A TRAINING PROGRAMME FOR PROFESSIONAL NURSES TO SUPPORT PATIENTS IN DISCLOSING HIV-POSITIVE STATUS TO SEXUAL PARTNERS AT SELECTED PUBLIC HOSPITALS IN LIMPOPO PROVINCE, SOUTH AFRICA

by

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DECLARATION

I Pamela Mafenngwe Mamogobo hereby declare that my thesis for the degree "**Development of a training programme for professional nurses to support HIV positive patients in disclosing HIV status to sexual partners at selected public hospitals in Limpopo Province, South Africa**" for the degree Doctor of Philosophy in Health Care Sciences at the University of Limpopo, the degree has not been submitted previously at this or any other university. The research work reflected in the report is my own work in design and in its execution, including reference materials used in the report that has been duly acknowledged.

Signature…………………………   Date……………………………………

DEDICATION

This thesis is dedicated to God Almighty who continue to be faithful in guiding, providing and strengthening my wisdom and ability to complete this study. To my children Lethabo Mankurwane and Thabo Sepamo, my late father Gabi David and mother Hellen Mankurwane, sincere appreciation for the unending encouragement to keep on furthering my studies for as long as God continue to provide the opportunity and strength to do so.

ABSTRACT

The ability of professional nurses to support and motivate people living with HIV and AIDS to disclose to sexual partner continue to be a challenge based on the social, economic, psychological and ethical circumstances that surround the process to do so.

A qualitative research study using semi-structured interviews with a schedule guide whereby probing questions were used to elicit more data. Two focus groups with 6 professional nurses were also conducted to explore and describe professional nurse's knowledge and practices as they support People Living With HIV and AIDS (PLWHA) to disclose their positive status to sexual partners. The interviews were carried out in five (5) district hospitals of Limpopo Province, South Africa. Dickoff, James, and Wiedenbach (1968) practice theory guided the study.

Study findings revealed that professional nurses do understand the concept but however it is difficult for them to translate and link learning and understanding in the clinical area. Social, economic, psychological and ethical dilemmas pose a challenge for professional nurses to support individuals to disclose to sexual partners. Professional nurses refer individuals with challenges to psychologists and social workers, but however, they do not receive referral back on the outcome. The absence of support groups and link with community-based groups to support PLHWA reduce efforts to improve knowledge on benefits of disclosure to communities led by PLHWA including reduction of stigma and discrimination associated with the diagnosis.

The study therefore, recommends a training programme that links the South African Nursing Council statutes, including that of World Health Organization and Department of Health with teaching and learning methods that clarify and simulate real clinical situation to enhance the translation of this policy in the real-life situation. The training programme further suggests a link with community base structures led by PLWHA to enhance disclosure of HIV positive status to a sexual partner, reduction of stigma and discrimination associated with the diagnosis and reduce the incidence of HIV among people living with HIV.

Key words: People living with HIV infection, Professional nurses, disclosure of HIV to sexual partners

DEFINITION OF TERMS

Disclosing HIV positive

According to Saiki and Lobo (2011), World Health Organization (WHO), 2016a, disclosure of HIV positive status is the ability of the HIV positive persons to tell diagnosis of HIV to someone he/she trust to communicate such life-threatening private information. In this research, disclosing HIV positive means the ability of a nurse to assist and motivate people diagnosed HIV positive to tell the sexual partner about the diagnosis to motivate the other to test for HIV and both start using protection during sex.

Sexual partner

According to the World Health Organization (2016a) and Department of Health (2016a) and Centers for Disease Control and Prevention (2015), a sexual partner is a present person that the study participant is having consensual sex with. In this study, a sexual partner will include any person who is a study participant having a physical union with penetration of sexual organs.

Professional Nurse

According to the South African Nursing Council (2005), a professional nurse is a nurse who is educated and competent to practice comprehensive nursing. In this research study, a professional nurse means a nurse who is registered with the South African Nursing Council rolls and is allowed to consult individual patients and to counsel and test patients for HIV and other diseases.

Public Hospitals

Hospitals that are funded and owned by the department of health and patients pay a nominal fee to access the services (McGraw- Hill Concise Dictionary of Modern Medicine (2002). In this research, a public hospital means a hospital that offers health services to

the public in Limpopo province including ongoing services to people living with Human Immune Virus.

Support

Active assistance and encouragement provided by the other to a person in an act of interest (The dictionary Unit for South African English, 2009). In this study, support will include the ongoing care and encouragement provided by professional nurses to people living with HIV and AIDS as an integral professional responsibility.

LIST OF ABBREVIATION

AIDS:	Acquired Immune Deficiency Syndrome
CCMD:	Centralized Chronic Medicines Dispensing and Distribution
CPD:	Continuing Professional Development
DoH:	Department of Health
FPD:	The Foundation for Professional Development HIV: Human Immune-deficiency Virus
HPCSA:	Health Professions Council of South Africa
HTS:	HIV Testing Services
LO:	Learning Objective
LPAC:	Limpopo Provincial AIDS Council
MCTC:	Mother-To-Child HIV transmission
NIMART:	Nurse Initiated Management of Anti-Retroviral Therapy
PEPFAR:	US President's Emergency Plan for AIDS Relief
PICT:	Provider Initiated Counselling and Testing
PLHWA:	People Living With HIV and AIDS
PMCTC:	Prevention of Mother-To-Child Transmission Of HIV
SADC:	Southern African Development Community
SANAC:	South African National AIDS Council
SANC:	South African Nursing Council
STI:	Sexually Transmitted Infections
TAC:	Treatment Action Committee
TB:	Tuberculosis
TREC:	Turfloop research ethics committee
UNAIDS:	Joint United Nations Programme on HIV/AIDS
UNICEF:	United Nations International Children's Fund

VCT: Voluntary HIV counseling and testing

WHO: World Health Organization

ZCC: Zion Christian Church

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CHAPTER 1

THE OVERVIEW OF THE STUDY

1.1. INTRODUCTION

The disclosure of having a positive Human Immuno-Deficiency Virus (HIV) status, to a sexual partner, is a challenging and important public health issue. It is also a central debate in delivering HIV and Acquired Immune Deficiency Syndrome (AIDS) care, because of the potential to prevent the transmission of HIV and its link with confidentiality and human rights issues (Bashir,Ibrahim, Ekpenukpang & Ahmed, 2017; Abdool Karim , Dellar, Bearnot, Werner, Frohlich, Karnasany & Abdool Karim, 2015; Maeri, Ayadi, Gutahun, Charlebois, Akutukwasa, Akatukwasa et al., 2016). Professional nurses are the front-line health care providers and the backbone of health care service delivery in South Africa and are expected to play a pivotal role in ensuring quality comprehensive HIV health care. This covers the motivation of people living with HIV, to disclosure an HIV-positive diagnosis to their sexual partners (Simbayi, Zungu, Evans, Mehlamakhulu & Kupamupindi, 2017; Rustein, Golin, Wheeler, Kamwends, Hossein, et al, 2016; Gilbert, 2016).

Nurses are expected to encourage HIV-positive individuals to adopt a healthy sexual lifestyle, with the intention of eliminating and reducing sexual transmission of HIV between sexual partners (*hereafter only referring to partner*). Healthy sexual behavior requires disclosure of HIV-positive status to a partner. The consistent use of condoms is expected to contribute to the reduction of incidences of HIV, especially in countries such as South Africa, with a high burden of the disease (Gilbert, 2016; Mbichilla, Chagomerana, Tang, Haddad, et al 2018; Karim et al., 2015).

The disclosure of HIV-positive status to a partner is a way of "opening-up", representing an important health promotion initiative. It could reduce the stigma and discrimination attached to the HIV-positive status, diagnosed worldwide (Simbayi et al., 2006; Koodibetse, 2015; Maeri et al., 2016). The inability of patients to disclose their HIV-positive status to their partners increases both the incidence of HIV transmission as well as the resistance to Anti-Retroviral Treatment (ART) of those who

are on treatment. They would possibly also not use condoms consistently and re-infection could occur (Simbayi et al., 2007; Koodibetse, 2015; Girlbert, 2016). Therefore, it is important that professional nurses who provide care to people living with HIV, should receive training to assist these individuals, in disclosing their status to partners (Crepaz et al., 2006; Neluheni, 2015; Gray, Wilson, Guy, Stoove, Hellard, Prestage et al., 2018).

The study of Njozing, Edin, Sebastian and Hurtig (2011) in Cameroon, recognised the ethical principles that health professionals including nurses have to uphold to manage the HIV disclosure process among partners. Challenges were associated with the motivating of individuals who were diagnosed with HIV+ and not willing to disclose their HIV+ status to partners. The researchers indicated that during disclosing information to a partner, the active support of nurses had psychological and social benefits for both partners. Disclosure reduces the infection prevalence and increases the identification of partners at risk of obtaining HIV, hence the need to improve access to HIV services for individuals (Njozing et al., 2011; Theofanidis & Fountouki, 2016).

A study by Maman, Groves, McNaughton Reyers and Moodley (2016) on HIV prevalence of disclosure of an HIV-positive status among partners, found that the prevalence of disclosure was different from country to country. There was also a disproportionate rate of disclosure between partners in the developed versus developing countries. Additionally, findings of the study indicated that the ability of HIV-positive individuals to disclose their status to partners, varied between gender, marital status, levels of literacy and types of employment. Ramlagan, Matseke, Rodriguez, Jones, Pelzer et al. (2018) in Mpumalanga Province, South Africa and also Maman, Groves, McNaughton Reyers and Moodley (2016) in Durban South Africa indicates that the prevalence of the ability of antenatal women to disclose their HIV diagnosis to their partners, was estimated at 16.7% to 32.0% and 58.4 respectively in developing countries (including South Africa). This estimation does not exclude female nurses who form part of the population estimates and might be diagnosed with HIV. According to Harrowing, Edwards, Richter, Minnie and Rae, 2018) female nurses with HIV could respectively account for 1% of the professional nurse's population of 79.7% of female nurses in South Africa, Jamaica, Kenya and Uganda, who additionally fear HIV testing due stigma attached to the diagnosis and lack of clear support for nurses who are

diagnosed with HIV. Moyer, Rominski, Naku, Dzomeku, Agyei-Baffour, Jody and Lori, (2016) and Graaf and Heinecken (2017) in two separate studies undertaken in South Africa, emphasise capacity building and empowerment of predominantly female professional nurses in health-related issues of gender inequalities, and HIV/AIDS for those who provide such health services. This capacity building program should increase knowledge and skills, raise awareness, sensitise and build self-awareness around these issues.

Okwen, Signe, Macpella, Mbibeh, and Cockburn (2018) recommend that there must be the development and support of inter-professional continuing education including collaboration among health workers to share new technologies, build professional relationships including professional groups that collaborate in patient and public education. These collaborative training programmes would upgrade nurses to be empowered with knowledge and skills including on how to work and collaborate with other health workers in a resource-constrained setting. This could enable them to provide HIV counseling that could encourage individuals to disclose their HIV-positive status. Against this background, the researcher sought to develop a training programme for professional nurses to support patients in disclosing their HIV-positive status to their partners.

1.2   PROBLEM STATEMENT

Professional nurses provide ongoing comprehensive HIV/AIDS care to patients diagnosed with HIV in the Limpopo Province. Support for individuals diagnosed with HIV to disclose is a component of HIV counseling and testing and professional nurses are expected to initiate, discuss and integrate the discussion during pre-test counseling and post- test counseling (Department of Health South Africa, 2016a) which is problematic. Crankshaw, Mindry, Munthree, Letsoalo, and Maharaj (2014) indicated that supporting individuals to disclose to the sexual partner is daunting for professional nurses as they report anxiety due to inability to deal with a constellation of challenges that patients share as barriers to disclose. It seems to be a challenge in motivating these patients to disclose their HIV-positive status to partners. This might have a negative influence on reducing secondary infections among partners. Some patients who are diagnosed with HIV are attending wellness clinics for follow up and ongoing support. While they continue to be on antiretroviral treatment are in sexual relationships with partners who have an unknown

HIV status. Some of the individuals with HIV and on treatment become pregnant and confess that they are avoiding disclosure of their HIV-positive status to their partners (Madiba & Mokgatle, 2015).

Study findings of Mamogobo, Lekhuleni, and Matlala (2012) undertaken in a rural hospital in the Limpopo Province of South Africa, found that only six out of eleven participants disclosed their HIV-positive status. One of the six individuals who disclosed her HIV-positive status was rejected by the partner who was HIV negative.

Another woman and her husband both had, and did not believe the initial HIV antibody test results, done during her pregnancy. The background to this case was that the couple used condoms until the health of the husband deteriorated, and then only agreed to be tested and their HIV-positive status could be confirmed. The four other female participants did disclose their status to their partners, who's HIV status was still unknown. These couples continued to have unprotected sex, some even having more children while knowing about their HIV-positive status.

The guidelines of the National Department of Health (2016) for HIV/AIDS counselors (including professional nurses) stipulate the process on how to provide support to HIV-positive patients who have difficulties in disclosing information to their sexual partners. There is, however, no specific training programme that updates professional nurses to enable them to provide the necessary support to manage this situation. Therefore, this study was aimed at developing a training programme for professional nurses to support patients in disclosing their HIV-positive status to sexual partners at selected public hospitals in the Limpopo Province.

1.3 PURPOSE OF THE STUDY

The purpose of the study was to:
- Develop a training programme for professional nurses to support patients in disclosing their HIV-positive status to their partners at selected public hospitals in the Limpopo Province, South Africa.

1.4 RESEARCH QUESTIONS

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The research questions were:

- What are the practices of professional nurses in supporting patients to disclose their HIV-positive status to their sexual partners?
- What conceptual framework for professional nurses can support patients to disclose their HIV-positive status to their partners?
- How can a training programme for professional nurses, support patients in disclosing their HIV-positive status to their partners, at selected public hospitals in Limpopo Province, South Africa?
- What are the guidelines to implement a training programme for professional nurses to support HIV-positive patients?

1.5   OBJECTIVES OF THE STUDY

The objectives of this study were to:

Phase 1 – Situational analysis
Explore and describe professional nurse's practices on the support they provide to patients to disclose their HIV-positive status to partners.

Phase 2 – Description of the conceptual framework
Describe a conceptual framework for the development of a training programme for professional nurses to support patients to disclose their HIV-positive status to their partners.

Phase 3 – Development of a training program
Develop a training programme for professional nurses with practices to support patients, in disclosing their HIV-positive status to their partners.

Phase 4 – Planning for implementation of the training program
Develop guidelines for the implementation of a training programme for professional nurses to support patients in disclosing their HIV-positive status to their partners.

Phase 5 – Verification of the training program
To verify the developed training programme for professional nurses to support patients

in disclosing their HIV-positive status to their partners.

1.6   RESEARCH METHODOLOGY

The research methodology includes a series of steps and procedures that an intended research study was undertaken to meet the objectives of a study (Babbie, 2017). In this study, a qualitative research method was chosen. The researcher interviewed professional nurses aiming at gathering in-depth data on the knowledge and practices of professional nurses to support patients, in disclosing their HIV status to their partners. Professional nurses should interact and offer ongoing support to these patients.

The use of the qualitative research method allowed the researcher to obtain insight into the work-life of professional nurses supporting HIV-positive patients, having difficulty, to disclose their health status. Purposive sampling was conducted and 16 professional nurses interviewed who were providing ongoing care to individuals living with HIV, from five health care settings. These were St Rita's hospital in Sekhukhune Clinic, Tshilidzini Hospital in Vhembe district, DF Odendaal Hospital in Waterberg district, Seshego Hospital in Capricorn district and Letaba Hospital in Mopani district. The number of study participants was guided by data saturation. The individual interview sessions lasted between 45 minutes to one hour. The researcher used a semi-structured interview guide to collect data from study participants, along with probing questions. Study participants were invited to a focus group after the individual interview session.

The researcher used Tesch's (1990) data analysis using the open-coding method as cited in Creswell (2014) to analyze the verbatim data collected from the semi-structured one-to-one and focus group interviews (Creswell, 2014). The researcher obtained ethical clearance from the Turfloop Research and Ethics Committee (TREC/53/2016: PG). Permission to conduct the research study was then obtained from the Limpopo Provincial Department of Health, district offices and hospitals identified for the study. The research participants from these settings gave individual informed written consent before partaking in the interview sessions. This included permission to use a digital recording of the conversations and for the researcher to take

field notes. Chapter 3 will discuss the research methodology which guided the study in detail.

1.7   THEORETICAL PERSPECTIVES OF THE DISCLOSURE OF HIV STATUS

The Practice Orientated Theory of Dickoff, James and Wiedenbach (1968); Torres and Stanton (1982) curriculum development process were used as theoretical frameworks. The researcher was able to intertwine the Practice Theory of Dickoff, James and Wiedenbach (1968), with Torres and Stanton (1982) curriculum development process to develop a training programme. According to Dickoff, James, and Wiedenbach (1968), nursing practice and nursing research are interrelated and interdependent. Nursing theory emanates from nursing practice and when generated should be applied and articulated within the nursing practice to contribute meaningfully to the improvement of nursing practice. The data on practices of professional nurses (Phase 1) informed a conceptual framework as a departure for developing a training program for professional nurses to update their practice skills to support people living with HIV to disclose their status to their sexual partners.
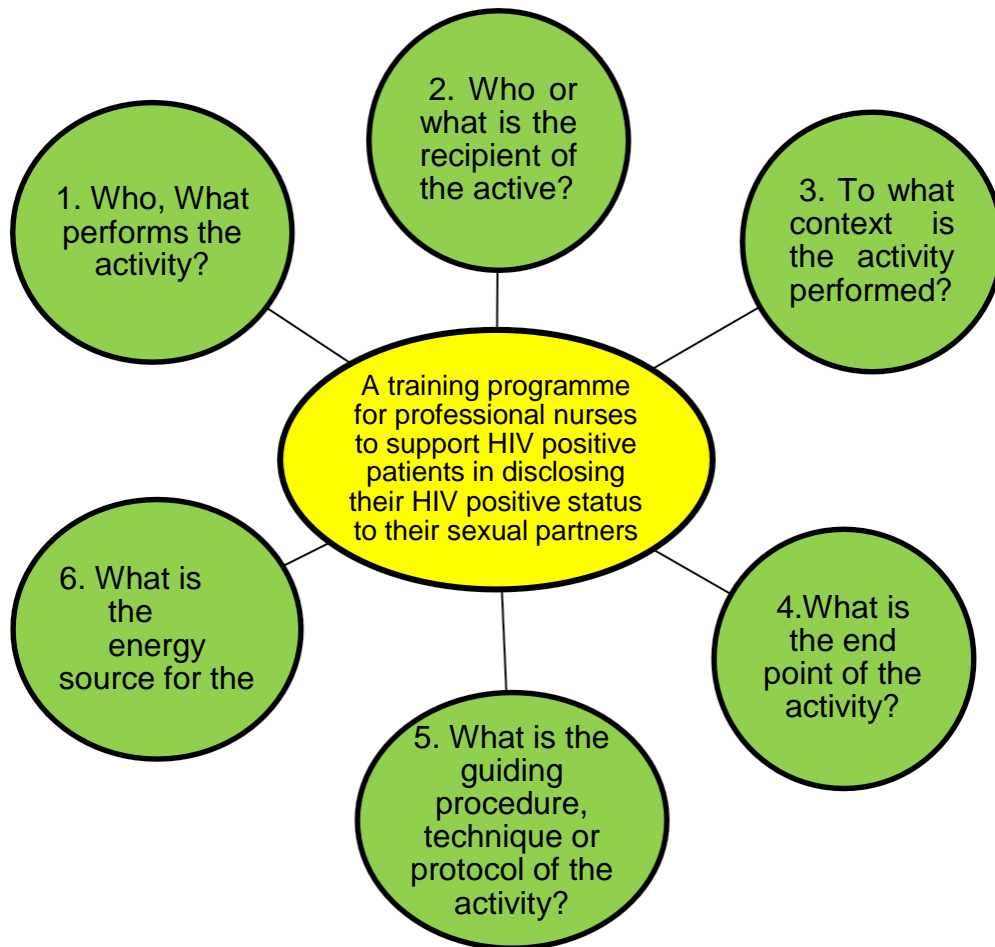
Figure 1.1: Adapted survey list of Dickoff, James and Wiedenbach's Practice Theory (1968)

The survey list of Dickoff, James, and Wiedenbach (1968) practice theory was utilised as a departure for the development of a training programme for professional nurses to support patients in disclosing their HIV-positive status to their partners.

- Who, what performs the activity

The researcher is the one who performs the activity which the development of a training programme for professional nurses who provide support for PLHWA to disclose to their sexual partners at the selected public hospitals.

- **Who or what is the recipient of the activity**

The recipient of the activity is professional nurses who provide support for PLHWA to disclose to their sexual partners at the selected public hospitals whereby they will be trained so that they can be able to provide proper support.

The process that professional use to support patients with disclosure of HIV to partners was identified including for patients who have difficulty in doing so. Challenges that

health professionals encountered were also highlighted based on the shared experiences of the research participants. The shared experiences that included the successes and hindrances, to support people living with HIV to disclose their status to their partner, was used for developing a training program for professional nurses. A stepped approach to support professional nurses to manage the process of supporting people living with HIV, to *disclose their status* (*hereafter only referred to disclose)* to their partner directed the development of the training program.

- **In which context is the activity performed?**

The context where the activity is clinics in hospitals in each district of the Limpopo Province which are Seshego Hospital in Capricorn, Letaba Hospital in Mopani district, St Rita's Hospital in Sekhukhune district, DF Odendaal Hospital and Tshilindzini Hospital in Vhembe district. The mentioned hospitals are district hospitals that hospitals refer to patients that cannot be managed appropriately in local hospitals. The aforementioned district hospitals were initially selected and approved by the National Department of Health and Limpopo Department of Health to provide comprehensive HIV and AIDS care which provides initiation and follow up of patients on antiretroviral treatment in public hospitals (Simelane & Venter, 2004). Accreditation of the hospitals to provide comprehensive HIV and AIDS care that includes the initiation of antiretroviral treatment and follow up of patients included the upgrading of skills of professional nurses to manage some clinical, social and psychological issues related to the HIV diagnosis. Clinical and social and psychological issues that nurses identified and could not manage appropriately are then referred to a range of other health team members like the psychologist, social worker and any other relevant health worker within the public services.

- **What is the endpoint of the activity?**

The expected endpoint of the activity is the developed training programme that will assist patients diagnosed with HIV should to be able to disclose to their partners about the HIV-positive diagnosis, by the professional nurses who are taking care of them. The researcher intends to develop and verify the developed training program with nursing experts and train these professional nurses.

- **What is the guiding procedure, technique or protocol of the activity?**

A training program includes important processes or topics to enable the professional nurse to have improved practice skills to support individuals with an HIV-positive status to disclose to partners. The processes in the program should incorporate updated recent knowledge and practices for professional nurses to act as informants and supporters.

- **What is the energy source for the activity?**

A training program should address common challenges that confront professional nurses and hinder their practice when motivating patients to disclose their HIV-positive status. The researcher developed a training curriculum using Torres and Stanton (1982) curriculum development process to facilitate teaching and learning for professional nurses.

A full description of the study findings in relation to the theoretical frameworks will be discussed in Chapter 6.

1.8   MEASURES OF TRUSTWORTHINESS IN THE RESEARCH STUDY

To ensure credibility of the study the use of moderator who is an expert in HIV and AIDS care assisted the research development. The researcher further obtained ethical clearance to conduct the study from relevant stakeholders. The Turfloop Research Ethics Committee of the University of Limpopo (TREC) provided ethical clearance.Approval to conduct the study and to access selected health care institutions was obtained from the Head of Department Limpopo Provincial Department of Health in Limpopo Province as well as the Chief Executive Officers and nursing managers of the selected hospitals. To ensure confirmability and credibility the researcher conducted interview sessions for approximately 45 minutes to an hour and stayed in the field over a period of two months which were audiotaped. **Triangulation** of research methods was used through one-to-one semi-structured interviews with 16 professional nurses followed by two focus group interviews. The questions used in semi-structured one to one interview were also used in the focus group. Data obtained in the one-to-one interview and that of a focus group were analyzed independently. The rationale of the two data collection methods was to obtain in-depth information on the phenomenon under study. M**ember checking** took place through follow-up interviews with the study participants, to obtain where needed, clarity on   information

gathered.

Dependability was ensured through the use of purposive sampling in selecting study participants. The researcher and an independent coder analyzed the data and field notes. Collected data is kept safely for an audit trail for five years. The study supervisor provided guidance and feedback on the research processes followed during the study. The results of the study were returned to study participants to check for accuracy and resonance with their experience

Transferability of the results was ensured through clear descriptions of the use of the steps in the research process. The way in which data were collected using semi-structured one-to-one interviews will be described in full in Chapter 3. Five sites were selected as an initial rollout of a training programme linked to the provision of antiretroviral treatment in the Limpopo province. Purposive sampling of study participants was based on the judgment of the researcher. Confirmability of the research study was ensured as the student was guided by a supervisor and then an external examiner who was appointed by the University. The research results will be communicated to the National Department of Health, and to professional peers in the form of a presentation at conferences and as articles in peer-reviewed journals.

1.9   SIGNIFICANCE OF THE STUDY

The developed training programme will support the practice of professional nurses to support people living with HIV to disclose to partners. Professional nurses might be able to provide follow up of PLHWA who have challenges to disclose and agree on alternative agreed support based on individual contextual circumstance to ensure that they do not knowingly transmit the infection to their partners. The inclusion of South African Nursing Council policies in the developed programme might further assist the Nursing profession to reflect on the policies to ensure that they are aligned to the complexities that HIV and AIDS care poses to the daily practice of supporting people living with HIV (PLWHA) to disclose to partners. South African Nursing Council and the Department of Health would consider the importance of suggesting an accredited HIV and AIDS course with relevant continuing learning programme related to disclosure. The accredited HIV and AIDS training programme could then solve ongoing challenges of HIV and AIDS care and enhance the practice of professional nurses including academic contribution to the eradication of HIV infection as envisaged.

The findings provide an overview of gaps and strengths in nursing practices that exist in the disclosure of HIV status to partners. The identified gaps in practice on disclosure of HIV-positive status to partner has enabled the researcher to develop a training program that will add value, strengthen the support that nurses provide to people living with HIV and having difficulty in disclosing to partners.

- Research

The findings provide a basis for further research to elaborate on the topic. The findings have also prompt and suggested areas that other researchers may need to explore more after the development of training for professional nurses on the phenomenon.

The findings of this study shed light on challenges that professional face as they support people living with HIV and AIDS as they attempt to disclose to a sexual partner. The identified practice challenges for professional nurses contribute to the body of knowledge in Nursing Science, with a specific focus on ethical related content, namely disclosure of information. The findings of this study could inform nursing education on teaching methods on how to support patients, who are HIV-positive and having problems to disclose their health status to partners. The integration and inclusion of

nursing statutes, related to nursing practice as prescribed by the South African Nursing Council, could add value to the phenomenon of supporting PLHWA by professional to support individuals to disclose their status to their partners.

Management of health care services needs guidelines to address the training of professional nurses to provide ongoing support to people living with HIV. A unique conceptual framework is developed highlighting the processes to follow during the interaction of the nurse and patient in a multidisciplinary team context, to reach an outcome of support for PLHWA to disclose their health status to partners.

1.10 CONCLUSIONS

Chapter 1 provides a brief overview of the process of research study followed in the study. The chapter included an introduction, theoretical framework of Dickoff, James and Wiedenbach (1968) practice theory, the problem statement, objectives of the study, and research methodology that the researcher used to undertake the study. The chapter also included on how criteria for trustworthiness were ensured during the research process and the significance of the study. Chapter 2 will outline the literature that the researcher reviewed from peer-reviewed articles and published books in relation to the topic under study.

CHAPTER 2

LITERATURE REVIEW

2.1   INTRODUCTION

This chapter presents the literature that the researcher reviewed to obtain an understanding of what was already known about the topic. According to Levy and Ellis (2006), a literature review is an in-depth consultation and reading by the researcher. It deepens, broadens and clarifies the researcher's knowledge on what already exists on the topic, findings of other researchers, gaps identified by other researchers and areas that need further research. The motivation to do literature review for this study was for the researcher to familiarize with the topic and establish with study findings, policy documents that guide countries' policies in developing guidelines for professional nurses to execute support for people living with HIV under their care to disclose to sexual partner once they are diagnosed with the virus (Maman & Medley, 2004; WHO, 2012; WHO, 2015; WHO, 2016; WHO, 2017; Department of Health, 2012; Department of Health, 2015; Department of Health, 2016). The rationale for the literature search was to collect substantiating information related to the research topic and further guided the researcher in developing the research problem, objectives, tools that assisted data collection as professional nurses who support people living with HIV to disclose shared and the experience and challenges they encounter in their practice.

The researcher received additional support from the subject librarian to access library books, some electronic information on the topic from peer-reviewed search engines. The researcher used google scholar as a search engine and was able to select a relevant article in another search engine like PubMed, Medline, Taylor, and Francis. These search engines assisted the research to access electronic articles from journals in online journal sources which published studies related to challenges and experiences of professional nurses as they support people living with HIV to disclose. The other documents used included policy documents of the World Health Organization, Department of Health and South African Nursing Council. Review of literature also assisted the researcher in interpretation and reporting the study findings as described in Chapter 4 of this research study.

2.2   DESCRIPTION OF THE THEORETICAL FRAMEWORK

The researcher based the study on the experiences and challenges of professional nurses as they support people living with HIV to disclose the status to the sexual partner. The Dickoff, James and Wiedenbach practice theory (1968) was used to guide the literature review, data analysis and presentation of the results. Suggest the survey list that guide the developed of a training programme which include Who, what performs the activity, who or what is the recipient of the activity, in which context is the activity performed, what is the endpoint of the activity, what is the guiding procedure, techniques or protocol of the activity including the energy source for the activity that assisted the researcher to articulate the research findings to the developed curriculum based on Torres and Stanton (1982) curriculum development guide.

2.2.1 The value and use of theory in this study

A theory is a set of interrelated concepts, statements principles or ideas that explain the specific causes of the phenomenon and the relationship it has with the selected theory. Theory suggest the relationship it has with the phenomenon under study through a research study so as to assess, predict, interpret human behaviors based on the research study and findings to make sense on the phenomenon understudy in the world we live in its practice in the profession of interest (de Vos, 2014; Carey, 2014).

The theoretical framework was used to contribute to the assessment and interpretation of the experiences shared by professional nurses as they support people living with HIV to disclose to the sexual partner. the theoretical framework also assisted the researcher to identify a research problem, to review the literature on the phenomenon under study. Concepts that guided the research study and literature review, problem statement and research objectives including data obtained from professional nurses that provide HIV care to people living with HIV assisted the researcher to find the relationship between the phenomenon under study and the practice theory of Dickoff, James and Wiedenbach (1968). The identified theory of Dickoff et al. (1968) including the available information from reviewed literature, existing policies that guide the practice of professional nurses from World Health Organization, UNAIDS, Department of Health and South African Nursing Council assisted the researcher to interpret support, locate, compare and reject the study findings on the phenomena under study.

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Dickoff et al. (1968) indicates that practice problems guide nursing research and should be used to improve practice-related problems. Practice related problems measure the importance of the nursing profession and its actual ability to guide professional related activities as the profession seek to advance the significance of research and practice. Ohashi (1985) also indicates that nursing researchers as they develop practice related theory should ensure that the theory purposefully explores the realities of and articulate the development of new practice related theories. Research findings should link and enhance nursing research practice including its significance as nurses provide care with other multidisciplinary health teammembers.

Based on the objectives of the study as indicated in Chapter 1 Item 1.7, the researcher was guided by problem statement that indicates the practice gap that professional nurses have, as they support PLHWA to disclose. Subsequently based on the study findings the research explored the challenges that professional nurses have. Based on the research findings the researcher subsequently developed a training programme as described in Chapter 6. The researcher used Torres and Stanton (1982) curriculum planning guide to use and develop the training programme to meet the practice needs of professional nurses that would enable them to improve support for PLHWA to disclose. The use of Torres and Stanton (1982) for the development of the training programme is discussed in Chapter 6.

2.3 THE VALUE AND MEANING OF DISCLOSURE OF HIV STATUS TO SEXUAL PARTNER

Disclosure of HIV-positive status to partners is an important intervention and prevention strategy, when combined with the rollout of antiretroviral treatment could ultimately control the HIV epidemic in high burden communities. Disclosure of HIV status to partner is a strategic empowerment intervention for a partner as it has a clinical benefit of reducing transmission of HIV (Abdool Karim, Dellar, Bearnot, Werner et al., 2015). The motivation for disclosure to a partner, especially at the initiation of antiretroviral treatment, could act as a window to improve opportunity for partners to disclose the HIV status and reduce transmission of infection. Professional nurses are expected to provide HIV and testing services that offer prevention, treatment, and care and are also expected to collaborate, work and refer individuals with clinical,

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psychosocial problems to other health professionals (Department of Health, 2016a; Department of Health, 2016b). Support for disclosure is one of the activities of HIV preventions related to behavior approach and strategy that when articulated in combination prevention with other behavioral, biomedical and structural approaches of HIV prevention could enhance efforts of reduction of HIV infection in communities and among individuals diagnosed with HIV including those who are negative to maintain the status.

2.3.1 *The meaning of disclosure of HIV and AIDS status to the sexual partner*

Disclosure of HIV to sexual partner is a preventive goal, a personal decision whereby the individual who is diagnosed with HIV virus after receiving VCT results from a trained counsellor and decide to share the results with her/ his partner the information that is sensitive and might expose the individual to rejection (Maman, Groves, McNaughton Reyers & Moodley, 2016; Saiki & Lobo, 2011; Obermeyer, Baijal & Pergurri, 2011; Madi, Gupta, Achappa, Bhaskaran, Ramapuram, Rao, & Mahaligan, 2015; WHO, 2016). HIV is a complex disease, a difficult issue to communicate, not an easy decision for partners to reveal to one another's positive status and the decision to do so is a process for an individual Groves, McNaughton Reyers (2016) diagnosed with HIV virus (Eustace & Illigan, 2010; WHO, 2016a; Department of Health, 2016b; Gitachu, 2017). Disclosure is however indicated as an important public health goal, a cornerstone for prevention of transmission of HIV between sexual partners including control of the spread of the infection (Shapiro & Ray, 2007; Tshweneagae, Oss & Mgutshini, 2015).

Additionally, disclosure of HIV to sexual partner involves a process which include care timing that the individual diagnosed with HIV takes to decide to inform the sexual partner including any other significant other that has been identified as important based on the expectation of care and support envisaged related to HIV diagnosis (Eustace & Illigan, 2010; WHO, 2016a; Department of Health, 2015; Department of Health, 2016). The individual diagnosed with HIV have to adjust to the diagnosis. Therefore, the provider and trained counselor who offered HIV VCT service during pre and posttest counseling have to offer support to the individual   to

adjust to the process of decision making. The trained counselor which include a professional nurse has to assist the individual on personal adjustment, acceptance of the diagnosis including on how to disclose to sexual partner once he/she confirms the diagnosis so as to prevent the transmission of the infection, encourage the partner to access HIV VCT including treatment and care (WHO, 2016; WHO, 2017; Department of Health, 2015; Department of Health, 2016a; Department of Health, 2016b).

2.3.2 Benefits of disclosure of HIV and AIDS to a sexual partner

Once the individuals have an opportunity to know their HIV status through HIV Testing Services (HTS) as offered in the public health facilities including community-based structures that are approved, accredited and monitored by the national and provincial Department of Health, they are motivated to disclose HIV positive status to individual partner(s) to reduce transmission (Department of Health 2016a; Department of Health, 2016b). As part of professional nurses' practice, during HIV VCT and training session, disclosure to a sexual partner is indicated as a serious health issue and an important component of HIV VCT. This is to improve the uptake of services by partners of those diagnosed with HIV so that they can access prevention, treatment, and services to control and reduce the transmission of HIV among sexual partners. Professional nurses are expected, based on South African national implementation guidelines on provider initiate for VCT services that, every opportunity that they have as they consult patients who access tuberculosis, sexually transmitted infection care services, family planning antenatal and postnatal care, should be offered an opportunity for HIV VCT, prevention, treatment and care. This should also include support for individuals to notify partners to also access HIV Counselling and testing services and link the partner to comprehensive HIV care services for those who test positive including those who are negative and not sure of partners HIV status (WHO, 2007; Department of Health, 2015; Department of Health, 2016a; WHO, 2016).

The professional nurse should discuss the potential health benefits of HIV disclosure and notification to the partner during pre-test counseling and post-test counseling. Professional nurses should include information on positive and adverse effects as they encourage, motivate and support individuals to disclose to partners (Department of Health, 2016a). Programmes that offer HIV VCT should include a range of services

that include pre and posttest counseling including the link to appropriate HIV prevention, treatment, and care services and other clinical support services (Department of Health, 2012). All patients diagnosed with HIV have access to psychosocial support that provides support for disclosure and enables them to avoid re-infection and prevent onward transmission to a partner. Services that are designated to provide HIV VCT in which d an enabling environment that protects the confidentiality of the patient and autonomy to disclose to partner once he/she has decided to do so. Individual diagnosed with HIV are not coerced to disclose to partner without written consent and therefore are given a chance to consider and decide with ongoing support to allow the voluntary decision to do so (Department of Justice, 1996; Department of Health, 2003; SANC, 2004; SANC, 2013; Department of Health, 2015; Department of Health, 2016).

2.3.3   *Negative experiences of disclosure of HIV to the sexual partner*

Disclosure of the HIV positive status to sexual partner increased physical, sexual and emotional abuse among women who tested HIV positive during antenatal care and notified sexual partners. Although abuse was reported before pregnancy, ill-treatment of women however increased adding more of violent risks, when pregnant women disclosed the positive HIV status, especially among relationships where men during HIV VCT tested negative, or partners, were not aware of their status at the time when the pregnant woman was diagnosed with the virus during routine antenatal testing (Shamu, Zaawsky, Shaler, Temmerman & Abrahams, 2014).

During pre and posttest counseling, a professional nurse has to identify the presence of gender violence so as to contextualize support for the individual ability to disclose to the social worker. The professional nurse should be conscious not to coerce the individual to disclose in the presence of sexual partner which may cause gender violence (WHO, 2016; WHO, 2017; Department of health, 2015; Department of Health, 2017). During routine HIV counseling and testing in the policy guidelines, professional nurses are also encouraged to provide information about the benefits and the risks associated with disclosure of HIV status to sexual partner to allow individuals to make an informed choice within the context of their individual family (WHO, 2016; Department of Health, 2016). Rujumba, Neema, Byamugisha, Tylleska, Tumwine, and Heggenhougen (2012) study found that the information contributed to the inability   of

women to disclose the HIV status to partners. HIV positive women who are pregnant feared to disclose due to fear of abandonment, violence, and accusation of bringing HIV into the family. Most HIV women also ignored support that professional nurses offered. Fear of disclosure of HIV status to partners by pregnant women is influenced by the intersection of disclosure with the economic dependency that women may lose when they are unemployed and pregnant. Partners of those who are negative when pregnant women disclosed the HIV negative status also could not access health services for HIV counseling and testing, they assumed that they are negative as well and praised partners for being faithful.

2.3.4 Structural problems that prevent professional nurses from offering support for disclosure of HIV to a sexual partner

Structural factors such as fear, stigma, violence, lack of employment, the economic dependency of unemployed women and policies are common structural factors that compromise and inhibits adoption of healthy sexual behaviors that prevent disclosure of HIV to partner. There is also risk associated with the transmission of infection to partners who are not aware of the HIV status of the partner which raise a serious professional nursing practice concerns. Structural factors are barriers that prevent success in addressing HIV prevention behaviors that are out of control of the individuals to address related to the environment they live in. Structural factors constrain affect the delivery of HIV prevention interventions as they are beyond the control of the individual diagnosed with HIV and the professional nurse who has to offer support for disclosure of HIV positive status to partner to prevent transmission of the infection. There is also lack of operational guidance, the practice of integrating HIV prevention strategies such as disclosure to partner and lack enabling environmental support to enhance the delivery of activities that contribute to the reduction of HIV infection (Coates, Richter & Caceres, 2008; Hargreaves, 2013; Dellar, Waxman & Abdool Karim, 2015). In order to reduce the barriers related to these structural factors, various interventions in a form of activities should be designed to alter these structural factors (UNAIDS, 2010; Coates, Richter & Caceres, 2008). Incorporating structural approach with the combination of HIV prevention that includes support for individuals to disclose to partners has been found to be linked to the improved reduction of HIV transmission through protection of discordant partners, through use of prophylaxis, uptake of HIV counseling and testing and adherence to treatment (Bekker, Beyrer &

Quinn, 2012; Sia, Onadia, Hajizedeh, Heymann, Brewer & Nandi, 2016).

Professional nurses offer support to people diagnosed with HIV to disclose to partners, however, they grabble with how to integrate these structures including ethical principles in their clinical care. Interrelationship challenges interfere with female partners decision to implement and adapt to sexual behavior related to prevention of transmission of HIV including adherence to treatment as advice and supported by professional nurses (Bharat & Mahendra, 2007; Bravo, Edwards, Rollnick & Elwyn, 2010; Amoran, 2012; Sprague, Hatcher, Wollen, Sommers & Black, 2016; Crannkshaw, Mindry, Munthree, Letsoalo & Maharaj, 2014). Globally the nursing profession has been found not to be having established set of competencies on HIV and AIDS care within the context of their countries predominantly among sub- Saharan countries (Relf, Mekwa, Chasokela, Nhlengethwa, Letsie, Mtengezo et al., 2011). In South Africa based on the South African Nursing Council (2004), the statutory body has declared to partner and work with the Department of Health and other stakeholders who support interventions related to HIV and AIDS care that also impact on its application in the nursing profession. The absence of training programmes that people living with HIV indicates and present as experiences and challenges, in their interrelationship as structural factors with partners and does not allow them to disclose the HIV positive status (Coates, Richter & Caceres, 2008; Amoran, 2012; Obermeyer, Baijil & Pegurri, 2011; UNAIDS, 2010; Sprague, Hatcher, Wollette, Sommers & Black, 2016).

Gender imbalance for women as compared to male counterparts, especially in developing countries, is associated with poor education and unemployment place women as *compared* to male counterpart in greater vulnerability to HIV infection, inability to disclose initiate and negotiate the use of protection (Mlambo & Peltzer, 2011; Walcott, Hatcher, Kwena & Turran, 2013). The ability to disclose positive HIV status to the partner is also determined by the level of poverty and the ability to survive financially should the partner not accept the infidel HIV positive status. The ability to disclose to the partner and sustain protection is therefore linked to the economic dependency to the male partner. A similar finding was found in Mamogobo, Lekhuleni,

and Matlala, (2012) in one rural hospital in Limpopo Province, South Africa who found that only six out of 11 women who participated in the study were able to disclose their HIV-positive status to their sexual partners. Out of the six that disclosed the HIV positive status one was rejected by the spouse who tested HIV negative. Only one woman had a mutual test with the husband after both did not believe the initial HIV positive test during pregnancy. The couple could only use condoms consistently when the health of the husband deteriorated and agree to be tested with the wife and confirmed HIV positive. The four other female participants have disclosed to male sexual partners but were not sure of the male sexual partner's HIV status and continued to have unprotected sex and some continued to have children in the presence of positive HIV status.

Women who are diagnosed with HIV may conceal their HIV status, be unable to disclose the diagnosis to partner, and consistently unable to initiate the use of condoms in a new sexual relationship. The ability of the woman diagnosed with HIV to explicitly disclose HIV-positive status depends on the ability of the individual's ability to communicate such a difficult issue. Depending on the individual social circumstances others may prefer not to disclose and consistently use condoms as they may have adopted the assertive decision of not transmitting the infection but however consistently prevent transmission of infection to the partner. To other women who are not able to disclose to partner(s), in keeping the secret of not disclosing also increased the fear to consistently use condoms as a way of expressing intimacy. Pregnant women on antiretroviral treatment also presented with increasing viral load whilst on treatment, including presenting with opportunistic like tuberculosis and meningitis (Hontelez, Lurie, Barningham, Bakker, Baltussen, Tanser et al., 2013; Omole & Semenya, 2015).

HIV transmission is predominantly in heterosexual relationships, HIV VCT services are an entry point that prevents, provide care and treatment for people diagnosed with the HIV virus. Diagnosis of HIV virus through HIV VCT services with the support of professional nurses, the outcome of whether negative or positive enhance the ability to reduce transmission of the virus. The subsequent notification and disclosure to partner provide a timely chance for those diagnosed with infection (Department of Health, 2016a; Department of Health, 2016b; World Health Organization, 2016).

Partners who have discordant results are also able to get support for prevention and information on the reduction of transmission of the virus to the partner through appropriate action like safe sex (Yonah, Frederick & Leyna, 2014).

Women who are pregnant and diagnosed with HIV during pregnancy must get support to voluntarily notify and disclose to the partner. They could be referred to the clinic to be assisted so that the partner can access HIV VCT whereby they can access treatment and care including prevention of Mother-To-Child Transmission (MTCT) of HIV virus. The disclosure also assists people living with HIV to adhere to a treatment regimen that improves, contribute to viral suppression especially among individuals on antiretroviral treatment (Coates et al., 2008; O'Connel, Reed & Serovich, 2015; Madi et al., 2015). Mutual disclosure where the sexual partner voluntarily notified and disclose to each other in the presence of a trained health worker, improved communication among partners, which assist them to start adjusting to the HIV diagnosis and treatment regimens. Disclosure of the HIV status to sexual partner also reduced fear from living with HIV including having to keep the secret and finding ways to personally disclose to the sexual partner (Rujumba et al.,2012).

Persistent increase in HIV infections and that of non–disclosure of HIV status to partners diagnosed and inability to notify them about the diagnosis, has placed tremendous burden on the practice of professional nurses who has to provide care to over 7 million people with the infection (Ndou, 2018; Bott & Obermeyer, 2013). Being unable to disclose to partner also raise difficult ethical, public health and human rights issues as they are related to the protection of confidentiality. Policies related to HIV Counselling and testing indicates that it an integral role of professional nurses who are trained health provider to motivate and support those diagnosed with HIV to notify and disclose to partners. The professional expectation to identify those at risk of violence including gender violence, discuss and offer support for disclosure to partner has raised serious ethical debates for professional nurses because of lack of skills. There is also lack of enabling work environment to do so as they rely on the referral of such cases to multidisciplinary team members like psychologists and social workers (Bharat & Mahendra, 2007; Bott & Obermeyer, 2013; Paudel & Baral, 2015). Professional nurses are regarded as role models that convey health-related messages based on their professional practice expectation, also as expected in the HIV VCT testing

policies and strategies. Addressing and linking with other multidisciplinary health team members including people living with HIV is an important professional responsibility identified in HIV VCT policies to enhance HIV prevention through the support of people living with HIV to notify and disclose to partners. Different existing protocols and policies do not adequately clarify and guide professional nurses on how to address contextual structural factors that individuals diagnosed with HIV present with. When professional nurses motivate and provide support for disclosure, this an area of concern that prevents realization to reduce the incidence of HIV, especially in developing countries. Integration and pilot studies that combine and include structural factors like physical, social, political, economic, legal including programmes, which combine with behavioral prevention and biomedical approaches that relate to the context in which people live in are important to demonstrate what works best in a given social setting when preventing HIV transmission and acquisition to sustain prevention of HIV infection. Every level of intervention must improve testing coverage, acceptance by local communities including addressing potential social and behavioral factors associated with enhancement of HIV spread (Brookmeyer, Boren, Baral, Phaswana-Mafuya, Beyrer & Sullivan, 2014)

Crankshaw et al. (2014) revealed that professional nurses were found to be uncomfortable to deal with interpersonal challenges, relationship complexities and unfavorable responses arising from disclosure of HIV-positive status between partners. Negative experiences of professional nurses that emanated as they support individuals to disclose added to avoid talking, motivating and supporting individuals to disclose to the partner based on the ethical dilemma that was associated with the practice. This study therefore, suggests the importance of a training programme that will strengthen, update and upgrade the practice skills and knowledge of professional nurses to manage disclosure HIV-positive to partner and manage negative complex situations associated with gender-based violence vulnerability. The training programme also wanted to address intimate partner violence relationships, to enable health professionals including professional nurses to support HIV-positive patients to ultimately disclose the diagnosis to partners which will reduce the transmission of HIV amongst partners (Crankshaw et al., 2014).

2.4 ROLE AND RESPONSIBILITY OF PROFESSIONAL NURSES AS THEY SUPPORT PARTNERS TO DISCLOSE

2.4.1 International and national guidelines on disclosure of HIV to a sexual partner that professional nurses have to consider

World Health Organization (2016) and (2017) explain the disclosure of HIV status to the partner as a voluntary decision of an individual to trace contact and notify the partner on the diagnosis. The process of disclosing and notifying the partner should not be mandatory but should confine itself with the human rights, adherence to confidentiality and rights of individuals' ethical principles. Notifying the partner as a way of disclosing the HIV status can be effected using different methods as a way of notifying the partner through the support of a trained professional. For the purpose of this study support of HIV positive individual to notify the partner and disclose the diagnosis is confined within a public health setting where the professional nurse is a frontline provider of HIV and AIDS service. Professional nurses provide VCT and coordinate the service with other health professionals like doctors, social workers, pharmacist, andpsychologists.

Within South Africa, professional nurses are the first line, the backbone of the health service and predominant professional health workers who offer health services including HIV VCT. South African Nursing Council (2004) acknowledges that professional nurses are faced with a range of ethical dilemmas during nursing care to people living with HIV/AIDS. This inter alia includes empathy to those, helping them to adjust to their diagnosis. The South African Nursing Council (2004) also indicates that it is imperative that nursing education institutions' teaching and learning programmes to be responsive to contemporary health issues such as HIV and AIDS. The South African Nursing Council (2004) policy further indicates that it is the professional nurse's professional responsibility to ensure that she/he has the skills to provide qualitycare.

WHO (2016 & 2017) suggest that the process that professional nurses support could be based on the context of the individual.
Subsequent to WHO's advice to member states is that policies that encourage notification of partners as a way of encouraging disclosure should be patient-centered as they offer support to individuals, ensure that confidentiality is respected as the

professional nurse is expected to offer support to disclose. According to Saiki and Lobo (2011), 'disclosure' may have different meanings based on the use of the concept from different perspectives, ranging from the commercial sector to the layperson. It is important that professional nurses provide clarity on the professional meaning of disclosure within the context of HIV care, so as to ensure a common understanding in both nursing research and nursing practice. It is imperative that nursing researchers develop teaching and learning materials that will enhance the understanding of HIV disclosure to partners in a practice (Eustace & Iligan, 2010).

Eustace and Ilagan (2010) further indicate that professional nurses should be aware of the struggle for HIV-positive patients to share their status. Women, those who are barely literate, unemployed and in a cohabitating sexual relationship, usually encounter challenges in disclosing their HIV-positive status (Mlambo & Peltzer, 2011). Eustace and Ilagan (2010) emphasize that evidence-informed strategies that update the knowledge of nursing professionals, enhance their practice, to support and assist patients facing HIV-positive disclosure challenges.

The policy on HIV VCT indicates that health professionals (which include professional nurses) who are part of provider-initiated HIV and AIDS Counseling and Testing (PICT) during pre-test HIV and AIDS counseling and testing should be able to discuss risks and benefits related to partner notification, identify individual contextual challenges related to telling the partner (WHO, 2007; WHO, 2016). Gender violence, readiness and ability to notify and disclose to the partner should be recorded to ensure that the professional nurse is able to offer a follow-up support in order to notify the partner on the diagnosis. The awareness of risks associated with non–disclosure, and transmission of the virus must be emphasised (WHO, 2007; WHO, 2016; Department of Health, 2015; Department of Health, 20160a).

Policies of Department of Health (2016a) in its National Policy for HIV Counselling and Testing, Health Sector HIV Prevention Strategy and Guidelines (2014) including National Strategic Plan for HIV, STI, TB 2012 -2016 (2012) guide professional nurses to offer passive support for disclosure to the partner which is a form of motivation to notify the partner on diagnosis. South Africa has been indicated to be among countries that have not indicated and guided health professional on approaches that they could use to support people living with HIV to notify and disclose to partners (WHO, 2016).

The role that professional nurses have to support people living with HIV to disclose but it has been found to be invisible and unclear to the realities of the individual diagnosed with HIV and who are expected to disclose to the sexual partner in the presence of psychosocial and economic challenges they face (Koerich, Santo, Mereilles & Erdmann, 2015; Ilweiunmor, Sofolahan-Oladeinde & Airhihenbuwa, 2015). South Africa is also named as one country that has included notification of partners of people living with HIV as an integral component in the HIV and Counselling and testing policy but has only included passive notification. Passive notification and disclosure of HIV and AIDS status to a sexual partner is when the HIV positive client is encouraged by a professional provider to notify their partner about the HIV diagnosis by themselves so as to encourage the individual to access HIV counseling testing, prevention treatment, and care early.

2.4.2 The role of professional nurses related to policy implementation that guide disclosure of status to the partner

HIV and AIDS Counseling and Testing (PICT) by Department of Health (2015) and Department of Health (2016) HIV Testing Service 2016 policy was formulated to support and encourage individuals to disclose the diagnosis to the sexual partner as soon as they test HIV positive. The role that trained professionals like doctors and professional nurse play in supporting people diagnosed with HIV is to encourage them to notify and disclose to sexual partner so as to prevent transmission of the infection, encourage the partner to access HIV counseling and testing including treatment and care. Encouraging partners to be counseled together as partners has been found to enhance disclosure among partners, as opposed to the process whereby the individuals do so without the support of trained health workers which is a challenge to PLHWA to face especially when the status of the partner is unknown (Walcott, Hatcher, Kwena & Turan, 2013; Yonah et al., 2012).

Based on the literature that describe the challenges and experiences of professional nurses when they support people living with HIV and AIDS disclose to partner, participants indicate multiple negative and positive responses as indicated in the fore mention research studies. The negative experiences that PLHWA share with professional nurses as they support and offer motivation to disclose to sexual partners

include the association of the diagnosis with the blame of being suspected to be unfaithful introducing stigma and discrimination that isolate the individual from the partner especially among women. Disclosure of the HIV status to partners also brought abandonment which let to divorce, especially where the woman is unemployed and has economic inequality with the partner. Age of sex debut contributes to women vulnerability to HIV infection as women may contract infection 5–7 year earlier than male counterparts which may be attributed to transactional sex due to poverty-related issues (Dellar, Dlamini & Abdool Karim, 2014). Fear of gender abuse, especially for those who have been exposed intimate partner ill-treatment induced inability to disclose to a sexual partner. The studies indicate that professional nurses expressed anxiety and lack of skills to practice and provide quality professional care to people who live with these complex relationships related challenges like gender violence which prevent individuals from disclosing and notifying partners about their HIV status. Failure to support individuals to disclose to partners also compromised the ability of professional nurses to provide clinical needs that expose individuals to failure to adhere to treatment whereby adherence to treatment regimens are compromised (Maeri, Ayadi, Getahun, Charlebois, Atakukwasa, Tumwebaze et al. 2016; Ojikutu, Pothak, Srithanaviboonchai, Limbada, Friedman, Li et al., 2016; Rangarajan Colby, Giang, Bui, Guven, Pham et al., 2016; Crankshaw et al., 2015).

Professional nurses as frontline providers and backbone of the public health service have to educate and advice individuals diagnosed on how to adopt a sexual behavior so as not to transmit the infection to partners. Professional nurses based on their practice's expectation are thus expected to balance the potential risks that the individual has shared associated with the challenges of disclosure to the partner. The professional nurse has to consider to protect the confidentiality and personality of the individual who is diagnosed and live with the individual who may not be aware that he/she is at risk. When patients decline support to disclose to partner professional nurses have to provide ongoing and follow up support as a way of respecting individual autonomy (Laar, de Bruin & Cradock, 2015; Njozing, Edin, Sebastian & Hurtig, 2011).

South Africa's health care system is predominantly nurse-based and professional nurses' integral role in ongoing HIV/AIDS care is to encourage and support HIV-positive individuals to adopt to healthy sex life with the intention of eliminating and

reducing the sexual transmission of HIV (Department of Health, 2012). Dageid, Sedumedi, and Duckert (2007) in Limpopo Province found that nurses providing HIV VCT to people living with HIV lacked skillful support to these patients referring to a wide range of social and psychological problems. The study of Lugina and Becker (2008) in Tanzania similarly found that contextual training for health professionals is important to enable them to work with communities who have challenges in HIV-related issues due to cultural beliefs that are static and detrimental to the community. Dageid et al. (2007), suggest that debriefing sessions for health professionals providing care to people living with HIV are important to address psychological aspects during delivering of care. The upgrade of skills of nurses should also include the ability to support patients with psycho-social problems linked to disclose their HIV status to a partner. The study suggests a training program that is contextual and which include cultural dynamics related to disclosure of the HIV-positive status.

Njozing, Edin, Sebastian, and Hurtig (2011) and Bharat and Mahendra (2007) further indicates that the application of ethical knowledge in the practice of professional nurses in support for individuals diagnosed with HIV disclose to sexual partner in developing countries, is somehow blurred and does not allow professional nurses to continue to offer ongoing follow up support for individuals in difficult situation as they lack the confidence to do so. Nie, Walker, Quao, Li, and Tucker (2015) study indicates that professional nurses are expected to truthfully support people living with HIV to disclose including supporting behavioral changes related to the diagnosis. They further need their skills to be upgraded and supported to allow them enhance the practice of supporting individuals in disclosure without fear of overriding professional ethical obligations associated with disclosure to sexual partners. Madiba and Mokgatle (2015) in South Africa, however, indicate that the ability to support HIV-positive individuals to disclose their HIV status to partners is a challenge for professional nurses, and it may be influenced by the cultural and social background of the health professionals. The study therefore, supports that training that will enhance the ability of professional nurses to support people living with HIV to disclose to partners should also consider clarifying the professional value of support for an individual to disclose to a sexual partner is necessary.

Individuals on treatment are more likely to disclose to their partner at the initiation   of

treatment and therefore professional nurses should be able to use such window period to improve disclosure of HIV status among partners. Encouraging partners to disclose their HIV-positive status is an important component of prevention of HIV transmission however, there are possibilities of negative consequences that professional nurses should consider (Lee, Bastos, Bartoni, Malta & Kerrigan, 2014; Conserve, Groves & Maman, 2015). Professional nurses should craft interventions that would enhance relationships by disclosing HIV-positive status among partners. They should be cautious and monitor potential risks and outcomes that may arise in the process of supporting patients to disclose their status (Conserve et al., 2015; Abdool Karim et al., 2015). The mentioned studies also suggest the need for the development of interventions that would safely ensure that HIV-positive partners are able to disclose their status to partners within the social, economic and social context and that the proposed HIV prevention strategy is acceptable to sustain prevention and transmission of HIV to partners.

Clients who tested HIV positive including pregnant women and found it difficult to disclose their HIV-positive status to partners need support of trained health worker such as professional nurses to support them to safely disclose. The link and support offered by a trained health provider include supported link to community-based counselors, friends, priests and other PLWHA with explicit signs of HIV/AIDS to tell or support disclosure to partners. Assisted partner notification also allowed individuals to safely disclose to partners without adverse consequences (King, Katuntu, Lifshay, Packel, Batamwita et al., 2008; Amoran, 2012; UNAIDS, 2011; Dellar, Waxman & Abdool Karim, 2015).

Facilitated disclosure within the health service provides HIV VCT, preventive treatment and care for those diagnosed with HIV which led to mutual testing in the presence of a trained health provider. Support for disclosure through home-visit by trained health provider to support individuals to voluntarily disclose to the partner were however found not to be preferred by others based on the stigma of HIV and presence of extended family members in their homes (Walcott et al., 2013).

Deribe et al. (2008) in Ethiopia, Mucheto et al. (2011) in Zimbabwe and King et al. (2008) in Uganda respectively found that those patients who had been motivated and supported by their health professionals on an ongoing basis to disclose their HIV-

positive status to their partners had, ultimately, be able to disclose to their partners. During the period in which HIV-positive patients had struggled to disclose their status to their partners they had been unable to negotiate safe sex and had continued to have unprotected sex with their partners (Deribe et al., 2008).

The American Nursing Association (2002) position statement with the New York Nursing Association states that the position of the professional nursing practice within the context of HIV and AIDS has challenges which led to the nursing profession to become committed to the promotion of universal access to health care for people living with HIV. The nursing association further commits to support for voluntary, confidential HIV testing with pre and posttest counseling that provide health services that promote voluntary and confidential partner notification for those diagnosed with the disease. It further encourages professional members of the association to ensure that in every consultation with their clients, they should offer HIV VCT to individuals in their care. The South African Nursing Council (2004) position statement has also had also affirmed that it does recognize HIV and AIDS as a disease which calls for attention whereby support by professional nurses is needed for voluntary partner notification. South African Nursing Council has however confirmed its partnership with stakeholders including the government in the development of guidelines and policies that address HIV and AIDS care. The ethical and professional practice of nursing in South Africa is also committed to building a positive relationship with all stakeholders in sharing information related to care of HIV positive persons (SANC, 2004; SANC, 2013).

2.4.3 Ethical principles that professional nurses should adhere to in support of HIV positive to disclose to partners

Nursing in South Africa exists because society requires health needs to be catered for by nurses who were trained through accredited nursing education programmes as mandated by the constitution of South Africa (2004). Professional nurses are therefore, expected to provide humane, competent nursing care to people living with HIV as expected by the South African Nursing Council to the South African community (SANC, 2004). Within the context of the HIV and AIDS epidemic, SANC discourages and condemns discrimination of PLHWA. Nurses and all health professionals are expected to maintain confidentiality of the diagnosis and should acquire consent from

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the individual before disclosure to partner or relatives. Providing care to PLHWA is associated with ethical dilemmas that may form barriers to professional nurses during execution of their professional duties with empathy. Ethical issues that professional nurses have to consider when they support people living to disclose as a way of preventing harm to the partner and preserving life include maintaining privacy and confidentiality, supporting the individual to consent to disclose to the partner and families. Protection of those who fear rejection, isolation and emotional abuse should also be considered by the professional nurses. Individuals must be linked to appropriate professionals and organization to ensure that individuals do not transmit HIV infection (Muthuswamy, 2005; South African Nursing Council, 2004; South African Nursing Council, 2013; Department of Health South Africa, 2016a)

Patients, however, have the right to confidentiality, non-judgmental effective nursing care according to their personal needs. The professional nurses have to discuss risks and benefits associated with disclosure of HIV status to sexual partner including history and fear of intimate partner violence. Although non-disclosure interfere with the ability of the individual to adapt to healthy sexual behaviour that halts HIV transmission, individuals should be given time to take an informed decision, without coercion and interference (Department of Health South Africa, 2003; Sprague, Hatcher, Wollen, Sommers & Black, 2016; Bravo, Edwards, Rollnick, Elwyn, 2010; Department of Health, 2016a).

2.5 HIV PREVENTIONS INTERVENTION THAT WOULD ASSIST SUPPORT PROVIDED BY PROFESSIONAL NURSES TO PLHWA TO DISCLOSE TO A SEXUAL PARTNER

Biomedical, behavioral and structural intervention to expand HIV prevention based on epidemic dynamics in local communities is important in containing and reducing the incidence of HIV (WHO, 2016). Combination HIV prevention is an approach that is evidence-based intervention which is community based, population-specific and effective when used with the inputs and engagement of local communities to address potential social and behavioral factors (Abdool Karim, Dellar, Bearnot, Werner et al., 2015).

People diagnosed with HIV are prioritized as high-risk vulnerable population group in South African health services where efforts to improve HIV prevention and reduce transmission should also be prioritized (Department of Health, 2016b). Those diagnosed with HIV should be offered treatment, given information that enables them to protect and reduce transmission of HIV infection to negative partners. Furthermore, provide psychosocial support for those diagnosed with HIV on how to avoid onward transmission. Health services should link those diagnosed with HIV to services which will assist them to disclose and notify partners on their positive status. To enhance effective HIV prevention the health sector strategy suggest community centered health service delivery that include conducting local research on what is feasible to prevent HIV transmission to address and change local risks (Department of Health, 2016b, Brookmeyer et al., 2014)

Behavioral prevention strategies motivate behavioral change in the individual and social units like a sexual partner (s) to prevent HIV transmission (UNAIDS, 2011; Bekker, Beyrer & Quinn et al., 2012; WHO, 2016). Behavioral prevention intervention includes motivating individual to test and know HIV status, prevent transmission and also disclose HIV status to sexual partners. Additionally, it encourages HIV counseling and testing for those at risk, abstain and postpone sex debut, reduction of multiple sexual partners including casual partners and use of alcohol which could enhance non-consensual sex with the use of condoms when intoxicated. Biomedical prevention of HIV includes HIV prevention through advice on correct consistent use of condoms, use of antiretroviral treatment by people diagnosed with HIV to help prevent transmission of HIV by use of prophylaxis among sexual partners with discordant HIV. Structural approaches in HIV prevention aim at changing social, economic, political and environmental factors that determine HIV risks. Structural intervention would include basic and tertiary education that encourage women to be educated to improve their chance of being employed and reducing transaction marriages and sex that increase risk of HIV transmission.

The combination prevention addresses the weakness in existing HIV prevention programmes and uses the identified weakness to generate programs that would improve and sustain reduction of HIV infection in the context communities identified. The combination prevention approach prevent transmission guided by evidence-

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based research methods which include disclosure of HIV to a sexual partner, male circumcision and others. Evidence-based HIV prevention methods are used to complement each other.

Professional nurses providing HIV and AIDS care services deal with challenges and this has proven to be an experience that is difficult for them to perform because they lack skills and ability to intervene and solve such challenges. Professional nurses, therefore, rely on referral to multidisciplinary team members whom they don't have direct linkage with to discuss and share outcomes of disclosure process (Bravo et al., 2010; Cranshaw et al., 2014)

World Health Organization in (2016a) supplement guidelines on HIV self- testing and partner notification guidelines suggest the following approaches related to partner notification which could be considered by member countries for inclusion in their policies that seek to reduce transmission of HIV and enhance HIV and AIDS care at national, provincial and district level:-

Passive referral in which the HIV positive individual is encouraged to by a trained provider to disclose their status to the partner by themselves and the provider also suggest the HIV testing for the partner given their potential exposure to HIV infections.

Assisted HIV partner notification service is when the individual diagnosed with HIV voluntarily consent to notify and disclose to the partner assisted by a trained provider or could notify the partner anonymously about their exposure to HIV infection. Assisted HIV partner notification is done either by Contract referral, provider referral or dual referral.

Contract referral is when the individual diagnosed with HIV enters into a contract with the trained provider like a professional nurse to refer their partner or partners within an agreed time period after which the provider could contact the partners directly and offer HIV counseling and testing.

A provider referral is where the trained provider with the consent of the HIV positive individual confidentially contact the person's partner or partners and directly offer voluntary HIV counseling and testing. Dual referral is when the trained provider accompanies HIV positive clients when they disclose their status to the sexual partner.

The provider also offers voluntary HIV counseling and testing to the partner (WHO, 2016a). Supporting and assisting the individual to diagnose with HIV notifying the sexual partner is not mandatory and the individual should not be coerced to disclose to a sexual partner (WHO, 2016a; Department of Health, 2016a).

26   CONCLUSIONS

Chapter 2 has outlined reviewed literature in relation to the knowledge and practices of professional nurses as they support people living with HIV to disclose to the partners. Chapter 3 will describe the research methodology that guided the study on population and sampling, data collection and analysis related to professional nurses who provide comprehensive HIV/AIDS care in the five wellness clinics in the five district hospitals of the Limpopo Province in South Africa. The theoretical framework of Dickoff et al. (1968) guided the study on literature review, data analysis and presentation of results. The value and meaning of disclosure to sexual partner including benefits and risks associated with psychosocial outcomes were discussed. International and national guidelines that guide practice of professional nurses to support PLHWA are discussed. Professional stipulations and ethics that professional nurses have to adhere to in practice to support PLHWA to disclose to sexual partners who have challenges were discussed to ensure that those infected have an understanding on how to reduce transmission of HIV.

CHAPTER 3

RESEARCH METHODOLOGY

3.1 INTRODUCTION

This chapter describes the research design and methods that were used to conduct this study. The purpose and objective of the research including the description of the study design, study populations, sampling and sampling techniques, data collection procedures and analysis will be discussed. The procedures for ensuring trustworthiness when conducting the research are presented. The ethical standards which were adhered to when conducting this study are also discussed. The research method and design used, analysis and interpretation of the results are presented. The paradigm which the researcher identified as applicable to use in order to articulate study challenges and experiences that professional nurses have as they support PLHWA to disclose to the sexual partners is also presented in this chapter.

3.2 RESEARCH PARADIGM

A paradigm in relation to a research study, indicates the research method and research design that the researcher selects to study the topic based on what is assumed to be acceptable for specific research design in the given academic sphere. The accepted paradigm therefore, include the acceptable data collection and data analysis methods based on the identified research method related to the topic. The paradigm is further aligned to the belief system of the researcher based on the research question of the research study and its alignment to the research method and research design (De Vos, Strydom, Fouché & Delport, 2014; Teherani, Martimianakis, Steinfors–Hayes, Wadhwa & Varpio, 2015).

The researcher chose a qualitative phenomenological research method which assisted in investigating the challenges that professional nurses have as they support PLWHA disclose HIV positive status to sexual partners. The personal experiences which represent the social realities that professional nurses have developed in relation to the challenges that they have as they support PLHWA to disclose shaped the development of the training programme which is aimed at to enhancing the practice of professional nurses to support PLHWA to disclose to partners.

The acceptable research design to study experiences and also recognized as appropriate to the world view of academics in the study of lived experiences of study participants is constructivist /interpretative paradigm philosophy (Creswell, 2014). The philosophical understanding behind constructivism is that, for a researcher who seeks to understand human nature like to study the experience of a specific individual or group. It is important to understand that in studying experiences based on reality as socially constructed by individuals or a group, the social information shared by study participants are valuable and are not wrong.

This study is on challenges and related experiences that professional have as they support PLHWA to disclose to partners. The researcher, therefore, identified a qualitative research method and phenomenological research design as appropriate to be used to undertake the study. The researcher was able to draw the lived experiences during interviews with individual professional nurses which allowed them to share the challenges they encounter as they support PLWHA to disclose to partners. Professional nurses had firsthand information of challenges related to disclosure of HIV among partners as they follow up PLHWA daily and discuss the importance of disclosure of HIV status to the partner as a way of reducing transmission of virus sexually.

3.3   RESEARCH METHOD

The researcher identified a qualitative research approach as an appropriate research method for the study. Qualitative research method according to Kothari (2004). Creswell (2014); Teherani, Martimianakis, Steinfors–Hayes, Wadhwa, and Varpio (2015); De Vos, Strydom, Fouché and Delport (2014) is an approach that sought to tell the story on a particular topic under study based on the experiences of the individuals and or group using their own words.

The qualitative data collection procedures which were used include semi-structured one-to-one interviews with a guide and focus group interviews. The researcher collected data from 16 professional nurses who provide HIV and AIDS testing, initiate antiretroviral treatment and ongoing follow up care for PLHWA in the 5 district hospitals of Limpopo Province from 20 March 2018 to 27 May 2018.

The research enters into conversation with individual participants in their natural setting where the participants were interviewed and answered the questions asked without controlling the situation. The researcher is the one who collected data through interviews whereby a central question was asked followed by probing questions related to the topic under study and which were mainly clarity seeking questions. In the qualitative research method, the researcher also wants to understand why events occur, what happens and what does it mean to the participants in their own words. Examples of techniques used in a qualitative research method in order to understand the phenomenon studied include interviews, focus groups, and observations (Babbie, 2017; Kothari, 2004).

The qualitative research method is a type of inquiry method that is able to analyze information conveyed through language and behaviors. Behaviors include beliefs, values, and feelings that cannot be expressed using numerical values (Berkwits & Inui, 1998; Creswell, 2014). The qualitative research method assists the researcher to interpret, describe and translate the meaning of the terms which were described by study participants during the data collection sessions (Al-Busaidi, 2008; Mir, 2018).

- **The rationale for selecting qualitative research over quantitative research for this study.**

The qualitative research method was, therefore, used to explore and describe the actions of the professional nurses in relation to their experiences on the challenges that they face as they support HIV positive patients to disclose to sexual partners. The rationale for the use of a qualitative research method was to try and understand the social life and the meaning that participants ascribe to their everyday life in relation to the phenomenon under study.

Professional nurses are in the forefront of ensuring that HIV infection is minimized and ultimately eradicated and support PLHWA to disclose to partners and to use protection to halt transmission to ensure and improve quality of life amongst those living with the virus and their partners. Therefore, qualitative research method was appropriate to be used in this study where little is known about the lived experience of professional

nurses related to phenomenon studied. (De Vos, Strydom, Fouché & Delport, 2014; Babbie, 2017).

3.4 RESEARCH DESIGN

A research design is an overall approach that the researcher chooses to join together the different sections of the research process in a clear sequence so as to address the research problem. This includes discussing the plan used for the collection, measurement, and analysis of data (Creswell, 2014; Creswell, 2018). The research design includes the site where the research is done, the study population and how the study participants are sampled. The ethical considerations and trustworthiness of the research method used also are described under research design. According to Berg and Lune (2012), the research design outlined should be able to guide other researchers who have similar research interest.

The researcher identified a phenomenological research design to guide this study. Semi-structured one-to-one individual interviews with a guide and focus group interviews were used to collect data from study participants.

- **The rationale for selecting a phenomenological research design**

The rationale for the use of phenomenological research design was to describe the lived experiences of the research participants related to a phenomenon studied (Streubert & Carpenter, 2011). The phenomenological research design assisted the researcher to directly explore the experiences, knowledge, and practices of professional when taking of HIV positive persons in relation to disclosing HIV status to sexual partners. The researcher initially used both descriptive and interpretive phenomenological research approach.

- *Descriptive and interpretive phenomenological approach*

Descriptive phenomenological research design intents to describe and explain the shared experiences of the study participants based on a phenomenon under study (Juniper, 2012; Reiners, 2012). In the descriptive phenomenological research

approach, the researcher brackets all what he/she knows about the experiences of the study participants and rely entirely on the participants shared experiences.

In interpretive phenomenological research approach, the researcher does not bracket what he knows about the phenomenon under study. The researcher acknowledges what he knows about the phenomenon and reports as he presents the research findings how he/she was bracketing what he knows.

Heidegger the original philosopher of interpretive phenomenology indicates that interpretive phenomenology is when the researcher does not bracket (set aside preconceived ideas) of what he/she knows about the experiences based on the phenomenon under study. Heidegger belief that human beings interpret what they know based on the understanding of everyday life and experiences. He further believes that by virtue of being in the world the individual is bound to experience the world and to interpret the phenomenon based on felt experiences. Bracketing the experience is therefore not necessary and somehow unavoidable. In bracketing is when the researcher tries to academically avoid potential effects of pre-conceived ideas that may threaten the validity of the research process. The researcher will, therefore, have to indicate in the research study report potential threats encountered which will include the report on how the threats were avoided and managed (Turfford & Newman, 2010; Creswell, 2014; Creswell & Creswell, 2018). The researcher as she/he reports the research design will indicate how bracketing was managed in each study process.

The interpretive and descriptive phenomenological research was achieved through engaging study participants to describe their lived experience during interview sessions conducted. A central question was asked followed by clarity seeking questions to elicit information related to the phenomenon studied. The process gave professional nurses an opportunity to share individual experiences and practices as they support HIV-positive patients to disclose HIV-positive status to partners.

3.4.1 Data Collection Process

- **Research question**

The research question is a theoretical view that a researcher develops in relation to the topic of interest so a create focus for the phenomenon under study (Agee, 2009).

At the beginning of the study, the research question helps the researcher to develop study direction, have a study field focus including the process of collecting and analyzing data. The research question, therefore, assists the researcher to connect the topic of the study to objectives and the selected theoretical framework. The research questions of the study were:

- What are professional nurses' practices in supporting HIV positive patients to disclose their HIV positive status to their sexual partners?
- What are the training programme needs for professional nurses who support HIV positive patients in disclosing their HIV positive status to their partners at selected public hospitals in Limpopo Province, South Africa?

Guided by the research question the researcher was able to conduct one–to–one interview and focus group discussion whereby professional nurses were asked questions related to their experiences related to support they offer to PLHWA to disclose to partners. The professional nurses were, therefore, able to share the experiences they have as they support people living with HIV to disclose to partners. The experiences that the professional nurses shared also allowed them to contribute to the development of the training programme. The research question also assisted in identify learning areas to be included in the developed training programme to support the practices of professional nurses as discussed in Chapter 6 of the research report.

Although the researcher initially reviewed the literature on the phenomenon under study, she set aside what the literature indicated about the challenges that professional nurses have about the phenomenon under study. The experiences shared by professional nurses which were guided by the research questions were used to develop the training programme to enable them to support PLHWA to disclose to partners.

- **Sites**

Limpopo Province is one of the nine provinces of South Africa boarded by the province of Gauteng in the south, Mpumalanga in the east, the Republic of Zimbabwe on the North and The Republic Botswana in the west. The Department of health serves about 5.4 million people. The health structure of the Department of Health Services in the

Limpopo Province is made up of tertiary health services, district hospitals and clinics (Statistics South Africa, 2012).

The province has five health districts namely Mopani, Waterberg, Sekhukhune, Vhembe and Capricorn and each has a district hospital that local clinics refer patients to. There are nine (n=9) district hospitals in Capricorn district, six (n=6) in Mopani, seven (n=7) in Sekhukhune, nine (n=9) in Vhembe and eight (n=8) in Waterberg. There are clinics and mobile health services that provide primary health clinical services for local communities.

Within Limpopo Province, the FH Odendaal Hospital in the Waterberg District, Tshilidzini Hospital in Vhembe District, Seshego Hospital in Capricorn District, and Letaba Hospital in Mopani District were selected because these were accredited pilot sites to provide comprehensive HIV/AIDS care including the provision of antiretroviral treatment in 2003. Based on the explanation of the site and the context of the provision of comprehensive HIV/AIDS care, the researcher selected the hospitals to conduct this study.

Population and Sampling of study participants

The study participants are selected purposefully for the research study as the researcher beforehand knows that they have the information relevant to the study.

Qualitative research was the method of choice as the researcher interviewed professional nurses aiming at gathering in-depth knowledge and practices related to the support they provide to PLHWA who have difficulties in disclosing their HIV status to partners as they interacted and offered ongoing support.

3.4.2 Population and sampling procedures

The accessible study population is the target population that would provide the researcher with relevant information based on the topic of the study. The population of this study is professional nurses who provide comprehensive HIV/AIDS care to people living with HIV in 5 district hospitals of Limpopo Province. The rationale for the choice of Seshego hospital in Capricorn district, St Rita's in Sekhukhune district, Letaba hospital in Mopani district, DF Odendaal hospital in Waterberg and Tshilindzini

hospital in Vhembe district is that these hospitals are initial pilot sites for introduction of antiretroviral treatment when the government of South Africa decided to introduce provision of treatment in public health services. The five hospitals continue to provide only HIV-related treatment with dedicated staff to the programme which includes doctors, nurses, psychologists and social workers attached to the programme.

- **Sampling**

The researcher used purposive sampling as she had knowledge that professional nurses who provide comprehensive HIV/AIDS care, are trained in HIV/AIDS counseling, HIV antibody testing for patients and provided ongoing comprehensive care to HIV-positive patients (Berg & Lune, 2012). The researcher purposefully selected professional nurses working in the five selected hospital clinics as they had lived experiences and knowledge on the support offered to patients to disclose their HIV status to partners (Cleary, Horsfall & Hayter, 2014; Creswell & Plato-Clark, 2011). The target sample frame for the research was 20 to 25 professional nurses who provide ongoing care to HIV in the five-district hospitals. A sampling of professional nurses was however guided by data saturation. Professional nurses meeting the inclusion criteria and available on the day when the researcher was collecting data took part in the study.

- **Instruments that the researcher used to collect data**

A semi-structured one-to-one interview with a guide and focus group discussion was used to collect data from the professional nurses working in 5 wellness clinics of the selected 5 district hospitals of the Department of Health, Limpopo Province.
Semi-Structured one-to-one interview sessions were conducted for data collection where the researcher entered into the conversation with individual study participants using prepared predetermined central question and follow-up questions that guided the discussion on the phenomenon studied (de Vos et al., 2014). The semi-structured one-to-one interview allowed flexibility in the scope and depth of the interview sessions conducted and the participants shared the fuller view of their experiences related to the phenomenon studied. Based on the individual conversation and responses that

occurred between the researcher and the participant's interaction, the researcher was able to ask further explanation on the phenomenon studied using probing questions (de Vos et al., 2014).

- *Development of the semi-structured one-to-one interviews*

The researcher prepared questions to be answered by the intended study participants. The available peer-reviewed literature was used to formulate the questions. The main question which is **"How is it for you to assist the PLHWA to disclose their HIV status to their partner"** was prepared to assist the researcher to begin and guide the conversation with individual study participants. Probing questions were also prepared to assist the researcher to seek clarity where the responses of the study participants are insufficient or lack some clarity. One of the probing questions include **"What is that which makes it easy for you to support the individual to disclose to the sexual partner"**

Several open-ended probing questions were prepared and the researcher used these questions based on the flow of the conversation with individual study participant after the guiding question has been used (de Vos et al., 2014).

The semi-structured one-to-one interview had 2 parts. *Part 1* had demographic and biographical information which include age, sex, nursing qualifications, continuing education training related to HIV/AIDS care, length of service in HIV care among study participants. *Part 2* had an open-ended question to guide the conversation each study participants derived from the peer-reviewed literature, objectives and problem statement of the study.

The demographic information assisted the researcher to infer on the individual participant's information collected as the study findings are reported. The demographic information also assisted the researcher to affirm the inclusion and exclusion criteria to the study (de Vos et al., 2014; Ngumba, Wilson, Derrick & Mukherjee, 2018). There were about 13 prepared probing questions that assisted the researcher to ask further questions that would assist the researcher to seek clarity. Each professional who was individually interviewed was then invited to a focus group.

The guided opening question followed by probing questions assisted the researcher to have a conversation with individual professional nurses and explore the concept disclosure of HIV to partner. The topic of disclosure of HIV to partner is known to the researcher based on working experience and literature reviewed and this assisted the researcher in developing the interview guided. The researcher prepared a guiding question which was not aligned to any known themes related to the phenomenon under study. The guiding question that led the semi-structured one-to-one interview was open-ended and the way in which it was constructed, the wording was not confusing so as to allow the professional nurses to share experiences they encounter as they support PLHWA to disclose. The use of pilot study before the main study also assisted the researcher to identify the wording constructions of the questions on phenomenon understudy, because talking and sharing information related to support for disclosure of HIV among partners it is perceived difficult and challenging for professional nurses (Saiki & Lobo, 2010; Madiba & Mokgatle, 2015; Eustace & Iligan, 2011). The researcher was, therefore, able to obtain comprehensive and comparable data to code and examine the relationship of information obtained from individual professional nurses (de Vos et al., 2014; Alshenqeeti, 2014, Creswell & Creswell, 2018).

- ***A pilot study of the one-to-one interview***

A pilot study is a small-scale trial designed to test the methods to be used in a larger part of the intended study. The pilot study was conducted in order to identify possible weaknesses in the research questions and to subsequently refine them in order to limit problems in answering the planned questions during the main study (Polit & Beck, 2008; de Vos et al., 2014). The pilot study further determined possible participants' response to questions related to the phenomenon under study (Bless, Higson-Smith & Kagee, 2009). The pilot study further assisted the researcher to identify other responses and challenges that may arise during the interview process (Majid, Othman, Mohamad, Lim & Yuso, 2017). According to Polit and Beck (2008), Majid et al. (2017) piloting the data collection tool assist the researcher to:

- obtain clarity of the designed instructions including improving questions to be asked
- identify questions that are unclear or ambiguous,

- identify whether there are any major omissions in the questions set,
- Identify whether the layout of the questions is clear.
- Improve the criteria for selecting potential participants

For this study, the researcher pre-tested the questionnaire on 5 professional nurses who provide ongoing care to HIV-positive patients in one local clinic within the Capricorn district. The pilot study identified gaps in the type of questions prepared for probing. The gaps that the researcher identified is that although there was an opening question because of the nature of the study it was not easy for the participants to enter into the conversation easily with the researcher. The researcher therefore, added some probing questions like "**What makes it easy for you to initiate and follow up she / he has been able to disclose**". Based on the conversation related to the question the researcher was then able to identify that once the professional nurse has discussed, motivated the individual to disclose, there is no feedback on the progress and further support of the individual patients and it is also not noted in individual medical records to allow follow up. Some of the probing questions were not clear as the participants had problems in answering them. The researcher had to review the literature, objectives of the study and the problem statement. Probing questions related to the objectives of the study and literature were then added to probing questions. The exercise further assisted in estimating the time required to interview each participant. The estimated time was 45 minutes to an hour but however during the pilot study 2 of the participants could enter the conversation for about 25 to 30 minutes as it was challenging for them to discuss the topic hence the addition of probing questions to allow the participants to answer further on the topic under study.

- ***Number of interviews***

The researcher had sought to interview professional nurses working in the 5 wellness clinics of 5 hospitals in 5 districts of Limpopo Province. The initial plan was to interview all 25 professional nurses but some sites had problems with staff turnover of professional nurses. The researcher was, however, able to interview 16 professional nurses who met the inclusion criteria until data saturation was reached and were those available for interviews.

- *Interview setting*

Access to wellness clinics was provided by some district managers and hospital Chief Executive Officers and quality assurance officers after permission was granted by the head of the department of health Limpopo Province. The topic was discussed with the operational managers and starting date to collect data was obtained and appointments made.

Individual interviews were conducted in a place allocated by the operational manager of the clinic and which would provide comfort and privacy with minimal disturbance during the interview sessions. Invitation to attend the interview sessions was sought per written invitation through the operational manager with all the participants (de Vos, 2006).

- *Conducting a semi-structured one-to-one interview*

Before each semi-structured one-to-one interview session was conducted, the researcher provided an overview of the purpose, risks, and benefits of the research study. An initial presentation on purpose, risks, and benefits of the research allowed the study participants to make an informed consent. They were told that they do not have to participate if they do not want to. They were further informed that they also have the right to refuse to answer any question(s) if they feel it violate their rights, and that they can quit at any time if they feel like but they were informed that the information given by time of termination will be used for the purpose of the study. Each participant signed the informed consent (see Appendix 4).

The semi-structured one-to-one interview is conversational and it involves the collection of data through direct verbal interaction. The use of a guiding question formalized the conversation with the study participants as it was a conversation with a purpose (de Vos et al., 2014).

The semi-structured one-to-one interview further allowed the researcher to explore the lived experiences and the meaning that study participants attached to the phenomenon under study. The interview sessions conducted, therefore, permitted the researcher to make a follow-up on answers provided which led to obtaining more data with greater clarity of the questions which seemed to be ambiguous or confusing   to

the participants. The interview sessions also permitted greater depth than other methods of collecting data such as questionnaires (Amin, 2005; Polit & Beck, 2008).

The semi-structured one-to-one interview sessions assisted the researcher to generate more information from study participants without imposing his/her personal views related to the phenomenon under study (Polit & Beck, 2012). The semi-structured interview consisted mainly of the open-ended probing questions, the process assisted the researcher to gather in-depth information including the unexpected information on the phenomenon under study.

- ***Data gathering using a semi-structured interview***

The central question used was "**How is it for you to assists partners to disclose their HIV status to their partners**". Based on the professional responses the researcher used probing questions with open-ended questions related to the phenomenon under study to ensure that professional nurses are able to share experiences related to the practice of supporting PLHWA to disclose to partners. Paraphrasing was used to clarify the information that the individual professional nurses shared so as to create an understanding of the information shared. Paraphrasing is when the researcher use open-ended question to open the conversation with the study participant to increase the opportunity for the individual to describe freely and more on the phenomenon studied in a way he/she is able to portray the picture using own words (Evans, Roberts, Price & Stefek, 2010; Louw, Todd & Jimakorn, 2011).

The researcher allowed silence in between the questions by nodding and sounds like "hmmm" to encourage the participants to say more and indicating that the researcher is listening to the participants.
Although the researcher had read literature on the phenomenon studied he/she did not give personal views on the topic and or either being judgmental in what the professional nurses shared. The researcher used openly follow up questions (see Appendix 6).

- ***Digital recording the interview***

Digital recording is when the research interview sessions are captured using a digital apparatus and can be retrieved at a later stage (Centre for Strategy Research Boston, 2006; de Vos et al., 2014)

The researcher introduced the use of a digital recorder and obtained informed consent to record the information with each study participant. The researcher also indicated that the participants could discontinue participating whenever a need arises because participation is voluntary. Each recording had an index number which was noted in a notebook that the researcher had. The index number of digital recording was noted against the code kept in the notebook assigned to the individual participant. The code assigned to the individual participant was also noted on the demographic information. Participants were told about the demographic codes given which they subsequently note when entering conversation during the focus group to assist the researcher to infer on one-to-one interviews and focus group conversation and compare the information.

The use of digital recording assisted the researcher to replay to the participants so that he/she could listen to the conversation and each participant was asked if there is further information to add or wish to remove. The process of a replay of the conversation with each individual participant also assisted the researcher to validate participants on experiences shared. The added advantage of using a digital recorder, assisted the researcher to rewind to make meaning of the data collected. The relevant quotes obtained from the digital recording were further used in reporting the study findings verbatim. The use of digital recording further assisted the researcher to talk freely with study participants without interruptions of having to write the whole conversation. Field notes were written including non-verbal cues of each participant observed during one-to-one interviews sessions conducted.

- ***Field notes on the interview***

According to Schward (2015); Phillipi and Lauderette (2017), field notes indicate information that the researcher notes in writing during the conversation with individual participants related to the behaviors, activities he/she sees and hear relation to the questions asked during the interview sessions.

The researcher noted non-verbal cues like "hmm", hesitation and silence in answering the questions. The researcher observed that at the opening of the interview sessions the use central question made professional nurses be silent before answering. The participants had to pause which the researcher thought that this indicated that the phenomenon of disclosure of positive HIV status to a partner is difficult to engage a patient in. The researcher had an opportunity to ask probing questions in order to get clarity from the participants in the areas which were not clear.

The field notes, therefore, assisted the researcher to remember and record activities for the individual participant during the interview session conducted. The non–verbal cues and observation of the researcher were also compared to verbatim data to make sense of the meaning that the professional nurses attach to support for HIV positive individuals to disclose to partner.

- *Triangulation*

Triangulation is when the researcher uses a combination of more than one method when conducting the research study for example by using more than one research data collection methods so as to gather multi forms of information on the phenomenon under study (Creswell, 2014). In this study researcher collected data using semi-structured one-to-one interview followed by a focus group in order to elicit rich data for this study. Field notes and use of digital recording further assisted the researcher to capture all data during the interview sessions conducted. The use of multiple sources to collect data allowed the researcher to confirm the research findings could be validated for coherence with the research findings from stored recordings and field notes.

- **Focus group discussion**

Focus group discussion is a data collection method usually used in a qualitative research study, where the researcher assembles a group of study participants selected purposefully in a common venue (de Vos et al., 2014; Ngumba, Wislon, Derric & Mukherejee, 2018). Study participants are selected purposefully based on the judgment of the researcher to answer a research question.

- **Preparation and facilitation of data collections using focus group discussion**

The researcher used the ethical clearance from the Turfloop Research Ethics Committee (TREC) Appendix 1 (Ethical Clearance certificate no: TREC/53/2016: PG) to request permission to access the Limpopo Province health services institutions to conduct interviews. The Department of Health Limpopo Province gave permission to access health services at district level (see Appendix 2).

Professional nurses who were interviewed signed informed consent forms before they were involved in the interviews sessions conducted. The venue was, therefore, within the natural setting of the participants thus they not removed from their work stations. The venue was free from interruption such as noise. In each of the clinics where the focus group interview was conducted in the afternoon when most of the patients already seen. Snack was served prior interview sessions to make sure that each participant is at ease during the interview session (de Vos et al., 2014; Creswell, 2014). During the focus group interview sessions, the sitting arrangement was in a circular manner to allow a clear view between the researcher and participants. The researcher initially re-introduced the purpose of the group discussion as it was introduced during one-to-one interviews when the participants were invited. Each professional nurse who agreed and honored the invitation to the focus group interviews signed a consent form including consent to be audio recorded as per Appendix 4.

Each study participant continued to use the assigned unique number assigned during the interview sessions conducted. The focus group was used to enhance and validate the findings from the semi-structured interviews (De Vos et al., 2014).

Inclusion criteria

Professional nurses included in the interview sessions were expected to be registered with the South African Nursing Council. Only the professional nurses who were working in the wellness clinic were interviewed. They were expected to have 3 years or more working in the clinic and those who had an opportunity to be trained in HIV Counselling and training programme provided by the government.

3.3   ETHICAL CONSIDERATIONS

The researcher received ethical clearance from the Turfloop Research Ethics Committee of the University of Limpopo (TREC). Approval to access health services institutions and study participants was obtained from the Head of Department of Health Limpopo Province and the Research and Ethics Committee of the Limpopo Provincial Department of Health as well as District Health Managers, Chief Executive Officers, and Nursing Service Managers of the hospitals concerned. The following important ethical principles were adhered to:

- *Voluntary participation*

According to Babbie and Mouton (2009), voluntary participation is when the study participants voluntarily participate in the study with no special rewards such as payment. Participants were informed about the study objectives to allow them to make an informed decision in terms of their participation. Risks and benefits of the research were outlined to each participant's which include the wealth of information that the study would add to management and care of people living with HIV while aiming to improve the clinical practice for professional nurses. As soon as the study participants agreed to be part of the study they were requested to sign voluntarily written informed consent that included consent to audio record the interview session (Berg & Lune, 2014). The participants and researchers both signed the consent forms whilst the protection of the individual participant's anonymity was continuously assured.

- *Avoidance of harm*

The respondents were informed beforehand about the potential impact of the study. The questions were phrased in such a way that they do not demean the participant's integrity (Babbie & Mouton, 2009; De Vos et al., 2009).
The professional nurses were assured that the information they give will be confidential and that it would not even be shared with hospital management without their prior approval.

- *Informed consent*

The participants were given detailed information about the study and the techniques to be used during data collection, findings of the study, interpretations and reporting

of the study findings. They were informed that some questions may be personal but that confidentiality will always be ensured. The participants were requested to sign an informed consent form before participating in interview sessions conducted. They were informed that participation in the research study was voluntary, that they will not be forced to participate in the study should they feel intimated they are free to leave at any time should they so wish (De Vos et al., 2009).

- ***Deception of study participants and/or respondents***

The aim of the study was explained to the participants. They were also informed that the information collected will be shared with anyone except research supervisors. The protocol followed in the undertaking of the research was explained to the participants and the letters from both the University of Limpopo and the Department of Heath were shown to the participants (De Vos et al., 2009).

- ***Violation of privacy/anonymity/confidentiality***

The researcher used the clinic premises to conduct the interview sessions in a private room allocated by clinic managers. The information collected was handled as confidential as it was not supposed to be shared with any person who is not involved in the study. The names of the participants were not used anywhere in the report but numbers were allocated to each participant. The researcher, however, kept the names and the codes in a small pocket booklet to enable her to do follow up with the participants if necessary.

3.4   DATA ANALYSIS

Data analysis of raw data using Tesch's eight steps was a systemic process of analyzing verbatim data and field notes collected (Creswell, 2009). The data analysis method used involved the following steps:
- The researcher initially read all transcribed data and started to write down ideas on the margins as they come to her mind on each transcript.
- The researcher then picked the most interesting of the transcribed raw data from the rest of the pile, carefully read the transcript to make sense of the meaning of the information collected. Meanings, as attached by the research

on what the participants shared on the phenomenon under study, was jotted on the margins of each transcript

- The researcher then wrote down the list of all topics based on the collected data and grouped similar topics together. Topics were subsequently organized into columns of either major topics, unique topic or those that could be classified as leftovers.

- The researcher then went back to the verbatim transcripts with topics written in columns to organize them into codes and wrote the codes next segment of the transcribed text. The researcher then checked if there are any new codes that emerge as codes are allocated to the data collected.

- The researcher then tried to find wording that best describes wording of topic and reduced the total list of topics and will turn them into categories by grouping the topics that relate to each other. The researcher subsequently draws lines between categories to show the interrelationship between these categories

- The researcher then made a final decision on each category and wrote them alphabetically

- Categories we then grouped together to start making sense out of the categories and start with an analysis of data

- The researcher did recode of the existing data as a need aroused.

3.5 TRUSTWORTHINESS OF THE RESEARCH DESIGN USED

The researcher used the following four alternatives of constructs for trustworthiness to ensure that the study followed reliable and validated procedures that should be undertaken in qualitative studies:

- ***Credibility***

Ethical clearance to conduct the study was obtained Turfloop Research Ethics Committee of the University of Limpopo (TREC). Approval to conduct the study and to access selected health services institution was obtained from Head of department Limpopo Provincial Department of Health in Limpopo Province as well as the District Health Managers, Chief Executive Officers and Nursing Managers of the selected hospitals. Professional nurses who have been working in the wellness clinic for more than three years had the legibility to be part of the study. Participants' own words   in

the transcription of the interviews sessions conducted are used to report the study findings. The following procedures of data collection and analysis were used to improve the credibility of this study:

- **Prolonged engagement** as part of credibility is when the researcher engages within the context of the study the participants whereby time spent with the participant takes long during data collection in order to elicit rich data from the participants (Anney, 2014). In this study, the research prolonged engagement was established as the researcher had an interview session and focus group for approximately 45 minutes to an hour each and stayed in the field over a period of about three (3) months during March to May 2017.

- **Member checking** in the form of a follow up on an interview which was conducted whereby the study participants is asked to confirm if the data collected presents what he/she wanted to convey to the researcher. It also wants to find out if there is any additional information that the study participants think he/she could have voluntarily shared but was not shared during the first encounter (de Vos, 1998). The information recorded on individual participants was replayed to individual professional nurse and they were requested if that is what they meant and ask if there is any additional information that they want to share with the researcher. **Paraphrasing** is when the researcher seeks clarification from the study participants by summarising the information shared during and after the interview session (Anney, 2015). In this study, the researcher provided a brief summary of what the professional nurses shared to clarify with them what was shared with the researcher.

- *Dependability*

Dependability in research is determined by the extent to which the study is consistent in its inquiry process which includes the techniques used in data collection, discussion of findings, interpretations of findings and recommendations of the study (Polit & Beck, 2012). Dependability also seeks evidence that indicates the research process used could be replicated, with the same subjects in a similar context and its findings would be similar (Babbie & Mouton, 2009). In this study the researcher used purposive sampling as she had knowledge that professional nurses who provide comprehensive HIV/AIDS care are trained in HIV/AIDS and have the knowledge required for the study.

An independent coder who is a researcher and was not part of the study was requested to analyze data independently by giving her field notes and transcribed data. Interview notes, field notes, and audio recordings are kept safely for an audit trail to determine acceptability and prove that data was collected from participants themselves. On an ongoing basis, the supervisor provided guidance and feedback to the researcher on the academic acceptability of the research study processes.

- *Transferability*

Transferability is the criteria against which applicability is measured in a qualitative study. It is an assessment of the ability of study processes, study findings and the ability to transfer study findings to another similar situation. In reporting the research design of this study the researcher had described in detail the data collection process including the rationale for purposive sampling. According to Babbie and Mouton (2009) thick description of a research, method ensures that other researchers can read and apply the research method used in another research study. In this study, the applicability of one set of data was achieved through triangulation of data collection method through the use of semi-structured one-to-one interview and use of focus group (de Vos et al., 2006).

- *Confirmability*

Confirmability of study findings includes an agreement between two or more researchers about the relevance, accuracy, meaning, and objectivity in relation to the study title, study objective and research problem (Polit & Beck, 2012). This research study was supervised by one supervisor and external examiners were appointed by the University to externally assess the research report. The research report will be compiled and the research results communicated to the Department of Health. The research results will be communicated to professional peers in the form of the presentation of papers at a conference and peer-reviewed journals. Voice recordings and field notes are kept safe to ensure the audit trail. The proposal, research results, and the project report will be presented to peers and research committee for critiquing before it being submitted to external examiners (Babbie & Mouton, 2009).

3.6   REFLECTIVE SUMMARY

Undertaking a research study that sought to establish the experience of professional nurses as they support PLHWA to disclose HIV status to partner is a challenge both in accessing health services and talking to professional nurses themselves. A qualitative research method with a phenomenological research design was used whereby explorative, descriptive and contextual aspects included assisted the researcher to go through the research methodology process to address Objective 2 of Phase 2 of the study. The one-to-one semi-structured interviews with a guide and the focus group were used to have a conversation with a purpose to determine the experiences that professional nurses have in providing support for PLHWA to disclose to partner. Accessing the health service through permission letter from the Provincial Department of Health Head of the department, district office and hospital management assisted the researcher in accessing the health services swiftly with management support to have a conversation with study participants. Purposive sampling also assisted the researcher to access the professional nurses as the managers were able to provide access to the necessary department where the researcher was able to access them. Once permission was provided to access the study participants the researcher together with operational managers and study participants were able to allow interviews in a way that it does not disturb service delivery. The researcher was in each hospital for a week or 2 and sometime could spend a day without interviews due to some other pressing work expectations of the participants. Staying in the research site for 1 week or more allowed the researcher to get more acquainted with site whereby the participants provide the health services, including improving the relationship with study participants as one of the important principles of trustworthiness of the qualitative research. The researcher further had a chance to have member check in a form of follow up to replay the information shared and check as to whether there is any information that the professional nurses did not share and they think it would be important to add to the existing information.

The researcher was able to start data analysis and shared the research process with the supervisor who from time to time was able to provide support and guidance necessary to continue with data collection. During data analysis, it was evident that the use of independent coder assisted the researcher in confirming and agreeing on the themes that were drawn from the collected data.

3.7   CONCLUSIONS

Chapter 3 discussed the research methodology and research design that the researcher used to investigate the phenomenon studied. The sampling of research participants and methods used to collect data and analysis was also discussed. Chapter 4 will discuss the research findings.

CHAPTER 4

DISCUSSION OF RESEARCH FINDINGS

4.1   INTRODUCTION

This chapter discusses the research findings of the study based on the experiences shared by professional nurses during the interview sessions as they provide support to people living with HIV to disclose to the partners. The semi-structured one-to-one interview with guide and focus group discussion was used to collect data. The first portion of the interview guide was meant to collect demographic information of the professional nurses. The demographic information collected assisted the researcher to infer on the information obtained from the semi-structured one-to-one interview and focus group results to improve understanding of the phenomenon under study. Sixteen professional nurses were interviewed until data saturation was reached. Demographic data collected were analyzed using graphs. Verbatim data was analyzed using Tesch's open-coding method and themes that emanated from the professional nurse's verbatim information are presented in themes and sub-themes.

The study findings represent Objective 1 which is in Phase 1 of this study: -

Phase 1 – Situational analysis
Explore and describe professional nurse's experiences during the support they provide to HIV-positive patients to disclose their HIV status to their sexual partners.

4.2   DATA PRESENTATION

The Demographic data of Professional Nurses
The total number of professional nurses working in the wellness clinic on all sites is 25. The researcher was able to interview 16 professional nurses who met the inclusion criteria of the study. The study, therefore, included a total of 15 female professional nurses and 1 male. The age range of professional nurses was between 31 and 56

59

years. Three (3) were between 31– 35, 36 – 40 Four (4), 41 – 45 One (1), 46 – 50
Four (4), 51 -55 Two (2) and 55 – 60 (two) 2.

N= 16
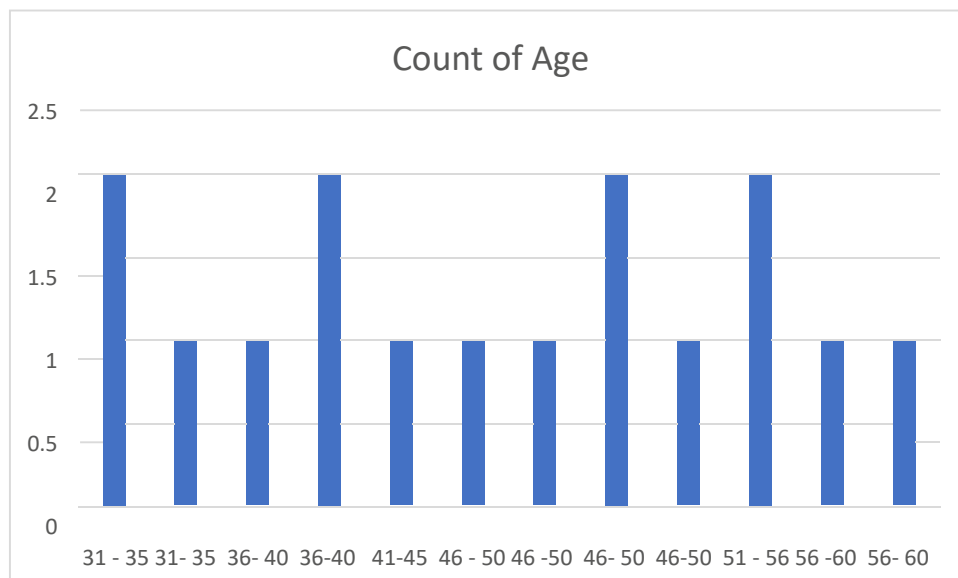
Figure 4.1: Age structure of study participants.

Out of 16 professional nurses interviewed only 14 have a basic diploma that allowed
them to register as professional nurses and practice in South Africa according to the
South African Nursing Council (SANC, 2005). The age range of study participants was 31
to 56 years.

Table 4.1 Qualifications of Research Participants (n=16)

Qualifications	Number of Professional Nurses
BA CUR et al in Community Health Nursing and Administration	1*
Diploma in Health assessment Treatment and Care	1*
BSC	1
Basic Professional Diploma in Nursing Science	16

Items marked with * are additional to the Basic Professional Diploma which leads to
registration as Professional Nurse.

One out of the 16 professional nurses has a postgraduate in Nursing administration and Community Nursing Science, one has Bachelor of Science. Another professional nurse has a additional diploma in clinical health assessment treatment care and all other 13 professional nurses have a nursing diploma in a form of bridging course or nursing college diploma.

Eleven (11) Professional nurses indicated that they did not receive any training in HIV disclosure to partners, however only 6 acknowledged that support for disclosure is discussed within other training like Prevention of Mother-To-Child Transmission (PMTCT) and Couple Counseling not as a stand-alone topic. Therefore, it was indicated that it has somehow enabled them to discuss issues on disclosure to partner with an individual client they consulted. All the professional nurses have undergone Basic HIV Counselling Training and others with additional training in PMTCT, Nurse-initiated antiretroviral training, HIV and TB collaboration, some in Adolescent HIV disclosure management.

All 16 professional nurses are Christians. The 5 professional nurses have undergone all training and are also having a chance of attending conferences and other discussions around HIV in the district, province and nationally. Range of working in the programme range from 3 years to 12 years.

4.3 THEMES AND SUBTHEMES REFLECTING THE EXPERIENCES OF PROFESSIONAL NURSES

Table 4.2. Themes and Subthemes

Theme	Subtheme
Theme 1: Description of how professional nurses translate the concept disclosure of HIV status to partner in the practice	**1 .1.** Disclosing to partner is a difficult task **1.2.** Timing for disclosure is dependent on the individual social, psychological and economic circumstances **1.3.** Lack of translation and integration of learning in training workshops to real clinical practice

Theme	Subtheme
	1.4. Existence of cultural and religious beliefs influence disclosure of HIV-positive status
Theme 2: Strategies used by professional nurses to support PLHWA to disclose to partners	2.1. Facilitated couple counseling and testing for mutual disclosure is encouraged 2.2. In-house clinic support groups led PLHWA to assist disclosure 2.3. Multidisciplinary team approach and clear referral system motivate disclosure
Theme 3: Experiences of professional nurses related to supporting PLHWA and their partner	3.1. Age level of experience, continuing learning programme offered influence knowledge and practice 3.2. Difficult to disclose due to the stigma associated with the diagnosis 3.3. Gender disparity and patriarchy is a challenge to manage disclosure 3.4. Disclosure enhance mutual to manage taking treatment 3.5. Cultural practice influence disclosure 3.6. Mutual counseling and testing does not always guarantee support post disclosure
Theme 4: Challenges expressed by professional nurses related to support for a partner to disclose	4.1. Adherence to ART is an essential component versus modification of sexual behavior 4.2. Lack of disclosure result in poor adherence and positive treatment outcome 4.3. Gender inequality unfavorable for disclosure 4.4. Stable sexual relationship, especially among women, improve post disclosure support

Theme	Subtheme
Theme 5: Ethical knowledge and practice related to supporting for disclosure	5.1. Provision of health information and education to allow informed consent to disclose to a partner 5.3. Confidentiality ensured despite the outcome of disclosure 5.4. Anonymity ensured, acceptance and uniqueness of individuals
Theme 6: Consequence and benefits of disclosure among partners	6.1. Adherence achieved with improved quality health 6.2. Mutual disclosure assist couples in family planning

PRESENTATION AND DISCUSSIONS OF FINDINGS

Presentation of the research findings includes demographic information of the study participants, professional and academic qualification including continuing learning programmes that participants attended related to HIV and AIDS care. Years of experience in relation to working with PLHWA within the wellness clinic is also presented in the form of a graph and a table. Qualitative research findings are presented in the form of tables with related six themes and sub-themes that emanated from the experiences that were shared by study participants related to the topic under study.

THEME 1: DESCRIPTION OF HOW PROFESSIONAL NURSES TRANSLATE THE CONCEPT DISCLOSURE OF HIV STATUS TO PARTNER IN PRACTICE

Table 4.3 Theme 1 and subthemes

Theme	Subtheme
Theme 1: Description of how professional nurses translate the concept disclosure of HIV status to partner in the practice	**2 .1.** Disclosing to partner is a difficult task **2.2.** Timing for disclosure is dependent on the individual social, psychological and economic circumstances **2.3.** Lack of translation and integration of learning in training workshops to real clinical practice **1.4** Existence of cultural and religious beliefs influence disclosure of HIV-positive status

Professional nurses indicated that is a difficult task to support PLHWA to disclose to partner based on individuals it may take time to consider disclosing to partner(s). There are cultural, religious, psychological, economic and social challenges that an individual has to consider before disclosing hence taking some time to do so. Although the procedure that the professional nurse could use is discussed in various workshops that they attended, learning is difficult for them to translate in the practice given   the

live challenges of PLHWA as observed by professional nurses. This emerged in the subthemes of these themes and are discussed as follows:

Subtheme 1.1: Disclosing to partner is a difficult task

Findings that emanate from Theme 1 indicates that professional nurses to discuss the importance of disclosure of HIV-positive status to partner in practice during the post – counseling session. Professional nurses indicate that individual diagnosed with HIV-positive status share that it is difficult to disclose their status to partners. Reasons cited that prevent disclosure of the HIV-positive status to partners among people living with HIV includes the following:

Being afraid that sharing HIV-positive status may be interpreted as being unfaithful to a partner, promiscuous and hence it is not easy for individuals, in general, to easily disclose. Other reasons shared by predominantly females include fear of gender violence, loss of economic support especially for those unemployed and fear of separation and dissolution of the marital relationship.

Professional nurses also find it difficult to support people living with HIV to disclose because at the initial stage they are in denial of the diagnosis and need to identify a reliable person to disclose to. Once the individual diagnosed with HIV and has indicated a specific challenge, the professional nurse only advice on the use of condoms to prevent secondary infection but those individuals who are sexually active there is no any other service provided like use of prophylaxis that may assist to prevent transmission of HIV and reinfection as the individual is struggling to find ways to disclose. The following are subthemes have emerged for Theme 1:

Subtheme 1.1: Disclosing to partners is a difficult task

The findings found that it is difficult for individuals diagnosed with HIV to disclose the status on their own to partners and even relatives. Some of the people living with HIV are able to do so on their own but others would appreciate the support of health professionals and another trusted person as they disclose. Fear to disclose may be due to economic and social support related to the relationship which might be compromised post disclosure of the HIV diagnosis. The following are some of the excerpts shared by the participants:

"…it's tricky sometimes because remember the clients will vary at some point- then some it is difficult for them to disclose their HIV-positive status to their partners".

Another participant said:

… "when you are burdened with an HIV status or maybe if like sometimes as people we like thinking it is simple just tell a person or whatever but when you are faced with the situation by yourself it is very difficult … it helps to know how strong the relationship is with others. Those who stay with partners I think is better because I think they have been through a lot you know they can say argh!!! this is the father of my children and we have this support, but with young people is verydifficult…".

Another participant said:

"……It is not easy because the patients themselves they have fear of rejection and the fear of losing their partners so most of the times we encourage them to disclose because the treatment works only if you have accepted within yourself and there is support that you get, but it is not easy because we findchallenges…".

Findings of this study are comparable to that of Tshweneagae, Oss, and Mgutshini (2015) study in Northern Cape, South Africa who pointed out that disclosing HIV status is difficult among people living with HIV. Individuals indicate that initiating such revelation is challenging. Study participants, however, continue to acknowledge that it is important for them to disclose to partner to protect and halt transmission of HIV. Stutterheim, Shuripinda, Bos, Pryor, de Bruin and Nellen (2011) also found that health professionals experienced that support to people living with HIV/AIDS is a challenge as individual clients have unique challenges that include fear of stigma, fear of loss of social support, rejection and other social problems that prevent them to disclose their HIV status to their partner. The study suggests that the presence and knowledge of these social interaction challenges that people living with HIV may be facing, professional nurses should be alerted to be cautious and not just assume that it easy to disclose their HIV status to their partner. The study further suggests that knowledge of social interaction challenges that people living with HIV/AIDS are facing guide professional nurses on the importance of weighing costs and benefits of disclosure of HIV status to a partner. Health professionals including professional nurses should use individual challenges that prevent disclosure to partner to provide a tailor-made ongoing safe environment for counseling that would allow individually to safely

disclose and prevent transmission of HIV to partner. Individual-centered counseling that include acknowledgment of social and cultural knowledge should guide counseling sessions offered to people living with HIV/AIDS who have challenges to disclose to partner.

Matthew et al. (2014) study which was conducted in South Africa further found that health providers are overwhelmed by an increased incidence of HIV because the number of people whom they have to provide individual care to is many. Professional nurses, therefore, continue to miss an opportunity to provide conversation to individuals living with HIV/AIDS, a conversation that provides the importance of sexual risk transmission of HIV to individuals diagnosed with HIV in which disclosure to partner is a component that reduces transmission of HIV to the unborn child. The study, therefore, also suggests the importance of follow up on providing tailor-made sexual risk messages to individuals on ongoing comprehensive HIV/AIDS care by health professionals at the clinics that provide HIV/AIDS health care services.

Madi et al. (2015) study conducted in India, however, indicates that although people living with HIV may delay disclosing to partners due to fear of abandonment and relationship dissolution but those who are on antiretroviral and receiving ongoing counseling on benefits of disclosure are able to do so with acceptance and support from partners.

Subtheme 1.2: Timing for disclosure is dependent on the individual social, psychological and economic situation

The study found out that professional nurses indicate that disclosing HIV-positive status to the partner is not easy for individuals to do so instantly, some take time as they try to identify an opportune moment to do so. Professional nurses, therefore, continue to motivate individuals living with HIV to disclose the status to partners.

The following statement is what was shared by one of the study participants:

"Is not an easy thing for us because you might find that the patient is under stress at that moment but we have to encourage him/her politely so as to understand what you telling the patient …".

Another participant with a similar opinion said:

"……………….. We encourage them to disclose to partners because we know it is difficult especially on the day of the test results. Most of them are in shock and they are unable to comprehend it considering to disclose to partner which is another tough part especially for women. How can she do that because it is always going to be difficult whilst in a shocking state to disclose……?"

The research findings corroborate with the suggestions made by Serovich's (2001) theory of disease progression that indicates that disclosing an HIV-positive status to a partner as well as to relatives and friends is not an easy task for PLHWA. It may take up to two years for some PLHWA before they are able to do so, because of the social stigma attached to the diagnosis. Mahommed and Kissinger (2006) also discovered that disclosing an HIV-positive status to a partner is a complex decision as it may be linked to other behavioral practices of the individual which HIV-positive patient may not be free to make known to others. The findings corroborate with those of de Wet, du Plessis and Klopper (2013) in North West Province South Africa wherein once off pretest and post-test counseling was found not to be adequate to psychological and social support to PLHWA to comprehend the behavioral adjustment associated with the diagnosis which would curb transmission of HIV and improve quality of life. The study further indicates that PLHWA needs more time and extended information sharing with health professionals to comprehend sexual behavioral living adjustment associated with living with HIV/AIDS.

Subtheme 1.3: Existing lack of translation and integration of disclosure to partner through multiple training workshops offered in clinical practice

Some professional nurses especially those who have not attended multiple HIV/AIDS training workshops and are not in management continue to have challenges in using multiple skills and opportunities to follow up discussion, to support and talk about disclosure to partners. Some continue though they don't have an understanding of disclosure as discussed in some of the training workshops that they have not attended resulting in not having an opportunity to discuss such issues within their work environment. There is no in-house training and discussion after training workshops conducted in order to discuss and adapt what was presented to the working situation of the individual professional nurse's post. The following are excerpts of professional

nurses who worked for less than five years but more than 3 years based on this research inclusion criteria:

"There is no training that only address disclosure to partner specifically. The issue of disclosure to partner is embedded in other training for example in PMCTC training but not as a stand-alone training".

Another participant said:

"*Professional nurses who is trained on HIV/AIDS counselling for pediatrics and adolescents could not imply such learning to provide support to partners*".

The following is the information that was shared by one professional nurse:

"Disclosure of HIV status to partner is discussed in some of the training not as training alone for partners. The one that I attended is on children and disclosure not for partners. It is also a difficult part of HIV care……".

The participant further said: *"No, I am not trained to support patients to disclose to partner"*

The findings are similar to those of Matthews, Milford, Kaida, Ehrlich, Ng et al. (2014) that in South Africa professional nurses could not translate knowledge from other related training that address disclosure of HIV/AIDS to partner in clinical practice as they provide follow up care. The omission includes HCAT for PLHWA on how to reduce transmission of HIV to partner and the unborn baby. Crankshaw et al. (2014) described that health professionals were found to be uncomfortable to deal with interpersonal challenges due to personal negative experience related to results of disclosure of HIV- positive status and prevent them from continuing to motivate people living with HIV and having challenges to disclose.

Subtheme 1.4: Existence of cultural and religious beliefs influencing the disclosure of the HIV-positive status

The study found out that religious beliefs and practices including that culture influence the choices of disclosing HIV-positive status to partners both male and females respectively. Religious influences of some faith-based organisations were viewed as supportive and able to encourage mutual HCAT with disclosure of the HIV status including during the pre–marital counselling. Cultural practices were however found

to exacerbating the inability of women to disclose. Cultural practices and beliefs were found to prevent women from disclosing to the partner. The following are some of the narratives that were shared by the one of the study participants:

"*Religious practice and welfare support of some churches provided people living with HIV with the strategies to enhance disclosure of the HIV status among partners.*

This was confirmed by the participant who said:

"As a youth pastor I give myself to talk to youth especially those who wants to get married… I however miss some of them for example the lady who got married and after 3 months she was sick with diarrhea and losing weight. When talking to the lady I found she said she was a virgin when getting married the husband also indicated that they must do HIV testing before officiating the marriage I was not part of that but I encourage the pastors to do that during marriage counselling and I am not sure how this was missed".

Another participant with the same experience said:

"*HIV programme is connected to a community structure like the faith healing and it does help… It does help our key partner in the ZCC church over and above that some of the other things as well; like the provision of other material resources so as to ensure support on HIV and other youth development projects.*"

Zou, Yamanaka, John, Watt, Ostermann and Thielman, (2009) indicate that religion and other beliefs shape everyday life activities of the people especially in countries with a high burden of HIV like in Sub–Saharan Africa. Several religious practices and beliefs assist in prevention of HIV/AIDS which include prevention of alcohol intake, discourage pre–marital and extra marital sex, circumcision, formation of youth groups and salvation prayers. For the member belonging to faith-based organisation a religious group in some study participants improved knowledge and attitude on HIV/AIDS prevention.

Religion and faith play an important role in shaping social norms, attitudes and beliefs in HIV disclosure and prevention among its members but however can foster positive and negative influence based on the compatibility of the HIV prevention intervention with stakeholder belief system (Ochillo, Teijlingen & Hind, 2017). Positive intervention of religion and faith support were found to be spontaneous and available for those who disclose to senior pastors and their wives in church, high stigmatised disease those

diagnosed with the infection, including those are married and attend the church may not significantly utilise the available church services (Root, 2009).

Syed et al. (2015) explain that some religions suggest that HIV portrays pre-marital sex which is religiously forbidden, possible multiple partners and sex outside marriage which increase the sexual behaviour of not disclosing to partner (wife and husband included) and being unable to negotiate the use of protection. Cultural practices shape what is considered ideal in the society. In marriage, culture shapes what is considered ideal trust and intimacy in a sexual relationship. This include the practice of multiple partners, a marriage with a big age gap, male and female sexual practices. The relationship in cultural marriage encourage multiple partners existing in the current marriage, the gender relationship that encourage male dominance and female submissiveness which may prevent a woman to negotiate use of condoms or even communicate safe sex in the presence of HIV. The status of man and woman culturally increase the transmission of HIV/AIDS infection (van Standen & Badenhorst, 2009). Syed et al. (2015) study also indicates that HIV is intertwined with moral, religious and social existence as participants were found to belief that HIV infection is a punishment from God especially among homosexuals.

Kennedy, Harbalen, Amin, Baggaley and Narisimhan (2015) study also suggests that integrating social, cultural and structural context aspects with bio-medical clinical approaches can maximize the HIV transmission and incidence endeavors that aim at control and prevention of the infection. The involvement of faith-based organisation in HIV prevention, provision of support and food, prayers and burial rites to PLHWA contribute to integrated HIV/AIDS care endeavors. To PLHWA religious beliefs that associate HIV with shame and stigma has prevented them to access comprehensive HIV/AIDS care including the inability to disclose to partners (Zou et al., 2009). Syed (2015) also suggests that involvement of religious groups could assist in misconceptions around HIV that could contribute to HIV control and awareness.

4.3.1 Reflections on Theme 1: Description of how professional nurses translate and experience the concept disclosure in practice.

Translation of concept disclosure among professional nurses in support of partners

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living with HIV to disclose is difficult and challenging for health professionals and PLHWA to discuss on continuous basis. To continue to support and motivate PLHWA to reveal the status is regarded as difficult for professional nurses due to fear associated with disclosure of positive HIV status as PLHWA fear abandonment, dissolution of the relationship and abuse related to the revelation of the status due to infidelity that might arise. It is therefore, challenging for the professional nurse to continue to do so in the light of fears of PLHWA and the anticipated outcomes emanating from the revelation of the diagnosis.

Professional nurses further indicate and acknowledge that it is not easy for individuals to disclose to partners, some may take longer to disclose depending on the type of relationship they have. Professional nurses refer PLWHA who are unable to disclose to social professionals and psychologists for support individuals to consider disclosure. Professional nurses were able to indicate that they advise PLHWA who are unable to disclose to partner to use condoms but however could not indicate on the advice of those who are in abusive relationship who may find it difficult to indicate such information. Professional nurses lacked knowledge on further support to be provided to PLWHA who are not able to disclose and not able to negotiate safe sex in the presence of HIV diagnosis. Part of the highlights of the research findings is that once PLHWA have shared the challenges that they have or have encountered there is no community support programmes to provide support for individuals. The clinic does not have a network for support of individuals with specific unique challenges to enhance continued support that could enable safe disclosure and provide support of controlling transmission of HIV to partners.

Professional nurses indicated that they did not receive training on support of HIV disclosure among partners. Some indicated that the training is embedded in other training such as PMTCT. Professional nurses with extended training and several trainings related to HIV and who have worked in the wellness clinic for 5 years or more do try to assist and support HIV-positive people to disclose to partners. This is aimed at relieving the psychosocial burden associated with the diagnosis as indicated in one of the themes below. Those with fewer training are not sure of how to go about. The lack of and inability to support PLHWA to disclose to partner is serious limitation for professional nurses to have a meaningful contribution to control HIV transmission.

The researcher therefore, suggest that professional nurses need to be assisted to upgrade and update their ability to translate what they learned theoretically on support for disclosure of HIV status to partners in practice. Eustace and Ilagan (2010) as they suggest on disclosure of HIV-positive status to the partner and the ability of the individual to do so, is complex as it includes a range of views which included social, economic and cultural perspective in its process. The management of this broader perspectives in the practice of professional nurses has been found to be a daunting task that needs effective innovative strategies to support professional nurses to contribute support for PLHWA to disclose to partner and control the spread of HIV among partners. This could include an example to consider a network or initiation of support groups that also include support for economic support in a form of formation of small income generating projects, discussion groups with small groups of PLHWA and those affected.

THEME 2: STRATEGIES USED BY PROFESSIONAL NURSES TO ASSIST PLWHA IN DISCLOSING THE HIV-POSITIVE STATUS TO THEIR PARTNERS

Table 4.4 Theme 2 and subthemes

Theme	Subtheme
Theme 2: Strategies used by professional nurses to support PLHWA to disclose to partners	2.5. Facilitated couple counseling and testing for mutual disclosure is encouraged 2.6. In-house clinic support groups led PLHWA to assist disclosure

The study found that professional nurses use different strategies to support people living with HIV to disclose. Those in senior posts and having worked in the program for more than five years try to manage disclosure support better than those with less experience. This have emerged on the three subthemes of this theme discussed as follows:

Sub-theme 2.1: Facilitated couple counselling and HIV antibody testing for mutual disclosure is encouraged

Research findings indicate that professional nurses encourage PLWHA to bring their partners for couple counselling to provide mutual counselling, HIV antibody testing and

disclosure of the HIV status. PLWHA who are having fear to disclose to partner are encouraged to bring the partner and professional nurses pretend as though they are not aware of individual HIV status and offer couple HCAT that provide an opportunity for couples to share individual HIV status. The following are some of the excerpts shared by professional nurses:

"*Of course, we do especially those who do have problems in disclosing to their partners. We do really encourage them to bring them over on one on one programme just mentioning couple counselling to be able to facilitate them to disclose*"

Participants outlined how they pretend as though they are not aware of the status of one partner and provide couple HCAT. The following are some of the excerpts:

"………….. when I establish that it is going to be difficult to disclose I normally say how about bringing your partner here and when I test you, it will be as if it's for the first time together as a couple and we establish ground rules at the beginning and explain the, outcome and what to expect. Then you find out from them to say, if you find that your partner is positive how are you going to react?

"……. Even today I did the health education encouraging them and I told them that if they don't want to disclose they can bring partners for testing and can test them at the sometime ………"

"Then I say ok it's good that you came………Then I pretend as if I don't know anything and then I encourage this one to open up……... And say it in front of me, and then after disclosing it then, it`s the way the status it`sdisclosed".

"I do encourage them to come and then if the partner does disclose then I`ll test the other one in front of the other".

Kairania et al. (2010) study indicate that individuals are unable to disclose the HIV status when they are not aware of the partner's HIV status. The study however validates that facilitated couple counselling by health professionals is one strategy that can enhance disclosure among partners especially where couple counselling is linked to provision of antiretroviral treatment. Sensitization meeting where partner of PLWHA, are invited to a meeting with HIV negative people to mask those who are HIV-positive. Sensitization meetings discussed the benefits of disclosure of HIV-positive status to partners.

Facilitated couple HCAT during antenatal care of women who are HIV positive, enhance male involvement in prevention of Mother-To-Child Transmission (PMTCT) (Nyandat & van Rensburg, 2017). Nyandat and van Rensburg (2017) in Kenya study found that facilitated couple HCAT with support of health professionals for mutual HIV status among pregnant women enhanced involvement of male partners in support for adherence to antenatal care visits, prophylaxis and uptake of appropriate feeding options for the baby that is aimed at eliminating PMTCT among HIV-positive mothers. Extended family pressure does influence infant feeding especially in rural African

setting. A woman who has opted for bottle feeding may introduce mixed feeding due to extended family pressure. The involvement of male partners is important to avert such occurrences (Madiba & Mogatle, 2015; Yonah, Frederick & Leyna, 2014).

Subtheme 2.2: In-house clinic support groups led by people living with HIV assist disclosure

Professional nurses continue to use PLWHA to support each other during clinic session to encourage disclosure of HIV-positive status. These people are encouraged to support each other on experiences of living with HIV and how to adjust lifestyle for quality of life to be maintained. Professional nurses indicate that some people living with HIV prefer that health education on lifestyle and sexual behaviour including challenges be facilitated by themselves to encourage each other. The following are some quotes which supports these findings:

"We have the patient support groups on monthly basis we group them according to their cohort and we have teenage support group also. These are created so that they support one another, they discuss their problems on how they are coping and how did they know of the HIV-positive status and then they even formed a support group on those who were suppressing on what challenges do they have with this treatment and now they are improving"

Participant indicate that discussion on disclosure of HIV to partners should be allowed to be led, supported and the process should be owned by people living with HIV. This was confirmed by the participant who indicated that:

"Yes, we were not running the support group they support themselves and it is very difficult to motivate the patients while you are not at their level, because they will be saying I don't understand what they are saying hence you don't have an experience. For example, I arrived at work there was a lady who I was not aware that she was HIV-positive and that lady was saying that 'this is our disease".

Another participant said: ……… "*I think they understand more and get more knowledge from the nurses and be able to support each other. Additionally, patients are knowledgeable because most of the things that are discussed all over the media because they listen to the radio*".

The findings are similar with those of Batenganya, Amanyeiwe, Roxo and Dong (2015) and Populations Council and the International Alliance (2003) in the study conducted

in Burkina Faso, Ecuador, India and Zambia indicate that, the use of support group in

health setting offers an opportunity for health providers to provide information on HIV/AIDS. The inclusion of PLWHA and facilitation of support groups further promote sharing of experiences among the group. PLWHA when they belong to support groups encourage each other, build self-esteem and increase coping skill and psychosocial functioning skill necessary to adhere to treatment and to accept HIV-positive as a chronic condition.

Klopper, Stellenberg and van der Merwe (2014) indicates that support group are essential in providing comprehensive HIV/AIDS care and support for disclosure of HIV-positive status among partners. Additionally, Klopper et al. (2014) indicate that support groups assist in relieving anxiety and stress related to the diagnosis as they encourage each other and assist individuals to cope with the diagnosis.

Subtheme 2.3: Multidisciplinary team approach and clear referral system motivate disclosure

The use of multidisciplinary team that include social professionals and psychologist assist the professional nurses to refer patients with challenges to disclose and thus enhance the ability of PLHWA to disclose to partners. The following are some of excerpts shared by study participants:

"*Yes, if we realize that the patient is taking long because of the disclosure then we refer the patient to the psychologists. Fortunately, we are in a hospital we have multi-disciplinary teams, we've got social workers and psychologists so we refer to them for they help us with those kinds of issues"*.

"Yes, we are having a multidisciplinary team here we refer them to social workers and psychologists we have them in the hospital and they do assist".

Multidisciplinary care teams are health care teams which include both clinical and non-clinical providers of health. Multidisciplinary teams in HIV comprehensive care, perform interdisciplinary tasks that complement each other, optimize treatment outcomes and are based on the complex needs of PLWHA. Multidisciplinary team reduce barriers to health care for PLHWA, as health services are integrated and tailor made to specific needs of individuals as needs of PLWHA change overtime (Ojikutu, Holman, Kunches, Landers, Perlmutter & Ward, 2014). Holloway and Sedibe (2013)

and Ojikutu et al. (2014) motivates that a multidisciplinary team with a multipronged approach that is based on the context of the population served, improve the quality of health, adherence to treatment and behaviours modification. The multidisciplinary team are able to refer to each other in an integrated approach, improve lifestyle, mental health, decrease alcohol and substance abuse that lead to individuals reaching undetectable viral load which improve quality of life for PLWHA. Holloway and Sedibe (2013) therefore, motivate a change from traditional health care model to an innovative multi-disciplinary health care approach in HIV/AIDS care that does not only depend on highly specialized professionals but respond to individual contextual needs that is able to provide effective comprehensive HIV/AIDS care responses.

The study conducted in Chicago by Sherer, Stieglitz, Narra, Jassek, Green and Moore (2010) found similar findings that highlights the importance of innovative range of multidisciplinary health care approach at a point of service in meeting rapidly changing needs of people living with HIV/AIDS.

4.3.2 Reflection on Theme 2: Strategies used by professional nurses to assist patients in disclosing HIV-positive status to their partners

Facilitated couple counselling is one strategy that has been used to assist and support PLWHA to disclose to partner. Health professionals as they provide ongoing counselling and support to PLWHA were able to identify those who have challenges to disclose to partners and offered multiple strategies based on multiple training and experience gained during provision of ongoing HIV care. Although there is no training that support specifically disclosure of HIV to partners, professional nurses who worked for more than five years including pilot of introduction of antiretroviral treatment in 2004 in Limpopo province continue to demonstrate expert knowledge and skills to provide support for disclosure among partners. Professional nurses who are not in management post has not undergone several multiple trainings in HIV/AIDS and has daunting knowledge on how to support PLWHA to disclose their status to partners. The findings also pointed out that some professional nurses continue to provide discussion on disclosure and fail to ask and follow up about the health of the partner of the client they are providing care to. Such ignorance of discussion on disclosure status of their clients, indicate that professional nurses miss out opportunities to provide knowledge on prevention that could control transmission of HIV among

PLWHA especially in high partner also to children and adolescents experience disease burden like South Africa.

THEME 3: EXPERIENCES OF PROFESSIONAL NURSES RELATED TO SUPPORTING HIV-POSITIVE PATIENTS AND THEIR PARTNERS

Table 4.5 Theme 3 and subthemes

Theme 3: Experiences of professional nurses related to supporting PLHWA and their partner	3.7. Age level of experience, continuing learning programme offered influence knowledge and practice
	3.8. Difficult to disclose due to the stigma associated with the diagnosis
	3.9. Gender disparity and patriarchy is a challenge to manage disclosure
	3.10. Disclosure enhance mutual to manage taking treatment
	3.11. Cultural practice influence disclosure
	3.12. Mutual counseling and testing does not always guarantee support post disclosure

The study found out that professional nurses who attended multiple training and were in more senior posts managed the support of disclosure to partner better. This have emerged on the five subthemes of this theme discussed as follows:

Subtheme 3.1: Professional Age, level of experience, continuing learning programs offered influence on knowledge and practice

Out of the 16 Professional Nurses who participated five were in managerial post as unit managers although one had a post that was not officially confirmed in a form of staff establishment and remuneration. All of these professional nurses had undergone several trainings related to HIV/AIDS management including sexually transmitted infection and HIV-associated ttuberculosis. They are also part of National, district and provincial committee members related to HIV/AIDS, sexually transmitted infections

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and HIV-associated tuberculosis. Amongst the five unit managers only one has a degree in nursing and the rest have college diplomas. Among the 12 other professional nurses in the 5 hospital only 1 has another degree not related to nursing and only one indicated that she has enrolled for Master in Public Health. All the study participants continue to be happy to work in a wellness clinic where they are part of HIV/AIDS management team.

The following excerpt is from a professional who is a unit manager and has been working in the clinic for 11 years:

"*Initially when you start with the counselling you include the issue of disclosure from the word go and you ask the patient with whom you meet, are you married? Is there anybody that you can share this with? If you suspect that you have a problem that is where you go for the next step*".

The following excerpts are confirmation by a professional nurse who has worked in the clinic for more 5 years and is also providing care and support at church level:

"It's not an easy thing but because we engage them …"

"We don't talk to them all the time and continue supporting them. Especially women when you ask them did you disclose to your partner they say no and you ask them why? They will answer I don't want them to know my status so I normally ask them to tell their partners… because it is important for them so that they will be able to use condoms and allow for the partner to come in for testing as well…."

Another excerpt from a participant who is not a manager but relief the manager when on leave and has 5 years' experience and a youth pastor in church indicated that:

"We treat them and we give them a contact slip to give to the partner and the partner must go to the nearest clinic or come here to be counselled. We mention that we are giving you treatment because you are re-infecting each other and you are not using any protection"

Koto and Maharaj (2016) confirms that Professional nurses are an important first point contact of patients in the communities and public health services irrespective of the illnesses that the individual has in which HIV/AIDS is included. HIV/AIDS has changed the disease patterns of presenting signs and symptoms of people who are ill and consult public services. The change in disease presenting pattern require greater knowledge level, clinical skills, including infrastructure and institutional support to meet the demands of comprehensive management related to managing the disease.

Dellobelle and Ntuli (2009) study findings in Limpopo Province indicates that clinical presentation of people living with HIV/AIDS are rapidly changing and require improved skills of professional nurses to meet the health demands of the patients they take care off on daily basis. Iwu and Holzemer (2014) study found that professional nurses who provide comprehensive HIV/AIDS care that include initiation of antiretroviral treatment were happy with role that they play in improving access to care for PLHWA in resource constraint environment that are evident in African countries. The education provided in basic training including continuing learning program that provide ongoing knowledge and training on HIV issues has adequately prepared them to provide the comprehensive health services to HIV-positive persons. Similar findings were reported by Cohen, Lynch, Bygrave, Eggers, Vlahakis, Hilderbrand et al. (2009) in Lesotho who also found that training offered out of facility and mentoring by non-governmental organisation for professional nurses offering comprehensive HIV/AIDS care including initiation of antiretroviral treatment were confident that skills and knowledge that enable them to provide care to PLHWA.

Subtheme 3.2: Difficult to disclose not only to partner also to children and adolescents experienced

People living with HIV find it easy to disclose to partners but however the study found that it also difficult for professional nurses to support PLHWA to disclose to relatives. There is training offered to professional nurses to provide support for adults but however not all professional nurses who work in the clinic has been trained. Untrained professional nurses continue to offer ongoing support to adolescents but are unable to support disclosure to the adolescents who continue to be on treatment. This is because it is for other disease not indicating HIV due to the stigma associated with the diagnosis. The following are the narratives shared by participants which are on contrary to difficulty to disclose:

"*Here at the clinic to tell the truth most of the patients are close to the relative and we don't have the problem even if the partner doesn't know we can discuss the treatment with the family*".

The following are excerpts from a professional nurse who has a 4-year diploma in nursing and has been working in the clinic for 6 years and has undergone training in HCT, Couple counselling, Adherence, NIMART, and PICT:

"An *issue of disclosure especially like the teenagers they won't adhere to treatment because of that they need support from an adult to say take treatment and you know how they are rebellious sometimes they don't want to take their treatment or they take it as they wish. If somebody who is an adult who is there supporting them its better*"

The following are excerpts from a professional nurse who has been working in the clinic for 10 years and she is a unit manager and has post graduate degree and trained in HCT, PICT, Couple Counselling, NIMART, and Adherence:

"*No, until when I found that the man is holding back the woman so we had to bring them together as a family and like am saying when the child was admitted I told them that we are having a challenge here this is the issue. I talked to the guy but the guy was doggy but he was humble. Coming forth said when are you going to get tested and he said no am coming with my wife. All that he never came for testing until the child was admitted that is when we were able to get them together but am telling you even now the husband doesn't want to take the treatment only the mother and the children do*".

The same participant added by saying: …… **"***So as you say within the pediatric clinic then it becomes easy for parents to disclose with your support but you don't usually find it easy for parents to disclose on their own***"**

Another participant said: ……. "*Another thing with disclosure is that it happens with children because they take medication without knowing why, during our young children clinic we also involve a social professional so that he/she plays a role because most of the children if you ask them the ones that understands will say my mother say I have TB, my mother say I have high blood so we have to help them to disclose. We do that during the kid's clinic and you know what I do with them I ask them what you do when you grow up and they will say I want to become a nurse. I tell them that for you to become a nurse you must go to school, because nowadays you must pass your maths and physical science and I give them sweets. As nurses we have to make them aware of achieving their goals. We encourage them to say if you are well, you will be able to attend school every day and pass, so every day when I see them every day I encourage them also to take treatment so that they can achieve their goals*".

They study in conducted by Njozing, Edin and Hurtig (2011) found similar findings that indicates that health professionals support patients to disclose HIV status to partners have practice and knowledge challenges. Professional nurses and other health professionals were found to have daunting knowledge when confronted with patients who refuse to disclose and pose a danger to infecting partners and children who are unaware of the diagnosis. The study in China on health professional practice and support of disclosure to partners however challenge the upholding of patient's rights in the era of HIV/AIDS transmission. Nie, Walker, Qiao, Li, and Tucker (2015) study argued that the importance for professional nurses and health professionals to uphold the rights to privacy and confidentiality in supporting and motivating patients to disclose to partner in an attempt to prevent transmission or secondary infection to the partner.

Subtheme 3.3 Gender violence, disparity and patriarchy is a challenge to manage disclosure

There is gender disparity in disclosing HIV status to partner. Female partners continue to be afraid to disclose as they fear gender violence, loss of economic support and relationship dissolution. Some men are also afraid to disclose due to power relation vested in them by cultural stereotypy.

One of the participants shared and said: …. "*The challenge is that women when you try to explain to them the issue of disclosure to partners some you can find that it is a boyfriend. Some of them have husbands that are used to fight and some when they talk about the issue of being tested they just start fighting. Mostly immediately after being tested the person have denial and anxiety and also the issue of stigma is a problem but fear is the major problem that the man will run away and no longer love them which I think that is the challenge to them….*"

Another participant shared and said:

"*But with men it's difficult …… Erh…the issue of cheating is problematic you know always men are always cheating, so it is difficult to disclose". They always say it is difficult for man to approach a woman and disclose their HIV status*".

Similar research findings were found in one of the of Limpopo Province study by Mamogobo. Lekhuleni and Mothiba (2014) which indicates that HIV positive women in contrast to male counterparts had problem to disclose. Some male counterparts were found to be able to disclose immediately although some could only disclose when they realise that the female partner is also HIV positive. The findings concur with those of Medley, Garcia-Moreno and McGill (2004) on prevalence of disclosure of HIV positive status among partners living with HIV that indicates that the prevalence of disclosure differ from country to country whereby there is a disproportionate rate of disclosure to partners between the developed and the developing countries. Additionally, it is stated that the ability of HIV positive individuals to disclose to partners vary between gender, marital status, levels of literacy and types of employment the individual does. Medley, Garcia-Moreno and McGill (2004) also indicates that the ability to disclose HIV diagnosis to partners for women in developing countries including South Africa are low estimated at 16.7% to 32% for antenatal women.

UNAIDS (2016) also acknowledge the presence of disparity in the ability to disclose HIV-positive status among male and female partners and its negative impact it has in preventing transmission of HIV among partners. UNAIDS (2016) 90–90–90 strategy aims at eliminating new HIV infections by the year 2030 therefore, encourages Member State countries to develop policies and programs that would empower women and discourage gender violence including promotion of inclusion of male partners in HIV prevention and treatment. These policies should be aimed at providing adaptation to suit local context of gender stereotypes to improve access to HCAT including access to treatment to and reduction of new HIV infection. UNAIDS (2000) therefore, suggest that HCAT there should be linked to community support groups that would support partners who anticipate abuse that may erupt due to HIV-positive disclosure and contribute more to unfavorable environment to transmission HIV and reinfection among partners. Karim et al. (2015) suggest integration of supported disclosure among partners in health services that render comprehensive service to ensure that health professionals don't miss an opportunity to encourage and support PLHWA to disclose to partners to improve access to prophylaxis and treatment to partners who might not be aware of their HIV status.

Atuyambe, Ssegujja, Ssali, Tumwine, Nekesa et al. (2014) in Uganda indicate that disclosure of the HIV status may result with anger, fear and emotional rage but the study suggest that the anger is temporary for partners especially men. On contrary to the findings in this study it is stated that several men had been reported to be supportive to their partners, voluntarily accessed HCAT including to seek advice on relevant sexual behaviour that would prevent secondary prevention. Male partners were more interested and motivated to support initiatives that would help the couple to adjust to the diagnosis whilst female partner was more concerned on the permanency of the relationship post disclosure. One factor that Atuyambe et al. (2014) study indicates which seem to prevent women from disclosing to partners is that women who are unable to disclose continue to engage with risky sexual behaviours that transmit HIV to partners and predispose them to secondary infection.

Subtheme 3.4: Disclosure enhance mutual support among partners to manage treatment adherence

Professional nurses indicated that people who live with HIV and have disclosed to partners are subsequently able to relieve psychological burden associated with   the

diagnosis, they are able use condoms consistently hence reducing secondary infection. Partners who have disclose to each other are able to take antiretroviral treatment freely and assist each other in collecting treatment when the other partner is unable to do so. This was confirmed by the following statement:

"*The benefit is maybe to relief stress because the patient will be collecting medication freely without fearing anyone because if they disclose they don't have to hide anymore and they will experience healing inside without a secret so the benefit is, if they disclose to the people they are living with they will get the full support*".

"*Other information is that if you disclose to the partner it becomes easier to the patient because the partner will give emotional support". Let's say the other one is working the other partner will come and collect their treatment. It becomes much easy because now you will be having the support even when you are sick the other partner will protect himself or herself and helping you so that if the partner is negative you don't infect the other partner.*

"*…They come to collect the medication for their partners and they support each other emotionally". I think those are some of the important advantages or the benefits of disclosing. It becomes very easy because you get the emotional support and you get someone to help you because some can have troubles at work when requesting to come every month to collect treatment. So, it is very important to tell them if you disclose to partner you will be able to support each other*"

Findings of this study are similar to Madi, Gupta, Achappa, Bhaskaran, Ramapuram, Rao and Mahlingam (2015) in India and that of Erku, Megabiaw and Wubshef (2015) in Ethiopia where people diagnosed with HIV were found to have fear of abandonment and have infidelity that prevent them from disclosing the status to the partner. Once people living with HIV and receiving antiretroviral treatment disclose their HIV status to the partner it was found that it reduces the burden of psychological stress associated with the diagnosis. Furthermore, it improved their adjustment to the diagnosis as a chronic health condition like any other conditions.

Subtheme 3.6: Mutual counselling and HIV testing does not always guarantee support post - disclosure

The study finding indicates that having disclosed to partners and where there are mutual disclosure to partners are able to support each other but however, some may not support the partner. Some of those who had discordant HIV results continue to have conflicts although they continue with the relationship. The following are some of the excerpts by one study participant:

"*You know I have discovered that a person will say I will support but after sometime you find that the support is withdrawn and somebody will dump the other and say no I can't stand this*"

Another participant shared and said:

"***…****But is not the usual thing. Because some of them they use to tell us that they told their partners but next time you find that the patient is pregnant while you are preparing the patient not to fall pregnant to show that this shows us that the patient did not disclose to the partner and they still having sexual activities without a condom…*"

Disclosure of HIV-positive status to partner may prompt the partner to seek HCAT and the use of condoms to prevent reinfection and transmission of drug resistant strains among serodiscordant couples. Correct use of condoms is an efficient prevention method to halt transmission of HIV especially where an individual partner has not disclosed. The study however indicates that correct use of condoms is commonly difficult among married couples and those who have a long-term relationship as it may be associated with mistrust and infidelity (Burmane, Obenga & Mutai, 2017)

Negative aspects associated with disclosure among partners are learned more among women as compared to male counterparts. Women face more stigmatisation and intimate partner violence. Men in turn fear more about insecurities associated with disclosure of HIV status to the partner. Women who experienced violence with partners and depend on male partners for economic protection and shelter are unlikely to disclose to the partner. Women who disclosed to partners also report that antiretroviral treatment were thrown away once they disclosed (Maeri, Ayadi, Getahaun, Charlebois et al., 2016).

King, Wamai, Khana, Johansson, Lindkvist and Bunnell (2012) found out that reproduction wish and health choices among couples determined the decision among discordant couples to disclose and use condoms. Discordant couples who had cultural pressure on procreation and desire to produce an heir in the family found it difficult to use condoms and prevent future pregnancy due to the HIV diagnosis. However, partners who felt that life and health is important were able to decide to use condoms so as to have an opportunity to raise their children. Some decided to abstain and lived like a brother and a sister (Vemos, Cook, Chitalu, Mumbi, Weiss & Jones, 2013). Vemos et al. (2013) conducted a study in Zambia further found men in discordant relationship used condoms but however had extra marital relationship where condoms were not used. Couple in higher quality relationship where there is the ability to communicate about condoms, there is family cohesion, ability to reach consensus on issues, expression of affection revealed that such couples continued to use condoms to prevent transmission of HIV in discordant relationship. The length of the relationship determined the preparedness to consistently use condoms as short-term relationship that was not able to consistently use condoms in discordant partners.

4.3.3 Reflection on Theme 3: Experiences of professional nurses related to supporting HIV-positive patients and their partners

The study found that disclosure of a HIV-positive status reduces the psychological burden associated with the diagnosis. The study however found that disclosure does not always guarantee support hence the importance for professional nurses to discuss and identify perceived responses to the epidemic from partners, tailor make the plan and provide support of individual persons based on their uniqueness of challenges they have. Communication is identified as key to enhance disclosure especially among discordant partners. Couple counselling with mutual disclosure does not always guarantee support among partners. It is therefore, important for professional nurses to know that and plan such sessions carefully based on couples' needs. Identifying the history of abuse is also key to ensure safe facilitated counselling and mutual disclosure.

THEME 4: CHALLENGES EXPRESSED BY PROFESSIONAL NURSES RELATED TO SUPPORT OF DISCLOSURE OF HIV-POSITIVE STATUS TO PARTNERS

Table 4.6 Theme 4 and subthemes

Theme	Subtheme
Theme 4: Challenges expressed by professional nurses related to support for a partner to disclose	4.5. Adherence to ART is an essential component versus modification of sexual behavior 4.6. Lack of disclosure result in poor adherence and positive treatment outcome 4.7. Gender inequality unfavorable for disclosure 4.8. Stable sexual relationship, especially among women, improve post disclosure support

The study found that professional nurses indicate a range of challenges that prevent people living with HIV/AIDS to disclose. Professional nurses were also concerned that these barriers comprise the client's abilities to adhere to treatment, plan their health families and somehow unable to discuss issues of fertility. People living with history of abuse especially women have a challenge to disclose. The following are subthemes that emerged in this theme are presented regarding challenges shared by professional nurses as they support PLWHA to disclose to partners:

Subtheme 4.1: Adherence to antiretroviral treatment an essential versus a call for sexual behavioural change

Professional nurses continue to provide antiretroviral treatment to PLWHA who have not disclosed to partners including those in relationship where they are not sure about the status of their partners. They however, continue to provide antiretroviral treatment with no provision of prophylaxis offered for the partner who is not sure of the HIV status. There are no services that provide biomedical treatment to protect the partner as the one diagnosed with a HIV-positive status is still considering how to disclose. Some of the professional nurses argue that it is their professional prerogative to do so and have to continue to motivate people living with HIV to disclose, offer them support and referral until they are able to

disclose. In some instances, they are able to disclose but some it is a problem and they are referred to multidisciplinary team so that they can be able to change sexual practices.

This notion was supported by the participant who said:

"*So, meaning that you can continue to give treatment to the patient knowing that she has not disclosed and not using condoms and then you just continue to give treatment because you are not allowed. Yes, but we emphasis the adherence of taking the medication, we include the emphasis of condom use and finally we put emphasis of disclosing their HIV-positive status to partners*".

Another participant indicated that: …….

"*Because some of them will tell you that the partner doesn't want to get tested and some will tell you that his partner is staying away and has tested somewhere in Gauteng or wherever so it becomes a problem that we continue encouraging them to adhere to treatment*".

Lee (2010) conducted a study in Thailand and suggested that to enhance disclosure among partners especially where stigma and discrimination is high during provision of treatment should be intertwined with behaviour modification that include mixed communication to engage and motivate people on benefits of disclosure to partner among people living with HIV and the communities that they live in.

The study conducted by Bachanas, Medley, Pals, Kidder, Antelman, Benech, Kariuki, Katuka and Bukuku (2013) in Kenya, Namibia and Tanzania indicates that 80% of HIV- positive patients attending wellness clinic in 18 sites on an ongoing comprehensive HIV/AIDS care including antiretroviral treatment and support by professional nurses reported to have disclosed to partners. Predominantly those who disclosed were males who accounted for 42 % of the study participants. Of the 80% who reported to have disclosed to partners, 64 % knew their partner's HIV status and 77 % reported to have been able to consistently use condoms. According to the researcher the study findings indicates the challenges that professional nurses face in relation to supporting people living with HIV to disclose to partners. The challenges patients face in disclosing to partners and missed by professional nurses to integrate in HIV care and reduce transmission of HIV among partners of people living with HIV affect also treatment adherence. Another study undertaken in Kenya

by Colombini, James, Ndwinga, Intera Team and Mayhew (2016) found that professional nurses did advise PLHWA to disclose but did not support them with information on how to disclose safely which affected treatment adherence.

Subtheme 4.2: Lack of positive status disclosure result in poor adherence and response to treatment outcomes

Professional nurses providing care to people living with HIV/AIDS confirm that disclosing HIV status to the partner and consistent use of prevention and antiretroviral treatment reduce the viral load and improve the general health of people living with HIV. Professional nurses therefore, encourage PLWHA to adhere to treatment, use of

prevention that include to disclose to partner so as to consistently use condoms based on knowledge of partner HIV status.

This description was supported by the participant who said:

"*If you don't disclose you are going to be afraid to take the treatment in front of your partner and will continue with unprotected sex which will result in increase of viral load, you are going to have resistant to first line treatment and even if we can switch you to the second line treatment you are still going to have resistance because the viruses are accumulating in your blood stream*".

Another participant with the same view said: …… "*Possibly she doesn't because it becomes very difficult for them to disclose, or is it easy for them to use condoms when they are aware of each other being HIV-positive or are both positive*"

Ojikutu et al. (2016) study in Thailand, Brazil and Zambia highlight similar study findings that indicates that partners that have disclosed to partners are more likely to accept HIV-positive diagnosis and adhere to antiretroviral treatment. Furthermore, they will discuss family related developments and have improvement with the quality of life as the viral load will decrease. Bachanas et al. (2013) conducted study in Kenya and suggested reinforcement in the essence of disclosure of the HIV-positive status to the partner, as it is an integral component of ongoing comprehensive HIV and partners on antiretroviral treatment and does not know the status of the partner are less likely to adhere to antiretroviral treatment and hence less likely to have improved quality health associated with

antiretroviral treatment.

Sub- theme 4.3:   Disclosure only linked to access of services

Although PLHWA are unable to disclose to partners, professional nurses continue to provide support and prescribe antiretroviral treatment for those with discordant results. There is no prophylaxis offered to partners of PLWHA which predispose them to re- infection, possible resistance and transmission of resistant HIV. Some of the PLHWA don't suppress in viral load as expected because they have not improved their sexual behaviour that include the disclosure of their HIV-positive status to their partners. This include the use of condoms including motivating the partner to be counselled and tested with provision of treatment for those who are positive.

One participant said: ……. **"***Yes if we suspect that the person will have elevated viral load, in such cases we convince the patient to say by the look of eyes your viral load is very high meaning that you are not using any protection and you are busy infecting your partner and we make them aware that if you are not using a condom your partner will be resistant by the time he/she uses medication*".

Another participant shared and said: …… "*We formed a support group on those who were not suppressing on what challenges they have with this treatment and they are improving*".

Another participant shared and said: ……. **"***We don't have the prophylaxis that we prescribe for partners who are negative or whom the HIV status is not known*"

Rangarajan et al. (2016) therefore, suggest mobilisation and streamlining of support intervention for PLWHA to address issues of social isolation that include lack of disclosure of HIV to partners and stigma associated with non-disclosure to improve viral suppression outcome. These were said to link with access to health services. The study further suggests continuous counselling and support of PLWHA to ensure adherence to ART and sexual behaviour modification associated with HIV diagnosis.

Sub-theme 4.4: Lack of HIV-positive disclosure emanate from cultural practices and stigma attached to HIV status

Professional nurses identified cultural practices and stigma and fear of being blamed for diagnosis prevent disclosure to partner. The following are excerpts that confirms the claims as shared by the participants:

"The issue of being tested HIV-positive, result in partners lead to patients thinking to use traditional herbs. In most cases the use of traditional herbs leads to make family members to stigmatize and might also lead to fight to erupt. As the person have denial and anxiety and also the issue of stigma is a problem related to cultural aspects whereby this positive status is associated with having severalpartners".

"Fear is also the major problem that men think that the women will run away and no longer love and support them. I think that is the challenge"

"This is a very serious problem because they don't disclose to each other because they are afraid maybe when it's a woman she will be afraid of being divorced"

Ojikutu, Patlahak, Srithanaviboon, Limbada et al. (2016) outline that culture is assumed to be a co-factor in transmission of HIV especially in developing countries. People who live in a society where their culture is conservative and people prefer to live together in a cultural dispensation, PLHWA are less likely to communicate openly in relation to their HIV + status as it may be indicating dirty or multiple partner practice for individuals (Iwelunmor, Sofolaharan, Olandeinde & Airheihenbuwa, 2015; Ojikutu, Patlhak, Srithanaviboonchai, Limbada et al.,2016).

Some culture in developing countries were found to continue to pair older men with younger women in marriage. Younger women who enter marriage having had first penetrative sex which may be through coercive sex or sex with an older man become risk to HIV. Sexual relation with older men who may be HIV+ further prevent younger women to negotiate safe sex especially among women without secondary school education (Sovran, 2013). Women without secondary education may find it difficult to be meaningfully employed and are likely to depend on male partner of economic viability. Cultural normative marital behaviour prevents women to initiate and insist on use of condoms as bearing children is a societal expectation for women and use of condoms prevent pregnancy. Women who are HIV-positive based on their cultural role

of procreation as per societal expectation, influence the woman to conceal HIV-positive status, as revealing the status may motivate use of condoms when personal and societal desire of the individual woman is to bear children. Culture will therefore, make it difficult for women to disclose their HIV status to their partner. The use of condoms in marriage will prevent the woman from achieving societal and personal desires of bearing children. Women in transactional sexual relationship are also less likely to negotiate for safe sex (Sovran, 2013; Ojikutu, Patlahak, Srithanaviboon, Limbada et al., 2016).

South Africa estimate of PLWHA in 2012 was 6.1 million. Among the 6.1 million, 2 million are males aged 15 – 49 years and predominantly in heterosexual relationships. Heterosexual intercourse remains a predominant mode of HIV transmission and 50 % of PLWHA are in sero-discordant relationships in 2012 (Iwelunmor, Sefolahan-Olandeide & Airhihenbuwa, 2015). Iwelunmor, Sefolahan-Olandeide and Airhihenbuwa (2015) study which was conducted in South Africa found that men choose to conceal the HIV-positive status from their partners and family to protect their identity and family. To males diagnosed with HIV it meant death and not being able to provide for their families as expected culturally.

Iwelunmor, Sofolaharan–Olandeinde and Airheihenbuwa (2015) study in South Africa indicates further that the traditional role especially among African men is to provide material and physical support for the family as heads of the families. Most of the men especially those who are migrant labourers were found not to accept the HIV status as they thought that they were not a key population at higher risk and that the infection was meant for others from far country but not for those in South Africa. To men being diagnosed with HIV infection it meant death and not being able to continue to provide for their families. Men therefore, choose to conceal their HIV-positive status to protect their identity and role expectation in the family and community. Once diagnosed as HIV-positive, men based on the societal expected role have to choose carefully, the people whom they have to inform about their HIV-positive status, as sometimes a secret is needed to maintain their expected family and societal role (Iwelunmor, Sofolaharan–Olandeinde & Airheihenbuwa, 2015).

Sub- theme 4.5: Gender inequality is unfavorable to enable disclosure

Some women living with HIV and ongoing management of HIV/AIDS including antiretroviral treatment continue to have challenges to disclose and engage in sexual behaviours that halt transmission of HIV. Gender inequality is said to be affecting women and prevent professional nurses to continue supporting women to disclose.

One participant said: …… *"We are having a problem; this child is HIV-positive and the mother is having a toddler whom she is breastfeeding and she is going to infect the toddler and she doesn't want to talk about her status and the husband doesn't know his status. That was a problem of not disclosing because they infect their kids. I said to the woman I am going to disclose to the husband. The other child was admitted and I called the social worker and the doctor and then I told them we are having a problem you see the toddler is going to be infected and definitely when the child was tested he was positive. The husband was reactive when tested and the wife also was reactive because the woman was afraid of disclosing."*

Another participant who have experienced the same problems said: …… *"when asked her (the woman who is collecting treatment for the partner frequently) what is the status of your health because you are collecting for your man but we don't know about your health. The woman then said she is negative is the man who is not well. So, when I insisted that we need to screen her she said am collecting treatment at a certain clinic."*

Similar research findings are indicated by Kennedy, Harbalen, Amin, Baggaley and Narisimhan (2015) who affirms that women continue to be the gender that are hesitant to disclose HIV diagnosis to partner and globally they constitute 50% of people living with HIV. Gender norms in many community privilege men over women and make women vulnerable to abuse and violence that further prevent them from making reproductive choice within their sexual relationship. The delay to disclose is due to physical and sexual abuse in the hands of intimate partners and other male counterparts that are predominant among women especially those with low socio–economic background. Fear induced by physical and intimate partner violence which is a common factor that increase the risk of women to HIV infection also reduce the ability of women to negotiate safe sex including to disclose the HIV-positive status and

use protection to prevent secondary infection (Kennedy et al., 2015).

The study also highlights the absence and limited availability of programs that encourage and support safe disclosure of HIV status in health services that provide HIV/AIDS care. Health professionals also lack skills and knowledge that enable them to support women with challenges of disclosure. The inability to disclose is also linked to that professional nurses who offer health services including HIV/AIDS care services are predominantly women (Motsei & Kim, 2002). Kennedy et al. (2015) therefore, suggest that programs that provide comprehensive HIV/AIDS care should develop consultation processes that are able to identify clients particularly women who have fears to disclose including history of sexual abuse and violence. Community programs that are linked to the health services should also be developed to support women with fear to disclose and clients with history of abuse and sexual violence should be referred to for psychological and social support that would enable them to practice safe sexual behaviour and adjust to the diagnosis. Motsei and Kim (2002) conducted a study in Limpopo Province South Africa and suggested that consideration to upgrade and support professional nurse's skills initially before expecting them to support other women as they may be undergoing similar strides of those women they provide service to and are not able to manage themselves. This input is related to that nursing service which are predominantly provided by women who come from similar background as that of clients they provide service to.

Sub–theme 4.6: Stable relationship among women provide better support post disclosure comparatively

Professional nurses providing on going care and support to people living with HIV indicate that clients who are in a stable relationship and somehow regarded as married are able to disclose and receive support from partners. Those women who are both in a new relationship, cohabitating, not employed and depending on the partner for economic support and somehow not regarded as married or in an abusive relationship are unable to disclose HIV status to their partner. These claims are confirmed by the following participants' excerpts:

"Those who are staying with partners on full time I think is better because I think they have been through a lot you know they can say argh this is the father of my children and we have this support, but with young people is very difficult because they are still in a new relationship they don't know if they can disclose to the partner, because they are afraid of being dumped and it is feared that disclosure will end the relationship. It is very tricky".

"*Not everyone discloses because it depends on the type of person but those we come across sometimes they come together and sometimes you find that the one who is negative come and collect for the positive one so some are easy to work with especially those who stay together*"

The study finding of this research indicates that professional nurses corroborates with that of Achilla (2010) in Uganda Yaya et al. (2015) in Togo including that of Makin, Forsyth, Visser, Sikkema, Neufield and Jeffery (2008) in South Africa who found out that people living with HIV/AIDS and who are in stable relationship found it easier to disclose to their partners as compared to those cohabiting or those in unstable relationships characterized with abuse. Disclosing to the partner was associated withthe desire to protect the partner, allow the partner to access counselling and treatment and provided support for each other (Yaya et al., 2015). It is suggested that newly developed and updated practice teaching strategies in HIV counselling and care for people living with HIV should include skills that would strengthen the ability of the professional nurses to support and motivate their HIV-positive patients to disclose HIV- positive status to partners (Obermeyer et al., 2011; Eustace & Ilagan, 2010).

Martin et al. (2015) found that professional nurses use professional and practical experience to manage HIV/AIDS issues related to ethical dilemmas and related to HCAT. The professional nurses indicated that they did not receive training to augment the knowledge and skills to deal with ethical dilemmas that are frequent and associated with providing care to dealing with patients with unknown HIV/AIDS status. Professional nurses indicated lack of training to manage ethical dilemmas associated with HCAT for critical patient as a component of critical patient care. The study therefore, suggest that ethical dilemmas associated with HIV/AIDS should be given a particular attention

in continuing learning programs for health provider's including professional nurses.

4.3.4 Reflection of Theme 4: Challenges experienced by professional nurses related to support of disclosure of HIV-positive status to partners

Professional nurse has been able to identify contextual challenges that PLHWA in their areas have that form a barrier or enhance disclosure among partners. Gender disparity among partners for both men and women may form a barrier to disclose especially for women who are unemployed or abused but however women in stable relationship not cohabitating may have support from male partners. PLHWA who have disclosed to partner adhere better to antiretroviral whilst those who did not adhere and have their general health compromised. There are minimal incentives linked to disclosure to partners in a form of prophylaxis provision in the clinic over and above individuals having to use condoms. Those who are having difficulties in disclosing and continue to be sexually active are not offered the prophylaxis. Culture continue to be a barrier among men and women compromising the ability to disclose on individuals diagnosed with HIV.

THEME 5: ETHICAL KNOWLEDGE AND PRACTICES RELATED TO SUPPORT FOF DISCLOSURE AMONG PARTNERS

Table 4.7 Theme 5 and subthemes

Theme	Subtheme
Theme 5: Ethical knowledge and practice related to supporting for disclosure	5.1. Provision of health information and education to allow informed consent to disclose to a partner
	5.5. Confidentiality ensured despite the outcome of disclosure
	5.6. Anonymity ensured, acceptance and uniqueness of individuals

Professional nurses providing ongoing support to people living with HIV ensure that the HIV status is confidential and are aware that they could share the status with the partner when consent is granted. Professional nurses therefore, offer an ongoing

education, motivation and support to people living with HIV/AIDS. Their care with minimal coercion but somehow some professional nurses fail to protect the health of the partner who is not aware that the partner is HIV-positive and continue to have unprotected sex predisposing both partners to secondary infection. The following are subthemes that emerged on this theme are discussed:

Subtheme 5.1: Provision of ongoing information and education to allow informed consent to disclose to partner

Professional nurses continue to provide information, education and counselling to patients who have difficulty in disclosing to partner. People living with HIV and are on antiretroviral treatment are not deprived ongoing comprehensive HIV/AIDS care including antiretroviral treatment because they have disclosed or suspected not be being able to use protection. The following are some of the narratives participants shared:

"*We continue telling them if they don't use condoms it means they will be spreading the virus to the partner and if they are on treatment there will be no improvements because they are re-infecting each other. The emphasis is on the importance to disclose so that the partner can understand the importance of using a condom*".

"*The disclosure part is very difficult but as you go on teaching the clients about re-infection the support that you will get from the partner you end up winning the patient including the social workers as well to assist to disclose to the partner because most of them they really don't want to disclose they hide the tablets because they don't want to be known that they are HIV-positive. They are scared of stigma and they have fear that they will be dumped in a relationship. As we engage them and try to give them the talks every month we try to encourage them to talk to their partner and to go to another clinic and do tests. We encourage them to be both on treatment because notknowing that the other one is positive put them in danger and we will be forever saying you are not talking treatment whereas you are but you did not disclose. The virus will be increasing because you will be taking it from someone who is not taking treatment so by the time he will be taking treatment there will be resistance of the virus to that treatment*".

Laser and Gottleb (2017) study also highlight the importance of informed consent, health care and research as they state that the ability of patients is sometime undermined by researchers and health providers as they may tend to focus more on collecting data and providing a specific procedure of importance to the life of the patients and undermining the importance of comprehensive care.

Hall (2005) recommendation on the role that could retain nurses in the nursing profession in South Africa and enhance management and reduction of incidence of HIV/AIDS as an epidemic, indicates that professional nurses utilize a wide range of knowledge to enhance practice as they provide ongoing nursing care to patients. Prescribed ethical standards of practice of professional nurses based on South African Nursing Council (1985), the professional nurse has to preserve personal dignity, personal beliefs and value of the patient. The professional nurse practice must make sure that the patient has information that will allow him/her to make informed choices to consent procedures and investigation that affect their diagnosis.

Sub-theme 5.2: Confidentiality ensured despite the outcomes of disclosure

The professional nurses outlined that confidentiality was ensured even though it could harm the partners. The results further pointed out that professional nurses as they continue to motivate and support people living with HIV were found to adhere to professional confidentiality in terms of the HIV status of the patient. However, some professional nurses could not even indicate the disclosure to partner challenges and the state of disclosure to partner in the bed letter of the patient. This was supported by participant who said:

 "*And then if you know maybe you see a patient for a year or you have been with the patient for more than three years what do you then do?" …. It's a challenge due to that confidentiality if the patient doesn't want to I mean the partner doesn't want to come there is nothing you can do except just encouraging the other partner taking the*

treatment and talk to the partner about this".

Another participant said: ……. "*Yes, we continue to give treatment but they are rare because for the first time they come to the clinic we encourage them to come with treatment buddy even if it's not the husband we encourage them to come with one*

family that they disclosed the status to".

Laser and Gottleb (2017) outlined that informed consent is a practical way that ensures maintenance of ethical standards in patient care. It assists in providing clear information on the benefits, potential risks associated with the procedure including alternatives to ensure maintenance of ethical standards that the patient makes an informed knowledgeable decision, choice and consent to the suggested involvement either in health service or participation in research. Some of the knowledge of nursing is derived from ethical dilemmas that nurses face in their everyday practice. The knowledge of ethical dilemmas is important to improve the knowledge and practice of nursing because it creates practice and knowledge gaps that nurses need to update, develop and integrate in provision of quality nursing care (Hall, 2005). According to South African Nursing Council Nurses Pledge of Service (SANC, 1985), the pledge motivates that professional nurses should uphold confidentiality and personal matters of individual patients in their care.

Subtheme 5.3: Anonymity ensure acceptance and uniqueness of individuals
The findings pointed out that anonymity ensures that HIV-positive patients be accepted and treated as unique persons with specific needs. In this study professional nurses indicates that they don't divulge the diagnosis of the individuals to partners neither to relatives without the consent of the individuals. The researcher however found shared confidentiality among the professional nurses in terms of recording the outcome of disclosure was missed as a way to improve support for PLHWA to understand the impact of non–disclosure and also not using protection with partners whom they don't know their HIV status as inability of to use condoms among partners who have not disclosed is high (Karim et al., 2015).

The participant confirmed this finding by saying: "i*t's a challenge due to confidentiality, if the patient doesn't want to, I mean the partner doesn't want to come there is nothing you can do except just encouraging the other partner to take the treatment and talk to the partner about this*".

Another participant confirmed by saying: ……. **"*The law doesn't allow us to do that you know HIV is sensitive, say it's illegal because always when the new patient comes*

she will say am HIV and not saying am HIV-positive meaning that only the nurse is allowed to say that and the nurse is the one carries two files for the man and the woman which means when it comes to a man is very difficult".

The obligation of professional nurses is to ensure that they provide empathetic non-judgmental effective nursing care to PLHWA as SANC (2004) acknowledge and support the notion that HIV is an epidemic and national emergency and priority. SANC is part of discussions that formulate strategies, training programs that empower professional nurses to manage HIV, including policies that seek to control and eliminate new HIV infections including to manage the epidemic. According to the South African Department of Health's Policy Guidelines (2010) and World Health Organisation (2007) on the practice of professional nurses with regards to providing care to patients who are HIV-positive and who are unable to disclose their HIV-positive status to their partners: Health care providers are not allowed to disclose HIV-positive results to partners without the written consent of the client. However, there are exceptional circumstances in which the health professional is allowed to communicate a client's HIV-positive status to his/her partner, including the following:

- Where the partner is clearly known and is identifiable.
- The partner is at risk of exposure to HIV and the client has refused to inform his/her partner about the need to practice safer sex.
- The client has been informed of the intended action (WHO, 2007; South Africa, 2010).

According to both the WHO (2007) and the DoH, South Africa (2010), even though the health professional is allowed to disclose a client's HIV-positive status to his/her partner under these exceptional situations it is, however, recommended that the health professional consider the following:

- The client should be counselled and the importance of informing a partner about the HIV-positive status should be reinforced.

- It should be explained to the client that it is part of the right and responsibility of the health professional to warn the partner of the risk of HIV infection he/she might be facing.
- The client should be made aware that the patient's right to confidentiality may have to be compromised in circumstances in which he/she is knowingly infecting the uninformed partner.
- The client should, however, be offered an opportunity to inform his/her partner and be made aware that there is support from health professionals in situations in which he/she may require assistance. The need to develop non-threatening ways of encouraging the disclosure of an HIV-positive status to partners in patients who anticipate or have difficulties on their own to easily do so is therefore recommended as one innovation strategy that countries should consider.

Similar findings were found in the study conducted in urban South Africa by Martin, Masote, Hatcher, Black, Venter and Scorgie (2015) that professional nurses continue to maintain anonymity, informed consent and confidentiality challenges in order to provide comprehensive HIV/AIDS to patients in critical care units. The study by Toska et al. (2015) also found that professional nurses focused on the benefits of disclosure of HIV status to partners when supporting PLHWA to disclosed but failed to identify contextual issues that prevent disclosure and advice accordingly to adolescents whom they provided care to. Health promoting message that are meant to halt transmission of HIV among adolescents on antiretroviral treatment were not aligned to the preference of the adolescents. Adolescents has indicated that they prefer to sue condoms without disclosure of the HIV status for fear of stigma which is an acceptable sexual activity that control transmission of HIV.

4.3.5 REFLECTION OF THEME 5: ETHICAL PRACTICES DURING CARE PROVISION OF HIV-POSITIVE PATIENTS AND THEIR PARTNERS

Professional nurse does provide information, education and counselling to people living with HIV and fear to disclose the status to partners. Professional lack knowledge and self-esteem to take decisions on what should be the next step to ensure that people living with HIV understand the benefits of disclosure to partner and its

association with general health of an individual. Predominantly professional nurses choose to refer these people to other multidisciplinary partners. Professional nurses also fail to record or follow-up these people after referral if they have disclosed. Professional nurses are not part and also don't have knowledge on strategies that they could use to support disclosure for people living with HIV and not able to disclose. They are also not sure what to do when the person is fearful and a challenge to disclose so that he/she does not knowingly transmit to the partner who is not aware of tee infection. Professional nurses therefore, miss the opportunity to uphold their professional obligation of responding to changing dynamics of health care as mandated professionally and according to constitutional obligation (Mogatle & Madiba, 2015).

Professional nurse has not received training that assist them on how to support partners who fear to disclose to partner due to psychosocial and economic related problems. The professional nurses therefore, choose to provide antiretroviral treatment and avoid further discussion on HIV which contribute to transmission of HIV among partners. Professional nurses miss the opportunity to discuss disclosure that could add to knowledge on how nurses could provide support for disclosure as an aspect of prevention.

THEME 6: CONSEQUENCES AND BENEFITS OF DISCLOSING OF DISCLOSURE OF HIV-POSITIVE STATUS TO PARTNERS

Table 4.8 Theme 6 and sub-themes

Theme	Subtheme
Theme 6: Consequence and benefits of disclosure among partners	6.3. Adherence achieved with improved quality health 6.4. Mutual disclosure assist couples in family planning

Professional nurses indicate that consequences and benefits of disclosure of HIV status to sexual partner improve adherence to antiretroviral treatment with improved quality of health for those diagnosed with HIV. Disclosure of HIV status to partner also support mutual disclosure of HIV status and adoption of health sexual behaviour among sexual partners.

The following are two subthemes that emerged have emerged under this theme and are discussed:

Sub- theme 6.1: Adherence to ART is achieved with improved of quality of life

Study findings indicate that disclosure of HIV status to partner improves adherence to antiretroviral treatment as viral load is decreased with enhanced quality of health. Adherence to antiretroviral treatment with use of condoms reduce the viral load and people living with HIV are able to live longer.

The following are the story line shared by participants: *"I always encourage them to disclose the HIV status because if they do not obviously they will not use a condom hence increasing their viral load which means the treatment will not work so it is very important for them to disclose so that they can be able to consistently use condoms in order to prevent other infections that will affect their viral load"*

"If you disclose to the partner it becomes easier to the patient because the partner will give emotional support let's say the other one is working the other partner will come and collect their treatment. It becomes much easy because now you will be having the support even when you are sick the other partner will protect himself or herself and helping you so that if the partner is negative don't infect the patient because sometimes there are body fluids and everything so it becomes easier they remind the patient to take treatment at the correct time. they come to collect the medication for the patient and they support him emotionally I think those are some of the important advantages or the benefits of disclosing it becomes very easy you get the emotional support and you get someone to help you because some can have troubles at work when requesting to come every month to collect treatment. So, it is very important so we tell them if you disclose the partner will know and then give you will be able to support each other".

Antiretroviral treatment does not offer cure or prevent infection among people living with HIV, but it however improves the quality of life, suppress the viral load and improve the immune system of PLHWA (Azia, Mukumbong & van Wyk, 2016). Adherence to antiretroviral treatment is the way in which the individual has followed the health professional recommendations to change sexual behaviour, including diet and lifestyle as part of requirement for the individual therapy (Suleiman & Momo, 2016). Quality of life is attained when the individual diagnosed with HIV is satisfied

and happy with his/her daily life and on taking antiretroviral treatment it adds to the years of life of the individual (Ndubuka, Lim, van der Wal & Ehlers, 2016).

Subtheme 6.2: Mutual disclosure resulting to family planning decision versus challenges due to failure to disclose

Women living with HIV/AIDS and wish to have children are supported in the clinic to ensure PMTCT but however the absence of couples attending the clinic together and women staying with partners with unknown HIV status compromise prevention of transmission of HIV to the child.

The following are some of the excerpts by study participants: …. *"young women who still need to bear children we advise them to use the condom until their viral load is low so that the baby must not be infected after being conceived under the supervision of the doctor they have to condomise again …we teach this patient to do sexual activities not using condoms so as to encourage to conceive according to the reproductive psychology".*

Another participant shared and said: …… "Yes, we give them treatment and then encourage them to consistently continue using a condom until maybe when they want a baby that is when we are going to check if the positive partner's viral load is safe for her to do so".

Although professional nurses do advice people living with HIV/AIDS to disclose and bring partners at the clinic to access comprehensive care especially those who have challenges related to lack of disclosure to partners do contribute to failure to obtain prevention of HIV to the child.

The following are some of excerpts shared by the professional nurses that indicate the frustration that professional nurses have in relation to failure of partners to disclose the HIV status with subsequent infection of the unborn child:

"If the PCR of the child is positive how did it come positive we didn't emphasis on using condom, disclosing and everything but if the statistic of our patient is low it shows that our patients were adhering to the rules that they should to follow that is why most of them are negative"

Doherty, Chopra, Nsimande and Mngoma (2009) study in South Africa found that a participatory quality improvement intervention which was implemented to improve prevention of Mother–To–Child transmission in the public health services found that failure of pregnant mothers to disclose the status to partners was one factor that led to poor coverage of CD 4 testing, poor Neverapine uptake to mothers 96 % and infant PCR testing that was only raised 68 % comparatively. The study further found that poor understanding of PMCTCT protocols by professional nurses and poor understanding of professional nurse's roles in PMCTC also contributed to lack of attaining optimal performance and coverage of the program. Madi et al. (2015) emphasize that disclosure and mutual HIV antibody testing of couples assist partners to make informed reproductive choices and also reduce unintended pregnancies due to improved communication associated with knowledge of partner's HIV status. In cases where professional nurses understood PMCTC protocols and their specific roles in PMCTC program this could have reduce a larger number of mother-to-child HIV transmissions.

Matthew et al. (2014) study also reporting research findings on South Africa, indicates that professional nurses were found to lose opportunities to support HIV-positive couples to ensure that the couple is able not to transmit HIV to the unborn child due to their own personal feeling associated with HIV diagnosis. Lack of knowledge on policy related to how to support partners with discordant results in a form of deficient knowledge on prophylaxis and use of prophylaxis to discordant partners who wish to have a healthy child hinder professional nurses to provide appropriate care to couples living with HIV.

4.3.6 REFLECTION THEME 6: CONSEQUENCES AND BENEFITS OF DISCLOSING OF DISCLOSURE OF HIV-POSITIVE STATUS TO PARTNERS

The study found that once people living with HIV have disclosed it assist the individual to have support of the partner and that of relatives in terms of adhering to treatment and general improvement of health. The individual has improved quality health that increase the life span. Increased life span includes extended years of life including on antiretroviral which is now being on chronic medication as the individual has to collect antiretroviral periodically like in those with hypertension, diabetes and asthma and any other chronic condition. Having disclosed to the partner and relatives also protect them

as they will know how to handle secretions when you are ill and you need support. Individual is also able to adhere to treatment times as he/she won't be afraid to take treatment in the presence of others should the time to take treatment arrive in their presence.

Partners who are HIV-positive and or having discordant results and have disclosed to each other have a chance to communicate and reach consensus on pregnancy and number of children. They are also able decide on a number of children in the presence of children having had an opportunity to decide based on their quality of health and viral load that the ongoing support by multidisciplinary team offer inwellness clinics.

4.5 CONCLUSIONS

Chapter 4 discussed the research findings of the study including the themes and subthemes that emerged from the verbatim data analyzed using Tesch's open-coding method for qualitative data analysis. The themes that emerged from the study findings indicate that there are challenges related to provision of support PLHWA to disclose to partner. The professional nurses also share that it is difficult to support PLHWA to disclose as women and men have their own peculiar challenges which range from fear of dissolution of relationship, loss of economic and social support, stigma and discrimination of the diagnosis, fear of losing patriarchal power and ability to provide support for the family as societal expectation. Inability to translate ethical principles into practice by professional nurses including policies and guidelines associated with HIV counselling, HIV antibody testing and communication on prevention of transmission of HIV among partner including sexual practices when disclosure is difficult among partners as it can take years based on the social circumstances of individuals. Lack of engagement of professional nurses and network abilities with structures that support PLHWA which look at individual's social, psychological and economic challenges within communities were also found to be contributing to professional nurses being unable to support people living with HIV to manage the process of disclosure. Professional nurses were therefore, able to identify and refer PLHWA who have challenges to disclose to partner but there was no communication from the multidisciplinary team on the outcome of the referral and also professional nurses could not follow up the outcome. Lack of communication in a form of recording, updating and communicating on challenges related to HIV care include that of

disclosure is absent. Disclosing HIV is a challenge for entering into conversation with the professional nurses who are predominantly women because is a challenge on its own as some may be part of those women who finds it difficult to communicate the diagnosis to their partners. Literature control is cited to contextualize the research findings with existing peer reviewed literature obtained from journals and books.

In Chapter 5 presents the selected theoretical framework of the research study contextualize research findings.

CHAPTER 5

CONCEPTUAL FRAMEWORK OF THE TRAINING PROGRAMME

5.1 INTRODUCTION

Chapter 4 presented the findings with regard to the knowledge and practices of professional nurses who provide support for PLWHA to disclose to partners. Literature was also presented to support the findings in existing literature. This chapter will discuss Phase 2 of this study which include the description of conceptual framework for a context-specific training programme which is guided by the use Dickoff, James and Wiedenbach (1968) practice orientated theory and Torres and Stanton's guide to curriculum development.

5.2 THEORETICAL FRAMEWORK AND ITS APPLICATION TO THE DEVELOPMENT OF A TRAINING PROGRAMME

Dickoff, James and Wiedenbach (1968) practice orientated theory and Torres and Stanton guide to curriculum development were used to develop the training programme that could upgrade and update the knowledge and skills of professional nurses to support PLHWA to disclose to partner. Additionally, the findings as depicted in Chapter 4 including peer reviewed literature cited will be used. According to Dickoff, James and Wiedenbach (1968) theory in practice, it outlines that nursing practice should be applied and have the ability to be articulated and contribute meaningfully towards improvement of patients' care provided. Nursing on its own is a unique profession with its own history as it evolves including its relationship with other disciplines.

Furthermore, nurses in their practice provide nursing care in a diverse environment and the role and functions of nurses are shifting from that of being a subservient of doctors to that of independent and interdepend practitioners. The role and functions of nurses vary from that of other practitioners as they have a distinctive role to play in the current health system (Ohashi, 1985). The researcher will therefore, intertwine the practice theory by Dickoff et al. (1968) with Torres and Stanton's curriculum guide to generate a training program for professional nurses to indicate the research findings

and its relationship to research, theory development and training programme development.

Dickoff, James and Wiedenbach (1968) practice theory concepts used to assist the development of a training programme for professional nurses
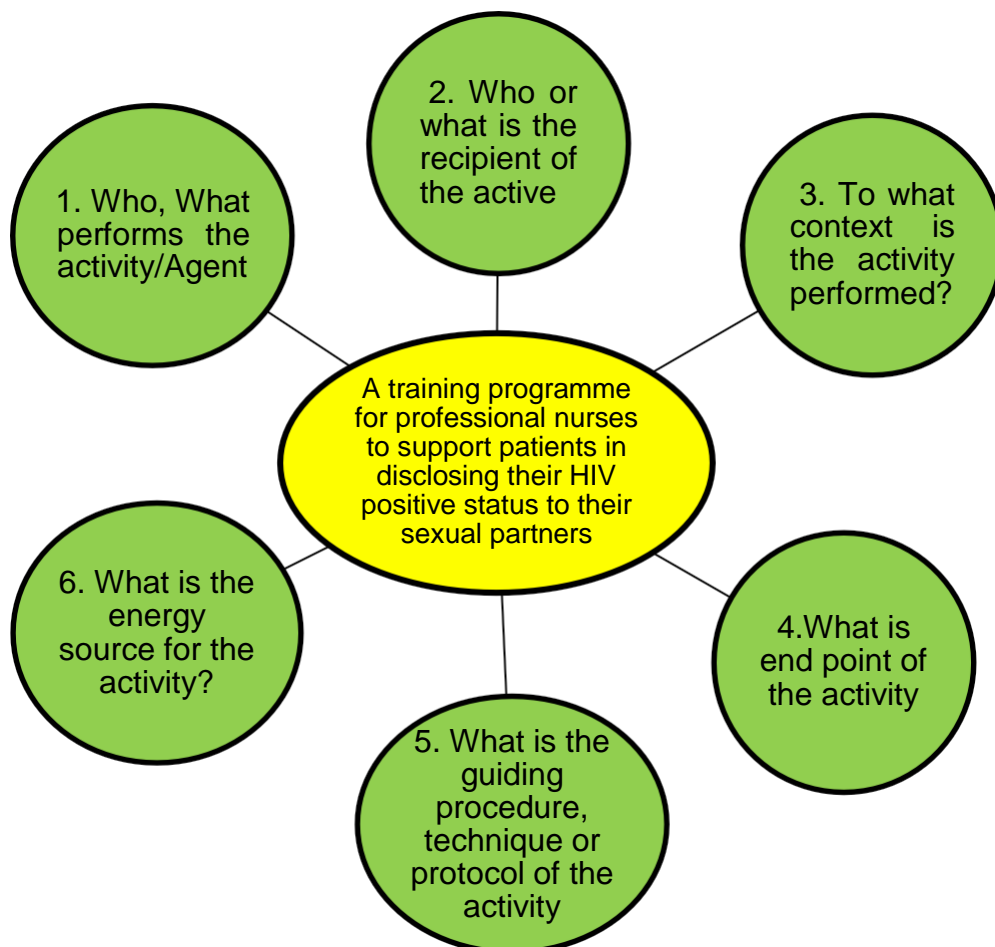
Figure 5.1: The practice orientated theory Adapted from: Dickoff, James & Wiedenbach (1968)

5.2.1.1 To what context is the activity performed?

The context where the activity will be performed is the clinics in the selected public hospitals in the five districts of Limpopo Province. Provision of comprehensive HIV/AIDS care in Limpopo Province is also provided through wellness clinics in district public hospitals and local clinics. Professional nurses at these District Hospitals offer HCAT with the support of Community health professionals as part of task shifting including Nurse initiated provision of antiretroviral treatment and management of

opportunistic infection. Therefore, the context where the activity will take place is the district public hospitals in Limpopo Province.

The context of the planned training program will be built around the research findings which describes the context of the knowledge and practice of professional nurses who offer support to PLHWA and are providing care in public hospitals. The researcher has therefore, selected contextual learning as an educational intervention that enhance the knowledge in nursing practice by developing the ability of learner to critically apply what was positively learned within the context of the situation they are faced with. Use of contextual learning as applied in nursing seek to cultivate critical thinking among learners within the context in which the activity takes place (Forners & Peden-McAlpine, 2006).

According Leeman (2003), critical thinking is entrenched in contextual learning principles. The use of contextual learning develops and enhance the learners' ability to develop leaners into critical thinkers and be able to solve problems in their inherent professional practice (Forners & Peden-McAlpine, 2006). This was the rationale behind implementing the training programme developed in the context in which the professional nurses' practice. The wellness clinics are located within district hospitals and they offer down referral for local clinics for further support of PLHWA and are stable or ready to be referred to local clinic. The clinics further offer support for local clinics in PLHWA and having some clinical and psychological problems that need referral.

The context of the theoretical framework emanates from the research findings including information obtained from the peer reviewed literature and policies that govern the nursing profession in South Africa. The South African Nursing Council (SANC) is the official body that provides guidance on a professional practice of nurses in South Africa. SANC is also part of the Department of Health and government in developing guidelines for provision of HIV/AIDS care to PLHWA by professional nurses in South Africa. The role of the SANC is constitutional, based on the constitution of South Africa (Department of Justice and Constitutional Development, 1996). The authorisation of SANC to promote provision of nursing services that is of quality for the South African community is delegated by the Minister of Health. Included in the mandate of SANC as provided for the Minister of health is that the council must determine policies that ensures that the education of training of nurses and the provision of health services by nurses registered under SANC are able to implement

the policies determined by the Minister of Health to ensure quality of health services. Also included in the role of SANC is to delineate the scope of practice for nurses registered and functioning within South Africa that ensure that nurses are accountable to their functions in both public and private sector.

The SANC does not have policy on specifically disclosure of HIV status to the partner, but however it does have a position paper on provision of HIV/AIDS care by nurses registered under the council. The SANC is further obliged to ensure that the policies developed by the Department of Health that guide the provision of care for nurses are duly implemented correctly as provided for as indicated in provider initiated HIV/AIDS counselling guidelines and Couple counselling guidelines (Department of Health 2010 & Department of Health, 2012). SANC (2004) policy on HIV/AIDS recognise that HIV/AIDS is a national emergency it therefore affirms the council partnership with Department of Health and stake holders whose interest is to fight the scourge. The nursing council commit registered nurses to respect the right to confidentiality of information related to HIV diagnosis and recommends that nurses should provide nursing care that is empathetic to social dilemma associated with the diagnosis. Social dilemma based on the research finding would include PLHWA who fail to disclose to partner and finds it difficult to initiate use of protection to halt the transmission of HIV to the partner who may not be aware of the existence of the infection due to fear of gender violence, fear of loss of the relationship financial and social support. Based on the Department of Health (2010) provider-initiated testing and counselling (PITC) the professional nurse has to continuously offer information that is contextual for the individual living with HIV to enable him/her to disclose and lead a quality healthy life The researcher will develop a training programme based on the mentioned policies and guidelines as stipulated by the various institutions and documents mentioned in Chapter 6 of this research report. The training programme recipients will be given a chance to critique and suggest additional information that would enhance their knowledge and practices to support people living with HIV and having challenges in disclosing to partners in the developed programme.

The following diagram depicts the flowchart that represents policy development for HIV/AIDS care that indicates **Political commitment to HIV/AIDS epidemic in South Africa** including the link that research findings have in linking the theoretical framework of Dickoff, James and Wiedenbach (1968). According to Dickoff, James

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and Wiedenbach (1968) nursing theory, a developed nursing theory should be able attest that nursing a profession with its own culture but able to co-exist with other profession which has been able to shape nursing to where it is today based on its historical origin of the Florence Nightingale era. The developed nursing theory should further be able to depict that nursing is not only concerned with nurse- patient care, nurses function in different setting which include supervision as administrative role, research as way that practice is enhance and not only a responsibility of nurses in academia but it include professional nurses who are in the practice area and are expected to improve the multifaceted dynamics related to patient care and the way that nurses interact with multidisciplinary team members which include also doctors and communities. The research findings of this study were therefore able to identify the challenges that professional nurses have in translating their own theoretical knowledge into practice on support that they should provide for PLHWA to disclose. The challenges that professional nurses have in translating their ethical knowledge to support PLHWA to disclose to partner including individual professional role to play in ensuring that individual disclose and prevent transmission of the HIV in a safe way for their psychological and social wellbeing. The research study has been able to establish the capacity and shifting needs of professional nurses in terms of knowledge, skills and practice that would enable them to provide support for PLHWA to disclose and control the transmission of HIV among partners.
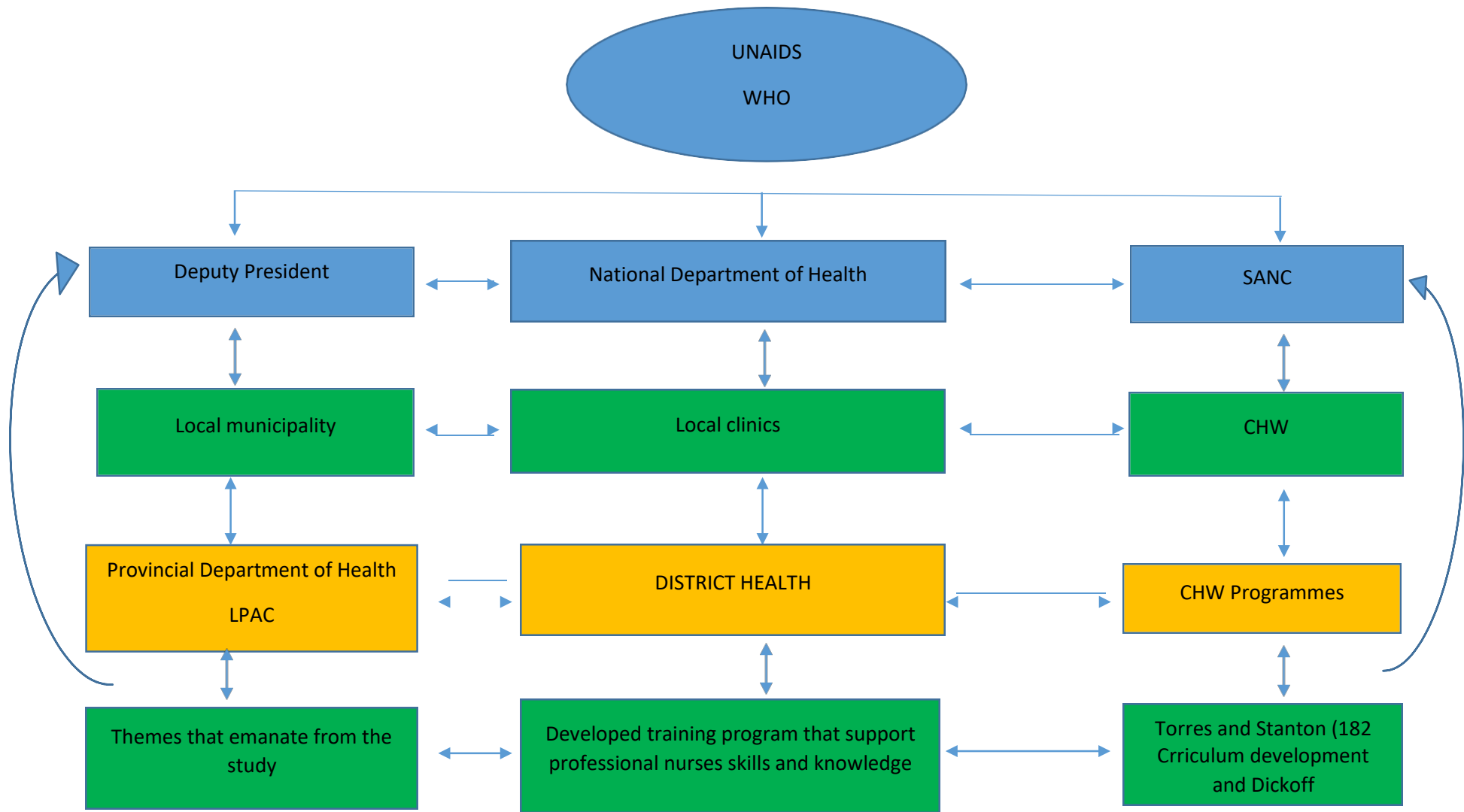
Figure: 5.2 Context Map to Develop training for Professional nurses to upgrade and update knowledge and skills in support for PLWH to disclose to sexual partners

UNAIDS (2000) guidelines encourage beneficial disclosure among partners, Medley, Garcia-Moreno and McGill (2004) also on behalf of the World Health Organization suggest that HCAT health services should be linked to community based programmes as an incentive to testing. The linkage to community based programmes should include support for disclosure to partner which ideally include PLHWA to coordinate and to provide the community awareness sessions on HIV/AIDS and should be directly linked in services with the health services. World Health Organisation (2012) with regards to couple HCAT warn professional nurses and other professionals who offer couple HCAT not coerce couples HIV antibody test and disclose when they are not ready. Professional nurses are encouraged to be sensitive to gender power imbalance that exist among partners and to consider that as they support partners to disclose HIV status.

According to the South African Department of Health's policy guidelines (2010) and World Health Organisation (2007) on the practice of professional nurses with regards to providing care to patients who are HIV-positive and who are unable to disclose their HIV-positive status to their partners:

▪ Health care providers are not allowed to disclose HIV-positive results to partners without the written consent of the client. However, there are exceptional circumstances in which the health professional is allowed to communicate a client's HIV-positive status to his/her partner, including the following:

▪ Where the partner is clearly known and is identifiable.

▪ The partner is at risk of exposure to HIV and the client has refused to inform his/her partner about the need to practice safer sex.

▪ The client has been informed of the intended action (WHO, 2007, DoH, South Africa, 2010).

According to both the WHO (2007) and the DoH, South Africa (2010), despite the fact that the health professional is allowed to disclose a client's HIV-positive status to his/her partner under these exceptional situations it is, however, recommended that the health professional consider the following:

- The client should be counselled and the importance of informing a partner about the HIV-positive status should be reinforced.
- It should be explained to the client that it is part of the right and responsibility of the health professional to warn the partner of the risk of HIV infection he/she might be facing.
- The client should be made aware that the patient's right to confidentiality may have to be compromised in circumstances in which he/she is knowingly infecting the uninformed partner.
- The client should, however, be offered an opportunity to inform his/her partner and be made aware that there is support from health professionals in situations in which he/she may require assistance.

Both policies further suggest the need to develop non-threatening ways for individuals who have challenges to disclose to partners within individual health services. WHO (2007) on provider-initiated testing and counselling (PITC) and WHO (2012) on couple HCAT further recommends that Member States should provide supportive social policy and legal framework that would promote disclosure of HIV among partner. WHO (2007) suggest that countries should provide community awareness campaigns that include PLHWA to promote rights and benefits of disclosure of HIV to partners. Health professionals which include professional nurses should receive ongoing supervision and support to strengthen their knowledge and skills on issues related to human rights which include the ability to support PLHWA to disclose to partner based on individual's issues related to informed consent. The guidelines further motivate the importance of recording and communicating information related to informed consent to HIV antibody test and disclosure to partner as a way of sharing information among health professionals responsible for care delivery for PLHWA. Involving and providing training sessions on disclosure of HIV antibody test to partner using informed consent should be provided for PLHWA.

The National Department of Health (2013) strategic plan on nurse education and training also indicates that South Africa is facing quadruple health challenges that emanate from the high incidence and prevalence of HIV/AIDS infection. Nursing education institutions must, therefore, consider improving clinical competency through training to ensure that professional nurses are ready to meet the health challenges of South African communities in consultation with the role and functions of South African

Nursing Council, the regulating body for nursing education and practice in South Africa. The strategy suggests trained professional nurses should have the ability to provide comprehensive HIV/AIDS and to manage other communicable and non– communicable diseases on completion of their training and education from nurse training institutions. Department of Health (2012) strategic plan on nurse education and training confirms that South Africa has a quadruple of the burden of disease which includes high prevalence of HIV and professional nurses should have expertise in terms of knowledge and practice to meet the health care challenge of South Africa's health care services. Nursing education institution should, therefore, considerimproving clinical training for professional nurses that will ensure that trained professional nurses have knowledge and practice skills that will enhance social accountability to provide competent nursing care that ensures expertise to manage the quadruple of contemporary diseases in South Africa (Department of Health, 2012).

5.2.1.2 Who, what performs the activity /Agent

Who, what performs the activity /Agent – The Researcher

Ability to design, implement and facilitate training	Good interpersonal and communication skills	Ability to evaluate training programme and support participants
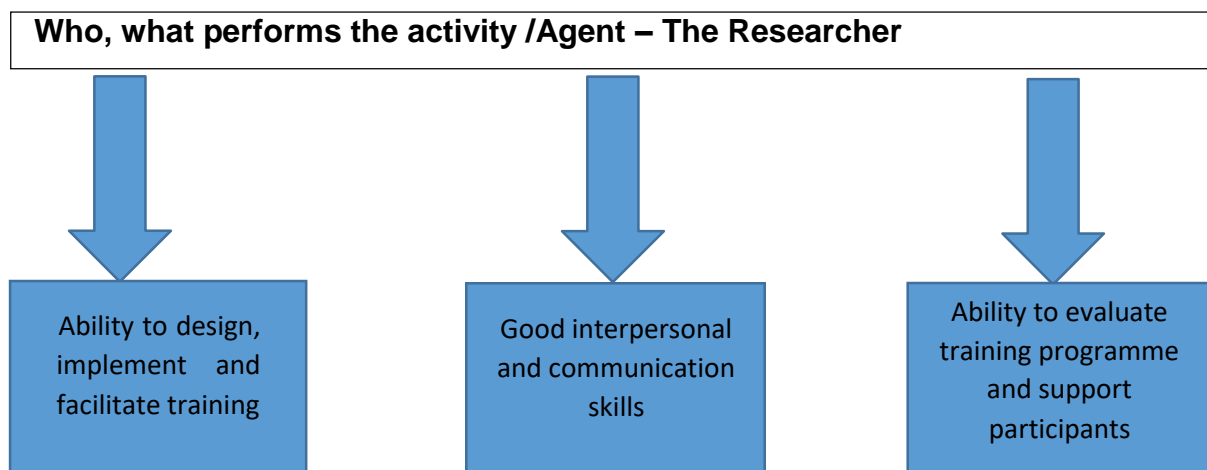
Figure 5.3 Who, what performs the activity /Agent

According to Dickoff, James and Wiedenbach (1968) based on the activity list of the theoretical framework and also as explained further by Nangombe and Justus (2016) an agent is the researcher who will also be facilitating the training programme to develop knowledge, skills and enhance abilities of professional nurses to support PLHWA to disclose to partners. The agent in the development of the programme plays a pivotal role as he/she is the main person in planning, coordination, and development of t h e training programme. The agent, therefore, should have the following

characteristics that would enable him/her to do so as described Nangombe and Justus (2016) as they cite Dickoff, James and Wiedenbach (1968)include:

- The skill and ability to design the programme, implement and evaluate the designed training programme.
  - The agent should have the ability to provide and facilitate the training so as to support the knowledge, skills, and abilities of professional to enable them to provide support for PLHWA to disclose to partners and reduce transmission of HIV and re-infection.
- The agent should be able to use teaching and learning skills that enhance good communication and interpersonal relationship among the programme participants. Based on the communication, teaching and learning skills the agent should be able to encourage lifelong learning among programme participants.
- The researcher as an agent should be able to use interactive learning skills and will continually refer to study findings to link and learning more related and effective for immediate use by the professional nurses who provide support for PLHWA to disclose to partners

The researcher will be the one who performs the activity which is to develop and implement a training program for professional nurses so that they are updated and upgraded in knowledge and skills would enable them to support people living with HIV to disclose to partner and develop sexual behavior that will halt the transmission of HIV among partners. The researcher will further describe a conceptual framework for the development of a training programme for professionalnurses.

5.2.1.3 Who or what is the recipient of the activity

The recipients of this training programme are professional nurses who are carers of PLHWA who are supposed to disclose their HIV-positive status to their partners. The process that professional use to support people to disclose their HIV status to partners emerged from the study results including for PLHWA who have difficulty in doing so. Challenges that professional nurses encounter has been highlighted during the discussion of findings in the previous chapter based on the shared experiences during the interview sessions and focus group conducted. The shared experiences that include the successes and hindrances will be included in a training program for professional

nurses who will be the recipient of the activity so that could be able to assist people living with HIV to disclose to their partners.

Recipient: Professional nurses providing care to PLWHA

Research findings	Policies and guidelines from SANC, WHO, UNAIDS	Attending the planned training programme
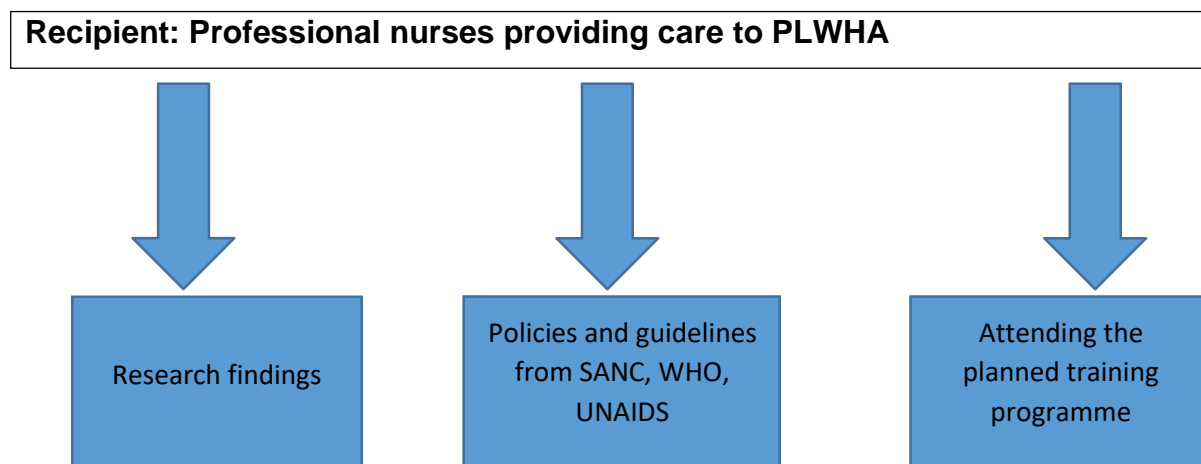
Figure 5.4: Who or what is the recipient of the activity Recipients

- Furthermore, the recipient of this activity who are professional nurses are expected to assist HIV-positive patients to disclose to their partners. The process that professional use during situational analysis to support patients to disclosure their HIV-positive status to their partners was identified including the difficulty that patients are experiencing to disclose. Challenges that professional nurses encountered were also highlighted based on the shared experiences during interviews conducted. The shared experiences included the successes and hindrances to support people living with HIV to disclose to partner was used in developing a training program for professional nurses. The practice of these professional nurses is guided by South African Nursing Council including the policies developed by the Department of Health in South Africa that guide the practice of professional nurses in providing comprehensive HIV/AIDS care.

A three days' training programme will be provided to professional nurses providing support for people living with HIV as outlined in Chapter 6. Training programme participants will be allowed to evaluate the developed training programme during the validation phase and be given an opportunity to make suggestions to improve the training programme. The programme will also be presented to a specialist in HIV/AIDS training in order to evaluate the programme and make the inputs so that it could address what is expected to for the recipients.

5. 2.1.4 What is end point of the activity?

End point of the activity is the - Training Programme

Implementation of the programme with professional nurses	Exit interview with PLHWA
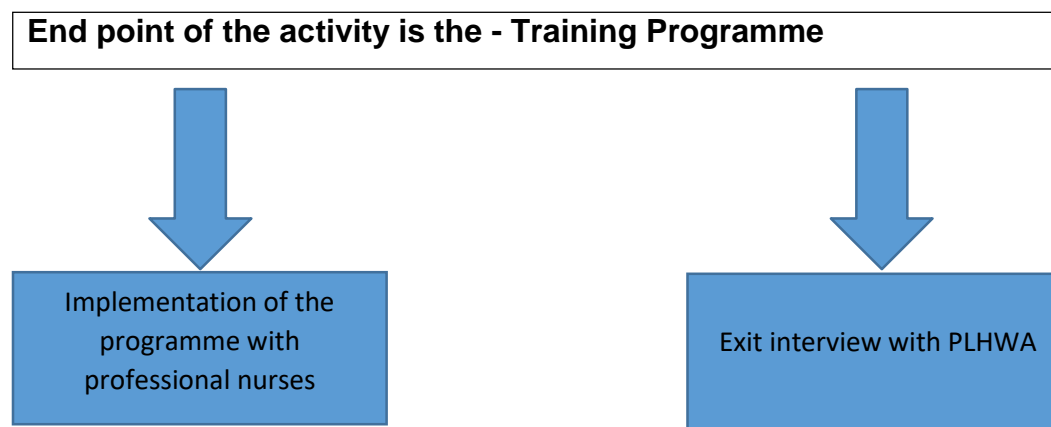
Figure: 5.5: What is end point of the activity?

The expected end point of the activity is that the programme is developed which could assist the recipient of it to assist the patients diagnosed with HIV be able to disclose to their partner about the HIV-positive diagnosis as motivated by the professional nurses who are taking care of them. The researcher intends to validate the developed training program with the recipient and also the HIV/AIDS training specialists. The exit interviews will also be conducted with PLHWA after consultation with the professional's nurses to verify if the developed programme could have an impact on how they be assisted to disclose their HIV-positive status to their partners.

The knowledge and practices of professional nurses providing care to people living with HIV in the 5 public district hospitals of Limpopo province will be enhanced through a training program developed in Chapter 6 which focused on the strengths, knowledge and practice gaps of professional nurses who care for people living with HIV disclose. The training programme is believed to close the identified gap so that the HIV-positive patients could be assisted to disclose to their partners.

5.2.1.5 What is the guiding procedure, technique or protocol of the activity?
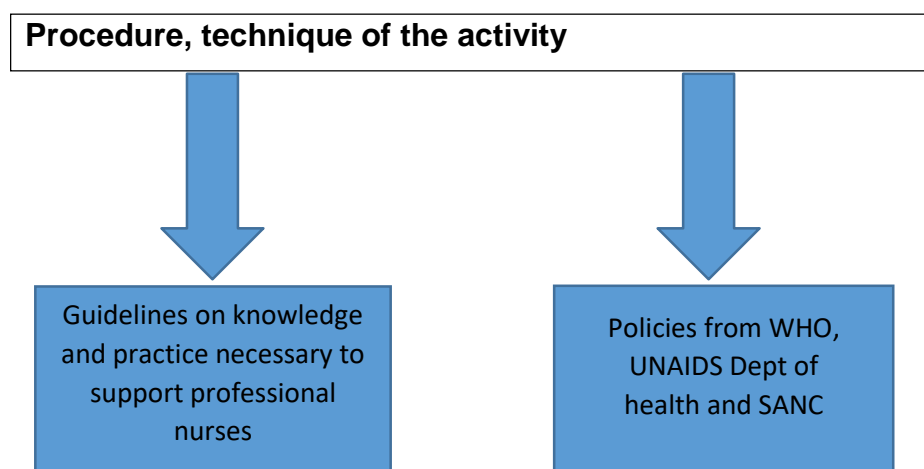
Figure 5.6: What is the guiding procedure, technique or protocol of the activity

A training program that will enable the professional nurse to manage the complexities and negative outcomes related to disclosure of HIV-positive status to the partner. Guidelines for the training programme to improve the knowledge and practices of professional nurses will be implemented. The knowledge and skills received from the training will enable professional nurses to assist the HIV-positive patients who have difficulties to disclose to partners to ultimately do so. The knowledge and skills necessary to upgrade and update the knowledge and skills of professional nurses to enhance support for people living with HIV/AIDS to disclose to partner will include the following:

Ability to explain **the concept disclosure of the HIV status to the partner** – in understanding the operational use of the concept. This would include the positive and negatives that individuals have to navigate before they decide to disclose to the partner.

Multiple interactions with a multidisciplinary team including people living with HIV/AIDS and community-based structures that support individual living with HIV will be discussed. The professional ethical prescripts that the professional nurses have to be familiar with at its application in practice based on the verbatim information they shared with the research in supporting individuals to disclose to partner. The discussion with professional nurses on ethical professional prescripts associated with the concept used in nursing and in relation to the law of the country including with other procedures   in

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health will be the center of the training programme.

Challenges that people diagnosed with HIV/AIDS face in disclosing the HIV status to partner including the stigma attached to the diagnosis, the culture and religion practice that may impact on the practice and knowledge application of professional nurses as they support people living with HIV to disclose to the partner based on the shared experiences of professional nurses related to phenomenon under study are address in the training programme and will be fully described during the 2nd and 3rd stage of programme development under study.

Suggestions on the information that professional nurses should consider and include in support of people living with HIV/AIDS will be discussed. This would include behavioral strategies and its relationship to antiretroviral treatment to ensure suppression of the viral load and improvement in the quality of health among people living with HIV. The role-play that demonstrates the process of support suggested in this training programme will be presented.

5.2.1.6 What is the energy source for the activity?

A training program which will provide solutions to common challenges that confront professional nurses when motivating HIV-positive patients to disclose HIV-positive status to partner will be guided by policies and guidelines of the following institutions which will be outlined individually on this section: related to **UNAIDS, WHO, SANC, HPCSA, Department of Health and SANAC**.

- Policy and Acts of the Government of South Africa which include the **Constitution of South Africa (1996).**
- **World Health Organization policy statement and guidelines**
- **UNAIDS policies and guidelines**
- **The Department of Health South Africa policy guidelines**
- The Role of **South African National AIDS Council (SANAC)** policy documents in which include Strategic Plan to guide the control and management of HIV/AIDS in South Africa is also drawn with Government and civil society.
- **South African Nursing Council (SANC) Acts and policy guidelines** that govern the practice of professional nurses in South Africa **including Health**

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Professional Council of South Africa (HPCSA) policies and guidelines related to disclosure of HIV/AIDS among partner and the practice of registered health professionals.

- **Literature obtained from** peer-reviewed research articles will be used to support the teaching and learning for professional nurses to upgrade their abilities to support PLHWA to disclose to partners

Department of Health South Africa and South African National AIDS Council South Africa have stipulated *Clinical guidelines for the management of HIV/AIDS in* adult's children and adolescents, Training Guidelines and Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa.

The Policies of the World Health Organization (WHO), UNAIDS and the Department of Health and its relevance to knowledge and practice of professional as they support PLHWA to disclose to a partner.

UNAIDS (2015) policy provide a guideline on probable strategies that the Member States could use to reach 90 – 90- 90 treatment targets by 2020 and eliminated the infection by the year 2030. The strategy aims to close the HCAT gap for those who do not know their HIV status, to protect the health of 22 million people living with HIV status who are unable to access antiretroviral treatment.

On behalf of World Health Organisation (Maman & Medley, 2004) suggested that, in view of the fact that disclosure of the HIV-positive status is stressful for PLHWA, health professionals should be able to identify the challenges that patients may face as they counsel and communicate with the individual HIV-positive patients in their care. The researchers further suggest that health professionals including professional nurses should assist and motivate HIV-positive patients with status disclosure problems to eventually disclose their HIV status to their partners as a public health measure that may reduce the transmission of HIV. Maman and Medley (2004) position paper on behalf of the World Health Organisation and the policy document on partner HCAT in South Africa (DOH, 2010) suggest that health professionals should identify multiple opportunities to encourage HIV-positive clients to disclose their status to their partners as one strategy to encourage HIV-positive patients to consider disclosure of HIV-positive status to partners. Policy on how health professionals could motivate disclosure of HIV-positive status to partners however explain that HIV/AIDS

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counselors should not use intention to disclose as a predictor of future disclosure behavior in their care to HIV-positive clients. Maman and Medley (2004) further indicate the importance of including communities in providing supporting and in improving the disclosure of HIV-positive status to partners. Accordingly, Maman and Medley (2004) suggest that the formation of community support groups be included in strategies that may assist in breaking down the cultural practices that contribute to a form of barrier preventing some Patient with HIV-related illnesses from disclosing their HIV-positive status to their partners. Where such community support groups exist research should be undertaken to determine the impact of these support groups in order to gain insights into how to strengthen and expand such initiatives within communities and consider using such lessons learned in other related projects.

The Theory of Dickoff, James and Wiedenbach (1968) and its link to developing the training programme, its link from theory to practice.

Dickoff, James, and Wiedenbach (1968) identified 2 themes that determine as to whether nursing theoretical framework provides a base for nursing practice that ensure the improvement of the current evolution of nursing practice that is contextual to contemporary health issues. The theoretical framework of Dickoff, James and Wiedenbach (1968) suggest four (4) features that indicate that nursing theory is able to identify that the nursing profession share power and co-exist with another health profession in the professional practice which are: -

- the developed nursing theoretical framework should be able to portray the historic relationship of nursing with other health disciplines and compare it with the current health provision situation
- the developed nursing theoretical framework should be able to further illustrate the different setting that nursing acts.
- the developed nursing theoretical framework should be able to depict the shifting needs of nursing clients at a given moment of service provision in relation to other health professions
- the developed nursing theoretical framework should be able to illustrate the variation in the capacity of the nursing practitioners as the variation among other health professionals (Ohashi, 1985).

5.3   REFLECTIONS

The study findings confirmed that there is a need for contextual training that would reflect on the current practice of professional nurses when they support people living with HIV to disclose to the partners. The researcher was able to identify themes and subthemes based on the qualitative data collected in which concepts related to support that professional nurses offer for PLHWA to disclose to partner were derived. The derived concepts include disclosure of HIV status to partner, ethics and ethical dilemma, multidisciplinary team, stigma and discrimination, strategies to support disclosure to partner, policy and its relation to support of disclosure of HIV status as implemented by professional nurses. The concepts then guided the researcher in the development of the training programme that is meant to provide knowledge and skills of professional nurses that would enable them to support people living with HIV to disclose. The identified concepts were able to identify the knowledge that a professional nurse needs to enable them to support PLHWA to disclose to a partner. The necessary knowledge that professional nurses need was derived from the policy documents the of World Health Organisation, UNAIDS, South African Nursing Council and peer-reviewed articles on the phenomenon under study. The derived concepts when confirmed with existing policies that guide the role of the professional nurses in relation to support they should offer to PLHWA is able to indicate that professional nurse has a distinct role to play and also have a role in the multidisciplinary team. The concepts do indicate that professional nurses are not subservient to other health professional and they complement each other, each with a clear role to play. The research findings could, therefore, articulate the Dickoff, James, and Wiedenbach (1968) theoretical framework suggestions on the relationship that a nursing theory should have with research and practice. The research findings did identify the role of professional nurses in offering support for PLHWA to disclose based on the expectations of WHO, SANC, and UNICEF. The current role of professional nurses was identified based on the study findings. The themes that emerged from the study findings were then discussed within the context of the policies of SANC, Department of Health including that of UNAIDS and WHO and with literature control and support of peer-reviewed articles that were able to identify the strengths and gaps in related to the practice, knowledge, and support that professional nurses offer to PLHWA on disclosure of HIV to partner.

The ability of the nursing profession to articulate and co-exist with other profession was also identified in a form of the strengths and limitation shared by professional nurses during the one-to-one interview and focus group. The role of other multidisciplinary members was identified and the strengths and limitation in relation to the way in which the professional nurse is expected to support PLHWA to disclose to partner and literature control that support the role expected role of professional nurses supported with peer-reviewed literature which further articulated the relationship that research findings found and articulate with Dickoff, James and Wiedenbach (1968) theoretical framework.

Professional nurses are not only meant to provide curative services as prescribed by other health professionals but however, they have a role to play in preventive and promote health service within their clinics and also in the community. The concepts derived based on the research findings based on the practice and knowledge of professional nurses as they offer support to PLHWA could be articulated passively with Dickoff, James and Wiedenbach (1968) theoretical framework.

5.4   CONCLUSIONS

The research results of the study have been able to inform nursing practice as suggest by Dickoff, James and Wiedenbach (1968) practice-orientated theory. The research findings and concepts that were derived from the study do inform the development of a theoretical framework that is meant to inform practice as suggested by theory according to Dickoff, James and Wiedenbach (1968) nursing theory that informs nursing practice based on research. The researcher has been able to use the research findings discussed in Chapter 4 of this report to link the findings to the Dickoff, James, and Wiedenbach (1968) practice-orientated theory. Peer-reviewed literature including South African Nursing Council policies and position papers were also included to indicate the relationship of nursing practice, research findings and Dickoff, James and Wiedenbach (1968) practice-orientated theory and its ability to improve nursing practice, knowledge and support professional nurses offer to people living with HIV to disclose to partner based on the challenges they face as the execute their provision of comprehensive HIV/AIDS care. The link between research findings in Chapter 4 and the relationship they have on Dickoff, James and Wiedenbach (1968) practice-orientated theory concepts was therefore discussed and will contribute to   the

developed of a training programme that will enhance the knowledge and skills of professional nurses to support people living with HIV/AIDS to disclose to partner as one of the important strategies to halt transmission of infections among people living with HIV. The training programme development will be discussed in Chapter 6.

CHAPTER 6

DEVELOPMENT OF A TRAINING PROGRAMME

6.1 INTRODUCTION

This chapter is meant to describe the training programme that would guide, enhance knowledge and skills of professional nurses on how to improve support PLHWA to disclose to their partners. The chapter used study findings as discussed in Chapter 4 were themes and subthemes that have emerged during Tesch's open-coding data analysis have been presented. The findings discussed in Chapter 4 of this report are based on the challenges shared by professional nurses as they support people living with HIV to disclose their status to partners. Chapter 3 provides an explanation of the methodology that guided the researcher throughout this study to obtain information from the professional nurses using one-to-one semi-structured interviews and focus groups interviews which assisted to achieve Objective 1 of this study.

The programme development will be guided by the objectives of the study as indicated in Chapter 1. The objectives of the study are as follows:

6.2 OBJECTIVES OF THE STUDY WHICH GUIDED DEVELOPMENT OF A TRAINING PROGRAMME

The Objective 1 was to explore and describe professional nurse's knowledge and practices in relation to support they provide to HIV-positive patients to disclose their HIV-positive status to their partners.

Objective 1 was aimed at providing baseline understanding of the challenges that professional nurses have as they support PLHWA to disclose to partners. The findings that emanated are used in this chapter to develop the training program which will update professional nurse's knowledge and skills to support people living with HIV/AIDS to disclose to partners.

Objective 2 was to describe a conceptual framework for the development of a training programme for professional nurses to HIV-positive patients to disclose their status to their partners. The literature reviewed assisted the researcher to include international and South African literature including policies that guide development of a nursing program and provision of comprehensive HIV/AIDS care. The conceptual framework

was guided by Dickoff, James and Wiedenbach (1968) theory in nursing practice which include six activity list as discussed in Chapter 5 of the research report.

Objective 3 which is Phase 3 of the research study which aimed at development a training programme to enable professional nurses to support PLHWA to disclose to partners. The research findings which are based on challenges that professional nurses face as they provide support to PLHWA to disclose to partners formed the content of the training. The research findings are integrated in the academic content to be presented to professional nurses to upgrade and develop their knowledge and skills to support PLHWA to disclose their HIV-positive status to their partners. Torres and Stanton (1982) curriculum development strategy was used as an educational intervention that enhance knowledge and skills of professional nurses during care provision to PLHWA to provide support that would enable them to safely disclose to partners.

The training programme for professional nurses present an updated information related to enhancing knowledge and practice of professional nurses on ways and means that they could use based on international and local experience shared in peer reviewed literature. The professional nurses will therefore, identify strategies that could be work based on their context of service delivery. Important concepts related to ethics and importance in supporting PLHWA to disclose to partners was re-enforced.

6.3 TRAINING PROGRAMME DEVELOPMENT

Torres and Stanton (1982) curriculum planning guide was used for the development of the training programme whereby an idea on how the training process will be delivered to meet the provisions of the learning outcomes is designed.
Based on Torres and Stanton (1982) there are four (4) teaching stages in development of a training programme namely: directive stage, formative stage, functional and evaluative phase which was used during the development of this programme. The following table presents 4 stages of curriculum development as suggested by Torres and Stanton (1982) which are presented as follows:

Table 6:1 Four (4) stages of teaching used in the training program as adopted from Torres and Stanton (1982).

1st Stage	Directive Phase	**The curriculum philosophy of the Training programme** **Glossary of concepts** **Theoretical base of the training programme** **Characteristics of the graduate**
2nd stage	Formative Phase	- Curriculum design and requirements - Level and course Objectives - Content map
3rd stage	Functional Phase	- Approaches to content - Teaching methodology and learning experiences - Validation of learning
4th Stage	Evaluative Phase	- Input - Throughput - Output

The teaching stages of the training program further include four (4) components which include learning outcomes, subject matter, teaching and learning methods, assessment criteria for the learning outcomes. Teaching and learning methods will be used to ensure the achievement of learning outcomes in a form of lecturers and class sessions, laboratory work and outreach sessions (Torres & Stanton,1982).

The rationale for selecting Torres and Stanton (1982) curriculum development approach is to guide the process of developing training programme that would provide knowledge and skills on disclosure of HV status among partners. The knowledge and skills derived from the training will assist the professional nurses to support people living with HIV/AIDS to disclose to partners. The stages have been applied as follows in the training programme:

6.3.1   1st Stage – the directive phase

Torres and Stanton (1982) explain that the **directive phase** provides the foundation on which the curriculum is build. It includes the curriculum philosophy of the training programme in relation to the world view of the recipients of the programme and to nursing profession. It also describes the terms of the programme which are indicated in a glossary, theoretical framework and its relationship to the concept mentioned, the characteristics expected from the recipients of the programme (Torres & Stanton, 1982). In this training program the researcher included the views of South African

Nursing Council as stipulated in the Nursing Act, 2005 Act No. 33 of 2005, The National Strategic Plan for nursing Education, training and practice, South African Nursing Council HIV/AIDS policy, Regulation regarding the scope of practice of nurses and midwives including the Charter of Nursing Practice Draft 1 related to the development of a training programme for nurses.

The 1ˢᵗ stage of curriculum development according to Torres and Stanton (1982) start with **the directive phase** which includes: -

- The philosophy for the curriculum
- Glossary of concepts used for the teaching and learning,
- Theoretical framework that underpins the envisaged training programme
- Characteristics of the graduate

6.3.1.1   The philosophy of the curriculum

The philosophy of curriculum is an accepted opinion and belief that guide the educational process and specify the value of the learners of the curriculum structure including the content. Based on nursing profession according to Torres and Stanton (1982) there is a belief system that nursing is a practice that cares for human beings who are entitled to dignity. The focus of nursing as related to health is, to ensure that individuals in their care which is provided by professional nurses is expected to ensure that individuals are able to maintain health. The philosophy of the curriculum also indicates that it is the duty of the nursing profession, in nursing education and training to ensure that nurses' knowledge and skills are able to respond to multiple health needs of the individuals, families and communities they provide care to. South African Nursing Council (2013) in its policy suggest that, nursing education institution should provide teaching and learning that enable nurses in South Africa to provide effective services that are responsive to the health needs of South Africa at primary, secondary and tertiary level of health services.

The teaching and learning provided to professional nurse should make sure that nurses are able to be creative, analytic and are able to interpret nursing needs that guide independent professional judgement. The philosophy for this training programme states that:

- Professional nurses provide humane care and frontline providers of comprehensive HIV/AIDS care and should include and contribute to reducing

and ultimately eliminating transmission of the HIV through encouraging disclosure of the HIV status among partners.

- Professional nurse's belief that people living with HIV/AIDS are **human beings**, with the right to safety, entitled to confidentiality and respect to ensure that they restore their dignity, live quality health life as partners and citizen of South Africa according to Bill of rights as enshrined in the constitution. Professional nurses therefore, have to contribute to creating an enabling **environment** for PLHWA to safely disclose to partners without compromising their **confidentiality** and informed consent clause of ethical practice.

- Professional nurses providing care to people living with HIV/AIDS to disclose to partners should be able to communicate identify social and economic challenges that may prevent disclosure to partners. Professional nurses should therefore be able to advice, support, initiate social networks that will provide support with the dynamic social context of individuals that could hinder disclosure to partners.

- The professional nurse has to safe guard the health, dignity and integrity of people living with HIV/AIDS by advising and offering support for disclosure to ensure quality life and health for people living with HIV/AIDS as it is a chronic disease. Professional nurses should therefore provide support that maintain professional understanding of ethical principles related to support for disclosure of HIV status to partner that ensures informed consent, confidentiality and able to build trust between the professional nurse and people living with HIV/AIDS.

- Professional nurses have the ability to halt transmission of HIV among partner through innovative community responsive interventions in support of partners to disclosure to partners

6.3.1.2   *Glossary for the philosophy of curriculum*

The glossary of concepts related to curriculum explain on how important terms related to the curriculum are used to provide clear understanding and communication of these terms during training.

Knowledge and understanding of the glossary concepts used in the training programme will further enable professional nurses to offer the desired support for individuals who live with HIV/AIDS and have peculiar challenges to disclose to partners. The glossary will also provide a mental image, relationship among the use

of these concepts. The glossary of concepts also modifies the use of concepts necessary for professional nurse to guide, support their knowledge and practice better as they counsel people living with HIV/AIDS to disclose to partner as they represent the challenges that they have in their practice.

Table 6.2: Glossary of concepts that are important for the programme

Term	Explanation and operational use of concepts in the training programme
Disclosure	Disclosure is an act of revealing personal important information that may expose the individual to the risk of either being accepted or rejected (Saiki & Lobo (2010)
Stigma	Stigma is a social construction on what is perceived by the individual and or the society as deviation from what is ideal expectation within cultural expectations which affects the individual status in the society (Visser, Makin,, Vandeormael, Sikkema & Forsyth, 2009; Uys, Chirwa, Kohl, Greef, Naidoo, Makoae, Dlamini, Durrheim, Cuca, and Holzmer, 2009; Reyes- Estrada, Varas- Diaz, & Martinez – Samson, 2015, UNAIDS, 2015)
Partner	Activities connected with physical attraction with involve intimate physical contact between individuals (Concise Oxford English Dictionary, 2006)
Ethical dilemmas	These are principles which direct and guide what is right or wrong as associated and agreed upon in the practice of nursing in performing specific duties in relation to ethical principles including difficult and conflicting situations that the nurse has to take decision is executing his/her professional duties (SANC, 2013; Nie et al, 2013).
Safer sex	The individual is able to make choices and to adopt behaviour to reduce or minimise the risk of acquiring or transmitting the sexually transmitted infection in this study including HIV UNAIDS (2011)
Informed consent	Mutual communication between the health professional before performing any procedure to enable the individual patient to have adequate information before making a choice to undergo the procedure related to his/her health or body and include how invasive is the procedure, benefits, adverse effects, physical, emotional and psychological risks (Skyanarama Rao, 2008, Monteiro, Barrosa, Vieira & Pinheiro, 2008).
Behaviour Change in HIV/AIDS infection	It is when the counsellor provides information related to individual social and health circumstance based on personal risks assessment to ensure the individual is able to make choices. The information include decrease in number of partners, behaviour that protect sexual partners not to acquire or transmit the infection in a form of use of condoms (UNAIDS, 2011; Coates, Richter, & Caceres, 2008).
Counselling	Counselling in HIV/AIDS care is communication between the counsellor who is trained and bound by ethics and practice to assist the client to explore important issues related to the client diagnose. Counselling also assist the counsellor and the client to try to resolve the personal, psychological, social and any difficult issue that may come under his/her knowledge in order to assist the client to adjust to diagnosis and behavioural changes associated with the diagnosis (UNAIDS, 2011).
Confidentiality	Communication provided by the counsellor post HIV/AIDS counselling and HIV antibody testing so as to provide information on how to cope with the diagnosis including to explore possible ways to disclose to the sexual partner which include referral to other health professionals, initiation for antiretroviral treatment and contraception. (UNAIDS, 2011).
Shared confidentiality	Is when the HIV status of the individual is shared among health professionals who provide direct care to PLHWA (UNAIDS, 2015; DOH, 2010) (UNAIDS, 2015)
Gender	Social characteristics associated with either being male or female, man or woman, boy or girl, including the relationship between man and woman or ether that is determined by the social environment including the way in which both are socialised with that society. Gender therefore determines what is expected, valued, accepted in the given social context (UNAIDS, 2015)
Health Care	Health care includes preventive, curative and palliative and interventions that are delivered to individuals and communities (UNAIDS,2015)
HIV-positive	A person who is HIV-positive because antibodies against HIV has been detected in a blood test Risk is a behaviour that increase the susceptibility to risk (UNAIDS, 2015)

Professional Nurse	A professional nurse is a person registered with the South African Nursing Council (2005). Nursing is profession that provide nursing care to health care users so that they are able to achieve health or live in comfort and dignity until death and is an able to assume responsibility and accountability for own professional practice (SANC, 2005)
Enabling Environment	Enabling environment is an environment that provide public protection, economic empowerment, legal protection including social norms, support knowledge, aware and healthy behaviour choices for the society (UNAIDS, 2015).
Competency based assessment	Competency based assessment is a patient–centred and it establish whether a student/learner has acquired knowledge and skills based on the desired learning needs.

6.3.1.3   The Characteristics of the Graduate

The characteristics of the graduate according to Torres and Stanton (1982) are the expected behaviours during completion of training. The characteristics include the reflection and expression of theoretical framework, content and expected practice of the learner/student in terms of the professional practice. The characteristics should be in line with philosophy and related important identified concepts that emanated from the theoretical framework of the planned training programme in this study is based on Objective 1.

6.3.1.4   Theoretical framework that underpin the training programme

The conceptual framework as guided by Dickoff, James and Wiedenbach (1968) theory in nursing practice's six activity list applied for the training programme as follows:

- *What performs the activity?*

The training programme developed by the researcher is meant for professional nurses who performs the activity of the support of PLHWA to disclose based on the themes of the research study that emerged and discussed in Chapter 4. The identified key concepts related to for professional nurses shared challenges during the interview sessions as they support people living with HIV/AIDS to disclose to partners are used to develop the content of the training programme. The researcher then identified key concepts to develop the training content which will enhance knowledge and practice of professional nurses to enable them to support disclosure of HIV/AIDS among partner as outlined in the 1st stage (Directive phase) as described by Torres and Stanton (1982) curriculum development approach.

- *Who or what is the recipient of the activity*

PLHWA who have challenges in disclosing to partners. In counselling and providing follow up the professional nurse will continue to offer information that is incorporated

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in each follow up session with individual persons diagnosed with HIV, on benefits and challenges related to disclosure of HIV status. PLHWA will be made aware of options available in the clinic that support PLHWA and having contextual problems to disclose. The professional nurse will further develop networks within communities, for support or arrange appropriate support relevant to individual challenge. The professional nurses will also motivate for formation of networks of support for people living with HIV and having challenges to disclose. The formation of support groups and use of people living with HIV who are open about the HIV status will be encouraged as integral part of HIV/AIDS care within reach of individual support. This culminated into about 8 training sessions that would last for about 4 hours per day in a selected hospital.

- *To what context is the activity performed?*

The context where the activity will be performed at wellness clinics of selected hospitals in all five districts of Limpopo Province. Professional nurses providing care for people living with HIV/AIDS will form part of the training programme.

- *What is end point of the activity?*

The expected end point of the activity is the developed training programme for professional who cares for people with HIV/AIDS and should be able to disclose to their partner. PLHWA should also be able to disclose to partners with relevant support appropriate to their needs. The training program will also be validated at the selected wellness clinic. A training programme will be discussed on **3rd stage – Formative stage** of the curriculum.

- **What is the guiding procedure, technique or protocol of the activity?**

A training program that will enable the professional nurse to manage the complexities and negative outcomes related to disclosure of HIV-positive status to the partner. Guidelines for implementation of the training programme to improve knowledge and practices of professional nurses will be developed. The knowledge and skills received from the training will enable professional nurses to assist the HIV-positive patients who have difficulties to disclose to partners to ultimately do so. The content of the training programme will also have strategies that will be used for implementation and will be discussed in 3rd stage.

- **What is the energy source for the activity?**

The energy source for the activity is the challenges that confront professional nurse when motivating HIV-positive patients to disclose HIV-positive status to partner. Torres

and Stanton (1982) process of curriculum development will guide the process of development of adult education, teaching and learning for professional nurses. The professional nurses will have presented with the envisaged training program that include their shared experiences and will be expected to critique and suggest additional information that would enhance their knowledge and practice to support people living with HIV and having challenges in disclosing to partners during validation of the training programme.

6.4. APPLICATION OF 1st STAGE – DIRECTIVE PHASE IN RELATION TO THE DEVELOPMENT OF THE TRAINING PROGRAMME

The application includes philosophy of the training programme, use of glossary and characteristic of the graduate.

6.4.1 The philosophy of the training programme

The researcher used the themes that emanated from the research findings to develop the philosophy of the training programme. Policies that guide the practice of professional nurse in South Africa from the South African Nursing Council and the Department of Health were also used. The use of philosophy in developing a training programme as guided and suggest by Torres and Stanton (1982) assisted the researcher to include challenges that professional nurses shared as they support people living with HIV to disclose to partners. The challenges shared by professional nurses are used as expert knowledge that Torres and Stanton (1982) indicates is important to provide positive outcomes of the desired training programme.

6.4.2 The Glossary

Themes that emanated from the shared experiences of the professional nurses as they support people living with HIV/AIDS to disclose the status to partner are used to identify concepts that are important to upgrade and update the knowledge and practice gaps of professional nurses that would contribute to improved skill to support people living with HIV to disclose to partners. Concepts for the training are derive for recurring themes based on the study findings in chapter 4 of this research study. The researcher

in developing the training programme further refined the concept as core idea of the training programme.

The belief around the concepts that make up the glossary for the training programme is that people living with HIV/AIDS are human beings who deserve respect and not stigmatised or discriminated, who should be confidentially ensured on all information shared with the professional nurses professional. Professional nurses should understand that they cannot coerce individual living with HIV/AIDS to disclose to partner but they may do so with the permission of the individual.

Glossary terms used, include some concepts used by

- World health Organisation (WHO) in the training related to disclosure of HIV-positive status to partner among people living with HIV
- Department of Health and South African Nursing Council acts, directives and policy position statements**.**

6.4.3. Characteristics of the professional nurse who will be trained

She or He must be registered with South African Nursing Council and have the ability to provide humane nursing care and be able to communicate professionally and provide correct information on disclosure of HIV status to the partner. The professional nurse must be able to identify the social, economic and psychological dynamics that affect people with HIV/AIDS. In recognising the economic, social and psychological context of individuals the professional nurse must be able to plan and provide nursing care that demonstrate knowledge and understanding of ethical principles based on the professional practice of professional nurses. The professional nurse must be able to counsel and provide ongoing support using multiple knowledge and skills. Professional nurse must be able to work and communicate with other multidisciplinary health team members including recognised community-based health groups that support people living with HIV/AIDS and apply professional statutes of South African Nursing Council that guide the practice of nursing in South Africa which include the following:

6.4.4 The Application of the theoretical framework that underpin the training programme related to 1st stage

Ohashi (1985) paper in indicating how Dickoff et al. (1968) theoretical framework ideas has contributed to nursing practice and research over time, indicates that nursing

theory should not only focus on nurse patient relationship and how the nurse takes orders on patient care from the doctor. The suggestion of theory is that nursing theory must relate practice to research and research and practice must contribute to each as two academic spheres which are interrelate, as a way of developing nursing as profession and connecting theory development, research and nursing practice. The researcher therefore has developed a training programme that seek to improve knowledge and practice to support PLHWA to disclose and also demonstrating how the study findings relate to Dickoff et al. (1968) theoretical framework that motivates that the evolving theories of practice in nursing, should relate to research and research and practice should inform each other.

Dickoff et al. (1968) theory suggest that in developing the nursing theory, the theory should be able to identify the link the development of nursing and its history as profession that articulates its professional function to contemporary health dynamics. Disclosure of HIV to partner and the support that professional offer and should offer has been able to indicate this in this study. The study findings of the research study have identified additional knowledge and skills that professional nurses need in order to support PLHWA to disclose as they provide support of disclosure to partners working with other multidisciplinary team members and maintaining professional ethics and statutes as guided by SANC and Department of Health in South Africa. The themes that emanated from the research study as they are confirmed by peer reviewed literature further indicates the role that professional nurse could play in support for PLHWA to disclose to contribute to control of transmission of HIV among partners in individuals they provide care to.

Support that professional nurses should offer to PLHWA to disclose is a challenge but an important component of disclosure of HIV status to partner that seek to control and halt the transmission of infection to among partners. The nursing care that professional nurses offer as frontline health provides has shifted from providing treatment only they have to offer information that would enable PLHWA to have quality life, alter their sexual behaviour by disclosing to partner, suggest that the individual initiate condom use and motivate the partner to be HIV antibody tested to access treatment as well. The professional nurse also as part of the counselling, HIV antibody testing and follow up has to include the importance of disclosure to partner and ask about challenges that the individual may have in disclosing (WHO, 2007; DOH, 2012). The cited roles indicate that role of the nurse has shifted which corroborates with that nursing theory

of Dickoff et al. (1968) theoretical framework that suggest that a developed nursing theory should vary as the structure, function and context of practice based on the complexity of health care vary. Support that professional nurses should offer to PLHWA to disclose provides a challenge to professional nurses as they have to function beyond what the tradition nursing expects. It includes improved communication skills to motivate, support the individual to find ways to disclose based on contextual problems.

6.5 2nd STAGE - THE FORMATIVE PHASE

Formative phase provides direction on the programme outcomes. The formative phase consists of 3 components which are curriculum design, requirement levels for the course objectives and curriculum map.

6.5.1 Curriculum design

Curriculum design identify the way in which learning will be arranged to provide meaning, learning experience required, levels of course objectives and content mapping. This include the requirements of the course which are areas related to the profession and those that are related to other disciplines but essential to build up to provide better understanding on the subject matter.

The rationale on the training programme understudy is to develop a training programme for professional nurses who provide support to HIV/AIDS people to disclose HIV-positive to partners. The researcher identified concepts that would guide the training based on the verbatim information shared by these professional nurses as presented in Chapter 4 which emanated from Objective 1 of the study.

The researcher has identified the horizontal and vertical strands that was used to develop the training program which are outlined as follows:

The horizontal strands as explained by Torres and Stanton (1982) explain the discipline and the content constantly used. The vertical strands give meaning to the content area.

Horizontal strand

In this training the Horizontal strand support which professional nurses should offer support to people living with HIV/AIDS to disclose in terms of knowledge and skills. The horizontal strand assists in focusing the content of the vertical strands. The

following diagram (figure 6.3) indicates the horizontal and vertical strands for the training programme that will assist professional nurses to support people living with HIV/AIDS to disclose to partner. The following diagram depicts the alignment of the training programme and the relationship that the research findings has with the content derived from these research findings.
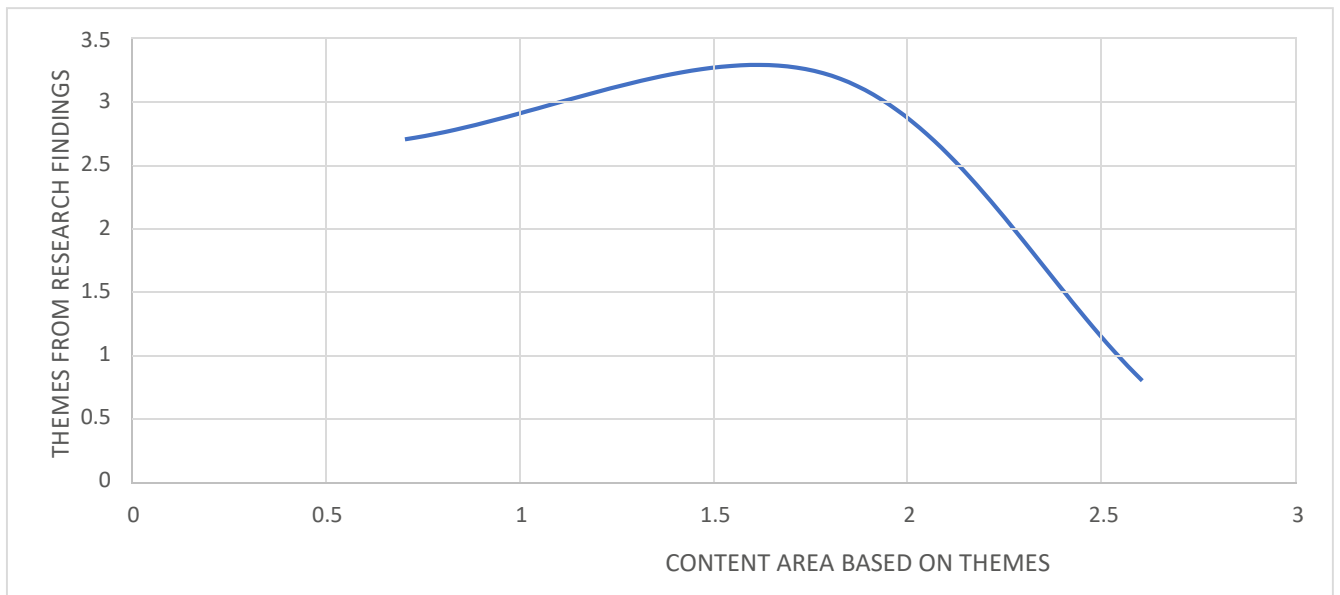
Figure 6.3 Relationship of research findings and content of training programme

Content of the programme is guided by the learning outcomes which address the findings based on themes and concepts that have emerged during data analysis in Phase 1 of the research study including information explained in the Directive Stage as explained in the 1st Stage of the development of this training programme. The details of the content area will be explained during 3rd Stage which is the Formative stage as explained by Torres and Stanton (1982).

At the end of the training, professional nurses should be able to support people living with HIV/AIDS based on the context of their life challenges that could hinder disclosure to partners. This will be based on the horizontal strands that are related to the research findings that emanated into themes.

6.5.2 Specific learning objectives

The learning objectives will assist the agent to ensure that the planned learning is able to meet the identified needs. Learning objective guide the agent who is the researcher and to assist the recipient who is a professional nurse to master the desired skill   of

assisting the people living with HIV/AIDS to disclose to their partners. The desired behaviour to be mastered in the learning objective is in a form of knowledge, skill and attitudes. In this training program the researcher plan to ensure that the professional nurses are able to have knowledge, skills and attitude that would enable them to provide support to people living with HIV/AIDS.

The following are the learning outcome/objective of the training program envisaged:

Learning Objective (LO) 1: Professional nurses should be able to explain the concept "Disclosure of HIV status to partner". In this LO it is expected that the social, psychological and economic challenges that people living with HIV/AIDS may face and the role of the professional in contextualising the challenges based on some of the policies of SANC be included.

LO2: Professional nurses should be able to explain the disease progression, initiation of treatment and its implication on lack of disclosure. In this LO it is expected that the link of the knowledge to research findings to update and upgrade the knowledge and skills of professional nurses to enhance support for people living with HIV/AIDS to disclose to partners be highlighted.

LO3: Professional nurses should be able to counsel and communicate effectively with the individual person newly diagnosed with HIV/AIDS. Identify and agree on the challenges which they might have to disclose to partners based on the information that individuals share during consultation.

LO4: The professional nurse should be able to draw a plan with individual client based on shared information and provide appropriate support to enable people living with HIV to disclose to partner. Where the individual is unable to disclose to partner it is expected that provision of necessary information that could assist the individuals to prevent secondary infection and transmission of the infection to the partner with unknown HIV status.

LO5: Professional nurses should be able apply sound ethical knowledge based on ethical dilemma related to disclosure of HIV status, interpret them and be able to function optimally with such challenges based on the policies of SANC and DoH. **LO6:** Professional nurses should be able to identify members of the multidisciplinary team and the role that each multidisciplinary team member play in HIV/AIDS care. Strategies that could be used by professional nurses are presented in the programme.

LO7: The training programme for professional nurses should be able to integrate the learning outcomes and use the suggested process that could be used to support people living with HIV/AIDS to disclose to the partner as illustrated below.

The content of training will reflect on the study findings that have identified that for the professional nurses to support PLHWA to disclose they need updated knowledge on the process that PLHWA undergo to be able to disclose to partners. It is the role of professional nurses to communicate the benefits of disclosure to partners to PLHWA and provide information on what the health service is able to provide for those who have individual problems to disclose to partner as one way of improving quality of health of PLHWA. It is the role to refer and encourage PLHWA not to transmit the HIV to partner including re-infection to themselves and including the health challenges related to unprotect sex among PLHWA including its detriments to antiretroviral treatment. Ethical dilemmas that professional nurses encounter that challenge their ability to support PLHWA to disclose to partner was identified in the research findings and subsequently addressed in the training programme. Professional practice policies as prescribed by South African Nursing Council, Department of Health, WHO and UNAIDS are also integrated in the training programme to the ability of the professional nurses to support PLHWA to disclose. Strategies to enhance the knowledge and practice of professional nurses to support PLHWA to disclose are suggested based on the challenges that professional nurses shared with the researcher that prevent the ability of individuals to disclose to partners.

The following is the content map of the training programme that the researcher developed for professional nurses to enhance knowledge and skills that would enable them support PLHWA to disclose to partner.

CONTENT MAP

SESSIONS

TEACHING & LEARNING METHODS

SESSION 1 ☐ Learning Objective 1 ☐ Learning Objective 2 ☐ Learning Objective 3	→	Pre – reading Pre – test Face to face presentatio
SESSION 2 Consolidation of: - Learning Objective 1 Learning Objective 2 Learning Objective 3	→	Face to face presentation Group discussion Case study
SESSION 3 Learning objective 5	→	Pre – reading Individual assignment Self- reflection Face to face presentation
SESSION 4 Learning objective 4 Learning objective 5 Learning outcome 6	→	Pre – reading self – reflection Individual assignment Face to face presentation

Figure 6.4 Content Map

6.6 THIRD (3rd) STAGE FUNCTIONAL STAGE

According to Torres and Stanton (1982) the functional stage of curriculum development is when the plan of the training programme is implemented in practical format. The functional stage includes the way the learning content is organised and put into practice., It also include the teaching methods selected and how they will be used during training including learners' experiences which will ensure achievement of learning outcomes. The functional stage also includes the assessment of the learning outcomes of the total programme according to plan and how it was implemented.

6.6.1 Content

The content identified should be able to reflect the curriculum developed. According to Dickoff et al. (1968) nursing theory, nursing practice and nursing research are interrelated and interdependent. Nursing theory emanates from nursing practice and the generated theory in nursing should be applied and have the ability to be articulated with nursing practice and contribute meaningfully to improved nursing practice as it articulates to the nursing theory. The study findings based on Phase 1 of the research study as it relates to Dickoff et al. (1968) theory in nursing practice has guided the development of the training programme for professional nurses which could be used to enhance knowledge and practice to improve support for people living with HIV/AIDS to disclose to partners. The study findings based on Chapter 4 of this study are utilised to develop the training programme.

The envisaged training programme content will include what is explained in the 2nd stage as outlined by Torres and Stanton's (1982) process of curriculum development in the Formative Phase.

6.6.2 Teaching/facilitation Methodology selected for this trainingprogramme

The following facilitation methodologies were chosen:

The experiential learning, which comprise of face to face learning, case study and role play.

Experiential learning is a simulated teaching and learning strategy wherein a real situation is imitated to create imagination of the real situation to students to allow students to learn to be more flexible and develop better insight on practice (Fenske, Freeland, Price and Brough, 2015). In experiential learning students become involved

in concrete activities which include processing knowledge and skills through experience and reflection (Murray, 2018). In experiential learning the link with experience become meaningful for learning to occur as it become real whilst being simulated in a more flexible environment. Experiential learning offers an opportunity for students to engage and learn from one another based on individual experiences. Strategies for experiential learning may include pre-test and post-test, role playing, case studies which are examples. For the purpose of this training the researcher will include face to face presentation, role play, case study as teaching and learning strategies for experiential learning.

The prepared case studies will be simulated through the use of role play which will assist professional nurses to recognise and assimilate knowledge and skills necessary to improve support among partners diagnosed with HIV (Mills, West, Langtree, Usher, Henry, Chamberlain–Salaun & Mason, 2014; Fenske, Freeland, Price & Brough, 2012; Brenner, Sutphen, Leonard, & Day, 2012).

- **Face to face lecture**

Face to face is a teaching method where the lecturer is able to meet the students directly and engage with them physically including with the learning content (Stacey & Wiesenberg, 2007). In this training programme f**ace to face lecture teaching will** be used by the researcher to set the tone for the training and also to consolidate what was discussed and clarified during experiential learning to clarify concepts in relation to study findings and to the topics studied. **The rationale for selecting face to face teaching is that: -**

- Face to face teaching has flexible planning and assist the facilitator to interact with learners, assist learners to engage with content, clarify issues that students are not sure of.
- Students are able to have a chance to meet, interact physically and participate in the discussions
- Face to face teaching provide an opportunity for individual student for life long connection on practice related to the intended profession in an organised format (Stacey & Wiesenberg, 2007)

- **Case study**

The use of a **case study** in this training is to stimulate theoretical relation because a narrative practical clinical situation simulated on real–life situation executed. It further goes beyond clinical situation to include psychological and social aspects to bring learners attention to multiple needs and multiple context of nursing care provision (Cogo, Pai, Aliti, Hoefel, Azzolin, Busin, Unicovsky & Krusse, 2016). In this study professional nurses will be given a case study as stated below in activity 1 session 1.

Role Play

Role play is planned to create an environment that stimulate the real situation in this training programme (Cogo, Pai, Aliti, Hoefel, Azzolin, Busin, Unicovsky & Krusse, 2016). **Role play** allows the chosen character to play someone else role so as to sensitize participants. This dramatic experience makes the experiences real as the real situation is imitated as stated in. The rationale for selecting role play as one of the teaching strategies is to provide a simulated live situation to provoke intense discussion among the professional nurses attending the training and the researcher to make the training more real and meaningful to link to real practice.

- *Pre- reading*

Pre – reading is reading before the actual learning which include the reading before the actual learning to assist the learner to reconnect existing knowledge and relate to the new learning to make it more meaningful (Hwang & SDU, 2011; Hague, 2010). In pre–reading the learner /student also reads the specific text to get the general sense and understanding on the phenomenon under study. The reader/student read the text in advance in order to familiarise with knowledge which will be found in the main text the pre- learning before the actual learning therefore assist the learner to reconnect existing knowledge and relate to the new learning to make it more meaningful.

The use of pre- learning reading in this training programme will assist the professional nurses to link the knowledge related to the training offered in workshops related to HIV/AIDS offered by employer including policies related to professional practice.

- *Discussion*

Discussion a teaching method where learners/students interact and communicate to each other, guided by collective interest and attention to common goal (Lucchese, de

Souza Carlexto, Vera, de Paulo, Veronesi & da Silva Fernados, 2015). Students exchange ideas among each other with or without a teacher for the purpose of expanding thinking, reflective learning, understanding and problem solving that reflect on real practice challenges and needs (Larson, 2000). In this training programme discussion will be used to help professional nurses to engage in the lesson verbally so as to develop further thinking and communication on how to support PLHWA to disclose to partner. The researcher will pose questions that will allow the professional nurses to discuss freely with each other on challenges they face in support of PLHWA to disclose and come up with possible solutions to the challenges.

6.6. 3 The application of 3rd stage – Functional Stage to curriculum development

The functional stage of the curriculum represents how the developed training will be put in action including how the three components of the programme will be articulated (Torres & Stanton, 1982). The three (3) components of the training programme will be articulated in the functional stage and it will include the content approach that the researcher will use, the use of teaching and learning methodology and experience necessary to meet the objective for teaching and learning. The validation of the training programme to assess its relevance and ability to meet the relevant training objectives.

6.7 TRAINING PROGRAMME

The developed training programme emanates from research findings discussed in Chapter 4 that represent the verbatim information shared by professional nurses on challenges they experience as they support people living with HIV/AIDS to disclose to partners. The training programme will use contextual learning as it based on the narratives and stories of the professional nurses that they shared with researcher based on the experiences as they support PLHWA to disclose to partner (Lubben, Campbell & Dlamini, 1996). Fornesis and Peden–McAlpine (2006) indicate that contextual learning enhance critical thinking in learning for nurses in the practical area as it connects what develop the ability of learners to apply what they have learned positively in the practical area to what is real and nurses face in their daily real practical situation which is their contextual professional situation. Critical thinking is embedded is central in contextual learning and it guides the principles that nursing teachers should include as the construct learning for nurses that aim at constructing new knowledge that aim at solving

challenges that professional face in daily professional practice. It uses teaching and learning strategies such as reflection and dialogue to assist learner to recall, interpret and understand the context of the present nursing situation practice (Fornesis & Peden–McAlpine, 2006). Reflective learning and dialogue among professional nurses in a form of discussion groups will also be included.

The planned training will therefore be aligned with the research findings and the requirements for acquiring Continuing Professional Development (CPD) points based on SANC (2015), SANC (2015) stipulates that each professional nurse is expected to accumulate 15 CPD points per year of continuing learning as part of annual renewal of license to practice in South Africa. The training will be provided in 4 sessions which would last for about 6 hours excluding 1-hour lunch (Health Professional Council of South Africa, 2008).

Table 6.3: *The learning outcome grid and related learning taxonomy*

Learning Objective/ Learning Outcome	Learning Domain	Teaching and learning Activity	Student activity	Assessment
LO1: Professional nurses should be able to explain the concept "Disclosure of HIV status to partner". In this LO it is expected that the social, psychological and economic challenges that people living with HIV/AIDS may face and the role of the professional in contextualising the challenges based on some of the policies of SANC be included.	Cognitive (Knowledge)	Face to face lecture	Reflection Group Discussion Pre- test Pre- reading	Pre – test and post- test on ongoing
LO2: Professional nurses should be able to explain the disease progression, initiation of treatment and its implication on lack of disclosure. In this LO it is expected that the link of the knowledge to research findings to update and upgrade the knowledge and skills of professional nurses to enhance support for people living with HIV/AIDS to disclose to partners be highlighted.	Cognitive	Face to face lecture	Self-Reflection Group Discussion Pre- test Pre- reading	Ongoing on pre- test and post test
LO3: Professional nurses should be able to counsel and communicate effectively with the individual person newly diagnosed with HIV/AIDS. Identify and agree on the challenges which they might have to disclose to partners based on the information that individuals share during consultation.	Affective and cognitive	Face to face	Self-Reflection Group Discussion Pre- test Pre- reading	Ongoing on pre- test and post- test
LO4: The professional nurse should be able to draw a plan with individual client based on shared	Cognitive and affective	Face to face	Group reflection Self refeltion	Individual assignment

information and provide appropriate support to enable people living with HIV to disclose to partner. Where the individual is unable to disclose to partner it is expected that provision of necessary information that could assist the individuals to prevent secondary infection and transmission of the infection to the partner with unknown HIV status.				
LO5: Professional nurses should be able apply sound ethical knowledge based on ethical dilemma related to disclosure of HIV status, interpret them and be able to function optimally with such challenges based on the policies of SANC and DoH.	Cognitive and cognitive	Face to face	Group discusses Self-reflection	Individual assignment
LO6: Professional nurses should be able to identify members of the multidisciplinary team and the role that each multidisciplinary team member play in HIV/AIDS care. Strategies that could be used by professional nurses are presented in the programme.	Affective, Cognitive and psychomotor	Face to face	Group discussion	Individual assignment
LO7: The training programme for professional nurses should be able to integrate the learning outcomes and use the suggested process that could be used to support people living with HIV/AIDS to disclose to the partner as illustrated below	Psychomotor, cognitive and affective	Face to face	Group discussion	Individual assignment re – test and post – test

✓ **Prerequisite for training**

Registration with South African Nursing Council as a registered nurse (General Nurse and Midwife it may be at Diploma or Degree level). Experience of working with people living with HIV/AIDS for 3 years, providing counselling and comprehensive HIV/AIDS care (working in a wellness clinic).

SESSION 1

Table 6.4: Session 1: Teaching and learning GRID

Learning Outcome	Teaching and Learning method	Assessment of learning	Duration of the Session
LO1: Professional nurses should be able to explain the concept "Disclosure of HIV status to partner". In this LO it is expected that the social, psychological and economic challenges that people living with HIV/AIDS may face and the role of the professional in contextualising the challenges based on some of the policies of SANC be included.	Pre – reading, pre-test Face to face teaching	Post – test Face to face presentations Consolidation	5 hours
	Pre- reading Pre-test	Post – test and face to face presentation	Included in LO1 hours

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LO2: Professional nurses should be able to explain the disease progression, initiation of treatment and its implication on lack of disclosure. In this LO it is expected that the link of the knowledge to research findings to update and upgrade the knowledge and skills of professional nurses to enhance support for people living with HIV/AIDS to disclose to partners be highlighted.	Face to face presentation	question and answer session	
LO3: Professional nurses should be able to counsel and communicate effectively with the individual person newly diagnosed with HIV/AIDS. Identify and agree on the challenges which they might have to disclose to partners based on the information that individuals share during consultation.	Pre- reading Pre – test Case study Presentation	Post – test Presentations	

✓ **Teaching and Learning Method**

Pre–reading–prior to commencement of training. Pre–test provided on the day of training prior to the commencement of training

o **Pre – reading**

The pre–reading is given prior to the training for the professional nurses to read and revise to remind themselves on what the existing training manual is and policies

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Session 1: Activity 1 Pre–reading

- Department of Health. 2012. **HIV counselling and HIV antibody testing– Participants manual HCT counselling training manual**
- South African Nursing Council.2005. **Nursing Act, 2005 Act No. 33 of 2005**.
- Department of Health. 2013. The **National Strategic Plan for Nursing Education, Training and Practice, South African Nursing Council HIV/AIDS policy 2012/13 – 2016/17**
- South African Nursing Council**.** 1991**. Regulations relating to the scope of practice of persons who are registered or enrolled under Nursing Act 1978. Government notice R260 as amended (1991)**

> • South African Nursing Council. 2004. **The Charter of Nursing Practice Draft 1.**

ACTIVITY 1: PRE–READING

Procedure for Pre–Reading

- ▪ The professional nurse is advised to read the stated reading materials which are extracts from policy documents from the Department of Health South Africa, supporting non- governmental organisation.
- ▪ The professional nurse is advised to reflect on the extracts in relation to his/her practice.
- ▪ The researcher will therefore, extract what was shared with the researcher during the research study and integrate this to the training session
- ▪ The professional nurse is expected to write notes on the activity including his/her reflection on practice and knowledge related to support offered to people living with HIV/AIDS on disclosure to partner.

The objectives of pre–reading in relation to the training programme

Pre-reading prepares the learner to read, so that the learner could have prior knowledge on the phenomenon under study. Pre-reading further assists the professional nurse to connect with the new knowledge that he/she has to acquire in the coming training. Professional nurses will be provided with pre-reading material that could assist them to connect with what they already know, their experiences, knowledge and practice gaps that were identified in the results which might hamper the ability to support people living with HIV/AIDS to disclose to partners.

ON DAY 1 OF TRAINING
Session 1
Learning Outcomes:
L1, L2 and L3
Teaching and learning method
Pre–reading

Pre–Test

Face to Face Presentation

Pre–test in teaching and learning is an assessment tool that is that does not put a score on level of knowledge of the student/learner but rather establish knowledge on the subject matter planned for the phenomenon under discussion. A pre-test establishes the depth of knowledge on the subject matter from individual student and familiarise the student with the depth of training and what to expect before commencement of training. The pre–test further assist the facilitator before the commencement of training to identify further unknown learning gaps and strengths that the trainer will need to adjust before the commencement of training (Berry, 2008).

The objective of use of pre-test in the training understudy

Is to set a tone for teaching and learning for both the professional nurses and the researcher to guide the training sessions and adjustment and improvement of the planned training.

Procedure for the pre-test

The facilitator will administer the pre-test on the day of training. The prepared pre-test is based on the content of training including concepts that were discussed in the glossary and philosophy of the training programme as highlighted in the Directive phase of this planned training programme as suggested by Torres and Stanton (1982). The professional nurse will write the answers on the provided answer sheet with questions that is:

- This is an individual activity the professional nurse will tackle the activity alone
- The activity is allocated 45 minutes to 1 hour
- At the end of the session individual will submit the provided answer sheet
- The student may or may not write his/her name on the answer sheet
- There is no right or wrong answer and the answers will not be discussed with the management and in the event that the participant wrote his/her name the name will not be mentioned as discuss
- Based on your experience answer the following questions related to disclosure of HIV status to partners and the support you provide as a professional nurse licensed to function in a public health setting in South Africa:

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o How would you explain the "concept disclosure of HIV-positive status to the partner" in relation to the care you provide"?

o Based on your experience of working with people living with HIV indicate challenges that individuals have in deciding to disclose to partner

o Based on those who are able to disclose to partners who are those who are able to disclose and what is that which assist them to find easy to disclose to partners

o Indicate the benefits related to disclosure of HIV status to the partner

o Share ways and means used to assist people living with HIV/AIDS to disclose their status to partners

o Where the individual is not able to disclose, share the information you provide to ensure that he/she does not re– infect herself /himself and has quality improved health.

• **CONCLUDING THE SESSION**

The participants will be asked to submit the answers to the facilitator. The purpose of submission will be indicated to the participants. Submission will assist the facilitator to identify the knowledge depth of the participants on the subject. At the end of training similar questions will be given in a form of post-test to compare the knowledge level and establish learning that has taken place after the planned training has been offered.

DAY 1 SESSION 2
 Learning outcome (L1) (L2) and (L3)
 Teaching and learning method:

Case study analysis

Read the case study which is outlined in Session 1 Activity 1 and reflect on your experiences as you provide support for people living with HIV to disclose to the partner

Session 1 Activity 1

Individual Assignment

Read mentioned case study and answer the questions which follows the case study. Time allocated for reading the case study is **20 minutes including reflection on the case study**

Case study:

This story line depicts the life and day of Mantwa a professional nurse who is allocated in a district hospital of one densely rural province of South Africa.

Personal Information

She is 35 years old studied in the local nursing college and obtained a diploma in general nursing, midwifery, psychiatric and community health nursing and is qualified as professional nurse for 14 years. She is married with 2 children and her husband although he is trained as a teacher from a local university he is struggling to get a permanent post and from time to time he is able to secure a part time teaching post about 1000 km away from home in a remote area in an adjacent Province. Whenever he is back they fight a lot as he suspects that he still has a sexual relationship with the father to their 1st born child. She has not share this with anybody.

One her clients is Tshidi, who has been HIV antibody tested by a community health professional in the clinic and has HIV. The confirmatory results offered by the professional nurse has also confirmed that she is HIV. During pre–counselling Tshidi has indicated that she ready to have an HIV antibody test so that she knows her HIV status however she will be unable to tell his husband as sometime she is abusive, they are not officially married and she is not working and depends fully on his husband who is working in one of the government offices.

Activity 4: Related to the case study as indicated above and also related to L1,L2 & L3

Answer the following answers on your own and write them on the provided answer sheet Activity time **20 Minutes**

- Related to the above scenario Tshidi indicates that she will be unable to disclose the status to the husband, indicate factors that contribute to her inability to disclose to the husband
- Discuss the information that you would provide to Tshidi related to HIV-positive status, prevention on re-infection including when she is still struggling to disclose to her partner

Session 1 Activity 5

A guide in to how to tackle the Activity 20 minutes

Turn to your colleague sitting on your left hand side

Answer the following questions related to the case study as stated in activity 4, each professional nurse to write down the answer of the colleague on the provided for on the following (Share) Factors that contribute to Tshidi that make her to be unable to disclose HIV status to the partner (15 minutes allocate with each to share and write the answers of the partner)

(Share) Discuss the information that you would provide to Tshidi related to HIV-positive status, prevention on re-infection including when she is still struggling to disclose to her partner

Remember

Each professional nurse will write down the answer of the discussion partner on the paper provided. Each professional nurse will report on the answer of the partners.

Reporting time for activity: 40 minutes

During the reporting time the following will be expected:

- Each one will share with a colleague on each other's answers
- The role of the facilitator will be to assess individual answers and consolidate provided answers and reflect on answers shared by individual presentation using a prepared assessment tool provided

Session 1 Activity 6: Group Discussion

Discuss with your colleague then allow individuals to present on your behalf 1h30

✓ **Assessment tool for presentation**

The following assessment tool will be utilised by the facilitator to assess knowledge of professional nurses on the concept disclosure of HIV status and challenges surrounding the operational use of the concept. The assessment tool is competency based.

In the nursing profession the assessment is focusing on core competencies such as communication, critical thinking, a caring relationship and knowledge integration. It is a relevant assessment tool for adult education where individual learners predominantly is based on individual education needs, where individuals decide to meet personal learning needs. Based on Torres and Stanton (1982) curriculum development process, competency assessment is suggesting as an appropriate method to link research with practice (Wu, Wang, Wu, & Guo, 2014).

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Table 6.5 Assessment tool

No.	Knowledge and practice area	Knowledgeable	Need to improve on the knowledge area	Comments
	Able to explain the concept disclosure to partner			
	Professional nurse recognise that disclosure of the HIV status to the partner may not be instant and may take some time for some individuals			
	Individuals may need to identify when, how and why does she/he need to disclose as there is a need to develop trusting relationship for the individual –to do so. The professional nurse should therefore understand that its takes time for PLHWA to disclose and consider that as part of ongoing support.			
	The professional nurse should know that individual needs to psychologically ready and be able to scan living environment to be able to disclose to the partner			
	The professional nurse should be knowledgeable about the impact of the relationship as a key factor to enable disclosure of the HIV status among partners and have an ability to try and establish and seek assistance where not able to deal with which include: - ➢ Some HIV-positive individuals may disclose to the partner for mutual decision on the future of the relationship or not disclose but protect the partner until he/she establish the HIV status of the partner ➢ Disclosure may be easy for those in established relationship as compared to those cohabitating or in a causal relationship ➢ Those with multiple partners may be hesitant to disclose to partner ➢ Women may be hesitant to disclose especially those who are unemployed or not educated ➢ Culture may be one factory that prevent disclosure			

SESSION 2

Face to face activity with students: 1hour

The rationale for this presentation is to summarise and consolidate session one based on the set outcomes as highlighted at the beginning of the session which included LO1, LO2 and LO3.

Discussing with any individual diagnosed with HIV/AIDS to disclose is an important strategy that Mantwa is part of. The aim of motivating people living with HIV to disclose is to prevent new HIV infection, improve the behaviour and quality of life among partners living with HIV/AIDS. Although Mantwa has to ensure that she discuss the importance of disclosure of HIV to partner, is however a difficult task for her as a professional nurse to sustain the discussion as she feels that she is not sure how to handle some challenges that her clients have that prevent them from disclosing. The

decision on what to share and what to do as they support PLHWA who has specific social and psychological challenge is somehow daunting for individual professional nurses. One of the themes from our research is that it is difficult and not easy for professional nurses to support individuals to disclose to the partner. In this session you are requested to share with the professional nurse next to you on the following aspects related to disclosure of HIV/AIDS to the sexual based on your experiences and practice as a professional nurse who provide comprehensive care to people living with HIV. Knowledge of the process that individuals living with HIV has to deal and take is paramount for professional so that they could jointly discuss and agree with individuals on the necessary support needed to assist to disclose to lessen the depression, isolation associated with disclosure of HIV status and contribute to improved quality of life associated with benefits of disclosure. This also include the ability to adjust to the diagnosis as a chronic condition and sustain sexual and health behaviour necessary and important to prevent further infection and adhere to treatment.

✓ **SUMMARY OF THE DISCUSSIONS AND ACADEMIC INPUT BY THE FACILITATOR TO CONSOLIDATE LO1 LO2 AND L3**

- **Defining and explaining the concept disclosure of HIV status to partner**

Related to them Theme 1: Translation of the concept disclosure of HIV status to partner in the practice of professional nurses

According to Eustace and Ilagan (2010) disclosing HIV-positive status is when the individual voluntary or involuntary decide to inform another person about his/her HIV status and related to this study it is to the partner.

- *The process of disclosing HIV status to the partner among people living with HIV/AIDS*

The individual living with HIV may first have to decide why it is necessary for him/her to disclose and what are the benefits and losses associated with such a disclosure.

He/she also has to struggles within herself/himself on what actually happened that landed him/her in the HIV/AIDS situation, how to tell the partner about this shameful disease that may be indicating extra marital relationship or other sexual orientation activities. Professional nurses have to understand that having to struggle with who, when, how to reveal the diagnosis, may take some time for the individual to actually decide whether to disclose or not to do so. PLHWA and having challenges to disclose may still be **experiencing the event, buying time, trying to contextualise the living environment including protecting the partner**

Experiencing the event

The professional nurse when supporting people living with HIV/AIDS has to understand that the client is delaying to disclose because he/she is still **experiencing the event** because of the stigma that that the diagnosis holds and or because it is life threatening. He/she is still trying to figure out an opportunity to tell the other in a safe way for his/ her life world. He/she needs the strength to do. Sometime it is easier to disclose after sometime especially for those on antiretroviral but however the professional nurse has to be aware of this and continue to motivate the individual to protect the other partner.

- *Buying time*

The professional nurse has to understand that the client may be establishing **time** to disclose to the partner. According to Eustace and Ilagan (2010). The professional nurse when motivating individuals to disclose to the partner they have to know that disclosure of HIV-positive status can only happen when the individual is ready, feeling safe and having weighed the positive gains and losses associated with revealing the HIV-positive status

- *Trying to contextualize the living environment*

The individual may be scanning the **context and environment** he/she has to disclose in including who is safe to disclose to, how will the individual respond to the secrete of HIV-positive status. A PLHWA may have to feel secure before he/she divulge this scary health condition.

- *Protecting the identity individual may be considered first*

Some individuals may decide to disclose to **protect the partner** so that they can jointly discuss the future. Some may decide not to disclose but continue to protect the partner and this may happen because he/she is not sure of the correct time because he/she

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needs to establish the HIV status of the other partner first but still continue to protect and prevent transmission of HIV.

- ***The disease progression and the relationship it has on the on not disclosing to the partner***

HIV infection is not only a bio- medical phenomenon, but is a condition that interact with socio- economic, inter–personal behaviour, sexual and social behaviour. The interaction of HIV infection with other socio–economic, inter personal behaviour including sexual and social behaviour lead to individual ability to disclose to partner, poor adherence to treatment especial for those who are in abusive relationship or having alcohol abuse problems. Individual skip treatment and which lead to poor suppression of HIV leading to opportunistic infections. Opportunistic infection leads to poor quality health and increase the morbidity and mortality among people living with HIV/AIDS (Kheswa, 2017).

- **FACTORS THAT MAY ENABLE PEOPLE LIVING WITH HIV/AIDS TO DISCLOSE TO PARTNER**

The research findings established that as professional nurses support PLHWA to disclose they usually find that individuals have challenges related to the marital relationship they have. Some marital relationship may enhance and some may hinder disclosure of the status among the partners.

- ***The nature of sexual relationship is important to enhance disclosure***

Eustace and Ilagan (2010) further indicates that individual inner character factors also play a role in the individual to ultimately take a decision to disclose the HIV diagnosis to the other person which includes self-confidence, gender, relationship factors, religion and type of family. It is therefore important for the professional nurse to take cognisance of such factors. The **nature of the relationship** is also crucial as partners who are in a stable relationship of years may choose to disclose as compared to those who are cohabitating or in casual relationship including those with multiple sexual relationships. It is therefore essential for professional nurses to establish the nature of the relationship that the individual has in order to support appropriately. Some may choose to disclose to relatives and not the partners due to cultural practice's inherent.

Women especially those who are not educated or not having sustainable income may choose not to disclose due to economic circumstances.

- *Abusive relationship may hamper disclosure of the status to partner*

A woman in abusive relationship may not be able disclose the HIV status to the partner. Equally a professional nurse who in somehow abusive relationship may find it difficult to continue the conversation within an abused female client as she has a similar problem and is struggling to deal with it.

- *Gender disparity discourage the ability of the people living with HIV/AIDS to disclose*

Depending on gender some women may be unable to disclose some may be able to do so. Some male partners may find it hard to disclose and some may be able to so. The ability of the individual person to disclose whether a male or female it depends on the individual perception including educational status, economic status.

Mamman et al. (2004) study indicates that women are predominantly affected by HIV/AIDS and the gender that report abuse hence being unable to disclose the status to the partners.

Gender disparity is one factor that was found to be a barrier for disclosure of HIV status among partners. Women tend to be the gender that delay disclosure with those who are not working, or in cohabitating relationships being predominantly those unable to disclose. Culture, socialisation and social status of women predispose women to abuse and they tend not to be able to negotiate for safe sex. Ironically they tend to be those predominantly attracted to the nursing profession and they are a dominating gender in the nursing profession who provide comprehensive HIV/AIDS care including support for people living with HIV to disclose to partner (Uys & Klopper, 2012; Mamman et al., 2004)

- *Stigma and cultural practice associated with the diagnosis hamper disclosure to partner*

Stigma and cultural practice has been indicated as one factor that prevents professional nurses to support people living with HIV to disclose to partner. Women based on gender disparity and patriarchal role of male partners prevent the couples to

openly negotiate use of condoms even in the presence of knowing extra relationship including the presence of sexually transmitted infection. Some culture forbids this including fear related to loosing economic and social support provided by the sexual relationship.

Stigma is an attribute that deeply discrediting as felt by the individual who is diagnosed with HIV, it has the potential to interfere of health care is a barrier to access to health for people living with HIV/AIDS. Stereotypes and labelling of HIV infection is associated with failed morals, sinful behaviour, homosexuality and sex work. Once the individual is diagnosed with HIV infection stigma associated with the diagnosis especially for key populations at higher risk who are from poorer social background and depend on the partner for accommodation and food. The researcher's opinion is that professional nurses have to take cognisance of this factors as they support people living with HIV/AIDS to disclose (Reyes–Estrad, Varaz–Diaz & Martinez–Sarson, 2015).

The role of South African Nursing council and its relationship to policies that guide the management of HIV/AIDS in South Africa

Professional nurses are front-line health care providers and backbone and on frontline for health care delivery in South Africa and are expected to play a pivotal role in ensuring quality support for PLHWA to disclose to partner as an ongoing process (Simbayi et al., 2007; Delobelle, Mamogobo & Maricowitz, 2011). South Africa's health care system is predominantly nurse based and professional nurse's integral role in ongoing HIV/AIDS care is to encourage and support HIV-positive individuals to adopt a healthy sexual life with the intention of eliminating and reducing sexual transmission of HIV (Department of Health, 2012).

The South African Nursing Council (SANC) is a statutory body in South Africa that guide the training and practice of nursing. The function of the South African Nursing is guided by Parliament under the auspices of the Minister of Health to ensure that the provision of health services in particular nursing services provide safe public health services to the inhabitants of South Africa. South African Nursing Council therefore control the conditions and standards of nursing practice and education through promulgation of acts to maintain and control of professional conduct of nurses registered to practice in South Africa. SANC also make sure that all persons registered to practice take into cognisance and implement the national policies as determined by

the Minister in relation to nursing (SANC, 2003). In 2004 the South African Nursing Council (SANC, 2004) therefore issued a policy statement and position paper on HIV/AIDS to guide all those registered with SANC. In the policy statement SANC confirms and commit the nursing profession and acknowledge that HIV/AIDS is an epidemic in relation to the National commitment. It affirms its alignment to the policy development and implementation processes with institutions in particular the Department of Health that guide the control and management of HIV/AIDS infection policies in the country. SANC works together with the Department of Health and the government in different spheres of policy and HIV management including being part of interdepartmental and inter- ministerial discussion on control and management of HIV/AIDS which also include other important partners like UNAIDS, Centre for Disease Control and World Health Organisation to mention the few. The explanation therefore indicates that all nurses registered with SANC and working in South Africa are obliged to implement policies developed by the Department of Health and should be familiar with policies that guided the services implementation related to HIV/AIDS as guided and prescribed by the Department of Health.

Some of the strategic partners that provide policy development and implementation to control and manage HIV/AIDS infection include World Health Organisation (WHO) through Global Health Sector Strategy of HIV/AIDS 2003 – 2007 (WHO, 2003). WHO is the body of the United Nation being responsible for directing and coordinating health initiative that are critical to health and is also involved in partnership with member countries where health action is needed example in HIV/AIDS an epidemic that the world is experiencing. World Health Organisation is therefore in South working in partnership with the Department of health collaborate with UNAIDS and other donors to support South Africa in development of policies and implementation of HIV/AIDS strategies to control and management of the diseases which include preventive measures like disclosure of HIV to partner. In most the guidelines developed for training and policy on HIV/AIDS in South Africa World Health Organisation is recognised as an important partner.

Based on the White paper for the transformation of the health system in South Africa (Department of Health, 1997) the bill seeks to improve access of health services through decentralised District health system. Decentralisation of health services

through district health service is to ensure that provision of health services that include prioritisation strengthening of prevention of HIV/AIDS services within local areas as part of the basket of priority health services. This would then include the inclusion of innovative strategies to control and manage transmission of HIV/AIDS among partners in which support for disclosure of HIV among partners would be considered as one of the priority areas to be offered by professional nurses as they prescribe and provide follow up for antiretroviral treatment.

Department of Health (2012) strategic plan on nurse education and training confirms that South Africa has a quadruple of burden of disease which include high prevalence of HIV and professional nurses should have expertise in terms of knowledge and practice to meet the health care challenge of South Africa's health care services. Nursing education institution should therefore consider to improve clinical training for professional nurses that will ensure that trained professional nurses have knowledge and practice skills that will enhance social accountability to provide competent nursing care that ensure expertise to manage the quadruple of contemporary diseases in South Africa (Department of Health, 2012).

South African Nursing Council (1991), Health Professions Council of South Africa (2008), Department of Health (2010) and Department of Health (2012) and World Health Organisation (2010) indicates that health professionals must counsel and provide information the importance of disclosure and safer sex amongst individuals diagnosed with HIV/AIDS and should offer information available on support to disclose to partner. People living with HIV should also be advice on adverse effects of not disclosing and confidentiality on the HIV status assured at all times.

Regulations relating to the scope of practice of persons who are registered or enrolled under Nursing Act 1978. Government notice R260 as amended (1991)

Professional nurses should be able to diagnose the health needs of their individual patients, prevent diseases and promotion of health by teaching and counselling. Professional nurses should be able to advocate for the environment that establish maintain physical and mental health and enable patients under their care to access health including people living with HIV/AIDS.

Department of Health (2012) strategic plan on nurse education and training confirms that South Africa has a quadruple of burden of disease which include high prevalence of HIV and professional nurses should have expertise in terms of knowledge and practice to meet the health care challenge of South Africa's health care services. Nursing education institution should therefore consider to improve clinical training for professional nurses that will ensure that trained professional nurses have knowledge and practice skills that will enhance social accountability to provide competent nursing care that ensure expertise to manage the quadruple of contemporary diseases in South Africa (Department of Health, 2012).

The professional nurse also has to function in relation to other health professionals who are registered under the law of South Africa and who from time to time prescribe a range of treatment for therapeutic care of the patients that she/he provides care to, as the backbone and frontline of care in South Africa. Although the prescription is prescribed by other professional and requires professional nurse to carry them, based on her responsibility and accountability as a professional he/she does so, based on individual professional responsibility and accountability based on professional statutes. He/she therefore has to take a professional decision in carrying such orders to ensure that he/she has the competency and skills that are safe for the patient as an independent function and working interdependently with other professionals (Searle, 1982).

A professional Nurse is a link and important member of a multidisciplinary team to strengthen a multidisciplinary team

Professional nurse should ensure that health care of patients under their care is coordinated by referring to other multidisciplinary team member's appropriate health issues they are unable to offer proper care for. This include the ability to identify services within the community that the nursing service could link and enhance the provision of care of people living with HIV (Department of Health, 2012). Kulbok, Thatcher, Park and Meszaros (2012) argument on community participation for nurses in public health show the importance of professional nurse in engaging and working with community structures to assess needs, propose solution for socially acceptable care especially preventive, health promoting care.

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SANC (2004) policy acknowledge that professional nurses are faced with a range of ethical dilemmas as they provide expected expert care to people living with HIV/AIDS care after training, which include empathetic care to patients living with HIV as they help them to adjust to the diagnosis. The SANC (2004) also indicates that is imperative that nursing education institutions in their teaching and learning for training of professional nurses should be responsive to contemporary health issues, to ensure that professional nurses acquire knowledge and practice skills during training that enhance quality care to communities they should serve. Professional nurses must therefore continuously demonstrate knowledge and insight into laws that govern their practice (SANC, 2013).

The Department of Health (2015) and Department of Health (2015) in its guideline for HIV Counselling and testing (HCT) indicates that counsellors which include professional nurses indicates that during pre-test counselling professional nurses and those designated accordingly to provide HIV/AIDS counselling should encourage and discuss disclosure of HIV status to the partners. The decision to disclose should be that of the individual but however within the professional nurses practice context should be able to provide individuals with information on benefits of disclosure and also inform and refer them to services available in the health service that would provide support to deal with barriers related to disclosure. Each individual before the HIV test should be asked about the presence of domestic violence and this should be noted in the individual bed letter.

According to the South African Department of Health's policy guidelines (2010) and World Health Organisation (2007) on the practice of professional nurses with regards to providing care to patients who are HIV-positive and who are unable to disclose their HIV-positive status to their partners it states that:

Health care providers are not allowed to disclose HIV-positive results to partners without the written consent of the client. However, there are exceptional circumstances in which the health professional is allowed to communicate a client's HIV-positive status to his/her partner, including the following:

❖ Where the partner is clearly known and is identifiable.

❖ The partner is at risk of being exposed to HIV and the client has refused to inform his/her partner about the need to practice safer sex.

❖ The client has been informed of the intended action (WHO, 2007; DoH, South Africa, 2010).

According to both the WHO (2007) and the DoH, South Africa (2010), despite the fact that the health professional is allowed to disclose a client's HIV-positive status to his/her partner under these exceptional situations it is, however, recommended that the health professional consider the following:

❖ The client should be counselled and the importance of informing a partner about the HIV-positive status should be reinforced.

❖ It should be explained to the client that it is part of the right and responsibility of the health professional to warn the partner of the risk of HIV infection he/she might be facing.

❖ The client should be made aware that the patient's right to confidentiality may have to be compromised in circumstances in which he/she is knowingly infecting the uninformed partner.

❖ The client should, however, be offered an opportunity to inform his/her partner and be made aware that there is support from health professionals in situations in which he/she may require assistance.

❖ The need to develop non-threatening ways of encouraging the disclosure of an HIV-positive status to partners in patients who anticipate or have difficulties on their own to easily do so

❖ HIV infection is a communicable, preventable, chronic disease for those o antiretroviral treatment (Deeks, & Lewin, 2013; Serrano- Villar, Guiiernex,Miralles, Berenguer, Rivero, Martinez & Moreno, 2016). Combination of prevention approach which include biomedical, behavioral and structural

intervention of HIV prevention can improve and expand prevention with contained control of HIV transmission among those diagnosed and not diagnosed with HIV infection are suggested for countries with HIV burden HIV infection and incidence to improve prevention strategies (Hargreaves, 2013; Brookmeyer et al, 2014; WHO, 2016; Department of Health, 2016b). Combination prevention which include biomedical, behavioral and structural intervention to expand HIV prevention based on epidemic dynamics in local contexts of local communities is important in containing and reducing incidence of HIV (Hargreaves, 2013; WHO, 2016;). Combination HIV prevention is on an approach that is based evidence based intervention which are community based, population specific, effective when used articulated with input and engagement of local communities to address potential social and behavioral factors associated with enhance HIV transmission increase effectiveness of HIV prevention approach as compared to the use of a single intervention that focus on individual HIV risks only (Abdool Karim, Dellar, Bearnot, Werner et al., 2015).

❖ Behavioral prevention strategies are HIV prevention interventions that motivate behavioral change in the individual and social units like sexual partner(s). Behavioral prevention intervention includes motivating individual to test and know HIV status, prevent transmission and also disclose to encourage HIV counselling and testing for those at risk, abstain and postpone sex debut, reduction of multiple sexual partners including casual partners and use of alcohol which could enhance non-consensual sex with the use of condoms when intoxicated. Biomedical prevention of HIV includes HIV prevention through advice on correct consistent use of condoms, use of antiretroviral treatment by people diagnosed with HIV to help to prevent transmission of HIV through sex like the use of prophylaxis among sexual partners with discordant HIV including the use of microbial. Structural approaches are HIV prevention that aim at changing social, economic, political and environmental factors that determine HIV risks. Structural intervention would include provision for basic and tertiary education that encourage women to be educated to improve the chance of being employed and reducing transaction marriages and sex that increase HIV risks among women. Going to school and being employed also improve sex debut which is associated with HIV risks among women.

❖ The combination prevention is an HIV prevention approach that identify and address weakness in existing HIV prevention programmes and use the identified weakness used to generate programs that would improve and sustain reduction of HIV infection in the context of the population and communities identified. The combination prevention approach to prevent transmission of HIV relies on evidence based research methods like male circumcision simultaneously used with to complement each other. The combination methods would combine identified relevant bio- medical, behavioral and structural strategies to articulate existing identified factors in consultation with the relevant regions and communities and apply approaches that would be feasible, acceptable to reduce risks that increase the incidence of HIV.

❖ Linkage and connection of individuals diagnosed with HIV to programmes and processes of action and activities that support people living with HIV to support individual to disclose and notify the partner, engage with prevention, treatment and care services appropriate to the HIV are encourage Failure to use combination of structural, biomedical and behaviors in prevention, treatment and care of people living with HIV also impedes women to prevent transmission of HIV through initiation and adoption of safe sexual practice and undermine the ability of professional nurses to offer quality clinical services (Rutledge, 2008; Walcott, Hatcher, Kwena & Turan, 2013; Paudel & Baral, 2015; Shamu, Zarawsky, Shaler, Temmerman & Abrahams, 2014). Professional nurses are however expected to continue to support individuals with difficult family life to disclose to partners and provide follow up support in the context of individual problems. Professional nurses in HIV and AIDS care services are also to deal with these structural challenges and this has proven to be experience that is difficult for professional nurses as they rely on referral to multidisciplinary team members (Bravo, Edwards, Rollnick & Elwyn, 2010; Cranshaw, Mindry, Munthree, Letsoalo & Maharj, 2014).

SESSION 3

LO5: Professional nurses should be able apply sound ethical knowledge based on ethical dilemma related to disclosure of HIV status, interpret them and be able to function optimally with such challenges based on the policies of SANC and DoH.

Session 2 Activity 6

Further reading

Eustace, R.W. & Ilegan P.R. 2010. HIV disclosure among HIV-positive individuals: a concept analysis. *Journal of Advanced Nursing* 66(9): 2094–2103 doi:10.1111/j.1365–2648.2010.05354

At the end of this session the professional nurse should:

- Professional nurses should be able to be on the alert on ethical dilemma related to disclosure of HIV status and interpret them and function optimally with such challenges
- Professional nurses should be able to identify members of multidisciplinary team and the role that each multidisciplinary team member play in comprehensive HIV/AIDS care and have the ability to relate with the team members including people living with HIV/AIDS

Aspects related to Theme 5: Ethical challenges that professional nurse have on disclosure of HIV/AIDS status to partners

Theme 5 indicates that professional nurses are aware of ethical considerations that guide disclosure of HIV status to sexual but they are however not sure of its application. Professional nurse indicate that they are not sure on what to do in practice when an individual based on social and economic reasons he/she cannot disclose. Professional nurses therefore continue to provide antiretroviral to people living with HIV who have not disclosed to partners of unknown HIV status.

The envisaged training programme will upgrade and update professional nurses on ethical dilemmas that exist that may prevent and encourage fear in the professional nurse to continue encouraging people living with HIV/AIDS to disclose. The expected ethical practice as related to South African Nursing statutes will also be discussed to update and upgrade knowledge and practice of professional on disclosure of HIV/AIDS status among partners.

Prerequisites for the session

- The professional nurse must have attended session 1

Session 2 : Pre-reading Activity 7

- South African Nursing Council. 2013**. Code of ethics for nursing practitioners in South Africa 2013** http: //www.sanc.co.za/policyhiv.htp
- South African Nursing Council. 2013.Nursing Act 33 of 2005: Regulation : Scope of practice of nurses and midwives No36935accessed from //www.sanc. co.za/regulating reg-scp-htm 11/6/2018

Session 2 : Activity 8

Individual Assignment

Paula is coming in for follow up after she was diagnosed with HIV and initiated on antiretroviral treatment. She has been unable to disclose to the partner and also unable to refuse to have sex. She has a history of verbal abuse from the husband who is a teacher and the father of her last born. The house they stay in belongs to Paula and they have been together for 10 years. She is not ready to move out of the relationship.

Agnes the professional nurse who has to provide care to Paula and was the one who consulted her in the last visit also has a similar situation her partner is verbally abusive she never comments about her beauty or anything positive about her outlook or good things that she provides in the family as he only notice when she is

wearing trousers she is fat with big hips. The comments worry her a lot and was repeated this morning as she was coming to work

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Session 2 Activity 9

Do we sometime meet couples and individuals in the same situation?

How do we deal with this type of the situation?

Do we alert the individuals in the sexual relationship?

What do we do?

Share for 10 minutes with the professional nurse next to You

Activity time 10 minute

Session 2 : Activity 9

Individual Assignment No

Activity 8

- Explain the information that you would provide that would allow her to have informed choices and healthy pregnancy and a child who is HIV negative 10 Minutes

- Describe the health threats that the mother, father and mother has related non-disclosure of the status and professional role of the professional nurse to prevent mother to child transmission of HIV.

Session 2 Activity No: -10 Group Reflection

Discuss individual answer with the colleague sitting next to you

Each participant will report the partner's answers

ROLE OF THE FACILITATOR FOR GROUP REFLECTION ACTIVITY

- Assessment of individual answers
- Write down the reporting and discussing on individual answers 10 minutes per pair
- Consolidate on answers and reflect

ACADEMIC INPUT BY THE FACILITATOR

Learning Outcome: LO5: Professional nurses should be able apply sound ethical knowledge based on ethical dilemma related to disclosure of HIV status and interpret them and be able to function optimally with such challenges based on the policies of SANC and Department of Health

At the end of this session

❖ Professional nurses should be able to distinguish their role as professional nurses in South Africa under the constitution and SANC statutes which would assist them to take decisions on conflicting professional decisions related to disclosure of with HIV status among partner appropriately

❖ Professional nurses should be able to be on the alert on ethical dilemma related to disclosure of HIV status and interpret them and function optimally with such Challenges.

Aspects related to Theme 5 Ethical challenges that professional nurse have on disclosure of HIV/AIDS status to partners

- **Translation of ethics and ethical dilemmas associated with support of people living with HIV to disclose dual partners among people living with HIV/AIDS**

Definition of ethics

Ethics forms the foundation of practice for professional nurses in South Africa as it reminds individuals of professional responsibilities as they provide health care to individual, who are part of families, groups and communities (SANC, 2013). The code of Ethics as prescribed by the South African Nursing Council (2013) guide the professional nurses in their role and guide on some of the professional decision to take cognisance of, as they provide right and proper care to individuals and public of South Africa to the best of their ability in a way that protect, promote and restore health prevent illness, preserve life and alleviate suffering as they provide health care. Ethical roles of professional nurses include the principles of justice, non–maleficence, beneficence, veracity, fidelity, altruism autonomy and caring. The professional nurse has to maintain these principle as he/she take ethical decisions and practice the nursing profession including in relation to ethical dilemmas that individual professional face in relation to support that they have to offer to PLHWA including having to support individual to disclose to partner to enable easy use of condoms and support for adherence to treatment. South African Nursing Council (2004) policy acknowledge that professional nurses are faced with a range of ethical dilemmas as they provide expected expert care to people living with HIV/AIDS care after training, which include empathetic care to patients living with HIV as they help them to adjust to the diagnosis. The researcher has noted that in the training manual provided by the Department actual skills to facilitate disclosure to partner is not duly emphasised. The ability and knowledge of the professional nurses to enhance network with community organisation is not duly emphasised and nurses are advised to refer to multidisciplinary team who may not be readily available and comprise the accessibility of the service on that day for the individual. The professional nurses' understanding of ethical practice related to HIV-positive disclosure to partners may enhance the interpersonal communication between the nurse and the HIV-positive patient. An improved knowledge and understanding of ethics and challenges surrounding HIV- positive patients and that create barriers to their disclosing their HIV-positive status to

their partners should motivate professional nurses to develop strategies that will safely assist and support the HIV-positive patients to disclose their HIV-positive status to their partners (Saiki & Lobo, 2011).

Facilitating and supporting individuals to disclose to partners is a challenging task for professional

Facilitating disclosure of HIV status to the partner among people living with HIV is an ethical dilemma for health professional as the rights of patients' confidentiality conflict with the right to health life of the partner as an obligation for the practice of the professional health provider professional nurses included (SANC, 2013; SANC, 2005; Health Professions Council of South Africa, 2008; Maluleke, 2012; Nie, Walker, Qiao, Li, & Tucker 2015; Steinberg, 2009). The Department of Health South Africa (2012) does indicate that people diagnosed with HIV should be advised to disclose to partner to motivate them to test. The training manual further attest that it may be difficult for some newly diagnosed to do so due to social and psychological problems. The professional nurse must however encourage and offer relevant support to PLHWA to disclose. The professional nurse must support the individual within the context of his/he life world of challenges. The ultimate lies with the individual to disclose to the sexual having being given information on benefits and challenges that he/she encounter (Department of Health, 2010).

A professional must ensure confidentiality in support for people living with HIV to disclose to partner

Professional providers including professional nurses are obliged by professional ethics to maintain confidentiality on information of individual patient's people living with HIV/AIDS included to promote healthy trusting relationship between them which also prevent litigation on disclosure of such information without the consent of the individual (Nie et al., 2013; Maluleke, 2008 & Steinberg, 2009). People diagnosed with HIV should be assured that their health status including the information that they share is confidential between the individual and the nurse. The professional nurse will only share it with other team members as a form of continuity of care. He/she cannot share it with any other person outside the profession with her consent actually she is usually encouraging to disclose herself. The clinic however has a way of offering support with consent of the individual.

It is an informed choice for people living with HIV to disclose to the partner

People living with HIV should however give consent to disclosure of the HIV to partner but however protecting the rights of the individual confidentiality and privacy when diagnosed with HIV may also compromise secondary prevention purposes of transmission of the HIV to the partners including relatives who may have to take care of the individual when ill. Professional counsellor should however suggest disclosure to the partner without coercion. The researcher notes that although the professional counsellors can note the HIV status of the individual in the patients file and provide information prevention of transmission in which disclosure is also suggest but noting of the ability to disclose to partner is not categorically suggested which perhaps is the one that provide lack of continued support on individuals to disclose to partner to open discussion of use of protection amongst people living with HIV. Nie et al. (2013) and SANC (2013) and Health Profession Council of South Africa (2008) therefore argue that health professionals, professional nurses included are obliged by professional statutes to inform the patient about the importance of disclosure of the HIV status to partner as a moral and legal duty to take necessary precautions not to spread HIV intentionally and acquire other strains of HIV. The professional nurse is further expected to identify needs of the patient prevent diseases and promote health through counselling and teaching the individual patients under his/her care (SANC, 1991). The Department of Health (2012) in the HIV Counselling and Testing Participants Manual indicate that professional health providers in which professional nurses are include should suggest disclosure of the HIV to the partner to encourage HIV antibody testing and should use protection or delay sex after this.

Nie et al. (2013) therefore recommends that continuing learning programs for health professionals on HIV/AIDS care should provide training on how health professional should provide support for disclosure of HIV/AIDS to partner and how they should manage ethical dilemmas associated with the practice based on individual patient's context. The training should ensure that health professionals are able to respect the rights of patients related to informed consent to disclose the HIV status to the partner, and should also be able to identify social and psychological challenges of individuals and provide tailor made support for individuals diagnosed with HIV. Professional health professionals should be able to provide support for people living with HIV   to

disclose and have the ability to identify and network with others who may offer professional support within the vicinity of the patients.

South Africa has a policy and training programmes that indicates support that professional nurses should offer to people living with HIV to disclose but however professional nurses continue to have doubts on how support such people as they did not undergo training on disclosure to partner as training on its own as it is embedded in training the following are some of the excepts from the training manuals related to HIV disclosure to partners

EXAMPLE OF TRAINING MANUAL AND POLICIES THAT SUPPORT THE PROCESS OF DISCLOSURE THAT PROFESSIONAL NURSE SHOULD USE TO SUPPORT PEOPLE LIVING WITH HIV/AIDS TO DISCLOSE TO PARTNERS

According to the South African Department of Health's policy guidelines (2010) and World Health Organisation (2007) on the practice of professional nurses with regards to providing care to patients who are HIV-positive and who are unable to disclose their HIV-positive status to their partners: Health care providers are not allowed to disclose HIV-positive results to partners without the written consent of the client. However, there are exceptional circumstances in which the health professional is allowed to communicate a client's HIV-positive status to his/her partner, which include incidence where the partner is clearly known and is identifiable and the partner is at risk of being exposed to HIV and the client has refused to inform his/her partner about the need to practice safer sex (WHO, 2007; DoH South Africa, 2010).

The South African Nursing Council (2004) on its 2004–2017 HIV/AIDS policy commits the profession to response to the epidemic based on the responsibility entrusted to the council by the Parliament of South Africa. The responsibility of South African Nursing Council is to ensure that professional nurses who are trained under the accredited nursing education institutions in South Africa and are allowed to practice as duly licensed for the qualifications in the roll of the council are able to provide humane non-judgmental, empathetic and does not discriminate people living with HIV/AIDS (SANC, 2004). The HIV policy (2004) of the South African Nursing Council continue to remind and further commit that professional nurses in their practice should make sure that the people living with HIV/AIDS and in their care have the right to confidentiality and that their responsibility is to protect life including that of unborn child. Professional nurse

has to provide relevant adequate information on the HIV diagnosis, treatment that is available, special needs and behaviour related to the diagnosis and be empathetic for social dilemmas that they may face in which disclosure of the HIV/AIDS status and its importance to health and prevention of secondary infection.

The Health Professional Council of South Africa (2008) (although the policy is not precisely for professional nurse it however indicates the practice that other multidisciplinary health team members have to subscribe to), further suggest that all health professionals under its jurisdiction should ensure that people living with HIV/AIDS based on the Patients' Rights of Charter interpretation, are aware that they have the right to refuse treatment but have the responsibility to ensure that they protect the health of their partners to prevent transmission to the partner who is not aware of their status. People living with HIV/AIDS should therefore be advised to disclose to their partner and to protect transmission of HIV to their partner. Maluleka (2008) as he interrogates ethical dilemmas for health professionals in health in relation to disclosure of the HIV status to partner indicates that is import for people living with HIV/AIDS to know the importance of safer sex related to HIV diagnosis and the Health professional should indicate that he/she can support and assist the individual to disclose when having challenges. The Department of Health (2012) further indicates that the professional should record all care provided to the individual in the file. Based on the findings of these study professional nurses have been doubtful on what to indicate in the individual file and did not indicate the importance of communicating the importance of disclosure and safer sex as paramount for those diagnosed with HIV. Professional nurses did not follow up the disclosure of the partner status with the patient as some did not record the status as a means of communication for other professionals as a service of importance Nie et al. (2013) attest the importance of communicating the importance of disclosure to people living with HIV and the professional conflicts it provides for health professionals who has to ensure that HIV/AIDS is not transmitted as secondary prevention strategy to those who are aware of their HIV status and may also be on antiretroviral.

THE CONSTITUTION OF SOUTH AFRICA AS ONE OF THE SUPPORTING DOCUMENT TO ENHANCE THE PRACTICE OF THE PROFESSIONAL NURSE IN SUPPORT OF DISCLOSURE OF HIV/AIDS TO PARTNERS

Although the professional nurse is a woman she has rights like any other citizen of South Africa pertaining to equity, she cannot be undermined in the profession decisions she takes because she is woman (Department of Justice and Constitutional Development, 1996) and she has undergone training that met the requisites of nurse training in South Africa and has dully completed her course and she is on the role of South African Nursing Council and duly licensed to practice in the country.

Providing care to people living with HIV/AIDS has its own dilemmas that challenge professional nurses and they should be able to provide quality care that demonstrate internalisation of ethics related to the profession. The study findings of this research study are attested to the findings of Atuyambe, Ssegujja, Ssali, Tumwine et al. (2014) in Uganda indicates that disclosure of the HIV status may result with anger, fear and emotional rage but however the study suggest that the anger is temporary for partners especially for men. Several men had been reported to be supportive to their partners, voluntarily accessed HCAT including to seek advice on relevant sexual behaviour that would prevent secondary prevention. Male partners were more interested and motivated to support initiatives that would help the couple to adjust to the diagnosis and female partner were more concerned on the permanency of the relationship post disclosure. One factor that Atuyambe et al. (2014) study indicate as that which seem to prevent women from disclosing to partners. The study also notes that women who are unable to disclose continue are associated with risky sexual behaviours that transmit HIV to partners and predispose them to secondary infection. The above information indicates that professional nurses in assimilating the process of disclosure of HIV to partner and its dynamics in relation to time to take decision and the circumstances that people may be surrounded with which may enable or hamper disclosure. Professional nurses should continue to encourage and to communicate the importance of the disclosure and to seek ways and means to attain it without compromising informed consent, confidentiality and to enhance quality health among people living with HIV/AIDS.

RESEARCH FINDINGS IN RELATION TO POSITIVE AND NEGATIVES FINDINGS RELATED TO ETHICS AND ETHICAL DILEMMA FOR PROFESSIONAL NURSES IN SUPPORT OF DISCLOSURE OF HIV/AIDS STATUS AMONG PARTNERS

The research study in Ghana based on Yeboah, Sakyi and Adu-Oppong (2016) findings where both health professionals and people living with HIV were interviewed in relation to outcomes of disclosure to partners, indicates that negatives outcomes associated with disclosure of HIV status are perceived by health professionals and not really what is experienced by people living with HIV. The researchers found that people living with HIV were able to disclose to partners without negatives counteracting the reports of the health professionals. The study therefore, suggests that there should be re-training of health professionals to upgrade and support their knowledge and skills that would enable them to build trusting safe environment in the way in which they provide support for people living with HIV and having challenges to disclose to partners. Ethical dilemmas are conflicts however do existing in supporting people living with HIV to disclose which the South African Nursing Council (2013) policy recognise but however professional nurse's knowledge and skills should be updated and upgraded to manage these conflicts. Ethics and ethical dilemmas management should therefore be internalised in undergraduate training for nurses and continue to be upgraded in post- graduate and continuing learning programmes to ensure that professional nurses can function with multidisciplinary team and meet contemporary health issues including that of HIV as contemporary health problem.

According to South African Nursing Council (2013) and Barnett (1986) the nursing dilemmas related to HIV/AIDS care include Consent to treatment, truth telling, and confidentiality. Knowledge and translation of ethics including ethical dilemmas inherent in nursing practice as nurse's function independently and interdisciplinary is key for nurses to provide appropriate care and avoid litigation and transgression of ethical principles. Ethics for nursing is guide for action based on social values and needs as they apply in their real-life practice with the changing society. Ethics provide and regulate parameter that acceptable standards for the profession and based on this study the nursing profession. Pertaining to the practice of nursing it includes cultivating the desired professional character that encourage the individual professional nurse to continually reflect on in his/her daily conduct and interaction with individual patient including people living with HIV/AIDS. Some of the ways in which the nursing profession internalise the standards of nursing and code of ethics in the

profession is through nursing education and reciting the Nursing Pledge of Service as they complete training and acquire the qualification as professional nurse within the nursing education institution (South African Nursing Council, 2013). Based on South African Nursing Council (2013), and South African Nursing Council (1991) nursing practice is continuously challenged by rapid changing social and economic changes. Professional nurses are therefore obliged to the needs of the individual patients based on the social, economic and political challenges.

The South African Nursing Council (2013) the argument that Wilson–Barnett (1986) corroborates with, argue that professional nurses are accountable for decisions to daily care of individual patients. Individual professional nurses are further accountable to the professional decisions taken, within the professional practice statutes including according to the law of the country which includes what is right or wrong based on the laws of the country. The knowledge of ethics and ethical dilemma inherent in nursing and the law of the country and its application and applicability are the responsibility of the individual professional nurse. It is further the individual responsibility of the professional nurse to apply such information in way that will not harm the patients and will indicate professional competency (Wilson–Barnett, 1986; Nie et al., 2015 & Chayamahapurk, Pannarunothat & Napkesorn, 2011).

Concepts that underpin ethical practice in nursing

Steinberg (2009) and therefore suggest professional nurses should be knowledgeable and be able to take ethical decisions and should be aware of ethical dilemmas associated with their professional decisions and be able to provide appropriate nursing care. Professional nurses should therefore be part of dialogues with other health professionals including the community to upgrade and update their ethics knowledge based on contemporary health challenges. What is inherent ethical decision that which professional nurses should internalise and update their knowledge on including professional conflicts that could arise and how the professional nurses are expected to practice?

   ❖ *Justice* – the professional nurse must pursue justice and advocate the patient and ensure that the patient has access to the health service including in the situation that are interpreted as unequal example in the scenario indicated in this training where Paula is diagnosed HIV and is advised by the professional nurse to consider disclosure of HIV status to the partner so that the partner will be able to access comprehensive HIV/AIDS care. Paula in the scenario

indicates that it will be difficult for her to do so as she is abusive relationship, she is afraid that this may initiate continuous abuse. She is doubtful that she will be able to initiate the use of condom as they have never talked about them let alone to practice safe sex. She has further indicated that has a per vaginal discharge and she has been treated repeatedly in the clinic as she is unable to provide the partner with the contact slip and to initiate the use of condoms as she doesn't know how to initiate that.

The South African Nursing Council (2013) and South African Nursing Council (1991) prescribe that individual professional nurse should be applying to apply the concept justice in practice. In relation what should be the practice of the nurse to promote health and life. She/he is however expected in the professional practice to protect the rights of the patient and protect the dignity of the patient. She/he is therefore expected to provide information on the benefits of disclosure and health challenges related to non-disclosure. Indicate to the patient about the services available in the clinic to provide support for disclosure. People living with HIV/AIDS has to understand the moral behind disclosure of the HIV status and protection that he/she has to offer to the partner as responsible citizen without instilling fear or not allowing continuity with care. Correct information provided to an individual living with HIV/AIDS will allow the individual to make informed choice about his/her life and health based on circumstances surrounding the individual and what he/she perceive as right.

- ❖ *Fidelity* **-** The professional nurse has to respect, protect and maintain confidentiality on information of the patient including safe keeping of patients' records the patient has to be honest in the care he provides to the patient as the advocate for this patient. The professional nurse must have the ability to communicate with other health professionals to ensure continuity of care and to ensure trust in their relationship.

Pertaining to the given scenario, Agnes as a professional nurse must ensure Paula that the information that they share related to her HIV status and her relationship circumstances with her partner would not be shared with others except with the professionals who provide her care for therapeutic purposes and have similar professional obligation that compel protection of her information. Information with any other person outside the health team will only be shared with her consent. It is therefore important for the patient.

❖ *Confidentiality*

The professional must ensure the patient that she will never divulge her HIV status as a professional obligation but the patient can be supported if willing to disclose to the partner to safely do so. The person living with HIV/AIDS should also be made aware that there is health team that could support her to disclose. The professional nurse part of her obligation must document the care provided to the individual in the file as a professional obligation (Department of Health, 2012).

❖ *Autonomy*

It is the professional obligation of the professional nurse to respect the decision of the patient not to disclose to the partner but however Agnes as professional has to ensure that Paula has the information on beneficence of disclosure of the HIV status and how she should protect the partner by abstaining or using sexual protection.

SESSION 4

Learning Outcome

LO4: The professional nurse should be able to draw a plan with individual client based on shared information and provide appropriate support to enable people living with HIV to disclose to partner. Where the individual is unable to disclose to partner it is expected that provision of necessary information that could assist the individuals to prevent secondary infection and transmission of the infection to the partner with unknown HIV status.

LO5: Professional nurses should be able to identify members of the multidisciplinary team and the role that each multidisciplinary team member play in HIV/AIDS care. Strategies that could be used by professional nurses are presented in the programme.

LO6: Professional nurses should be able to identify members of the multidisciplinary team and the role that each member play in HIV/AIDS care.

LO7: the training programme for professional nurses should be able to integrate the learning outcomes and use the suggested process that could be used to support people living with HIV/AIDS to disclose to the partner.

THE PROFESSIONAL NURSE IS A LINK WITH OTHER MULTIDISCIPLINARY MEMBERS TO ENHANCE SUPPORT FOR PEOPLE LIVING WITH HIV TO DISCLOSE TO PARTNERS

Introduction

Professional nurse must be an active informed member of multidisciplinary team in supporting people living with HIV to disclose to partners

Kulbok, Thatcher, Park and Meszaros (2012) argument on community participation for nurses in public health show the importance of professional nurse in engaging and working with community structures to assess needs, propose solution for socially acceptable care especially preventive, health promoting care. South African Nursing Council (2004) policy acknowledge that professional nurses are faced with a range of ethical dilemmas as they provide expected expert care to people living with HIV/AIDS care after training, which include empathetic care to patients living with HIV as they help them to adjust to the diagnosis. Professional nurses are there expected to have a link and ability to network with other multidisciplinary team members.

Aspects related to Theme 2: Strategies used by professional nurses to support people living with HIV to disclose HIV-positive status to their partners Learning pre-requisite

All professional nurses attending the training should have been part of session 1, 2 and 3

Session 4: Activity 11

Pre reading material

- Nursing Act 33 of 2005 as amended
- South African Nursing Council. 2013. Code of ethics for nursing   practitioner in South Africa
- Searle, C. 1982. Dependent and interdependent functions of the professional nurse. Curationis 5 (4) 19- 23

- Department of Justice and Constitutional Development .1996, The constitution of South Africa

- Department of Health South Africa. 2010. National HIV Counselling and Testing (HCT) policy guidelines.

- Department of Health South Africa. 2012. HIV Counselling and Testing Participants Manual

- World Health Organization. 2007. ***Guidance on provider – initiated HIV testing and counselling in health facilities.*** World Health organisation: Geneva: Switzerland

- Department of Health, South Africa. 2010. ***National implementation guidelines on provider-initiated counselling and testing (PICT).*** *Pretoria, South Africa.* Accessed from www.google on 15/5/2016.

- Department of Health, South Africa (2016). National HIV testing services: policy. *Pretoria, South Africa.* Accessed from www.google on 15/1/2019.

- Department of Health, South Africa (2016). Health Sector HIV Prevention strategy. Pretoria, South Africa. Accessed from www.google on 14/1/2019

- World Health Organization (2016). Guidelines on HIV self – testing and partner notification: Supplement to consolidated guideline on HIV testing services. Geneva: World Health Organization. Accessed from www.google on 14/1/2019

Procedure for Pre – reading

- Read the suggest reading
- Note down the role of the nurse as he/she work with other professionals as referral system and also as part of the team
- Note down the following important concepts in relation to working with a multidisciplinary team
- The Independent function of the professional Nurse

The Dependent function of the professional nurse

The interdependent function of the professional nurse

Session 4

Activity 11

You are a professional nurse who have tested an HIV-positive woman who is 30 years old. The woman you have just tested is brought by the husband to the clinic as she is vomiting and missed 2 menstrual periods. She was not aware that she is pregnant as her cycle is irregular from time to time. She has stopped breastfeeding 3 months ago. The child is now 8 months old and she is a Para 4. You suggest disclosure of the HIV to partner more so that she is pregnant and has to prevent transmission of infection to the unborn child through protected sex and antiretroviral treatment. As you explain she starts crying she is not sure how to indicate to the husband that is pregnant and that she is HIV-positive. The husband abuses her and they depend on the children's grants which he controls as he is unemployed. Your role is to ensure that she delivers a healthy baby and she is also healthy to carry the baby and raise the child. The woman has decided to keep the pregnancy

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Session: 4 Activity 12

Self-Reflection Activity

Do we sometime meet this type of situation?

- Share with a colleague next to you – Does she/he have similar experiences?
- Share any of your experience with your partner for 10 minutes

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Session: 4 Activity 13

Individual assignment

- Indicate the advice you would give to this woman on HIV prevention
- Indicate the sexual behaviour you would include that prevent transmission of the HIV infection
- Describe in brief the advice you would provide that would link disease progression, quality health, live baby, modification of sexual behaviour and disclosure of HIV status as some of the important issues to attend to, to prevent transmission of the HIV

SUMMARY OF THE DISCUSSIONS AND ACADEMIC INPUT BY THE FACILITATOR

Learning outcome 6: Professional nurses should be able to identify members of multidisciplinary team and the role that each member play in comprehensive HIV/AIDS care that support people living HIV/AIDS to disclose to partners

The role of professional nursing in a multidisciplinary team

According to the charter of nursing in South Africa (2004) nursing exists because people has health needs and nurses have to provide these services. The role of nursing is to provide humane nursing services. The relationship that nursing has with the public is that of trust, trust that professional nurses are competent, have the necessary knowledge and skills to provide a range of health services and different levels of life continuum. Professional nurses are also expected to be able to work with other health team members hence should be able to respond to individual and group health needs appropriate for professional practice. The professional nurse must be able to judge and identify and judge and coordinate health needs of patients under their care, to ensure continuity of care.

The professional nurse also has to function in relation to other health professionals who are registered under the law of South Africa and who from time to time prescribe a range of treatment for therapeutic care of the patients that she/he provides care to, as the backbone and frontline of care in South Africa. Although the prescription is prescribed by other professional and requires professional nurse to carry them, based on her responsibility and accountability as a professional he/she does so, based on individual professional responsibility and accountability based on professional statutes. He/she therefore has to take a professional decision in carrying such orders to ensure that he/she has the competency and skills that are safe for the patient as an independent function and working interdependently with other professionals (Searle, 1982). The professional nurse therefore has dependent, independent and interdependent function in providing support for people living with HIV/AIDS to disclose to partner. Kulbok, Thatcher, Park and Meszaros (2012) also argue that professional has to participate in services meant to enhance community participation in health care. Involvement of nurses in public health is essential as working with community structures the professional nurse will assist to assess needs, propose solution for socially acceptable care especially preventive, health promoting care together with other health and other extended health professionals in meeting health needs of the community they serve. The following are dependent, independent and interdependent role prescribed by the South African Nursing Council.

Dependent role of the professional nurse

The dependent function of the professional nurse in working with other health professionals in providing care to individual patients including people living with HIV/AIDS does not indicate what the prescribe which has to be carried out. Dependent functions include the way in which the professional nurse carry out the prescription based on the laws of the country and that of statutory body and in South Africa is according to the prescripts of South African Nursing Council (Searle, 2005). The professional nurse has to practice within her /his professional prescripts and based on knowledge and competency within her/his professional parameters.

Independent role of the professional nurse

In carrying out any prescription from the multidisciplinary team the professional nurse does so as an independent practitioner and is responsible for her/his acts and omission (Searle, 2005). It is therefore important for the professional to know her/his scope of practice and on how to apply it in ever changing health environment like in the case of providing comprehensive HIV/AIDS care that include support for disclosure of HIV to partner with its inherence ethical dilemmas.

Interdependent role

A professional nurse in carrying out the prescription of other health team members the professional nurse does so based on his/her professional responsibility as a share responsibility. The professional nurse is accountable and responsible for her/his deeds in carrying out prescriptions from the health team (Searle, 2004).

- **Approaches that professional nursescan use to support PLHWA to disclose to partner**

In the National HIV Testing Policy 2016 (Department of Health, South Africa, 2016) and also in the Health Sector HIV Prevention Strategy (Department of Health, South Africa, 2016) people diagnosed with HIV are prioritized as target high risk vulnerable population. Efforts to improve HIV prevention and reduce transmission is therefore a prioritized health service within institutions that provided HIV and AIDS care (Department of Health, 2016b). Those diagnosed with HIV should be offered treatment, provided with information education that enable protection and reduce transmission of HIV infection to negative partners and those partners who are not aware of the status, provide psycho- social support for those diagnosed with HIV on how to avoid on ward transmission with the context of provision of antiretroviral treatment. Health services should link those diagnosed with HIV to processes and activities that engage them to prevention and care services appropriate to their psycho- social context including those that link to disclosure and notification of partners. To enhance effectiveness of prevention the health sector strategy suggest community centered health service delivery for prevention of HIV that include local research on what is feasible and accept based on the context of HIV transmission

information of the local areas to provide prevention services that address and change local risks (Department of Health, 2016b; Brookmeyer et al., 2014).

Behavioral prevention strategies are HIV prevention interventions that motivate behavioral change in the individual and social units like sexual partner(s) (UNAIDS, 2011; Bekker, Beyrer & Quinn, 2012; WHO, 2016). Behavioral prevention intervention includes motivating individual to test and know HIV status, prevent transmission and also disclose to encourage HIV counselling and testing for those at risk, abstain and postpone sex debut, reduction of multiple sexual partners including casual partners and use of alcohol which could enhance non-consensual sex with the use of condoms when intoxicated. Biomedical prevention of HIV includes HIV prevention through advice on correct consistent use of condoms, use of antiretroviral treatment by people diagnosed with HIV to help to prevent transmission of HIV through sex like the use of prophylaxis among sexual partners with discordant HIV including the use of microbial. Structural approaches are HIV prevention that aim at changing social, economic, political and environmental factors that determine HIV risks. Structural intervention would include provision for basic and tertiary education that encourage women to be educated to improve the chance of being employed and reducing transaction marriages and sex that increase HIV risks among women. Going to school and being employed also improve sex debut which is associated with HIV risks among women.

World Health Organization in (2016a) supplement guidelines on HIV self- testing and partner notification guidelines suggest the following approaches related to partner notification which could be considered by member countries for inclusion in their policies that seek to reduce transmission of HIV and enhance HIV and AIDS care at national, provincial and district level namely:

Passive referral in which the HIV positive individual is encouraged to by a trained provider to disclose their status to the partner by themselves, and the provider also suggest the HIV testing for the partner given their potential exposure to HIV infections.

Assisted HIV partner notification service is when the individual diagnosed with HIV voluntarily consent to notify and disclose to the partner assisted by a trained provider or could notify the partner anonymously about their exposure to HIV infection. Assisted

HIV partner notification is done either by Contract referral, provider referral or dual referral. **Contract referral** is when the individual diagnosed with HIV enters a contract with the trained provider like a professional nurse to refer their partner or partners within an agreed time period after which the provider could contact the partners directly and offer HIV counselling and testing, when the partner is unable to come in for HIV counselling and testing. **Provider referral** is where the trained provider with the consent of the HIV positive individual confidentially contact the person's partner or partners and directly offer voluntary HIV counselling and testing. Dual referral is when the trained provider accompanies HIV positive clients when disclosing their status to the sexual partner. The provider also offers voluntary HIV counselling and testing to the partner (WHO, 2016a). Supporting and assisting the individual diagnose with HIV to notifying the sexual partner is not mandatory and the individual should not coerced to disclose to sexual partner (WHO, 2016a; Department of Health,2016a).

The role of the nurse in a multi-disciplinary team in support for disclosure of HIV status to the sexual part
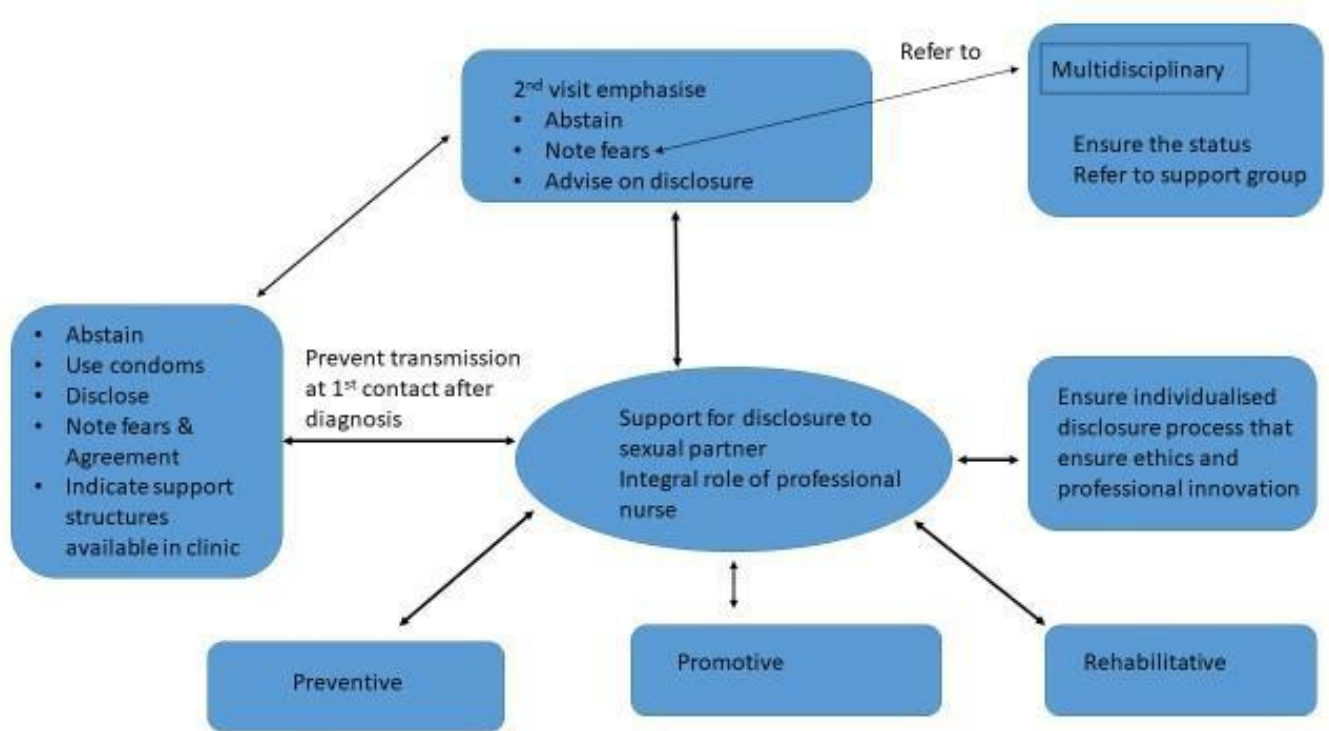
Figure: 6. 5: The multidisciplinary role of a professional nurse in support of people living with HIV/AIDS to disclose to partner

Also based on the research findings of this study, communication on the importance of disclosure and follow up on the ultimate outcome including that of multi-disciplinary team is not followed up and prioritised to ensure optimum support of disclosure of PLHWA within the wellness clinic of the 5 Limpopo province district hospitals. Once the individual has shared the challenges of disclosure to the partner which vary from one individual to the other and may include fear of gender violence, stigma and discrimination and economic loss especially among women who are unemployed, individuals are referred to multidisciplinary team. Professional nurses did not indicate community networks linked to the clinic to support individual once they have reached the community they live with, with a specific challenge that challenges the ability to interact with the partner at community level once they are diagnosed with HIV and want to disclose. The stated information indicates that there is minimal support and availability of structural strategies for people living with HIV. Structural strategies are strategies that seek to provide for contextual challenges of individual example for a woman who cannot disclose to partner and continue not to initiate use of condoms neither to disclose as she fears loss of economic support. The availability of structural support in a form of income generating project, social justice projects could support individuals with contextual support that would enable them to have the motivation to disclose and halt fear, stigma and gender violence associate with disclosure to partner. The constant support of PLHWA to interact, live with others and learn to share challenges with others in a similar situation or experience of similar HIV diagnosis related challenges in a form of support group is minimal and once started is not sustained. The information on benefits of disclosure and challenges. With the clinic there are no clear messages on the support available to the individuals to enable disclosure indicating that support for disclosure to partner is not a priority programme as a strategy to combine provision of antiretroviral treatment with sexual behavioural to prevent transmission of infection among partners and halt the incidence of HIV infection.

UNAIDS (2000) although is an older document, indicates that disclosure to partner is beneficial and important public health measure that create openness, protect those not yet HIV-positive and improve acceptance for those HIV-positive person.

. Lack of public education particularly for marginalised groups in communities, which include women and youth increase stigma associated with HIV diagnosis. The absence of intense community engagement and provision of information and support

on HIV/AIDS hamper efforts designated to prevent the spread of infection, reinforce denial, secrecy and discrimination for PLHWA including the ability to disclose to partners, families and communities.

HIV/AIDS is a human, social and economic disaster and require biomedical and preventive behavioural modification strategies to control its incidence and prevalence within countries and communities affected (Lee, Jiraphongse, Lamsiritithaworn, Khumton, Rotheram- Borus & Li, 2010; Coates, Richter & Caceres, 2008). Biomedical intervention block infection or the ability to be infection example in the use of antiretroviral treatment. Behavioural strategies include strategies that focus on individual couples, families, communities, peer groups and networks in which disclosure of the HIV status, delay of first sex debut is included in an effort to prevent HIV infection using multiple methods (Coates, Richter & Caceres, 2008). The needs and provision of care including that of support for people living with HIV to disclose to sexual is complex and multidimensional. Countries that are overburdened with HIV infection somehow neglected prevention strategies and concentrated on provision of antiretroviral treatment to reduce morbidity and mortality associated with the infection. Increasing support for disclosure of PLHWA to disclose to partner would ensure that individual adhere to treatment and lead quality life as HIV is not a chronic disease based on the impact of treatment. Treatment alone in the absence of support to disclose and to adhere to behaviour modification necessary to halt the transmission will reverse efforts that are placed on the management of HIV/AIDS (WHO, 2007; Lee, Jiraphongse, lamsiritithaworn, Khumton, Rotheram-Borus & Li, 2010). Maman and Medley (2004) position paper on behalf of the World Health Organisation and the policy document on partner counselling and testing in South Africa (DOH, 2010) suggest that health professionals should identify multiple opportunities to encourage HIV-positive clients to disclose their status to their partners as one strategy to encourage HIV-positive patients to consider disclosure of HIV-positive status to partners. Maman and Medley (2004) further suggest that there should be initiation and formation of projects that offer and link with health services to support PLHWA who have challenges to disclose to partners. These projects should be led by people living with HIV and could include income generating projects, support groups, social justice groups. The existence of such groups would be able to assist in communicating and providing information on the importance and benefits of disclosure of HIV status to

partner. Communities where PLHWA have been able to disclose, it reduces stigma associated with HIV diagnosis and provide an environment that is supportive for people to disclose to families and partner. It therefore indicates in communities that HIV/AIDS infection is discussed openly it is easier for PLHWA to find it easy to disclose to partner because the stigma attached to the diagnosis turns to be minimal (Lee et al., 2010); King et al., 2008; Coates et al., 2011).

The researcher therefore suggests the following support programme by professional nurses to form part of, for PLHWA at community level that would ensure support at community that would enhance disclosure of HIV to partner.

Figure: 6.3: Suggested Contextual training that integrate research findings, Torres and Stanton (1982) curriculum development process and Dickoff, James and Wiedenbach (1968) theory and practice.

6.8   4th stage - Evaluative stage

There are 3 aspects related to evaluative phase of curriculum development as suggested by Torres and Stanton (1982) which comprise of Input evaluation, throughput evaluation and output evaluation.

Evaluation form by training participants

At the end of each session participants will be asked to evaluate the training session using to determine the effectiveness of training. Kunche, Puli, Gunigati and Ruli (2011) indicate that evaluating effectiveness of training is important for the facilitator to establish the benefits of training from participants' perspective. It is important for the facilitator to determine the ability of the learning to be translated by participants, including the relevance to enhance their knowledge and practice needs. This include the training to determine the assimilation of learning outcomes by learners. Pre-test, case studies and reflection exercises were given to professional nurses. Assessment using a competency assessment and post- test at the end of the training will assist professional nurses to identify further learning needed and practice skills needed to improve the support for people living with HIV/AIDS to disclose to partner. People living with HIV/AIDS and receiving care from professional nurses will be invited to be part of the role play that professional nurses will be request to enact during the validation phase in the next chapter of this research report. People living with HIV/AIDS and attending this role play will also be given a chance to assess the feasibility of the training programme based on the enacted role play and further improvement of the role play will be allowed to enable professional nurses to improve the knowledge and skill on support for people living with HIV to disclose based on the context of the individuals. Teaching and learning environment, training designs and relevance of teaching strategies used.

Input evaluation aspect include what the learners brought into the training programme which include knowledge and practice skills that enable them to solve problems and practice according to their professional expectation as outlined in the formative phase of the programme development. In this research study findings of the research study assisted the researcher to develop the training programme to fill in knowledge and practice gaps identified during the semi-structured interview and focus group.

Throughput evaluation aspect include all the assessment that learners undergo during

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Output evaluation is the evaluative phase which assess the achievement of characteristics outlined in the directive phase of the programme outline by Torres and Stanton (1982).

At the end of training professional nurses will requested to evaluate the training programme. The activity will be requested to be verbal and written. Individual participant will fill in the form and anonymity where the individual does not want to be known is acceptable

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Activity: Evaluation of the programme

Fill in the provided form to evaluate the programme

Individuals may not write names on the provided evaluation if they so wish

Individuals are however requested to be part of the oral evaluation so as to improve further training

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Note what was interesting in the training program

Note what should be included which was omitted

What did you like about the training based on the provided training?

- Environment and sitting arrangement
- Design of the learning material
- Facilitation and interaction with the facilitator

What aspects of training should be improved?

- Training implementation in your working area
- Do we have to involve your line managers as well you could suggest?
- Suggest additional information needed to enhance what was learned today

Please share any other comments that were not asked but however needs attention of the facilitator. Subsequent to the training the researcher verified the training programme with the professional nurses including the nursing management to which these professional nurses report to as part of professional responsibility. The rationale of the validation of the training programme is based on Objective 5 of the research study:

6.9   PHASE 5 – VERIFICATION OF THE TRAINING PROGRAM

To verify the developed training programme that support professional nurses to support HIV-positive patients in disclosing their status to their partners.

According to Dickoff et al. (1968) theory and practice outline that nursing practice should be applied and have the ability to be articulated and contribute meaningfully towards improvement of patients' care provided within the context of the time of practice. The notion that Torres and Stanton (1982) share in the suggestion for curriculum development process which indicates that the content developed for nursing curriculum should include and reflect on current health care system that indicates the need for nursing should consider in professional development. Based on the this research study HIV/AIDS is a newer disease which is about thirty years globally and it has been difficult to halt it transmission (Modeste & Adejumbo, 2014) and recognised as challenge for nursing service and education including for South Africa (Department of Health, 2013). Dickoff et al. (1968) theory in practice further based on the research findings of this study, has identified key glossary concepts that the planned training should embrace including content and methods of teaching and learning that should be used to plan and implement the intended training as discussed earlier in this chapter of the research study. Torres and Stanton (1968) has further suggested that once the training has been developed and implemented the research should verify and engage the programme with experts and study participants who will provide feedback on the content and relevance of the programme to the intended participants who are professional nurses.

The purpose is to agree on the content and obtain feedback of the training which emanates from the research findings include philosophy of the training including the glossary of terms used in the training programme to check if they are consistent to the practice of the professional nurses who provide support for people living HIV to disclose to the partner. This also include the congruency of policies used by the researcher to the expected practice of professional nurse based on the South African Nursing Councils (SANC) policies, Department of Health (DOH) World Health Organisation (WHO), Joint United Nations Programme on HIV/AIDS and Health Professions Council of South Africa (HPCSA). The participants were also requested to verify the content to establish as to whether the level at which it is pitched is

acceptable for professional nurses who provided support for PLHWA to disclose the partner. The appropriateness of teaching methods used for professional nurses were also established through interviews with professional nurses, provincial managers who provide training and support of professional nurses in HIV-related issues, technical professional nurses who provide training for professional nurses from local non-governmental organisations who work closely with the provincial department of health.

6.9.1 The research method and design

A qualitative research method with an explorative, descriptive and contextual design was used to better understand the way that professional nurses and non-governmental organisations work closely in training of professional nurses on the context of their practice as they support PLHWA to disclose to partner (Singh, 2007). Prior to the discussion the training programme was distributed to the managers and selected participants who participated to read and familiarise themselves with the content and the outlined sessions.

One-to-one interview and focus group was used by the researcher to collect data from professional nurses and technical persons from non- governmental organisations that provide training on HIV/AIDS for professional nurse. In one setting the researcher interviewed 4 nursing managers who requested that the provide feedback based on what they have discussed as group as they reviewed the provided training programme. The following open-ended question guided the conversation with individual participants:

Part 1

Philosophy of the programme provides adequate direction of the curriculum that aim to provide knowledge and skill to support people living with HIV. What is that the research should add or remove to make it appropriate? Based on the response from all the study participants they agreed with the developed philosophy of training programme.

Glossary of terms used are they explained appropriately and according to the way professional nurses use the terms in nursing practice.

All the study participants agreed with the glossary of terms as prepared and presented by the researcher.

The characteristic of professional nurses who are to be trained were appropriate and relevant for them. What is that which the research should add or remove to make it relevant and appropriate?

In your opinion do you think the training programme will enable to provide support for people living with HIV to disclose to partners?

All the professional nurse's levels interviewed agreed with the characteristics of the professional nurse as outline and presented in the developed training programme.

PART 2
6.9.2   Training content used

The researcher used SANC, DOH. WHO and UNAIDS programmes to prepare the training programme. In your opinion are they are relevant and are they relevantly discussed.

All study participants suggest that the content is relevant and would upgrade and update knowledge and skills of professional nurses to support PLHWA to disclose to partner. There were however suggestions on updating the existing knowledge and practice aspects of disclosure as outlined in the training by including other important guidelines and policies of the government and department of health.

Professional nurse's suggestions suggested the inclusion of support of professional nurses for adolescent living with HIV support and said:

"As though the current disclosure support is concerned with adult's patients and neglecting the adolescents. The current adolescents that we have in our clinic are failing to suppress as they are not taking their treatment well because they don't know why they are taking treatment as they are told different reasons not related to HIV treatment. You know the hormones in their blood stream is also confusing them. I therefore have an interest to develop a support group for them only and even have a WhatsApp group where to discuss. I need to find a way to assist their caretakers to disclose to them and then have a support group with them "

"I noticed that children who are HIV-positive and are on treatment when they are in adolescents they are no longer suppressing in the CD4 count. It is because their caretakers have not disclosed the status to them and not told about the nature of

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treatment they take. They therefore not adhere to treatment as suggest because they don't know their diagnosis. I therefore suggest inclusion of adolescent guideline support in the planned training".

The inclusion of and use of adolescent guidelines was further suggest but one participant who is a manager at provincial level and said:

"The guidelines that include protocol for support of disclosure is clearly outline in the adolescent guidelines perhaps they could assist and adapted to address disclosure to partners".

The participant further indicated that the researcher should consider the following One of the challenges is that we do have guidelines from national department of health based on what other provinces are doing but we have not implemented that in our province. I therefore suggest that you use "I act" guidelines and include them in your training for professional nurses to consider".

Suggestions from group of managers suggest that

"Current Nurse initiated treatment (NIMART) guideline has some aspects of disclosure to partner that you could consider and add as one of the guidelines

Another manager also suggests that

"Batho-Pele is important policy that guide the practice of professional nurses. It would therefore be important to check how the training could link the policy to disclosure of HIV status to partner and the support that professional nurse would provide to PLHWA to disclose".

Torres and Stanton (1982) in the development of the curriculum process suggest that in developing the curriculum the researcher must ensure that the content used in the curriculum has been empirically tested. The learning including concepts used must reflect emerging health care systems terminology. In phase 1 of the study as described in Chapter 3 of this research report the research developed a research proposal followed by its acceptance by TREC the research body that assess the preservation and protection of participants of the study based on the soundness of the research methodology and its adherence to professional ethics of research study. Based on the research findings the research prepared the training programme. The researcher further reviewed peer review literature and published books to establish the body of knowledge published on the knowledge area understudy including review of the South African Nursing council existing policies, policy guidelines that the Department use to

training nurses which include and guide on how PLHWA should be supported to disclose to partner and strategies that could be used professionally to support PLHWA. The interview question asked during the developed training programme verification the study participants were asked to give input on the training methods used which said "**How is it for you to assists partners to disclose their HIV status to their partners?**"

6.9.3 Are the methods use relevant for professional nurses to acquire the related training? What is that the researcher should include or remove?

One suggestion from one academic expert said:

"*The training methods used in the training are relevant and to some extent those that the government have use in training but however the problem is the basic training provided for nurses it does not include managing HIV/AIDS including in the context of PLHWA. Nurses in their training are basically taught on how to work with doctors and how to treat disease with minimal attention to prevention and promotion of health. This is what I presume is the challenge with the ability of the professional nurses to take appropriate decisions related to HIV/AIDS care like disclosure of HIV/AIDS to partner in the presence of continuing learning programmes offered to them. The training received seem not to be connected to what they learned in basic training*".

A group of experts from a non–governmental organisation that provide support for government in public health setting shared and said:

"*Support that professional nurses have to offer for people living with HIV to disclose to partner is not a new term it appears in all the documents you have indicated in your suggested training in which the non-governmental organisations have been offering training to professional nurses for in 1 week and some in 2-week training sponsored. But still professional nurses continue not to offer support for PLHWA to disclose Why?*"

One of the experts shared and said:

"I think is the issue of attitude amongst some professional nurses because adequate information on how to offer support to PLHWA to disclose to partner has been offered in a form of training".

Another expert further shared and said:

"*The absence of performance indicators could be one of the challenges. The non-governmental organisations have suggested to the operational managers in clinics*

that they mentor, but still it is not prioritised and not done and is not related to the clinic performance indicators. Now disclosure is coming in adolescent support as though it is a new thing and professional nurses are supposed to be convened in another 1-week training to train on that which confirms the issue of attitude among professional nurses around support for PLHWA to disclose".

Relf, Mekwa, Chasokela, Nehlengethwa et al. (2011) highlight that nurses are the need to have specialised competencies to manage the complexities of care required to stem out the HIV epidemic. In explaining the concepts attitudes in competencies related to HIV/AIDS care for nurses the explanation includes, the mental ability to learn and store acquired educational knowledge based on what the individual has learned. It further indicates the professional nurse's ability to apply such knowledge in real life situation and make appropriate professional decisions.

Dickoff et al. (1968) theory in a practice indicates that for nursing theory to have impact in practice it must be able to provoke awareness and explore new viewpoints related to nursing practice to bring significance of these viewpoints related to nursing as a profession that coexists with other multidisciplinary health professionals. Ohashi (1985) research as it explains Dickoff et al. (1968) theory in a practice further indicates that practice problems measure the importance of nursing profession and provide actual significance to advance nursing research and practice. Chin and Kramer (2017) suggest that for nursing profession to continue providing quality nursing it needs to integrate research evidence that has been validated by clinical experts with expert opinions on the state of clinical setting including circumstances of the nursing practice. Therefore, in this study the research has validated the training programme that is based on the research findings based on the challenges that professional nurses shared with the research on challenges they face as they support people living with HIV to disclose to partners. The knowledge areas identified including the themes that emanated were further validated based on the existing peer review articles based on the phenomenon to compare and contrast what the researcher found, the findings and the training programme developed to improve the knowledge and practice of the professional nurses who provide support for people living with HIV to disclose to partners as one of the expected area of performance by professional nurses functioning within the public service in conjunction with other multidisciplinary team, individuals and communities. Chin and Kramer (2017) therefore argue that context in which nurses provide nursing care, the social and political context, and individual

patients' circumstances. In which nursing care is provided need to be considered and integrated in providing care and making judgement and decisions related to knowledge and skills appropriate for individuals in need of care. Modeste and Adejumo (2014) reverberate the same concern that basic nursing education in developing countries like South Africa does not adequately cover knowledge and skills that enable nurse's management and care for PLHWA during basic training, it is however included in a rudimentary fashion by individual lecturers in some of the available already taught modules. Due to the speed in which HIV/AIDS infection has emerged teaching and training that is meant to enable professional nurses to manage PLHWA is provided as an emergency using in- service training which seem to be inadequate based on the bulk of work that nurses face in providing care in an integrated holistic manner in relation to other existing expected roles. Nurses are on the front-line of health services expected to provide effective holistic care to PLHWA and improve and contribute to positive health outcomes anticipated based on the government HIV/AIDS policies and guidelines. Relf, Mekwa, Letsie, Mtengezo, Nhlengetwa, Chasokela and Diesel et al. (2011) however indicate that countries especially those in the South African Development Countries do not have core competencies that would guide curriculum development to guide the accreditation bodies to related to formal accreditation nursing curriculum related to HIV/AIDS including guiding institutions that would develop curriculum to train professional nurses included. However, these researchers in their research document have developed a range of competencies that countries could consider based on what other countries have developed including recommendations from World Health Organisations and that which was developed with the support of President's Emergency Plan for AIDS Relief as commissioned by the United States of America International Governments HIV/AIDS program. The initiative has included the following core competencies as one of the competencies related to the research study which include:

Core Competencies: Psychosocial, spiritual and ethical issues and perspectives, community level stigma, mentoring and professional development for professional nurses with related to HIV/AIDS content area. The training programme to upgrade and update professional nurses to support PLHWA to disclose to partners and related to the outline core – competencies which the researcher has identified as key based on the suggest core competencies identified by Relf, Mekwa, Chasokela, Nhlengethwa et al. (2011) includes:

6.9.4 Psychosocial, spiritual and ethical issues related issues related to HIV/AIDS which include:

- Support clients to accept and positively cope with an HIV diagnosis and its psychosocial and emotion consequences
- Support clients spiritually incorporate client's beliefs, values, lifestyle and culture into the holistic plan for care within evidence – based standards
- Effectively support client's decision regarding disclosure of their sero-status
- Effectively support clients in their efforts to live positively with HIV/AIDS and plan for life events
- Positively influence perception and empower communities to reduce HIV-related stigma
- Effectively assist clients to address the consequence of HIV-related stigma

Professional expectations required of nurses in the delivery of HIV/AIDS using care indicates the following knowledge areas: -

- Translate evidence-informed knowledge and to deliver quality nursing care for PLHWA, at risk for, or HIV infected
- Clarify one's own values, beliefs, lifestyle and culture
- Adhere to ethical principles of the nursing profession in the provision of care for clients living with, at risk for, or exposed to HIV infection
- Effectively communicate, coordinate and document the care of the client living with HIV/AIDS as a member of the multidisciplinary team
- Facilitate linkages with community programs and local resources in the provision of care for clients living with, at risk for, or exposed to HIV infection
- Take personal responsibility to proactively address the effect of the HIV epidemic on oneself as a care giver

6.9.5 Working with multidisciplinary health teams, communities, community networks including people living with HIV is one of the strategies that is suggested as important to reduce stigma and discrimination of people living with HIV/AIDS.

One of the experts shared and said:

Within our district we support the formation of support groups which is linked to Central Chronic Medicine Dispensing and Distribution programme (CCMDD) where support groups collect treatment as a group from central place like Clicks pharmacy. Individuals who don't have a specific need to see a professional nurse goes there to collect treatment so that he/she doesn't have to wait in the clinic queue to collect treatment waiting for more than 3 hours. This type of initiative relieve congestion in the clinic to allow professional nurses to see smaller number of patients up to 10 per day as they are expected to see about 35 patients per day to prioritise quality care for those not on chronic medication. But however professional nurses fail to prioritise quality index provision services like support for PLHWA to disclose to partner." Another expert shared and said:

"Task shifting process through the shifting of some duties to community health professionals who are allocated to clinics are designed to assist professional nurses to offer quality services and provide the necessary monitoring and evaluation of priority programmes related to HIV and ministerial priority programme like ideal clinic but it is still a challenge. One is not sure that providing training for specific is the important solution perhaps we need to look at perceptions of professional nurses towards provision of HIV/AIDS care. Ever changing policies related to HIV/AIDS also seem to confuse professional nurses on what to do. They seem not articulate different policies communicated to them by different individuals from the provincial, district and non-governmental organisation which all are directed towards the development of ideal clinic, but operational managers fail to connect and implement them towards development of ideal clinic?"

One of the experts further shared and said: "Initially when support groups were initiated, those who attended would receive food parcels which included meal - meal as incentives for attendance. Once the incentives were removed people are no longer attending".

Support groups are integrated into HIV/AIDS care and treatment programme to increase literacy through sharing of information to address psychosocial needs of individual living with HIV including motivation on disclosure of HIV status to partner as one of the benefits. Being part of, and associated with participation in support group contribute to improved quality health outcomes among PLHWA (Wouters, van Damme, van Loon, van Rensberg & Meuleman (2009); Bateganya, Amanyeiwe, Roxo, & Dong, 2015). The Wouters et al. (2015) study in some parts of South Africa however

found that some male participants in support groups continued to be hesitant to modify sexual behaviours which include use of condoms based on established expected community role of male partners in their communities that prevent them to readily agree to use of condoms even when HIV-positive or having to prevent transmission to their partners.

Relf et al. (2011) in the essential nursing competencies related to HIV/AIDS discussions emanating from support provided by PEPFAR to facilitate a programme at introducing Nurse initiated management of Antiretroviral Treatment (NIMART), upgrade and update knowledge and skills of professional nurses as priority health professionals to treat 3 million people living with HIV, prevent 12 million new infections among people living with HIV. Lead teams were subsequently formed to lead the contextualisation of the suggested competencies identified and development and accreditation of training within countries in the South African Development Communities (SADC). Also based on the core competencies related for nurses to provide health services for PLHWA, as suggested by Relf et al. (2011) indicates that nurses are at the forefront to manage and provide care for people living with HIV which present with complex challenges for individuals, families and communities. PLHWA present with complex psychosocial challenges and nurses are expected to apply knowledge learned in class including competencies learned in practice and they work with other multidisciplinary team members including people living with HIV/AIDS (Gitachu, 2017). Based on the suggest core competencies related to HIV/AIDS as suggested by Relf et al. (2011) nurses are expected to be effective in supporting PLHWA decisions related to disclosure of HIV status including to the partner so as to live positively with HIV and manage lifestyle that provide quality health and life and reduce transmission to the partner. Nurses however have to work with other members of the multidisciplinary team and apply their knowledge based on their professional expectations as suggested by the accrediting and regulation bodies like South African nursing council as it work with the Department of Health to guide on the holistic provision of HIV care in South Africa (SANC, 2004). Chin and Kramer (2018) also indicates that emancipatory knowledge of nursing should not only focus on nursing practice, it should go beyond the practice by reflecting on the acts of nursing as well the relationship it has with societal, social and political context in which nursing is practiced and the way in which nursing is being shaped by the context in which it is practiced. Knowledge and application of practice that has reference of practice based

evidence-informed approaches in nursing practice, in which nurses can refer to articles available in peer review nursing literature that has been clinically investigated and validated is important for professional practice, which integrate research into practice and consider its relevance to the contextual needs of patients as individuals to benefit from such practice (Chin & Kramer, 2018). It therefore indicates that based on the researcher's interpretation of knowing and availability and recognition of core competencies for nurses in HIV/AIDS care they guide the decision and practice for nurses and provide guidance as they provide care to PLHWA in relationship with other multidisciplinary team members including families and communities who live and work with them, hence the researcher used the research findings that also indicates that professional nurses are unable to provide support for PLHWA due to the challenges that individuals present and they are unable to take decisions and provide relevant care due to absent services related to their needs which are not necessarily health related but impact on the expected outcomes of health care provided by the professional nurses who are supposed to provide support for individuals to disclose to partners. Chin and Kramer (2018) therefore add that nurses may have to use multiple evidence-informed knowledge and practice to provide care to individuals based on unique circumstances. Dickoff et al. (1968) theory in a practice therefore suggest that nursing has to develop nursing theories that delineate nursing practice in relation to other multidisciplinary teams especially in issues that challenge nursing practice as indicated with support that professional nurses have to offer for PLHWA to disclose to partners. Nursing as profession has to have empirical tested knowledge support by research in relation to practice of nursing in the context of HIV to support and allow nurses to reflect and use as guide and function in a professional articulated format with other multidisciplinary team members as indicated with the challenges that professional nurses face in support for PLHWA to disclose to partners as way of preventing the spread of HIV among partners.

6.9.6 The ethical dilemmas that professional nurses face that prevent them from supporting PLHWA with HIV to disclose

- Based on the provided training programme the information provided will it enable professional nurses to identify ethical dilemmas and use identified guidelines to take independent decision that ethically relevant to the nursing profession?

- One of the technical persons from the non–governmental organisation however indicate the following:

"Professional nurses seem to have been trained to work with doctors and obtain instruction from them. With HIV/AIDS providing challenges which does not necessarily need nursing knowledge only example issues of gender violence, poverty nurses were not trained and taught in their basic nursing education on how to deal with such issues hence it is a challenge for them to do so. Also related to adolescent health these adolescents were left with grannies who do not even know the cause of death of their children who left orphans who are on treatment. They are therefore not able to disclose the HIV status because they don't know the cause of death".

Another expert further said:

"The root cause of professional nurses being unable to support people living with HIV include support for disclosure for individuals to disclose to partner is that training of basic nursing is more of treating and stopping the disease through provision of medicines. Hence even there is paradigm change to health promotion they are unable to do so. The introduction and working with community health professionals in health services has made worse the situation as now nurse offer antiretroviral and do not emphasise sexual behaviours which is of importance. Health professionals are expected to provide that and they have minimal knowledge and training to do so and not supported adequately to manage ethical issues of HIV disclosure."

Another technical expert from a non- governmental organisation said:

"Do we really need to train nurses for every aspect of HIV including ethics, they are trained in that in basic training including in all training programmes provided by non- governmental organisation. It is somehow the issue of attitude, articulation of learned knowledge and shifting of responsibilities to community health professionals who are in helpless situations and trained by other organisations who do not necessarily use or have professional nurses knowledgeable in these areas to train them."

During basic nursing education and as part of continuing learning programmes in nursing, nurses need knowledge and skills to function in humanistic environment that is ever changing and will be changing in future as they practice after graduation due to technological reforms, political and legislative changes. During basic training and as they function nurses need to be aware of the impact that technology, legislative reform has in their nursing practice and how to adapt to ensure that they are safe

within ethical requisite of their profession (Torres & Stanton, 1982). These suggest that ethical practice of professional nurse training and in continuing learning programmes should include discussion on impact and challenges that political climate, legislation and technology have in given environment that professional nurses have to take ethical decision in the provision of care like in having to provide support for PLHWA to disclose to partner in the country that has HIV epidemic and individual has challenges that could compromise psychological, economic and social health. The professional nurse should be able to function professionally and adhere to legislation and policies that guide the nursing profession and all citizens of the countries they practice in, within the given dynamic environment so as to contribute to improved quality health and life for individuals living with HIV under their care.

How the nurse should conduct him/herself when confronted with ethical dilemma is a challenge especially in taking decisions in relation to individual, family and community. It is important for the nurse to delineate that which is morally correct versa what is professionally acceptable based on the ethical principles of the profession (Kramer & Chin, 2018). Having to provide appropriate support for an individual to decide to disclose based on individual contextual social and psychological challenges a professional nurse has to know her professional parameters including knowledge of the constitution and professional policies in order to provide support that does not place the life of the individual at risk at provide quality health to the individual and the partner. Knowing therefore provide foundation for the nurse to enable him/her to provide quality therapeutic care to individual patient with unique health challenges with peculiar social and psychological challenges related to HIV diagnosis and ability to disclose to the sexual as part of desired quality health outcome for PLHWA.

6.9.7 Summary of responses from professional nurses, managers and experts

The philosophy and the characteristics of the professional nurse who provide support for PLHWA has been clearly described and is acceptable to the professional nurses, managers as expert respectively.

Concepts used are acceptable and would not provide double meaning in the minds of professional nurses to attach their minds and understanding related to the way it is being used in professional nursing practice. The way in which the training programme has been sequenced it will enable professional nurses to translate the knowledge and skills into the practice area.

Knowledge and application of the concept disclosure of HIV-positive status and the expected support that the professional nurse has to provide to PLHWA is an important component of care for professional nurse to do but however not consistently provided. The designed training programme has adequately highlighted that and the academic and policy knowledge present will encourage professional nurses to support professional nurses and enable them to integrate and discuss the importance of disclosure of HIV status among partners including the necessary sexual behaviours that prevent transmission of HIV among them. The lamination of the suggested flow chart that professional nurses could use and distribution of such to remind and for professional nurses to refer to has been noted by the researcher.

The inclusion of South African Nursing Council policies related to professional practice and ethical decision making and that of the Department of Health has been indicated as beneficial as it will enhance the ability of the professional nurses to take decisions on what to do, including what to consider as they support PLHWA presenting with individual social and psychological challenges that prevent disclosure to partner.

The formation and use of community-based networks that support PLHWA with common challenges found in individuals that prevent disclosure to partners like gender violence, unemployment, culture and stigma has been accepted by professional nurses, managers and experts as important and the developed strategies would assist professional nurses to support PLHWA to disclose.

The content of the training and policies used in the development of the programme Upgrading Knowledge on the Concept disclosure to sexual support and the role of the professional nurse related to policies of South African department of Health and that of South African Nursing Councils. The professional nurses, nurse managers and experts in professional nurse all agree that the content would update and upgrade knowledge of professional nurses to appropriately support.

6.10 CONCLUSIONS

Chapter 6 has discussed the training program and concepts that could be stressed in the training of professional nurses to enhance knowledge and practice of support of people living with HIV to disclose to partner. The verification of the training programme with the professional nurses, nursing managers and experts has also been provided

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for including the feedback established. Chapter 7 will discuss summary, recommendations and conclusions of the research study.

CHAPTER 7

SUMMARY, RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS OF THE RESEARCH STUDY

7.1 INTRODUCTION

This chapter provides summary of research report, recommendations that emanate from themes that emerged from the study finding, recommendations based on the theoretical framework and the training programme developed for professional nurses to update and upgrade their knowledge and skill based on the phenomenon understudy.

7.2 SUMMARY AND RECOMMENDATIONS BASED ON THE RESEARCH METHODOLOGY

The researcher used a qualitative research approach to describe and explore the challenges that professional nurses who work within the 5 district hospital wellness clinics of Limpopo Province South Africa, have as they support PLHWA to disclose to partner as explained in chapter 3 of this research study.

Sixteen semi-structured one-to-one interviews followed by 2 focus groups, to obtain information on the phenomenon, were conducted. Tesch's open–coding method of qualitative research study analysis was used to analyse the collected data. An independent coder who is an expert in the research area analysed verbatim transcripts as described in chapter 3 of this research report.

7.3 SUMMARY AND RECOMMENDATIONS BASED ON THE RESEARCH FINDINGS

Phase 1 – Situational analysis

Explore and describe professional nurse's knowledge and practices in relation to support they provide to HIV-positive patients to disclose their status to their partners.

Recommendation of the study based on Phase 1/ Objective 1 of the research study

The research through semi-structured one–to–one interview and focus group obtained information from the study participants to establish the challenges that professional nurses have as they support PLHWA to disclose to partner within the 5 district hospitals of Limpopo Province in South Africa. The information obtained culminated into 6 themes during data analysis process. The themes that emanated assisted the researcher to develop the training programme that would upgrade and update the knowledge of professional nurses to enable them to support PLHWA to disclose to partner.

7.4 SUMMARY AND RECOMMENDATIONS BASED ON THE RESEARCH FINDINGS

Theme 1: Translation of the concept disclosure of HIV status to partner in the practice of professional nurses

Theme 1 indicates that professional nurses do know how to explain the concept disclosure of HIV status to partner. They have observed and experience that it is difficult for people living with HIV to disclose to the partner. Professional nurses acknowledge that it is not easy for people living with HIV to disclose immediately it may take up to 2 years or more. Among partners, it depends on the relationship whether a steady or casual sexual relationship is. Based on the professional nurses experiences it is easy for partners in steady relation to disclose the HIV status to the partner and uneasy in casual relationship. Gender violence, fear of dissolution of the relationship, socio-economic situation including gender power, culture and religious practices prevent PLHWA to disclose to partners

- **Recommendations based on Theme 1**

Professional nurses should continue to identify individual patient's challenges in relation to disclosure to partner. Based on the challenges they should offer support to the individual. A multidisciplinary support in a form of discussions of individual challenging patients should be initiated and academic inputs in a form of access to peer reviewed articles and policy suggestion should be shared with the multidisciplinary team as a practice on agreed dates to update knowledge and skills of individual professionals. The suggested flow chart related to this study in chapter 6

could be used and enhanced to continuously remind each professional nurse.

Theme 2: Strategies used by professional nurses to support people living with HIV to disclose HIV-positive status to their partners

Theme 2 indicates that professional nurse does support and encourage people living with HIV to disclose to partners. Professional nurses motivate these patients and those who live with HIV have a challenge to disclose to partner are referred to social professional or psychologist depending on the challenges an individual has. Some professional nurses do follow up the outcome of the disclosure but predominantly there is no formal follow up on the process. Professional nurses are also unable to follow up individuals based on the status and ability to disclose because professional nurses do not indicate the outcome of disclosure to partner inside the bed- letter of the patients they provide care to. The use of multidisciplinary team is the mode of referral for support of those with challenges to disclose to partner. The professional nurses do not have any community-based structure to refer to which support people living with HIV/AIDS and are having difficulty to disclose to partner within communities as a continuity of care and support.

There is minimal use of support groups within the clinic and referral to community-based projects that offer support services for people living with HIV. Professional nurses also do not have a community-based structures that they liaise with to support people living with HIV/AIDS with psychosocial problems.

- **Recommendations based on Theme 2**

The researcher has made suggestions of the flow chart the clinics could use to initiate and strengthen existing strategies to enhance support for PLHWA to disclose to partner in Chapter 6 of the research report.

Theme 3:   Experiences of professional nurses related to supporting HIV-positive patients and their partners

Theme 3 indicates expected multiple training, qualifications and experience in working with people living with HIV/AIDS so that professional nurses could be capable in dealing with multiple health and social challenges that people living with HIV/AIDS present with at clinic level. Professional nurses have identified barriers experienced by people living with HIV which hinder disclosure of HIV to the partner. The barriers

include fear of rejection, abuse, stigma and dissolution of the relationship. Gender inequality and disparities continue to be an impediment for people living with HIV. They wish to disclose but female partners found to have challenges due to economic support provided by male counterparts. Culture and religion barriers continue to be one factor that professional nurses have identified to have a contribution to lack of disclosure.

- **Recommendations based on Theme 3**

The researcher has included the clarification on stigma and discrimination and share with professional nurse's ways and means that they could deal with discrimination in providing support for people living with HIV/AIDS and having challenges to disclose to partners. The content of the training programme provide knowledge and support to professional nurse so that in practice they should provide support to people ling with HIV/AIDS. Strategies that World Health Organisation, UNAIDS and other local and international organisation use are discussed to shed light on professional nurses could utilise from their own context to support these patients. Mentorship and a way of institutionalising mentorship provided by non –governmental organisation should be considered. Best practice that non- governmental organisations use to mentor the clinic staff should be sustained by empowering the operational managers and nursing managers to continue the support in the absence of non-governmental organisations.

Theme 4: Challenges expressed by professional nurses related to support of disclosure of HIV-positive status among partners

Theme 4 it has emerged that professional nurses have challenges on the knowhow of assisting people leaving with HIV/AIDS to disclose. Instead they concentrate on adherence to antiretroviral and neglect information on the importance of disclosure of the status to partner and other necessary sexual behaviour modification practices like use of condoms. Although they advise on disclosure they do with reinfection episode that lead to poor treatment outcomes and failure to have desired quality of health associated with antiretroviral treatment. Religion, culture and gender disparity among partners are some of the factors that professional nurses cited as challenges for partners to disclose HIV status.

- **Recommendations based on Theme 4**

Continued mentoring and support for professional nurses who provide care for PLHWA to disclose is recommended. Mentorship by non- governmental organisation based on public private partnership is the one that is currently used but however it is not sustained once the contract has ended. The researcher therefore suggests institutionalisation of such practices within the health service to sustain the practice. Health managers and the multi-disciplinary team to have periodic meetings where they share and institutionalise practices that improve HIV/AIDS care emanating within their practice area. Popularising these practices in a form of research study and publication in peer reviewed journals could motivate and sustain innovative practice.

Theme 5 Ethical challenges that professional nurse have on disclosure of HIV/AIDS status to partners

Theme 5 indicates that professional nurses are aware of ethical considerations that guide disclosure of HIV status to sexual but they are however not sure of its application. Professional nurses indicated that they are not sure on what to do in practice when an individual is based on social and economic reasons he/she cannot disclose. Professional nurses therefore continue to provide antiretroviral to people living with HIV who have not disclosed to partners of unknown HIV status.

- **Recommendations based on Theme 5**

The training programme have included an updated information on ethical dilemmas that exist which may prevent and encourage professional nurse to continue encouraging people living with HIV/AIDS to disclose. The expected ethical practice as related to South African Nursing statutes are presented to update and upgrade knowledge and practice of professional nurses on disclosure of HIV/AIDS status among partners. Follow up research study on the impact of the training programme could done to establish the impact of the training

Theme 6: Consequences and benefits of disclosure of HIV-positive status to partners

Theme 6 indicates that the professional nurses are aware of the positive and negative impact of disclosure of HIV status to partners, but however it is difficult to continue to

talk and encourage individuals to disclose when they foresee abuse, relationship dissolution and economic neglect. The issue of encouraging individuals to consistently use condoms or to link them to other projects that can offer support within the community is lacking and such structures were also not present within all 5 hospitals where data was collected.

- **Recommendations based on Theme 6**

Strategy that would link individuals living with HIV and having contextual challenges has been recommended in chapter 6 of the research study that the wellness clinic could use improve support that professional nurses could offer for PLHWA to disclose to partner.

7.5 RECOMMENDATIONS BASED ON THE OBJECTIVES AND PHASES OF THE STUDY.

The objectives of the study are described in phases that the researcher used in the research study. Phase 1 which form Objective 1 of the study that is the situation analysis in the above paragraph that emanated into themes based on what the professional nurses shared with the research through one – to – one interview and focus group discussion.

Phase 2 – Description of Conceptual Framework

Describe a conceptual framework for the development of a training programme for Professional nurses to HIV-positive patients to disclose their status to their partners.

7.6 SUMMARY AND RECOMMENDATIONS BASED ON THE CONCEPTUAL FRAMEWORK

The following concepts of Dickoff, James and Wiedenbach (1968) were utilized in this study to describe the conceptual framework for the development of a training programme for professional nurses to support HIV-positive patients in disclosing their HIV-positive status to their partners. Research findings based on the theoretical framework is discussed in full in chapter 5 of the research of the report. Brief discussion based on concept of the conceptual framework based on Dickoff, James

and Wiedenbach (1968) theory is recommended individually based on the topical area which are: -

- **Who, what performs the activity**

The researcher will be the one who performs the activity which is to develop and implement a training program for professional nurses so that their updated and upgraded in knowledge and skills would enable them to support people living with HIV to disclose to partner and develop sexual behaviour that will halt the transmission of HIV among partners. The researcher will further describe a conceptual framework for the development of a training programme for professionalnurses.

- **Recommendations based on for who, what performs the activity**

- The researcher recommends that research of practice of professional nurses as they provide support for PLHWA to disclose to partner, should be continued and the results that emanate from the research study should be used to improve service. Research should be an inherent practice of the professional nurses in health services or should these public institutions not be able to institute such, direct link to support individual nurses' interest in research as way of upgrading academic qualification should be linked with universities to identify practice challenges that needs research and use that to provide evidence – based practice as suggested by Dickoff, James and Wiedenbach (1968) theory in a practice.

- **Who or what is the recipient of the activity**

The recipients of these training programme are professional nurses who provide care to PLHWA who are supposed to disclose their HIV-positive status to their partners. The process that professional use to support people to disclose their HIV-positive status to their partners emerged from the study results including for PLHWA who have difficulty in doing so. Challenges that professional nurses encounter has been highlighted during discussion of findings in the previous chapter based on the shared experiences during the interview sessions and focus group conducted.

- **Recommendations based on who or what is the recipient of the activity**

Continuing learning programme that continuously update and upgrade knowledge and skills of professional nurses who provide support for PLHWA to disclose should be linked to policies of South African Nursing council should be interconnected in

teaching, learning and practice to assist the professional nurses to link and use in the context of the practice area.

- **To what context is the activity performed?**

The context where the activity will be performed is in the selected hospitals in each district of Limpopo Province which 5 district hospitals that were selected as pilot sites based on the persuasion of the Treatment Action Campaign (TAC) an advocacy groups that led to the commitment of the Government of South Africa to provide antiretroviral treatment in the public health sector in 2002 (Cameroon, 2005) are the focus area of this study. The wellness clinics are located within district hospitals and they offer down referral for local clinics for further support of people living with HIV and are stable or ready to be referred to local clinic. The hospitals further offer support for local clinics in people living with HIV and having some clinical and psychological problems that need referral. Surrounding communities that the district hospitals and local clinics provide services to, are also included.

- **Recommendations based on to what context is the activity performed?**

The context of the planned training program will be built around the research findings to support personal social responsibility not to transmit HIV to the partner who might not be aware of the presence of HIV. Included in the context is ethics, political context of the country including legislation that governs the general public and that which guides the nursing practice based on the constitutional framework of the country of South Africa.

What is end point of the activity?

The expected end point of the activity is that the programme be developed which could assist the recipient of it to assist the patients diagnosed with HIV be able to disclose to their partner about the HIV-positive diagnosis as motivated by the professional nurses who are taking care of them.

- **Recommendations based on What is end point of the activity**

The competencies related to PEPFAR consultative meeting as suggested by Relt et al. (2011) the SANC, WHO and Department of Health policies are integrated in the training programme that is to developed to upgrade and update the knowledge   and

skills of professional nurses to disclose to partner as outlined in chapter 6 of the research report.

- **What is the guiding procedure, technique or protocol of the activity?**

A training program that will enable the professional nurse to manage the complexities and negative outcomes related to disclosure of the HIV-positive status to the partner. Guidelines for the training programme to improve knowledge and practices of professional nurses will be implemented. The knowledge and skills received from the training will enable professional nurses to assist the HIV-positive patients who have difficulties to disclose to partners to ultimately do so. The knowledge and skills necessary to upgrade and update knowledge and skills of professional nurses to enhance support for people living with HIV/AIDS to disclose to partner will include the following.

- **Recommendations based on What is the guiding procedure, technique or protocol of the activity?**

The mentors and experts from non-governmental organisations should seek ways to support professional nurses who support PLHWA to disclose to translate and integrate knowledge learned in different training to the practice area. The link of professional statutes in providing support for PLHWA to disclose especially in the area of ethics should strengthened to support and empower professional nurses to translate the learning gained from different training related to support for disclosure of HIV to partner.

- **What is the energy source for the activity?**

A training program which will provide solutions to common challenges that confront professional nurses when motivating HIV-positive patients to disclose HIV-positive status to partner will be guided by policies and guidelines of the following institutions which will be outlined individually on this section: related to **UNAIDS, WHO, SANC, HPCSA, Department of Health and SANAC**.

- **Recommendations to what is the energy source for the activity?**

The researcher recommends that other different training that are offered to professional nurses and talk about disclosure of HIV to partners consider to link   the

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teaching and learning to the context of this developed programme that seek to upgrade and update professional nurses' skills and knowledge. Teaching and learning also consider to include the utilisation of teaching methods like role play and reflective learning to allow professional nurses to explore learn on how to communicate with PLHWA to obtain the desired therapeutic outcome in a simulated supportive environment similar to what she/he may encounter in a real wording situation (Babatsikou & Gerogianni, 2012). Through teaching methods like role play and reflective learning professional nurses will be able to learn on how to interpret what patients say as they communicate with individuals to support them to disclose to partner, there by building trust, respect and honesty with PLHWA and having individual contextual challenges to disclose to partners to halt transmission of HIV. Use of teaching technique like role- play and reflective learning followed by group discussion will assist individual professional to link the learning to the real working situation and be able to improve professional support necessary for PLHWA to disclose and halt transmission of HIV to partner in a given social, psychological and economic context.

Recommendation based on Phase 2

The link of theoretical framework to the study findings in Chapter 5 of the research report and development of the training programme as Phase 4 of the research objective has been established. the link that the theoretical framework has on the practice of professional nurses as they support PLHWA to disclose to partner has been established including the professional benefits of the theoretical framework to the nursing profession within the advent of HIV and practice of professional nurses in Limpopo Province, South Africa. The researcher therefore recommends that the practice of nursing in the HIV epidemic should be identified as a priority to clearly demonstrate the role and the impact that the nursing profession has in relation to the epidemic.

Phase 3 – Development of a training program

Develop a training programme for professional nurses so as to upgrade their knowledge and practice to support HIV-positive patients in disclosing their status to their partners.

The training programme was developed and is discussed in Chapter 6 of the research report. The training is redeveloped based on Chapter 4 of the report which are study findings and 4 sessions were developed.

- **Recommendations based on session 1**

Session is based on the 3 learning outcomes that the researcher developed as part of the training programme

LO1: Professional nurses should be able to explain the concept "Disclosure of HIV status to partner". In this LO it is expected that the social, psychological and economic challenges that people living with HIV/AIDS may face and the role of the professional in contextualising the challenges based on some of the policies of SANC will be included.

The content meant for professional nurses who support people living with HIV to disclose to upgrade and update their knowledge skills are outlined in chapter 6 of this report.

Recommendations based on Learning outcome 1 are: -

Professional nurses who provide care to PLHWA should prioritise support for disclosure of HIV to partner for individuals under their care as important component to enhance quality of health and life among them. Communicating with individuals and identifying challenges that they have that prevent disclosure should have identified noted, noted and communicated as part of care amongst health care professionals. Individuals who continue to have challenges to disclose should be provided with information on sexual behaviour appropriate to her social environment as agreed with the individual that will prevent transmission or re- infection that may compromise their general health. Continuous information sharing and encouragement of PLHWA and unable to disclose and adapt safe sexual behaviour should be an integral part of the professional nurses as they offer follow up for individuals diagnosed with HIV. Knowledge and link of policies developed by the department of health and South African Nursing Council are essential to strengthen the knowledge and practice base of the professional nurses to enable them to develop professional confidence to support PLHWA to disclose to partners.

LO2: Professional nurses should be able to explain the disease progression, initiation of treatment and its implication on lack of disclosure. In this LO it is expected that the link of the knowledge to research findings to update and upgrade the knowledge and skills of professional nurses to enhance support for people living with HIV/AIDS to disclose to partners be highlighted.

- **Recommendations based on LO2**

Professional nurses as they offer follow up for PLHWA should be able to communicate the impact of safe sex practice on HIV diagnosis including when on antiretroviral the prevalence of non – suppression of HIV and resistance to treatment that may arise in the absence of safe sexual behaviour and life-style.

LO3: Professional nurses should be able to counsel and communicate effectively with the individual person newly diagnosed with HIV/AIDS. Identify and agree on the challenges which they might have to disclose to partners based on the information that individuals share during consultation.

- **Recommendations for LO3**

Disclosure of HIV status to partner should be prioritised at the onset of the diagnosis and individual supported continuously and supported until a consensus is reached on safe sexual behaviour appropriate for the individual.

LO4: The professional nurse should be able to draw a plan with individual client based on shared information and provide appropriate support to enable people living with HIV to disclose to partner. Where the individual is unable to disclose to partner it is expected that provision of necessary information that could assist the individuals to prevent secondary infection and transmission of the infection to the partner with unknown HIV status.

- **Recommendations for LO4**

Contextual tailor-made support for individual diagnosed with HIV should be prioritised. As soon as the individual challenges are identified support in the clinic and follow up at community level based on individual challenge should be sought with the agreement and consent of the individual.

LO5: Professional nurses should be able to identify members of the multidisciplinary team and the role that each multidisciplinary team member play in HIV/AIDS care. Strategies that could be used by professional nurses are presented in the programme.

- **Recommendations based on LO5**

Professional nurses providing support at clinic level should consider initiating or identifying community based programmes that PLHWA can be linked to continue with individual support to adjust, disclose to partner. The multidisciplinary team should not only be at clinic level but should consider devolution of service to communities and integration of PLHWA to support each other including affected families.

LO6: Professional nurses should be able apply sound ethical knowledge based on ethical dilemma related to disclosure of HIV status, interpret them and be able to function optimally with such challenges based on the policies of SANC and DoH.

- **Recommendation based on LO6**

Knowledge and application of ethics related to South African Nursing Council regulations and ethical dilemmas related to disclosure of HIV to partners is important to be internalised by professional nurses to enable them translate such knowledge to individual diagnosed with HIV.

LO7: The training programme for professional nurses should be able to integrate the learning outcomes and use the suggested process that could be used to support people living with HIV/AIDS to disclose to the sexual partner.

Recommendations based on Learning outcome 7

Professional nurses offering support for PLHWA to disclose to sexual partners should be able to interpret professional policies and those of the Department of Health and the constitution to offer safe professional support for PLHW to disclose to partner. Support of adoption of safe sexual practice that would prevent transmission of HIV among partners is important for professional nurses to ensure, which include support for disclosure to partner.

- **Phase 4 – Implementation of the training program,**

Design guidelines for the implementation of a training programme for professional nurses to support HIV-positive patients in disclosing their status to their partners.

Training programme based on the research findings stated in chapter 4 was developed and outlined in chapter 6 of this report.

- **Recommendations based on phase 4**

The researcher suggests that the training be implemented and information be used by the professional nurses as they support people living with HIV to disclose to partner. Each moment of offering care to individual diagnosed with HIV should be regarded as an opportunity to talk about disclosure to partner and the benefits thereof. Each public health facility that offer ongoing support for PLHWA should have information on the status of disclosure to partner and challenges and strengths that individuals have documented and followed up on each visit. Communication among the health team members including with PLHWA in support groups should continue to make disclosure of HIV to partner a priority and individuals should know about services available in the

clinic and around the communities that would support on individual problems including legal, psychological, social and economic empowerment. The researcher further suggests that the professional nurses who offer support for PLHWA to disclose to partners should continue to reflect on the flow chart suggested in chapter 6 to identify strength and challenges it provides, and use the information to provide support based on contextual challenges of individuals under their care. Each clinic that provide support for PLHWA to disclose should consider developing community-based networks that would enhance support for disclosure to partner in a safe and protected way within the communities where individuals live.

Phase 5 – Verification of the training program

To verify the developed training programme that support professional nurses to support HIV-positive patients in disclosing their HIV status to their partners.

The training programme has been verified with professional nurses, nurse managers who offer professional support including experts from non- governmental organisation who offer support for PLHWA to disclose to partners. Experts from non- governmental organisation offer training and mentoring for professional nurses in a form of training and mentoring at clinic level based on the partnership agreement of the government and private sector to control and manage HIV epidemic (Department of Health, 1997).

- **Recommendations for Phase 5**

The researcher suggests follow up research study to establish the experiences of professional nurses as they implement the training to improve it further. research findings of this study will be published in peer reviewed journals to share the findings and recommendations among peer generate more academic dialogue on the training of professional nurses to support people living with HIV to disclose to partner

- **Recommendations in relation to Nursing Practice.**

Basic nursing training including post basic nursing training should have a formalized standalone HIV/AIDS care module with formalized key competencies. Currently the core – competencies necessary in HIV/AIDS care for nurses at different levels of practice is not formalized by the statutory body like South African Nursing Council. Support for HIV/AIDS care by professional in a form of a formalized nurse training programme in HIV/AIDS should therefore be considered. The formalized training programme should be followed by continuing learning programme to continuously

update and upgrade which is informed by evidence-informed research on specific nursing practice challenges like support for PLHWA to disclose to partner

- **Recommendations in relation to Research**

Research by nurses in the practice area based on contextual challenges related to HIV/AIDS care should be institutionalized. Support for professional nurses to continue to update academic qualifications in a form of Masters degrees and Doctoral degrees to improve research capabilities and allow for institutionalisation and support of research study as component of nursing care. The use of and integration of evidence-informed research should be integrated as practice for professional nurses and a forum be devised to discuss available evidence-informed information related to HIV/AIDS care and monitoring and evaluation in relation to such should be considered in the nursing practice. Nomination of a professional nurses in respective nursing practice area as a champion to drive the research endeavor should be considered.

- **Recommendation in relation to Nursing Education**

A curriculum in basic training should be strengthen and care competencies that nurses should have at graduation should be formalized. On entering the world of work as professional nurses a formalized training programme for all professional nurses in HIV/AIDS that include support of people living with HIV/AIDS should be formalized and accredited. Continuing learning programmes which are consistent and accredited for continuing learning programme (CPD) and as part of allowing the professional nurse to continue to practice.

- **Recommendation in relation to Nursing Administration**

Institutionalized support from the nursing management is crucial to realise improved nursing care provision for people living with HIV to disclose. The ability of the professional nurses to do so it demands understanding of ethics and its impact on the ability of the individual professional to have self- esteem to work with individual living with HIV to do so. Administrative support in a form of creating a forum with professional nurses as way of continuing learning in the hospital and allow professional nurses to discuss these challenges and discuss on how to overcome this based on policies and information on subject matter from peer reviewed journals.

7.7   LIMITATION TO THE RESEARCH STUDY

The study was undertaken and limited in a hospital setting in initial pilot sites for provision of antiretroviral treatment and not in public clinics which probably could provide added information to conclude differently from what the researcher found in this study. The study was a cross sectional and further research to establish the impact of the training could probably indicate the progress made based on the provided training. The research further obtained information from professional nurses only and it did not include PLHWA probably it could have yielded added information that could assist and strengthen the desired process that would enhance disclosure of HIV to partner support by professional nurses.

7.8   CONCLUSIONS

Research study is an essential component of nursing practice. It is therefore important for the nursing practice to realise this and motivate and allow time for professional nurses to undertake this a professional practice within their work environment. Chapter 7 has indicated recommendation from the research study and researcher perspective for the nursing profession to read and research and implement further to improve the support that professional nurses could provide to improve disclosure among PLHWA and reduce transmission of HIV among partners and improve health outcomes desired by the government of South Africa as they seek solutions to reduce new infections of HIV.

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Community

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APPENDIX 1: CLEARANCE LETTER FROM TREC
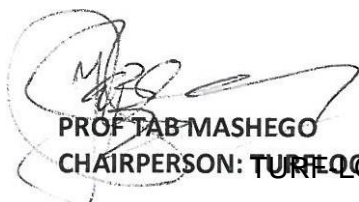
University of Limpopo
Department of Research Administration and Development
Private Bag)(1106, Sovenga, 0727, South Africa
Tel: (015) 268 2212, Fax:(015) 268 2306, Email:noko.monene@ul.ac.za

TURFLOOP RESEARCH ETHICS COMMITTEE CLEARANCE CERTIFICATE

MEETING: 05 July 2016

PROJECT
NUMBER: TREC/53/2016: PG

PROJECT:

Title: A training programme for professional nurses to support
                  HIV positive patients in disclosing HIV status to sexual
                  partners at selected Public Hospitals in Limpopo
                  Province, South Africa

Researcher: Ms PM Mamogobo
Supervisor: Prof TM Mothiba
Co-Supervisor: N/A
Department: Nursing Science
School: Health Care Science
Degree: PhD in Nursing

PROF TAB MASHEGO
CHAIRPERSON: TURFLOOP RESEARCH ETHICS
                                        COMMITTEE

The Turfloop Research Ethics Committee (TREC) is registered with the National Health
Research Ethics Council, Registration Number: REC-0310111-031

Note:

i)   Should any departure be contemplated from the research procedure as approved, the researcher(s) must re-submit the protocol to the committee.

ii)   The budget for the research will be considered separately from the protocol.
PLEASE QUOTE THE PROTOCOL NUMBER IN ALL ENQUIRIES.

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APPENDIX 2: PERMISSION LETTER FROM DEPARTMENT OF HEALTH

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

Enquiries: Latif Shamila (015 293 6650)

Ref:4/2/2

Mamogobo PM
University of Limpopo
Private Bag X1106
Sovenga
0727

Greetings,

RE: A training programme for professional nurses to support HIV positive patients in disclosing HIV status to sexual partners at selected Public Hospitals in Limpopo Province, South Africa

The above matter refers.

1. Permission to conduct the above mentioned study is hereby granted.

2. Kindly be informed that:-

   * Research must be loaded on the NHRD site (http://nhrd.hst.org.za) by the researcher.

   * Further arrangement should be made with the targeted institutions, after consultation with the District Executive Manager.

   * In the course of your study there should be no action that disrupts the services.

   * After completion of the study, it is mandatory that the findings should be submitted to the Department to serve as a resource.

   * The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

   * The above approval is valid for a 3 year period.

   * If the proposal has been amended, a new approval should be sought from the Department of Health.

   * Kindly note, that the Department can withdraw the approval at any time.

Your cooperation will be highly appreciated.

Head of Department

Date 15/09/2016.

18 College Street, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

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APPENDIX 3: INTERVIEW GUIDE FOR PROFESSIONAL NURSES

Part One: Demographic Data

Demographic Information

Age	20 – 29 years
	30 - 39 years
	40 – 49 years
	50-59 years
	60 years and above

Gender	Male
	Female

Highest Educational Qualification	Diploma
	Degree
	Post basic/ Honours
	Masters
	Doctoral

Period of employment in the post	2 – 5 years
	6 – 9 years
	10 – 14 years
	15– 19 years
	20– 24 years
	25–29 years

Religious Affiliation	Christian
	Charismatic
	ZCC
	Other

Part 2**:** Guiding Question:

"How is it for you to assists partners to disclose their HIV status to their sexual partners?"

Probing questions

"What do you mean with patients having difficulty with disclosing their status to sexual partners"?

Given the circumstances of your challenges would you still wish to work with people living with HIV and continue to motivate them to disclose the status to sexual partners?

APPENDIX 4: PARTICIPANT CONSENT FORM

Dear participant

You are kindly requested to participate in a research study which is conducted by Ms PM Mamogobo, a student at the University of Limpopo. The topic of the study is: **A training programme for professional nurses to support HIV-positive patients in disclosing HIV status at selected public health hospitals in Limpopo Province** You are requested to participate in this study because you provide care to people living with HIV. In signing this document I ……………………………………….. give consent to be interviewed by Ms Ms PM Mamogobo a student at the University of Limpopo. I understand that I will be part of this research I will be interviewed and asked questions related to my experience in providing care to people living with HIV.

I understand that this interview is done freely and I have been informed that it is voluntary and that I can terminate at any stage without penalties being imposed on me. I have been informed that my answers will be handled confidentially and only supervisors will have access to the information which will not be having names but codes which are kept by the researcher only. I have been told that the results of this study will not indicate my name as well.

Participant's signature…………………... Interviewer`s signature……………………...
Date………….   Date…………

APPENDIX 5: PERMISSION FROM DISTRICT

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH
SEKHUKHUNE DISTRICT

Ref : S4/2/2
Enq : Moyana MD
Tel : 015 633 2401
E-mail: Phillistus.Mashiane@dhsd.limpopo.gov.za

Date : 2017.02.13

To : **Chief Executive Officers**
Sub-District Managers

FROM: HUMAN RESOURCE UTILIZATION AND CAPACITY DEVELOPMENT

SUBJECT: APPROVAL FOR PERMISSION TO CONDUCT RESEARCH

The above matter bears reference.

1. The Head of Department has granted approval for: **Mamogobo PM** from University of Limpopo to conduct research on development of a training programme for professional nurses to support HIV positive patients in disclosing HIV status to sexual partners at selected Health facilities.

2. Please note that on the day of data collection the Operational Manager will be requested to sign a consent form. All collected information will be kept confidential in line with the departmental policy.

3. Take note that the approval will be valid for a 3 year period.

4. Hope the matter is clear and understandable.

_____
District Executive Manager
Mrs. Maepa M.L

16/02/2017
Date

Private Bag X04
Chuenespoort 0745. Tel: 015 633 2300. Fax 015 633 7927. Website:
http/www.limpopo.gov.za
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APPENDIX 6: INTERVIEW TRANSCRIPT FROM ONE–TO–ONE INTERVIEW

Portion A: Interview Guide

Part One: Demographic Data

Demographic Information

Age	20 – 29 years
	30 - 39 years
	40 – 49 years
	50-59 years x
	60 years and above

| Gender | Male |
| | Female x |

Highest Educational Qualification	Diploma x Bridging
	Degree Et al With
	UNISA x
	Post basic/ Honours
	Masters
	Doctoral

Period of employment in the post	2 – 5 years
	6 – 9 years
	10 – 14 years x
	15– 19 years
	20– 24 years
	25–29 years

Religious Affiliation	Christian x
	Charismatic
	ZCC

Other

Role in the Nursing Unit: Operational manager

Senior Professional Nurse

Professional Nurse

Type of continuing learning programme in relation to HIV/AIDS

HCT

PICT

Couple counselling

TB and HIV collaboration

NIMART

PMCTC

Aspects of disclosure to sexual partners included in training programme

Included in PMCTC HCT
PICT

Disclosure of HIV status to the sexual partner, not a stand- alone training

Interviewer: What I wanted to find out is that how is it for you to support and motivate patience to disclose HIV status to the sexual partners?

Interviewee: You say how…how

Interviewer: How is it for you to assist and motivate the patience that was diagnosed HIV status to disclose to the sexual partners?

Interviewee: For me it is important for me to encourage them to disclose because we know if a person has not disclose taking a medication is a challenge or accepting the status is a challenge, you need to…when you are burdened with an HIV status maybe if like sometimes as people we like to take it is simple just tell a person or whatever but when you are faced with the situation by yourself it is very difficult so.

Interviewer: Hmmm….

Interviewee: I try to find out every time when I counsel a patient and ask who are you staying with, do you have a partner how is your relationship your support system you know and it helps to know how strong the relationship is with others I think is better because I think they have been through a lot you know they can say argh this is the father of my children and we have this support, but with young people is very difficult because they are still new in the relationship they don't know if they can disclose to the partner because they are afraid of being dumped and that will the end of the relationship it is very tricky.

Interviewer: Hmmm….

Interviewee: when I establish that it is going to be difficult to disclose I normally say how about bringing your partner here and when I test you as if it's for the first time together as a couple. We establish ground rules at the beginning you tell them and explain the procedure and the outcome and what to expect.

Interviewer: Hmmm….

Interviewee: You further find out from them to say if you find that your partner is positive how are you going to react, you know and vice versa and you know I have discovered that a person will say I will support but after sometimes you find that the support is withdrawn and somebody will damp the other and say no I can stand this.

Interviewer: And then ….

Interviewee: If he/she is comfortable that the other one is negative and the other one is positive, but if they are both positive, we talk about it in the beginning when you lay ground rules we say "when we found that you are HIV-positive unfortunately the tests doesn't say when and how did you get this it's just saying you are HIV finish and klaar!" So for you to go back and say hey it's you unless if in two months' time you been tested before we got tested together before you go into the relationship then we can establish now that maybe the HIV came later when you know…but if in the beginning when you got together you did not test together then you cannot come blame anyone and say it's you know.

Interviewer: And then ….

Interviewee: What is important also is that, blaming games is off no importance because it's useless because it's getting us nowhere. What is important is to say now we are HIV-positive what next what next? We should be taking treatment supporting and comforting one another and telling people who are HIV-positive that it is

manageable to live especially in the clinics because sometimes they see beautiful women and handsome men coming for the treatment.

Interviewer: Hmmm….

Interviewee: Sometimes there are patients that are outspoken saying that I've been taking the treatment for ten years encouraging them and because it's a clinic specifically for HIV treatment it's not like you are going to disclose to this one.

Interviewer: Hmmm….

Interviewee: and, so they are all in the same boat so there is no issue of saying I cannot tell this one or that one that I am HIV-positive, because they are all the same. I am encouraging them to come with their partners to test them as if it's for the first time that they are testing. And we will take it from there.

Interviewer: so if I hear you well you say that it will always differ in terms of the patience, there is a difference between an adolescent patient and a difference between a person who is an adult because with an adult he's been in a relationship and he's been through several issues related to relationships and with an adolescent it's still a new relationship so usually you find it easier to motivate people who are adults to disclose the status and you find them to be more accepting and more ready to that but however what am finding out you correct me as I talk that however what am finding out is that it depends on the individual patient some it's easy to tell the partner some it's not easy but however if you find and suspect that it will be difficult for them to disclose you ask them to bring the partners to come and test as though it's for the first time and also what am hearing from you is that with all the patients initially when you start with the counselling you include the issue of disclosure from the word go and you ask the patient with whom are you staying, are you married, is there anybody that you can share and if you suspect that you have a problem that is where you go to the next step and after that if you are not able to do that can you come with your partner and come and test but with the adolescent usually there is a problem because they are usually dumped and so on and what you are saying is that it is difficult to work with the adolescent and then what do you then do? With this adolescents?

Interviewee: Fortunately, we are in a hospital we have multi-disciplinary teams, we've got social professionals we've got psychologists so we refer them to them for…they help us with those kind of issues and you know we know it's a process we cannot expect today to say this and get positive outcomes so it's a process so it takes long time.

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Interviewer: Hmmm….

Interviewee: You know for them to even accept themselves that status some are very angry you know so it's a process it takes time as soon as, let's say we start before we even start with the treatment there was a young guy who was seventeen you know he came in and then disappeared and he came again after some time, the first time I saw him he was carrying that anger you know anger towards his parents angry and saying "how am I going to live"? and he disappeared. When we followed him up there was no trace and but fortunately, he came back again he was still having the anger.

Interviewer: Hmmm….

Interviewee: I encouraged him and said you know what I want you to come and join our youth group, because you know we divide them the young ones, children and adolescent. Come and join the adolescent clinic and see your peers, you know it's better because you are not alone there are young people like you who are born with HIV mostly and they are still having that anger some have gone through that anger phase and some have gone through school.

Interviewer: Hmmm….

Interviewee: They passed and they are in tertiary education now. One young lady she even got married I found her to be when she was 14 to 15 she went through school passed matric and so on.

Interviewer: Hmmm….

Interviewee: So when you meet them you will see that you are not the only one you know. He then came and he joined and after some time he came and say "sister I am now getting better you know because I am free when am with my peers because we talk about this issues. I feel better even though sometimes am still having that anger but its better.so it helps also.

Interviewer: Ok, so what I am hearing from you is that, some of the things that assists the clinic is that firstly this is a known HIV care clinic, whoever is coming in here, it means that the person will be tested or has been tested for HIV-positive and if its HIV-positive because you are in one roof its easy for you to communicate. Also what is helping is the issue of individuals who have been through that they are able to share with others within the clinic and again because you are also working as a multi-disciplinary team you are able to refer some of the patients to theothers.

Interviewee: Yes

Interviewer: You also have different groupings in a form of children, in a form of adolescents and in a form of adults so therefore the support groups help people to join and also to communicate about issues related to disclosure of HIV-positive status to sexual partners

Interviewee: Yes

Interviewer: You actually to find it helping to assist people to ultimately disclose to sexual partner and to accept and disclose to the sexual partners (you cannot disclose if you have not accept) so what I actually wanted to find out is, that every time when the patient comes especially those who are in the support groups you have identified that there is a problem of disclosure do you note it?

Interviewee: Yes, it is important because it should come out with adhering to treatment if the patient has an issue of disclosure. Like the teenagers they won't adhere to treatment, they need support from an adult to say take their treatment you know how they are rebellious sometimes they don't want to take their treatment or they take it as they wish or whatever, so if somebody who is an adult who is there supporting them its better,

Interviewee: And with others also, "I once had a woman she is the mother she brought her 8 or 9-year-old daughter the daughter was very sickneh!

Interviewer: Hmmm…

Interviewee: When I asked the mother about her own status she became very angry with me and I said ok, you know that this child has HIV, from your knowledge. Was this child raped or something? Because, if not that way it means that she got it from you….

Interviewer: Hmm!!!!

Interviewee: She said "no let's deal with this because I brought this child here and forget about me".

Interviewer: Hmmmm!!!!

Interviewee: And I said to her we can deal with the child its ok but you also need to take treatment because if the child gets better and you started being sick who is going to look after her. The mother was very angry she didn't even want to continue to talk to me.

Interviewer: Hmmm….

Interviewee: I discovered while we were busy with the baby, she went out and I thought she was going to the bathroom. On the other side it was a man on the bench

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she didn't want to come in with him. I discovered the man was her husband was carrying a one-year child whom she took for breastfeeding.

Interviewer: Hmmm….

Interviewee: When she got back I called the husband and ask what is happening? The husband said I don't know, the child has food poisoning and that is all what I know.

Interviewer: Hmmm….

Interviewee: I said we are having a problem, this child is HIV-positive and the mother is having a toddler whom she is breastfeeding and she is going to infect the toddler and she doesn't want to talk about her status and the husband doesn't know his status.

Interviewer: Hmmm….

Interviewee: that was a problem on not disclosing because we infect our kids then I said am going to disclose to the husband and the other child was admitted and I called the social professional and the doctor and then I told them we are having a problem you see the toddler is going to be infected and definitely when the child was tested he was positive.

Interviewer: Hmmm….

Interviewee: The husband was also reactive and the wife also was reactive because the woman was afraid of disclosing. The husband was humble and cooperative throughout the process. The woman was tested before when she was pregnant and she didn't disclose her status, so sometimes people don't want to disclose because of the fear.

Interviewer: Hmmm….

Interviewee: So we have to have staff shortage and the means of helping people to disclose is minimal. That is why we work with FPD organisation, a non- governmental organisation that assist us with support for disclosure of HIV status

Interviewer: Hmmm….

Interviewee: When individual patients come in, we want to know where are your children and partner if am a child they ask where are your siblings as well and I think that is better.

Interviewer: So you find that one the FPD comes …ok here when am talking to you I hear that you are using two types of assisted disclosure, the other one is that when you found out about this other woman you went to the multi-disciplinary team to be able to talk to this woman so that you can assist her to disclose so maybe if I want to be clarified there did you disclose to the husband or you assisted her to disclose?

Interviewee: She was difficult she didn't even want to talk about this so I had to get the husband alone aside and talk him and told him that you know what is happening with the baby? The baby is HIV-positive.

Interviewer: Did you seek…did you tell the woman that you are going to disclose?

Interviewee: No, until when I found that the man is holding back, the woman is also holding back so we had to bring them together as a family and like am saying when the child was admitted I told them that we are having a challenge here.

Interviewer: Hmmm….

Interviewee: This is the issue, I talked to the guy but the guy was doggy although he was humble but coming forth because I said when I you going to get tested.

Interviewer: Hmmm….

Interviewee: And he said no, I am coming with my wife and all that he never did until the child was admitted that is when we were able to get them together but am telling you even now the husband doesn't want to take the treatment only the mother and the children.

Interviewer: But ethically?

Interviewee: Ethically you know it is wrong, I should not have done that, but at the interest of the younger baby I had to do something to help them come together so that we should have a way forward.

Interviewer: Hmmm…

Interviewee: Ethically yes, I should not have done that, talking to the man alone but I have to convince him now he has two children who are sick. Because of that so what do you do? Do you keep quiet and let the babies die?

Interviewer: Hmm…I think those are some of the challenges that we have caring for people who have the problem with disclosure

Interviewee: But maybe I like the children's acts at the best interest of the child you can jump the wall the father can report me anywhere but the law will still protect me for the sake of the baby.

Interviewer: And also as you were motivating this woman what type of information did you include when you were motivating her to disclose to their husband?

Interviewee: Taking treatment because we see people who are not taking treatment are dying but people who are taking treatment are living well. Yes I said she is a woman I am a woman you know all those things I know that sometimes as women we have challenges that we've got our husbands who are supposed to support us but the mercy

that we have towards our children is very important so that we can see this children going through life.

Interviewer: Hmmm….

Interviewee: With the woman support you sometimes when we talk about orphans they suffer a lot because they don't have their mothers because my sister cannot look after my children the way I would. So for you have to make sure that you take care of them eat healthy food, you know that carrot I dangled them I blackmail them with that emotion to say as old as I am sometimes when I have challenges I wish I had a mother to talk to but am an adult you can imagine a child who doesn't have a mother. So it's tough

Interviewer: So when I hear you say some of the benefits to disclosing is to get treatment, any other benefits that you can tell that woman to say look if you disclose to your husband this are the benefits that you can get?

Interviewee: I always tell them that if you can disclose you have taken of the burden you know you become so relived and start looking at the world with a different way and you offload your shoulders, another thing with disclosure is that it happens with children because they take medication without knowing why.

Interviewer: Hmmm….

Interviewee: During our young children follow up session, we also involve a social professional because you find that the child does not know her diagnosis and the reason for taking treatment.

Interviewer: Hmmm….

Interviewee: We are going to have a young person's clinic, as most of the children if you ask them, I mean the ones that seem to understand will say "my mother say I have TB " some say "my mother say I have high blood" so we have to help them to disclose we do that during the kids clinic and you know what I do with them I ask them what do you do when you grow up and they will say I want to become a nurse and I tell them that, for you to become a nurse you must go to school, because nowadays you must pass your maths and physical science .

Interviewer: Hmm….

Interviewee: I give them sweets because I want nurses. We have to make them aware of achieving their goals and have to be well and attend school every day and they will pass, so every day when is see them every day I encourage them also to take treatment so that they can achieve their goals.

Interviewer: So as you say within the paediatric clinic then it becomes easy for parents to disclose with your support but you don't usually find it easy for parents to disclose on their own?

Interviewee: Yes

Interviewer: Ok thank you I learned so much.

APPENDIX 7: INTERVIEW TRANSCRIPT FROM THE FOCUS GROUP INTERVIEWS

Interviewer: our first question is how is it for you to assist the patient to disclose their sexual status to the sexual partners

R5: It is not easy I think because of the legal implication the person might sue you saying you have disclosed her status to the partner

Interviewer: But by the way you are saying to her you need to disclose to the sexual partner, does it still have legal implications?

R4: No in that way if it was me advising the person disclosing to the person that might have legal implication that won't have much problems I can still encourage tem and

R4: I think this is a dilemma on its own because I one had somebody saying you know you are saying I must disclose my status to my partners but now I have a problem if I disclose they will all runaway and I will be lonely for the rest of my life that is not easy, the minute you tell people your HIV status they don't understand because I think it's because of the manner it was introduced before its hard to get rid of it

R1: Even if it's difficult for them to disclose but we keep on encouraging them on regular visit to the clinic to disclose because it helps them to reduce the viral load inside their cells so if they don't disclose they are going to be sick as time goes on because the infection keeps on growing there is reinfection if they are disclosing to the partners if someone disclose to the partner they are going to use a condom and that will reduce the infection

Interviewer: So what am hearing is that to disclose it's important for the patient and what am hearing is that in each visit you communicate the issue of disclosure to the patient so that she can consider that. Can I just find out how do you then confirm that this person has disclosed?

R1: There is no proof but we take what the patient say and the 6 months of initiation after initial of hart the blood result is going to tell us as to this person has disclosed to the partners because we are going to take the viral load and the the viral load will comply with the rules of HIV.

R2: some of the patient comes with their partners to come and test and we encourage them that they must do this

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Interviewer: so having them coming together what do you then do if you happen to find two different statuses you find out that the other one is positive the other one is negative?

R1: in this can is discontent result during the first visit to the clinic the first one who is already diagnosed HIV-positive we tell him about the discontent results even when they are two we discuss this issue before we test the other partner

R5: And we do encourage them though we are not, marriage counsellors but we do encourage them to support each through this time some they understand we see them more often when they bring their partners for this iterance and counselling **Interviewer:** If it happens that you find that they are discordant partners any other thing to support them with, within this treatment because isn't it they have different result.

R1: we don't have quality thing to prove but with continues counselling at the end they accept, we even mention the fact that they are not the first couple with discounted results because we have more than ten here

Interviewer: Ok meaning that within this clinic you do have statistics of people who are having discordant results

R1: We don't have statistics of such but we do have those couples

Interviewer: So if the patient is having a challenge in disclosing the HIV status to the sexual partner what do you do as professional nurses?

interviewer: My understanding when I get from R4 is that based on the legal issues you cannot disclose the status of the other partner to the partner the partner the initial partner is the one who is supposed to disclose so if this person continuously as stated R1 you communicate the issue of disclosure on each visits and you find out that they are staying together and they are taking treatment but they can still not disclose what do you then do?

R1: So there is nothing that we can do to force the patient to disclose for us the only thing we can do is to encourage them and give them the advantages of disclosing if she is not disclosing so we give the patient health education about viral load in their blood stream if she did not disclose she will not be free to use a condom and re-infection is going to be there but we keep on giving them health education **Interviewer:** Do you perhaps have tools here in the clinic that you are able to give to the patient that you give them maybe after testing positive and you give them to say this Is what you can use in a reading form or whatever?

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R5: We don't have a tool we just talk to them and sometimes it becomes very difficult to remember the client as couple and the other one comes negative I mean those who comes up with discontent results, we don't have tools actually

Interviewer: But do you perhaps record it in the patient bed letter?

R1: Yes, we do record

Interviewer: So maybe as a follow up can I just find out what are some of the advantages that you speak to the patient in terms of disclosure that you include?

R5: The advantages are that the couples they will live freely and happily just because if someone is not free they won't be happy erh… every time she will that what if the partner knows about my status and kicks me out those kinds of things but I think knowing the status helps them to be free.

R1: Another point is that the one who is infected she is going to be free to take the medication without hiding the medication so she is going to comply concerning time

Interviewer: Any other additions the advantages, what am hearing is that the two of them will live freely, they will support each other they will be able to remind each other about time and other things as well

R3: Another advantage is that they will be able to use condom freely to prevent the other partner from being infected.

Interviewer: What if they are both positive?

R3: They must use condom of course even if they are positive.

R5: We normally get those kinds of patients who says we don't use a condom because my partner is also positive and she is taking medication but there can be some re-infection and they seem not to not to understand at a later stage.

Interviewer: Erh! You told me that you don't have the tools that you are able to link with in terms of supporting patients to disclose

R3: Yes, there are photos; there are cell phone numbers, the treatment home base cares

Interviewer: So, including for those who are HIV-positive and having problems with disclosing?

R3: No.

Interviewer: No ... ok, meaning that what can happen is that if someone can be on treatment for ten years here and without having disclose and you are still continuing to give treatment

R3: Yes, we continue but they are rare because for the first time they come to the clinic we encourage them to come with treatment buddy even if it's not the husband we encourage them to come with one family that is disclosed to the status **Interviewer:** So, as we are discussing you said that it is not easy for the patient to disclose to the sexual partners do you have patients who disclose immediately or those who take five years and so on?

R5: We don't really know in really when they are going to disclose expect for those we have been with for several times

R5: What we know as professional nurses is that if people continue to be on treatment they have not disclose which means that we are not going to get the undetectable levels and if we start having denial patients then we have a problem

R5: Here at the clinic to tell the truth most of the patients have disclosed to the relative and we don't have the problem even if the sexual partner doesn't know we can discuss the treatment with the family.

R4: For those married women they have a complaint that their men don't want to use a condom most of the time so what we are doing is that sometimes we tell them to call so that we can talk to the man

Interviewer: You call them to tell them that your wife is positive or you call them to come here?

R4: We have a discussion with to come to the hospital

Interviewer: So, what do you do when they arrive here?

R4: We ask the woman few questions like does your man knows about your status, does he also take treatment I need your assistant then there won't be a problem then we strategies on how to approach the men and ask if it's the right time to ask the men

Interviewer: The kind of questions that we might raise…

R5: Normally we speak to the ones that there partner knows about the status then we talk to the wife to call the husband and then the husband comes

Interviewer: If you don't know?

R5: If we don't know we just talk to our patient only.

Interviewer: Alright thank you!

APPENDIX 8: INTERVIEW TRANSCRIPT FROM THE VERIFICATION INTERVIEW

Interviewer: I am Ms Pamela Mamogobo a PHD student in the university of Limpopo. I collected data from professional nurses in the 5 district wellness clinics on the topic Development of a training programme for professional nurses to support HIV-positive patients in disclosing HIV status to sexual partners at selected public hospitals in Limpopo Province, South Africa. Subsequent to the research findings I have developed a training programme that I have discussed and provided for you to look at. Did you manage to review and look at the programme?

Interviewee: Yes, we did manage to look at it and we have decided that the 3 of us who work on disclosure of HIV and monitoring and evaluation we should be part of the discussion around the training programme review

Interviewer: The issue of disclosure to sexual partner is an integral part of HIV/AIDS care. Literature from South Africa and other countries where the study on disclosure to sexual partner was undertaken indicates that disclosure to sexual partner with the use of condoms improve the health of PLWHA. One study in Botswana found that some PLHWA defaulted on treatment but because they have disclosed to sexual partner and were using condoms they continue to have quality health even though they were not on ARVs because they have disclosed, they are free, and people know about their status so indicating that disclosure to sexual partner contribute to quality health among PLHWA it reduces a lot of health-related depression syndromes that may compromise the health of the individual diagnosed with HIV.

Interviewee: Because, like I am saying the real benefits of certain aspects of level of care are not really being discussed with patients, because if you go to issues of disclosure like she's saying people are not encouraging. Care givers have to assist PLHWA to disclose especially youth. Example with children who live with HIV and have contracted HIV through PMCTC, with our culture as black people when you ask them why don't you disclose to this child? They will that that no, this person is still young you can't tell such. But really looking at the real benefits of doing disclosure as it supposed to be and now disclosure has moved from being an aspect of HIV to being sort of your scientific model to say, this is how you are supposed to disclose

Interviewer: Eeee!!! That is why some people even question the impact that this funding has, because it is revolving around people and their concepts not really looking at contextual needs of PLHWA

Interviewee: I am the one who is working with issues of disclosure in this project. Training for nurses has been provided in different topics like example the mother to child transmission, provider-initiated counselling and testing, HIV/AIDS counselling, couple counselling in all these training disclosures of HIV to sexual partner is discussed in a training that last for a week. In all these training accommodation and food, training materials and experts provide training. Now we have started on adolescent disclosure as though it is a new thing. It has always been there but we should provide training on everything for a week removing people from work providing them with training materials to use as reference at the clinic but the information and skills are not used in the clinical area in spite of the efforts of training.

Interviewer: don't you think people are unable to translate what they have learned in the clinical area because of the training methods that you use in the training are not relevant or don't assist in decision making in the practice area?

Interviewee: I don't think so because we use role plays, group discussions, reflections some of the training methods that you have used in your training programme. It is tough but hopefully we will get there?

Interviewer: Is there a need for any other method to address the issue of lack of translation of training into practice because nurses are the backbone they have to add value to support PLHWA to disclose and not transmit HIV and we are expected not to be having new infections by the year 2020

Interviewee: Its perception I tell you now mam, its attitude related to work, every day we work extra mile the most thing that we do as people is to smile and bribe people with pens and things just to have meetings with them and give them feedback on what we found in their facilities. There are materials and hand out papers that provide guidelines for professional nurses to support PLHWA and funders give us money to provide training, develop guidelines and training materials. Everything thing that is needed to provide care for PLHWA is there, but the power lies within the hands of a nurse to do the work and implement what they learned and what they are supposed to do.

Interviewer: Hmmmm !!!!!

Interviewee: When was the last time you went to the clinic and listen to health education in the morning and just tell me one day that health talk was provided by a professional nurse, just tell me once

interviewee: Health education is not done by professional nurses, your community health care professionals those are the ones, even when you go and look at the health care book when doing assessments, people who are doing that are nobody people, others, whatever the names they call them

Interviewer: it's just like the vital signs issues?

interviewee: It is true

Interviewee: The attitude that the professional nurses have developed now, I don't think they are playing their role as expected. Most of the things, he can agree with me, you find instances where those subordinates or lower categories are in a position of dispensing medication to our clients, we can't have a non-qualified somebody going as deep as giving something that is supposed to be prescribed, because they just go there and offers to the clients, without even knowing, and believe me there are lots of incidences around where people leave facility with wrong medication, because it was done by somebody who doesn't know.

Interviewer: Is it because of shortage of professional nurses in the clinic to provide health services?

Interviewee: They are available

Interviewee: No, I think is the issue of task shifting and not wanting to take responsibility of what you should be doing as someone who like, because you go to a certain facility they tell you No, it is busy here I can't do what, like in disclosure I am not sure what you were discussing about it, but you will find that they have indicators that were discussed with the operational managers to use for monitoring and evaluation in the clinic, but are not disclosed to subordinates including to you a person who is providing support to them . When you try to check the progress they will then say," this thing take time", I don't have time and I have lot of patients to see, but at the end of the day there is nothing that gets done correctly anyway, though they are say they we are focusing on seeing clients, we cannot do 1,2,3 4.

Interviewee: Because if you say I couldn't do 1,2,3,4 because I was busy, you need to show me what you were busy with, which you have done correctly. But nothing is done correctly, so you see where it goes now it is query? and even with your **ideal clinic** thing, people will, like I was saying things are sort of in sub-chapters in the

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departments improve access of health services. When you go for example with your programme like your CCMDD they will tell you those are another thing, but when that person starts talking to ideal clinic assessment components, and they start calling you to say, what did you say about your CCMDD? And those things are interacting, they are actually one thing which supposed to be, somebody who's works in this facility is supposed to sort of bring them together.

Interviewer: But, are they not overburdened? Because in terms of those who are mentoring and supporting them, you have your own divisions, but they are expected to be all, implemented by one person at the clinic level.

Interviewee: I think I will partially agree with you mam, to say maybe there are just overburdened now, maybe they are tired, but that is why I am saying partially, because you look some other facilities that are very busy with minimal human resources in terms of professional nurses, but they are doing well, they are doing whatever that their expected to do. Yes facility- A will do and succeed, and get it done well, and facility B which will not do it, would have facility-A which when you go there you will see that indeed these guys they just have a lot of work to do, that is why I am saying partially you will agree with me. But you would have a very small facility like your clinic, in Maholeng with about 300 I think, and a head-count of less than 800 per month, but still they're not doing their job. But they have the right human resource, which is why I am saying partially I am agreeing.

Interviewee: Like I am saying if people were practicing ideal clinic, everything will get sorted, because some of the things you can just see it is lack of planning, it cannot be that one day you see 60 patients and then the following day you see 2 patients, it doesn't work like that, we are talking about your chronic patient, not your acute patients because those ones can come at any time, but with your chronic patients, you can plan better to say, in total I have got this many, if I redistribute them within the 7days to try and balance the work load, then it means I can do better. But you find a facility which is having almost 70 percent of chronic clients in one day, then the rest of the days they only see one or two people

Interviewer: Hmmm!!!!!!.

Interviewee: So, people are really not implementing ideal clinic principles, and obviously planning is poor on that aspect, if you do not plan better than that is what you will experience. because people will say we are over worked, but when you sort of do your aggregate or your work load report, to say if you're seeing so many in a

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month lets redistribute and see how many on average are you seeing in a day, you will find out that a professional nurse is not even seeing 10 in a day. So, you cannot tell me that you have over worked based on 4days in month, because they only plan everything for a Wednesday**.**

Interviewer: Hmmmm !!!!!!!!!

Interviewee: One other thing is, most of the off – duty structures are not even suitable, they plan to bring everyone on a Wednesday because everyone is coming back on a Wednesday, others maybe are knocking off, to start with the number of professional nurses we have they don't have enough consultation rooms.

Interviewer: Hmmm

In**terviewee:** How are we going to see those people? if we say all must come because all staff members are there, so you will find two professional nurses sharing a consultation room, so it goes back to planning again, if we don't plan better than we are not going to get anywhere. So unfortunately people like I am saying they seeing programs separately, they are treating them separately, they don't sit down and say ok if I implement CCMDD, this is going to assist in terms reducing of the work load and after implementing CCMDD I will see what I am left with which I am supposed to deal with on daily basis, and then minimum or the maximum or whatever the number, then I can redistribute them within my working days to say if you are 20 let me see 4 today 4 tomorrow and 4 when, but they don't do that its either they want to see 10 on Wednesday another 10 on Wednesday then the rest of the days people are relaxed they don't want to do anything.

In**terviewee**: It is a problem if in any working setting if you find yourself seated not doing anything, then you have got a problem there, you cannot go to work and expect to sit down and do nothing, like Bevley was saying issues of attitude are playing a major role, people are demoralised and they just not interested anymore.

Doctor of Philosophy in Health Sciences

Mamogobo PM

THIS IS TO CERTIFY THAT:

Prof Maria Sonto Maputle has co-coded the following qualitative data:

Unstructured one-to-one interviews and focus group interviews data
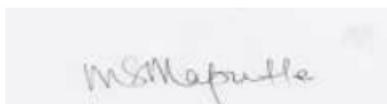
For the study:

Development of a training programme for professional nurses to support HIV positive patients in disclosing HIV status at selected public health hospitals in Limpopo Province

I declare that the candidate and I have reached consensus on the major themes reflected by the data during a consensus discussion meeting. I further declare that adequate data saturation was achieved as evidenced by repeating themes.

Prof MS Maputle   18/07/2017

APPENDIX 10: EDITING LETTER

Editing confirmation

Editing was conducted on the thesis of PM Mamogobo titled: Development of a training programme for professional nurses to support HIV-positive patients in disclosing their HIV status to sexual partners at selected public hospitals in Limpopo Province, South Africa.

The candidate is handing in her report to fulfil to the requirements of the Degree of Doctor of Philosophy in Health Care Sciences in the Faculty of Health Sciences at the University of Limpopo.

I confirm that basic editing was conducted on the report.

Thank you for the opportunity to be of service.

Karien Grundlingh
0828972228