EXPERIENCES OF REGISTERED PROFESSIONAL NURSES WHEN CARING FOR PATIENTS WITH HIV AND AIDS AT THE POLOKWANE HOSPITAL, CAPRICORN DISTRICT, LIMPOPO PROVINCE, SOUTH AFRICA (SA)

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Experiences of registered professional nurses when caring for patients with HIV and AIDS at the Polokwane Hospital, Capricorn district, Limpopo province, South Africa

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ABSTRACT

Background: HIV and AIDS are still of great concern in South Africa (SA). Nurses have important roles both to inform patients with HIV about how to live with HIV and AIDS, and also to gain knowledge for themselves about how the patient copes with HIV and AIDS. Earlier studies have shown that the situation for nurses who care for patients with HIV is hard and creates frustration in many ways, mainly because the patients need a lot of help and support.

Aim: To explore the experiences of registered professional nurses when caring for patients with HIV and AIDS at the Polokwane Hospital, Capricorn district, Limpopo province, South Africa.

Method: Qualitative, individual and semi-structured interviews were conducted and analyzed using a content analysis as described by Graneheim and Lundman (2004).

Result: The study revealed that the nurses’ experiences when caring for patients with HIV and AIDS were mostly negative. The work place was sometimes regarded to be unsafe and protective equipment was not always available. Feelings such as resignation and frustration were brought up. The only positive factors shown were emotional support from ward managers and appreciation from patients and relatives.

Conclusion: Care for patients with HIV and AIDS is demanding in many ways. The results show that many of the negative issues, discussed in previous studies regarding nurses’ experiences when caring for patients with HIV and AIDS, still remain unchanged.

Keywords: AIDS, care, HIV, Limpopo province, patients, registered professional nurse, South Africa.
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INTRODUCTION
HIV (Human Immunodeficiency Virus) and AIDS (Acquired Immune Deficiency Syndrome) are diseases of great concern in SA and in the South African Health Care System. Globally in the year 2009, there were 33.3 million people living with HIV and 2.6 million of these where newly infected. In the same year 1.8 million people died from AIDS (World Health Organization/WHO, 2009). Two thirds of all people in the world infected with HIV are living in sub-Saharan Africa (Avert, 2011c).

In the South-African context nurses have important roles both to inform patients with HIV about how to live with HIV and AIDS, and to gain knowledge for themselves on how the patient copes with HIV and AIDS. In the Code of Ethics for Nurses of International Council of Nurses it is stated "The nurse ensures that the individual receives sufficient information on which to base consent for care and related treatment." (International Council of Nurses, 2006).

Numerous studies have been conducted on the HIV and AIDS situation in sub-Saharan Africa, including aspects such as the impact on the family and household and HIV control in low-income countries (Beard, Feely & Rosen, 2009; Hanson & Hanson, 2008; Housegood, 2009). In spite of extensive studies there is, according to Hall (2004), a lack of knowledge on the perception of nurses of their situation caring for patients with HIV and AIDS. AIDS-related conditions have caused an increased demand for the health care sector and hospitals have a problem to cope with the situation because of shortage of beds (Avert, 2011c).

What is known is that HIV has an effect on the job environment for the nurses when it comes to stress, job load and job satisfaction (Smit, 2005). A study of Campbell, Scott, Madanhire, Nyamukapa and Gregson (2011) reveals that there is little information about interactions and expectations of nurses who care for patients with antiretroviral therapy (ART) in Africa.

In some rural areas there is still lack of knowledge about HIV and AIDS, especially among people with low levels of education, poor infrastructure and poor access to mass media (Mabunda, 2004). This situation has an impact on the work conditions for nurses. Therefore the present study is conducted in a rural area of South Africa and focuses on how registered professional nurses at the Polokwane hospital, Limpopo province, Capricorn district, SA, experience the care for patients with HIV and AIDS.

BACKGROUND
HIV and AIDS
HIV is a retrovirus that attacks the human immune system. Research shows that the virus probably was transmitted to humans from chimpanzees around the 1930s, in West Africa. The virus that the chimpanzees had was called the simian immunodeficiency virus (SIV) (Gouws & Karim, 2010). HIV is spread in various ways, mainly by unprotected sexual intercourse but also from mother to child, by blood transfusion, exposure to blood and injecting drug use (South African National AIDS Council/SANAC, 2007; Gouws & Karim, 2010). An HIV infection can be divided into four stages, which are the asymptomatic, the mild symptomatic, the major symptomatic and the final stage AIDS. The stages are based on viral load, number of CD4 cells (CD4 count) and clinical observation. CD4 cells are an important part of the immune system. At the first stage of HIV, the person will have a high virus load because the
immune system does not have a protection for the virus yet, which also means that the person is more contagious during this period. The virus load stabilizes when the immune system starts trying to break down the virus. At the stage of AIDS the person has very low levels of CD4-cells and high viral load in the body which means the person is very contagious. The person has a number of severe opportunistic infections, caused by a weak immune system. The infections would usually be taken down easily by the human immune system, but because of the low level of CD4 cells this is not possible. Infections such as respiratory infections, cancer, herpes zoster, skin infections and weight loss are not rare (Van Dyk, 2008; Gouws & Karim, 2010).

The treatment of HIV and AIDS, Antiretroviral therapy, is based on slowing down the progress of the virus and thereby prolong life for people with HIV diagnose, leading to an improvement of their life quality (WHO, 2011b). The medication given as treatment for HIV and AIDS is called antiretroviral (ARV) and must be taken at a specific time everyday as long as the patient is alive. The ARV needs to constantly be in the body to suppress the virus, otherwise there is risk of mutation of the virus. Also regular check-ups as lab tests monitoring CD4 count and viral load, need to be done within the treatment process (van Dyk, 2008).

There are three types of prevention. One is primary prevention, which means to stop the infections from ever occurring (van Dyk, 2008), another one is secondary prevention, which in the context of HIV and AIDS means to have an early identification and to reduce spread. Activities within secondary prevention are treating the person already infected with HIV. Another part of secondary prevention is to prevent mother to child transmission (PMCT) (van Dyk, 2008; Avert 2011b). There is also tertiary prevention: to give support to a person in the later stages of an HIV infection (AIDS) and give him/her the best possible conditions to live (van Dyk, 2008). In the present study the focus is on nurses caring for patients in tertiary prevention.

There are no clear distinctions between HIV and AIDS. AIDS is the later stage of the infection, but the person is still HIV-positive (van Dyk, 2008). Other researchers do not distinguish between HIV and AIDS in their studies. Therefore the focus is patients with HIV and AIDS in the present study.

The HIV and AIDS situation in South Africa
South Africa (SA) has an area of 1 219 090 km² and has 49.32 million inhabitants (in mid-2009). There is health care in the whole country, though more basic in rural areas (South African Government, 2009). In SA there were approximately 5.6 million infected with HIV in 2009 (UNAIDS, 2012). The increased number in 2006 when 11% of the population were infected, means 5.4 million people out of the whole population of 48 million (Tshililo & Davhana-Maselesele, 2009). SA remains one of the most affected regions in the world (SANAC, 2007) but the spread of HIV has either stabilized or declined (WHO, 2011a; South African National AIDS Council/SANAC 2012). SA has the highest number of people on antiviral treatment in the world (SANAC, 2007) and the numbers of clinics that are providing antiviral treatment are only about 2552 but increasing (SANAC, 2012). The clinics deal with regular check-ups while the hospital takes care of worse conditions (Van Dyk, 2008). Due to lack of resources a large number of patients with HIV and AIDS rely on home based care (Tshililo & Davhana-Maselesele, 2009).
The HIV and AIDS situation in the Limpopo province

The Limpopo province is the northernmost province in SA and borders on Botswana, Zimbabwe and Mozambique (Avert, 2011a). It is the fifth largest of the nine provinces of SA. The area of Limpopo is 125 755 square km (Limpopo Provincial Government, 2012) and it holds 5.7 million inhabitants (Tshililo & Davhana-Maselesele, 2009). Limpopo province is one of the poorest rural provinces in SA (Mavhandu-Mudzusi, Netshandama & Davhana-Maselesele, 2007). The number of people infected with HIV in the Limpopo province was about 8.5% in 2006, which is 400 000 of a total of 5.7 million (Tshililo & Davhana-Maselesele, 2009). In 2009 the provincial HIV prevalence in Limpopo was 13.8% (Department of Health, 2010). Due to the high rate of HIV-positives in Limpopo province the patients are often discharged from the hospital to be taken care of by relatives or home-based care. There is almost no contact with the patients when they are cared for at home and when the patients return to hospital in a later stage they are in a worse condition. The nurses and other members of the hospital are not informed on how the relatives care for the patients (Tshililo & Davhana-Maselesele, 2009).

Conditions for registered professional nurses caring for patients with HIV and AIDS

A study conducted by Smith (2005) in an urban South African context showed that caring for patients with HIV and AIDS creates an increased workload due to time-consuming care for these patients in combination with lack of resources. A study by Delobelle, Rawlinson, Ntuli, Malatsi, Decock and Depoorter (2009) also revealed that the great need for care creates strong attachments and emotions for the nurses in terms of sympathy and empathy towards the patient, especially in the later stages of the disease. The care can also create a secondary stigma for the nurse, because people assume that the nurse is also infected (Delobelle et al, 2009).

Smit (2005) identified seven themes about nurses work situation caring for patients with HIV and AIDS. Of these seven themes, five were negative. These are: helplessness, emotional stress and fatigue, fear, anger and frustration and occupational-related concerns. Also two positive themes were highlighted in the study, that is, empathy, and self-fulfilment. Studies have shown that nurses even had to take anti-depressive medications to cope with their work in addition to experiencing feelings of fatigue, sadness and low energy (Davhana-Maselesele & Igumbur, 2008; 2007; Stein, Lewin and Fairall, 2007). Further issues are lack of support from management, limited antiretroviral therapy supplies and lack of emotional support (Stein, Lewin & Fairall, 2007; Delobelle et al, 2009; Smit, 2005). Studies have also pointed out a lack of injection safety and precaution adherence (Delobelle et al, 2009). Finally, a high level of secrecy surrounds HIV and AIDS, and even the nurses themselves do not always know if the patient is infected or not, because the patient does not want to disclose his/her condition if they know about it. Nurses also need the patient's permission to tell family and relatives about the patient’s status (Mavhandu-Mudzusi, Netshandama & Davhana-Maselesele, 2007), which might lead to a situation of powerlessness, frustration and even burnout (Delobelle et al, 2009; Mavhandu-Mudzusi, Netshandama, & Davhana-Maselesele, 2007). There is always a risk that the nurses become infected by the virus. Because of the secrecy, the nurses have to be more careful and treat every patient as a patient with a HIV infection (Davhana-Maselesele & Igumbur, 2008).

Caring for people with HIV and AIDS causes a stress for the nurses. Not only do they on a daily basis care for sick people but they also deal with a high rate of death. The number of people with AIDS-related diseases gets higher and causes more work for the nurses and there
is no time to support the patients in the way that the nurses feel is needed (Stein, Lewin and Fairall, 2007; Smit 2005).

THE STUDY CONTEXT
The health care service structure consists of one hospital complex (Polokwane hospital and Mankweng hospital), six districts hospitals and 36 community hospitals. In 2001 there were 5043 professional nurses in the province, including registered midwives (personal communication, Masamo Lekhuleni, 20th of March, 2012). The interviews were conducted at three different medical wards in the Polokwane hospital. The number of registered professional nurses at the two of the three medical wards was 18 (nine per ward), which makes the interviewed nurses a minority at those two wards (personal communication, Masamo Lekhuleni, 20th of March, 2012).

Nurses at the Polokwane hospital have a pledge of service to follow, which is a general pledge for all nurses in SA (South African Nursing Council, 2011a). It says that nurses will serve humanity with respect, conscience and dignity. The total health of the patient will always come in the first place. The nurses at the Polokwane hospital should not let differences in culture, nationality, race or social standing interfere with their duties as nurses and taking care of patients (Polokwane Mankweng hospital complex, 2012).

The nurses at the Polokwane hospital also work according to eight principles called “Batho pele” which means ‘people first’. These eight principles are: consultation, service standards, access, courtesy, information, openness and transparency, redress and the last value for money (Department of Health, 2000).

The requirement for admission to the four year nursing program on university level includes previous ten years of schooling. After completing four years the student becomes a professional nurse as well as midwife, thereafter a mandatory community service for one year is included. Professional nurses need to register at the South African Nursing Council to be qualified to work. After registration the nurses will be called registered professional nurses (South African Nursing Council, 2005; South African Nursing Council, 2011b).

THEORETICAL FRAMEWORK
Benner’s and Wrubel’s (1989) theory focusing on stress and coping is the theoretical framework discussed in the present study. Both coping and understanding are major parts of the theory. Benner and Wrubel (1989) hold that a human being lives close to her surrounding where care and concern is the core. It is human nature to care for someone else than yourself. Through caring for another person comes the opportunity for a life with meaning and content. But caring for someone else can also lead to risks, stress and vulnerability. Benner and Wrubel (1989) states that when a serious situation occurs in a person’s life it takes time to handle this and go back to being as before the situation happened. A disease like HIV is life changing and has a great impact on the life of a person. It is therefore important for the person with an HIV-positive status to have the possibility to reflect and define the new needs coming out of the situation that HIV brings. It is a process that causes stress and a lot of effort is spent on grief and sadness about the situation. It also involves learning new skills needed for coping with HIV. What was taken for granted before the disease may no longer hold. During this period it is important to be in the care of a nurse who can guide and help the person through
the tough period and find meaning with life even though the disease is there. It is possible even for patients having diseases where there is no cure yet. For the nurse caring for the patient with HIV it is important to know the background of the patient, especially the development of the disease and how it in earlier stages affected the person. The nurse needs this information to help the person by focusing on the person’s own experiences to understand and cope with the disease. Coping is a strategy for involvement and engagement as well as a strategy for an increased distance from, and control of the situation. This can be a part of a healing process for the person. Negative feelings can then disappear and coping with the disease will be easier. Benner & Wrubel (1989) claim that without involvement it is not possible for nurses to care for patients and help them during their disease. This may cause the nurses to feel strong attachments and concerns for the patients. Being extra attached to a very sick patient, who might die, will make the nurse more vulnerable and the caring situation cannot be as good as it should be.

Nurses understand how the relationship between the nurse and patient is crucial in the caring situation, especially when it comes to a severe illness as HIV. A problem existing for nurses is that the care can be standardized and there can be a lack of compassion towards the person with the disease. For the person with the disease it is hard to share difficult moments with the nurse if an expected emotional response does not exist. Benner and Wrubel (1989) states that without concern there will be neither cure nor comfort. Concern is essential in the caring situation.

Since the situation for the nurse caring for patients with HIV and AIDS is described as stressful and demanding in research literature the theoretical framework suits the aim of the study.

SIGNIFICANCE OF THE STUDY
The area is important to study because HIV and AIDS are still of great concern in SA (WHO, 2011a; Department Of Health, 2010). The working conditions for nurses who care for patients who are HIV-positive are challenging and the patients need a lot of help and support (Smit, 2005; Delobelle et al, 2009). This needs to be further studied, according to Hall, (2004). The present study additionally investigated and highlighted the experiences of nurses at the Polokwane hospital, Capricorn district, Limpopo province, SA.

AIM
The aim of the study was to explore experiences of registered professional nurses when caring for patients with HIV and AIDS at the Polokwane Hospital, Capricorn district, Limpopo province, SA.

METHOD AND DESIGN
A qualitative approach refers to getting insight into how an individual perceives the world (Polit & Beck, 2012). The description of the qualitative approach also includes the internal and external world of people and therefore it is the study of individuals or groups. The approach is also to identify attributes or characteristics of the nurses included in the study. This is to understand who the nurses are and how they interact with the world that surrounds them (Polit & Beck, 2012).
The primary data collection in qualitative research is performed by conducting interviews (Polit & Beck, 2012). The method chosen was empiric and aimed to bring out the actual feelings and experiences that the nurses had. The designs used for data collection were qualitative semi-structured individual interviews. Interviews have the capacity to describe, explain and explore issues from the nurses' perspective (Gerrish & Lacey, 2006). Kvale (2007) discusses that an interview can be a good experience for the nurse who may get new insights about her or his situation. Further, interviews can produce new knowledge to a field. Other methods of content analysis are described, for example, Krippendorf (2004), Burnard (1991) and Baxter (1994). The method as described by Graneheim and Lundman (2004) was chosen for the present study because of a more and better reviewable description of a content analysis.

**Participants**
Individuals chosen to participate in the study were all registered professional nurses. They were chosen on the basis of their experiences caring for patients with HIV and AIDS. They currently work at the Polokwane Hospital. The interviews have been performed with English speaking nurses. The study was based on six nurses from three medical wards of the Polokwane hospital. The nurses have been chosen after asking for volunteers at the respective ward.

To guarantee anonymity the included nurses received a number instead of using their personal details (#41, #23, #4, #36, #25, #20). This number was drawn randomly from a bowl. The nurses’ number and contact information was written down in case more information would be needed at a later time. This information was kept safely.

**Inclusion criteria**
A nurse included in the study had to have an educational background as registered professional nurse. Each interviewed nurse had at least, one year of working experience caring for patients diagnosed as HIV-positive or with AIDS at a medical ward.

**Study setting**
The setting for the interviews was at the Polokwane hospital in Capricorn district, Limpopo province, SA. The interviews were conducted at three different medical wards. The first three interviews were conducted in a meeting room at one ward. The other three were conducted in an office environment.

**Data collection**
The study is a part of a larger study at Department of Nursing Science, University of Limpopo, which also involves a master student who acted as the contact person with the Polokwane hospital. The contact person had the first encounter with the hospital and arranged the first meeting for the initial interviews, which included the decision on the interview setting. The management of the Polokwane hospital and the ward managers have approved that the interviews could take place.

An interview guide was used during the interviews with a number of questions covering all aspects related to the aim of the study (see appendix 1). The first three interviews were conducted with the master student as a co-researcher and also included one of her local
supervisors. The last three interviews were conducted only by the researchers of the present study and the co-researcher. This means that the first interviews had four interviewers interviewing one nurse. The other interviews involved three interviewers and one nurse being interviewed.

The interviews were concluded with a final question “Do you have anything more you want to add?” to get an understanding of if the nurses felt that the questions were answered fully. Each interview took approximately 15 to 20 minutes.

After each interview the researchers and the co-researcher reflected over what could have been done better as a preparation for the next interview and organized the questions to fit the aim better when that was needed. A reflection made from the first interview was to change the question “The government/management has facilities for provision of care for such patients. What are your views as health providers?” to “Do you get support from the management?” and the follow-up question “Are you satisfied with that support?”. The reason for this change was to make it easier to understand the question for the nurses interviewed.

The first question in the interview guide was “What are the problems experienced by registered professional nurses providing health care to patients living with HIV and AIDS?” The word “problems” in this question was included because of the co-researcher’s aim which was “how nurses in Capricorn district, Limpopo province, SA, experience problems of providing care to patients living with HIV and AIDS”. After the first interview this question was changed to exclude the word “problems” since the word indicated that problems were the scope of the present study.

In accordance with Polit and Beck (2012) and Lavery (2003) data were collected until saturation was reached, meaning no new data came out from further interviews. The recorded interviews of the three nurses that wanted to be recorded were transcribed individually, with half of the interviews by each of the two researchers of the present study. Afterwards the transcriptions were re-read and corrected by the other researcher. Finally both researchers agreed for the transcripts to be printed and analyzed. The notes from the interviews of the nurses who were not recorded were also written down separately by the researchers and were also later combined. The combined texts of the notes were then used as material for the analysis.

Data analysis
In qualitative studies, data collection and analysis often occur simultaneously. The aim is to make the invisible obvious. Insights cannot emerge until the researcher is completely familiar with the data analyzed (Polit & Beck, 2012).

The transcripts of the interviews were analysed only by the researchers of the present study, using qualitative content analysis described by Graneheim and Lundman (2004). The method of analysis was chosen because the aim of the study was to acquire the nurse’s actual experiences. The analysis was performed in several steps.

Step 1: First the transcribed interviews and interview notes were read through several times, individually and together by the researchers to get a sense of the whole. The information aimed at, relating to nurses’ experiences when caring for patients with HIV and AIDS was extracted and brought together into one text, which was the unit of analysis.
Step 2: The next step in the analysis process was to take out meaning units from the text. The meaning units were identified through highlighting paragraphs of the text, which was done by the researchers together.

Step 3: The meaning units were then condensed into codes.

Steps 4 and 5: The codes were sorted into sub-categories and finally sorted into main categories were the categories constitute the manifest content with elements of interpretations.

For a sample analysis, see appendix 2.

ETHICAL CONSIDERATIONS
At the University of Limpopo there has been a process for ethical clearance for an extensive study on how nurses in Capricorn district, Limpopo province, SA, experience problems of providing care to patients living with HIV and AIDS. Medunsa Research Ethics Committee (MREC) and the Limpopo Department of Health have approved the present study. The larger study includes the aim “what nurses’ experience when caring for patients with HIV and AIDS”. The interviews were therefore conducted together with the co-researcher, who got the ethical clearance as a part of the extensive study. See appendix 3 and 4.

Nurses signed a consent form for each of the two studies to confirm that they had been informed about the study. They had been informed both verbally and in writing before the interviews began. The consent form was there to ensure that the researchers and the co-researcher followed the rules. It was also thereto guarantee for the nurse that the material would be kept safe. The nurses interviewed could withdraw whenever they wanted to and those who did not approve of tape-recording were not recorded. The consent form is reproduced in appendix 5.

DISSEMINATION PLAN
The approved final version of the study will be distributed to the School of Health Science, University of Limpopo and disseminated to the involved settings in Limpopo province, South Africa. The approved final thesis will also be distributed to The School of Health Science at Blekinge Institute of Technology, Sweden.

RESULTS
The results of the present study aimed to explore the experiences of registered professional nurses when caring for patients with HIV and AIDS at the Polokwane hospital, Capricorn district, Limpopo province, SA. Two main categories emerged in the analysis; Work-related concerns with sub-categories Need of safety routines, Demanding care and The importance of support and appreciation and Emotional stress with sub-categories Sense of resignation and Frustration. See table 1.
Table 1: Main categories and sub-categories.

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<tr>
<th>MAIN CATEGORIES</th>
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<td>WORK-RELATED CONCERNS</td>
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<td>Demanding care</td>
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<td>The importance of support and appreciation</td>
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<td>EMOTIONAL STRESS</td>
<td>Sense of resignation</td>
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<td>Frustration</td>
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**Work-related concerns**
This main category focuses on the nurses’ disclosure of the work situation at the Polokwane hospital. The nurses expressed their experiences of an unsafe workplace and of shortage of staff, which are factors that make the work situation extra stressful for the nurses. There is a need of always being careful and at the same time the patients with HIV and AIDS are more care demanding than other patients at the medical ward. Availability of support from management and appreciation from patients and relatives makes the situation for the nurses who care for these care-demanding patients better.

**Need of safety routines**
The results showed that nurses know the importance of taking precautionary measures when it comes to patients with HIV and AIDS because of fear of getting infected and physically harmed.

All the nurses emphasized gloves and other protective clothing, such as aprons and gowns to reduce the risk of getting infected. Most of the nurses felt they had enough safety equipment to work with these patients. Only one expressed the need of more protective equipment. Some of the nurses mentioned the importance of treating a patient with HIV and AIDS as any other human being.

“I treat this patient like any other patient, but the problem is that I must protect myself.”
(Nurse #23)

There are well-developed procedures in case of an incident of exposure to the HI virus, which all nurses in the present study were aware of. The procedure when getting a needle prick is that the nurse rinses her finger with water, then degerms, squeezes and sprays the finger with disinfection. This is followed by a test of the nurse that will reveal if she has been infected with HIV-positive blood or not. Regardless if whether she is positive or not, she will at that time get antiretroviral therapy. At a later stage she will be tested again, to confirm a negative
test result. In connection with the test the nurse also gets an appointment with an HIV counsellor.

“We are afraid. More especially if you can be pricked by the needle. Some even cries bitterly.” (Nurse #41)

To care for the patients was sometimes expressed as difficult, because the nurses considered the workplace unsafe and dangerous. Concerns regarding inadequate security procedures were also expressed. The result showed that the response time can be long for the security personnel to assist the caregivers when an unsecure situation emerges. This creates a situation where the nurses are in risk of being physically harmed by patients or relatives, showing the aggressiveness that HIV can cause. One cause of threats against nurses was the dissatisfaction with the care provided; these were mostly threats expressed by relatives.

“We’ll get her. And it does happen. It does. People have been stabbed in town. Whatever, for nothing. Just for the care.” (Nurse #41)

Another reason for the threats are patients who are not able to control themselves is because they are mentally ill, aggressive or confused, especially during admission, as a consequence of not taking the medication properly. Patients were experienced so out of control that they needed to be tied to their beds. Giving injections and infusions and handling sharp objects around aggressive patients were experienced as unsafe.

”They can be very aggressive and confused. Only thing is to call security and they can take time. Can take up to 30 minutes and then the damage is already done.” (Nurse #4)

Demanding care
The result showed that the nurses experienced that when patients with HIV and AIDS are admitted to the hospital it is usually too late. Opportunistic diseases have already been developed and AIDS is a fact. Patients with HIV and AIDS are in need of extensive care, compared to other patients. Nurses talked about weak and bedridden patients and a greater need of a good personal hygiene. The patients also have many symptoms from the weakened immune system, such as vomiting and diarrhoea. This requires additional time for the nurse to keep the patient and the surrounding area clean. Nurses expressed that it is not nice to take care of patients that are very sick.

“It is not nice. To nurse a very, very sick patient, with this HIV.” (Nurse #41)
The result revealed a need to know the patient’s background and lifestyle to give adequate care. The nurses also need to know the status of the patient if they do not know they always have to be extra careful which is more time-consuming.

“It is difficult to nurse a patient with HIV.” (Nurse #36)

One reason for patients not taking their medication properly is that they do not want to disclose their status. Another reason revealed by the nurses is that the patients do not have the energy to go up from bed to make food. The medication needs to be taken with food to minimize the side effects. In the long run this creates a more difficult work situation, because the patient returns to the hospital in an even worse condition than before.

“Then they come re-admissioned, being worse. Now you must start, from A, up to Z, which is a delayance in patient’s condition as such.” (Nurse #41)

The nurses expressed a great need to educate both patients and relatives so that they understand the disease and the importance of treatment. Also stated was that when patients have the knowledge about how to cope with the HIV and AIDS, they will adhere to treatment better. Patients then do not need to visit the hospital as often, which in the long run gives the nurses time to focus on more quality care of other patients. An additional and important aspect is that with knowledge less people will become infected.

The shortage of staff was one issue of concern since they cannot give the care that is needed to the patients in the ward, including post counselling. One nurse discussed as an example that the patients should be turned more often then what is possible with the current number of staff.

Some of the nurses worked in the medical paediatric ward and they expressed that especially when it comes to children it is a tough situation caring for these patients. One nurse revealed that seeing a young person die is the hardest thing you have to do as a nurse. Nurses from the other medical wards also talked about seeing patients die in the ward, and stated that it is not a nice situation to be in. The wishes of the nurses are to save the lives of the patients, and make them well to live on coping with their disease. The nurses revealed that many of the patients with HIV, especially in the later stage (AIDS), die at the hospital.

The importance of support and appreciation
The nurses revealed that the support from the management is not always there. A majority of the nurses said that they are not satisfied with the support they get. They felt the lack of support, and talked about never seeing the managers in the ward and that they only come when something bad has happened.

“The management in the hospital, I don’t want to lie [laughs]. I seldom see the managers in the ward.” (Nurse #20)
One nurse said there is support from the ward managers but not from upper management. The support received from the ward managers was mostly emotional. As a part of the needed support for the nurses, counselling for the staff was mentioned; this did not exist in the ward according to one nurse. Another nurse said this was because of shortage of staff.

The nurses also talked about the appreciation they get from patients and relatives. When they get appreciation from relatives they feel good and it contributes to a greater desire to help the patient further in their treatment, and is therefore an important part for the care. Appreciation is a confirmation that the patients and relatives know and understand what the nurses are doing for them. The appreciation is given both verbally and in a visitor’s book that is available in the ward. In the book they can express their feelings about the care given, which are mostly positive. Relatives give a lot of appreciation according to one of the nurses.

“They just say to their sister thank you very much for the care that you given to us. More especially their relatives. That comes in, on daily basis. And they got a book there, where they say thank you very much for what you’ve done.” (Nurse #41)

One nurse mentioned that patients and relatives said they were happy with the information they obtain from the nurses about HIV and AIDS. Patients and relatives expressed that there is a lot that they were not aware of before. One example is knowledge about different types of medication. The relatives did not know what kind of pills the patients can take when they have nausea and are vomiting. Some patients and relatives also send thank-you cards to the wards, which are put up on the notice board to be seen. One nurse felt bad when the patients and relatives did not appreciate the care given to them. The nurse expressed that caring for patients is about saving life and not promote death.

“If they don’t appreciate care? No, we feel very bad, yeah, because we are here to save life. We are not promoting death.” (Nurse #23)

When patients and relatives do not appreciate the care, the nurses expressed, that their efforts were not considered as important and they felt very small. Sometimes, the patients and relatives misunderstand the care that the nurses give to the patients. The misunderstanding can then lead to unnecessary confusion and to angry relatives.

**Emotional stress**

A feeling of emotional stress when caring for patients with HIV and AIDS was revealed. The nurses felt resignation, when being unable to change the situation for the patients and for the nurses caring for them. They felt that the patients’ situation did not improve. They also expressed a challenge with patients and relatives that did not understand the care given and did not trust in the nurses, which caused frustration for the nurses.
Sense of resignation
Nurses expressed negative feelings when there was no improvement for the patients. They also felt that there was nothing to do about the caring situation. Nurses revealed that it was common that patients discharged from hospital, did not adhere or follow the directions they got from the caregivers. Several nurses mentioned stigma as a cause of patients withdrawing their antiretroviral therapy resulting in a late return to the hospital in a worse condition.

“Same as before will happen again.” (Nurse #36)

The nurses felt there was nothing to do about the situation, but to follow the doctors’ orders and regulations (“batho pele”), which reveals a hierarchical relationship between doctors and nurses and other staff members at the hospital. The sense of resignation was expressed as a feeling of giving up because the situation does not change any way, it is just to carry on.

“So what are we supposed to do? We don’t know what we are supposed to do about it.” (Nurse #41)

Patients refusing counselling, not disclosing their status and not following instructions were reasons for the nurses to feel a sense of resignation, because they could not give the adequate care that the patients with HIV and AIDS were in need of. The stated reasons also made the nurses feel that they could not contribute to the patients’ well being.

Frustration
The nurses talked about patients not divulging their status of being HIV-positive because of the fear of getting stigmatized and sometimes the nurses also revealed that relatives did not even know why the patient was sick. It is the patient’s right to decide who should know about his or her disease, which implies that the nurses cannot divulge the patient’s status to anyone if the patient does not want to. At the same time that the nurse cannot tell about the patient’s status she also need to consider the feelings of the relatives when these visit the patient in the hospital. This means that the nurse must be very understanding towards the relatives, but at the same time not tell the actual reason why the patient is there.

“Keep nice and keep your mouth shut.” (Nurse #4)

If the patients do not divulge their status, the nurses cannot do their job properly. One example of frustration was that the nurse cannot educate the relatives of the patient about HIV and AIDS and how to take the proper precautionary measures to avoid transferring the infection to other members of the family when caring for the patients at home. Another example was that the husband or wife of a HIV-positive does not always know and may not be informed. For the nurse there is no other option than to just continue providing as good care as possible. The nurses expressed a problem with these patients when it comes to counselling, because they refuse it. Counselling would improve the situation for the patient because he would learn to cope better with the situation. But if the patient refuses counselling
he is not interested in getting any better and cope with the situation. The patient is then more likely to get worse. The nurse knows this, but is not able to help. In addition to patients not disclosing their status the nurses experienced the feeling of distrust for the caring personnel from patients. When patients do not trust the nurses, the work will automatically get more difficult, as the nurses want to help the patients. One nurse also revealed that some of the relatives do not trust the nurses either. The relatives sometimes think that the nurses have done something to the patients for them to be in this condition. The nurse expressed the feeling that taking care of patients with relatives like this is not nice.

DISCUSSION
Method discussion
The data were collected with qualitative semi-structured individual interviews. A qualitative method was chosen to get the experiences of the nurses, which is more difficult with a quantitative approach (Polit & Beck, 2012). When conducting an empirical study it is possible to get a deeper and more detailed picture about the subject than compared to, for example a literature review. The information in the present study is received from the original source and it is also the researchers themselves who are doing the interpretation, as compared to using information in articles which is already interpreted. On the other hand, using qualitative interviews takes time since the goal is to have saturation in the study (Polit & Beck, 2012).

Nurses at the medical wards were asked to participate and could choose not to be interviewed. Because of limited number of nurses working at the same time at the wards, all nurses that agreed to participate were selected for the study. Because of these circumstances, it could be easier to identify the nurses interviewed. Therefore the anonymity is uncertain. A quiet setting without any disruptions would be the ideal setting, but this was not possible in the present study because lack of time and the layout of the workplace. During the interviews, the nurses had to use the best interview setting as possible at each ward, and therefore there were some unavoidable disturbances. In one of the interviews the nurse answered a couple of phone calls making interruptions in the answers and in another there were other staff members coming into the room during the interview, making it difficult to ask sensitive questions.

The interviews were 15-20 minutes in length and it was difficult to grasp the in-depth experiences because a lack of more probing questions. Probing questions could have been asked, but as the researchers and the co-researcher did interviews for the first time it was hard to know which questions to ask and how to ask them. An interview guide with more topics than specific questions would also be better in terms of probing since it is easier for the nurse to discuss freely about a topic (Polit & Beck, 2012). There were some changes made in the interview guide and the questions included in-between the interviews. The first question in the interview guide was changed from including the word “problems” to exclude it, after the first interview. This word was removed because it could have directed the nurses’ answers towards only the problems experienced when caring for patients with HIV and AIDS, instead of including all experiences, as was more appropriate for the aim. The other question that was changed was about the government. This also led to broader answers from the nurses interviewed.

The interviews were conducted with three interviewers interviewing one person, which leads to a power asymmetry, as described by Kvale (2007). This means that the person interviewed might tell what he and she thinks the interviewer wants to hear. The interviewer also decided
the topic for the interviews and the questions to ask. The interviewer further decided which questions to follow up on. They also made the interpretations of the statements of the person interviewed and lastly defined the interview situation (Kvale, 2007). The researchers came as visitors and had not met the nurses before the interviews, which was negative because there was no understanding of the conditions at the particular workplaces before the first interviews were conducted.

Because of the time limit and the small amount of nurses working in the medical wards at the time of the interviews the researchers decided to also interview nurses who did not want to be recorded, despite that Polit and Beck (2012) emphasizes that interviews should be recorded because notes from interviews can be incomplete. The researchers noticed this since the information received from the interviews, which were not recorded did not have the same quality and amount of information as the interviews that were recorded. The issue of not recorded versus recorded interviews also caused a challenge when analysing the interviews because the recorded interviews had more reliable information. A challenge with interview notes is that the researcher might bias interview notes by personal views of the interviewer and the memory (Polit & Beck, 2012). The results in the present study are biased by the memory of the researchers, since the handwritten notes from the interviews were written down and combined on a computer some time after the interviews were conducted. When combining the interview notes, the researchers added information to the notes that was not written down before. The information added was what the researchers could remember that the nurses had said during the interviews. A further challenge for the researcher is to not get distracted during the interview when taking notes at the same time (Polit & Beck, 2012). As inexperienced interviewers the researchers were distracted when asking questions and taking notes at the same time. The notes were not as developed as they could have been if the researchers had been more experienced in the technique. Therefore, both the notes written down and the interviews themselves were of lesser quality when taking notes than when recording interviews in the present study.

The transcriptions have been analysed with content analysis described by Graneheim and Lundman (2004). The advantage of using this method was to get the insight into the nurses’ actual experiences when caring for patients with HIV and AIDS. In the coding and analysis it is important to bear in mind that a text has multiple meanings and it is always a form of interpretation when analysing (Graneheim & Lundman, 2004). If the co-researcher would have been with the researchers during the analysis the result could have been different because of different interpretations of researchers and coming from different cultural contexts. Graneheim and Lundman (2004) discuss the issue of selecting the meaning units that are the most suitable and not to have a too broad or to narrow meaning unit. To find the meaning units that matched the aim was not an easy task, since the aim of the present study was very broad. Maybe too long meaning units (paragraphs) were chosen for the analysis, which could be a result of the researchers being inexperienced. During the analysis the questions of what an experience really is and what is included within caring were reflected upon. The condensing and coding of the meaning units and sub-categories was a challenge to the researchers, because of labelling the main categories and what should be included within each of them. The sub-categories and main categories emerged out of the transcripts (Graneheim & Lundman, 2004).
Trustworthiness is an important part of a qualitative study, which means to show that the findings really are the experiences of the nurses in the study (Polit & Beck, 2012). Regarding trustworthiness, after Lincoln and Guba (1985), Polit and Beck (2008) emphasize that within trustworthiness, the issues of credibility, dependability, conformability and transferability of the research needs to be discussed. This includes being more specific about how the data are collected, used and analyzed (Polit & Beck, 2008).

Credibility is about how trustworthy the collected data are and how trustworthy the interpretations of the data are (Polit & Beck, 2008). The nurses in the study shared their experiences; however there could have been more probing in the interviews and the questions may have been a bit too specific. There was no reconfirmation by the nurses to ensure the information was understood correctly. However, the credibility was although enhanced by the composition of research team, because the co-researcher had been working as a professional registered nurse and had a deeper understanding and knowledge of the caring situation for the nurses. Both the co-researcher and the researchers had a pre-understanding of the situation; the co-researcher as a registered professional nurse herself and the researchers as nursing students being on exchange in Africa before, reading among other courses a course specifically about HIV and AIDS.

Dependability refers to the stability over time and over conditions, which means that the result would have been the same if the study were repeated in a similar context with a similar group of nurses (Polit & Beck, 2008). If the present study would be repeated, the questions would most likely be answered the same. However, this is based on that the co-researcher was with the researchers during the interviews. Without her, the answers would most probably be different. The result from a repeated study could differ from the present study if the repeated study would have been done with researchers from the same country and cultural context as the nurses interviewed because the researchers have done some interpretations of the material to get the result of the present study. Therefore the dependability of the study is considered ambivalent.

Six interviews were conducted, which strengthened the dependability because of the possibilities to see the similarities and differences. Three or four researchers conducted the interviews at the same occasion. This was an advantage because the researchers helped each other with the questions. On the other hand, the nurses may have felt a bit uneasy to answer openly with many people in the room. The questions were also divided between the researchers and this may also have caused some confusion for the nurses. To find a calm and non-disturbing environment for the interviews was not easy; four of the interviews had some disturbance including a phone that rang now and then. In two of the interviews there was no disturbance and the environment was quiet. The interviews were conducted at the workplace for the nurses, which was a known environment. However, this might have led to stress because the nurses could not easily let go of the work to focus on the interview. The researchers were also visiting for a short period when the data were collected. Polit and Beck (2012) discusses that researchers who are conducing qualitative studies must gain a high level of trust with the persons being interviewed. When conducting the interviews it was difficult to build up this trust since the interviews were time limited and at the time is even less because of that the interviews were conducted at three different medical wards.

The findings are based on six interviews with six nurses at one hospital in the region. Only women have participated in the study. All nurses included in the study all had reasonably long
working experience. Only one had one to two years of working experience. The other nurses had over ten years of working experience. This has to be taken into account when analyzing the material and comparing with previous research.

Conformability refers to that the data analyzed point out what the nurses really have said (Polit & Beck, 2008). The data from three of the six interviews were verbatim transcribed; however the other three interviews were not recorded. In these three interviews the analysis of the data were based on interview notes taken during the interviews. Because of this, the quality of these notes should not be considered as good as the transcriptions from the interviews that were recorded. To increase conformability, the co-researcher helped the researchers to explain and give clarifications to the interviews when transcribing. It could have been an advantage if the co-researcher had helped to discuss the result and give explanations. However, the results could then have been biased because of pre-understandings of the co-researcher. Polit & Beck (2012) discuss that it is more or less impossible to completely avoid transcription errors. Examples of transcription errors are ‘accidental alterations’ of the data, such as misinterpretations and wrong punctuations and ‘deliberate alterations’ to make the transcripts look as they “should” do. Therefore the researcher needs to check the accuracy of the transcriptions. In the transcriptions of the present study there were both accidental and deliberate alterations of the transcripts. One reason and example is that some of the persons interviewed repeatedly used the same word several times in the interviews, like “tried to, to, to find out…”. The questions by the researchers were not always written out fully in the transcripts either. The local supervisor of the present study made an audit trail, where she listened to the interviews to confirm that they really took place.

Transferability is a discussion about the setting and the use of the results (Polit & Beck, 2008). The study and data collection are conducted in a rural area of Northern South Africa in the Limpopo Province. The transferability of the study is high with regard to similar studies in other rural areas with similar conditions in SA. Descriptions of the context, the culture and characteristics of the nurses, the way of collecting data and how the analysis was done are all parts of transferability (Graneheim & Lundman, 2004). In the present study the culture and the characteristics of the nurses are not described which makes the present study not fully transferable. The context is described, as well as how the data were collected and how the analysis was done. This contributes to an increased transferability and trustworthiness.

**Result discussion**

The results of the study revealed many of the issues discussed in previous studies as frustration (Smit, 2005), lack of support from management (Delobelle et al, 2009; Stein, Lewin & Fairall, 2006) and patients avoiding disclosure (Mavhandu-Mudzusi, Netshandama & Davhana-Maselesele, 2007; Tshililo & Davhana-Maselesele, 2009). The results also revealed the problem with aggressive and disorientated patients, which have been shown in a study by Smit (2005).

**Work-related concerns**

Hall (2004) points out that doing a good job is difficult when the working conditions are tough. The result of the present study confirmed this as the nurses stated that caring for very sick patients with HIV and AIDS affected their work situation. Some of the nurses have revealed that there is a shortage of staff at the Polokwane hospital and that more could be done for the patients, but there is no time to provide the care that is needed.
There is still a concern about poverty having serious impact for patients with HIV and AIDS. Poverty and lack of education in rural areas are underlying causes found as reasons for not understanding HIV and AIDS and their treatment (Mabunda, 2004). In line with the results, stigma leads to patients waiting as long as possible to disclose their status until it is impossible to hide it any longer. If the condition of the patient is severe he or she needs intensive treatment. In accordance with Delobelle et al (2009) the prolonged care is a heavy work burden. Regarding findings about confused patients being admitted Beard, Feeley and Rosen (2009) revealed that antiretroviral therapy was associated with improved mental and emotional health and wellbeing for patients with HIV and AIDS. In line with the result, antiretroviral therapy is very important for the mental conditions of the patients.

The South African National Strategic Plan on HIV, STIs and TB, 2012-2016, points out a number of improvement areas for SA within the years to come. One is to strengthen the primary health care system; the resources in the Public health sector are inadequate (SANAC, 2012). The nurses in the present study revealed that there is a shortage of staff at the Polokwane hospital. The plan further raises the importance of household contact (SANAC, 2012). The results for the present study showed a need for home-based care to care for the patients, to know how the patients are doing, how they adhere to the treatment and to educate people in rural areas about HIV and AIDS. Tshililo and Davhana-Maselesele (2009) also emphasize the need for well-coordinated and planned home based care and also home-care kits and education to family members who could assist them with the care. Counselling and support for family members is also stated as important because they are usually the ones taking care of the patients with HIV and AIDS at home.

SANAC (2012) also mentioned that it would be an improvement if patients could be tracked down in the future, which is not possible at the moment. This is important, since the nurses talked about patients going from hospital to hospital without the nurses getting to know the patients diagnosis. In one study by Coetzee, Kagee and Vermeulen (2011) and another one by Kagee and Delport (2010), it is revealed that patients with HIV and AIDS visit clinics away from home in order not to be identified by a member of the community. The result of the present study showed that patients commonly go from one hospital to another, to avoid being discriminated.

The nurses talked about a lack of management support, which is in accordance with Stein, Lewin and Fairall (2007) as they discuss the need of proper support to the committed health-care professionals. Safety precautions and protective equipment could also be improved. With safer injection techniques the staff felt more secure and were less likely to discriminate patients. It is also of great importance to have proper safety precautions (Delobelle et al, 2009).

In comparison to the seven themes in the study by Smit (2005), some areas are prevalent. Smit (2005) talked about nurses’ anger and frustration over patients’ behaviour, which is shown in the present study. Sub-categories in the present study as need of safety routines and sense of resignation include threats from patients and the fear of getting infected with HIV. Occupational-related concerns were also shown in the present study in terms of the sub-category demanding care. The importance of support and appreciation lies under self-fulfilment in the study by Smit (2005), while in the present study it is a sub-category on its own.
Emotional stress

In accordance with Mavhandu-Mudzusi, Netshandama, and Davhana-Maselesele (2007) the result of the present study confirms aspects of emotional stress and frustration as well as difficulties linked to caring for very sick patients and a feeling of being unable to help. All these aspects are shown in the present study. However, the present study did not reveal any of the topics of extreme depression as found in a study by Davhana-Maselesele and Igumbur (2008).

The result showed that caring for patients with HIV and AIDS, especially in the later stages of the disease, is particularly emotionally challenging and many different factors contribute to a stressful situation at the workplace. In a study by Coetzee, Kagee and Vermeulen (2011), ill and stigmatized patients in combination with a heavy workload create ambivalence for the nurse about the treatment, which is also shown in the present study. Severe illness can also give rise to feelings of helplessness, fear, guilt, anger and hopelessness for both the caregivers and the sick person, according to Tshililo and Davhana-Maselesele (2009). This is in accordance with the present study. This means that the patients are very sick and worried about their situation and also the nurse who cares for the person with HIV and AIDS has these feelings.

In a study by Campbell, Scott, Madanhire, Nyamukapa and Gregson (2011) one outcome was that the nurses treat patients with HIV as any other patients. Tshililo and Davhana-Maselesele (2009) also point out that AIDS should be treated like any other chronic disease in order to avoid discrimination. The nurses in the present study have also mentioned this and also said that it is not nice to deal with very sick patients and patients that do not make it. The result of the present study revealed the importance of treating the patient with HIV and AIDS with respect and also emphasized at the same time the issue of being careful not to get infected. The nurses in the present study indeed pointed out that they experienced fear of getting HIV and AIDS and the need for safety precautions and routines. However, Delobelle et al (2009) highlight in a study that nurses were not afraid of being exposed to work-related HIV, since nurses felt they had enough safety precautions and that they treated a patient like any other human being, which is contrary to the result of the present study.

In the results the frustration from patients not disclosing their status was apparent. Further, Delobelle et al (2009) found in a study that nurses experience the moral dilemmas and powerlessness when they are not able to disclose the status of patients to the patients’ partners and relatives. This is also revealed in the present study. One consequence, discussed by one of the nurses, of not being able to disclose to others is that the nurses cannot educate the relatives about what the disease is about and the proper way of caring for the patient. A study by Tshililo and Davhana-Maselesele (2009) discusses confidentiality, which is also essential for the patients as the fear of disclosure is often well founded. The nurses then have to find a balance between the need to find support networks for the patient and the patient’s unwillingness to disclose. A study by Delobelle et al (2009) revealed the non-disclosure as a cause of moral dilemmas and emotional stress for the nurse, which is also shown in the present study.
The result in the present study show that the essential focus for a nurse is to help patients with HIV and AIDS to cope with and understand the situation that they are in, which also are the main key concepts of Benner and Wrubel’s (1989) theory. The most revealing result shows that it is demanding to assist patients to understand the importance of the disease and to adhere to the medication. The result shows that when a patient with HIV and AIDS is admitted to the hospital this usually means that the patient is very sick and need a lot of care and help. The result further shows that the nurses at the medical wards sometimes develop an attachment to and a concern for the patients, which makes the caring situation vulnerable.

Several of the nurses interviewed talked about patients coming back worse to the hospital after being discharged, with different causes for this. It could be that the patients do not want to take the medication in the presence of family and relatives, that they are afraid of getting stigmatized and that patients do not take the medication with food, because they do not have the energy to cook, which leads to side effects from the medication.

The nurses have revealed that it is important to know as much as possible about the patient, such as lifestyle and background, to get the best possibilities for the patients to cope. This is not possible when patients do not want to talk about their disease. When the patients do not disclose that they are HIV-positive or adhere to treatment the nurses have to do a major job to try to counsel the patients and change their attitude towards HIV and AIDS. This is demanding for the nurse and leads to stress, frustration and a sense of resignation. Benner and Wrubel (1989) stated that stress can come from caring. From the moment the patients disclose their status for the nurses and want to be helped the nurses will be a big part of the patients’ life. There will be regular check-ups and the nurse will get to know the patient well. In the present study it is shown that even if patients with HIV and AIDS do disclose their status the lack of resources and the shortage of staff make the situation caring for patients with HIV and AIDS difficult. There is no time to give the support that is needed to these patients, for them to be able to keep a distance from and control over the situation. This causes stress for the nurses.

Benner and Wrubel (1989) stated that caring for patients could be a risk. This is shown in the present study since some of the nurses spoke about receiving threats from patients and relatives as well as patients being aggressive in the wards, which causes a risk of getting hurt and even infected by the HIV when caring for these patients. Mostly the threat arises from misunderstandings or lack of knowledge about what the nurses do and about HIV and AIDS itself. Aggressive patients are often a cause of non-adherence to the medication. There is also a risk of getting infected just by caring for patients with HIV and AIDS; stress and shortage of staff contribute to this fact as well as lack of safety routines and precautionary measures. There are also the risks that the nurses expressed that they have to treat a patient with HIV and AIDS like any other person.
CONCLUSION
Although, the nurses expressed that they are short-staffed they do not always have the opportunity to get counselling, they do not always have the equipment that is needed and most of the time the management does not give enough support when caring for the patients with HIV and AIDS. The conclusion is that the nurses at the Polokwane hospital who took a part of the present study are committed nurses who really care about and have a love for their patients.

RECOMMENDATIONS
SA is still under development in several areas and the health care system is one of them. The findings of the present study show that there are still challenges to face when it comes to improvement of the situation for nurses caring for patients with HIV and AIDS. The areas pointed out as being tough for the nurses need to be looked at in order to create a more safe and harmonic environment for nurses to work in.
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Finally, we warmly want to thank the nurses at the medical wards at the Polokwane hospital, for sharing their experiences with us.
REFERENCES


APPENDIX OVERVIEW

Appendix 1 – Interview guide
Appendix 2 – Analysis example
Appendix 3 – Ethical permission
Appendix 4 – Ethical permission
Appendix 5 – Consent form
APPENDIX 1 – INTERVIEW GUIDE

Demographic questions

- Gender (obvious)
- Basic nursing qualification
- Post basic qualification/s
- Duration of allocation in a medical unit

Interview guide

- What are the (problems) experienced by registered professional nurses providing health care to patients living with HIV and AIDS?

- What is the impact of HIV and AIDS on you as nurses providing health care to patients living with the disease? How does it affect you?

- Personal feeling of providing care to people living with HIV and AIDS?

- You provide health care to patients whom most people are reluctant to help, how do you cope with that?

- Most of the people do not really appreciate what you do for these patients and also degrade your profession, how do you feel about that?

- If you get appreciation, how do you get it?

- How do patients view the services provided to them? Do they appreciate it and what do they really say to you?

- The government/management has facilities for provision of care for such patients. What are your views as health providers? / What does the management to support the staff/nurses and are you satisfied with that? Are you satisfied?

- How do you experience the safety routines when it comes to caring for HIV-positive patients? Special or the same as for other patients?

- What are the patient’s outcomes (prognoses) regarding their health conditions at the end of their care? Are you able to bring them to recovery?

Some probing questions will follow assisted by the responses from the nurses
<table>
<thead>
<tr>
<th>Meaning unit</th>
<th>Condensing</th>
<th>Code</th>
<th>Sub-category</th>
<th>Main category</th>
</tr>
</thead>
<tbody>
<tr>
<td>“You just have to be extra careful.”</td>
<td>Need to be careful.</td>
<td>Precautions</td>
<td>Need of safety routines</td>
<td>Work-related concerns</td>
</tr>
<tr>
<td>“They need more help. Have to think about the psychological status. It is hard and difficult.”</td>
<td>Care demanding patients.</td>
<td>Demanding</td>
<td>Demanding care</td>
<td></td>
</tr>
<tr>
<td>“Sometimes we find out that the wife doesn’t know the status of the patient. But you as a nurse you cannot divulge the patient’s diagnosis to the relatives.”</td>
<td>Relatives do not know. Patients do not divulge and the nurse is not allowed to</td>
<td>Non-disclosure</td>
<td>Frustration</td>
<td>Emotional stress</td>
</tr>
<tr>
<td>“We are always working backwards.”</td>
<td>Experience of no improvement for patients</td>
<td>Un-improveme nt</td>
<td>Sense of resignation</td>
<td></td>
</tr>
</tbody>
</table>
APPENDIX 3 – ETHICAL PERMISSION

Enquiries: Selamolela Donald

Mamela VL
University of Limpopo
Durban
4000

Greetings,

Re: Permission to conduct the study titled: The problems experienced by professional nurses caring for HIV/AIDS patients in public hospitals of Polokwane Municipality, Limpopo Province.

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
   - Further arrangement should be made with the targeted institutions.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, a copy 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.

Your cooperation will be highly appreciated.

[Signature]
Head of Department

[Stamp]
2011/12/29

Date

18 College Street, Polokwane, 0700, Private Bag x9302, POLOKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http://www.limpopo.gov.za
APPENDIX 4 – ETHICAL PERMISSION

UNIVERSITY OF LIMPOPO
Medunsa Campus

MEDUNSA RESEARCH & ETHICS COMMITTEE

CLEARANCE CERTIFICATE

MEETING: 09/2011
PROJECT NUMBER: MREC/HS/195/2011: PG

PROJECT:
Title: Problems experienced by professional nurses providing care for HIV/AIDS positive patients in public hospitals of Polokwane municipality, Limpopo province

Researcher: VL Mameja
Supervisor: Dr ME Lekhuleni
Co-supervisor: Dr JC Kgole
Department: Nursing Sciences
School: Health Sciences
Degree: Masters of Curationis

DECISION OF THE COMMITTEE:
MREC approved the project.

DATE: 15 November 2011

PROF. GA OCUNSANJO
CHAIRPERSON MREC

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 5 – CONSENT FORM

To whom it may concern,

You are invited to participate as a volunteer in this study where the aim is to study experiences of registered professional nurses when caring for patients with HIV and AIDS at the Polokwane hospital. This study is an undergraduate bachelor thesis and is financed by SIDA. The study is examined at the Blekinge Institute of Technology in Karlskrona, Sweden, with guidance and supervision from both the Blekinge Institute of Technology and the University of Limpopo.

The interviews will be recorded and transcribed for analysis. The data will be confidential. The only persons who will have access to the interviews/transcripts of the interviews are the researchers (us), our supervisors and examiner.

If the study is published in scientific journals at any time your participation in this study will not be identified.

I have been informed both orally and in writing about this work, “Experiences of registered professional nurses when caring for patients with HIV and AIDS at the Polokwane hospital” and I hereby give my full consent that I understand and accept the responsibilities expected of me. I can at any time end my participation in this study without any further notice. It will not be held against me.

I know that this study has been approved by the Medunsa Campus Research and Ethics (MREC), University of Limpopo (Medunsa Campus).

(Nurse, name and signature) (place) (date)

(Witnesses’ name and signature) (place) (date)

Statement by the researcher

The researchers confirm that the above informants have been informed about the study and the risks associated to it.

(signatures, researchers) (place) (date)