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Knowledge and psychosocial wellbeing of nurses caring for people living with HIV/AIDS (PLWH)

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ABSTRACT

The challenges of caring for people living with HIV (PLWH) in a low-resource setting has had a negative impact on the nursing profession, resulting in a shortage of skilled nurses. In response to this shortage and perceived negative impact, we conducted a descriptive, cross-sectional study to describe the level of knowledge and psychosocial wellbeing of nurses caring for PLWH at a regional hospital in Limpopo Province, South Africa. A total of 233 nurses, the majority being female, participated and were stratified into professional nurses (n = 108), enrolled nurses (n = 58) and enrolled nursing auxiliaries (n = 66). Data were collected using HIV/AIDS knowledge questionnaire, Maslach Burnout Inventory; AIDS Impact Scale and Beck's Depression Inventory. The total knowledge score obtained by all the participants ranged from 2 to 16, with an average of 12.93 (SD = 1.92) on HIV/AIDS knowledge. Depersonalization (D) (83.7%) and emotional exhaustion (EE) (53.2%) were reported among participating nurses caring for PLWH. Burnout was higher among professional nurses as compared to both enrolled nurses and enrolled nursing auxiliaries. There was a moderate negative significant correlation between HIV knowledge with the nurses' emotional exhaustion ($r = -0.592$), depression ($r = -0.584$) and stigma and discrimination ($r = -0.637$). A moderate to high level of burnout was evident among all levels of nurses. These findings lead to the recommendations for support of nurses caring for PLWH that include structured nursing educational support, organisational support with respect to employee wellness programmes that address depression and work burnout, as well as social support. The provision of these support mechanisms has the potential of creating a positive practice environment for nurses in the Vhembe District of the Limpopo Province in particular, and South Africa in general, and in improved care for PLWH.

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1. Introduction and problem statement

HIV has strongly impacted the health status of various nations globally since its surfacing; with sub-Saharan countries being the most affected (UNAIDS, 2008). South Africa is reported to have the largest population of people living with the disease in the world, with 5.26 million people estimated to be infected in 2013 (Statistics South Africa (StatsSA), 2013), followed by Nigeria in 2nd place and India being the 3rd largest population with HIV infected with more than 2 million people reported due to its large overall population, but with a prevalence rate of 0.30 in comparison to the prevalence rate of 0.60 in the US and 18.10 in South Africa (Central Intelligence Agency, 2011). Furthermore, the number of people living with HIV (PLWH) in South Africa is on a steep increase, with approximately 100,000 additional PLWH each year (UNAIDS, 2012).

HIV remains a challenge in South Africa. The total number of persons living with human immunodeficiency virus (HIV) (PLWH) in South Africa increased from an estimated 4,21 million in 2001 to 5,38 million by 2011 (StatsSA, 2011), and in 2013 an estimated 10,0% of the total population is HIV positive (StatsSA, 2013). An HIV knowledge deficit amongst nurses has a major impact on their daily work. This is serious, given its potential influence on their safety and the quality of care provided to PLWH. Nurses still lack the necessary knowledge (Delobelle et al., 2009) needed to adequately care for PLWH. In the same context, clinical services for PLWH are rapidly changing, driven by patients' increasing needs due to HIV's evolution into a chronic disease, requiring new skills on the part of the nurses and reshaping them as they were initially equipped only for acute care (Deeks, Lewin & Havlir, 2013). Nurses are now expected to continually adapt and keep up with new programmes, information and practices. This expectation puts more pressure on them as individuals and overburdens them in their work performance. The current high rate of HIV infection in Limpopo Province, South Africa, coupled with a vacancy rate of 45% among professional nurses (22% among enrolled nurses and 49% among enrolled nursing auxiliaries), calls for a study in assessing the psychosocial wellbeing of nurses as care givers of PLWH.

The rise of PLWH impacts on the already burdened health-care workforce (UNAIDS, 2008; HIV and AIDS in South Africa (HASA), 2011; Hall, 2005) and predisposes nurses to workplace stress as they carry out their duties of caring for PLWH. This rise calls for policy and guidelines developers to engage in developing guidelines and policies to curb and mitigate HIV by coming up with innovative strategies, programmes, information and practices. Nurses have to implement these guidelines and policies (Bradley-Springer, Stevens, & Webb, 2010; Brown, 2004) as the frontline health care providers (Hall, 2005) and as a result they end up frustrated (Mavhandu-Mudzusi, Netshandama, & Davhana-Maselesele, 2007) and experiencing stress, stigma and emotional exhaustion (Davhana-Maselesele & Igumbor, 2008). This increases the burden of caring on the already short staffed health care facilities.

There is a critical shortage of nurses in South Africa and given the rise in HIV infection, the increase in need for care rises sharply. Furthermore, inadequate knowledge and skills

related to HIV and AIDS care among nurses poses major barriers to achieving the health-related Millennium Developmental Goals (MDGs) (WHO, UNICEF & UNAIDS, 2010). According to Brown (2004), nurses are expected to care for, nurture, comfort and advocate for patients regardless of the challenges they face in the workplace and in their own lives. Nurses have been found to lack the necessary knowledge and skills to carry out their responsibilities to offer HIV and AIDS care, and this has resulted in HIV and AIDS care work frustration (Mavhandu-Mudzusi et al., 2007). On the converse, knowledge about HIV and AIDS and the needs of PLWH can help alleviate fear, anxiety and stigma associated with caring for the PLWH (Walusimbi & Okonsky, 2004). The evolution of HIV infection into a chronic disease has implications across all clinical care settings. Every nurse should be knowledgeable about the prevention, testing, treatment and chronicity of the disease in order to provide high-quality care to people with or at risk of HIV. It is important therefore to have an understanding of the changing epidemiology of the disease, the most recent HIV intervention developments and the nursing implications of the on-going epidemic (Bradley-Springer et al., 2010).

There is insufficient published literature on the impact of AIDS with regard to health workforce. Although HIV and AIDS have a major impact on the health sector, the disease cannot entirely be blamed for the challenges that health care workers have to face in the South African health facilities (UNAIDS, 2008). A number of other factors also influence the workplace. To begin with, political and economic changes in the mid-nineties had a major impact on the demand for health services in South Africa (HASA, 2010). As a result of a unified and transformed health system, large sections of the population, who never had access to health care before, are now entitled to free health services (Hall, 2005). Also, better-equipped facilities are crowded due to people "shopping around" for efficient health services (HASA, 2010). In addition, many South Africans have been forced into subsidized health care over the past decade due to increases in the cost of medicine and medical services, as well as rising unemployment (HASA, 2010).

Furthermore, little research-based evidence exists on burnout of nurses related to the workplace, family and community stresses (Shisana et al., 2004). Nurses caring for PLWH may be at a higher risk of emotional exhaustion, stress, stigma and work-related injuries, including HIV infection (Davhana-Maselesele & Igumbor, 2008). In other studies on burnout among health care workers, Van Servellen and Leake (in Hall, 2005) reported a strong association between job tension and emotional exhaustion among hospital nurses, irrespective of the unit in which they work while Bellani et al., (1996) and Gueiritault-Chalvin, Kalichman, Demi, and Peterson (2000) found that perceived workload would significantly predict burnout among AIDS caregivers. Bellani et al., (1996) also link health care workers' fear of contagion with high burnout, meaning the perceived workload of nurses and fear of contagion leads to distorted psychosocial wellbeing of nurses. The challenges of caring for PLWH in a low-resource setting, in many health care centres in SA, have had a negative impact on the nursing profession, resulting in a shortage of skilled nurses (Ramathuba & Davhana-Maselesele, 2013; Hall, nd;

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