A Qualitative analysis of Care values that need to be embraced and exhibited in the nursing care of patients with HIV and AIDS related illnesses in Zimbabwean hospitals

Clement Nyati, PhD[1*], Jameson Kurasha[2], Ms Veronica Mudzviti, MSc[3]

[1] *PhD Student; Zimbabwe Open University, Soudan street, Showgrounds, Gwanda, Zimbabwe*
[2]*Professor, Zimbabwe Open University, Harare, Zimbabwe*
[3]*University of Zimbabwe C/o Gwanda Provincial Hospital, Gwanda Zimbabwe*
**Corresponding author*

Abstract:

Background:

The context within which Nurses work has changed enormously since nursing models were first explored in relation to clinical practice. It is no longer acceptable to base practice on opinion, past practice, and precedent, as the culture of health Care has marginally shifted to evidence based decision making. In Zimbabwean Hospitals, there is no documented evidence to suggest that patients with HIV and AIDS are cared for using a theorized framework that meets the local needs. It is in light of such revelations that part of this study sought to ascertain the key nursing concepts that could be included in a future care model to better manage admitted HIV and AIDS patients.

Purpose

To determine nursing care values crucial in the nursing management of admitted patients with HIV and AIDS related illnesses.

Methods:

An interpretivist approach, which is a qualitative methodology, was preferred as the study sought through its methods to capture HIV and AIDS nursing care aspects in their entirety within the context of the patients and nurses who are experiencing them. Interpretive phenomenology was applied to explicitly describe the experience as lived by the respondents. Patients and nurses were purposively and conveniently sampled from which a sample size of 54 was obtained to inform the study. Respondents were included in the study on the basis of having been admitted for more than a day, conscious and mentally stable. The respondents shared their experiences when they were engaged through semi-structured interview schedules, focus group discussions and short essays.

Results:

A total of six (6) master themes emerged from this research question. These included; Need for Humaneness, "Ubuntu", to be exhibited by the nurse: Need for Adherence; Need for Comprehensive care, also referred to as holistic care; Need for Competency among nurses tasked with delivering nursing care to admitted patients with HIV and AIDS related illnesses; Need for partnership, which can be established between the patient, family and nurse, as well as between nurses and other health care workers; and the Need for Sufficiency. Sufficiency should focus on staff, drugs and equipment adequacy.

Conclusions

Despite the progressions in the development of HIV medicines, nursing still needs to define its unique role and uphold the values as it delivers care to the admitted patients with HIV and AIDS related illnesses.

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I. INTRODUCTION

The satisfaction of care given to patients remains an issue in a majority of care settings. This paper sought to determine the major nursing care concepts in the management of admitted patients with HIV/AIDS related illnesses.

Statement of the problem

There is very little literature on the core care values in the management of admitted patients with HIV and AIDS related illnesses. This has led to varied and conflicting perspectives among care workers and with patients. Such obliviousness also has the potential to culminate in ineffective communication amongst care givers, as well as with their clients. The biggest risk being that of loss of erosion of ethical principles in their entirety.

Purpose of the study

To determine Nursing care values crucial in the nursing management of admitted patients with HIV and AIDS related illnesses

Research questions

Which are the key care values in the nursing management of admitted HIV/AIDS patients?

What are the expectations of admitted HIV/AIDS patients in view of their care?

What are the perceptions of nurses working in HIV/AIDS settings in view of management of admitted patients?

Significance

Nursing is an art and a science which demands professionalism and order. The comprehension of and acknowledgement of nursing values by nurses is crucial in delivery of care to patients. The values also help nurses in defining their scope hence determining how they should apply themselves as they interact with their clients.

It is therefore crucial that care nurses make themselves familiar with the expectations of their clients before providing care. It also gives a sense of self-satisfaction to the patient knowing that the care that will be rendered will meet their expectations.

Operational definitions

Nursing values in this study referred to the nursing related guiding principles in the care of admitted patients with HIV and AIDS related illnesses

Nursing management refers to the systematic care delivered in the nursing of admitted patients with HIV and AIDS related illnesses.

Admitted patients are patients wilfully detained by the hospital for treatment purposes. In this study, it is referred to detained patients with HIV and AIDS related illnesses.

HIV/AIDS. HIV refers to Human Immuno Deficiency Virus. This is the virus that causes HIV infection. According to UNAIDS (2000), the abbreviation (HIV) can refer to the virus itself or to the infection caused by the virus. AIDS refers to Acquired Immunodeficiency Syndrome, thus a pattern of debilitating infections that manifest as a result of HIV infection. The virus attacks and destroys certain white blood cells that are essential to the body's immune system (UNAIDS, 2000).

II. REVIEW OF RELATED LITERATURE

According to the Caregiving foundation (2017), the person needing the care generally has a range of needs - physical, emotional, social and spiritual. However, these complex needs and demands can be so overwhelming that caregivers might lack time to establish any sort of system which in turn could lead to an even more burdensome role.

However, to meet the physical, emotional, social and economic needs of PLWHAs, care should be governed by the following principles:

a) Respect for human rights and individual dignity.

Accessibility and availability – appropriate care is provided at the local level.

Equity – care is provided to all persons living with HIV and AIDS regardless of gender, age, race, ethnicity, sexual orientation, income and place of residence (Kols, 2001).

b) Co-ordination and integration – to ensure a continuum of care across providers and levels of care (Kols, 2001).

Efficiency and effectiveness – efficacious care is provided at reasonable societal costs demonstrated through on-going monitoring and evaluation (Kols, 2001).

According to the Business Dictionary .com, values have major influence on a person's behaviour and attitude and serve as broad guidelines in all situations. Values are ideals, principles or standards of behaviour.

Van Praag & Tarantola (1999) outline what they suppose should be in the HIV and AIDS comprehensive care as four interrelated elements; clinical management, nursing care, counselling and emotional support, and social support. These elements were also highlighted by Patz *et al*. (2000) and Kols (2001) as some of the areas that need to be attended to meet the needs of patients with HIV and AIDS related illnesses. In clinical management it is crucial that there be early and accurate diagnosis, including testing, treatment and follow-up care (Patz *et al*., 2000) and (Kols, 2001). In nursing care there is need for adequate hygiene practice and nutrition, palliative care, home based care and education to care providers at home and family, in the same instance promoting observance of universal precautions (Patz *et al*., 2000) and (Kols, 2001). Under counselling and emotional support, psychosocial and spiritual support is encouraged (Patz *et al*., 2000) and (Kols, 2001). This should include stress and anxiety reduction, risk reduction planning and enabling coping, accepting HIV sero - status and disclosure to others, positive living and planning of the future for the family (Patz *et al.*, 2000) and (Kols, 2001). Social support should embrace information provision, or referral to peer support welfare services, spiritual support and legal advice (Patz *et al*., 2000) and (Kols, 2001). These elements are echoed by Ehon (2007) of the National Open University of Nigeria, who indicates that the treatment and care of HIV-infected persons evolves around provision of clinical care, nursing care, emotional support, nutritional care and support. Ehon (2007) further elaborates that the treatment and care of HIV-infected people requires comprehensive integration of patient-centred medical and social services (Ehon, 2007). Essential elements of this approach include the provision of clinical care, nursing care, nutritional care and support, psychological support, health information and counselling, legal protection, and economic sufficiency (Ehon, 2007).

III. METHODOLOGY AND DESIGN

A qualitative approach was adopted for this enquiry. Phenomenology was the preferred research method as the researcher sought to work with the lived experiences of both nurses and patients.

Sampling plan

The population of interest were the admitted patients. However, the target population was that of admitted patients with HIV and AIDS related illnesses. Criterion sampling, a form of purposive sampling was applied. Criterion Sampling is described by Patton (1990) as a technique that involves searching for cases or individuals who meet a certain criterion, for example, that they have a certain disease or have had a particular life experience.

Inclusion criteria

Salkind (2010) states that Inclusion criteria are a set of predefined characteristics used to identify subjects who will be included in a research study. As Salkind (2010) explains, inclusion criteria, along with exclusion criteria, make up the selection or eligibility criteria used to rule in or out the target population for a research study. It is therefore critical that inclusion criteria responds to the scientific objective of the study and accomplishes it (Salkind, 2010). It should be realised that proper selection of inclusion criteria will optimize the external and internal validity of the study, improve its feasibility, lower its costs, and minimize ethical concerns (Salkind, 2010). For the not-so-obvious reasons some informants were included in the study and some left out.

- Adults of legal age of majority were included in the study. These are people who are old enough to make their own informed decisions.

  The legal age of majority of Zimbabwe is 18 years as defined as by General Law amendment Act of 1982 15(1). The law was set up to protect minors who could be subject to abuse and exploitation of any kind.

- Admitted adult Patients diagnosed HIV positive and their adult relatives were included in this study. These were part of the main sources of information in the study considering the fact that they were living with the disease and were actually admitted in a hospital to seek specific care for their condition/s.

- Nurses in medical wards. Most patients with HIV and AIDS related illnesses present with medical conditions, though some go to hospitals to seek surgical interventions. Nurses in medical wards are in direct contact with the patients on a day to day basis and therefore interact with patients on a 24-hour basis. Nurses in opportunistic infections Clinics attend to the new patients who probably would have been recently diagnosed and still receive treatment as outpatients. They also attend to patients who come for review. Senior Nurse Officers were included in the study due to the fact that they are the supervisors of these nurses in the clinical area; hence they do provide advice to the junior nurses on how to manage their patients. As for Nurse Tutors, their inclusion in the study was also justified by the fact that they were responsible for the training of students who at certain stages are seconded to the clinical area where they found themselves nursing admitted patients with HIV and AIDS related illnesses. Tutors are also responsible for orientation of newly employed nurses before they are deployed in the clinical area.

Exclusion criteria

Exclusion criteria are a set of predefined definitions that are used to identify subjects who will not be included or who will have to withdraw from a research study after being included (Salkind, 2010).

- All persons under the age of 18 (Children) were excluded from the study**.** Persons under the age of 18 fall under the legal age as determined by the statutes of Zimbabwe.

- The incapacitated, the seriously ill, unable to communicate and the unconscious patients were excluded from the study. The study required that the informants share their lived experience. Therefore, these patients were not in a position to write or verbally share their experiences of living with HIV and AIDS.

Sample size

Given the fact that the distinctive feature of a Phenomenological study is its commitment to a detailed interpretive account of the cases included, this study reached saturation with a sample size of fifty-four (54) informants. No new incoming data from additional respondents produced new information to address the research questions, thus additional data could not lead to new emergent themes.

Date collection

Denzil and Lincolin (2003), in Simon (2011), state that the researcher is the instrument of data collection in qualitative studies, thus the data are mediated through this human instrument, instead of through inventories, questionnaires and/ or machines. A semi-structured open – ended interview guide was utilised for the focus group discussions, The nurses, who were of different qualifications and specialities, were also asked to write essays following a given theme with regard to their experiences in the care and management of patients with HIV and AIDS related illnesses.

The purpose of gathering data from a number of different kinds of informants was a form of triangulation – 'data triangulation' to contrast the data and 'validate' the data if it yielded similar findings. Data-gathering was continued until the topic was exhausted or saturated, that is when group discussions from the informants were not able to introduce new perspectives on the topic

Data analysis presentation and interpretation

This enquiry utilised the Interpretive Phenomenological Analysis Framework (IPA). IPA was specifically developed

by Jonathan Smith to allow rigorous exploration of idiographic subjective experiences and more specifically social cognitions (Biggerstaff and Thomson, 2008). Interpretive phenomenological analysis is described by Smith (2004) as idiographic and was preferred for its inductiveness and ability to interrogative data.

The researcher utilised MAXQDA, a software program designed for computer assisted data analysis. All data from interviews and focus group discussions were transcribed verbatim. Preliminary themes identified. Re-reading of the text was then done to identify themes that best captured the essential qualities of the interviews from both patients and nurses, as well as focus group discussions that were carried out. Themes were then grouped together as clusters. At this stage the enquiry made an attempt to provide an overall structure to the analysis by relating the identified themes into clusters or concepts. Tabulating themes in a summary table then followed. At this stage this enquiry sought to develop a master list or table of themes.

IV. FINDINGS

Respondents, especially patients' responses played a decisive role in the identification and description of the fundamental areas of their care, as they shared their feelings on how they should be cared for during their admission. *Humaneness (UBUNTU), Adherence, Comprehensive care, Competency, Partnership and Sufficiency* are the themes that emerged as the Care values that need to be considered when providing nursing care to admitted patients with HIV and AIDS related illnesses. Nurses were directly asked what they thought was the most relevant key element in the nursing management of admitted patients with HIV and AIDS related illnesses. The most common area raised was that of adherence counselling.

The need for Humaneness (Ubuntu)

Nursing has always been said to be a calling, for professionals who are respectful, warm -hearted, sympathetic, empathetic, good natured, kind, and benevolent. More could be said about the desired characteristics of a nurse. The theme "*the need for humaneness*" emerged from sub-themes, the *need for Compassionate nurses* and the *need for support.*

The sub-theme *need for compassionate nurses* describes the nurses desired by the patients. Compassion is synonymous with sympathetic, empathetic, being considerate and being humane. It is therefore the nurse with most of these attributes that the patients need. Mary appreciated the tolerance exhibited by her care givers, "*Bayabuya bancedise, kabatshayi muntu" (They come to help us, they don't assault anyone).* This means that nurses come to assist without getting upset and or assaulting anyone. *"Basiphethe kuhle sibili lamatshemba bayaseva" (They treat us well, they even give us bedpans).*

Nurses also looked after them very well and even offered them bed pans. Chenai also noted that nurses who attended to her were good natured and did not scold anyone, *"Kabathethisi muntu" (they do not scold anyone).* Thus showing some respect for the patients. As a response to what she needed from nurses, Chenai's wish was to be cared for by nurses who were not afraid and showed no kind of revulsion towards patients, *"Khona nje ukuthi bangesabi umuntu ogulayo njalo bangemenyanyi" (Just that they should not be afraid of anyone ill and shun them).*

Humaneness was also found to be expressed in the form of the *need for support* of the patients. Mary stressed that all she needed was to be understood when she requested for help, *"Ngidinga ukuthi bangizwisise nxa ngingabacela" (I need them to understand me when I request for help).*

Support could also be provided in the form of mitigation; Betty exhibited displeasure on the uncaring environment she found herself in, "*Lapha, ngiyabola la! Kawelatshwa*" (Here I am rotting! You don't get treatment). This means that she was rotting there and not receiving any treatment. Betty also indicated that she could not walk, and was not getting the help she needed, "*Mina kangikwanisi ukuhamba, kuyangehlula, bathi heyi! Hamba ngenyawo zakho*" (*I am not able to walk, It's difficult, they say hey! walk with your own feet*). On observation, the respondent needed pain relief, counselling and re-assurance. She also needed love and comfort from relatives. Betty felt neglected and isolated even by the nurses. And her relatives were not attending, "*Kababuyi laba*" (They don't come).

The theme the *need for humaneness* reflects the desired need from patients for kindness, not to be physically or verbally abused by the people who provide them care. Mitigatory measures should also be in place to alleviate any discomfort the patient might be experiencing, especially pain. This should also include allaying of anxiety, as most patients with HIV and AIDS related illnesses are so unsure of the prognosis of their condition. The summative word of describing the individual to provide care to patients with HIV and AIDS related illnesses patients is compassionate. Table 4.10 summarises the significant responses and sub themes for the master theme of Humaneness.

Adherence

The concept adherence was raised earlier under the section discussing responsibilities of nurses as a sub theme for Constancy. In this section it emerged as a master theme. This theme was borne from a variety of sub-themes which are linked with the need to ensure some form of stability in the nursing management of admitted patients with HIV and AIDS related illnesses. Adherence is abiding by the given instructions and advice in view of taking of medication. Antiretroviral drugs are taken at a set and particular time convenient to the patient. All this is encouraged to maintain maximum viral suppression within the system, hence avoid development of resistant strains, which could be of the virus itself or other opportunistic infections. Giving support to this notion was Hanney with reference to what she had observed in counselling of admitted patients with HIV and AIDS

related illnesses that these patients indeed were in need of serious counselling. "*They need counselling which includes adherence counselling*".

Counselling is an activity listed by Relf *et al*. (2009) as part of the core affective competences and cognitive competences to be possessed by nurses involved in the nursing care of admitted patients with HIV and AIDS related illnesses. Thus the nurse will be responsible for supporting the patient psychosocially and emotionally and spiritually to accept to live positively with HIV.

Sonia also stated what nurses should do to ensure adherence. Adherence should help maintain balance and continuity in nursing of admitted patients with HIV and AIDS related illnesses. "*Nurses need to observe the patient for adherence*". Adherence was identified as one of the common elements for physical health by Swendenman *et al.* (2009). Adherence support is also highlighted by Spirig *et al* (2004) as one of the identified elements in an Advanced Nursing Practice Team model, for persons living with HIV.

The sub theme *need for adherence* gave rise to the master theme Adherence. Adherence could not be summarised or broken down to simpler terms that it already is. Adherence can also be referred to as a form of allegiance to the treatment plan which would help ensure positive outcomes. It also aims at targeting the reduction of opportunistic infections in patients with HIV and AIDS related illnesses. The *adherence* theme looks at sticking to the prescribed doses, prescribed time of taking medication, recommended diet, recommended lifestyle and sexual behaviour.

Table 4.11: Summary of significant responses and sub themes for Adherence

Significant responses	Sub theme
"They need counselling which includes adherence counselling" "Nurses need to observe the patient for adherence"	Need for adherence

Source: Author (2018)

Comprehensive care

The sub-themes giving rise to this major theme included *destigmatisation, total care and nutrition, discharge planning* and *follow up.* For any HIV and AIDS care model to be successful, it should look at the physical needs of the patient and the psyche of the patient. Chikonho highlighted the importance of eliminating stigma in the care of patients with HIV and AIDS related illnesses. Stigma is viewed as a mark of disesteem by the individual as it would be associated with a particular phenomenon, in this case, promiscuity. It therefore unnecessarily brings shame and disgrace to the patient with HIV and AIDS related illnesses. Such experiences might obstruct the patient from disclosing and adopting a positive way of living with the condition as well as

To facilitate provision of comprehensive care to admitted patients with HIV and AIDS related illnesses, Immendy hinted that there was need for some standardised guidelines for nurses to follow in managing admitted patients.

> *I will also ask for a standard operational procedure that a counsellor follows during counselling. Is it there? Is there a laid down standard operational procedure that a counsellor follows during counselling? Are there specific key areas or points that you need to address … standard operational procedures, because with other conditions there are laid down guidelines in the department, but for HIV, specific for HIV conditions there is nothing. Maybe we have a special diet for HIV; the counselling should not be the same as compared to other patients who are HIV negative.*

From Graccy's observations, most patients with HIV and AIDS related illnesses, presented at the hospital in a critical condition hence they needed all the assistance they could get.

> *Generally, most of these patients come bedridden. They need help with all the activities of daily living. They need all the assistance. They need support, social psychological and also involvement of the relatives.*

Amithi noted that patients needed to be admitted in the same ward without regard to the HIV status.

> *For HIV to be treated like all other diseases and not to be separated, as it is, patients are separated its awkward. As if it's an infectious disease, it also has its own OPD out of other conditions.*

The researcher could not however concur with Amithi in this regard given the nature of the immune status of the patients with HIV and AIDS related illnesses, which in most instances will be compromised; nursing them in the same ward with other medical conditions places them at an increased risk of acquiring other infections. Separating them could serve as a strategy to protect them against opportunistic infections. As part of comprehensive care, Hanney summarised her thoughts on what she perceived was needed by an admitted patient with HIV and AIDS related illnesses,

> *Admitted HIV and AIDS patients need love, care – assistance in performing activities of daily living, counselling which includes adherence counselling and nutritional support.*

As part of comprehensive care, Chikonho noted that there was need to attend not only to physical needs of the patient, but also the psychological aspect.

> *For any HIV and AIDS care model to be successful, it should look at the physical needs of the patient and the psyche of the patient. The model should lean more towards addressing issues of self-esteem and self-concept because the stigma associated with HIV and AIDS greatly influences the psychological well-being and self-concept of the individual to an extent that it would influence their physical state. The model of care should also look at the destigmatising the condition in*

the general populace to help the afflicted to re-enter society and avoid their seclusion.

Candice's idea of a model included the following concepts in comprehensive care

> *In the package or the care for the HIV and AIDS patients a few concepts should be looked into Free services, i.e. investigations like U&Es; FBC; RPR for easier monitoring of clients; Free consultations for the clients, Strengthen support groups and adolescents. Days to help promote care of the infected clients.*

These sentiments are in line with what was recommended by Ehon (2007), who noted that under counselling and emotional support, psychosocial and spiritual support is encouraged. However, Ehon (2007) further stressed that such measures reduced stress and anxiety, reduced risks and enabled coping. It also helped the patient with coping and to accept their status as well facilitating disclosure to their significant others. Thus the patient is able to live in a positive way and be in a position to plan their family's future HIV sero - status and disclosure to others, positive living and planning of the future for the family.

As part of comprehensive care Bigman alludes to Ehon's (2007) assertion that the treatment and care of HIV-infected persons includes provision of clinical care, nursing care, emotional support, nutritional care and support.

> *Basically admitted HIV and AIDS patients need physical, psychological and emotional support. Physical needs include balance diet, medication (ART and Cotrimoxazole prophylaxis), and good hygiene so as to prevent opportunistic infections through use of Cotrimoxazole and improve quality and prolong life through use of ART which prevents replication of HIV virus hence allowing production of white blood cells boosting immunity.*

As part of the elements recommended in the comprehensive care of admitted patients with HIV and AIDS related illnesses, Patz *et al*. (2000) and Kols (2001) in nursing care there is need for adequate hygiene practice and nutrition. These were echoed by Bigman and other respondents during data gathering.

> *Basically admitted patients need a balanced diet to boost immunity hence reduce the risk of opportunistic infections. Psychological needs that is they need support from their relatives.*

Tabeth also gave his rationale for the inclusion of diet in the nursing management of patients with HIV and AIDS related illnesses

> *Since patients being admitted into the hospital, being sick people, they will be taking their medication, and to complement their medication they will require food that is going to provide them with best nutrition to help them build their immune system.*

Breandy weighed in with what she had observed at her hospital. Patients are made to eat whatever is readily available at the hospital without regard to their special needs.

> *As well diet because some of them will be wasted. That's the most challenge in the hospital. They don't have a special diet. If a diabetic patient comes, we write a paper and submit it to the hospital kitchen, they eat everything that is served at the hospital, most of these patients will be wasted, they need a balanced diet, what do we call a balanced diet for them? We need to be clear.*

In summary, comprehensive care should not negate the psychological, social and spiritual needs of the patient by looking at physical needs only. Patz *et al*. (2000) and Kols (2001) also outlined what they supposed should be in the HIV and AIDS comprehensive care as four interrelated elements; clinical management, nursing care, counselling and emotional support, and social support. In nursing care there is need for adequate hygiene practice and nutrition, palliative care, home based care and education to care providers at home and family, in the same instance promoting observance of universal precautions.

According to Harkins *et al*. (2011) the nurse's duty in comprehensive management should focus on chronic disease management, including health monitoring and symptom management, acute care, health promotion and education, disease prevention, palliative care, mental health support, patient support / advocacy and referral management. Patients had their say as well on what they expected from their nurses during their stay at the hospital. This somehow confirms claims or discredits claims made by the nurses during their essays, interview and focus group discussions. Patients admitted with HIV and AIDS therefore need holistic care. This is an observation that was also made by Hughes and Jones (1998), they noted that acute care of persons with HIV disease requires intensive nursing care. Hughes & Jones (1998) also highlighted that patients admitted to the hospital with an AIDS diagnosis have significantly more nursing care requirements than non-AIDS patients. A summary of significant responses and sub themes for Comprehensive care is presented in Table 4.12.

Table 4.12: Summary of significant responses and sub themes for Comprehensive care

Significant responses	**Sub themes**
"The model of care should also look at the destigmatising the condition in the general populace to help the afflicted to re-enter society and avoid their seclusion" *"….. The model of care should also look at the destigmatising the condition in the general populace to help the afflicted to re-enter society and avoid their seclusion."*	Destigmatisation
"Basically admitted HIV and AIDS patients need physical, psychological and emotional support.	Total care

Physical needs include balance diet, medication (ART and Cotrimoxazole prophylaxis), and good hygiene so as to prevent opportunistic infections…." *"Generally most of these patients come bedridden. They need help with all the activities of daily living. They need all the assistance. They need support, social psychological and also involvement of the relatives."*	
"*Since HIV patients being admitted into the hospital, being sick people, they will be taking their medication, and to complement their medication they will require food that is going to provide them with best nutrition to help them build their immune system*" *"…diet because some of them will be wasted. … If a diabetic patient comes, we write a paper and submit it to the hospital kitchen, but the patients with HIV and AIDS related illnesses cabbage, they eat everything that is served at the hospital, …"*	Nutrition
"*I will also ask for a standard operational procedure that a counsellor follows during counselling. Is it there? Is there a laid down standard operational procedure that a counsellor follows during counselling?*	Discharge planning and follow up

Source: Author (2018)

Competency

The master theme of competency does not only focus on qualification of the nurse, but also borders around the elements of expertise, appropriateness and adequacy in terms of requisite skills essential in the nursing management of admitted patients with HIV and AIDS related illnesses. The sub theme *need for empowerment* contributed to the development of the master theme Competency. From the demographic background of nurses there is a common feature of non-speciality in HIV and AIDS nursing care. From all the nurses interacted with, only Suzy, Beula, and Shuga and Graccy had had some form of specialized input in view of nursing patients with HIV and AIDS related illnesses. It should be noted though, that only Suzy had a qualification in advanced HIV nursing. Education or training of nurses has been considered as being of critical importance in seeking to ensure delivery of quality nursing to clients. This is echoed by Cheung *et al.* (2010) who noted that another element found related to the patient outcomes is the level of education among the staff tasked with nursing patients.

Immendy also felt that it is crucial to sensitize the nurse in the management of patients with HIV and AIDS related illnesses early by including the concepts in the training plan, "*Training should be included in the nursing curriculum, and then maybe reinforcement during clinical practice when one qualifies"*

Bhudi concurred with his group in their discussions on the need to have trained staff in the care of patients with HIV and AIDS related illnesses, "*So we agree that the human resource factor is a key element to be addressed when nursing those patients*". Bhudi further affirmed that all who were involved in nursing patients with HIV and AIDS related illnesses were to be specifically equipped with the necessary knowhow and skills, "*Training should be done to all those who have something to do with this patient has to be trained, so that during change of shifts, counselling should continue*". The issue of competence is what's desired by patients and their relatives. Clare complained to the fact that patients and relatives expected miracles from nurses, which was not the case.

> A*lthough we are human, some people will expect nurses to do wonders, which is not possible. Yah some relatives become, they think you being incompetent, and you are not delivering enough or quality care to their patient. Sometimes they come at a time when condition has already gone bad like that.*

From Bhudi's comments, it might appear like nurses are not trained in counselling at all. However, what should be highlighted on is the need to specifically empower them with skills on how to assist admitted patients with HIV and AIDS related illnesses. Thus reinforcing the initial general training, they probably received as students would help give them confidence in counselling their patients. However, Immendy noted that they were not trained.

> *Because we don't have input, we have not been trained to do so. Training should be included in the nursing curriculum, then, maybe reinforcement during clinical practice when one qualifies.*

Shuga also added his weight to the idea of training nurses in counselling skills, *"Training should be done to all those who have something to do with this patient, so that during change of shifts, counselling should continue."* Theo felt that the training should also include areas to do with conducting laboratory investigations with funds permitting, "*More funds should be unveiled so that we train more staff, especially in carrying out investigations".*

The concept of competence was summarised by Relf *et al.* (2009) as consisting of four core competences some of which were identified by the respondents. Essential Core cognitive competences like the ability to appropriately diagnose the patient through staging, thus stage the HIV client based on clinical manifestations in accordance with the World Health Organisation guidelines. This has been utilised previously in determining the commencement of patients on ARVs where there was no equipment for checking the viral load or the CD4 levels.

Other core competences identified by Relf *et al.* (2009) but also picked in the respondents' views were Core affective competences, these included the ability to support the patient accept and positively cope with an HIV diagnosis and its psychosocial and emotional consequences. The nurse should also be able to support clients spiritually by incorporating clients' beliefs, values, lifestyle and culture into the care efforts as well to effectively assist the patient to handle issues with regards to HIV related stigma.

Nurses are also expected to display Core Psychomotor Competences. This was found to be lacking and was not a

common competence according to most nurses owing to lack of trainings. According to Relf *et al*. (2009), Core Psychomotor competences include the ability to demonstrate the correct technique for specimen collection related to HIV and AIDS diagnosis and management as well as the ability to demonstrate the appropriate use of universal precautions and the principles of infection prevention and control.

The fourth core competence according to Relf *et al*. (2009) relate to the Core Professional Competences, in which Nurses are expected to be able to adhere to the core ethical principles of the nursing profession in the provision of care for clients living with, at risk for, or affected by HIV and AIDS and be able to effectively communicate, coordinate and document the care of the client living with HIV or AIDS as a member of the multi-disciplinary team. Table 4.13 summarizes the responses and sub themes that help shape the master theme Competency.

Table 4.13: Summary of significant responses and sub themes for Competency

Significant responses	Sub theme
"*…..although we are human, some people will expect nurses to do wonders, which is not possible. Yah some relatives become, they think you being incompetent, and you are not delivering enough or quality care to their patient. Sometimes they come at a time when condition has already gone bad like that*" "*More funds should be unveiled so that we train more staff, especially in carrying out investigations"* *"Training should be done to all those who have something to do with this patient, so that during change of shifts, counselling should continue."* *"Because we don't have input, we have not been trained to do so"* and that "*Training should be included in the nursing cu*	Need for empowerment

Source: Author (2018)

Partnership.

The need for partnership arose from a single sub-theme *Collaboration.* Collaboration could mean forming an alliance or establishing teamwork where the patient and the health staff combine their efforts in an attempt to meet the patient's targets. Rita shared her experience on how they have involved the patients by allowing them to participate in their care. A partnership needs to be established where the patient is the lead partner, *"We involve this patient during the time when they want to take medication, e.g. if the patient wants to take their treatment at 2000hrs we agree with the patient".*

Collaboration could also mean involvement of significant others in the care of their loved ones. Significant others have a major role to play during admission of their loved ones. The nurse has a responsibility to share relevant information with loved ones in the kind of care needed by the patient to ensure continuity when the patient gets home. Manny shared her thoughts on the need to involve the partner. Relatives still have a bigger role to play in the care of their loved ones. In the hospitals they do not seek to substitute the nurse, but to compliment nursing activities, through a number of ways like, monitoring the changes taking place on their loved one, assisting with meals as well as grooming among other activities. However, the greatest of all the activities engaged in by relatives is to show love.

> *The other thing we can also do is involve the partner in the management of the patient so that one way or the other if the partner is not feeling well, the partner can always remind them to take the medications this will help in adherence to the medication.*

Emely echoed the same sentiments

> *Involving the loved ones improves adherence rate, hence reduces chances of these patients getting some opportunistic infections and also disclosure helps these patients also to cope with their medication.*

In Graccy's view, at times the significant others need some encouragement to be able to care for their loved ones, "*Try to counsel the patient's relatives about the condition and encourage the relatives to show love to their patients*". Besides showing love, relatives are there to provide psychological support and assurance, as they allay the anxiety experienced by the admitted patients. Bonniface noted that admitted patients worried about their unattended business they would have left behind due to their admission.

> *For admitted HIV and AIDS patients there is a crisis especially to bread winners and heads of families. In my own view, psychosocial support comes as a basic need as these cadres would have left their families behind and are admitted in hospital, and they are prone to stress since no one would be taking care of their children at home.*

These were the same sentiments alluded to by Patz *et al*. (2000) who noted that it was a wide-spread belief that the majority of health care needs of PLWHAs could be fully addressed by ensuring access to medications in particular – ARV therapy. However, this idea falls short of effectively meeting the complete range of PLWHAs medical, emotional, social and economic needs. Collaboration could also be achieved by having nurses forming an alliance with other health care providers to be able to provide holistic care. One of the respondents, Theo, also thought that it was crucial for other health personnel to assist in the care of patients with HIV and AIDS related illnesses. Co-ordination and integration according to Patz *et al.* (2000) ensure a continuum of care across providers and levels of care.

> *I think also the involvement of other health personnel like the dieticians, maybe physiotherapists especially in caring for those patients who have side effects from ART medication*

Sufficiency

To merely have a team is not enough without having enough resources to help meet the objectives of the team. This then brings about the theme of *sufficiency*, which concerns the availability of adequate levels of not only trained but knowledgeable and skilled personnel, drugs and equipment. According to Patz *et al*. (2000) appropriate services like screening and diagnostic services and counselling are some of the elements that should be in place to enhance recovery of the admitted HIV and AIDS patients. An issue Manny also thought should not be neglected.

> *Some of the resources like the CD4 count must always be available so that they won't come several times without receiving some of these resources since they will not help in monitoring the patient in the rightful way.*

CD4 count is indeed very crucial in the determination the patient's baseline data before commencement of treatment as well as evaluation and monitoring of the patient's progress during treatment. The CD4 count reflects the clinical picture of the patients with HIV and AIDS related illnesses. The Viral count reflects on the immunological response of the patient to ARVs. When the patient is on ARVs it is generally expected that the viral load will go down and the CD4 count rise.

To rationalize on the ineffective counselling provided by nurses, Bhudi pointed out that the nurses in the wards who could provide effective counselling were few and far from the desired needs of the patients, *"That happens because we are few. In all honest, if you check, how many of us are there in the wards who can effectively counsel a newly diagnosed patient."* Sufficiency was borne out of the need to improve levels of staffing especially in Counselling of admitted patients with HIV and AIDS related illnesses.

In essence the key care concepts that need to be addressed in the nursing care of patients with HIV and AIDS related illnesses include *Constancy, Competence, Comprehensive care and Empowerment, Partnership and Sufficiency.*

Ethical and legal Considerations

In this study, respect for persons was maintained. The respondents' confidentiality of identity was also ensured through anonymity of data they volunteered. Details of participants remained anonymous. Their identity particulars do not appear on any study material. The names appearing in this article are fictitious names. They were not required to write down their names on the research questionnaires. The respondents were informed of the rationale of the study and how their privacy was to be maintained throughout the study and afterwards.

Limitations

Due to the failure of sample respondents to answer with candour, results might not accurately reflect the opinions of all members of the included population. As a mitigatory measure, efforts were made to ensure that the data gathered were from a wide spectrum of health centres and nurses in the province in Matabeleland South.

The sample for the study was too large for the preferred methodology which resulted in very large amounts of data, data loss owing to the overwhelming nature of the data. This required additional time to analyse the data. To overcome the challenge of too large a sample, a point of saturation was reached, I went through cycles of data gathering and analysis until nothing new was revealed by the gathered data.

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ESSAY GUIDE FOR NURSES

A Qualitative analysis of Care values that need to be embraced and exhibited in the nursing care of patients with HIV and AIDS related illnesses in Zimbabwean hospitals.

My Name is Clement Nyati. I am currently undertaking Doctoral studies with the Zimbabwe Open University. Please assist by writing down your Views with regard to Care values in the provision of nursing care to patients with HIV and AIDS related illnesses at your Hospital. Below is a guideline that you can follow in writing your views.

In you short essay please highlight the following;

- when you qualified as a nurse
- how long you have been involved in the care of HIV and AIDS patients
- Provide your own views with regards to Values do you consider as key in the nursing management of admitted patients with HIV/AIDS related illnesses?

Please Note! Please provide your thoughts and feelings in detail.

You do not need to write down your name as I need to keep your identity anonymous

Thank you for your time and effort.

INTERVIEW SCHEDULE FOR NURSES

Research Project Title: A Qualitative analysis of Care values that need to be embraced and exhibited in the nursing care of patients with HIV and AIDS related illnesses in Zimbabwean hospitals. **.**

Section A

1. How old are you?
2. What are your qualifications?
3. How many years of experience do you have?
4. Do you have any specialised training in the management of admitted patients with HIV and AIDS related illnesses?

Section B

5. Which ethical values are you familiar with?
6. In your own view, do you think that they should be observed in the care of admitted patients with HIV/AIDS related illnesses?
7. What would you say are the key care values in the nursing management of admitted patients with HIV/AIDS related illnesses?
8. Which nursing care values would you recommend for inclusion in the care of admitted patients with HIV/AIDS related illnesses?

Thank you for your time.