

**The perception of the care and support services for nurses caring for patients with
HIV/AIDS in the Intermediate Hospital Oshikati (IHO)**

by

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Declaration

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Abstract

This paper reports research concerning the describe of the support services available for nurses who care for patients with Human immune-deficiencies / virus acquired deficiency syndrome HIV/AIDS care support preferences were all investigated.

The study was conducted between October and November 2010, using a descriptive design. Respondents comprise twenty four (24) nurses who were conveniently selected from IHO.

Results reveal that support available is inadequate in both quality and coverage of nurses. Other significant findings are inadequate job preparations; shortage of nurses that nurses prefers to receive support from both within and outside the hospital.

It has been recommended that management should work with nurses to design support interventions that match the identified problems/needs. Nurses need to take an active role in caring for themselves and more in service training opportunities need to be created for nurses.

Opsoming

Die doel van hierdie studie was 'n ondersoek na die beskikbaarheid van ondersteuningsdienste vir verpleegsters in 'n hospitaal (Oshikati) in Namibië.

Die studie is tussen Oktober en November 2010 onderneem en 24 verpleegsters is in die ondersoek gebruik.

'n Gestruktureerde vraelys is gebruik en die data is deur middel van beskrywende statistiek verwerk.

Resultate van die studie toon aan dat die ondersteuningsdienste aan verpleegsters ontoereikend is en voorstelle vir verbetering van hierdie situasie word in die werkstuk voorgestel.

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Key concepts

The following key concepts are used in the study:

Availability

Care /caring

HIVAIDS patients

Nurses

Intermediate Hospital Oshakati

Support

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Chapter 1: Introduction

1.1. Introduction

Following the first reported case of HIV in Namibia in 1986, data compiled by the Ministry of Health and Social Services (MOHSS) shows that AIDS became the leading causes of opportunistic infections and death in 1996 and about 22.8% is recorded among the age 25-29 years prevalence by age group while 25.8% is recorded among the reproductive age group of 45-49 years of pregnant women in Namibia, this was recorded to be highest among both prima gravid and multigravida in the age group of 30-39 is said to be consistent with the age specific prevalence (MOHSS, 2010: 13).

In 1999, the reported AIDS related deaths accounted for 26% of all deaths and 47% of all deaths in the age group 15-49 years in the region under which most nurses who are at risk of HIV infections falls, whilst the reported HIV/AIDS related hospitalization increased more that 20 folds from 355 in 1993 to 7,746 in 2001 (MOHSS: 2006: 4).

The threat of HIVAIDS and the problems arising from it cannot be left to the government and non-governmental organizations alone. A commitment for the need to control the spread of HIVAIDS, other opportunistic diseases and of discriminations against people living with HIV-infection is needed by both management, employer and employees to provide care and support services to the nurses and other health care providers, since the transformation of HIV continues to pose a major challenge to Namibia prevention efforts, leaving the country in a declined quality of care. Thus it is much needed to avoid the loss of experienced and productive nurses amongst the health institutions (MOHSS: 2006: 3).

Therefore, providing care under such circumstances made nurses vulnerable to emotional distress and has created the need for care and support to be availed and enable nurses to cope. However the quality of care to be given to the patients will depend on the quality of care and support given to providers (World Health Organization (WHO; 2000: 23). Experience has shown that both management and workers have to have a stake in the battle against HIV and that all sectors need to be engaged right at the onset simply because nurses cannot provide care if they themselves are not taken care off. Therefore

the way forward is to accept that HIV is a national problem at every employer's doorstep and indeed a management problem, thus policies, health programs, care and support services should provide necessary support to nurses and its management that is needed in all aspects.

1.2. Background information

The topic for the care and support services available for nurses who provides care to patients with HIV/AIDS is a topic which is beginning to receive attention worldwide due to the demanding nature of the job as staff suffers as they try to cope with the heavy demands on their services (Poku, 2005: 125). Though caring for any terminally ill patients can be emotionally demanding, nurses caring for patients with HIV/AIDS are usually faced with stresses and problems that are not common in other setting of care. The tress of care giving is clear and indeed, the health of the nurses also seems to deteriorate as a result of physical and emotional stress of caring the patients (Poku, 2005: 92).

According to (UNAIDS 2000: 39), the problems experienced by nurses can be identified as follows:

Stigma associated with HIV/AIDS; Personal identification with patients suffering; fear of being infected or injured with needles and sharp instruments; lack of confidence in caring for physical and emotional problems of the patients; Negative attitude and prejudices about patients who may be drug users or have a different sexual orientation; frequent deaths of young people and colleagues; taboos related to discussions of sex and deaths.

Literature has revealed that patients could only receive a high standard of care if care givers who are nurses in this research, feel valued, supported and cared for. The writer in this research has given an example of Hospital equipment should be regularly checked, serviced and well maintained to ensure its effectiveness and reliability to render safe and effective service in saving patients lives. Thus same way nurses can only render safe and effective care if they are valued mentally, psychologically and emotionally supported and cared for by both the employer, employees and the hospital management who has got an

obligations to provide safe and conducive working environment for their employees and the provision of care and support services (MOHSS 2007: 1).

According to the Labour Act no. 11 of 2008, the staff dealing with the public directly should be given necessary support and tools to carry out their duties effectively, thus their independent, interdependent and dependent factors should be clearly stated to them. The public and private agencies should be encouraged to establish support groups for HIV/AIDS patients and nurses. This is in line with the Namibian Nursing Association (NNA) standard for nursing practice which states that every nurse has a right to a working environment that is safe and equipped with the minimum physical, psychological, material and personnel requirements (Mellish, 1988: 90-93).

However, reports has indicated that some nurses especially in Sub-Saharan Africa including Namibia may not be working in such conducive and supportive environments as situations has been attributed by inadequate resources due to the impact of HIVAIDS or already overstrained health care services, as experienced health workers are being lost due to HIVAIDS. nurses are therefore among the groups of people affected and infected by the rate of HIV/AIDS in Namibia as it is a threat to health care providers and its impacts productivities, costs, and markets of the hospitals is thus evidently a bottom line issue. Most studies have indicated that public sectors employees including health workers have HIV infections rates similar to the general populations. This has left many institutions being depleted of long services and skilled nurses as a result of voluntary services package, active recruitment of nurses by overseas countries and increased death rates due to HIVAIDS. A study in South Africa found 16% of health worker living with HIVAIDS and with high rate in some provinces and among young and non-professional staff (Poku, 2005: 126).

The HIV prevalence rate in Namibia is 17.8%. The MOHSS which runs the majority of health services, is responsible for the organization and delivery of health care in Namibia, to set standards, policies plans and arrange the financing of the nations public health services; nurses included (MOHSS, 2008: 3). Even if further spread of HIV is to be halted today the country would still be faced with the burden of caring for the already infected over 23,000 people as they progress to AIDS (MOHSS, 2003: 2).

Since nurses are the most people who are experiencing the burden for caring of people with HIV, they are being stigmatized, discriminated and perceived by core nurses as being infected with HIV and other diseases like TB, in the process of caring, especially when they have served for long period at such departments. They are also seen as hard workers who are unable to be replaced or moved to other departments to gain some other experiences and to know more and not overlooking that these nurses might be tired and needed care, support and counseling since they are faced with challenges in the provision of care to clients some of whom might be their relatives and or close families.

Thus a knowledge of the problems that is being experienced by the nurses, the sources and kinds of care and support services preferred by these nurses needs to be known and be considered as this is important and cost effective to prevent stresses and burnouts among the nurses by providing them with necessary care and support that they prefer than dealing with the effects. However this will only be provided if their problems, sources of the causes are known the form of support the nurses prefers, to enable them to fulfill their obligation to patients in the provision of care especially if they are in healthy conditions and supportive environment. Therefore an emotionally distress nurse cannot be in good health neither be expected to meet responsibility for caring for HIVAIDS patients (Poku, 2005: 92).

It is therefore important to find the perceptions of the nurses caring, over many years for people affected and infected by HIV at IHO, on the kind of problems they face, the support services currently available to them and the improvements they would like to see. The researcher's personal experience of caring for people with HIVAIDS over many years together with the above observations has coupled the researcher's desire to carry out this study, to describe the care and support services available for nurses who care for patients with HIVAIDS in IHO. Much has been written about the existence of stress and burn out among nurses however no research could be found to describe what care and support system are available for general nurses and those caring for HIVAIDS patients in IHO.

1.3. Statement of the problem

HIVAIDS is the single largest threat to the development of Namibia and its impacts are felt at every level of the society as affecting all individual including nurses who are the fundamentals building blocks of the social and economic development (MOHSS, 2007: 1). The majority of people with HIV related infection are amongst the economically poor who seek treatment at public institutions. The ability of nurses to cope with provision of quality care to HIV/AIDS patients in public hospitals may be compromised if nurses do not receive the necessary services of care and support Shisana *et al* (2002).

Such services are needed by nurses to be able to cope with the provision of quality care to patients infected and affected with HIV/AIDS in public hospitals and amongst themselves. According to (Pendukeni, 2004: 3, cited in Tawfit, Kinoti (2002), health workers in Sub-Saharan Africa are infected and affected by HIV/AIDS and nurses who are making up the majority of the health workforce and health care providers in Africa are more affected than other health workers. This has several negative impacts such as less productivity and inadequate health care provision to patients in hospitals, however the number of nurses infected in Namibia is not yet known (MOHSS, 2007: 2). Therefore it is believed that many nurses may suffer the burden of HIV in silence while continuing to render health care to patients without any care and support (MOHSS, 2007: 2).

Lack of support among nurses might increase stigma and discriminations and inability to accept HIV as an issue to be discussed among employees. The nurses would not have the ability to cope with provision of quality care to HIV/AIDS in public hospitals because it is compromised by the lack of necessary care and support which they perceive lacking in their health institution (MOHSS: 2007:1).

1.4. Rationale

It is recognized in IHO that nurses caring for patients with HIV/AIDS are perceived to know more about the pandemic disease. These nurses provide the greatest degree of

caring for these people. Sometimes they are stigmatized and discriminated against by other core nurses as being exposed to diseases especially when they have worked for long period at such department due to their being seen as hard workers who cannot be transferred to other wards. These nurses seem to be deprived and considered for care and support especially when they have to cope with multiple bereavements. The structure within which these nurses work is important to be supportive whenever possible in terms of the following: Manpower whereby adequate staffing levels with an appropriate skill mix; environment that should be absence of unnecessary rules and regulations; resources adequate equipments to assist them to give high quality care; provision of appropriate training; commitment to staff development and availability and interest of the manager (Sims and Moss, 1994: 35).

There is need to call for support services for the nurses that includes quality services such as: General life skills education, spiritual support, psychological and emotional support, prevention of HIV and other sexually transmitted diseases through provision of proper education and counseling services, preventions of Tuberculosis, treatment care, support and the promotion of access to Voluntary Counseling and Testing, development of support groups and the establishment of a wellness programs that should be understood and accessed by all employees (MOHSS, 2007: 16).

Nurses need all these care and support to enable them to fulfill their obligations to the patients, since an emotionally distressed nurse cannot be in good health and thus can not be expected to meet the huge responsibility of caring for HIVAIDS patients if they are not supported (Geyer, 2001; Miller, 2000:16).

1.5. Research Question

Do the current support services in IHO address the needs of care and support for nurses providing care to patients infected and affected by HIV?

1.6. Significance of the study

The study will contribute towards policy disclosure and will add to the body of knowledge on HIVAIDS. It will also benefit future researchers in scholars, in that they

will be able to obtain the necessary data, as it will serve as a vivid exposition of the nurses in the Intermediate Hospital Oshakati (IHO) of the Oshana region and may also contribute to growth of knowledge and academic debate. The study attempt to give nurses an understanding for their roles in taking responsibility for their own emotional well-being. Nurse Managers may use the result to plan and implement appropriate support system for the nurses in general more specially those who are caring for patients with HIV/AIDS. It is hoped that the study will eventually help to raise the quality of care and support to patients and nurses affected and infected by HIV/AIDS (UNAIDS, 2002: 24, cited in Pendukeni, (2004:12).

1.7. Operational definitions

For purposes of this the following operational definitions were used:

1.7.1. Care and caring

Care and caring is define by (Stanhope and Lancaster, 1996: 98) as widely important to the nurse client relationship and as a cognitive learned humanistic and scientific modes of helping or enabling an individual, family or community to receive specialized services through scientific, culturally defined or described modes of process, technique and pattern to improve or maintain a favorable health condition for life or death.

Thus Leininger, (1984) cited in (Stanhope and Lancaster, 1996: 98), argued that caring has a direct relationship to human health. Emphasis is place on helping and enabling activities, which are culturally acceptable to the person being cared for. Thus caring is feeling of dedication to another to the extent that it motivates and energizes action to influence, however it is viewed as a major role of women throughout their lifespan (Stanhope and Lancaster, 1996: 558.).

Caring is a human feeling which is always positive by its nature definition. It helps to raise human relationships to satisfy experience of pleasure, security, trust, growth and positive activity. The definition describes caring as a feeling which is translated into behaviors that enhance improvement in the condition and experience of the person being cared for, thus is directed towards the protection and maintenance of the health wealth.

Orem's defines care as watching over providing for and looking after a person performed by individual or group. This author refers to caring as an element of brotherly love that is interdependent with them. Caring involves one person's responsibility for another person who should have specific needs or characteristics that define how the person should be looked after and the care provider should know the specific needs or characteristics. Thus caring for patients refers to those helpful and enabling activities performed by nurses to improve the patients, human conditions of help them face disability or death. When used in the context of caring for staff, care means concern for wealth of nurses (Stanhope and Lancaster, 1996: 558-9.).

1.7.2. Nurses/nursing

Nurses is a group of qualified registered nurses and enrolled nurses and midwives /accoucheurs who are trained and qualified to provide care and support to patients and clients with different ailments through nursing. Nursing is therefore that service to mankind which enables people to attain and maintain good health and prevents illness, or, when illness occurs, helps and supports them, so that they may overcome their illness and regain full health. (Mellish, 1988: 9).

To nurse is to be near to human being, when in need of help and be responsible for their recovery, whereby they need to understand them, realize, reassure and reserve their affairs in the provision of the required service they provide with self sacrifice, self discipline, and self assurance, supporting and sustaining the security of the patients. Therefore providing health education, to the patients and their families, extending the patients ability to cope with their situation is part of the nurse primary responsibilities in the provision of care. Thus it forms part of health care that is essential component of a team approach to health care and recognizes the value of the contribution of all health professionals in meeting the specific health care needs demonstrated by human being (Mellish, 1988: 2-3).

1.7.3. Support

Support means to give assistance to bear weight for someone, sustaining him/her to prevent the person from falling, sinking, sustaining life or to avoid an unpleasant situation or decision to happen, (Webster, 2000: 1260).

The theory of Orem explained how the physical and emotional support will enable individuals to control and direct the action in a situation. This study action in a situation is caring for patients with HIV/AIDS. Thus Orem states that it will appear critically impossible to offer support without at least initially caring. The behaviors adapted by the nurse managers to strengthen the self-caring ability of nurses will be described in the context of this research. Thus giving nurses the necessary strength and help to enable them to adapt to the demands of caring for patients with HIV/AIDS will play important role in this research. Therefore the availability of support in this research was determined by the respondent's expression of feelings supported.

1.7.4. Availability

According to Webster's comprehensive Dictionary (2000: 99), availability is derived from the word avail which is a utility for a purpose, benefit and good. Meaning to assist or aid; and or to utilize. Thus available is described as being capable of being used advantageously.

Therefore availability means something that is capable of being used at one's disposal or obtainable within one's deal. For the purpose of this study availability means the care and support services should be obtainable and within reach or be in nurses disposal and be capable of being utilized (Webster, 2000: 99).

1.7.5. Patients with HIV/AIDS

The term refers to people requiring nursing or medical care at a public hospital in with an underlying diagnosis of HIV/AIDS.

1.7.6. Intermediate Hospital Oshakati

The hospital in the urban area of Oshana that is funded by the state, providing care to

1.8. Purpose of the study

Study aimed to describe the perceptions of the nurses about the care and support services available for nurses who are providing care to patients with HIVAIDS in Intermediate Hospital Oshakati.

1. 9. Objectives of the study

The general objective of the study is to: describe the care and support services available for nurses who care for patients infected and affected with HIVAIDS in IHO.

1.9.1. The specific objectives of the study are to:

- Identify the preparation that is given to nurses providing care to patients infected and affected by HIVAIDS
- Identify the problems experienced by nurses during and while providing care
- Identify how nurses caring for patients with HIVAIDS perceive their support needs and what their personal strategies are?
- Assess what support services and system are available for nurses who are caring for patients with HIVAIDS
- Make recommendations for HIVAIDS related support for nurses.

1. 10. Research method

The researcher has conducted an extensive understanding of literature on care and support services available for nurses providing care for patients with HIV/AIDS. It also included to find out what services were available to support nurses in their daily execution of duties and that enable them to cope with the stress and burnout syndromes as well as their personal significances of HIVAIDS they are faced with. About twenty four

nurses were administered with Questionnaires that was drawn in order to describe their perceptions on the matter as stated in the five objectives. On reviewing of literature on the subject of care and support for nurses several factors are suggested to be influencing the availability of care and support in organization (MOHSS: 2007:1). These factors are related to the organization and nursing management will be forming the basis of this study.

1.10.1. Organizational factors

The public health institutions are responsible for health conditions of its servants and therefore their working conditions are influenced by the government policies. However each institution is responsible for creating a caring and supportive environment for its staff. This is highlighted by (Van Dyk, 2004: 19), who stated that the effectiveness of any staff support system is influence by the organizational culture since its where all concepts are and or should be defined and done. Evidence suggests that social support can act as a buffer against stress cushioning its impacts. It also has direct positive effects on psychological well being (House et. al, 82).

It is thus of particular importance to the management because it helps them to understand how employees feels about their work. The author stated that the cornerstone of the organizational success is through efficiency and effectiveness in the provision of resources to execute the care by doing the right thing to the clients and to the ministry. This will uplift its success by achieving its goals of both short and long term planning. Thus the system of care and support should be build into the organizations philosophy (Van Dyk, 2004: 24).

An organization can create a caring and supportive environment by receiving or minimizing stressful situations. Therefore one of the objectives of this study was to find out the nurses what problems thy experience while providing care to patients with HIVAIDS.

1.10.2. Nursing Management Factors

A supportive environment can only be achieved trough the understanding of knowledge, attitudes and skills of nurse managers, whom are able to create services and support their

nurses effectively and efficiently if they have a positive attitude towards support (Sloter, 1997: 3).

Managers need to recognize and appreciate the emotional demands of caring for HIV/AIDS patients and use leadership styles that foster respect for staff, enhances team and quality of work life of each employee by taking their needs and values into consideration to such an extent that their needs are satisfied and their values are conformed to (Booyens, 1999: 695).

Managers who do not have genuine interest in their staff will not know their nurses problems or think for caring and supporting them to enable nurses to feel valued on personality, family backgrounds and level of experiences, thereby would not be able to offer meaningful support. Managers should make time to listen to nurses and discourage the reluctance to share their problems. Lack of interaction would make it impossible for managers to monitor and evaluate the appropriateness and effectiveness of any support mechanism that may be available. Managers should be trust worthy and be able to keep confidences to enable nurses providing care and who might be HIV positive to disclose their problems and statuses to them. It is through this interaction that interpersonal relationship can be identified and defined as the whole human conduct between each other are involved and through which the relationship of communication, care and support are enhanced as each employee tries to influence and adapt the behaviors of the employer and employees in order to satisfy their own needs (Van Dyk, 2004: 21).

Health care settings in Oshana where IHO is situated in Namibia, have nurses from diverse cultural backgrounds, thus managers need to have skills in leading a multicultural workforce and to give care and support which is not only in financial, technological and manpower support but through a process that is driven by a committed and motivated management team (Booyens, 1999: 604).

If nurse managers for example, do not recognize the fundamental values system embraced by their staff, they will not understand the behavior patterns of staff to enable them to offer appropriate support. Thus it's important for managers to possess adequate knowledge of issues related to caring and supporting patients with HIV/AIDS as they cannot supervise staff whose work they do not understand, value and support. This

research explored how nurse managers could contribute to ensure caring and supportive work environment for these nurses.

Both local and international literature will be reviewed. The reviewing of literature reflects that most studies on the topic under study was basically in developed countries and only few studies have been done in Africa focusing on nurses and care givers for people living with HIV/AIDS, however many studies only focused on supporting community care givers. Therefore this study aims at describing the care and support services available for nurses who care for patients infected and affected by HIV/AIDS in IHO.

Chapter 2. Literature review

This chapter provides a review of literature that is relevant on the variables. The prevailing situation of care and support services available for nurses caring patients with HIV/AIDS will be outlined. Literature has revealed that there has not been specific research on the care and support for nurses providing care to HIV/AIDS in Namibia. Thus their challenges and problems faced will be examined and possible solutions will be highlighted in this regard.

2.1. Introduction

Most of the information for literature review in this was obtained from library and internet searches. Literature reviewed that this topic of care and support has been rarely done in Africa or in developing countries. It aims at looking and describing the care and support services available for nurses and that allow them to cope with the sound effects of HIV/AIDS.

The basic assumption underlying care and support is that people will have better morale, health and functioning better if they receive care and support when it is needed. According to Brooks et al (1994:36) care and support are subjective phenomenon, which is determined by an individual's expression of feelings cared and supported and is closely linked to pleasure. The assumptions of the perceived care and support all depend on the extent to which the nurses' needs are met. To conceptualize the nurse's experience of care and support the Maslow's Theory of Human Motivation and Abdullah's Theory regarding the typology of nursing problems has been explained. The two theories provide frameworks of the factors that influence the perceived care, support and also a direct structure of the data that has been collected and analysis of the findings.

2.2. The individual Nurses and HIV/AIDS

Nurses have been the frontline medical professionals responding to the pandemic, providing hands on care to patients and comfort to families in their daily basis.

Nurses in Namibia are human beings living within the society. They do not exist in some rarefied atmosphere. Outside work they still interact with acquaintances, friends, family members and colleagues. They are therefore exposed by the same influence as the general public. A study done in Nigeria reported that in work related about 33% of hospital staff thought that nurses and doctors caring for HIV/AIDS would run the risk of infections (Effa-Heap, 1996: 531).

As stated before, the extent of the problem in terms of the number of nurses infected in Namibia is not known. Many may suffer in silence without revealing their HIVAIDS status. In Mozambique, deaths among staff was said to have tripled in 1995-1999 at increasingly young ages (Pedukeni, 2004: 13 cited in Deveew, 2001). In one study, conducted in Zambia hospital the mortality of female nurses raised 13 folds between 1980 and 1991 (ibid). In Malawi the deaths rates of health care workers, nurses included were 3% in 1997, a six fold increase of the level before the epidemic (Ibid). Thus any support strategies made available for the nurses would be useless unless nurses make use of them. Nurses need to recognize the emotional demands of caring for HIV patients and accepts their vulnerability through being aware of the strength, weakness and being able to recognizes the signs and symptoms of emotional stresses and to take an active role in maintaining their health and to understand themselves (UNAIDS, 2002: 55).

Nurses should be able to identify understand and accept their vulnerability that will enable them to recognize their need for help, care and support so that they may seek help and engage in self care behaviors. In some African countries like Nigeria, HIVAIDS has been treated as a moral rather than a medical issue (Effa-Heap, 1996: 529). In Namibia the way the disease has been described and classified reflects the same social and cultural prejudices that made the disease shameful in the first place (Barnett and Blake, 1992) cited in Effa-Heap (1996: 529).

Those known to have HIVAIDS as well as those working with them are stigmatized by the society they live and even in their working situation. It then spreads to the whole

person and spoil the identity and rejection resulting in reduced opportunities and preventing the care and support of nurses providing care (Effa-Heap, 1996: 529).

The nursing of HIVAIDS patients requires special skills. They include the identification and management of specific clinical problems, counseling technique, the administration of patients care and ability to communicate effectively with individuals, families and support groups (Effa-Heap, 1996: 530).

Therefore, staff caring for HIVAIDS patients needs to acquire new attitudes, knowledge and skills as they become engaged in multi-disciplinary problems of AIDS care and prevention. This goes along with the former secretary general of the United Nations, Kofi Annan's statements that critically called for nurses to be honored, respected and valued for their professional and personal contributions to people living with HIVADS. He thus emphasized on them to serve and advocate for their patients as well as to themselves. Therefore, to this end the first edition of HIV training curriculum was said to be written, especially for nurses caring for HIV/AIDS patients in which many health professionals of all kinds who are interested in caring HIVAIDS patients have been sorted out and benefited from the information provided (UNAIDS 2008: III).

2.3. Preparations given to nurses

Literature has identified that most nurses are feeling that there is a need for the provision of training opportunities to provide self-help as strategies to support the capacity of nurses to continue to provide care to patients. According to an online publication available on February, 2011, 23, the family health international proudly announced the publication of nursing care of patients with HIV/AIDS. The course is said to provide nurse in resource limited areas with evidence-based knowledge they can use to deliver safe, effective care and support to their patients. The materials included a facilitator's guide.

Nurses should be provided with training, support and supervision by their employers. Training nurses is important for prevention purposes. This should be a under involvement of community through meetings and workshops because gatherings provides valuable opportunities for sharing knowledge and perception about HIV/AIDS Journal (2003).

2.4. Maslow's Theory of Human Motivation

Maslow's theory appears to be relevant for nurse researchers investigating issues surrounding motivation, support and satisfaction. Maslow's organizes the basic needs into a hierarchy of relative prepotency. Thus the two needs are classified into two groups: lower level needs, consisting of psychological, safety and belonging/love needs and high level needs comprising self esteem and self actualization needs (Huber, 1996:362).

2.4.1. The list of basic needs hierarchy (Huber 1996:362-363).

Psychological needs: This is a basic need driving for diet, clothing and shelter, it usually seek to acquire money for human survival?

Safety and security needs: nurses need to be free of psychological harm and deprivation of basic physiological needs including Employees' benefits.

Belonging and love needs: includes giving and receiving affection, reflection with consequences having a place in their work environment such as social support and cohesion

Esteem and ego needs: These are needs to achieve independence, respect and recognition from others whereby nurses need to receive both from their colleagues, managers, employers and among themselves.

Self actualization: In this need a person is viewed as a self-actualizer through their behaviors. Eight ways in which a nurse can be self-actualizer are experience fully, vividly, selflessly, with full concentration and total absorptions.

2.5. Abdullah's theory

Abdullah identifies a group of common nursing problems. These problems focus on the physical, biological and socio-psychological needs of the client. Each of the group of nursing problems consist of numerous overt and covert problems which are specific for each clients. The groups are meant to guide care planning and provision as well as promote the development of nurse's judgmental ability. Therefore the applications of

Abdullah's theory in this research in comparison with the Maslow's are possible as the two theories are having similarities in the provision of care and support.

2.6. Preconditions of the basic needs

Application of Maslow's Theory in this study requires nurses to satisfy their needs by moving up the hierarchy from physiological needs through to self actualization needs so as to function at their best. These needs can only be satisfied, motivated and influenced by the environment that comprises of the pre-conditions stated above. Nurses need to be in an optimal health in order to provide quality care to patients infected and affected by HIV/AIDS.

2.7. Problems experienced by nurses caring for people with HIV/AIDS

Most of the problems causing stress among staff caring for clients infected by HIV/AIDS can be categorized as; stress and burnouts, staff fear, issues of association, professional and role issues or stigma discrimination and ethical issues

2.7.1. Stress and burnout

Several authors have suggested that nurses caring for people living with HIV/AIDS may experience stress and anxiety which are not common in other areas of care. Hence an understanding of the nature and affects of stress is essential in order to appreciate the need for support (Jackson 2002:208). Stress is defined as a physical, mental, psychological or spiritual response to a concept that is linked and examined effects of behaviors of health whilst burnout is described as a condition in which an individual nurse responses to emotional stress that have components such as, emotional and or physiological exhaustion, lower job productivity and over depersonalization (Huber 1996:561), which occurs as a result of chronic stress (Potter & Perry 2005: 611).

2.7.2. Staff fears

Fear is a factor which can outline judgment and compromise the quality of nursing care. It is brought about by feelings of impending danger and could manifest itself in the form of anxiety levels while nursing HIV/AIDS patients (Effa-Heap, 1996: 531). Fear of being infected and contracting HIV infection has been identified as contributing to stress among nurses who care for patients with HIV/AIDS in hospitals and hospices (UNAIDS: 2000:39).

2.7.3. Issues of Association

The magnitude of the HIV/AIDS pandemic in sub-Saharan Africa has led to situations where all families are affected by HIV/AIDS. Almost every nurse has experienced loss of a relative, friends or colleagues due to HIV/AIDS and some nurses have to go home after a day's hard work and be faced with a distress of an infected family member. UNAIDS (2000: 34), indicated the scenario to have made it difficult for nurses to be professionally detached from their job when they are not on duty and also increases the risk of stress. For nurse who HIV positive to watch their colleagues go through long illnesses, suffering and death without being able to do much to help, it is a devastating experience for them. Thus staff affected by HIV may experience a loss of boundaries between job and personal life leading to exhaustion, loss of perspective and burnout syndromes. Nurses are mostly encouraged when their patients recover from illness they are perceived or diagnosed to have. Failure to observe and see their success and progress of caring due to frequent deaths of their patient's nurses may develop anxiety, guilty conscious and frustration, especially in the cases of nurses caring for HIV/AIDS patients.

Nurses do develop all this signs and symptoms as they have been with their patients for long time through their time of suffering from illness and deaths, thus nurses may experience grief that may lead to burnouts. However dealing with individuals or families with multiple losses of loved ones was also a source of stress for nurses in this research. The majority of patients dying from HIV/AIDS are young people who may be of the nurses own age group or younger (MOHSS, 2010: 13).

This is more distressing as nurses do identify themselves in the patients. Participants in this study referred to have cared for mostly women who were young, infected and being bread winners in their families or communities and with few treatment opportunities as they were diagnosed at the later stage. These women were having children they are taking care off and had no emotional support from their families and since they were single parents their futures of their children were very uncertain. This situation has caused strong emotions to surface in the nurses as they identified with these women.

2.7.4. Stigma, discrimination and ethical issues

HIV/AIDS may be associated with certain high risk groups that have been discriminated as bringing about stigma which contributes to the attitudes developed by nurses who care for patients infected and affected by HIV/AIDS. Nurses may be uncomfortable when relating to people who are considered to be immoral. Having to care for HIV/AIDS patients who maybe sex workers, gay and drug users may be distressing for nurses as they may feel stigmatized themselves. Due to stigma attached, individuals (some of whom might be nurses) often prefer to keep information about HIV positive results as a secret (Jackson, 2002: 211, 274).

2.8. Nurses perception of their support needs

In a very stressful environment, health care workers may hide their emotions and **cope** when working. Some people may not acknowledge that feeling of grief or frustration experienced by nurses who face frequent deaths of their patients some of whom might be relatives and colleagues is a problem. Thus nurses who provide care to people with HIV/AIDS would not be able to cope with emotional trauma of HIV/AIDS if they are not cared and supported. Moreover having a stressed staff creates a stressful atmosphere which is easily passed on to patients, relatives and colleagues around them. However, nurses need to acknowledge their own interventions to be meaningful to them (Jackson 2002:208). The table below indicates how nurses prefer where they wish to receive their emotional support.

Table 2.1. Where nurses prefer to receive emotional support

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	At workplace	8	33.3	36.4	36.4
	Out of work	3	12.5	13.6	50.0
	Both	11	45.8	50.0	100.0
	Total	22	91.7	100.0	
Missing	No Response	2	8.3		
Total		24	100.0		

Most of the respondents 33.3% have indicated that they would like to receive their emotional support at the workplace, 45.8% said they could receive it from both either at work or home, while 12.5% respondent to need it out of work. The total of 91.7% is an indication that nurses really need to be supported in their daily pursuing of their duties.

2.9. Care support system available for nurses

Staff support is about valuing staff as individuals and seeing them as valuable resource in the organization. It involves creating and developing a sense of personal worth and respect as individual persons. Valuing staff enable them to value themselves and it will be shown in the quality of patient care, team work and overall standards of work performed by users. Very few studies examined the nurse's care and support system with regards to caring patient with HIV/AIDS and how they are coping with the impact of HIV/AIDS on them as well as on their services. This will positively affect the positive attitudes and personal appearance of staff as well as how they relate to everyone around them (Stotter 1997:64-66).

According to Orr, undated, (Cited in Jackson, 2002: 223) there are only two kind of people in Africa. Those affected with HIV and infected with it. Thus many people are said to have formed their own support groups and wellness programs in their own

families and workplaces which are serving as powerful tools for the rights of people with HIV, to challenge discriminations, advocating for access to treatment, promoting counseling and support services seeking legal protection for human rights, mostly because even with some nurses are failing to comply with the treatment regime and or access ARV.

Thus care and support in this study may include meeting the needs and insure a supportive workplace for nurses who are HIV and or caring for their HIV positive family members, colleagues and patients, by maintaining that all above statements are met and that nurses themselves are equipped with necessary knowledge and skills on HIVAIDS throughout their training and in-service education so that the maximum number of patients as well as of nurses in need of care and support and with HIV/AIDS infections would know their statuses and be open about it with the confidence of gaining the acceptance and support they need (Jackson, 2002: 224).

This will only be relevant if an impact of HIVAIDS on health sector is addressed especially for nurses living with HIV and caring for infected families. Therefore care and support system is essential for providing a safe and supportive working environment for nurses to ensure the provision of quality nursing care from the qualified and full equipped staff with knowledge and skill and who are well cared and supported.

2.8. Scope and limitations of the study

This study investigated the availability of support for nurses who care for patients in IHO, a public hospital in Oshana region. Hence the result may be applicable to private hospital or rural hospital in Namibia. Experience of the nurses studied may or may not be similar to those of nurses in other African or foreign countries. Therefore these results may not be generalized beyond Namibia.

Conclusions

It is clear that HIV has a blow on the nurses and the health sector in extensive. HIVAIDS have an effect on nurses and the ministry and vice versa. Thus viewing this sequence, it is clear and very important that nurses' needs should be valued and a system of care and support should be put in place for the health ministry in particular to limit the effects of

HIV/AIDS on nurses. It is also critically that nurses be sophisticated about the disease and empowered to serve and advocate for their patients and themselves. The attitude of nurses towards caring patients with HIV/AIDS is significant and it is important to know what the effects are in providing care and support services to the nurses.

Chapter 3: Study Methodology

This chapter explain the research methodology namely; the research design, descriptive quantitative design; experimental design; the reality of nature; procedures for data collection and analysis; study limitations as well as ethical considerations.

3.1. Introduction

This chapter illustrates the research design and method of research used. The study is a descriptive quantitative study using a survey method and some key informant interview in order to gain understanding of what nurses with different qualifications, aged 22-49 years, in different work settings, perceive the same care and support services in Oshakati hospital in Oshana Region. Quantitative data was analyzed using a SSPS () software and based on the objectives. The goals of descriptive quantitative research is to document and interpret, as fully as possible, peoples view points and subjective frames of references, to identify existing factors and relationships among them (Burnard and Morrison, 1994: 51).

3.2. Research design

The overall plan for obtaining answers to the questions being studied and way of handling some difficulties encountered during the research process is called research design.

3.2.1. Discriptive (Experimental) Quantitative research design

Quantitative research is collecting some type of numerical data to answer a given research question example, scores made by a person on a personality test (Christensen, 2007: 39). Thus it consists of numbers used to outline plan, or strategy specifying the procedure to answer a given research question (Newman, 2006: 299).

The researcher intended to gain insight into the HIV/AIDS linked care and support system that are available to assist nurses in coping with challenges of HIV/AIDS, by testing their personal views. There is a need to identify the preparation that is given to

nurses providing care to patients infected and affected by HIVAIDS, the problems they are experiencing during and while providing care, how they are perceiving their support needs and what their personal strategies are, to assess what care and support services and system are available for nurses who are caring for patients with HIVAIDS and to make recommendations for HIVAIDS related support for nurses.

The descriptive quantitative research has been chosen for this study because it is a systematic process that attempts to understand the phenomenon in its entire, rather than focusing on specific concepts (Brink, 1999: 13). In this belief of quantitative study researchers will be more concern about issues of design measurements and sampling because their deductive approach emphasizes detailed planning prior to data collection and analysis. Most quantitative researchers rely on positivists approach to social science by applying logical constructed research path. Therefore they are more emphasizing on measuring variables and testing of hypotheses that are generally linked to causal experimentations (Newman, 2006: 151).

3.2.2. Experimental design

on this approach quantitative is designed to discover the effect of presumed causes where the researcher seek to answer a specific question, example why are people in the country moving more slowly then people in the city? What causes it to be like that and under which circumstances or condition are they moving slowly. Thus to provide ambiguous answer to choose those questions the experiment should use control design (Christensen, 2006: 20).

The knowledge found in descriptive study are uses to describe the status of a situation once a solution, suggested by experimental analysis has been put into effect. Therefore descriptive approach can provide input regarding the effectiveness of the proposed solution, as well as hypothesis about how a more effective solution could be reached. It can thus be useful in the both initial and the final stages of investigation into an area. Thus some quantitative information's has been obtained from documents and literature reviews (Christensen, 2007: 41).

According to (Treece; Treece Jr, 1986: 371) quantitative methodology does not answer all questions. Although informative it does not provide a holistic, natural world view of the phenomenon that qualitative research can produce. Thus it assumes the meaning and more frequently uses one source. The researcher used quantitative research approach as it is described by Christensen (2007) definitions and characteristics of the quantitative research as identified by Polit and Hungler (1999).

Researcher used quantitative research approach for this study based on Christensen (2007) and Newman (2006), definitions, and the major characteristics of the quantitative research. These characteristic are: reality of nature, rationality, quantitative data, regularity, discoverability

3.2.3. Holistic perspective

Through this perspective nurses can be viewed in as it looks at different dimension where nurses are expected to provide care to patients with HIV/ADS while they themselves are also affected and infected. Therefore the researcher has also included this approach as it is having a meaning to the study because it gives answers to the research questions.

3.2.4. Reality in nature

If we could not assume that things we see, hear, feel and taste are real and materialistic then our minds could not eventually create images that represents investigations of uniformity of nature and not our perceptions of it. Empirism, a non-scientific approach stating something that have been experienced is valid and true is also used in science and is based on observations of which it refers to the observation of a given phenomenon (2006: 9). However scientific study of HIV/AIDS in this regards made use of the data whereby people are asked to identify what they know and hear e.g. about the way HIV/AIDS is transmitted, or and what they see and feel could be risky behaviors that are causing people to be infected with HIV/AIDS in both socially, scientifically and culturally. Therefore emperism and reality in nature are vital elements on science but emperism in science refers to the collection of unbiased data and not to personal experience on an event. Thus our minds would never create those images of how

HIVAIDS appears in the really world and how it is represented in the investigation of uniformity of nature. This means that research process is making assumptions that there is an underlying reality that needs attempted to be uncovered (Christensen 2006: 27).

3.2.5. Rationality

If there would be no use of logical thinking of what occurs in nature, scientific study of behaviors would not be successful. This means that there could be no advancement of reasonable thinking and thoughts that are proposing the cure of HIVAIDS, and, or where scientists based their finding to create medicines through a commonsense where events are well understood e.g. in the provision of different types of medicines e.g. Antiretroviral (ARV) in different stages of HIVAIDS. People could still believes in witchcraft and more traditional (Christensen 2006: 27)

3.2.6. Regularity

This refers to events in nature to follow the same low and should occur in the same way at all time and places. HIVAIDS sufferers for example would consistently view the world themselves very negatively. Therefore without regularity underlying causes of behaviors caused by lack of regularity would not be identified and it would suggest uniformity in nature, and studies could not be conducted to uncover the nature's uniformity. Thus authority would be used in the design of studies because it plays an integral part in the development of hypothesis (Christensen 2006: 27-28)

3.2.7. Discoverability

studies are continuing to find a cure for the HIV virus, if not many scientists would not have discovered things like medicines to cure diseases like HIVAIDS, Tuberculosis, and many others and the law of human behaviors to alter improvement in such conditions would not be discovered. scientists would be pessimistic and relaxed unlike the advancement to research that is there now and which found the causes of HIV and the medicine that prolong life of those infected with the virus (Newman, 2006: 85).

An exploratory descriptive study design has been used since little is known about what nurses perceive to be the available support to them. The current situation and magnitude of the problem has been described and confidently contributed to the development of

strategies on how to address the problems faced by nurses in this regards. Data about personal particulars has been obtained through qualitative approach. Therefore nurses aged 21-49 years have been chosen purposively because of their involvement and experiences in relation to what they perceive to be supportive to them.

3.2.8. Assumptions in our daily lives

All information's to be transmitted would have been incorrect and inaccurate and no good research would have been conducted in uniformity through engaging in various scientific theories and research activities. Answers to eliminate the problems encountered in daily life due to lack of knowledge, both gained from field of psychology that enabled scientists to treat disorders of HIVAIDS or to reduce the replication of the virus and ability to handle those problems wouldn't be apparent to scientist and the people (Christensen (2006: 3). Philosophical positions that state that science should be studied under observation of a given phenomenon that is to be empirically evaluated in the same way as any specific scientific field and paradigms by which reality is interpreted, would not been suggested to change the belief system that governs the views of reality (Christensen, 2006: 12).

Thus scientific assumptions have created us universal scientific methods and knowledge that is acquired from research and that varies form science to scientists and devoid of personal beliefs, perceptions, biases, values, attitudes and emotions, and derived from experiments that are free from errors and not bound to any theoretical assumptions, through construct experiments by a given events and trying to establish the determinants of events. Therefore universal, historical methods of science that can be applied to all science regardless of the field are physics, psychology or creation of science would be ridiculous (Christensen, 2006: 3).

3.3. Study population

According to the study objectives the study population is the entire group of people or a subject that is of interest to the researcher in another word that meet the criteria the researcher is interested in studying (Brink, 1996: 132).

The study population in this research is comprised of nurses, both registered nurses and enrolled nurses and midwives of the Intermediate Hospital Oshakati who are providing care for patients with HIV/AIDS and are full time employed and qualified with certificates, Diplomas and degrees in nursing science and in Enrolled Nurse/Midwife/Acoucheur. The participants were explained with the purpose of the study and have freely uttered their feelings and perceptions about the availability of care and support.

3.3.1. Sampling and Sample size

The participants were selected among the 122 registered nurses and 145 are Enrolled Nurse Midwifery, totaling 267 nurses, (Hospital). Data were collected in the IHO from the wards that are providing care at all level of nursing.

3.3.2. Sampling methods/ criteria

Sampling refers to the process of selecting the sample from a population in order to obtain and analyze the information. It is also used in seeking an answer to the research question (Christensen, 1985: 155). In this study a random sampling has been used to select the sample, since it's a type of probability sampling method which provided every participant an equal chance to be selected in the study sample representing the population (Huggler 1997:534).

Therefore participants have been randomly selected because the subject to be studied is of the typical population in question. Thus 133, which is 50% of the targeted population was selected amongst the group of 267 nurses using a random sampling method to select 24 nurses of both sexes of whom 14 are registered nurses, and 10 enrolled nurses/midwives from IHO wards and both are between ages of 22-45 years old.

3.4. Data collection process

3.4.1. Data collection methods

Data has been collected between October and November, 2010. The study used structured questionnaires that was administered to all respondents (see Appendix D.), and that

employed a combination of closed and open ended questions. While the former were used to enumerate the current status of support services and care provision in IHO, the latter sought to obtain opinions and clarify our understanding of the existing and required support and caring services for the nurses in the Hospital. Open ended questions were therefore used to supplement the closed questions as an exclusive reliance on pre-coded answers could have: (i) excluded potential responses and; failed to capture the detailed aspects of service provision. The questionnaires were developed and pre-tested before their administration to the nurses in IHO, with the aim of gaining their demographic data while the researcher had been a primary data collector (Polit & Hugler, 1993: 437).

3.4.2. Data collection procedure

Data collection was first oriented on the study protocol and the tools to be used in the situational analysis with technical. As part of this process, letters of introduction were obtained. The researcher has obtained permission from the Permanent Secretary (PS) Ministry of Health and Social Services and the Regional Director MOHSS intended for Regional authorities to conduct the study. The research has also obtained permission to conduct the study on the nurses from the Medical Superintendent of IHO who gave permission to access the nurses in their working departments. Upon arrival in the wards the researcher introduces herself to the ward supervisors and to obtain permission to enter the wards and cooperation in the study and to undertake interviews during working hours.

3.5. Ethical considerations

Informed consent was obtained from each responded. Participants made a free, independent and informed choice to participate in the research without being forced, harmed or intimidated. Participants were informed about the voluntary nature of participations in the research, the possibility to withdraw at any stage if so wished. The researcher practiced anonymity, as participants did not give their names, (See Appendix D). Confidentiality has been maintained at all times and participants were ensured that the information's obtained was explicitly ensured, with potential respondents informed that any quotations used in the final report would be cited anonymously and will only be utilized for the purpose of the study and not be made known to unauthorized persons. The

researcher therefore acknowledged all documents consulted and study respondents were appreciated in the 'Acknowledgement' section of this report for their invaluable contribution.

3.6. Data analysis

The data has been combined so that averages and categories are being identified and analyzed through the results to become meaningful. Semi-structured questionnaires from nurses in IHO Namibia to explain categories and themes have been contacted. After the collection, questionnaires containing responses each has being transferred to the prepared worksheet and the information has been arranged into an orderly form, example, 5 of the 24 responded preferred to create self care due to lack of trust, meaning that it have been given to data when responses are tallied. Each quotation that has been made during interview was given a confidential code in order to know when and where the quotation was made and by which participant, so as to protect their identity.

Questionnaires was submitted to respondents who have been asked to choose one of five responses that best reflected their positions e.g. strong agree; agree; ; disagree and strong disagree measures. Likert scaling has been used to identify the quality of care and support and the performance of such care and support in the work setting. There have been equal numbers of statements that are positive and negative about the number of statements that are positive about the attitudes under study. Thus the researcher will try to interpret the data objectively (Treece and Treece, 1986: 361-365).

3.6.1. Reliability and Validity

The two concepts of the collection central to the data are that the method used must be both valid and reliable.

Validity: the degree to which an instrument measures what it was suppose to measure. It can be enhance by construction of the instrument of the expert who will analyze the adequacy of the items capturing the domain of inquiry and doing of an extensive interview.

Reliability: how constantly the measuring technique measures the concept of interest. It will be achieved through item analysis and methods, during the pre-test of the instrument. The method enables the researcher to identify items in the questionnaires (Burnard and Morrison, 1994: 74).

Chapter 4: Analysing and interpretation of findings

In this chapter the presentations and analysis of data are specified with the aim of providing answers to the study objectives in chapter one.

4.1. Introduction

In the previous chapter data collection methods were described. In this chapter the results of the study will be presented. This chapter first presents the demographic data of the nurses (quantitative approach).

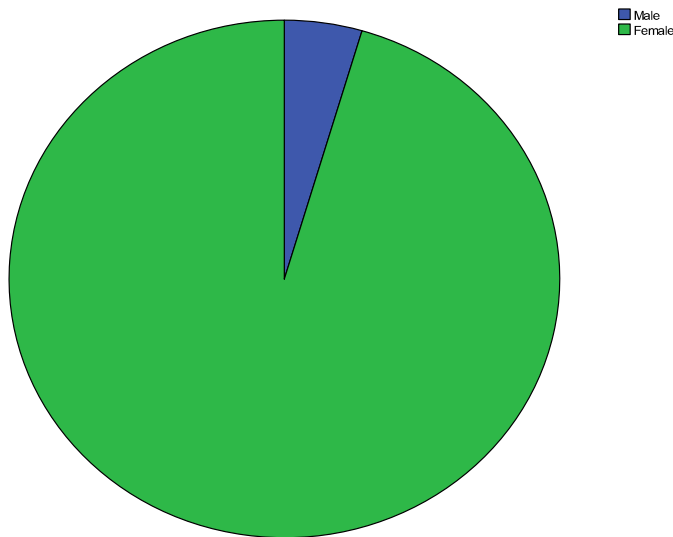


Figure 4. 1. Gender of respondents.

As the Figure 4.1 shows that Questionnaires were distributed among the nurses in IHO, in Oshana region. Twenty four questionnaires were given to participants. Only a total number of 22 participants have responded which counted for 91.7% whilst 2 are missing counted for 8.3%.

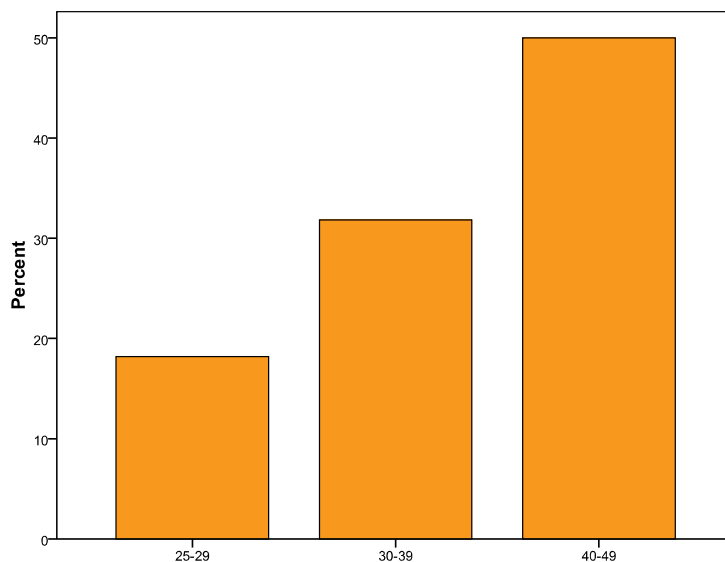


Figure 4.2. Age of respondents

The nurses' ages varies from age 25-49 years. 4 (18.2%) are between age 25-29 years, 7 (31.8%) are between 30-39 years whilst 11 (50%) are between 40-49 years. This is an indication of a sample of adult nurses who are matured and engaged in all range of care and integrating with HIVAIDS patients in their work settings.

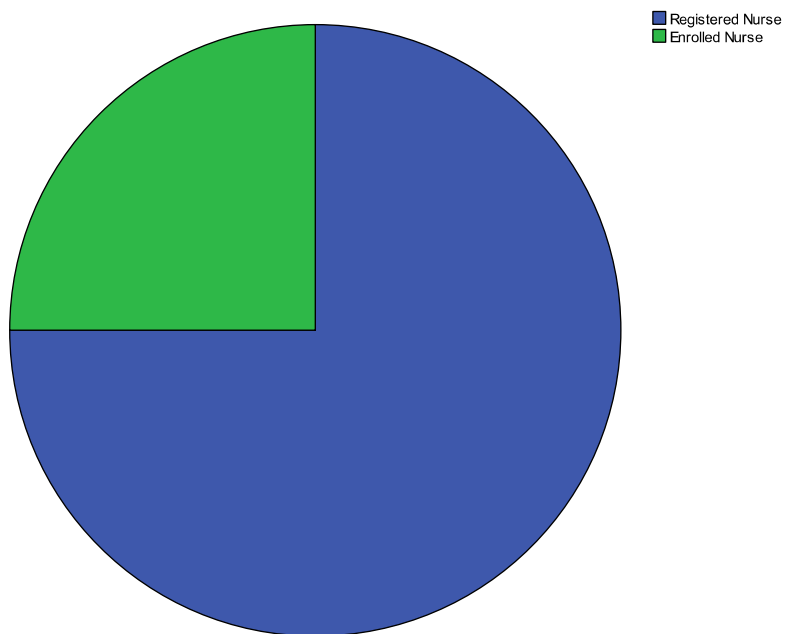


Figure 4.3. Professional cadre of respondents

The findings reflects that 18 (75%) of the respondents are registered nurses while 6 (25%) are enrolled nurses. Both are nurses who are providing care to HIVAIDS patients.

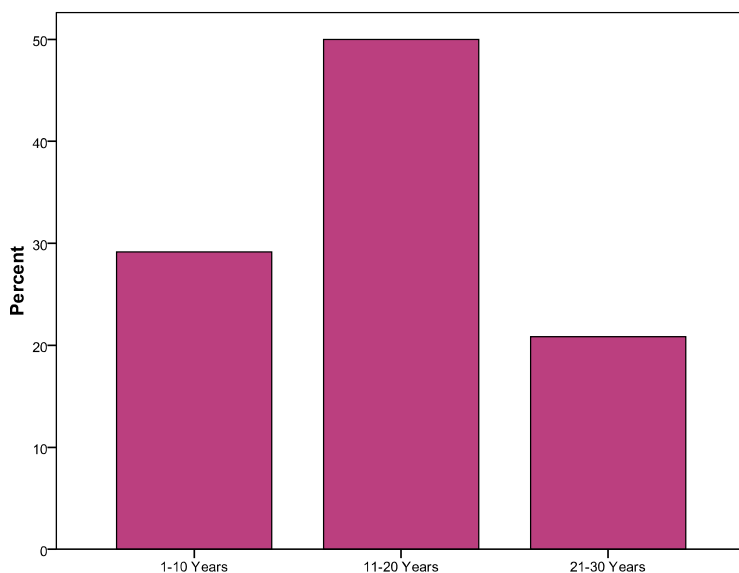


Figure 4. 4 . Experience of registered nurses and enrolled nurse/midwives

The experience of both registered nurses and enrolled nurses varies from 1-30 years. According to the findings 7 (29.2%) have 1-10 years of experience, 12 (50%) of the nurses have 11-20 years experience while 5 (20.5%) have 21-30 years experience. The majority of the nurses have experience for 12-20 years. This is an indication that they have a long period of exposure to clinical area and in the provision of care and support to their HIV/AIDS patients, in all settings of caring.

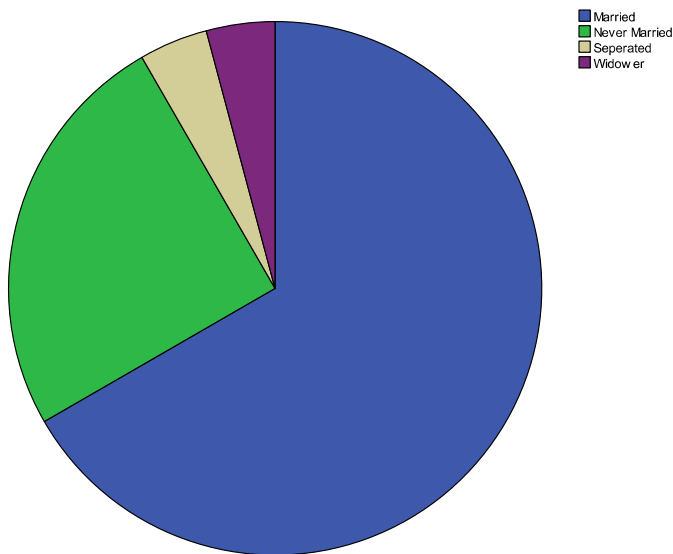


Figure 4.5. Marital status of respondents

According to the findings 16 (66.7%) are married, meaning that they have their own families apart from their extended families. 6 of them indicate that they are never married, 1 (4.2%) indicated that they are separated whilst another 1 (4.2%) said that she is a widower.

Since the majority of the respondents are married couples, it gives us a picture that most of them are involved in relationships that needs and requires them to be provided with care and support services at workplace.

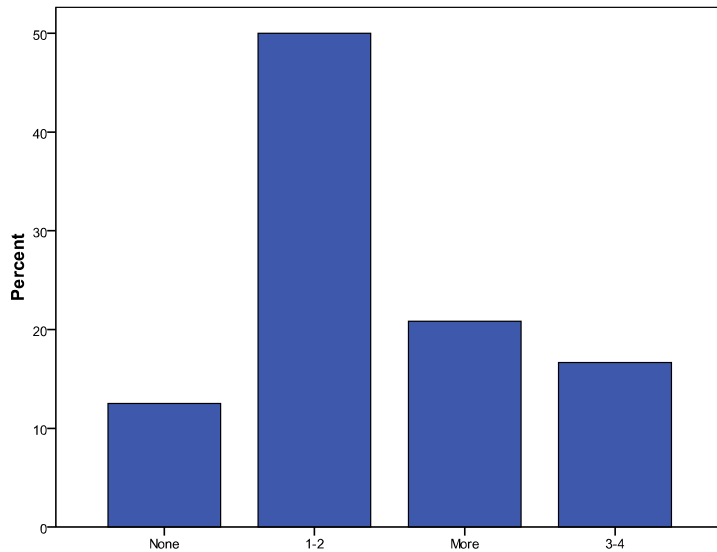


Figure 4.6. Number of children of respondents

Figure 4.6 indicates that a number of 3 which is (12.5%) have no children, 12 (50%) respondent that they have 1-2 while 5 (20.8%), said they have more and 4 (16.7%) have respondent to have 3-4 (16.7%). The majority of care providers in IHO are mothers. .

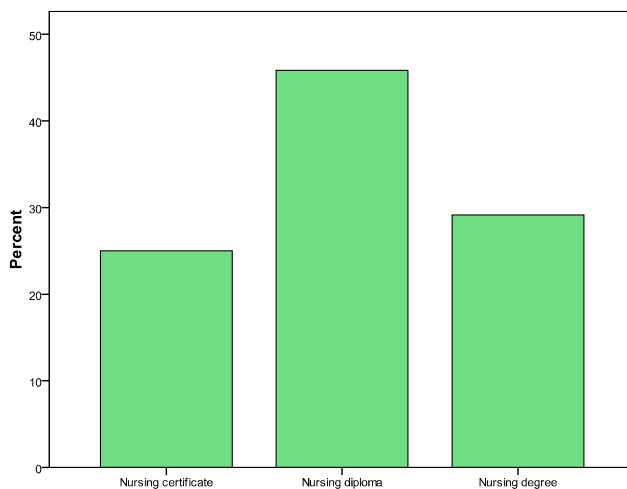


Figure 4 7. Highest level of education of respondents

The findings reveals that 6 (25%) of respondents have Nursing certificates, 11 (45.8%) have Nursing diplomas and 7 (29.2%) are qualified nurses with Nursing degrees. None of them have honors degree in nursing though it was not validated.

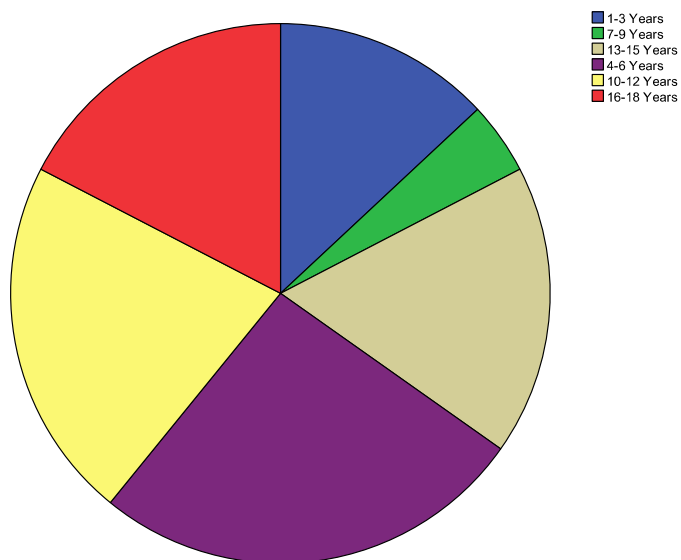


Figure 4.8. Length of time in nursing patient with HIV/AIDS

The length of time with HIV/AIDS patients varies between 1-18 years of time. When asked to respond on their length of time with HIV/AIDS patients, three (13%), reflects to have 1-3 years with patients, six (26.1%) indicated that they have stayed for 4-6 years and 1 one (4.3%) responded have shown to have stayed 7-9years.

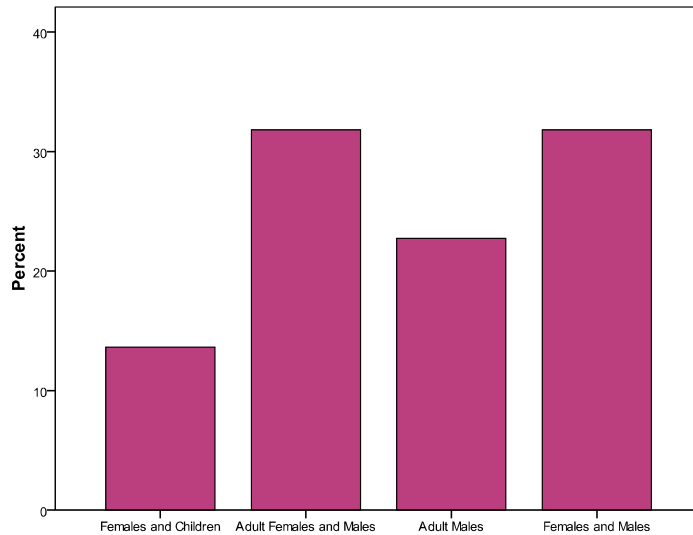


Figure 4.9: Categories of HIV patients a respondent cares for

About three responses (13.6%) reported having cared for females and children, seven (31.8) responded that they have cared for adults females and males. These who have cared for adults males only were five (22.7%), seven (31.8%) reported to have cared for females and males while two indicated no response.

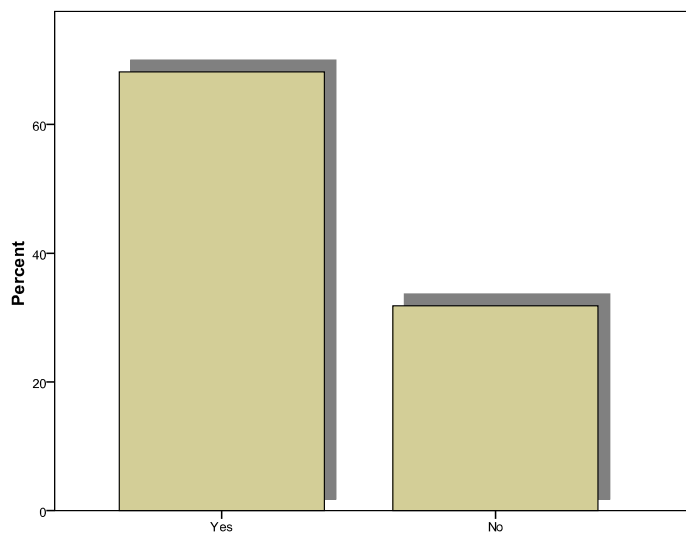


Figure 4.10. Respondents who has received in-Service training

Out of 24 questionnaires distributed 22 have responded to all the questions and two have missed to answer the variable. When asked to respond on the question whether they have

ever received in-service training 15 (68.2%) have responded positively to have received training. The other seven (31.8%) responded to have not received in-service training on the caring of HIVAIDS patients and two respondents have missed to answer the question. However the basic care in nursing is a general and dynamic dimension that is self explanatory especially in the provision of care, meaning that the training that emphasizes the qualification for nurses in all categories are most important and should be just highly adhered to.

4.2. Types of in-service training received

4.2.1.Epidemiology of HIVAIDS

When asked whether they have obtained training in epidemiology of HIVAIDS, the respondents who are nurses, 24 questionnaires distributed and two (66.7%) have responded to have received training within epidemiology and those who got it within professional cadre were 11.1%). While the enrolled nurses who responded to have got on training on was only (33.3%) rating for 16.7%) either in professional cadre. Both of the cadres responded to have got the training inadequately.

About 11 (73.3%) of registered nurses reported to have got the training adequately making them up to (61.1%) within their professional cadre. While enrolled nurses only four (26.7%), was adequately trained within their profession counted for (66.7%).

4.2.2. HIV Transmission

Asked if they on the HIV transmission, two (100.0%), registered nurses responded to have been trained inadequate within HIV transmission and (11.1%) with professional/cadre. None on the enrolled nurses responded to have been trained within professional/cadre for HIV transmission. The respondents shows 11 (68.8%) respondents who are registered nurses have indicated to have received adequate training on HIV transmission and (61.1%) within their profession. five (31.3%) of the enrolled nurses said they have received adequate training on HIV transmission and (83.3%) within their cadre's. Whilst for extensive training was reported being received by five (83.3%)

registered nurses with 27.8% within HIV transmission, while (16.7%) of the nurses have indicated to have got it and within profession counting the same percentage (16, 7%).

4.2.3. On HIV/AIDS prevention

Both cadres responded positively 13 (72.2%) registered nurses reported to have got it adequately with prevention of HIV infection and same percentage of (72.2%) within their profession/cadre. Again five (83.3%) registered nurses reported extensive training their profession of HIV infection, and (27.8%) within their profession cadre. While the enrolled nurses scored both extensive within prevention of HIV and cadre with (16.7%).

4.2.4. Pathogenesis of HIV infection

Only two (100.0%) of the registered nurses have respond to have been trained within pathogenesis of HIV and within profession by (11.1%), while none of the enrolled nurses(0%) were trained within both. 7 (87.5%) of registered nurses reported to have received inadequate training within pathogenesis if HIV and (39. 9%) within inadequately and (16.7%) within professional cadre.

About 5 (55.6%) registered nurses stated that they have got training within pathogenesis of HIV and 22.2% within profession. Enrolled nurses who got adequate training count for four (44.4%) within pathogenesis (66.7%) within profession cadre and only one (20%) were extensively trained within pathogenesis of HIV and (16.7%) within profession cadre.

4.2.5. Clinical Features of HIV/AIDS

When asked to what extend they have received or not receive training on clinical features of HIV/AIDS. One nurse (100.0%) responded and 4.2% within cadre. A total of five(100.0%) said inadequate within clinical and 20.8% within profession, 13 (54.2% reported adequate within clinical while (54.2%) are within profession and five (100.0%) reported within clinical and (20.8%) within profession.

4.2.6. HIVAIDS diagnosis

When the 24 respondents who reported having received training on clinical features of HIVAIDS were further asked to describe to what extent they have received training on the diagnosis of HIVAIDS, a total of two (100%) reported having training within diagnosis and (8.3%) within profession. Again two (100.0%) reported inadequate within diagnosis and 8.3% within profession and another 17 (100%) said that they have adequately received within diagnosis and (70.8%) within diagnosis and 12.5% within profession.

4.2.7. Monotoring of HIVAIDS, CD4 cells counts and viral loads

Asked to what extent participants would do the monitoring of HIVAIDS, CD4, viral load after the training, the respondents have received, 4four (100%) reported inadequate receiving of training within monitoring and 41.7% within cadre. Eight of the respondents (%) acknowledged that they have adequately received training with both monitoring and (33.3%) within profession. While two (100.0%) responded that they had received within monitoring and 8.3% within extensive profession/cadre.

4.2.8. Management of opportunistic infection

Only one (100%) respondent reported to be trained within recognition and management of opportunistic infections and 43% within profession. Twelve (100.0%) felt they got inadequate training within management. seven (12.0%) respondents said they have received adequate management training and 30.4% reported adequate training within profession. Three respondents answered that they have received extensive training within management of infections

4.2.9. Training for Voluntary Counselling and Testing (VCT)

On the question to what extent they have been trained in VCT, four (100.0%) said they had no training within VCT and (16.7%) said they got trained within their profession. Amongt 24 respondents seven (70%) felt that they inadequately received VCT training and (29.2%) within profession, 10 (100%) acknowledged the VCT training within VCT

as adequate and (41.7%) within profession while three (100%) reported to have received extensive VCT training and (12.5%) within profession.

4.2.10. Antiretroviral management (ARV mgt) of HIV/AIDS

When asked whether they have received on training on ARV management of HIV/AIDS, within ARV only two (100.0%) respondents said that they have not received training within ARV management and (8.3%) reported not to have received it within profession.

Out of 24 respondent 11 (100%) reported that they have inadequately received training within ARV mgt of HIV and 45.8%) within profession. A total of 10 (100.0%) respondents said they have adequately received training within ARV management and (41.7%) within profession and only one (100.0%) of the respondents indicated to have received training within ARV management and (4.2%) within profession.

4.2.11. Stress management and prevention of burnout

When asked whether they have received training on management of stress and prevention of burnout in HIV care two (100.0%) respondents said they did received training within stress management and 8.3% received it within profession. 13 Thirteen (100.0%) stated that they did receive inadequate training and (54.2%) said they also received inadequate training within profession. When those who responded were asked if they received adequate training in management within stress, seven (100.0%) responded while those who said within profession are (29.2%) while those who got extensive training within stress management of stress prevention two (100.0%) responded while 8.3% claimed to have received it within profession/cadre.

4.2.12. Staff support and Home Based Care (HBC)

Staff support group and home based care for patients is an important tool in this research. However, 15 (100.0%) counted within profession. While those who said within staff support and HBC is 100.0%, and 62.5%. Those who received adequate training within support and HBC is (100.0%) within profession is (29.2%).

Again two respondents (100.0%) indicated extensive training within staff support and HBC while within cadre counted for (8.3%).

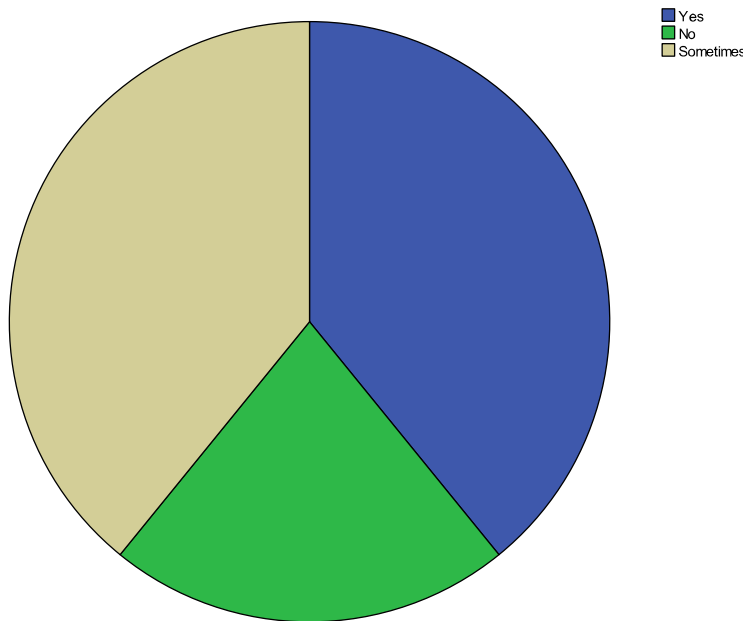


Figure 4. 12 percentage of how stress is experienced from HIV patients

Figure 4.12 shows the 20.8% did not experience carrying for patients with HIV/AIDS to be more stressful than caring other patients. The figure shows that the majority of respondents 37.5% indicated to have experience stress during their provision of care, thus is also giving the same percentages of those respondents who experienced it sometimes, and meaning 37.5% whilst 4.2% percent have missed to respond.

Some respondent indicated that HIV/AIDS related conditions cause them to experience emotional distress which includes lot symptoms such as loss of weight and many other opportunistic infections. Nurses indicate their reasons for distress as being disfigured, mental disturbances in identifying themselves with patients and more especially that patients might face death if no proper care and support is provided and without being able to do much to alleviate patients suffering.

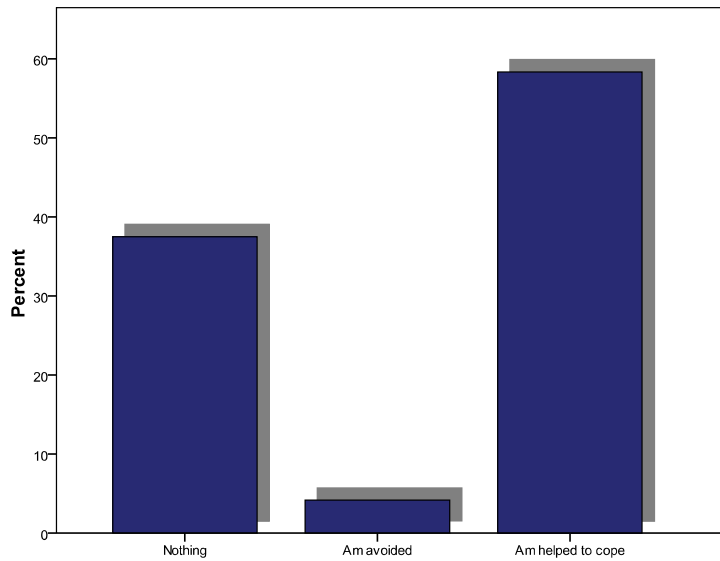


Figure 4.13. Effects of caring for HIV patients

On question 3.8, The effects of for HIV patients in Figure 4.13, most of the respondents have indicated that they are helped to cope through counseling, self confidence they have in teaching patients with HIV/AIDS despite of their different sings and symptoms. Therefore about 37.5% indicated to have nothing, meaning that they do not experience any effects on providing care to HIV patients, while 4.2% reported to be avoiding the effects.

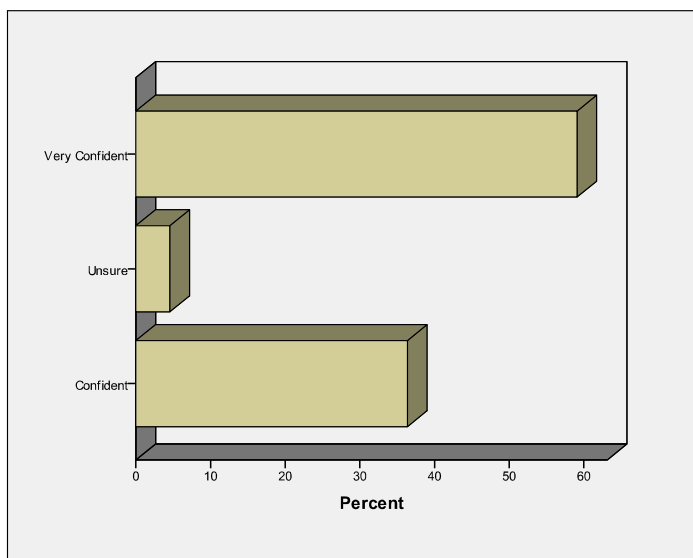


Figure 4.14. Levels of confidence and emotional care to HIV patients

The majority of indicated in question that they felt very confident with giving emotional care to HIV patients while 33.3% said they felt confident. Only 4.2% indicated to be unsure and 8.3% were missing respondents.

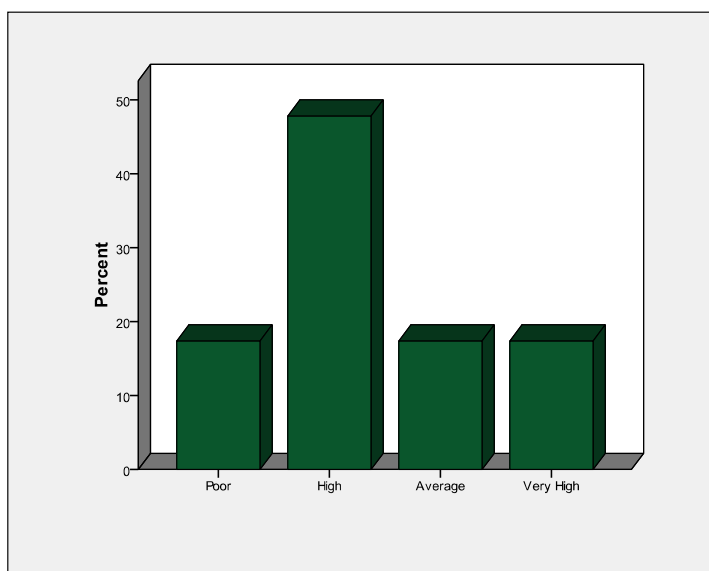


Figure 4. 15. Team work for Nurses and Physicians

When asked in question 3.17, if they have team work among each other 4.2% respondent poorly while a high number of 50% indicated that the level of team work is high as respondent by the average majority of respondents of both nurses and doctors which was

recorded as high with 45.8% between nurses and physician and very high with 16.7 %, average with the same percentage of 16.7% and again poorly with the same 16.7%.

The reasons given for high level of team work between nurses and doctors are that doctors might have good attitude towards customer care towards their patients. While the reason indicate in poor team work amongst nurses were reported as possible bad attitude of some nurses towards their patients while some nurses were said to be uncooperative. Reasons for average teamwork includes some nurses attitudes towards patients and towards work in general and shortage of staff, which could have been cause by the impact of HIV on nurses.

For high level of team work the reason given were that nurses were always ready to help and support their patients. Therefore team work is a major factor contributing to satisfaction of Maslow's belongingness and love needs. Additionally goal of interpersonal association among staff created a peaceful environment in which staffs are indentified to be able to meet their patients and own needs, but also to support one another.

The average poor and team work indicated 16.7%. This had a major concern that initiated the need and enhance its importance to be addressed. This is consistent with findings in (Mukumba, 2010 366) that an organization, like IHO, needs to have a workforce with high morale that gives customers satisfaction and ensures organizational sustainability. However a motivated workforce is the best asset and organization can have. Morale created through team work boost employee self-esteem and in turn confidence and drive. Therefore a confident workforce satisfies customers, because our patients are our assets and must be supported and treated with care. Passion enthusiasm of zeal, thus nurses should sizes the opportunities to mentor and coach their patients including themselves.

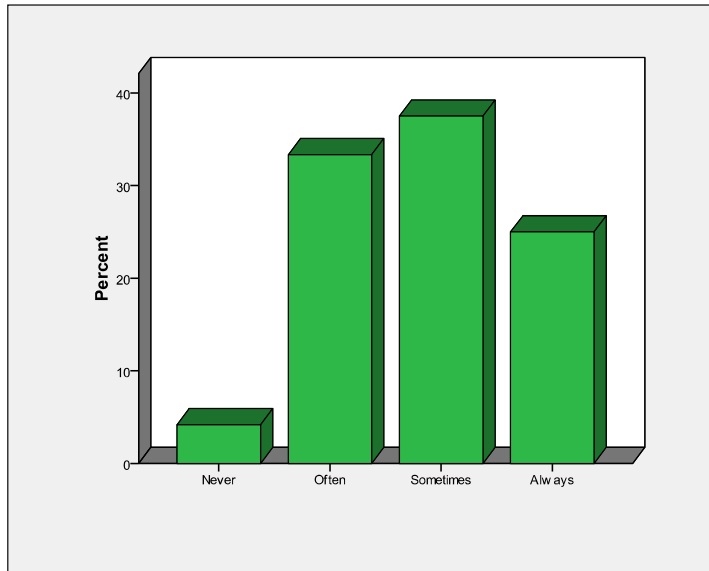


Figure 4. 16 Appreciations of work by managers

Asked if their work is appreciated by their managers, 4.2% respondent that their works are never appreciated. The majority 37.5% of respondents reported that their works are sometimes appreciated by their mangers. Out of those who reported moderate satisfaction 33.3% which is indicated in Figure 4.20 felt that they are often appreciated, while 25.0% is said they are often appreciated their managers.

Managers need to know that low morale self-esteem may lead to low morale, discouragement and low job performance. Therefore nurse managers need to encourage good performance of their staff and appreciate their job performance. Nurse mangers also need to recognizes good performances of their staff and appreciated the contributions they are making towards the organization because these nurses are assets too, that adds value to their assets, and as leaders they should build relationships with their nurses under their influence to have basic information's on them, show interest in their personal life's and to know what makes them happy and what motivates them (Mukumba, 2010: 238).

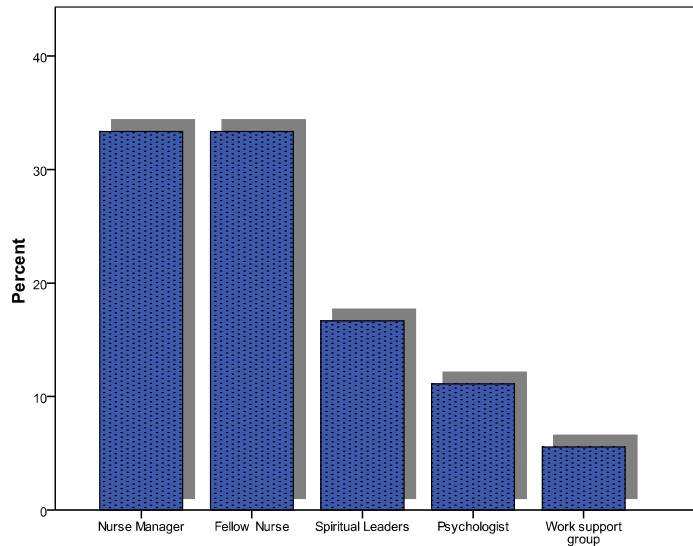


Figure 4.17 Availability of a functional workplace support systems

In response to question the majority of respondents of 50% indicated that there is a functional workplace support system in their workplace. 20.8% reported to have no idea of such support system, and only 4.2% had no response to the question. This is an indication that workplace support system though available is not known to all staff members and somehow not being utilized. Therefore nurse managers need to strengthen capacity building in promoting this system so as to alleviate the impact of HIV/AIDS on nurses.

Summary

Findings suggest that both job preparation and support for nurses who provides care for HIV/AIDS patients were inadequate. The majority of problems faced by nurses included extreme suffering and frequent death of patients, families, event of colleagues and staff shortage. Nurses preferred support both within and outside workplace. These findings suggest that there is a need to improve the provision of care and support for nurses and patients with HIV/AIDS.

Chapter 5: Conclusions and recommendations

5.1. Introduction

This study was undertaken to determine the current state of care and support services available for nurses in IHO to produce the baseline data against which future scale is up in the coverage and quality of care and support services can be monitored and assessed to guide policy makers and implementers in developing support groups and or wellness programs in the workplace settings, to assist nurses and basically all health workers in the development of more effective service delivery strategy.

The research is written with the purpose of sensitizing nurse managers and nurses to develop support groups and workplace wellness programs for the nurses, that will equip them with knowledge and skills that will enable them to cope with the provision of care and support among each other, from their managers and so as to face challenges against HIV/AIDS.

5.2. Discussion

5.2.1. Overview

Nurses as members of the society are affected by what ever happens to the general public. About half of the respondents (11 out of 22) belong to the age group of which is most affected by HIV/AIDS in Namibia. The HIV/AIDS prevalence for the 15-49 years, age is 29.6 %. Assuming that the same rate applied to the nurse's population, it could be discerned that many nurses are also infected by the virus. This will have a negative impact on the health care provision, as it will increase the attrition rate which is already high.

5.2.2. Stigma and discriminations

Most respondents commented that latent stigma and discriminations exists at the workplace in the community and among family members. Similar findings were indicated by Jackson 2002: 212). Consequently nurses may be discriminated against because of their profession. The potential discrimination that the nurse are likely to face adds to the fear contracting the disease and the resultant negative effects on quality care and support

they are expected to provide to the clients. Thus stigma and discriminations against HIV should be reduced through the Employees Assistance Program (EAP).

5.2.3. Support system available for nurses

Another critical issue that emerged from the findings was that nurses experience stress and burnout at work place due to issues of associations, increased workload and demand. However Nurse Managers are urged to strengthen the capacity building to enhance good relationships with their subordinates. The nurses themselves are encouraged to practice self help and to value it because it is partly in direct health benefits and partly in psychological benefits. Being passive and dependent and feeling helpless reduces self-esteem and easily leads to depression. Self help include looking after once own physical health and well-being and joining an HIV support group (Jackson 2002: 213).

5.3. Finding

The major problems experience by respondent were fear of HIV exposure, coping with the extreme suffering of patients and high death rate amongst health workers, inadequate staffing, lack of team work and poor working relationships among nurses as well as between nurses and medical staff.

Nurses needed both emotional and psychological based support. Although said to be available sometimes, it was perceived as inadequate in terms of quality possibly due to the average number of nurses who should give support to the nurses affected and infected with HIV infection.

The majority of respondents preferred to receive support from both within the organizations and outside from their families and friends. Nurse Managers, Psychologists and Religious Leaders were identified as the most prepared personnel to provide support. Nurses used emotions focused forms of coping deal with emotional stress. To maintain their stress nurses took adequate rest, good nutrition, and safety precautions to prevent infections

Therefore research findings from the study will be put into perspective and implementation to the health system. The findings also indicated the need for several

aspects to be addressed; hence recommendations for improvements of care and support to nurses who care for patients with HIV/AIDS will be suggested.

5.4. Conclusions

The study concluded that the nurses themselves are affected and infected by HIV/AIDS, but the same nurses are expected to provide care and support to patients with HIV/AIDS. Support system for nurses is an important workplace issue, even nurses conceded that the hospital do not have enough capacity to provide it. It can also be concluded that there is an effect on creating positive attitudes among nurses when provided with adequate HIV support system.

Therefore nurses themselves perceived their own support system because they are living under stressful conditions and to be supported will help them to cope with these stressors through proper counseling services as they preferred. Mostly nurses expect the support to come from their managers, so that they feel valued, respected and appreciated in carrying out their functions. However stigma and discrimination still exist among nurses because of the lack of proper functional Employees Assistance Program.

5.5. Recommendations

Implications found in the result for this study are that:

The study revealed an inadequate care and support services for nurses who are providing care to patients with HIV/AIDS in IHO. The problems and identified shortcomings in this study, needs to be addressed in order for the hospital to achieve its objectives of providing quality care to its target community, nurses included (IHO Vision and Mission Statements).

Failure to do this will result in increased sickness, low morale and productivity from both the management and staff in general in the provision of quality care while absenteeism and staff turnover increased the cost of quality care provision from the hospital.

In view of the above the hospital management and nurses themselves needs to prioritize the provision of care and support for nurses and to enhance the development, implementation, monitoring and evaluation of the relevant policies and guidelines, more specially to develop and implement the Employees Assistance Program for all health workers in IHO and the Ministry in general.

Nurses need to take an active role in looking after their own health. It is important to adopt healthy lifestyles and avoid behaviors that may expose them to HIV/AIDS, hepatitis B, or other infections both at home and outside work (MOHSS, 2010: 13).

All nurses should take the initiative to update their knowledge's and develop themselves professionally by reading, attending, seminars, interest in group meetings or participating in research studies related to care and support. They should have an interest in finding out important information related to their areas of practice for example, policy on occupational exposure to HIV and what resources are available for their benefits.

For nurses living with HIV infections it is important to eat healthy diets and live a lifestyle that enhances positive thinking and living. They should treat any infections promptly and seek relevant support whenever necessary.

Management therefore need to discuss with their nurses to find out what problems and stressors they face as well as the causes and origins of those problems, since there is no problem solved without knowing its origin/cause.

Since some stressors are arising from working environment, creating a safe, healthy, immediate and conducive working environment e.g. by increasing staffing, avoidance of workloads, prioritizing work, providing adequate equipments and supplies for provision of care and leading with quality leadership and management styles and skills, moreover to lead by example (Booyens, 1999: 695).

Stressors that are unavoidable in the job situation such as deaths of staffs, families and of patients, effective support strategies should be put in place to help nurses to cope, through counseling, debriefing stressors and support groups through Employees Assistance Programs (EAP). Nurses needs to continue in-service training to gain understanding of removing these kinds of attitudes by empowering them with knowledge and skills to recognize and manage stress effectively by practicing the concept of self care.

Care and support for nurses should be given in accordance with nurse's needs and problems identified. Hence confidentiality should be maintained as obstruction to access and effective utilization of the available support services needs to be properly addressed as nurses fear appropriate disclosure of their health information's as it leads to discrimination and might ended them being stigmatized by their colleagues, families and patients. Therefore an appropriate confidentiality mechanism with clear statements within it should be maintained and observed by Nurse Managers (Jackson, 2002: 205).

However there is a need for nurses in IHO to be recognized and rewarded for outstanding performances and contributions they are making towards the hospital organizations, though they are in their calling professions. Such rewards need not to be big, even just a letter of appreciation for work well done from the management while in the service not only when retiring. This will be encouraging and motivating staff to addresses self-esteem, self actualizations and professional worthiness. Making decisions in their area of work, increases nurses' satisfactions.

Nurse Managers are the key persons in this study when it come to the provision of care and support within the workplace. They need to work at improving relationship with nurses, to be approachable and always be available for them should they need help of any kind, thus they need to be versed in issues regarding HIV/AIDS and stress management so that they are able to offer guidance to the nurses.

It will not go without saying that Nurse Managers should adopt leadership styles which includes the following characteristics: Trusting, honoring, inspiring, and sharing of power with subordinates by allowing them even to run the organization for a day or two. Have good listening skills to all staff complaints and maintain confidentiality to problems and ideas of nurses so that they feel that they are contributing to the organization. Therefore clear standard of practice and evaluation criteria at report giving and receiving followed by a positive reinforcement and feedback to staff should be regularly done to reduce anxiety and improve performances among nurses. Thus nurses need respect and their dignity to be valued whenever possible, to be allowed to work at their areas of interest according to their skills, to suit their personal needs. Fostering of a team spirit and good relationship amongst staff should be highly encouraged to enhance the ability of nurses to

support each other through social activities such as sports, fitness training or parties within workplace (Mukumba: 2010: 233-4).

Care and support for nurses, stress management and self-care concepts should be part of the curriculum for all workshops, seminars and in-service courses for nurses and Nurse Managers. This should be incorporated in a comprehensive coverage of pre-service trainings. The curriculum for such course needs to be assessed to ensure that patient's topics are not omitted. Thus management should ensure that opportunities for training are increased, especially for enrolled nurses and midwives.

Research is directed to nurses who are infected and affected with HIV and living positive to access the care and support they are receiving. A study to determine the knowledge and attitudes of nursing staff towards clinical supervision for nurses is needed and the one to investigate the importance of nurses spiritually on the experience of stress.

5.6. Scope and limitations of the study

This study investigated the availability of support for nurses who care for patients in IHO, a public hospital in Oshana region. Hence the result may be applicable to private hospital or rural hospital in Namibia. It is possible that other community would have presented difficulties would have presents different information that is specific to their communities. Experience of the nurses studied may or may not be similar to those of nurses in other African or foreign countries. Therefore these results may not be generalized beyond Namibia.

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Appendix A

P.O. Box 3247
Ongwediva
9000
06 /01/ 2010

The Medical Superintendent
Intermediate Hospital Oshakati
P/Bag X5501
Oshakati

Dear Sir/madam

Re: Request to conduct a research on the support services available for nurses who care for patients with HIVAIDS in the Intermediate Hospital Oshakati (IHO)

I am a registered student with the University of Stellenbosch, South Africa, since the year 2008, undertaking my final year of the Master degree in HIV/AIDS management. To be awarded with the above mentioned degree I am required to conduct a mini thesis pertaining to HIV/AIDS management issue.

IHO is one of the referral hospitals in the northern Namibia which is serving thousands of Namibian patients especially in Oshana, Ohangwena, and Oshikoto and Omusati regions. Though caring for terminally ill patients can be emotionally demanding, nurses who care for patients with HIVAIDS are faced with stresses and problems that are not commonly in other care settings. This is making some of these poor nurses vulnerable to emotional distresses and creates the need for care and support to be able to cope. I therefore choose to conduct a study in this regard.

Findings of this study will attempt to give nurses understanding of the role they can play in taking responsibilities of their own emotional well being and it will also wake the management to plan and implement support services that are important for nurses caring for patients with HIVAIDS and hope it to raise quality of care rendered to patients with HIVAIDS by nurses.

Based on the information above, I therefore apply for a permission to conduct the study in Oshakati Hospital medical and surgical wards.

Attached please find the research proposal.

I thank you

Yours Faithfully



Ms Vistorine M Shipanga

Appendix B



9 - 0/0001

REPUBLIC OF NAMIBIA

Ministry of Health and Social Services

Private Bag 13198
Windhoek
Namibia

Ministerial Building
Harvey Street
Windhoek

Tel: (061) 2032562
Fax: (061) 272286
E-mail: hilmanangombe@yahoo.com
Date: 17 March 2010

Enquiries: Ms. H. Nangombe Ref.: 17/3/3/AP

OFFICE OF THE PERMANENT SECRETARY

Ms. Vistorine M. Shipanga
P. O. Box 3247
Ongwediva
Namibia.

Dear Ms. Shipanga,

RE: The perception of nurses caring for patients with HIV/AIDS on the support services available to them in the intermediate Hospitals Oshakati (IHO)

1. Reference is made to your application to conduct the above-mentioned study.
2. The proposal has been evaluated and found to have merit.
3. Kindly be informed that approval has been granted under the following conditions:
 - 3.1 The data collected is only to be used for academic purpose;
 - 3.2 A quarterly progress report is to be submitted to the Ministry's Research Unit;
 - 3.3 Preliminary findings are to be submitted to the Ministry before the final report;
 - 3.4 Final report to be submitted upon completion of the study;
 - 3.5 Separate permission to be sought from the Ministry for the publication of the findings.

Yours sincerely,


MR. K. KAHURE
PERMANENT SECRETARY



"Health for All"

Appendix C



REPUBLIC OF NAMIBIA
MINISTRY OF HEALTH & SOCIAL SERVICES
OSHANA REGION DIRECTORATE OF HEALTH

INTERMEDIATE HOSPITAL OSHAKATI

Private Bag X5501
Oshakati

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+264(65) 221 380
Faxes: +264(65) 224564
+264(65) 221 390
E-mail: supt.ihosh@icay.na

Enquiries:

Ref:

Date: 20 May, 2010

Ms Vistorine M Shipanga

PO Box 3247

ONGWEDIVA



REQUEST TO CONDUCT A RESEARCH—IHO MEDICAL AND SURGICAL WARDS

Your letter on the above issue refers.

The Intermediate Hospital Oshakati Management granted you a permission to do your research, on condition that you must adhere to the rules and regulations of the institution.

During your study period, you must under the supervision of the Medical Officers and Registered Nurse in charge of the sections concern.

Yours Sincerely

MEDICAL SUPERINTENDENT
OSHAKATI HOSPITAL
MINISTRY OF HEALTH
AND SOCIAL SERVICES
NAMIBIA

MEDICAL SUPERINTENDENT

Cc: Dr Phiri, Prof Amaambo and Sisters in charge of medical and surgical wards

Medical Superintendent: Dr. Shannon Kakungulu

Chief Control Registered Nurse: Ms. Kashupi Hilma

Chief Control Officer: Mr. Ifugula Ben

Appendix D

QUESTIONNAIRES:

Perceptions of the care and support services available for nurses who care for patients with HIV/AIDS, in some wards at one of the district hospital

SECTION: 1: DEMOGRAPHIC DATA

1.1. Gender: Female ☐ Male ☐

1.2. Age Group 25-29 ☐ 30-39 ☐ 40-49 ☐

1.3. Current profession cadre: Registered Nurse ☐ Enrolled Nurse ☐

1.4. How long have you been in nursing services: 1-10 ☐ 11-20 ☐ 21-30 ☐
31-40 ☐ 41-50 ☐

1.5. Marital Status: Married ☐ Never Married ☐
Separated ☐ Widower ☐

1.6. Race: Black ☐ Colored ☐ Asian ☐ White ☐

1.7. Number of children: None ☐ 1-2 ☐ More ☐
3-4 ☐ 5-6 ☐

1.8. How long have you been caring for HIV/AIDS PATIENTS?

1-3 ☐ 7-9 ☐ 13-15 ☐
4-6 ☐ 10-12 ☐ 16-18 ☐

1.9. Highest education and training in nursing services:

Certificate in Nursing	<input type="checkbox"/>	Bachelors Degree in Nursing	<input type="checkbox"/>
Diploma in nursing science	<input type="checkbox"/>	Honors degree	<input type="checkbox"/>
Doctors degree	<input type="checkbox"/>	others	<input type="checkbox"/>

1.10. What categories of HIV/AIDS patients do you care for?

Females and children ☐ Adults males ☐
 Adults Females and males ☐ Female and males ☐

SECTION: 2: JOB PLANNING

2.1. Did you receive any in-service training preparation for you for HIVAIDS care giving roles?

Yes ☐ No ☐

2.2. If you attended in-service training, indicate by a tick which topic were covered and amount of information given on each topic?

Topics 1 2 3 4

Epidemiology of HIVAIDS	No training	Inadequate	Adequate	Extensive
HIV Transmissions				
Prevention of HIV infections				
Pathogenesis of HIV infections				
Clinical features of HIVAIDS				
Diagnosis of HIVAIDS				
Monitoring of HIVAIDS: CD4, Cell count, viral load				
Recognition & management of opportunistic infection				
Voluntary Counseling and Testing				
Anti-retroviral management of HIVAIDS				
Caring of the care givers				
Dealing with bereaved families				
Recognition & management of stress prevention of burnout in HIVAIDS care				
Staff support group and home based care				

2.2.1. Whether you attend or did not attend in-service training, indicate your level of your understanding for each topic.

Topics	1	2	3	
Epidemiology of HIVAIDS	No training	Inadequate	Adequate	Extensive
HIV Transmissions				
Prevention of HIV infections				
Pathogenesis of HIV infections				
Clinical features of HIVAIDS				
Diagnosis of HIVAIDS				
Monitoring of HIVAIDS: CD4, Cell count, viral load				
Recognition & management of opportunistic infection				
Voluntary Counseling and Testing				
Anti-retroviral management of HIVAIDS				
Cultural & spiritual context of death and bereavement				
Emotional care of dying patients				
Caring of the care givers				
Dealing with bereaved families				
Recognition & management of stress prevention of burnout in HIVAIDS care				
Staff support group and home based care patients				
Legal and ethical issues in HIVAIDS				

SECTION 3: Types of problems are experienced in the care of patients with HIVAIDS

3.1. Do you consider caring for HIVAIDS patients to be more stressful than working in other departments? Please give your answer.

Yes ☐

No ☐

Sometimes ☐

3.2. How are HIVAIDS identified in your hospital?

From signs and symptoms ☐

By blood test ☐

Both ☐

3.3. How are HIVAIDS patients nursed in your Hospital? Please explain.

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3.4. If HIV/AIDS patients are nursed in general wards what is the average percentage of patient with HIV/AIDS infections.

1. Less than 25% ☐

2. 25-49 % ☐

3. 50-74 % ☐

4. Above 75% ☐

5. You don't know ☐

3.5. What is the mode of HIV transmission for the majority of patients whom you nurse?

Intravenous drug use ☐

Blood transmission ☐

Heterosexual ☐

Homosexual ☐

Mother to child ☐

Unknown ☐

3.6. How does your discovery of patients mode of HIV infections influence your feelings regarding nursing that patient? Please indicate.

	comfortable	uncomfortable	avoid patients	Blame patients	Empathetic
3.6.1. Intravenous drug use					
3.6.2. Blood transfusion					
3.6.3. Heterosexual					
3.6.4. Homosexual					
3.6.5 Mother to child					
3.6.6. Bisexual					
3.6.7. Unknown					

3.7 How does your family feel about your nursing patients with HIV infectors?

They resent it ☐

Fear that I may get infected ☐

Fear that they may get infected ☐

They are supportive ☐

They do not know what is worked ☐

Others ☐

3.8. What effects does caring for patients with HIV/AIDS have on your social action with friends?

No effects ☐

Some friends avoid me ☐

They help me cope with my work ☐

3.9 . What Aids related conditions do you find to be emotionally distressful and to what extent? (Tick your responses in the table below).

Conditions	No distress	Mid Distress	Distressful	extremely distressful
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3.9.1. Herpes zoster (shingles)				
3.9.2. Kaposi's sarcoma (skin cancer)				
3.9.3. Oral candidiasis (Oral thrush)				
3.9.4. Pneumonia carinii pneumonia (PCP)				
3.9.5. Chronic diarrhea				
3.9.6. Tuberculosis (Multiple drug resistant (MDR))				
3.9.7. Cryptococcus meningitis				
3.9.8. Loss of sight				

3.10. Other conditions

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3.10.1. Give reasons for your answers

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3.10.2. How would you rate your risk of being infected with HIV while performing the following duties?

Duties	Risk free	Low risk	High risk	Very high risk
3.10.1 Drawing blood				
3.10.2 Giving injections				
3.10.3 During wounds dressings				
3.10.5 Changing soiled linen				
3.10.6 Mouth wash				

3.11. How would you rate the accessibility of equipment and supplies necessary for basic nursing in HIV/AIDS care in your ward / department?

	No risk	Very low risk	Moderate risk	High risk	Very high risk
3.11.1 Gloves					
3.11.2 Medicines					
3.11.3 Bowls / receivers					
3.11.4 Bath soaps					
3.11.5 Bed linens					
3.11.6 Beds					
3.11.7 Cotton wool					

Other
(Specify).....
.....
.....

3.12. Do you consider shortage of nursing staff to be a major problem in your work place?

No ☐

Yes ☐

3.13. If yes in question 3.12 how do shortage of staffs affect your work? (Tick your responses in the table below).

	No effect	Slight effect	Moderate effect	Very much effected
At time for emotional care to patients				
Time for basic patient care				
Time to deal with relatives				
Time for breaks				

3.13.1. Other
(Specify)

.....
.....

3.14. How would you rate the level of confidence in the following situations?

3.14.1 Providing emotional care to a dying patient.

▪ Not confident ☐ Confident ☐

▪ Unsure ☐ Very confident ☐

3.14.2 Providing spiritual care to patients

▪ Not confident ☐ Confident ☐

▪ Unsure ☐ Very confident ☐

3.14.3 Providing emotional support to patients relatives

☐ ☐

- Not confident ☐ Confident ☐
- Unsure ☐ very confident ☐

3.14.4 Separating your work from your personal life

- Not confident ☐ Confident ☐
- Unsure ☐ Very confident ☐

3.15 How would you rate the level of your job satisfaction on this scale? (mark your answer on the line)

Poor ☐ very poor ☐ moderate ☐ satisfactory ☐ very satisfactory ☐

3.16 Give the choice you would you choose to work in the same department?

Yes ☐ No ☐ Unsure ☐

Give reason for your answers.

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3.17 How would you rate the level of teamwork among Professionals caring for HIV/AIDS patients?

3.17.1 Between nursing and physicians

Poor ☐ High ☐

High ☐ Very high ☐

Give your reasons for your answer.....

.....

.....

3.17.2 Among nursing staff

Poor ☐ High ☐

Average ☐ Very high ☐

Give reasons to your answer

.....

3.18 Do you consider any of the following to be a problem among nurses who care for HIV/AIDS patients (you may tick more than one answer)

	Never	Seldom	Often	Always
Low morale				
Decrease productivity				
Poor time keeping				
Increase frequency of sick leave				
Increased morality due to HIV/AIDS				
Departure for non-medical job				
Departure for jobs in other countries				

SECTION 4: PERCEIVED SUPPORTIVE NEEDS

4.1 Do you find it easy to ask colleagues for help with work?

Never ☐

Often ☐

Sometimes ☐

Always ☐

Please give reason for your answer

.....

4.2 Do you feel that your work is appreciated by?

4.2.1. Patients: Never ☐

Often ☐

Sometimes ☐

Always ☐

4.2.2. Colleagues: Never ☐

Often ☐

	Sometimes	<input type="checkbox"/>	Always	<input type="checkbox"/>
4.2.3 Supervisors:	Never	<input type="checkbox"/>	Often	<input type="checkbox"/>
	Sometimes	<input type="checkbox"/>	Always	<input type="checkbox"/>

4.3 Do you find it easy to share emotional problems with your colleagues?

Never	<input type="checkbox"/>	Often	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	Always	<input type="checkbox"/>

(Please give your reasons for your answers).....

4.4 Do you find it easy to share your problems concerning clinical knowledge and skills with your Colleagues?

Never	<input type="checkbox"/>	Often	<input type="checkbox"/>
Sometimes	<input type="checkbox"/>	Always	<input type="checkbox"/>

(Please give your reasons for your answers).....

4.5 How do you rate your capability to cope with your work?

Poor	<input type="checkbox"/>	Average	<input type="checkbox"/>
Good	<input type="checkbox"/>	Very good	<input type="checkbox"/>

4.6 If necessary, where do you seek help to enable you to cope and how often? (you may tick more than one answer)

	Never	Sometimes	Often	Always
Psychologist				
Social workers				
Fellow nursing				
Supervisors				
Family members				
Religious leaders				

Other (specify)

.....

(Please give reasons to your answer.....

4.7 Give the choice, where and when you would prefer to receive emotional support?

At place of work during working hours ☐

Outside work environment at working hours: ☐

Both ☐

(Please give reasons for your answer).....

.....

.....

4.8 If you would like to receive support at work, from whom would you prefer to receive support?

Nurse Manager ☐

Fellow nurse ☐

Spiritual Leaders ☐

Psychologist ☐

Work support group (Wellness program)

Other (please specify).....

Give reasons for your answer:

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4.9 What do you think nursing service managers can do to create a more caring and supportive work environment?

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SECTION 5: AVAILABILITY OF SUPPORT SYSTEMS

5.1. Is there any functional emotional support service at your work place?

Yes ☐

Don't know ☐

No ☐

5.2 If yes in 5.1, indicate the type of emotional support service that are available and how often?

Type of service	Never	Seldom	Often	Always
Debriefing sessions				
Counseling services				
Informal support network				
Formal support groups				
Pastoral Care				
Peer Support				

5.3 If yes to 5.1, how would you rate the quality of emotional support offered at work?

Poor ☐ Satisfactory ☐
 Unsatisfactory ☐ Excellent ☐

5.4 Are you able to successfully access the available emotional support?

Never ☐ Often ☐
 Sometimes ☐ Always ☐

5.5 Give reasons for your answer.....

5.6 Indicate what form and quality of knowledge/ skill-based care and support is available at your work place?

Form of support	Never	Inadequate	Adequate	Excellent
Clinical Skills teaching on HIV/AIDS				
HIV/AIDS theory update				
Library service				
Staff counseling and support				
Stress management and coping mechanisms				

Other
 (Specify).....

5.7 Do you have access to HIV testing at your work place?

Yes ☐ No ☐ don't know ☐

5.8 If yes to 5.7 how often is testing done for staff caring for HIV/AIDS patients?

Annually ☐ Individual preference ☐
 After a middle stick injury ☐ don't know ☐

Other.....
.....

5.9 Do you know your own HIV status?

Yes ☐ No ☐
Never been tested ☐ would not like to know ☐

5.10 Do nurses who are HIV positive have access to psychosocial counseling at your workplace? ☐

Yes ☐ No ☐ Do not know ☐

5.11 If yes to question 5.10 who provides the counseling

Nurse Manager ☐ HIV/AIDS counselor ☐
Hospital chaplain ☐

Others

.....
.....

5.12. Do HIV positive nurses have access to anti-retroviral medication?

Yes ☐ No ☐ Do not know ☐

5.13 On the whole, how would you rate the quality of support to nurses who are HIV positive?

Poor ☐ Satisfactory ☐

Inadequate ☐ Excellent ☐

Don't know ☐

Give reason for your answer

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5.14 How are needle prick injuries handled in your hospital?

- Counseling is offered ☐
- Testing for HIV and follow up ☐
- Past Exposure prophylaxis is offered ☐
- Policy not available ☐
- Do not know ☐

Other (Specify)

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SECTION 6: PERSONAL COPING STRATEGIES

6.1 How are you as an individual dealing with emotional stress? (You may tick more than one answer)

Activity	Never	Seldom	Often	Very often
Relaxation techniques				
Participate in sport				
Have fun with friends				
Spend time with friends				
Retreat for time of reflection				
Take alcohol and smoking				
Prayer				
go to church and or read religious books				

Others (Specify)

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THANK YOU VERY MUCH FOR YOUR PARTICIPATING!