enrichment, and influence over organisational policies contribute more to the perceived organisational support if the employee believes that they result from the organisational voluntary actions as opposed to extra constraints such as union negotiations, or governmental health and safety regulations.

Ensuring Fairness of Treatment

Participants explained that they sometimes felt that they were unfairly treated by working in an environment where medico legal hazards may occur to a large number of patients (about 21) allocated to one professional nurse for the day

whilst others were assisting in the busy units. According to the standard nurse-patient ratio, one professional nurse should be allocated to nurse five patients. In affirming unfair treatment, one participant had to say:

"When I am left alone in the unit to care for almost 21 patients, I always think that the medico-legal may occur to patients who are under the observation of only one person. It is very difficult for me to refuse taking care of these large number of patients (21), whilst others agree to be allocated to work alone."

Participants mentioned that the organization was doing very little to support nurses caring for HIV/AIDS patients. Rules and acts of different nursing institutes protect HIV/AIDS patients against discrimination. Nurses who do not discriminate against such patients are almost always on the safe side of the law as the patients will not sue them. The Basic Conditions of Employment Act, No 75 of 1997 as amended in (2002) clarifies that professional nurses taking care of patients diagnosed with HIV/AIDS should not be discriminated against.

Support Provided by Nurse Managers/Supervisors

The participants indicated that support of professional nurses caring for patients diagnosed with HIV and AIDS is ineffective. Strategies that were implemented yielded ineffective support. Supervision and mentoring and also counselling and debriefing were highlighted under the type of support required or received from the supervisors.

Supportive Supervision and Mentoring

According to the professional nurses, the unit nurse managers were not always available for supervision and mentoring professional nurses on how they should cope with their challenges. They were also not available during the weekends and in some situations the community serving professional nurses were allocated to be in-charge of the units. The newly qualified community serving professional nurses should work under the supervision of an experienced professional nurse, but unit nurse managers could hardly supervise what they were doing as they were also busy caring for the critically ill patients. One participant confirmed:

"Some of us were employed immediately after we have just completed our training and serve the required two year contract following their training. We are expected to serve the community in public institutions for two years. We are obviously not yet fully inexperienced. We still need to work under supervision of the experienced professional nurses but they were sometimes not there for us. We sometimes just work through trial and error, which is so stressful."

Mavhandu-Mudzusi et al. (2007) stated that professional nurses tend to care for patients diagnosed with HIV and AIDS related illnesses without supervision and support. As such, nurses deal with problems encountered alone but using various strategies. Participants explained that managers' support of nurses was sometimes ineffective as it was mostly directed to patient care as opposed to the nurses' care. The nurse managers did not organise extra staff so that those who wanted to go for counselling should not be prevented to do so due to staff shortage. Professional nurses had no control over reallocation of nurses as they get moved from one unit to the other to address shortage of manpower. One participant explained that:

"When we report shortage of manpower to the supervisors, they sometimes temporarily reallocate professional nurses from the less busy units to assist us, but most of the time it is professional nurses from our units who are taken to other units. Supervisor in our units believed that patients in our unit can be managed by only one person, which is really very strenuous." Despite the nurse managers' effort to address the challenges of the nurses, solutions were not quite effective. The academic hospital took the responsibility of making the employees feel valued and taken care of by organising counselling and debriefing sessions for them.

Counselling and Debriefing

Counselling and debriefing services were offered to encourage and show care in return for the nurses who were caring for patients with HIV and AIDS related illnesses. Some of the participants expressed that there is hardly anytime for them to attend counselling services with constant manpower shortage. The hospital vision team counsels the nurses in need of emotional support. One participant explained that:

"Emotional support is achieved through debriefing and team building sessions. We play games, do some exercises using various exercising machines. A Psychologist is invited for a motivational session once a month. An open door policy is used where nurses are allowed to talk about issues and concerns, discuss stigma around HIV/AIDS, and managing such patients. Ordinarily, we do not discuss such issues among ourselves because sometimes the patient' information leaks out and the patients end up complaining that nurses share information on confidential matters. There are assigned counsellors identified to provide counselling support services. In general, the employee wellness program (EWP) provides counselling in three areas and these include: the needle prick wing, counselling wing, and counselling of the HIV positive staff. They sometimes also deal with the nurses' personal issues."

Minnaar (2005) and Sampson et al. (2014) agreed that nurses need counseling not only when they have contracted the disease but also to cope with the demands of the high number of patients who no longer recover from the illness but die as a the result of HIV and AIDS. One participant had to say:

"Professional nurses who experienced emotional pressure were booked for stress management sessions. The unit managers regularly hold unit meetings with the nurses to discuss how the challenges relating to caring for patients with opportunistic infections can be resolved. The meetings to discuss the challenges between the Department of Health (DoH) and the hospital head nurse are scheduled only after some months of reporting frequent challenges experienced by professional nurse."

Scheduled meetings were sometimes not attended, due to shortage of staff. Some of the professional nurses were not even aware of the counselling services rendered at the hospital premises and the hospital managers were proud of the fact that the hospital is providing some kind of stress management services. Participant said:

"The hospital offers a number of counselling services such as HOSPITALVISION. This group of counsellors extend their service even to the patients admitted with opportunistic infections."

Professional nurses tend to cope by thinking that tomorrow is another day and also by trying not to dwell on other matters. It seems that nurses see themselves as problem solvers alongside with colleagues as normally done and when one shift ends another starts and issues get passed on (Gibb et al. 2010).

The professional nurses explained that debriefing sessions reduce work related stress. In such meetings, they are given a chance to verbalize their feelings resulting from challenges experienced whilst caring for patients with opportunistic infections. The findings further revealed that debriefing interrogates the completed mission, meaning that they were interviewed.

"Debriefing sessions are conducted to relieve stress from the nurses who care for HIV/AIDS patients on a daily basis. Short courses and presentations are offered by the relevant experts such as counsellors or sometimes psychologists." During debriefing sessions, the challenges experienced by nurses whilst caring for patients with opportunistic infections are acknowledged. *We feel a bit valued knowing that there are people out there who are ready to listen to our challenges. When we share experiences, the stress caused by challenges gradually gets relieved."*

Vanderboom et al. (2015) indicate that the expectations and difficulties associated with HIV and counselling has a potential for stress among those offering the service.

Support Provided By Co-workers

Co-workers are an important source of social/emotional and instrumental support. The opportunity to interact with co-workers as part of one's daily work during breaks and after work hours forms the foundation of social/emotional support. Participants indicated that they shared work experiences during breaks or gathering in the tearooms and after work in the rest rooms or hospital nurses' residence. Sharing experiences amongst co-workers helps nurses cope with similar and difficult events at work. Common events, occurrences and experiences at work are shared and discussed as it helps each one to understand that they are not alone, and their colleagues are also experiencing the same challenges. As implied by the participants, sharing really has a powerful effect in helping them not to feel helpless and alone. Exchange of positive feedback on caring for patients with HIV or AIDS

related illnesses is crucial for these professional nurses. Participant had to say:

"Sharing the challenges experienced with co-workers keeps us going. I gain more strength in providing care to HIV and AIDS patients when realising that my colleagues in other units are experiencing the same challenges. We also strategised what we should discuss at the professional nurses' monthly meetings so that we speak with one voice."

The findings clearly indicated that sharing and talking about the challenges experienced always help. Although it does not change a situation, yet, it can certainly change some of the dreadful ambience surrounding it. The opportunity of sharing the stories about challenges in HIV/AIDS nursing seemed cathartic for many participants. Co-worker support is fully mediated by job satisfaction and organizational commitment (Limpanitgul et al. 2013).

DISCUSSION

Participants explained that they were unfairly treated by working in an environment where medico legal hazards may occur as one nurse was allocated to care for a large number of patients (21) for the day whilst others were assisting in the busy units. No financial rewards such as occupational dispensation (OSD) were given to professional nurses caring for patients diagnosed with AIDS related illnesses. Professional nurses who were strong enough to work all the days allocated without taking sick leave were considered or given chance to work overtime for extra payment over and above their salary. They further stated that the extra effort of caring for patients diagnosed with AIDS related illnesses by professional nurses was not valued and rewarded by nurse managers. According to Bonsdorff and Moilanen (2005), employees were rewarded with non-financial rewards such as praise and recognition, interesting job assignments and opportunities to develop themselves. Areas of ineffective support were identified, but supportive supervision and mentoring failed to maintain a trusting relationship between the nurse managers and the professional nurses. Turner et al. (2008) concur with the findings of this study when stating that the management was not very good at caring for employees.

The nurse managers could not provide the professional nurses with advanced relevant HIV/AIDS knowledge (informational support) related to coping with care strategies. Relevant sources were not available, and independent assessment regarding the challenges, alternative actions and guidance from the organisation and co-workers were not effective. Co-workers were unable to render effective care to fellow professional nurses, because they were less influential at work. The professional nurses did not see sharing as support because the challenges were still not addressed. Limited support was identified as an important characteristic of professional nurses caring for HIV/AIDS patients (Vanderboom et al. 2015).

Based on the findings, one can deduce that nurses are more concerned that counselling provided was sometimes not accessible due staff shortage and as such they could not cope with work load and had to quit the nursing profession. Another concern was that hospital counselling services were not flexible to accommodate some of the nurses due to rotations and staffing problems. Rather, some nurses were advised by their managers to consult a psychologist should there be need for counselling. In interviewing some of the nurse managers, it was acknowledged that, professional nurses' work is inherently stressful and feelings of stress are legitimate. Over and above other things, the hospital organised a number of counselling services. Support provided by the organisation did make the nurses feel protected, valuing and enhancing their worth as professionals.

CONCLUSION

The research findings of the current study revealed that the participants were not effectively supported when they are stressed by the challenges experienced whilst caring for patients diagnosed with AIDS related illnesses. Ineffective support of the professional nurses was provided by the organisation, the nurse managers and the co- workers.

RECOMMENDATIONS

The researcher recommended that support of professional nurses caring for patients diagnosed with AIDS related illnesses be conducted in all provinces in order to influence the DOH

authorities to address the challenges they experienced. Support of professional nurses is of paramount importance as it may affect the standard of care, staff turnover and the health status.

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