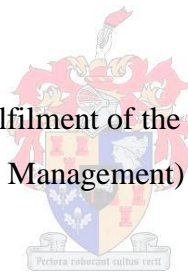


# **The psycho-social challenges faced by HIV/AIDS lay counsellors at health facilities in the Eastern Cape**

by

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Assignment presented in partial fulfilment of the requirements for the degree Master of  
Philosophy (HIV/AIDS Management) at Stellenbosch University



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April 2014

## DECLARATION

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## **ABSTRACT**

The purpose of this study was to explore the psycho-social challenges faced by HIV/AIDS lay counsellors at health facilities in the Eastern Cape. Specific reference is made to the experiences, stressors and challenges that lay counsellors encounters on a daily basis.

Counselling forms an integral part of the social care of the community health environment as it provides a platform for disclosure, debriefing, clarity seeking and advice for those in need. HIV and AIDS counselling is an important psycho-social service especially for HIV testing because of psycho-social issues concerning the test and the results thereof. According to Birdsall, Hajiyiannis, Nkosi and Parker (2004) HIV/AIDS lay counsellors are not always working in a supportive environment that enables a quality counselling process. Moreover, it is critical to understand the HIV/AIDS lay counsellor as a whole person and to consider the psycho-social challenges they face in providing counselling to the client and in establishing networks of social support for the clients.

The research participants adopted coping mechanisms to process their challenges at their own level and time. Formal support structures are recommended in this study to help prevent psychological damage and a high turnover in lay counsellors.

## **OPSOMMING**

Die doel van die studie is om psigo-sosiale uitdagings te verken wat MIV/VIGS lekeberaders beleef by gesondheidsfasiliteite in die Oos-Kaap. Spesifieke verwysing word gemaak na die ondervindinge, stressors en uitdagings wat lekeberaders tegemoet moet kom op 'n daaglikse basis.

Berading vorm 'n integrale gedeelte van sosiale besorgdheid van die gesindheidsomgewing van 'n gemeenskap aangesien dit 'n platform voorsien vir bekendmaking, ontlonting, soeke na duidelikheid en advise vir diegene in nood. MIV en VIGS berading is 'n belangrike psigo-sosiale diens veral vir MIV toetsing as gevolg van psigo-sosiale kwessies rakende die toets en die resultate daarvan. Volgens Birdsall, Hajiyanis, Nkosi and Parker (2004) werk MIV/VIGS lekeberaders nie altyd in 'n ondersteunende omgewing wat 'n kwaliteit beradingsproses bevorder nie. Verder, is dit krities dat die MIV/VIGS lekeberader verstaan word as 'n geheel persoon en dat die psigo-sosiale uitdagings wat hulle beleef deur berading te voorsien aan die klient in ag geneem moet word en die totstandkoming van 'n netwerk vir sosial ondersteuning vir die klient.

Die deelnemers aan die navorsing het hanteringsmeganismes aangeneem om hul uitdagings te prosesseer op hul eie vlak en tyd. Formele ondersteuningstrukture word aanbeveel in die studie om sodoende sielkundige skade en 'n hoë omset in lekeberaders te help voorkom.

## **ACKNOWLEDGMENTS**

I would firstly like to thank my Heavenly Father for being Jehovah Jireh, The Lord our provider. He helped me to achieve.

I owe sincere gratitude to the research participants that has contributed to my academic progress during this entire duration. Their participation, enthusiasm, courage and kindness were a source of inspiration.

In addition I would like to thank my supervisor Professor Elza Thomson for her continued assistance throughout this research endeavour.

Special thanks to my family especially my husband, Arthur who was a pillar of strength in times of need. His continued support was invaluable throughout this process.

## ACRONYMS

AIDS	Acquired Immune Deficiency Syndrome
ART	Anti-retroviral Therapy
HCT	HIV Counselling and Testing
HIV	Human Immunodeficiency Virus
NGO	Non-Governmental Organization
PICT	Provider Initiated Counselling and Testing
PLHIV	People Living with HIV/AIDS
PMTCT	Prevention of Mother To Child Transmission
SADOH	South African Department of Health
STI	Sexually Transmitted Infections
TASO	The AIDS Service Organisation
UNAIDS	United Nations AIDS
VCT	Voluntary Counselling and Testing

## TABLE OF CONTENTS

DECLARATION	ii
ABSTRACT	iii
OPSOMMING	iv
ACKNOWLEDGMENTS	v
ACRONYMS	vi
ADDENDA	xi
LIST OF TABLES	xi
LIST OF FIGURES	xii

## CHAPTER ONE: ORIENTATION TO THE STUDY

1.1 Background	2
1.2 Rationale of the study	2
1.3 Operational definitions	2
• Psychological	2
• Social	2
• Challenge	3
• Counselling process	3
• Coping mechanisms	3
• Post-test counselling	3
• HIV/AIDS lay counsellor	3
• Pre-test counselling	4
1.4 Significance of the study	4

1.5 Research problem	5
1.6 Research question	5
1.7 Aim and Objectives	5
1.8 Research methodology	5
1.9 Limitations of the study	6
1.10 The structure of the research	7
1.11 Conclusion	7
<b>CHAPTER TWO: LITERATURE REVIEW</b>	
2.1 Introduction	8
2.2 National guidelines and minimum standards	9
2.3 The TASO model of HIV/AIDS counselling services	10
2.4 Training and recruitment of HIV/AIDS counsellors	10
2.5 Psycho-social challenges faced by HIV/AIDS counsellors	10
2.5.1 Burnout	13
2.5.2 Depression	13
2.5.3 Compassion fatigue	14
2.5.3 Stress	14
2.6 Conclusion	15
<b>CHAPTER THREE: RESEARCH METHODOLOGY</b>	
3.1 Introduction	16
3.2 Research Paradigm	16
3.3 Research design	16
3.4 Target population and sampling	17



3.5 Data collection	17
3.6 Data analysis	19
3.7 Ethical considerations	19
3.8 Ethical approval	19
<b>CHAPTER FOUR: RESULTS</b>	
4.1 Introduction	21
4.2 Description of the research participants	23
4.3 Psycho-social challenges	23
4.3.1 Daily routine challenges	24
4.3.2 The physical work environment	24
4.3.3 HIV test results and client's reactions	24
4.3.4 Denial of the HIV test result	24
4.4 The social challenges	25
4.4.1 Moral pressure experienced by HIV/AIDS lay counsellors	25
4.4.2 Impact of psycho-social challenges on the daily lives of HIV/AIDS lay counsellors	26
4.5 How do the HIV/AIDS lay counsellors deal with the psycho-social challenges?	26
4.5.1 Support system for HIV/AIDS lay counsellors	26
4.5.2 Coping mechanisms	27
4.6 Conclusion	27

## **CHAPTER FIVE: CONCLUSIONS**

5.1 Introduction	29
5.2 Recommendations for relieving psycho-social challenges	29
5.2.1 Emotional support	30
5.2.2 Supervision	30
5.2.3 Continuous in-service training	31
5.2.4 Support from management	31
5.3 Recommendations for further research	31
5.4 Concluding thoughts	31
<b>REFERENCES</b>	<b>36</b>

## **ADDENDA**

Addendum A – Consent to Participate in Research	39
Addendum B - Interview guide	41
Addendum C – Approval notice from REC	42
Addendum D – Permission to conduct research (Department of Health)	43

## **LIST OF TABLES**

TABLE 1.1 - Factors influencing HIV/AIDS.	1
TABLE 1.2 - Requirements for HIV/AIDS lay counsellors.	4
TABLE 3.1 – Priorities of the data collection process.	18
TABLE 4.1 - Educational and training background.	21

## LIST OF FIGURES

FIGURE 2.1 - Elements to consider with the model for HIV/AIDS lay counselling in South Africa.	9
FIGURE 2.2 - Stages in the process of burnout.	11
FIGURE 2.3 – Symptoms of burnout.	12
FIGURE 2.4 – Symptoms of depression.	13

**CHAPTER ONE****INTRODUCTION****1.1 Background**

It is estimated in light of the fight against HIV and AIDS almost 25 million lives has been destroyed world-wide due to the epidemic since it was first detected in the early 1980's. More than 40 million people are suffering from the epidemic currently. Sub-Sahara populates more than 60% of PLHIV globally. Statistics shows almost 40% of the women are infected and about 15% of the 15-25 year olds are HIV infected.

HIV/AIDS have a corroding effect on the economy of the Sub-Saharan region as the majority of infection cases originate from countries in this area of Africa which are poorly resourced. HIV/AIDS are instigated and worsened by biological, behavioural and cultural factors (table 1.1).

**TABLE 1.1**  
**Factors influencing HIV/AIDS**

Biological	Behavioural	Cultural
Viral load on anatomical compartments, HIV status, STI's including co-infections, state of immune activation, viral subtype and phenotype.	Sex acts and networks, substance use, exchanging of needles, lack of condom use.	Stigma and discrimination, criminalization, poverty, gender inequality, homelessness, migration, imprisonment and lack of education.

South Africa is regarded as the capital for housing about 5.6 million of the population who are currently infected with HIV/AIDS (UNAIDS, 2010). Balmer (1992) sited since HIV transmission involves human behaviour, counselling must be considered equally important in dealing with HIV/AIDS. Brouard and Maritz (2008:58) accords counselling is a psycho-social necessity. Richter (2001, p.153) notes "HIV/AIDS counsellors are acting as a de facto welfare response in the face of a complete absence of welfare provision and support for people affected by AIDS" in South Africa.

The Aberdeen University define counselling as way of reaching out to an individual to explore psycho-social issues that may affect them negatively. According to Lifeline (2008) the purpose of counselling is to assist where individuals are diagnosed with physical, mental and emotional conditions. HIV/AIDS lay counsellors fulfil an important role in the healthcare of patients and in assisting patients to cope with emotional issues (Burnard, 1992). Delaney, (2000) sites as much as it is the role of the HIV/AIDS lay counsellor to bring about behavioural change through education and encouragement, it is also important to deal with HIV/AIDS challenges.

## **1.2 Rationale of the study**

Although health facilities offer HIV/AIDS services, the literature revealed psycho-social challenges faced by HIV/AIDS lay counsellors needs attention. This study provide insight into the psycho-social challenges faced by HIV/AIDS lay counsellors and the findings of this study may contribute to identifying the types of support needed and assist in the organisation helping these counsellors to provide quality counselling services. According to UNAIDS (2000) the types of psycho-social support these HIV/AIDS lay counsellors receive may influence their counselling abilities and the counselling process as a whole, which would then have a positive effect on their social lives and mental health in general.

## **1.3 Operational Definitions**

- Psychological

“Psychological” refers to mental health. Van Dyk (2005) defines it as the maintenance of health and well-being as well as the aetiology of desired behavior. For the purpose of this study the term “psychological” refers to the mental needs of HIV/AIDS lay counsellors.

- Social

“Social” refers to the structure. According to the Encyclopedia of Social and Cultural Anthropology (1996) the term refers to a networking system in a community or organization where individuals meet, share, assist and advise. This reference is also applicable to accessibility and availability of support systems for HIV/AIDS lay counsellors.

- Challenge

This term refer generally to an issue of confronting where denial exists. Stewart (2005) refers to it as a painful experience for the client and an exhausting one for the counsellor. For the purpose of this study the term make reference to experience of a confrontational psycho-social situations that HIV/AIDS lay counsellors experience in a counselling process.

- Counselling process

The Department of Health describes the counselling process as communication between the counsellor and the client with certain conditions attached to it. In the case of HIV test result, this process serves to prepare the client emotionally and socially.

- Coping mechanisms

Coping refers to the ever changing cognitive and behavioural efforts used to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of person (Lazarus and Folkman, 1984). It also refers to the intervention of systems to gain a greater understanding in cases where an individual can deal with minor or major stresses and traumas. In this study, coping mechanisms refers to the different ways in which HIV/AIDS lay counsellors manage the psycho-social challenges they are facing.

- Post-test counselling

This type of counselling refers to the service received after the HIV test. In this session the HIV/AIDS lay counsellor helps a client to understand the result of their HIV test, and initiate the adaptation to either their positive or negative status. During this session, the HIV/AIDS lay counsellor gives the result to the client, explores their concerns, discusses ways and means to reduce risks, explores issues regarding disclosing to loved ones and discusses the establishment of support structures (SADOH 2000; Van Dyk 2005). The role of HIV/AIDS lay counsellors is to deal with the client's emotional reactions to the test result and to equip them with options to live a positive, healthy life – no matter what the result has been.

- HIV/AIDS lay counsellor

An HIV/AIDS lay counsellor is an individual who are devoted to HIV/AIDS counselling and testing by providing pre- and post-test counselling to clients who commit themselves in having an HIV test (table 1.2).

**TABLE 1.2**  
**Requirements for HIV/AIDS lay counsellors**

Non-judgmental	Respectful	Genuine
Prepared and willing to learn, rather than entertain assumptions, about the client. This attitude allows the HIV/AIDS lay counsellors to empathise with the inner world of the client, in order to gain a picture of the client and the nature of the problem.	The belief and subsequent behaviour of an individual that every person is a worthy being who is competent to decide what he or she really wants; has the potential for growth; and has the abilities to achieve what he or she really wants from life.	To denote honesty, sincerity and transparency in counselling and helping the clients.

- Pre-test counselling

This type of counselling refers to the service received prior the HIV test. In this session the HIV/AIDS lay counsellor establish the depth of the client's existing knowledge of HIV and AIDS, and does a risk assessment. The possibilities of risk reduction, the meaning of an HIV test as well as the implications of testing for the client's lifestyle are then explored. The lay counsellor educate clients regarding the meaning of an HIV-positive/AIDS status, encouraging them to know their status, and the possible sources of support after they know their HIV test result.

#### **1.4 Significance of the study**

In March 2007 the National HIV/AIDS and STI Strategic Plan was released by the South African Department of Health; aim was to decrease HIV incidence rate by 50% towards 2011. Enhanced insight into the perceptions and experiences of stressful aspects of HIV/AIDS counselling can improve the existing support available to lay counsellors.



## **1.5 Research Problem**

HIV/AIDS lay counsellors are often challenged with the complexity and stressfulness of their scope of work that causes psycho-social challenges and inflict high demands on a personal and professional level. The services in many instances of HIV/AIDS lay counsellors are terminated due to negative challenges they have to deal with during counselling. This study aims to investigate the psycho-social challenges faced by HIV/AIDS lay counsellors.

## **1.6 Research question**

The research question set for this project was: What psycho-social challenges are faced by HIV/AIDS lay counsellors at health facilities in the Eastern Cape?

## **1.7 Aim and Objectives**

The aim of the research is to investigate the psycho-social challenges faced by HIV/AIDS lay counsellors at health facilities in The Eastern Cape.

The objectives are:

1. To investigate the psycho-social challenges faced by HIV/AIDS lay counsellors.
2. To establish which coping mechanisms of HIV/AIDS lay counsellors will be effective.
3. To make recommendations for improving the support systems for HIV/AIDS lay counsellors in dealing with the psycho-social challenges.

## **1.8 Research methodology**

This research is based on an interpretative phenomenological analysis (IPA). The use of in-depth individual interviews provided the desired data upon which themes was constructed. It is also important to note the interpretation of data collected from the participants spoke of its own specific reality and experience. The themes signify a co-construction which included the realities of the participant and the researcher as well as the literature related to the themes. The study cannot be generalised due to the sample size of the participants and geographical boundaries, but it can make a valuable contribution to provide insight into the psycho-social challenges faced by HIV/AIDS lay counsellors. The findings of this study may also contribute to identifying the types of support needed and assist in the organisation helping these counsellors to provide quality counselling services.

## **1.9 Limitations of the study**

The following limitations applied to this study:

Due to the qualitative nature of the study, the findings cannot be generalised to apply to all HIV/AIDS lay counsellors in the Eastern Cape or even to all the health facilities where the research was conducted.

The participants were not that fluent in English as most of them were having isiXhosa as their home language. The interviews were only conducted in English.

The duration of each interview was about one hour, depending on the nature of the interview. Follow-up interviews were conducted in order to enhance the researcher's understanding or to clarify uncertainties.

## **1.10 The structure of the research**

The research is outlined as follows:

**Chapter One** gives an orientation to the research. It covers the background, rationale of the study, research problem, and research question, operational definitions, significance of the study and the aim and objectives of the research.

**Chapter Two** focusses on the literature review which includes a summary on the history of HIV/AIDS, national guidelines and minimum standards, the TASO model of HIV/AIDS counselling services, training and recruitment of HIV/AIDS lay counsellors and psycho-social challenges faced by HIV/AIDS lay counsellors.

**Chapter Three** deals with the research methodology with specific reference to the introduction, research paradigm, research design, target population and sampling, data collection and analysis as well as the ethical considerations and ethical approval.

**Chapter Four** provides an analysis and interpretation of the findings which includes the introduction, description of the research participants, psychological challenges, social challenges, the question on how HIV/AIDS lay counsellors deal with the psycho-social challenges and an end note.

**Chapter Five** gives an overview of the conclusion and recommendations to the research study. It discusses the recommendations for alleviating psycho-social challenges, emotional support, professional supervision, continuous in-service training, managerial support, limitations of the

study, recommendations for further research and concluding thoughts.

### **1.11 Conclusion**

This chapter outlined an orientation of the research. The background and the rationale of the study have been presented, together with the research problem, and research question of this study. The operational definitions were provided in order to bring clarity and understanding of concepts used in the study. The significance of the study and the aim and objectives of the research have also been presented to highlight the importance of the study to the reader. In the chapter, the focus will be on a detailed discussion on the literature review.

## CHAPTER TWO

### LITERATURE REVIEW

#### 2.1 Introduction

HIV/AIDS counselling developed in phases according to Bond (1995) which was seen during 1980 where people were counselled who portrayed symptoms of Acquired Immune Deficiency Syndrome (AIDS). Research proved the Human Immunodeficiency Virus (HIV) was the source for the damaged immune system. Blood tests were developed enabling the detection of the virus before AIDS symptoms are displayed such as skin rashes, chronic diarrhoea, weight loss, fevers, swollen lymph glands and certain cancers (Kingham and Steinberg, 1998); process formed part of an HIV prevention programme.

According to Bor and Miller (1991) people wanting to be tested should be subjected to counselling to be knowledgeable about the process and outcomes which include pre- and post-test counselling. This was to ensure the client's decision to be tested is an informed decision based on an understanding of the personal, medical and social implications of a positive result. Post-test counselling includes not only a discussion of the test result but also helping clients to come to terms with their status, whether positive or negative, but at risk and to plan for their futures accordingly (Seeley and Wagner, 1991).

According to Coyle and Soodin (1992) The United Kingdom the World Health Organization's Global Programme on AIDS (WHO/GPA) define counselling as an continuous dialogue and relationship between client and counsellor with the aims of preventing HIV transmission and providing psycho-social support for those affected by HIV/AIDS. The achievement of these aims involves the enhancement of self-determination, boosting self-confidence and the improvement of family relationships, community interactions and general quality of life.

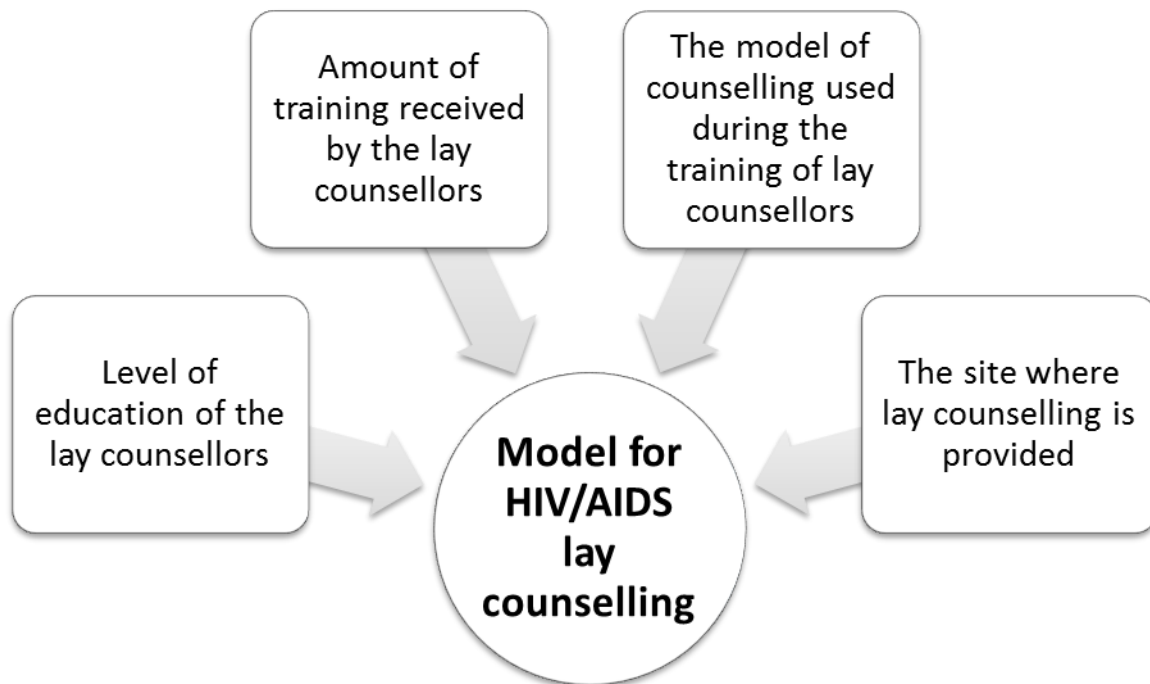
#### 2.2 National guidelines and minimum standards

The National Guidelines and Minimum Standards for Voluntary Counselling and Testing (VCT) Services in order to provide quality serves country wide, is standardised to ensure effective delivery of services. Minimum standards for HIV/AIDS counselling are captured in the National Guidelines. Van Dyk (2005: 208) sites the same lay counsellor must perform the pre-and post-

counselling process. It ensures the development of a relationship with the client whereby a sense of security and continuity is established (figure 2.1).

**FIGURE 2.1**

**Elements to consider with the model for HIV/AIDS lay counselling in South Africa**



**2.3 The TASO model of HIV/AIDS counselling services**

TASO is a Ugandan NGO was established by people who were directly or indirectly affected by AIDS. This NGO served the needs of people living with AIDS by means of providing counselling, social support and medical care. Their support structure catered for coping strategies and mechanisms for clients as well as to reducing risks for their families.

According to Calvaresse, Bame and Bakamanume (2007) as much as this model was regarded as the first African strategy in the fight against HIV/AIDS, it became a model for benchmarking to community-based organisations in several other countries, including South Africa. The purpose of the TASO model is to respond effectively to the HIV/AIDS challenges and in doing so wants to change the attitude of communities towards stigmatisation. It will therefore empower the community to mitigate the impact of HIV/AIDS and allows clients and their families to continue to foster a meaningful life (Kiwombojjo 2001; Calvaresse et al 2007).

According to Continho, Ochai, Muqume, Kavuma and Collins (2006) the mission of the organisation is to generate a sense of hope and quality of life to those affected by the epidemic. A holistic approach is followed where issues pertaining to HIV/AIDS are treated personally through the one-one counselling approach. It results in individuals being empowered to make well informed decisions and develop and improve their quality of life. Communities and families are furnished with information in order to assist them how to address HIV/AIDS issues effectively and how to prevent further transmission and infections.

#### **2.4 Training and recruitment of HIV/AIDS lay counsellor**

When HIV/AIDS counselling were introduced it was performed only by professional counsellors and people living with HIV fulfilled the function. At present the only requirement for operating as a HIV/AIDS lay counsellor is a certain level of literacy and not being HIV positive or any academic qualifications in counselling. It is important for lay counsellors to keep field notes, to show interest in HIV/AIDS literature as well as further training to stay well informed.

After recruiting HIV/AIDS lay counsellors, they are subjected training as required by the SADOH (2001) which will certify them as a trained and registered HIV/AIDS lay counsellor. The attitude towards HIV/AIDS and the attitude towards those infected and affected are critically important to the SADOH in selecting, recruiting, training and appointing of lay counsellors.

#### **2.5 Psycho-social challenges faced by HIV/AIDS lay counsellors**

One of the contributing factors contributing towards affecting individuals in a work arena is burnout.

##### **2.5.1 Burnout**

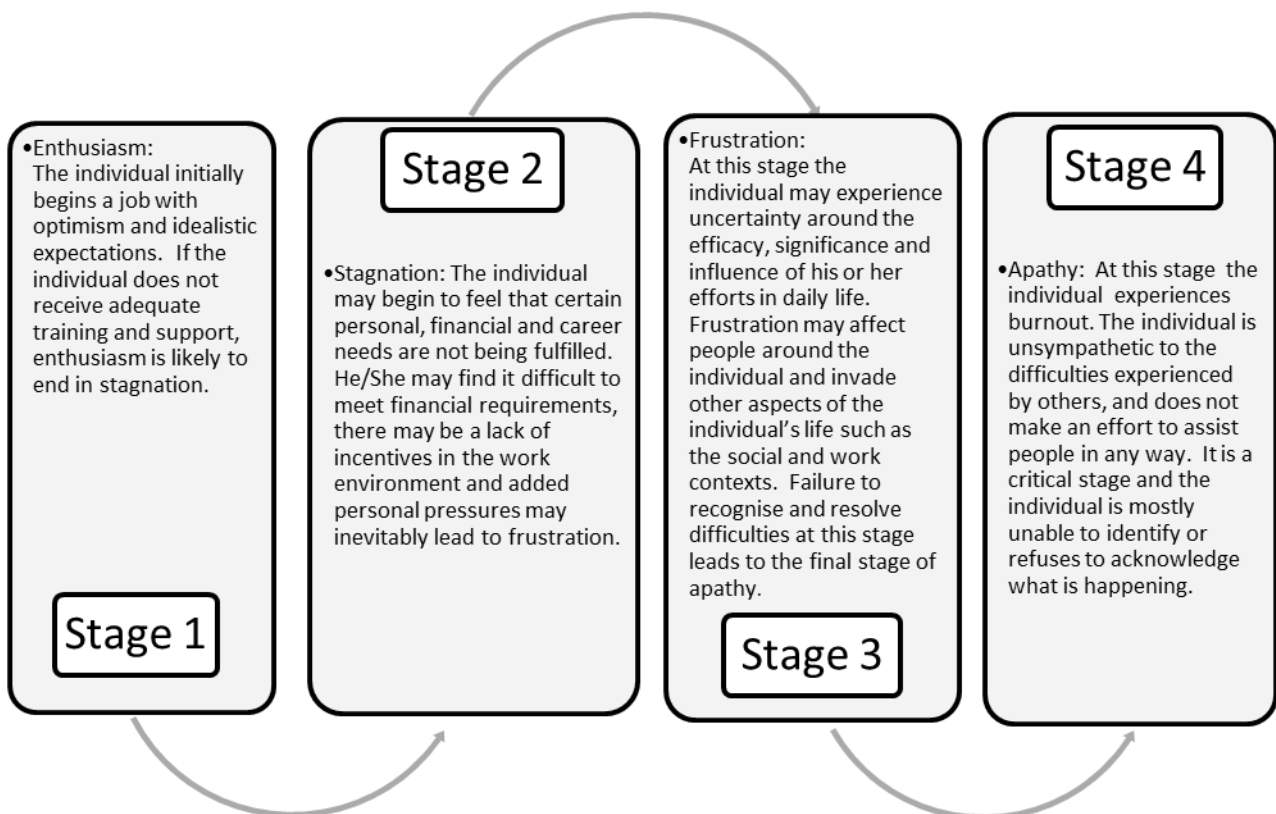
Herbet Freudenberger describes burnout as a “failure or exhaustion because of excessive demands on energy, strength, or resources” (Freudenberger, 1975, p.73). Currently this term are used in reference to a syndrome of emotional exhaustion, depersonalization, and reduced sense of personal accomplishment, which are found through interaction between people (Maslach and Leiter, 1988). Cordes and Dougherty (1993) state there is a common agreement amongst authors burnout is related to occupational stress which is characterised by emotional

exhaustion, depersonalization and a reduced sense of personal accomplishment. According to Maslach and Leiter (1988) emotional exhaustion can be described as a feeling of being burdened with emotions and worn out by interactions with others. Maslach and Leiter (1988) refer to depersonalization as losing sympathy and care for those in need. Murgatroyd (1990) is in accordance once lay counsellors are having a sense of depersonalization, they are in danger of losing passion for their work and compassion for the clients. Emotionally demanding situations tend to be long term and often leads to burnout that manifest as physical, mental and emotional exhaustion. The client experience symptoms of physical exhaustion, being helpless and hopeless, discouraged and having a low self-esteem and negative attitude towards interpersonal relationships and life itself.

Edelwich and Brodsky (1982) propose four stages to describe the process of burnout as experienced by some individuals (figure 2.2).

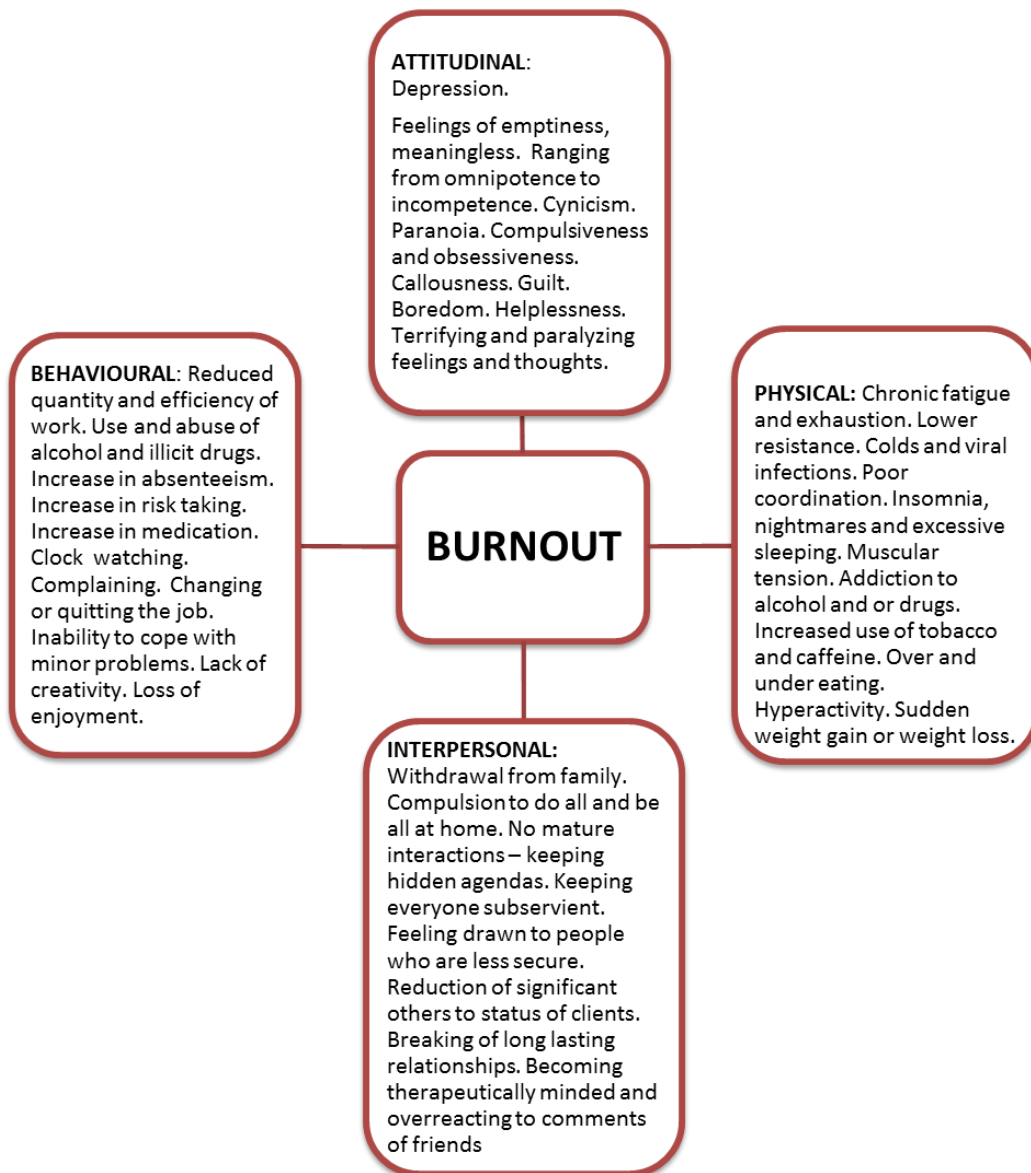
**FIGURE 2.2**

**Stages in the process of burnout**



According to Cordes and Dougherty (1993) burnout is a complex and a multifaceted concept which comprises of physical, interpersonal, behavioural and attitudinal sections (figure 2.3).

**FIGURE 2.3**  
**Symptoms of burnout**



According to Murgatroyd (1990) burnout cannot be predicted therefore it is not completely foreseeable. Lay counsellors can in their years of employment suffer mental, emotional and physical fatigue and loose interest in their work. This then results into them feeling they are being undervalued in the workplace which further results in them becoming ineffective and



dissatisfied.

## 2.5.2 Depression

According to Brenninkmeijer, Van Yperen and Buunk (2001) there are many similarities between depression and burnout but they are also different in some aspects. According to the DSM-TR-IV the timeframe for diagnosed depression is at least two weeks and this individual must at least manifest four of the following symptoms associated with depression.

**FIGURE 2.4**

### **Symptoms of depression**



### **2.5.3 Compassion fatigue**

This condition refers to the normal reactions and emotions that occur when a person learns of a traumatising event experienced by a significant other. It inhabits the stressors that are trauma related and generates emotions relating to being lonely, vulnerable and powerless and absence from support. According to Huggard (2003) compassion fatigue is a form of secondary traumatic stress and transpires whenever a person discovers or observes a traumatising event that involves a significant other.

The difference between burnout and compassion fatigue is burnout have an eroding effect over time and if left unattended, it can only get worse. Burnout and compassion fatigue shows similarities where the impact of both can cause a counsellor to become unable to offer therapeutic services effectively. According to Huggard (2003) compassion fatigue occurs without any warning signs and clients tend to recover faster in comparison with burnout.

### **2.5.4 Stress**

Chronic stress can be described as an extended and intensive stress. According to Ogden (2004) such stress are found in negative relationships and also in an on-going demanding work environment. Acute stress reacts to instant threat or danger, which refers to the fight or flight response. Stress hormones respond to the intensity of the threat and usually normalise once the threat subsides.

Stranks (2005) sites stressful situations may include new working environments and relocation of living in a different environment. Stress is a physical manifestation when the natural equilibrium of the body is off balance and therefore when danger is sensed it will either fight it off or escape from the situation. Stress can release resources in the body for protection, but when the situation become more demanding it can affect the individual negatively both in a working environment and on a social level. Burnout can result in stress but those suffering from it do not automatically experience burnout.

## **2.6 Conclusion**

This chapter outlined a brief history on HIV/AIDS counselling which includes the development of HIV/AIDS counselling. The importance of the standardisation of HIV/AIDS counselling services have been discussed with reference to the national guidelines and minimum standards

which was established by the government of South Africa. The TASO model of counselling was also highlighted as a cornerstone for HIV/AIDS counselling in South Africa. The training and recruitment of HIV/AIDS lay counsellors was discussed in order to gain an understanding of who was eligible to qualify as a lay counsellor, how the recruitment process changed, the period of required training and the desired conduct and attitude towards the infected and affected.

This chapter also intended to place the focus on the different type of psycho-social challenges faced by HIV/AIDS counsellors and how these challenges could expose lay counsellors to physical, mental and emotional exhaustion.

## **CHAPTER THREE**

### **RESEARCH METHODOLOGY**

#### **3.1 Introduction**

The research project aims to explore the psycho-social challenges faced by HIV/AIDS lay counsellors. The phenomenon of having HIV/AIDS lay counsellors provide feedback will give insight into dealing with people living with the infection. The research paradigm, research design, target population and sampling, data collection and data analysis will be placed in context. The ethical considerations and ethical approval of this study will also be highlighted.

#### **3.2 Research paradigm**

A qualitative research approach model was selected as it is appropriate to the research aim. The aim required to seek an in-depth understanding of the perceptions and experiences of the lay counsellors faced with psycho-social challenges. Qualitative research also recognizes the personal relationship between the researchers and what is studied including the respondents (Casebeer and Verhoef, 1997).

#### **3.3 Research design**

Patton (2002:39) sites qualitative research designs must be a natural process that must occur in the normal environment of the research participant. Neuman (2007:89) argues non-adherence to qualitative research designs, or changing information from the social context simply means it can destroy the significance of the study.

Obtaining first-hand information from HIV/AIDS lay counsellors, a better understanding of the meaning of the psycho-social challenges experienced in their everyday lives within the context of a natural setting can be gained. This study seeks to gain depth in understanding the phenomenon of HIV/AIDS lay counsellors and the psycho-social challenges that these counsellors face in their work environment. Semi-structured interviews were conducted with HIV/AIDS lay counsellors at the research site, and personal observation was also used as a technique to collect data on the subject matter as it became available.

### **3.4 Target population and sampling**

The research for this study was conducted at health facilities in the Eastern Cape. According to Neuman (2007:143) “purposive sampling” refers to an acceptable type of sampling for social situations in which a researcher collects a small sample of specific cases/events for in-depth investigation of the problem being studied. Gerrish and Lacey (2010) defines a sample as a portion of a target population. A small sample of ten lay counsellors working in public health facilities in the Ndlambe Municipal area were chosen as participants for this study. According to Munhall (2007) choosing a small sample size is advantageous for the researcher to present a good and authentic report.

At the beginning of this process, twelve potential HIV/AIDS lay counsellor candidates were identified of which only ten completed the consent forms to participate in the research. Reasons for refusal were not discussed as withdrawal at any stage from the research process, even without explanation, should be respected (Mason 2002:81).

### **3.5 Data Collection**

According to Rabe (2009) data collection is purposive in qualitative research designs as insight to the research problem is provided by existing cases. Therefore, the information in this study was collected through semi-structured interviews with open-ended questions, by conducting face-to-face interviews with the lay counsellors in order to obtain an in-depth understanding of the psycho-social challenges they face. The data collection was prioritised in terms of three classes as indicated in table 3.1.

**TABLE 3.1**  
**Priorities for the data collection process.**

First priority	Second priority	Third priority
Obtain information in relation to the background of the interviewees in terms of their counselling skills, lessons learnt during counselling training, duration of the training, and whether the training they received had been sufficient in equipping them for the challenges associated with the HIV/AIDS lay counsellor experience.	Obtain information about their personal experiences with regard to HIV/AIDS counselling. This refers to how they felt about the daily demands on their mental health, as well as their social networks, including their role of providing support to people who consult them, and the impact of their daily work on their private lives.	Investigate the personal support systems in place for HIV/AIDS lay counsellors that could help them cope with the challenges they face in their work.

### 3.6 Data analysis

In this section, all the interviews were tape-recorded and the findings were transcribed in full and categorised into themes. Data was then grouped into manageable themes, using the following steps indicated by Pope et al (2000:116):

- Familiarization: immersion in the raw data by listening to tapes, reading transcripts, and studying notes, in order to identify key ideas and recurrent themes.
- Identifying a thematic framework: identifying all the key issues, concepts and themes according to which the data must be examined and referenced.
- Indexing: applying the research's thematic framework to all the data in textual form, by annotating the transcripts using numerical codes.
- Charting: rearranging the data according to the part of the thematic

framework to which they relate, and then developing charts.

- Interpretation: using the charts to define the nature of phenomena, create typologies and identify associations between themes, in order to provide explanations for the findings.

After coding, all the themes are revised and summarised according to the main themes that have emerged, which reflected the main findings and then begins the task of reducing them to thematic content analysis, by giving them a relevant meaning based on the objective of the research and then comparing this to the literature.

### **3.7 Ethical Considerations**

According to Cassell and Young (2002) informed consent is regarded as the main ingredient to ethical research. Accurate and complete information were presented to research participants regarding the purpose of the study, in order to obtain their full written consent regarding participation. Each participant was given the opportunity to sign a consent form before the interviews; no respondent was forced to sign this form.

The research participants were informed their participation in this study will not be rewarded in any way but will be on a voluntary basis. All the research participants were informed of their right to refuse to be interviewed, or to withdraw at any stage for any reason, without any prejudice or explanation. Research participants were also assured they can refuse to answer any questions that made them uncomfortable.

Each interview was conducted in a comfortable place where the privacy of the research participant was safeguarded and the process did not draw any unnecessary attention. The recordings of the interviews and the information collected for data analysis was treated with the utmost confidentiality and was only used for research purposes. The research participant's privacy was assured by keeping all information safely locked up during the research process so that it was not available to others as prescribed by the Data Protection Act (2003).

### **3.8 Ethical Approval**

Permission to undertake this research was obtained from University of Stellenbosch, Ethical committee. The Eastern Cape Health Department granted permission to conduct this research at health facilities in the Eastern Cape. HIV/AIDS lay counsellors were informed their participation was voluntary and they were free to withdraw from the exercise at any point without any consequence.

### **3.9 Conclusion**

A description of the research methodology is outlined in this chapter. The research paradigm, research design as well as the target population and sampling chosen for an in-depth understanding of the issues at hand that needed to be discussed, have been presented in the study. In addition, the methods and processes of data collection, interpretation of data analysis, and the compliance to ethical considerations and approval have been mentioned and discussed.

The following chapter will concentrate on the analysis and interpretation of the findings that emerged in the verbatim transcriptions of the information recorded during the interviews with the research participants.



## CHAPTER 4 ANALYSIS AND INTERPRETATION OF THE FINDINGS

### 4.1 Introduction

The emphasis of this chapter highlights the findings of the information that was gathered from the participants. It focuses on their training skills, level of education, the impact of it on their lives and support mechanisms.

### 4.2 Description of the research participants

This section focus on the educational and training background of the HIV/AIDS lay counsellors (table 4.1).

**TABLE 4.1  
Educational and training background**

HIV/AIDS Lay Counsellor	Gender	Level of Education	Type of HIV/AIDS Training
A	Female	Grade 12; Professional nurse	Ten-day HIV counselling training course, Psychiatry, PICT, Acute care
B	Female	Grade 12; Nursing Assistant	Ten-day HIV counselling training course, PMTCT, STI, HIV rapid testing, Adherence counselling.
C	Female	Grade 12; Professional nurse	Ten-day HIV counselling training course, PMTCT
D	Female	Grade 12	Ten-day HIV counselling training course, HIV rapid testing, PMTCT, Basic care package course
E	Female	Grade 12	Ten-day HIV counselling training course, HIV rapid testing, PMTCT, Basic care package course
F	Male	Grade 12	Ten-day HIV counselling training course, HIV rapid testing, PMTCT, Basic care package course, Adherence counselling

G	Female	Grade 10	Ten-day HIV counselling training course, HIV rapid testing, PMTCT, Basic care package course, Adherence counselling, STI, Stigma mitigation
H	Female	Grade 12	Ten-day HIV counselling training course, HIV rapid testing, PMTCT, Basic care package course, Adherence counselling, STI, Stigma mitigation
I	Female	Grade 10	Ten-day HIV counselling training course, HIV rapid testing, PMTCT, Basic care package course, Adherence counselling, STI, Stigma mitigation
J	Female	Grade 12	Ten-day HIV counselling training course, HIV rapid testing, PMTCT, Basic care package course, Adherence counselling, STI, Stigma mitigation

- Counsellor A: A registered professional nurse with experience in healthcare and who completed a ten-day HIV counselling training course. She also attended training sessions relating to HIV/AIDS transmission and infection control and acute care in the same field.
- Counsellor B: A nursing assistant who completed her training with a training centre who specialised in HIV/AIDS management. She has several years of experience in caring for patients infected and affected by HIV/AIDS. She is also actively involved in promoting adherence counselling and follow-up counselling of patients on ART.
- Counsellor C: A registered professional nurse who completed the ten-day HIV counselling training course and various other programmes on HIV/AIDS and PMTCT. According to her it helped her in the understanding on stigmatisation and discrimination and the difference between HIV and AIDS. Her exposure to HIV counselling training led to further interest in HIV and AIDS.
- Lay counsellors D, E and F: Attended the same ten-day HIV counselling training course where they obtained skills and knowledge to perform their duties as lay counsellors. All

of them attended the basic care package course and the rapid testing course. HIV/AIDS lay counsellor F is the only male lay counsellor amongst all the interviewees.

- Lay counsellors G, H, I and J: Completed all the basic HIV training courses (table 4.1). The only difference is individuals G and I have a grade ten educational qualification and H and J have a grade 12 educational qualification.

### **4.3 The psychological challenges**

The following provides an overview of the challenges HIV/AIDS lay counsellors encounters in their daily routine that could bring about a negative impact on their mental health.

#### **4.3.1 Daily routine challenges**

Lay counsellors A and C explained lay counsellors should be sensitive when providing guidance to clients as it is a matter of 'life or death' in their estimation. They felt pre-counselling is not that nerve wrecking as when one needs to do the post-test counselling especially when there was not a desirable outcome.

Lay counsellors G and H felt the lack of HIV/AIDS support contributes to occupational stress and frustrations. They explained the physical set-up of the consulting rooms is not favourable for counselling purposes. Partitions are not sound proof and the counselling room are often use for other purposes. Clients expect an environment where they can feel emotionally safe since HIV/AIDS counselling should guarantee confidentiality and privacy.

Lay counsellors I and J concur with HIV/AIDS lay counsellors A and C by providing post-test counselling to a newly HIV diagnosed client brings about an emotional burden that can be stressful to both parties. They felt it is difficult to distance them emotionally and refer to such scenario as a double edged sword.

Lay counsellor D explained as much as she is involved in HIV/AIDS awareness programmes, it is always a challenge to assist couples or family counselling on the subject related matters because one can never predict the outcome of such session. She explained in order to persuade newly diagnosed clients to disclose to their partners places psychological demands on the lay counsellor.

Lay counsellor E and F explained the degree of denial to HIV positive results can cause a physical danger to the lay therapist of how clients can react outrageously, refusing to accept their results. At times it makes lay counsellors feel so disheartened they start to detest this part of their duty.

#### **4.3.2 The physical work environment**

The physical environment is an integral part of the effectiveness of HIV/AIDS counselling as it must comply with the ethical requirements of counselling. HIV testing and counselling must ensure confidentiality and privacy to all clients in order to establish trust and to make the environment free of any stigma and discrimination.

#### **4.3.3 HIV test results and clients' reactions**

All the interviewees were in agreement clients react differently when receiving their HIV test results. Their reaction solely depends on the outcome of their results. Reactions include religious remarks, new resolutions and promises when the results prove to be negative, whereas it is totally opposite when receiving HIV positive results. According to Van Dyk (2005) it is an opportunity for the lay counsellor to educate the client on HIV prevention and infection control when their test results are negative.

Informing clients they tested HIV positive, creates emotions of sadness amongst lay counsellors and nursing staff according to Azwihangwisi, Mavhandu, Vhonani, Netshandama and Mashudu (2007). There are those clients who go through cycles of guilt, loss of self-esteem; anger; mistrust; and disgust; while others were surprised; frustrated and emotionally affected and still others expressed only denial.

#### **4.3.4 Denial of the HIV test result**

All the interviewees were in agreement when clients are informed about their HIV positive results, time is allocated to them to accept and acknowledge their indicated status before the actual counselling can take place. Balmer, Seeley and Bahengana (2003) agree clients who are in denial are trying to create defence mechanisms in order to protect themselves psychologically against the impact of the disease. However, clients who live in denial disempower themselves from becoming knowledgeable and to implement prevention and management strategies to live

a quality life.

#### **4.4 The social challenges**

In this section the social challenges are outlined which is associated with HIV/AIDS counselling.

##### **4.4.1 Moral pressure experienced by HIV/AIDS lay counsellors**

All the participants indicated at times they will go beyond the call of duty in order to walk the extra mile with clients after the initial counselling sessions. Lay counsellors also mentioned they are challenged with the idea that clients often receive pre-test counselling and post-test counselling from different lay counsellors, which make it difficult to build good relationships and trust. They also mentioned it becomes a daunting task to devote themselves entirely to a client or a family who seeks counselling because of the demands of other clients.

Lay counsellor D mentioned certain clients do not understand the value and importance of having a support system or an individual who could be a crutch in times of need. The responsibility then shifts to the lay counsellor to either look for a supporter or they themselves play that role at the end of the day. Solomon, Van Rooyen, Griesel, Stein and Nott (2004) agree with HIV/AIDS lay counsellor becoming the educator and therapist as advisor but also become the supporter and carer to the client. Nefale (2004) sites HIV/AIDS lay counsellors in a mental health setting are often faced with such challenge whereby they deal with clients who are rejected by relatives and given their circumstances have to offer the necessary support to them.

##### **4.4.2 Impact of psycho-social challenges on the daily lives of HIV/AIDS lay counsellors**

Being a lay counsellor to the client is close to establishing emotional ties that is life-long due to the nature of their work where they become a pillar of support in the individual's life. However, the client's expectations can be a source of frustration to the lay counsellor because it impacts on the personal and private life of the person providing guidance even after hours. Counsellors C, G and I mentioned clients often seek their advice and intervention after working hours which brings conflict in their family and to them a social network of support is a solution to their challenge. Counsellors B, F, H and J indicated they themselves had to seek support due to them being at one stage emotionally drained as they were dealing with newly diagnosed HIV positive clients who becomes suicidal. It is at this stage the mental and physical health of the HIV/AIDS lay counsellor is at stake.

The extent and impact of stress and anxiety experienced by some of the HIV/AIDS lay counsellors are captured in the following experiences:

- B displayed outraged behaviour towards her helper at home for arriving late because of being frustrated with clients who do not honour the agreed time of their appointments.
- E experienced being socially withdrawn due to the impact of post-test counselling.
- G found herself speaking harshly to her teenage daughter for minor issues due to stress at work.
- A mentioned she felt depressed whenever she has to do family counselling because the outcome is always unpredictable.

#### **4.5. How do the HIV/AIDS lay counsellors deal with the psycho-social challenges?**

An overview is given on the coping mechanisms and support system needed by the HIV/AIDS lay counsellors in order to deal with the psycho-social challenges they face.

##### **4.5.1 Support system for HIV/AIDS lay counsellors**

HIV/AIDS lay counsellors are constantly dealing with psycho-social situations of clients on a daily basis and it is therefore up to them to determine their strengths and weaknesses and to accept they are only human. HIV/AIDS lay counsellors must then realise they are unable to be a solution to every problem the client encounters (UNAIDS 2000:41). Lay counsellors are just in need of relief, support and debriefing as it is offered to clients. According to Van Dyk (2005:329) lay counsellors must have personal and organisational support for managing the stress.

##### **4.5.2 Coping mechanisms**

Wherever coping mechanism is absent lay counsellors will fall prey to burnout. Benevides-Pereira and Das Neves Alves (2009:570) state if lay counsellors become despondent and discouraged by the negative impact of their work it can easily radiate negative energy to other colleagues around them resulting in losing their zeal and eventually quit their job. The participants in this study became innovative in initiating coping mechanisms to deal with the needs of clients as well as their own challenges.

Counsellor D was visiting family and friends in rural areas helps to clear the mind. Counsellor J

also mentioned whenever the opportunity arises she would spend time on gardening and with friends. Counsellor I minimised her involvement with pre-and post-test counselling. Counsellor E devotes more time with church activities and consults with her spiritual leaders on a regular basis.

#### **4.6 Conclusion**

The educational background and training clearly indicated a variety of trained professionals who were challenged by the same psycho-social issues. All of them were well equipped with the necessary skills to perform their duties as lay counsellors, but were challenged in practice because the trainings tend to focus more on theory. All participants indicated due to the unique challenges, continuous training is needed to provide effective counselling to clients.

## **CHAPTER 5**

### **CONCLUSION AND RECOMMENDATIONS**

#### **5.1 Introduction**

This chapter concludes with recommendations for addressing the challenges encountered by the lay counsellors. It also seeks to bring a sense of clarification to the findings and propose suggestions for future research which is essential to HIV/AIDS counselling in South Africa. All the chapters have been subjected to critical discussions and key concepts has been presented from previous chapters to keep the reader intact with the problem statement identified for the study which was: What psycho-social challenges are faced by HIV/AIDS lay counsellors at health facilities in the Eastern Cape?

The aim of the research is to investigate the psycho-social challenges faced by HIV/AIDS lay counsellors at health facilities in The Eastern Cape.

The objectives are:

1. To investigate the psycho-social challenges faced by HIV/AIDS lay counsellors.
2. To establish which coping mechanisms of HIV/AIDS lay counsellors will be effective.
3. To make recommendations for improving the support systems for HIV/AIDS lay counsellors in dealing with the psycho-social challenges.

Against the background of the problem statement and the objectives, the findings have been placed in context.

The study provided a detailed picture of the type of psycho-social challenges that HIV/AIDS lay counsellors had to endure on a daily basis in their work environment. Such challenges was investigated and found lay counsellors are:

- Working under pressure to perform and to achieve, yet they only received basic training on HIV and AIDS and AIDS counselling for ten days.
- Exposed to emotional topics like HIV, death, fear and feelings of guilt



- Exposed to emotional content beyond their scope whilst dealing with HIV positive clients but receive very limited supervision or debriefing services.
- Experiencing a lack of remuneration and recognition.
- Dealing with high caseloads on a daily basis.
- Over-identifying with the circumstances of the client and with the client him/herself which could add to high emotional burdens.

Therefore, the issues rose contributed to an understanding of the psycho-social challenges faced by HIV/AIDS lay counsellors which also have a negative impact on the HIV/AIDS lay counsellor's own emotional life, making him/her vulnerable to physical, mental and emotional exhaustion.

The findings in this study showed lay counsellors had to invent coping mechanisms to cope with psychological and social challenges due to the lack of formal support and the absence of support network for them. Lay counsellors had to rely on coping mechanisms which was based on personal initiatives that included time away from working environment, relaxation methods and socialising with family and friends. All participants were in agreement the carer should receive attention and the establishment of a support system would be an ideal way of acknowledging the value of the lay counsellor.

Lay counsellors would then be well positioned to cope better and provide more effective counselling to clients undergoing HIV testing, without compromising their own well-being. It is noted a formal support structure is needed in order to afford counsellors the opportunity to alleviate some of the stress inherent in their work and to assist them to acquire new coping skills to prevent the unnecessary build-up of stress.

## **5.2 Recommendations for relieving psycho-social challenges**

Findings in the study indicated counsellors are burdened with various stressful challenges. Institutional authorities in collaboration with counsellors must establish support systems that will effectively address psychological and social issues faced by the lay counsellors.

### **5.2.1 Emotional support**

In the process of empathy HIV/AIDS lay counsellors are found to be emotionally drenched where they have to deal with emotional issues regarding to the condition of health of their clients. HIV/AIDS lay counsellors must fulfil the role of a carer, counsellor, advisor and advocate to the infected and affected in order to protect their rights and interests. It is recommended that formal support structures should be established where lay counsellors could ventilate emotions and concerns on a regular basis. Kiemle (1994) accord with this where lay counsellors cannot entrust to clients if no one commits to them. It is also recommended HIV/AIDS lay counsellors should be made aware of the necessity of building social networks in order to a support system to each other. Such platform can be used for information sharing and advising each other on possible solutions to problems.

### **5.2.2 Supervision**

It is recommended to effectively address psycho-social challenges where HIV/AIDS lay counsellors improve their clinical skills which will address encouraging clients to disclose, myths surrounding HIV/AIDS and how to overcome practical difficulties. Supervision has the ability to identify limitations in the therapeutic process and the achievement of therapeutic goals (Bor and Sher, 1992).

It is therefore recommended an experienced counsellor with the necessary skills should offer professional supervision to HIV/AIDS lay counsellors (Department of Health, 2001). According to Gerber (2000) HIV/AIDS lay counsellors always feel there is a lack of good supervision as the appointed managers does not have the time or the ability to execute their supervisory duties. Such required supervision provides a platform for constructive reflection, critical thinking and problem-solving to common problems they are encountering on a daily basis. Bor and Sher (1992) sites if the professional growth and development are promoted, confidence level will also increase which will minimise job related stress.

### **5.2.3 Continuous in-service training**

HIV/AIDS lay counsellors are unable to execute their duties without the necessary skills needed to perform their duties. Continuous in-service training is recommended and required in order to fill that gap. Lay counsellors who receive such training on a regular basis are able to

perform counselling duties within the cultural context of communities. In-service training assist HIV/AIDS lay counsellors to:

1. Engage and implement individual and family counselling in the absence of the necessary skills.
2. Address fears and concerns on dying, death and bereavement.

In-service training should be updated and implemented on a regular basis as it enhances critical thinking and problem solving skills to deal with clients expectations and needs in a professional manner.

#### **5.2.4 Support from management**

Managerial support is recommended as lay counsellors need to voice their concerns and challenges pertaining their work; counselling and administrative environment. According to Miller (1995) the availing of the necessary support services will improve communication and afford HIV/AIDS lay counsellors to influence the counselling service to the betterment thereof.

#### **5.3 Recommendations for further research**

Future research should investigate the practical incorporation of African cultural issues into the HIV/AIDS counselling process. A further exploration is needed on coping mechanisms for HIV/AIDS lay counsellors who have to perform their duties in an emotional and occupational stressful environment.

#### **5.4 Concluding thoughts**

The findings of this research are in accordance with current studies that agree the psycho-social challenges in HIV/AIDS counselling is on the increase in terms of case loads and the degree of difficulty. It can be predicted an increase in the occupational stress as HIV infections increase in South Africa country (Eastern Cape Department of Health, 2002).

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## Appendix A



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### **STELLENBOSCH UNIVERSITY CONSENT TO PARTICIPATE IN RESEARCH**

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#### **The psycho-social challenges faced by HIV/AIDS lay counsellors at health facilities in Ndlambe Municipal Area**

You are asked to participate in a research study conducted by **PORTIA ISAACS**, from the **AFRICA CENTRE FOR HIV/AIDS MANAGEMENT** at Stellenbosch University. Results will be contributed to the thesis. You were selected as a possible participant in this study to assist in investigating the psycho-social challenges faced by HIV/AIDS lay counsellors as well as to explore the coping mechanisms of the HIV/AIDS lay counsellors.

#### **1. PURPOSE OF THE STUDY**

To present and understand the experiences of HIV/AIDS lay counsellors working in health facilities. Specifically exploring and understanding the utilisation of personal experiences within counselling encounters, their coping mechanisms and making recommendations for improve the support systems.

#### **2. PROCEDURES**

If you volunteer to participate in this study, we would ask you to do the following things:

You will be asked to participate in an individual interview with the researcher. This interview will take place at the health facility during a suitable time or at a venue and time which is convenient for the participants. The interview should not last more than 60 minutes and will also be tape recorded for the purpose of accurate data collection. Confidentiality, anonymity and privacy of data will be maintained at all times.

#### **3. POTENTIAL RISKS AND DISCOMFORTS**

Although there is no foreseeable risk, participants may experience some discomfort in expressing their opinions regarding HIV/AIDS and sexuality, which is topics relevant to HIV/AIDS education. No questions will be asked regarding participant's sexuality or HIV status. Participants will be assured of the confidentiality, anonymity, and privacy of the data and that answers to questions are voluntary.

In terms of inconvenience, the interviews will be conducted at the health facility at a suitable time that will be arranged with the participants. If interviews at the health facility are not possible, a convenient place and time will be arranged with the participants.

#### **4. POTENTIAL BENEFITS TO SUBJECTS AND/OR TO SOCIETY**

The study will be significant in that HIV/AIDS lay counselors would be made aware of the necessity of

building supportive social networks for information sharing, sharing of experiences and to address daily challenges. I believe that this research study will assist with stress reduction, opportunity for debriefing and supervision as well as evaluating own counseling work. Conclusions and recommendations will be able to be drawn on how HIV/AIDS lay counselors should address negative attitudes displayed towards them, their expression of job satisfaction, respect and value and establishing trust that will assist in engaging in a therapeutic attitude development process.

#### **5. PAYMENT FOR PARTICIPATION**

No remuneration will unfortunately be offered for your participation in this research study.

#### **6. CONFIDENTIALITY**

Any information that is obtained in connection with this study and that can be identified with you will remain confidential and will be disclosed only with your permission or as required by law. Confidentiality will be maintained by means of no names or personal identifiers will be recorded in any of the data collection tools. In reporting the results, care will be taken not to report results in a way that would enable any participants to be identified and/or stigmatized in their views. Data will be stored in a safe place at all times. The researcher and her supervisor will be the only persons having access to the data. All data collected will be destroyed after successful completion of the thesis, for the purpose of which it was collected. The anticipated period is after one (1) year. As mentioned previously, all interviews will be tape recorded and the interviews will be transcribed verbatim, without making any reference to your name or personal identifiers. Confidentiality and anonymity will be maintained throughout.

The purpose of the study is for the completion of an MPhil degree in HIV and AIDS Management and due to the requirement of the publishing of a thesis, the data collected, analysed and interpreted in this study will be reported on. In the writing of the thesis, confidentiality, anonymity, and privacy of participants will be maintained at all times.

The data collected will only be used for the aforementioned purpose and will not be used in any way to evaluate your skills or work performance, or the performance of the health facility in general.

#### **7. PARTICIPATION AND WITHDRAWAL**

You can choose whether to be in this study or not. If you volunteer to be in this study, you may withdraw at any time without consequences of any kind. You may also refuse to answer any questions you don't want to answer and still remain in the study. The investigator may withdraw you from this research if circumstances arise which warrant doing so.

#### **8. IDENTIFICATION OF INVESTIGATORS**

If you have any questions or concerns about the research, please feel free to contact the researcher, Mrs PORTIA ISAACS, at 083 4251672 during office hours or after hours. If you have any questions or concerns regarding the research, please feel free to contact the supervisor of my study, Prof E Thomson at 021 808 4622.

#### **9. RIGHTS OF RESEARCH SUBJECTS**

You may withdraw your consent at any time and discontinue participation without penalty. You are not waiving any legal claims, rights or remedies because of your participation in this research study. If you

have questions regarding your rights as a research subject, contact Ms Maléne Fouché [mfouche@sun.ac.za; 021 808 4622] at the Division for Research Development.

**SIGNATURE OF RESEARCH SUBJECT OR LEGAL REPRESENTATIVE**

The information above was described to me by Mrs Portia Isaacs in English and I am in command of this language. I was given the opportunity to ask questions and these questions were answered to my satisfaction.

I hereby consent voluntarily to participate in this study. I have been given a copy of this form.

\_\_\_\_\_  
**Name of Subject/Participant**

\_\_\_\_\_  
**Date**

**SIGNATURE OF INVESTIGATOR**

I declare that I explained the information given in this document to \_\_\_\_\_. He/she was encouraged and given ample time to ask me any questions. This conversation was conducted in English and no translator was used.



\_\_\_\_\_  
**Signature of Investigator**

\_\_\_\_\_  
**Date**

## **Appendix B**

### **INTERVIEW GUIDE**

Note that this interview guide will facilitate my interview process and help me to follow the broad research questions to stay consistent and within the purpose of my study.

#### **1. Greeting the respondent**

- Good morning/evening
- Thank you so much for taking part in my research study.
- What kind of work do you do at a community-based HCT site?
- How many hours per week do you work?
- What were your expectations when you decided to do counselling?
- Where did your training for this counselling position take place?
- How long did you train?
- Where were the main lessons learnt in/from your training?
- Do you think your training adequately prepared you for the challenges of this position?

#### **2. Personal challenges experienced**

- Tell me about the daily demands of counselling people?
- Do you experience any problems here at the HCT site?
- What are the positive aspects of working here?
- How do you experience the reactions of the clients regarding their results, both positive and negative?
- How do you feel about the kind of support that you can give to clients?
- How do you feel about your role of providing support to people who consult you?
- Does counselling people living with HIV have an impact on your life?

### **3. HCT site's support to HIV/AIDS lay counsellors**

- What are the challenges in working here?
- How do you cope with the challenges of working here?
- Is your HCT site helping you to face the challenges of working here?
- What type of support is there for you as a counsellor at this organisation?
- Apart from any here at the HCT site, do you have any other support for coping with the challenges of working at the HCT site?
- What do you think can be done at your HCT site to help you to cope better and provide effective counselling?
- Is there anything else you want to tell me about working here?

Thank you so much. The information you shared with me will be kept confidential. You are welcome to contact me for any further information relevant to this interview.

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**Signature: Portia Isaacs/ Researcher**

Tel number: 083 4251672

## Appendix C



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### Approval Notice Documentation

12-Nov-2013  
ISAACS, Portia Ophelia

**Proposal #:** DESC\_Isaacs PO 2013

**Title:** The psycho-social challenges faced by HIV/AIDS lay counsellors at health facilities in the Eastern Cape.

Dear Ms Portia ISAACS,

Your **Documentation** received on 12-Nov-2013, was reviewed by members of the **Research Ethics Committee: Human Research (Humanities)** via Expedited review procedures on 12-Nov-2013 and was approved.  
Sincerely,

Susara Oberholzer  
REC Coordinator  
Research Ethics Committee: Human Research (Humanities)

## Appendix D



### Eastern Cape Department of Health

Enquiries:	Zonwabele Merile	Tel No:	040 608 0830
Date:	31 <sup>st</sup> October 2013	Fax No:	043 642 1409
e-mail address:	<a href="mailto:zonwabele.merile@mpilo.ecprov.gov.za">zonwabele.merile@mpilo.ecprov.gov.za</a>		

Dear Ms P Isaacs

**Re: The psycho-social challenges faced by HIV/AIDS lay counsellors at health facilities in the Eastern Cape.**

The Department of Health would like to inform you that your application for conducting a research on the abovementioned topic has been approved based on the following conditions:

1. During your study, you will follow the submitted protocol with ethical approval and can only deviate from it after having a written approval from the Department of Health in writing.
2. You are advised to ensure, observe and respect the rights and culture of your research participants and maintain confidentiality of their identities and shall remove or not collect any information which can be used to link the participants.
3. The Department of Health expects you to provide a progress on your study every 3 months (from date you received this letter) in writing.
4. At the end of your study, you will be expected to send a full written report with your findings and implementable recommendations to the Epidemiological Research & Surveillance Management. You may be invited to the department to come and present your research findings with your implementable recommendations.
5. Your results on the Eastern Cape will not be presented anywhere unless you have shared them with the Department of Health as indicated above.

Your compliance in this regard will be highly appreciated.

DEPUTY DIRECTOR: EPIDEMIOLOGICAL RESEARCH & SURVEILLANCE MANAGEMENT



*Ikamva elizaphambiliyo!*