Responsibilities of Nurses in the Management of Admitted Patients with HIV and AIDS Related Illnesses

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Abstract: **The purpose of the study was to determine the perceptions of patients and nurses in view of the responsibilities of nurses in the care of admitted patients with HIV and AIDS related illnesses. The nurses' responsibilities in the management of admitted patients with HIV and AIDS related illnesses are varied and go beyond the administration of prescribed medications. An anti-positivist / interpretivist approach, which is a qualitative methodology, was adopted. The study, through its methods, sought 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 participants. Convenience–purposive sampling was employed in the recruitment of nurses, and a simple random sampling technique was utilised in the recruitment of patients. Patients were included in the study on the basis of having been admitted for more than a day, conscious, and mentally stable. The participants shared their experiences when they were engaged through semi-structured interview schedules, focus group discussions and short essays. The details of the participants remained anonymous throughout the study to protect their identity. The dignity of all research participants in this study was respected and maintained, and their autonomy was ensured. The data generated were analysed through a series of steps of the Interpretive Phenomenological Analysis Framework (IPA). The first stage involved the transcription of data from interviews and focus group discussions verbatim. In the second stage preliminary themes were identified. The third stage involved grouping themes together as clusters. The final stage involved tabulating themes in a summary table. Six master themes emerged from the data,** *Establishment of constancy, Patient Empowerment, Infection control, Benevolence and need for patient safety and comfort.* **The nurses' experiences and patients' experiences helped generate master themes that address the issue of the nurses' scope in the management of admitted patients with HIV and AIDS related illnesses. The themes include: Provision of constancy. Patient empowerment, Infection Control, Provision of comprehensive care. Extended enquiries in the area of patient empowerment and infection need to be conducted. These concepts have been deemed essential in the care of admitted patients with HIV and AIDS related illnesses. There is very scanty data with regards to these concepts in view of abilities of nurses to provide adequate care to admitted patients.**

I. BACKGROUND

The unique role of the nurse is to assist the individual, sick or well, in the performance of those activities contributing to health and its recovery (or to a peaceful death) that he / she would otherwise perform unaided if he / she had the necessary strength, will or knowledge, and to do this in such a way as to help him / her gain independence as rapidly as possible (Henderson, 1966). To perform this role effectively and ensure that patients receive appropriate and timely care, it is necessary to have a plan that is available to all involved (Brooker & Nicol, 2011).

Nurses are supposed to be diligent in the way they deliver care as the patient looks up to the nurse in as far as their health is concerned. Nurses are supposed to provide life-saving and life-enriching care throughout the world. Approximately 80% of frontline patient care is delivered by nurses (Dhlamini, Kohi, Uys, Phetlhu, Chirwa, Naidoo, Holzemer, Greeff, & Makoae, 2007).

Purpose

The purpose of the study was to determine the perceptions of patients and nurses with regard to the responsibilities of nurses in the management of admitted patients with HIV and AIDS related illnesses.

Objectives

- To identify the perceptions of nurses in view of their responsibilities in the management of admitted patients with HIV and AIDS related illnesses.
- To determine the patients' perceptions with regard to the responsibilities of nurses in the management of admitted patients with HIV and AIDS related illnesses

Research Questions

- What are the perceptions of nurses in view of their responsibilities in the care of admitted patients with HIV and AIDS related illness?

- What are the patients' perceptions with regard to the nurses' responsibilities in the care of admitted patients with HIV and AIDS related illnesses?

Statement of the problem

There is no documented evidence to suggest that nurses' responsibilities have been identified and outlined with regard to the care of admitted patients with HIV and AIDS related illnesses.

Significance

The findings of this study are significant to the patient, to the nursing practice, to nursing education and to nursing research.

Conceptual frameworks

Nursing is the most abundant and accessible of all the health disciplines in society. The preservation and promotion of utmost health remains its highest priority and mandate to the communities it serves through use of its massive body of knowledge. The appreciation of the lived experience and the meaning of HIV and AIDS care to Nurses and patients will serve as a strong basis to determine the specific roles of the nurse in the care of admitted patients with HIV and AIDS related illnesses. Findings may also help to structure care for clients with HIV and AIDS related illnesses following evidence informed practice.
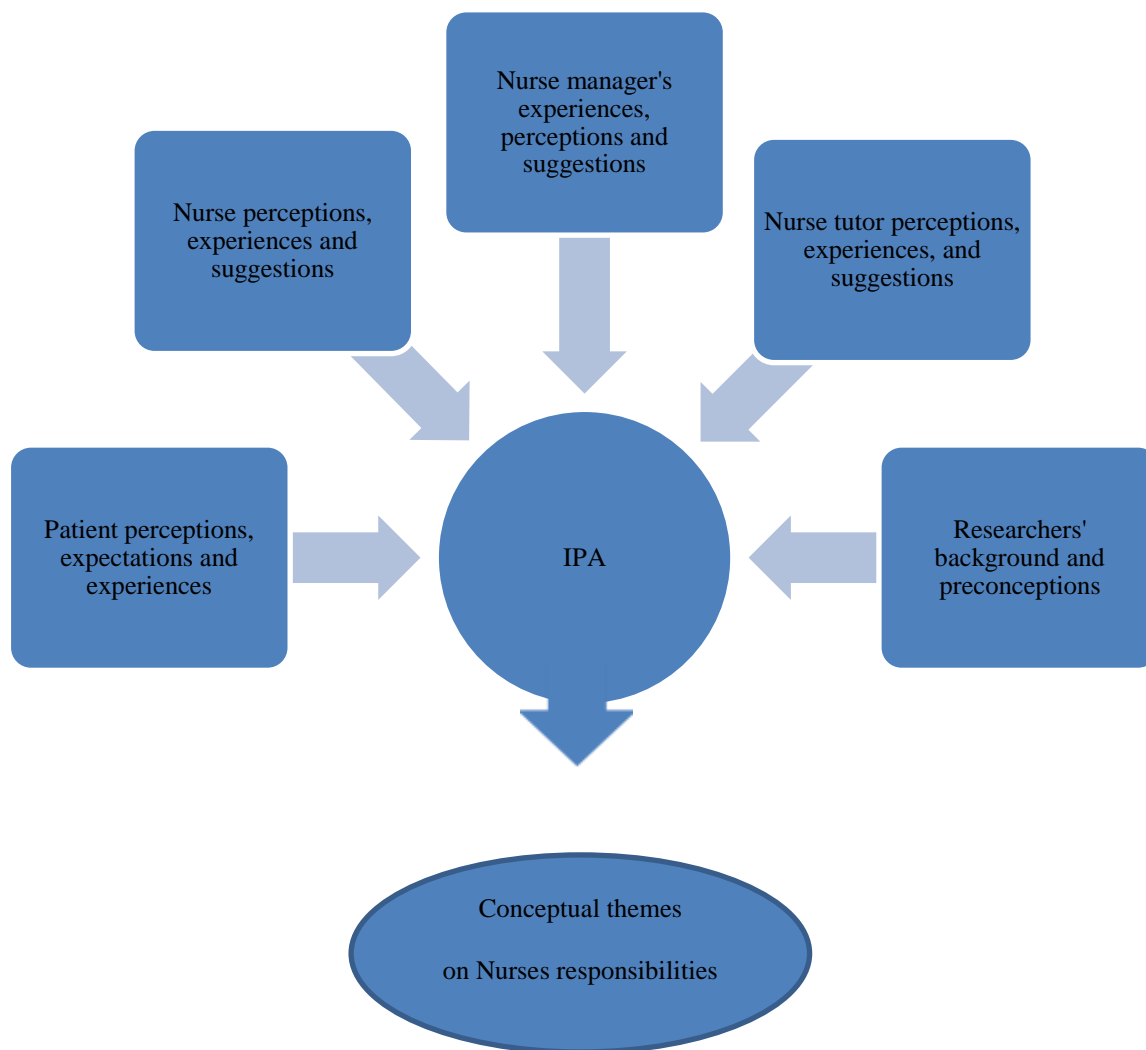

Figure 1.1 Schema outlining the conceptual framework of the study

Source: Author (2018)

Patient perceptions, expectations and experiences

The study sought the experiences of patients with regard to the care they received and their perceptions as suggestions as to the kind of care they desired.

Nurses' perceptions, experiences and suggestions

The framework further gave direction in pursuit of the nurses' experiences, perceptions and their suggestions with regards to the kind of care that should be provided to admitted patients with HIV and AIDS related illnesses. The goal of Phenomenological research is described by Waters (2016) as that of describing a lived experience of a phenomenon. The experiences of nurses in HIV and AIDS care settings better placed them as the most resourceful source in this study. Their suggestions were regarded as useful due to the experiences.

Nurse Managers' perceptions, experiences and suggestions

The Nurse Managers lead and influence the implementation of policies in departments. They cannot be separated from the bedside nurse as they work hand in hand with the nurse. Managers were at one time bedside nurses themselves, therefore also possess lived experience in the care of admitted patients and act as role models to junior nurses as well as effecting critical decisions in the care of admitted patients.

Nurse tutor perceptions, experiences and suggestions

Teaching HIV and AIDS in nursing schools is reported by the WHO (2002) as varying greatly between countries and between schools within a country. In South East Asia WHO (2002) reviewed 30 schools and observed that the schools teach HIV and AIDS with varying standards. Nurse teachers have tried to fit HIV and AIDS classes wherever applicable. Opportunities for student nurses to gain practical skills in providing nursing care for patients depend on local situations (WHO, 2002). It should be noted therefore that nurse tutors play a crucial role in nurturing future nurse practitioners and helping them gain vital knowledge and skills to adequately care for admitted HIV and patients. Their views therefore were highly regarded, with respect to their years of experience in shaping future nurses.

The researchers' background and preconceptions

Researchers' experiences in the field helped to appreciate the lived experiences of the patients, the nurses, their managers as well as those of tutors. Having indirectly worked with patients with HIV and AIDS related illnesses the researchers had to block their own preconceptions to avoid influencing the outcome of the study a process referred to as bracketing. Bracketing is described by Tufford and Newman (2012) a method used in qualitative research to mitigate the potentially deleterious effects of preconceptions that may taint the research process. Beech (1999) describes bracketing as the process by which the researcher resolves to hold all preconceptions in abeyance in order to reach experiences before they are made sense of, before they are ordered into concepts that relate to previous knowledge and experience.

Fischer (2009) adds by noting that Bracketing is presented as two forms of researcher engagement: with data and with evolving findings. Fischer (2009) describes the first form of bracketing as the well-known identification and temporary setting aside of the researcher's assumptions.

The second engagement is the hermeneutic revisiting of data and of one's evolving comprehension of it in light of a revised understanding of any aspect of the topic (Fischer, 2009). However, the views were expressed in the discussion stages.

Operational definitions

HIV and 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).

Nursing care refers to the tasks identified by a nursing assessment as those that need to be carried out or services provided by a nurse for the benefit of a patient (Farlex, 2016). In this study, the term nursing care is utilised to refer to nursing services that are rendered to the admitted patients with HIV and AIDS related illnesses.

Management is defined by an online journal, Boundless.com, as the act of getting people together to accomplish desired goals and objectives by using available resources efficiently and effectively. In this study, the term management is used to refer to a well-coordinated act of organising tasks and services, as well as qualified staff to be availed to the admitted patients with HIV and AIDS related illnesses for effective nursing care.

HIV and AIDS related illnesses. In this study, these are medical conditions that develop as a result and complications of the HIV infection.

II. REVIEW OF RELATED LITERATURE

The nurse is an important member of the medical team when it comes to the care of patients. According to the RNpedia (2017) in their article on fundamentals in nursing notes, the nurse is a **Caregiver.** According to RNpedia (2017) care giving encompasses the physical, psychosocial, developmental, cultural and spiritual levels. The caregiver role has traditionally included those activities that assist the client physically and psychologically while preserving the client's dignity (RNpedia, 2017).

The nurse is also seen as a Communicator. Communication is described by RNpedia (2017) as an integral part to all nursing roles. Nurses need to communicate with their clients, the patient, support persons, people in the community as well as other health professionals. As a communicator, RNpedia (2017) explains that the nurse actually identifies client

problems and then communicates these verbally or in writing to other members of the health team in the form of a report. RNpedia (2017) further highlights that the quality of a nurse's communication is an important factor in nursing care.

The nurse also operates as a teacher. In this role Gardner (1991) note that the nurse helps clients to learn and understand their own health challenges, they also learn about the health care procedures they need to perform in order to return to their normal healthy state. As a teacher, the nurse assesses the clients' learning needs and their readiness to learn. RNpedia (2017) states that the nurse also sets specific learning goals together with the patient, enacts teaching strategies and evaluates the learning that has transpired.

Gardner (1991) also describes the nurse as a client advocate. In this role, the nurse is said to act to protect the client, thus the nurse may represent the client's needs and wishes for information to the physician. Nurses also assist clients in exercising their rights and empower them to vocalise their needs (RNpedia, 2017).

The nurse is also a counsellor. Gardner (1991) notes that in counselling, social and psychological problems that are stressful to the client are identified and eliminated through a helping process. The client is also helped to develop improved interpersonal relationships and to promote personal growth (RNpedia, 2013). Counselling also involves providing emotional, intellectual and psychological support (RNpedia, 2017). The nurse is also identified as a change agent. In this regard, the nurse acts as a change agent when assisting others, which is to make modifications in their own behaviour and health lifestyles (RNpedia, 2017).

Nurses also often act to make changes in a system such as clinical care if it is not helping a client return to health (RNpedia, 2017). Thus the nurse is also a **leader** who takes charge and motivates others to work together to accomplish a specific goal (RNpedia, 2017). According to RNpedia (2017), the leader role can be applied at different levels, thus at the client, family, groups of clients and/ or community. RNpedia (2017) also notes that effective leadership is a learned process that requires a comprehension of the needs and goals that motivate people; it also calls for one to have the knowledge to apply the leadership skills and the interpersonal skills to influence others.

The nurse is a **Manager.** As a manager, the nurse manages the nursing care of individuals, families, and communities. RNpedia (2017) states that the nurse manager delegates nursing activities to ancillary workers and other junior nurse cadres. The manager also supervises and evaluates their performance on the work done. Patients are also admitted as peculiar cases, which make the nurse a **Case manager.** A case manager is described by RNpedia (2017) as a nurse who works with the multidisciplinary health care team to measure the effectiveness of the case management plan and to monitor outcomes.

In their day to day activities nurses utilise evidence from research to improve care delivered to their clients. This makes nurses **consumers of research**. RNpedia (2017) states that Nurses in a clinical area need not only to partake in research studies, but to also partake in discriminating consumption of research findings. According to RNpedia (2017), the general roles and functions are also applicable to the nursing care of admitted patients with HIV and AIDS related illnesses; however, these responsibilities need to be more refined and defined, and be specific in order to meet the needs of the admitted patient with HIV and AIDS related illnesses.

Despite the promise of a combination of anti-retroviral therapy and the prophylaxis of opportunistic pathogens in preventing or delaying HIV related illnesses. Hughes and Jones (1998) are of the opinion that some persons with HIV disease become too sick enough to require hospitalisation or admission, whilst in hospital these patients will require to be nursed, thus the nursing care of persons with HIV disease is an essential component of total patient care, and it also requires all of nursing's physiologic, psychosocial, and spiritual care-giving expertise as well as its ethical and moral base.

In their introduction of handbook on nursing care patients with HIV and AIDS related illnesses, Harkins, Stewart, Nolan, Prombuth, Horne, Walford, Engels, Bishara, Dunham and Buda (2007) emphasise the fact that Nurses provide life-saving and life-enriching care throughout the world. Often they are the first provider or even the primary provider for patients with HIV (Harkins *et al.,* 2007). While medically focused trainings provide a valuable service to the doctors in HIV care, Harkins *et al.* (2007) argue that nurses also need training that is geared towards their competences and roles in the care of patients with HIV and AIDS related illnesses. Nurses have thus been seen to move from providing essential supportive care to leading clinical treatment, and now they have become the mainstay of antiretroviral treatment programs globally (York & Farley, 2012).

The nurse does not function alone, but is a member of a team that is tasked with providing care together with patients and their families to address the full spectrum of needs (Harkins *et al.,* 2007). Therefore, as part of a team nurses participate as active members, raise issues related to patient care to improve service delivery, consult with other team members on difficult patient issues and support colleagues (Harkins *et al*., 2007). The responsibility of the nurse is therefore, multi-faceted and strategic as outlined by Harkins *et al.* (2007). Despite being a member of a multi-disciplinary team, nursing still has goals to achieve, thus to reduce morbidity and mortality of patients, and increase the quality of life of people at risk for HIV and those affected by the disease (Harkins *et al*., 2007). The roles are so rightfully spread over the acute phase and the chronic phase. According to Harkins *et al.* (2007), 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. Harkins *et al*. (2007) go on to outline the three major roles in the acute phase which include assessment and management of symptoms, e.g. anorexia, emotional distress and confusion; non-pharmacologic nurse led interventions in nausea and vomiting, fever, dyspnoea, and rash; monitor medication use and provide patient education for all medications, whether prophylaxis, antibiotics, narcotics, etc. (Harkins *et al*., 2007). Relf, Mekwa, Chasokela, Nhlengethwa, Letsie, Mtengezo, Ramantele and Diesel (2009) synthesised essential core competences for nursing related to HIV and AIDS from various sources. Relf *et al*. (2009) summed up the essential core competences into four, which include; Essential Core cognitive competencies, for example, to distinguish between the normal functioning immune system and a HIV compromised immune system; Core affective competencies, for example, tp support clients to accept and positively cope with an HIV diagnosis and its psychosocial and emotional consequences; Core Psychomotor Competencies, for example, to demonstrate the correct technique for performing skills related to HIV and AIDS diagnosis and management; and Core Professional Competencies. For example to effectively communicate, coordinate and document the care of the client living with HIV or AIDS as a member of the multi-disciplinary team. To sum it up, the nurse is there to provide care that respects the dignity of the individual and to set an example of appropriate non-judgemental attitudes to other health workers and the community (WHO, 2016). Owing to the widening range of disease manifestations and to the psychosocial aspects of HIV infection, the nurse should appreciate that he / she would be required to apply a broad variety of professional skills, including effective educational and counselling skills to provide optimal nursing care (WHO, 2016).

III. RESEARCH METHODOLOGY AND DESIGN

This research study adopted an anti-positivist / interpretivist approach, which is a Qualitative paradigm. The use of a qualitative model involves the detailed exploration and analysis of a particular topic (Griffiths, 2009). Qualitative methodology shares its philosophical foundation with the interpretive paradigm which supports the view that there are many truths and multiple realities. This type of paradigm focuses the holistic perspective of the person and environment which is more congruent with the nursing discipline (Weaver & Olson, 2006). By opting for interpretivism, it was anticipated that this approach would yield rich, in-depth information that can potentially clarify the varied dimensions of a complicated phenomenon. A phenomenological research design was applied in this study. Polit and Beck (2008) note that phenomenology is concerned with exploring the life world of the research participants and discover how they perceive particular life experiences. It emanates from the academic disciplines of philosophy and psychology, and that it is founded upon the works of the 20th century philosopher Edmund Husserl (1859 - 1938), however it was further developed by Heidegger (1889 -1976). Phenomenology in its broadest sense is viewed as a person's perception of the meaning of an event, as opposed to the event as it exists externally to that person (Rich, Graham, Taket & Shelley, 2013), hence a phenomenological research study is a study design that attempts to understand people's perceptions, perspectives and comprehensions of a specific situation or phenomenon (Rich *et al*., 2013). Griffiths (2009) adds that phenomenology envisages gaining an understanding of the subjective experience as understood from an individual's point of view or frame of reference, as well as to describe this phenomenon and understand it. According to Van Manen (1997) in Rich *et al*. (2013) phenomenology is defined by several main characteristics which involve the four steps of bracketing, intuiting, analysing and describing. The aim of phenomenology is to determine what the experience means for the people who have lived through the experience, and then it is from there that Moustakas (1994) believes the general meanings will be derived.

Sampling procedures

Criterion sampling, a form of purposive sampling was applied. It is 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 (Patton, 1990). The sample was selected basing on the researchers' judgement and the purpose of the research, thus looking for those who have had experiences relating to the phenomenon to be researched (Groenewald, 2004). The study also utilised a random purposive sampling technique in recruitment of patients for the study. It is a process of identifying a population of interest and developing a systematic way of selecting cases that is not based on advanced knowledge of how the outcomes would appear. The technique does not seek to foster representativeness or generalizations (Cohen & Crabtree, 2006). In order to trace additional participants or informants the researcher used snowballing sampling, a method of expanding the sample by asking one informant or participant to recommend others for interviewing (Groenwald, 2004). This technique worked in identifying other nurses considered to have expertise in the management of patients with HIV and AIDS related illnesses. The subjects were identified in Hospitals in Matabeleland South Province.

Sample size

This study utilised a sample size of fifty-four (54) informants. Boyd (2001) in Groenwald (2004) regards two to ten participants as sufficient to reach saturation, whilst Creswell (2012) recommends "long interviews with up to 10 people" for a phenomenological study. However, the guiding principle is that all participants must have experienced the phenomenon and must be able to articulate what it is like to have lived that experience. 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.

Table 1 Demographic details of Patients

N= 15

Pseudonym	Age (Years)	Sex	Marital status	Occupation	Year tested positive	Number of days admitted
Mary	28	F	Divorced	Unemployed	2013	2
Chenai	47	F	Married	Unemployed	2013	1
Jane	34	F	Married	Unemployed	2015	2
Samson	34	M	Widowed	Unemployed	Unknown	4
Chengeto	28	M	Single	Unemployed	2015	21
Sande	42	M	Single	Builder	2014	3
Nyalayi	60	M	Married	Unemployed	2013	7
Mulena	52	M	Widowed	Unemployed	2013	3
Fortune	30	M	Married	Unemployed	Unknown	7
Betty	22	F	Single	Unemployed	2005	12
Lerato	39	F	Divorced	Unemployed	Unknown	14
Batu	38	F	Single	Nurse	1999	3
Fikile	38	F	Single	Unemployed	2009	9
Dumi	42	M	Married Widowed	Unemployed	Unknown	12
Shelliza	36	F		Unemployed	2013	4
Average	38					6.9

Source: Authors (2018)

Patients provided their views with regard to their expectations on nurses' responsibilities in their care, especially when looking after admitted patients with HIV and AIDS related illnesses. Their views were derived through semi-structured interviews. Patients were interviewed on their beds, in hospital side rooms and on the verandas, which ever place where they felt comfortable to be interviewed.

Table 2. Demographic details of Nurses who wrote essays

N= 8:

Pseudonym	Age years	Sex	Qualifications	Number of years' experience	Specialized Training in HIV and AIDS Nursing Care
Bonniface	26	M	RGN	3	Nil
Lizzy	33	F	RGN	3	Nil
Bigman	41	M	RGN/SCM/MSN	15	Nil
Hanney	39	F	RGN/SCM/MSN	15	Nil
Chikonho	27	M	RGN/SCM	6	Nil
Leonara	39	F	RGN	10	Nil
Candice	40	F	RGN	10	Nil
Truelady	32	F	RGN	4	Nil
Average	34.6			8.25	

Source: Authors (2018)

All the nurses had a general qualification of registered general nurse (RGN), and a few had post basic qualifications like midwifery (SCM) and a masters in nursing science (MSN).

Specialized training in HIV and AIDS nursing care was not a common feature at all as none had received training.

Table 3. Demographic details for Nurses who were interviewed

N= 16

Pseudonym	Age years	Sex	Qualifications	Number of years' experience	Specialized Training in HIV and AIDS Nursing Care
Charlene	31	F	RGN/SCM	8	Nil
Suzy	27	F	RGN	2	Adv. HIV Nursing
Flora	24	F	RGN	4	Nil
Gloria	25	F	RGN	5	Nil
Filipo	29	F	RGN	3	Nil
Colleta	24	F	RGN/MH	2	Nil
Meryln	35	F	RGN	6	Nil
Beula	53	F	RGN/SCM	6	Paediatric HIV care
Viola	32	F	RGN/MH	9	Nil

Glady	30	F	RGN	6	Nil
Amithi	34	F	RGN	4	Nil
Alexia	32	F	RGN	3	Nil
Clare	26	F	RGN	4	Nil
Kiliboni	30	F	RGN/SCM	5	Paediatric ART
Sandrata	42	F	RGN/SCM/BSc/MSN	17	Nil
Bakili	49	F	RGN/SCM/BSc/MSN	27	Nil
Average	32.7			6.94	

Source: Authors (2018)

Nurses were interviewed at their work places. The average age of the nurses interviewed was 32.7years. Work stations and side wards were utilized as long as there was no activity likely to interfere with the interview. A glimpse at the section on Specialized HIV and Aids Nursing Care shows very little in terms of qualification with regards to nursing patients with HIV and AIDS related illnesses despite the average number of years' experience of 6.94 years. The scenario depicted here is that nurses involved in the care of patients with HIV and AIDS related illnesses lack the qualifications to do so despite the number of years they have been involved in the care of these patients. Hence one could assume that most nurses are operating beyond their scope of practice.

Table 4. Demographic details for Nurses who took part in the Focus Group Discussions

N=15

Pseudonym	Age years	Sex	Qualifications	Number of years' experience	Specialized Training in HIV and AIDS Nursing Care
Rita	29	F	RGN	3	Nil
Dolly	26	F	RGN	6	Nil
Theo	29	M	RGN	3	Nil
Tabeth	31	M	RGN	3	Nil
Emely	21	F	RGN	3	Nil
Rudo	34	F	RGN	3	Nil
Shuga	43	F	RGN/SCM	18	Paediatric Art
Bhudi	26	M	RGN	3	Nil
Immendy	31	F	RGN/SCM	5	Nil
Monica	32	F	RGN	3	Nil
Sonia	30	F	RGN/SCM	6	Nil
Graccy	54	F	RGN/SCM/DNA	25	PMTCT
Breandy	50	F	RGN/MSC	28	Nil
Marshall	33	M	RGN	3	Nil
Hazeldene	33	F	RGN/SCM	6	Nil
Average	33.5			7.9	

Source: Authors (2018)

The Focus group discussions drew three (3) participants from each district, Plumtree Hospital in Mangwe, Maphisa hospital in Matobo, Esigodini hospital in Umzingwane, Filabusi hospital in Insiza, Gwanda and Beitbridge hospitals. This helped in accessing varying experiences and opinions from the participants. From this group only (12.5%) had received some form of specialized training in HV and AIDS nursing care. Such a scenario does not augur well for the treatment outcomes for patients with HIV and AIDS related illnesses as the ratio of HIV and AIDS trained nurse to the admitted patients is very high

Data collection

In this study the researchers were the instruments, very visible with the participants aware of the researchers' presence, as opposed to quantitative studies where the role of the researcher is viewed by Simon (2011) as non–existent. 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 Arksey & Knight, (1999); Bloor, (1997); Holloway, (1997) in Groenewald (2004). 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. The Focus group discussions drew three (3) participants from each district, Plumtree Hospital in Mangwe, Maphisa hospital in Matobo, Esigodini hospital in Umzingwane, Filabusi hospital in Insiza, Gwanda and Beitbridge hospitals. This helped in accessing varying experiences and opinions from the participants. Focus group discussions were held with nurses in an effort to get different views on their experiences with nursing care of patients with HIV and AIDS related illnesses. Nurses were also requested to write down their experiences in

the care of patients, in the form of essays. The process was non-directive as much as possible. However, the nurses were requested to give full descriptions of their experiences, including their thoughts, feelings, images, sensations, and memories – their stream of consciousness – along with a description of the situation in which the experience occurred. According to Waters (2016), whatever way in which the participants can describe their lived phenomenal experience can be used to generate data in a phenomenological study.

Data presentation, analysis and interpretation

Waters (2016), states that the first principle of analysis of phenomenological data is to use an emergent strategy to allow the method of analysis to follow the nature of the data itself. This enquiry utilised the Interpretive Phenomenological Analysis Framework (IPA). The analysis involved 4 stages;

Stage 1: All data from interviews and focus group discussions were transcribed verbatim. According to Smith, Harre &Van Langenhove (1995), IPA analysis revolves around the close reading and re-reading of the text. The enquiry made notes of any thoughts, observations and reflections that occurred while reading the transcripts and additional notes. At this stage the notes were used to document points that were observed while engaging with the text. According to Smith *et al.* (1995) it is usual to record these initial notes in one margin of the transcript. While reading the text, the researchers' presuppositions and judgements were suspended in order to focus on what was actually presented in the transcript data. Bracketing, a method used in qualitative studies to mitigate the potentially deleterious effects of preconceptions that may taint the research process was applied (Tufford & Newman 2012). Spinelli (2005) notes that this involves the suspense of critical judgement and a temporary refusal of critical engagement, which might have brought in the researcher's own assumptions and experience into the fold.

Stage 2: Preliminary themes identified. Re-reading of the text was done to identify themes that best capture the essential qualities of the interviews from both patients and nurses, and focus group discussions that were carried out. Biggerstaff & Thompson (2008) suggest that it is usually here that psychological concepts and terms may be used in an IPA analysis; in this enquiry it was therefore time to utilize the nursing and medical concepts that best described the themes. This enquiry sought to identify themes from within each section of the transcript, and also search for possible or likely connections between themes.

Stage 3: Grouping themes 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. The aim at this particular stage was to arrive at a group of themes and identify super ordinate categories that suggest a hierarchical relationship between them.

Stage 4: Tabulating themes in a summary table. At this stage this enquiry sought to develop a master list or table of themes.

It is critical to locate these themes in an orderly system that identifies the main features and concerns identified by the research participant (Biggerstaff & Thompson, 2008). These were produced as a table with evidence from the interview, focus group discussions and essays using a quotation. The analysis of a single transcription was completed before moving on to another. This process was followed for each transcript until the analysis of all interviews was complete.

IV. FINDINGS AND DISCUSSION

The nurses' responsibilities in the management of admitted patients are varied and go beyond administration of prescribed medications. From the interviews, focus group discussions and essays from nurses and patients the following themes emerged, *Establishment of constancy, Patient Empowerment, Infection control, Benevolence and need for patient safety and comfort.*

Establishment of Constancy

This theme was borne from a variety of sub-themes which are linked with the desire to promote some form of regularity and sustainability in the nursing management of admitted patients with HIV and AIDS related illnesses. The sub theme ne*ed for continuous monitoring,* gave rise to the need for constancy. In this study, the constancy desired is the maintenance of the patient in a stable condition or rather in a state of stability minus the effects of ill-health.

Patient Empowerment

The empowerment theme arose from the sub-themes *health education, counselling and re-enforcement and the need for effective communication*. Health education involves sharing health information over a variety of issues, however, in most cases it would be revolving around a particular area of interest to the patient.

Without psychological support, in terms of counselling and health education, patients find it difficult to share their HIV status with their relatives and significant others. This somehow complicates their relationship with their loved ones and prevents them from taking their medication openly. The nurse has the responsibility to assist the patient to overcome psychological effects of HIV infection and be the source of comfort for the patient. This should then be translated into an increased amount of time spent by the nurse with the patient to allow sufficient assessment to explore all challenges experienced by the patient and assist the patient identify coping strategies.

The ability to change lifestyles and adopt practices to enhance healthy living also needs the intervention of the skilled nurse. Accepting the condition or status is not an easy task for most patients owing to how HIV is commonly spread, hence the fear of what other people would assume the individual got infected. In most cases, the element of blame surfaces where the patient is said to be paying for their sins. HIV and AIDS remains a socially unacceptable illness in most communities

despite efforts made to educate the world on how it can be spread and prevented,*"* Effective communication desired is practical communication which is direct and sincere, that is, it must be genuine and heartfelt. It is communication that should contain sufficient and relevant detail which is true. This information should be unambiguous and accurate. Not all patients were pleased with the distant and uncommunicative nature of some nurses with regards to their care. The compelling responses and sub-themes that led to the establishment of the master theme **Patient empowerment** are summarised in Table 4.6.

Table 5. Summary of significant responses for patient empowerment

Significant statement	Sub-theme
"*The nurse's role is to give health education*". "*As a teacher you give health education on the condition, ways of preventing opportunistic infections, importance of drug adherence to ART and Cotrimoxazole prophylaxis*"..	Health education
"*Continued counselling to promote adherence …*". "*Admitted patients need physical, psychological and emotional support*" "*We usually experience an increased number of defaulters especially in teenagers due to the fact that as a ministry there is lack of skilled counsellors…*" "*There is also a need for them to be stabilised psychologically. ……. The patients thus need a lot of counselling to help them accept their condition as any other chronic condition*" "*Patients need to be cared for psychologically… Our set up is such that there is no room to really go deep into providing emotional support….*"	Counselling
"*I think it needs to be reinforced time and again. …. if you keep emphasizing something to someone it sticks bit by bit and at the end of the day they will understand*" "*Continuous counselling should be offered to the client and close family members*"	Re-enforcement
"*Ah kabangitshelanga, khonokho nje ukuthi anathwa njani*"*(No they did not tell me, just how they are taken)* "*Njengoba sesifike esibhedlela bayabe besithatha amathemperetsha kuphela bebhala laphana kabasitsheli*" "*Lami bengifisa ukuthi ngibe kwazi ukuthi kuhamba njani ngomkhuhlane wami*"	Effective communication

Source: Authors (2018)

Infection control

This theme emerged from sub-themes *Investigations,* and *containment of new infections*. As a sub theme, pre-assessment in patients with HIV and AIDS related illnesses is viewed as vital as part of comprehensive efforts to provide quality care. Pre-assessment involves a complete assessment of the patient before admission and receiving drugs. A thorough history taking, physical examination and an assessment of the psychological state and social background of the patient should be done.

Given the multiplicity of opportunistic infections, it is generally an excellent suggestion to seek other hidden conditions so as to manage them before they become complicated. A comprehensive pre-assessment should not be taken lightly. It does help in ensuring a success story in view of support from significant others during admission and treatment continuity after discharge. Right from the outset, it should be noted that each patient is unique with peculiar and distinct needs, though some challenges might be made common by the nature of the illness. Comprehensive care should also include administration of prescribed medication including anti-retroviral drugs to suppress the virus and Cotrimoxazole to reduce the risk of opportunistic infections.

Infection control is currently a big issue throughout the world as it focusses on hand washing and reduction of anti - microbial resistance. If taken seriously by all concerned in the management of admitted patients with HIV and AIDS related illnesses, it should go a long way in reducing hospital acquired infections as well as reducing anti - microbial resistance in ART drugs. Table 4.7 summarises the significant responses and sub themes for infection control.

Table 6. Summary of significant responses for Infection control

Significant responses	Sub theme
"*I think they need a wide range of investigations because of other conditions….*" "*We also screen for any opportunistic infections that the patient might have and treat accordingly*"	Investigations
"*Those with productive cough, we do sputum for AAFB to rule out TB* " "*We also screen for any opportunistic infections that the patient might have and treat accordingly*" "*I think we are to take care mostly of, look at the Infection control, since they are prone to any infections since the immunity is low they are prone to any infection. Infection control should be looked at wisely and in any visit*" "*We should understand the need for infection prevention and understand how to prevent self from getting infection*."	Containment of new infections

Source: Authors (2018)

Benevolence

It is the patient's desire to be cared for by a qualified, skilled and proficient nurse. Such an individual would give them comfort and hope with regards to their prognosis. Benevolence emanated from sub-themes like, *bona fide staff, alert nurses, sociable* and *committed nurses, need to focus on children's welfare, need for care,* a *well-balanced diet, need for attention and the need for sensitive nurses.* A competent nurse should be an individual who is adequately trained and skilled in the care of patients with HIV and AIDS related illnesses, someone who is proficient and knows their business. This kind of individual would and could play a positive role in the recovery of admitted patients with HIV and AIDS related illnesses. Such an individual would instil confidence and hope in admitted and demoralized patients. It is therefore the responsibility of the nurse to ensure that he or she acquires or possesses the described attributes.

Thus the nurses are always prepared and are responsive to the calls of patients. Nursing requires individuals who are diligent and committed to their duties. The nursing of an admitted patient with HIV and AIDS related illnesses does not only require intelligent, but it also requires cadres who are active, attentive, careful, and conscientious. The nurse should be eager to provide help. The kind of nurse desired in HIV and AIDS care should be earnest, as well as industrious but with purpose. This nurse should be tireless or rather indefatigable. An ill individual has many areas of need besides the very disease that would have brought them to hospital; their entire general being need attention during their care. A benevolent nurse ascribes to an individual that is humane, an individual that is not only warm hearted but big hearted as well. The nurse should also be considerate and compassionate to her clients. The nurse therefore needs to render holistic care to adequately meet all the needs of the patient.

(It's only that I have two children who go to school. As it is it is difficult for my parents. My mother does not work. On one side she has to look after me, she boards a bus daily bringing me food, yet on the other side, children need school fees, and they also need food. She also has to look after my siblings who are also unemployed. My wish is for my children's welfare to be taken of, especially in terms of food).

Benevolence is not a common concept in nursing, however, a close look at its meanings and translations; it is a term that summarises most qualities that are expected to be in the person of a nurse. Table 4.8 presents a summary of significant responses and sub themes that contributed to the development of the theme Benevolence.

Need to provide safety and comfort

Being unwell, in a strange environment away from your own home and being looked after by strangers is not comfortable nor is it easy, it can only be described meaningfully and effectively, by those enduring it. Patients need to feel at home in the hospital despite being away from their homes. The patients interviewed appeared to be universally satisfied with the care they received from those given the task of rendering care to them during their admission. This master theme, need for safety and comfort consisted of a single sub-theme being *satisfied with the care.* Patient's responses were however very brief even when an effort was made to probe further. The assumption was that seeing that they were people who were unwell, this was in an effort to be done away with the interview fast and have their deserved bed rest.

Contentedness was also associated with satisfaction and safety, patients had confidence in the capabilities of the nursing staff looking after her and that made her feel safe.

Ethical and legal Considerations

In this study, respect for persons was maintained. The participants' 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. They were not required to write down their names on the research questionnaires. The participants were informed of the rationale of the study and how their privacy was to be maintained throughout the study and afterwards.

V. LIMITATIONS

Due to the failure of sample participants 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 also 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, the researchers went through cycles of data gathering and analysis until nothing new was revealed by the gathered data.

VI. CONCLUSION

It is important for nurses responsible for the care of patients with HIV and AIDS related illnesses to be given appropriate health education, sufficient counselling as well to be trained in communication skills so that they become effective communicators if the relationship between nurses and the patients is to bear fruits.

REFERENCES

[1]. Biggerstaff, D. L. & Thompson, A. R. (2008). Interpretive Phenomenological Analysis (IPA): A Qualitative Methodology of Choice in Healthcare Research. *Qualitative Research in Psychology. 5: 173 –183*

[2]. Brooker, C. & Nicol, M. (2011). *Alexander's Nursing Practice. 4th ed.* London: Churchill Living stone.

[3]. Cohen D., & Crabtree B. (2006). Qualitative Research Guidelines Project. Retrieved 7/17/2015 from http://www.qualres.org/HomeRand-3812.html.

[4]. Creswell, J. W. & Poth, C.N. (2016). Qualitative inquiry and research design: choosing among five approaches. 4th ed. London: Sage.

[5]. Dhlamini, P., Kohi, T., Uys, L., Phetlhu, R., Chirwa, M., Naidoo, J., Holzemer, W., Greeff, M., & Makoae, L. (2007). Verbal and Physical abuse and neglect as manifestations of HIV/AIDS stigma: Verbal in five African countries. *Public Health Nursing*. 24(5):389–399.

[6]. Gardner, C. (1991). Role of Nurses in education, treatment and prevention of occupational HIV transmission. *J Intraven Nurse. 1991 May –Jun: 14(3 Suppl P):S8-12*

[7]. Griffiths, M. R. (2009). "Parent and Child experiences of Childhood Cancer: An Interpretative. Phenomenological Analysis Approach," Queensland University of Technology.

[8]. Groenwald, T. (2004). A Phenomenological Research Design Illustrated. *International Journal of Qualitative Methods*, 3(1) April, 2004 1. University of South Africa, Florida, South Africa.

[9]. Harkins, J., Stuart, L., Nolan, K., Prombuth, T., Horne, C. Walford, C., Engels, J., Bishara, J., Dunham, M. & Buda, N. (2007). Nursing care of patients with HIV/AIDS Participant's Guide. Family Health International (FHI).

[10]. Henderson, V. (1966). *The nature of nursing: a definition and its implications for practice, research and education*. New York: Macmillan.

[11]. Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

[12]. Patton, M. Q. (1990). *Qualitative evaluation and research methods* (2nd Ed.). Newbury Park, CA: Sage Publications AIDS: Clinical Manifestations DOI: 10.1002/9780470015902.a0002237.pub3

[13]. Polit, D. F. & Beck, C. T. (2010). Essentials of Nursing Research; Appraising Evidence for Nursing Practice. 7th ed. Lippincott & Williams. Philadelphia

[14]. Polit, D.F. & Beck, C.T. (2014). Essentials of Nursing Research Appraising Evidence for Nursing Practice. 8th Edition, Philadelphia: Lippincott Williams & Wilkins

[15]. Relf, M.V., Mekwa, J. Chasokela, C., Nhlengethwa, W., Letsie, E. Mtengezo, J., Ramantele, K., & Diesel, T., (2009). Essential Core Competences for Nursing related to HIV and AIDS. U.S. Department of Health and Human Services, Health Resources and Services Administration (HRSA).

[16]. Rich, S., Graham, M., Taket, A. & Shelley, J. (2013). Navigating the Terrain of Lived experience: The value of Life world Existentials for Reflective Analysis. *International Journal of Qualitative methods. 2013 (13)*

[17]. RNpedia (2017). https;//www.rnpedia.com. Nursing notes. Fundamentals in Nursing (Notes)

[18]. Ryan, B., Scapens, R.W. & Theobald, M. (2002). Research method and methodology in Finance and Accounting. London: Thompson

[19]. Ryan, F., Coughlan, M. & Cronin, P. (2007). Step by Step guide to critiquing research. Part 2: Qualitative research. *Br J Nurs. 2007* Jun 28 – Jul: 11: 16(12): 738-44

[20]. Simon, M.K. & Goes, J. (2013). Assumptions, Limitations and Delimitations and the scope of study. Recipes for success. Seattle, W.A. Dissertation Success. LLC

[21]. Smith, J. A., Harré, R. & Van Langenhove, L. (1995). *Idiography and the case study*. In J. A. Smith, R. Harre & L. Van Langenhove (Eds.) *Rethinking Psychology*. London: Sage.

[22]. Spinelli, E. (2005). The interpreted world: an introduction to phenomenological psychology. (2nd.ed.) London: Sage. In Biggerstaff D. L. & Thompson A. R. (2008). *QualitativeResearch in Psychology. 5: 173 – 183.*

[23]. Tufford, L. and Newman, P. (2012). Bracketing in Qualitative Research. *Qualitative Social Work,* vol. 11, 1: 80-96.

[24]. Van Manen M. (1997). *Researching Lived Experience: Human science for an action sensitive pedagogy.* London, Ontario: Althouse.

[25]. Waters, J. (2016). Phenomenological Research Guidelines. Capilano University. https://www.capilanou.ca/psychology/student-resources/research-guidelines/Phenomenological-Research-Guidelines/

[26]. Weaver, K.D. & J.K. Olson, (2006). Understanding paradigms used for nursing research. Journal of Advanced Nursing 53(4):459-69

[27]. WHO (2016). Global Health Observatory (GHO) data. HIV and AIDS: Global situation andtrends: www.who.int/gho/hiv/en. Geneva, Switzerland**.**

[28]. Yox, S. & Farley J. E. (2012). The role of the nurse in HIV treatment and Care. Nurse Models of HIV Care and Treatment: Addressing Health Workforce Shortages for Long – Term Sustainability. XIX International AIDS Conference in Washington, DC