THE CHALLENGES HIV/AIDS POSES TO NURSES IN THEIR WORK ENVIRONMENT

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ABSTRACT

There are inherent job stresses in caring for sick people. Besides the challenges involved in providing care to people who are usually not feeling well, nurses also have to come to terms with human suffering and the death of patients. The intensity of the AIDS pandemic in South Africa creates additional challenges for health workers: apart from the fact that they could also be infected, they have to deal with an increasing number of people who suffer from a fatal disease for which no cure has been found yet.

The aim of this paper is to take a closer look at the challenges that HIV/AIDS poses to nurses in South African health facilities as well as the impact that it may hold for future health care provision.

Workplace conditions for health workers employed at hospitals and clinics in South Africa were explored as part of a recent national study on the impact of HIV/AIDS on the health sector. Health workers' opinions on aspects such as workload, staff morale and working hours as well as their views on the influence of HIV/AIDS on their ability to face the challenges of caring for people were obtained during personal interviews, which were conducted at 222 health facilities. Nine hundred and twenty four professional nurses, enrolled nurses and nursing assistants, who were mostly employed in the public health sector, participated.

HIV/AIDS is found to increase the workload of nurses because of a higher number of patients with AIDS-related diseases, the comprehensive time-consuming care that is needed by many of these patients and the lack of support that is available to them. The secrecy surrounding the disease reduces their productivity, confront them with ethical issues and hinder them in curbing the further spreading of HIV/AIDS. Nurses can also be infected with the disease, which will ultimately lead to increased absenteeism, stress and lower performance among sufferers and increased workloads and emotional discontent for the remaining workforce.

It is further argued that HIV/AIDS is not the only factor that impacts on nurses in South African health facilities, but that political and economic changes, an increase in the demand for health services, a shrinking nursing corps and unsatisfactory working conditions contribute to the challenges faced by them.

The effect of all these factors can seriously threaten the quality of health care in South Africa.

Introduction

The annual number of deaths in South Africa due to AIDS is expected to peak at about 487 000 deaths by the year 2008, and it is expected that by the year 2020, 9.31 million people will have died from AIDS-related causes (Rehle & Shisana, 2003). As health care givers, the South African nursing corps of about 155 484 nurses (Hall & Erasmus, 2003) is primarily involved in taking care of the infected.

There are inherent job stresses in caring for sick people. Besides the responsibility of taking care of ill patients there are physical challenges (providing patient care) and psychological challenges (e.g. coping with human suffering and the death of patients), involved in the profession. Furthermore, in South Africa, the AIDS epidemic is such that the numbers of fatalities, the exposure to death and dying, and the stigma attached to the disease may bring about additional challenges in the work environment. Nurses might also be infected themselves, which could add to the complexities of health care provision for HIV/AIDS patients.

HIV/AIDS and the workplace

There are currently 5 million South Africans living with HIV/AIDS (UNAIDS, 2003). Nevertheless, a lack of awareness and understanding of the effect of HIV/AIDS on companies seems to exist. For example, a Deloitte and Touche survey conducted in 2002 found that most employers envisaged that HIV/AIDS would have either little or no more than a moderate impact on their companies (Deloitte & Touche, 2003). A 2003 survey on the economic impact of HIV/AIDS on business in South Africa, conducted by the Bureau for Economic Research (BER) and the South African Business Coalition on HIV and AIDS (SABCOHA), showed that only 25% of the 1006 participating companies had an HIV/AIDS policy (BER, 2003). Another study of the same year, which focused on large companies in the global South, reported that only 60% of the 25 largest companies in South Africa had HIV/AIDS policies or programmes (Bendell, 2003).

The BER/SABCOHA survey showed furthermore that only 14% of companies (most of them larger companies) had at that time conducted research to assess the impact of HIV on the labour force, whereas 9% of survey participants indicated that the disease had already had a "significant adverse impact" on their business and another 34% foresaw a "significant negative" effect within five years (BER, 2003). The impact manifested in things such as increased worker absenteeism, higher labour turnover, and higher employee benefit costs.

Little published information seems to exist on the impact of AIDS from the individual (employee) rather than from the organisational perspective in the South African work environment. However, what is generally known is that HIV/AIDS will have an effect on people's jobs in terms of job load, stress levels, job satisfaction and performance, relationships with co-workers, and may ultimately influence their decision to leave or stay with a company.

Occupation, type of workplace, nature and organisation of work, skills level and shortages of particular skills are factors that may determine the impact that HIV/AIDS will have on employees. For example, certain occupations may hold particular challenges in terms of HIV/AIDS: educators teach learners that may frequently be absent from school to take care of ill family members, while health workers take care of patients with HIV-related illnesses and run the risk of becoming infected themselves. Aiken and Sloane (1997a; 1997b) undertook research on work organisation and HIV/AIDS and found that the organisational form of the

unit and hospital in which AIDS care is provided has a significant impact on the emotional exhaustion experienced by nurses. In working conditions that are particularly demanding, stress levels are likely to be high and productivity and quality of work threatened.

This paper presents findings of an exploratory study relating to the experiences of professional nurses, enrolled nurses and nursing assistants of the challenges that HIV/AIDS poses for them in South African health facilities, and also looks at their responses to these challenges.

Methodology

The impact of HIV/AIDS on health care workers (HCW) employed at hospitals and clinics across the nine provinces of South Africa was explored as part of a much larger study on the impact of HIV/AIDS on the South African health sector (Shisana et al., 2003). The five components of this study were:

- Sub-study no. 1: HIV/AIDS prevalence among South African health workers and ambulatory and hospitalised patients;
- Sub-study no. 2: The impact of HIV/AIDS on health workers employed in the health sector;
- Sub-study no. 3: The impact of HIV/AIDS on health services;
- Sub-study no. 4: The total cost of administering prophylaxis therapy to pregnant women and newborns; and
- Sub-study no. 5: AIDS-attributable mortality amongst South African health workers.

This paper will report on some of the findings from sub-study no. 2, where information was collected from health workers. However, a few results from sub-study no. 3 - The impact of HIV/AIDS on health services – will also be given in instances where information collected from chief administrators or managers of health facilities supported the responses of health workers. Data for all the studies except sub-study no. 4 were collected from the same sample of health facilities. All the interviews were confidential and non-compulsory and respondents had to give their informed written consent before they were interviewed.

For the purposes of sub-study no. 2, the opinions of health workers on workplace-related features such as workload, staff morale and working hours were obtained, as well as their views on the influence HIV/AIDS has on their ability to face the challenges of caring for people with AIDS (PWA). Information was collected during personal interviews by means of structured questionnaires that consisted of closed and open-ended questions. The study was conducted at 222 health facilities representative of the public and private health sector in South Africa. The sample was designed to provide nation-wide representation of professional and non-professional health workers. A total of 1922 interviews were conducted and 924 professional nurses, enrolled nurses and nursing assistants participated (see Table 1). Most of the respondents (84.3%) were employed in the public health sector.

Table 1 Profile of nurses *

	Total (%)	**CI 95%[1]**
Gender		
Male	6.4	(4.5, 9.2)
Female	93.0	(90.7, 94.8)
Race		

[1] Confidence interval (95%)

	Total (%)	CI 95%[1]
African	69.6	(55.8, 80.6)
Coloured	11.0	(6.7, 17.5)
Indian	4.8	(1.7, 12.8)
White	14.1	(7.2, 25.8)
Other	0.4	(0.2, 1.2)
Age		
30 years and younger	15.7	(11.2, 21.7)
31-40 years	37.8	(33.2, 42.6)
41-50 years	32.8	(26.7, 39.5)
51 years and older	13.5	(10.0, 18.1)
Unknown	0.2	(0.0, 1.1)
Highest qualification		
First degree/higher diploma and higher	17.8	(12.8, 24.1)
Diploma/Occupational certificate	62.1	(53.5, 70.1)
Grade 12	12.8	(8.2, 19.4)
Grade 10-11	5.8	(3.9, 8.6)
Lower than Grade 10	1.5	(0.5, 4.0)

* Weighted percentages
Percentages may not add up to 100 owing to rounding.

Results

HIV/AIDS is not a notifiable disease in South Africa, and many patients visiting clinics or lying in hospitals are not aware of their status or, if they know they are HIV positive, normally do not want to make this known to other people. For this reason, nurses are frequently not aware of the status of patients unless they have been informed of it by a medical practitioner. However, if they are familiar with the status of a patient, they need the patient's permission to make it known to partners, family members or caregivers. Furthermore, most health institutions in South Africa do not have dedicated AIDS care units, which means that nursing staff have to treat every patient as potentially HIV-positive.

This situation affected 50.4 per cent (CI 42.3, 58.4 per cent) of nurses in performing their duties, while 64.6 per cent (CI 58.8, 70.0 per cent) indicated that the confidentiality of patients' HIV status posed challenges to them in their work. In the first instance they could not inform relatives of PWA of the patient's status without the permission of that patient. This means that these nurses were unable to educate relatives on precautionary measures to protect themselves and to avoid spreading the disease further. As a result many people were personally involved with PWA without knowing it. This state of affairs made nurses question their role as caregivers as well as their ability to curb the epidemic.

Nurses also indicated that the lack of openness and the denial of the existence of the disease, even by influential South Africans, have led many people to doubt that it exists. This has made nurses' role as educators and counsellors very difficult and the success of their interventions uncertain. Secrecy has made it impossible for nurses to keep reliable statistics of HIV test results. The sub-study on the impact of HIV/AIDS on health services confirmed this finding: of the 183 health facilities that responded to this question, only 30.2% indicated that all test results were recorded in a central register. Furthermore, the different procedures and formats used by health facilities for record keeping make it impossible to establish the total situation.

The possibility of becoming infected with the HIV virus was a major concern for nurses. Various authors have reported nurses' fear of becoming infected in the course of their professional duties (Fusilier et al., 1998; Horsman & Sheeran, 1995; Loewenbrück, 2000). Loewenbrück, Horsman and Sheeran have indicated that the fear experienced is normally far greater than the actual risk of infection. Also, nurses' perceived risk of infection after exposure to other infectious diseases such as the Hepatitis B-virus is low if compared to their perceived risk of contracting HIV.

However, in South Africa the enormous increase in the number of infections, together with a lack of enforced precautions by government, continuously fuels the fear of infection among health workers, especially those operating in trauma units (Wessels, 1997). Klewer et al. (2001) have also indicated that how health care students assess their chances of infection is partially determined by the HIV prevalence rate in a particular country, as well as the amount of contact that they have had with HIV patients at work. The fact that the disease is still incurable and that nurses are usually not familiar with the status of patients might also increase their fear of infection.

In the present study 46.4 per cent (CI 37.5, 55.5 per cent) of nurses said that they were afraid that they might infect their partners and children because of HIV/AIDS exposure at work. A quarter (CI 17.3, 32.6 per cent) indicated that their partners were concerned about their being in close contact with patients who suffer from infectious diseases such as HIV/AIDS. The increased risk of infection was confirmed by the study of the impact of HIV/AIDS on health services (sub-study no. 3), where it was found that patients and health workers were at risk of nosocomial (hospital-acquired) transmission because of inadequate implementation of universal precautions, the lack of reliable infection control programmes and the unavailability of sterilising equipment.[2] The extent of fear of infection was such that 16.2 per cent (CI 11.7, 22.0 per cent) of nurses would consider alternative employment and 7.
.7 per cent (CI 4.6, 12.6 per cent) another profession if they perceived the risk of infection as increasing in their current work environment.

Secrecy has also been responsible for the increased workload of nurses. As the HIV status of most patients was unknown to the nurses in the study they had to apply universal precautions while treating all patients in their care. They felt that these precautions took more time to administer and affected their productivity.

The heavier workload of these nurses is also a result of poor record keeping. As the recording of HIV test results is sometimes inadequate, patients have to go for HIV testing more than once and at different facilities. At the same time 22.8 per cent (CI 19.2, 26.7 per cent) of nurses in the study felt that caring for AIDS patients is in itself demanding and time consuming because of factors such as longer recovery times and a lack of support from the families of patients. Nearly 80 per cent (CI 72.8, 84.5 per cent) indicated an increase in workload since the year prior to the investigation, which they attributed primarily to patient increases and staff shortages.

Apart from having to cope with an increased workload, 59.2 per cent (CI 52.4, 65.7 per cent) of nurses found that taking care of terminally ill patients posed special challenges. They found it emotionally taxing because the dying need more care and supplementary support in the form of hospices and volunteers is noticeably lacking. To add to the emotional stresses,

[2] Only 65,1% of health facilities had an adequate supply of sterilising equipment 75 to 100 per cent of the time.

the nurses in the study were unable to view themselves in their usual role as healers as they knew that their patients would not recover.

The stigma attached to the disease impacted on the behaviour and workload of nursing staff. Nearly half (49.2 per cent (CI 42.6, 55.9 per cent)) of the nurses believed that there was a stigma attached to HIV/AIDS in their work environment. They justified their perceptions by saying that AIDS patients were treated differently from other patients. The secrecy surrounding the disease contributed to the stigma. Health workers cannot talk openly which leads to gossip as well as the use of coded language when PWA are being referred to. The stigma also relates to the fact that many patients have contracted the disease through promiscuous behaviour.

The stigma attached to HIV/AIDS in communities leads to an influx of very ill patients. People fear isolation and rejection if they make their status known and only go for treatment when they can no longer take care of themselves. Family members also "dump" their ill relatives at hospitals for fear of stigmatisation as well as a lack of resources (due to poverty) and the absence of alternative types of care.

Coping in the work environment was difficult for the nurses because of a lack of employer support. Respondents indicated that protective clothing was not always available: most (90.4 per cent (CI 87.2, 92.9 per cent)) nurses indicated that gloves were always available when they needed them, but not gowns (58.3 per cent (CI 51.7, 64.7 per cent)), goggles (20.2 per cent (CI 12.6, 30.9 per cent)) and masks (64.6 per cent (CI 56.3, 72.1 per cent)).

Less than half of the respondents (48.8 per cent CI 40.4, 57.2 per cent) had access to any form of official support such as counselling for work-related stress. A similar trend was found among hospital-based health workers in Uganda, who also perceived infection control equipment and HIV counselling facilities to be inadequate (Mungherera et al., 1997).

The lack of support from employers was also found in the health services sub-study, where only 42.4% of health facilities indicated the existence of an official HIV/AIDS policy to guide health workers in the managing of HIV/AIDS. In fact, in this later study nearly a third of the nurses surveyed (CI 22.8, 37.7 per cent) did not know if an official HIV/AIDS workplace policy was in place in the health facilities where they worked.

Discussion

Analysis of the data reveals that HIV/AIDS magnified the workload of nurses for various reasons: an increase of patients with HIV/AIDS-related diseases[3]; the intensive type of care that is needed by many of these (dying) patients; and a lack of supplementary support. They have to cope with these challenges while dealing with staff shortages and insufficient organisational support in their workplaces. The secrecy surrounding the disease seems to reduce their productivity (all patients have to be treated as potentially HIV positive) increases their fear of contagion, and confronts them with various ethical issues regarding themselves and their partners, and PWA and the people (partners, relatives, caregivers) involved with them. Secrecy also hinders nurses in their efforts to prevent further spreading.

[3] The chief administrators of 97.1% of the 158 facilities that answered the question indicated an increase in the number of admissions for HIV/AIDS clinical care. However, this measure is based on their perceptions and not medical records.

Secrecy may also indirectly contribute to the workload of nurses by discouraging the building of alternative forms of support for PWA. In comparing the former KwaZulu-Natal HIV policy document of "shared confidentiality" with the new KwaZulu-Natal document where HIV "confidentiality" is understood as "secrecy", Seidel (1996) feels that the new policy has diminished lay and community support for PWA.

Policy determines that the decision to inform family and friends of their HIV status remains with patients. As a result nurses are sometimes confronted with ethical dilemmas such as how to balance the rights of PWAs with the rights of relatives (sometimes children) who act as caregivers but who may not be aware of a person's status. Nurses are not allowed to assist relatives with information or protective gear that may give the status of the infected away. In this respect London (2002) refers to the dual loyalties faced by South African health care workers in their work and comments that the common element in all these situations is "the pressure, explicit or implicit, to choose a course of management for a patient that is influenced by the interests of a third party" (London, 2002: 882). In some cases the third party may be an obedient child or a caring relative.

Health care workers may also be infected with the disease. They may encounter discomfort as well as fear that their status will become known at work, which may lead to increased absenteeism, stress, and lower performance. While there is still uncertainty over the exact extent of the HIV/AIDS epidemic in South Africa, the ING Barings study (2000) estimated that HIV prevalence rates would peak at 13.1% for highly skilled categories and at 22.8% for skilled categories of the labour force. In the study on which this paper is based an HIV prevalence ratio of 15.7 per cent (CI 12.2, 19.9 per cent) amongst health workers employed in health facilities located in four provinces (Free State, KwaZulu-Natal, Mpumalanga, North West) of South Africa was established.

Although HIV/AIDS has a major impact on the health sector, the disease cannot entirely be blamed for the challenges that health care workers have to face in South African health facilities. 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. A fragmented system characterised by racial, gender, and geographic disparities is in the process of being transformed into a unified health system of equality focusing on primary health care needs. As a result of this transformation large sections of the population, who never had access to health care before, are now entitled to free health services. Also, better-equipped facilities are crowded due to people "shopping around" for health services. In addition, many South Africans have been forced into subsidised health care over the past decade due to increases in medicine and medical services as well as rising unemployment.

Secondly, the increase in demand for health services in the country has to be addressed by a shrinking nursing corps. South Africa has lost a number of professional nurses through either emigration or the decision to change profession (Hall, 2004). Nurses qualified annually and enrolments from higher education showed a decline for the period 1990 to 2000 (SANC, 2003). Unsatisfactory working conditions at public health facilities contribute to the shortages of health professionals. They are expected to provide health care to increasing numbers of patients amidst insufficient resources, poor maintenance, outdated or faulty equipment and a lack of proper incentives (Landman et al., 2001; Swanepoel, 2001).

The combined effect of transformation in health care, skills shortages and the impact of HIV will increase stress and burnout among health care workers. In reporting on burnout among South African medical practitioners, Bateman (2001) shows that since 1999 the health committee of the Health Professions Council of South Africa has dealt on a monthly basis with an increase in the number of cases against allegedly impaired[4] doctors. The situation is reported to be related to factors such as long working hours without support, and the masking of symptoms of depression and substance abuse through a fear of stigmatisation.

In other studies on burnout in health care workers, Van Servellen and Leake (1993) report a strong association between job tension and emotional exhaustion in hospital nurses, irrespective of the unit in which they work, while Bellani et al. (1996) and Gueritault-Chalvin et al. (2000) found that perceived workload would significantly predict burnout in AIDS caregivers. Bellani et al. (1996) also link health care workers' fear of contagion with high burnout.

In many ways the advent of the AIDS epidemic has intensified and broadened the challenges faced by South African nurses as health care providers in institutionalised health care. Taking care of AIDS patients is physically and emotionally taxing and impacts on nurses' workload and occupational stress levels. The situation is aggravated by a lack of organisational support, skill shortages and the prevalence of HIV among nurses. In future this may lead to reduced productivity, increased attrition, lower morale, and more accidents, which could seriously threaten the quality of health care in South Africa.

[4] A mental or physical condition, or abuse of or dependence on chemical substances, which affects the competence, attitude, judgement or performance of a student or a person registered in terms of the Health Professions Act (Bateman, 2001).

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