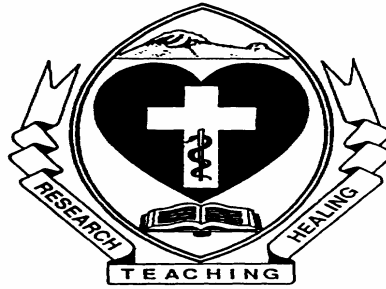


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FACULTY OF NURSING



# ASSESSMENT OF NURSES KNOWLEDGE AND SKILLS ABOUT THE CLINICAL MANAGEMENT

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MARCH 2008

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## ACKNOWLEDGEMENTS

First of all I would like to thank God for the strength and courage given to me so that I capable to conduct this research study successfully. I would to thank the administration for the Association of African Universities for selecting my research proposal which lead me to eligible to be funded to so that I have been able to conduct this research study. I direct my sincere appreciation to the Chief Medical Officer at the Temeke Municipal Council to accept and recommend my application letter to conduct my study at Temeke Municipal Hospital.

To be honest I would like to express my appreciations to the following essential people; the Medical Officer in-charge at Temke Municipal Hospital, the in-patient and out-patient nurse managers for their mutual support and assistance to me which was more pertinent for the carrying-out of this research study. I would like to thank nurses who decided to be my research study participants, without them nothing could have been achieved, I appreciate their responses.

Thanks are due to any other person who had played any part in whatever way and means for which were in one way or another of significant help and support in the performance of this research study

## Abstract

This study was aimed to assess the Nurses' knowledge and skills about the clinical management of HIV/AIDS clients/patients. The method of the study was qualitative, method for data collection which involved semi-structured interviews.

Participants were nurses at a Municipal Hospital, Dar-es-salaam-Tanzania. Convenience sampling method was used. Sampling criteria were: full time nurses providing direct nursing care to patients with HIV/AIDS clients/patients. The sample size will be 10 nurses.

Ethical considerations involved application for permission from the Hospital Authority to conduct the study, obtaining an informed consent from participants, subjects were given code numbers, and the demographic data of participants were used to ensure anonymity and confidentiality

The research results will be disseminated to the Dean Faculty of nursing, the Chief Medical Officer Temeke Municipal, the Medical Officer in-charge Temeke Municipal Hospital, the In-patient Nurse in-charge and the Out-patient Nurse in-charge at Temeke Municipal Hospital

## INTRODUCTION

I am a third year student at the Faculty of Nursing at Kilimanjaro Christian Medical College of the Tumaini University pursuing a program for the Bachelors of Science in Nursing. The programme fulfilment requires planning and conducting a research being an academic obligation.

In view to this aspect, I decided to conduct a research concerning assessment of the nurses' knowledge and skills about clinical management of HIV/AIDS patients/clients. The motive to conduct this kind of the research was entirely based on my observation that, the growing of HIV/AIDS pandemic especially in Sub-Sahara Africa, results into tremendous pressure on health care services including the big burden to nurses and midwives by virtue of their profession. Further, according to the expanding HIV/AIDS epidemic challenges nurses to increase their knowledge about this devastating illness to provide effective HIV/AIDS prevention and care to their patients, this has been supported by [Williams A., B., et al 2006] Nurses as professionals are required to provide individualized and holistic client/patient care. Due to these facts I realized the need to assess the nurses' knowledge and skills towards the clinical management of HIV/AIDS clients/patient. In order to ensure quality care for patients with HIV/AIDS, it is important to understand nurses' experiences of nursing HIV-positive patients and how they may influence their attitudes towards these patients.

My working area is in Dar-es-salaam, working as an employee in the Tanzania Police Force under the Police Medical Service Unit. The headquarters of our unit is within Temeke Municipality which is among the three Municipals in Dar-es-salaam City. The City has been increasingly highly populated, this therefore provides a potential to an increase to patient hospital admissions of which nurses carry a major burden and responsibility in the provision of quality and cost effective nursing care services not only to HIV/AIDS clients/patients but also to other admitted patients.

The study was conducted at a Municipal Hospital in Dar-es-salaam, Tanzania. The hospital provides both out-patient and in-patient services. The out-patient department offers out-patient services including special clinics as follows: Diabetic clinic, Tuberculosis and Leprosy clinic, and antiretroviral clinic.

The hospital is a referral health facility to health centres and dispensaries within the jurisdiction of Temeke Municipality. The patient referral system from this hospital is made to Muhimbili National Hospital which is the consultant and teaching hospital in the country.

Scotti and Miramontes [2004] considered the following about nursing clinical management of HIV/AIDS clients/patients the nurse should demonstrate; understanding on aspects about HIV transmission [Precautions, interventions to increase the protection when working with HIV infected patients]; Disease

course [natural history of HIV infection, the relevance of CD4 count in immune decline, common opportunistic infections their treatment]; nursing care[assessment skills unique to caring for HIV patients, knowledge in methods of treating HIV throughout the course of the disease in palliative care, prophylaxis and treatment, medications available to treat HIV, and the role of clinical trials in the treatment of HIV]; Confidentiality/Stigma [describe your attitudes, values and prejudices and how they might affect how you care for HIV infected patients, confidentiality in caring for the HIV infected patient];Counselling[basic counselling skills, ability to discuss prevention for positives and harm reduction with patients, utilize brief interventions as a counselling methodology for patients and families]

## BACKGROUND

Pan American Health Organization [2003] reported in the approved consensus document that, in addition to the 42 million people in the world living with HIV/AIDS in 2002, UNAIDS in Pan American Health Organization [2003], also estimates that there were 5 million new HIV infections and 3.1 million people died due to HIV/AIDS. They further explained that, the epidemic continues to shift into marginalized populations that lack access to the services and information they need to protect themselves against HIV/AIDS. They labelled the HIV/AIDS epidemic as a global humanitarian crisis. Nurses are a significant component of the available health work force. The care provided by nursing and midwifery personnel is essential to the prevention and control of HIV/AIDS infection and the care for persons living with and affected by HIV/AIDS.

Atkinson, Grant, Lewis, and Sherval [1996] in the study on an evaluation of community nursing services for HIV/AIDS patients in Lothian, Scotland, they reported each nurse was asked to provide information about their contact with HIV positive patients and the level of training they had received in HIV/AIDS care. Where the nurses indicated less than full confidence they were asked to indicate what factors predisposed their response. Questionnaires were completed by 101 district nurses. The nursing activities most commonly carried out for these patients were providing advice/counseling, carer support, and general nursing care and specialist treatments. The activities least commonly carried out were technical procedures, tests and assessments. Nurses were most confident in providing a high standard in relation to general nursing care and least confident that high standards were being achieved in providing specialist treatments. The most frequently encountered explanations offered by the district nurses for their lack of confidence in achieving a high standard were a lack of specialist training and a lack of experience with HIV-infected patients.

Paris AIDS Summit [1994], provides a report about the Strategic Meeting on Care and Support of People affected by HIV/AIDS which was held in Geneva, 26-27 September, it was reported that for the moment, therefore, a good indication of the impact of HIV/AIDS on the health care system is the proportion of medical ward beds occupied by hospitalized patients with HIV infection. Occupancy is as high as 80% in some tertiary-level hospitals in high-prevalence countries. HIV/AIDS also has a major impact on health care staff. Caring for large numbers of young, incurably ill patients is very stressful, particularly in hospitals. Fear and lowered morale are resulting in staff shortages, absenteeism and burn-out. Health care workers - the prime resource of health systems - sometimes have attitudes towards people with HIV/AIDS that constrain the quality of care they are able to offer. Uncaring or stigmatizing attitudes are deeply hurtful and can even lead HIV-infected people to forego care altogether, especially in the early stages when they may not wish others to know about their illness. Training aimed at inculcating positive attitudes

to AIDS is thus needed. In addition, health workers of all categories need better HIV/AIDS recognition and care skills - all too often, individuals seeking care for early symptoms of HIV-related illness enter and leave a health facility without recognition of their seropositivity. Because fear of becoming infected with HIV is widespread among health care staff, they need training in the universal precautions to be followed in handling blood, and assured of the necessary supplies, so that they can protect themselves and their patients from transmission in the health care setting.

Paris AIDS Summit [1994], reported also about the Heads of Government or Representatives of the 42 States assembled in Paris on 1 December 1994, [though the information seem to be old it is still significant to day] made priorities for action that the Paris AIDS Summit could endorse following principles and national priorities and launch the global initiative which were outlined as follows; Denial of AIDS not only fuels its spread but slows efforts to provide the necessary care and support. Overcoming denial and publicly acknowledging the extent of the epidemic is the first step that every leader, from community to national level, must take. People with HIV/AIDS are entitled to care and support. This is best provided in a positive climate of tolerance, openness and acceptance, with full respect for their human rights and individual choice. Community and national efforts to provide both prevention and care are most successful where there is an open and strong political commitment to eliminating stigma and protecting people with HIV/AIDS from discrimination, including at school, in the workplace, and in connection with health insurance, government services and international travel. Health care for people with HIV/AIDS should be integrated into existing health care structures and institutions. To ensure this care, the overall health system should be strengthened. The benefits will be correspondingly broad: better health care for all. Care for people with HIV/AIDS should be provided across a continuum embracing home, community and health care facilities. It should be comprehensive and include clinical management, nursing care, counseling and social support. Care for people with HIV/AIDS should include palliation and pain relief. Ensuring the availability of appropriate analgesics requires strong political motivation but can be undertaken without high expenditure. Prevention and care are linked and indivisible. Prevention efforts are more credible and effective when care is available for those living with HIV/AIDS.

In a study which was aimed at exploring the realization of counselling, palliative care, and terminal care in the care of people with HIV/AIDS in seven settings in South Africa, [Uys, 2003], a descriptive study was performed in seven sites where a model of home-based care was implemented that links hospitals, clinics, and home-based care in a continuum. Data was collected from people with HIV/AIDS (PWA), their caretakers, health care workers, and community members using semi structured interviews, observation,



taping of onsite meetings, and completion of questionnaires. Descriptive and nonparametric statistics were used to analyze the quantitative data, and the template approach was used to analyze the qualitative data. Results revealed the following; there is a need to extend counselling before and after diagnostic testing to counselling about living with HIV/AIDS. There is also a need to equip counsellors to deal with children. Fifty-seven percent of patients died at home or in hospice. There is a significant relationship between a "good" death and dying at home. Palliative care in the formal health services was generally poor due mainly to lack of specific training in this field and the stigma associated with this diagnosis. Health care providers can change the experience of illness and death for people with HIV/AIDS through adequate counselling, palliative care, and terminal care that meet professional standards

Smit R, [2005] in the study on HIV/AIDS and the workplace: perceptions of nurses in a public hospital in South Africa reported that; although studies focusing on nurses' experiences of caring for patients with HIV/AIDS have been done in numerous countries, little is known about nurses' views in Africa, and South Africa in particular. To ensure quality care for patients with HIV/AIDS, it is important to understand nurses' experiences of nursing HIV-positive patients and how they may influence their attitudes towards these patients. Findings: Seven themes were identified: helplessness, emotional stress and fatigue, fear, anger and frustration, occupational-related concerns, empathy, and self-fulfillment. In this study, seven themes were identified: helplessness, emotional stress and fatigue, fear, anger and frustration, occupational-related concerns, empathy, and self-fulfillment. Further, it was concluded that, increased understanding of the stresses and rewards experienced by these nurses can contribute to policy development in this area. It is also important to provide appropriate pre-registration and continuing education and support for nurses working in this field, and to ensure that the working environment is adequate in terms of resources

Pan American Health Organization (PAHO) [2003], reported about Jeanne Risler with her associate Helen Lugina and others in the project on An HIV/AIDS Training for Nursing and Midwifery Faculty in Tanzania, this involved 45 nursing educators and clinical coordinators from Regions severely affected by HIV/AIDS. The course aimed to provide an overview of HIV/AIDS in Tanzania, including pathogenesis, epidemiology, natural history, transmission, prevention, counselling and testing, and diagnosis and treatment, including treatment of opportunistic infections and the use of antiretroviral therapy. A major focus will be maternal and infant health, including sexual rights; antenatal, family planning, and gynaecologic care for the HIV positive woman; prevention of mother to child transmission [PMTCT], infant follow-up, and infant feeding issues. They made a conclusion that; this is one of the first courses designed to prepare nursing and midwifery faculty to integrate HIV/AIDS content into the basic nursing

curriculum, and to offer student nurses and midwives a firm foundation in HIV/AIDS care and treatment. If it is integrated into Ministry of Health activities and followed up with more training and support, it should make a profound and sustainable contribution to the fight against HIV/AIDS in Tanzania. However, this course is not implemented yet, it is on preparatory phases for policy and curriculum development.

### *Literature review*

In a study to explore rural student nurses' knowledge, attitudes, and beliefs about caring for people with HIV/AIDS, in Washington [Earl and Penney,2005] reported that, the results from this study were consistent with other past studies where judgmental attitudes toward patients with HIV/AIDS were demonstrated. Data indicate that nursing students' attitudes, beliefs, and knowledge about HIV/AIDS have not changed over the past decade. Based on these findings, many implications for nurse educators exist. Nurse educators need to examine approaches to teaching about HIV/AIDS that can increase knowledge and influence the actual treatment of individuals who have this disease. In addition, the focus for rural nursing programs should be on increasing the understanding of the impact of HIV/AIDS on rural communities and to help project future needs for HIV/AIDS-related services.

In a study about the effectiveness of an HIV/AIDS educational program for Chinese nurses for there was determination of the effect of a multifaceted HIV/AIDS educational intervention on the knowledge, attitudes and willingness of Chinese nurses in caring for patients with immunodeficiency virus, [Williams et al 2006],they reported that the expanding HIV/AIDS epidemic challenges nurses to increase their knowledge about this devastating illness to provide effective HIV/AIDS prevention and care to their patients. HIV/AIDS educational interventions, which were developed for North American and European nurses, have not been studied among nurses in other societies. The finding in the study was that; at baseline, HIV/AIDS knowledge was not high and attitudes and willingness to care were neutral. Knowledge, attitudes toward patients with HIV/AIDS and willingness to provide nursing care to these patients were each improved at the conclusion of the workshop ( $P < 0.001$ ). Further, they concluded that.... as the HIV/AIDS epidemic expands, nurses will be called upon to deliver competent, compassionate and comprehensive care to patients and their significant others. Intensive, interactive HIV/AIDS professional workshops can contribute to the national effort by increasing knowledge and improving attitudes towards and willingness to provide nursing care for patients with HIV/AIDS.

Effectiveness of an HIV/AIDS educational programme for Chinese nurses

In a study about comfort levels of nursing faculty regarding student assignment to patient with HIV/AIDS [Durkin, 2003] reported that review of the literature suggests that many nursing faculty members may have little experience caring for patients with AIDS and that relatively little research has been conducted to examine the reactions of nursing faculty to the care of these patients. Data results showed that the vast majority of faculty members surveyed had cared for a patient with HIV/AIDS and that they were comfortable anticipating the supervision of a nursing student assigned to provide to a patient with this diagnosis

Durkin, [2006] in a study to assess comfort levels of nursing students regarding clinical assignment to a Patient with HIV/AIDS, reports that; a review of the literature suggests that many nursing students are fearful of occupational transmission of HIV/AIDS and that educational interventions may improve the students' attitudes toward caring for patients with HIV/AIDS. The author administered Form A of the Nursing Care Comfort scale to a sample of 122 baccalaureate students. Findings revealed variations in comfort levels relative to specific nursing skills.

Omisakin, [2001] in a study about the nurses' knowledge about HIV/AIDS and skills regarding the care of patients with HIV/AIDS were assessed with a view to determine whether or not there is improvement, over the years in Osun state, reported; a majority (80.3%) of nurses in the sample, most especially in the teaching hospitals, was knowledgeable about HIV/AIDS and was skilful in caring for patients with HIV/AIDS. However, knowledge deficit was recorded on the organ targeted by HIV/AIDS virus, available diagnostic tests, inactive agents and drugs used for treating patients with HIV/AIDS.

According to Nawafleh, Francis, and Chapman, [2005], in the report on Jordanians vulnerability; a population at risk of HIV/AIDS, the data shows that the population is at risk because the nurses' knowledge and skills are inadequate and the health care facilities are crippled by limited human and physical resources.

Oyeyemi, Oyeyemi, and Bello, (2006) in the study aimed to determine Nigerian nurses' knowledge, attitudes and overall level of comfort on caring of patients living with AIDS: knowledge, attitude and global level of comfort they reported; Respondents demonstrated low levels of knowledge and poor attitudes towards people with HIV/AIDS. Attitudes appeared to be influenced by the nurse's specialty, rank, prior education and experience with patients with acquired immune deficiency syndrome. The responding nurses showed low levels of comfort in giving care to patients with HIV/. They further said that, there is little information on sub-Saharan African nurses' knowledge, attitude and feeling of comfort in providing care to patients living with acquired immune deficiency syndrome.

### *Problem statement*

Nursing is a caring profession which is vested in the provision of holistic and quality nursing care at every levels of health care service delivery. Nurses as professionals, cover a wide range of personnel as compared with other health care professionals in the health care delivery system. The growing of HIV/AIDS pandemic especially Sub-Sahara Africa, results into tremendous pressure on health care services including the biggest burden to nurses and midwives by virtue of their profession. Nurses routinely care for victims and they struggle to maintain their strength in face of great difficulty. Nurses are working in an environment that is unsupportive of their efforts; they lack appreciation of their efforts. Their failure due to various circumstances receives most attention and negative image in the public. Many nurses often qualified before HIV/AIDS was in their curricular. However, the extent to which nurses and midwives are knowledgeable about the clinical management of HIV/AIDS clients/patients have not been adequately established. This study therefore, is an attempt to address this knowledge gap about the clinical management of HIV/AIDS clients/patients.

## AIM OF THE STUDY

To determine the knowledge and skills of enrolled and registered nurses about the clinical management of HIV/AIDS clients/patients towards quality nursing care.

## RESEARCH QUESTIONS

1. What knowledge do nurses have about clinical management of HIV/AIDS clients/patients?
2. What skills do nurses possess about clinical management of HIV/AIDS clients/patients?
3. What are the factors contributing to nurse's knowledge and skills about the clinical management of HIV/AIDS clients/patients?

## METHOD

### *Design*

The study design was qualitative. This has been considered significant according to the pre-requisites to evaluate knowledge and skills. .

### *Participants*

Participants were nurses at a Municipal Hospital, Dar-es-salaam-Tanzania. Convenience sampling method was used. Sampling criteria was; full time nurses providing direct nursing care to patients with HIV/AIDS clients/patients. The sample size was 10 nurses.

### *Data Collection*

Method to collect data involved semi-structured interviews. The interviews were audio taped, and a limited field notes were taken

### *Data Analysis*

The method to analyse data involved transcribing gathered qualitative data with the use of transcription conventions. Categorization scheme was employed in which qualitative data were organized, classified, and indexed for analysis.

### *Ethical Considerations*

There was application for permission from the Hospital Authority to conduct the study, obtaining an informed consent from participants, subjects were given code numbers, and the demographic data of participants were used to ensure anonymity and confidentiality

### *Setting for the Study*

The study was conducted at Temeke Municipal Hospital in Dar-es-salaam, Tanzania. The hospital provides both out-patient and in-patient services. The out-patient department offers out-patient services including special clinics as follows: Diabetic clinic, Tuberculosis and Leprosy clinic, and antiretroviral clinic.

The hospital is a referral health facility to health centres and dispensaries within the jurisdiction of Temeke Municipality. The patient referral system from this hospital is made to Muhimbili National Hospital which is the consultant and teaching hospital in the country.

## RESULTS

Participants who were involved in the research study came from different wards: surgical ward (1), paediatric ward (2), medical ward (3), obstetric and gynaecology ward (2) and labour ward (2). Among them, diploma holders (6) and certificate holder (4), the gender distribution reflects gender imbalance of out of 10 nurses, 2 were male nurses and 8 were female nurses. All participants provide nursing care under the in-patient service delivery system at the hospital and they are full time nurses.

Their professional training period ranges between 3-4 consecutive years; one participant has attended upgrading nursing course. Diploma holders are those who attended a 4 years training nursing program, certificate holder nurses attended a 3 years training nursing program. Exception stands for the one who attended upgrading course whom in the basic nursing program she attended a 3 years training program. The training period for the participants ranges between 1989- 2005

### **Knowledge of the term clinical management of HIV/AIDS clients/patients**

When participants were asked to explain what they understand about the term ‘clinical management of HIV/AIDS clients/patients’, the responses were as follows: “...it is the provision of nursing care with consideration of the presenting signs and symptoms to the patient” the informant was went further to explain the difference between the commonly used terms HIV and AIDS clients/patients stating that; “*HIV is the situation in which the person has acquired the human immunodeficiency virus while AIDS is the situation in which a person has undergone through the disease process and has developed some opportunistic infections*”.

Participants seemed to have a common understanding in this question stating that; ...it is the concept concerning the provision of nursing care with regard to patients’ complaints or ill condition,...to my understanding it is the provision of care to the client/patient with HIV/AIDS,...it’s the process to provide care to clients/patients with HIV/AIDS, for nurses it is the process to deliver nursing care services to clients/patients with HIV/AIDS.

Respondents in this question has a conscious view for as service offered by professionals as it can be seen in this statement by one informant, “...in my knowledge I can say it is the services which are delivered by health professionals when caring HIV/AIDS clients/patients, the services can be given in out-patient or in-patient basis including home based care”, the following statement has the same connotation; the care of HIV/AIDS patients which involves provision of drugs and other nursing care services



There were simple answers from respondents such as...I think this is managing HIV/AIDS clients/patients clinically and service provision for HIV/AIDS

### **Training received about the clinical management of HIV/AIDS clients/patients**

There was different responses form participants, most participants said they didn't receive specific training about the clinical management of HIV/AIDS clients/patients. This can be seen from different statements given by participants; "...I didn't receive any specific training concerning the clinical management of HIV/AIDS clients/patients during my basic training process. However, I came to understand them in the working environment through seminars" ...I did receive some training concerning the clinical management of HIV/AIDS clients/patients though they are not adequate"

Further, participants responses about received training was that, most received counselling, training about prevention of HIV transmission from the mother to the child, one reported to attend partial training about palliative care and one participant received counselling training related to substance abuse and drug addiction as presented in the following narratives: "...I have received training concerning voluntary counselling and testing for which I am capable to provide counselling services to my clients". "...I received training on counselling in the training which was concerning about the prevention of transmission of HIV from mother to child". "...Actually I didn't receive any specific training concerning clinical management of HIV/AIDS clients/patients, but I attended a certain seminar concerning palliative care for two days when I was working in a certain mission hospital at Tanga region"

I didn't receive any specific training concerning clinical management of HIV/AIDS clients/patients rather; it was delivery of general nursing care. I have counselling skills which are more oriented to mental health nursing particularly concerning substance abuse and drug abuse

I didn't get any specific training concerning the clinical management of HIV/AIDS clients/patients, but I think I need this training to make me to more confident when caring for HIV/AIDS clients/patients.

Nurses working in labour ward have been receiving counselling in relation to prevention of HIV transmission from mother to the child (PMTCT) as explained here by respondents when were asked whether they have received training about clinical management of HIV/AIDS clients/patients; "...I received training about PMTCT, other information I sometimes find them in reading publications related to issues of HIV/AIDS." "...I received training about PMTCT, other information I sometimes find them in reading publications related to issues of HIV/AIDS."

### **Where did you get the training?**

Most respondents reported to receive their counselling skills through seminars as continuing education at the working area. One participant who attended training about concerning palliative care said "...I attended a certain seminar concerning palliative care for two days when I was working in a certain mission hospital at Tanga region"

Participants who are working in the labour ward made the narration as follows; "...I attended seminar for PMTCT which was special for nurses working in labour ward for 2 weeks-the time period was not enough, there were a lot to be covered so more information was compacted to us since PMTCT is more complicated

### **The view regarding the content of HIV/AIDS care received during your basic nursing training**

Participants reported to have not adequately trained about clinical management of HIV/AIDS clients/patients during their basic nursing training program, the following statements from respondents reveals their dissatisfactions; ...the training concerning clinical management of HIV/AIDS clients/patients is not adequate, the training through seminars to some extent is helpful even though is not absolutely enough. "...the training provided is not adequate... due to the fact there are more changes in terms of patients' disease presentations, introduction of ant-retroviral drugs and technology for various laboratory investigation procedures and equipments, so nurses need frequent training about issues concerning HIV/AIDS"

*"The training which I received was about PMTCT of which I am not in the position to determine because I am working in surgical ward; my application of service is based to the experiences which I have gained in my working area.*

*"The knowledge I have is not adequate in the care of HIV/AIDS clients/patients as we are faced with many challenges in our working area including shortage of resources both human and non-human resources. We need more training or exposure on various issues concerning the care of HIV/AIDS clients/patients."*

*"In my observation the knowledge I have is not enough for the care of HIV/AIDS clients/patients....this is due to the fact that there are more changes for which the presenting features which we were used to see have changed much and today there is introduction of ant-retroviral drugs. So generally, the training which we receive during our basic training and seminars are not adequate, the seminars need to be conducted periodically."*

*“There is no specific training concerning clinical management of HIV/AIDS clients/patients, rather we provide nursing care according to needs of our patients such provision of drugs for treating opportunistic infections other services are in accordance to general nursing knowledge.”*

The respondents reported time limit for the coverage of learning material. “...To me what I can say is that, the training seminar which I attended was not adequate enough because it was for two days and we received partial information. In my former hospital there was an established unit for providing palliative care; other nurses working in general wards were not adequately exposed to in-depth training. In my view ...eeh the management of HIV/AIDS involves all members of the health team in hospitals; therefore all are entitled to have adequate knowledge rather than a minority group of nurses.”

*“...the training which I received is not enough as it was oriented in mental health though there was a relation to HIV/AIDS. Further, today we are having drugs which we are not familiar to them in terms of their mechanism of action, side effects and other related issues. Myself I feel to have deficit about a wide knowledge about HIV/AIDS for which I think it is required for provision of effective clinical management of HIV/AIDS clients/patients as compared to those who have been adequately trained in this area.”*

Respondents demonstrated the need to have more training for the management of HIV/AIDS clients/patients; “...the training in the basic nursing program about management of HIV/AIDS clients/patients was almost an introduction to HIV/AIDS so in the nursing practice is not adequate for the provision of quality nursing care. Actually I can not express exactly what I am lacking, but I think something is lacking in the general knowledge and skills to the care of HIV/AIDS patients...the content provided during the basic nursing program is not adequate; more information is required especially on the aspect of drugs”

*“...the training which I received during PMTCT seminar to some extent is assistive for service delivery, but I need frequent training for effective service delivery. Training on HIV/AIDS during my basic nursing training program were not adequate because we received little information and the content was not so extensive as compared to the existing conditions and other circumstances occurring today including the use of ant-retroviral drugs. Today I think there is a need to have more knowledge and skills about HIV/AIDS, because currently there are more infections which are associated with HIV infection, there is also use of drugs.”*

### **Precautions, interventions to increase the protection when working with HIV infected patients**

When participants were asked to explain the measures towards self protection when caring HIV infected patients, their responses included the following: wearing protective gears (gloves); being more precautionous to avoid needle pricking; disinfecting used equipment this is applied to all patients as universal precaution measures; personal precautions; avoiding recapping after giving injection, the use of safety box at least to each bed; Getting prophylaxis treatment.

It has been also commented that in some situations there is risk taking. One participant said; "...generally I usually take precautions which are normal such as hand washing, wearing gloves, being precautionous avoiding needle pricking, in general; it is difficulty to be absolutely systematic and apply all techniques due to various reasons including shortage of resources, ...some time we opt to take risks especially in emergency situations. In some incidences, patients with AIDS become confused, so it becomes problematic and you will be at potential risk of becoming contaminated or even pricked with a needle in situation when you are dealing with a confused patient."

*"...wearing of gloves, being careful when collecting or giving injections, use of safety boxes for disposing the sharps and other general precaution regarding infection prevention such as hand washing. We have the prophylaxis for those who have accidental needle pricking from the patient who is HIV positive."*

Participants working in labour ward reported; "...we do thorough cleaning and sterilization of equipment, wearing gloves, being cautious when having bruises or minor injuries on hand, and avoiding recapping of needles after injection, use of safety boxes and hand washing. In preventing transmission to the baby we were advised to change gloves in the procedure for cutting off the umbilical cord after clamping, this prevents possible contamination of baby blood from the mothers' blood."

### **Natural history of HIV infection, the relevance of CD4 counts in immune decline, common opportunistic infections**

Participants has some awareness about natural history of HIV infection in relation to the following statement; "...the state involving the period a person acquires the virus to the time starts to present the typical signs and symptoms of the disease; Opportunistic infections are those which associates with HIV infection; pulmonary tuberculosis, pneumonia they are related to lowered immunity."

*“I understand that there are various stages of HIV infection till the patient progresses to what is called AIDS. So during counselling I usually tell my clients that, it is important to repeat screening because at the first test results can be negative or positive and in the next tests there may be opposite results due to disease process.”*

Other participants reported to have no information about the natural history of HIV infection but they have understanding about the relationship between lowered immunity and occurrence of opportunistic infections.

*“...I don’t have information about the natural history of HIV infection. In understanding the relevance of CD4 counts in immune decline we usually use the stipulated logarithms in children we assess for; persistent diarrhoea, loss of weight, persistent fever and if the child is malnourished. However, checking for CD4 count is important.”*

*“...myself I don’t have clear knowledge about the natural history of HIV infection; ...the relationship between CD4 count decline, lowered immune and opportunistic infections is that, when there is lowered CD4 count the immune system is compromised and the person can acquire the opportunistic infections such as pulmonary tuberculosis; pneumocystic pneumonia and streptococcal meningitis.”*

*“...we are actually not clear on what exactly happens, we usually see in the doctors note explaining the quantity of CD4 count to the patient that when they are below 200, the person is categorized to have developed AIDS but we are not are on what is going on because we don’t have clear or adequate information and knowledge.”*

*“...personally I know is the process from acquisition of HIV virus to the period the person develops AIDS in which there is lowered immunity of the individual where he/she develops opportunistic infections such as pneumocystic pneumonia , meningitis-encephalitis which are treated by the use of strong antibiotics such as powercef.”*

*“...what I know about the natural history of HIV infection involves the time from acquisition of HIV virus to the period the person develops AIDS. When immunity is still high (CD4s are more than 200), the person is not regarded to have developed AIDS until when the CD4 are below 200, usually in this stage the person becomes at risk of getting other infections known as opportunistic infections such as pneumonia, Kaposi’s sarcoma.”*

Nursing care [assessment skills unique to caring for HIV patients, knowledge in methods of treating HIV throughout the course of the disease in palliative care, prophylaxis and treatment, medications available to treat HIV]

In response to this aspect, participants responded variably: "...no specific assessment skills are used when caring the patients." "...no special care is given through the course of the disease in palliative condition." "...the assessment is based on use of logarithms and general condition of the patient."

*"...our nursing care is not so different therefore we provide care according to knowledge and principles of general nursing, but we have more concern to HIV/AIDS patients which is based to make them feel they are isolated so we are usually available and try to provide to them on what they need according to availability of resources, ...I don't have any special training for providing palliative care. However we provide nursing care under general aspects of nursing care not to show that we can not do anything for them due to their illness. Otherwise I can say that we don't have any specific care to them."*

*"...we don't have any special assessment skills to our patients, we usually carryout our normal or routine nursing care services. However, we have people from the established HIV unit especially doctors they usually come to visit and make assessment to our patients. Further it is not possible conduct an in-depth assessment to limited knowledge and the large number of admitted patients in our wards in relation to available human resource or staff."*

"...we don't use specific nursing care to HIV/AIDS clients/patients; rather we apply our general nursing care. It is important if I will receive training for developing assessment skills for the care of HIV/AIDS clients/patients. Though we care these patients at terminal stage unfortunately we don't have the necessary knowledge and skills. The prophylaxis drugs I know are cotrimoxazole for children."

*"...I don't have any specific assessment skills which I use when caring for HIV/AIDS patients, either, we are used to provide nursing services or care using our general nursing knowledge and skills. I think it is necessary for nurses to have special training for equipping nurses with current knowledge and skills necessary for caring HIV/AIDS patients. I don't have any knowledge and skills about palliative care for HIV/AIDS patients. I have little knowledge on the available drugs which are used by people with HIV/AIDS, including their side effects and the management of the patients following the effects the drugs."*

When responding to the question about prophylaxis and treatment drugs available, participants stated as follows:

“...we usually use cotrimoxazole as prophylaxis treatments to children, other drugs for people with HIV are supplied to them from our specialized unit for the distribution of ant-retroviral drugs.”

“...concerning available medication drugs we are not adequately aware simply because there are special people (nurses and doctors) who are involved to supply the drugs to patient, in our part we tend to ensure the patient takes his/her medication, we don't know exactly the drugs actions.”

“...drugs are normally available to our clients/patients and usually they get the drugs from our unit which has been established to dispense ant-retroviral drugs. Our duty is to link clients/patients with personnel in the unit. In case there are no drugs at that time, patients are advised to come the next day to collect their medication, ...concerning side effects of ant-retroviral drugs we are not well informed as nurses working in the wards, may be our fellow nurses working at the ARV unit are more informed; therefore I am not so confident to say we can provide adequate care to person experiencing drug reactions. Also in our hospital we don't have machines to do investigations related to detection of drug reactions.”

“...drugs are available for both HIV and treating opportunistic infections which are given free of charge to HIV/AIDS clients/patients. In the knowledge about HIV drugs personally I don't have adequate knowledge as compared to fellows especially doctors and to some extent nurses working in the ARV unit, for this matter our patients tend to be more informed to the drugs they are being prescribed to them than we nurses in the wards.”

*“...I don't have any specific assessment skills in the management of HIV/AIDS clients/patients; rather we use the basic assessment skills which we received during the basic training program in nursing profession. We also don't have enough knowledge and skills to provide palliative care to our patients of whom I think as we nurses we need to have such knowledge because we are the ones who we are together with these patients for a long time than any other group of the health care team.”*

“...my knowledge regarding available treatment drugs is not adequate, the only knowledge which is also not enough is about their groups of which I am not more aware to their detailed aspects on their different types together with their mechanism of actions, it is shaming us because, ... some of the patients are more informed than you as a health care provider simply because, ...he/she has received more information from the responsible personnel in the ARV unit, ...in the real sense I can not stand firmly to explain any thing about ARVs and be open for challenges from any other person.”

“...prophylaxis treatment which I know was for nurses who have sustained needle pricking, that they are required to report and be tested prior institution of the treatment regimen. I don’t have adequate knowledge for currently available drugs for HIV/AIDS clients/patients on the aspect of side effects of these drugs I have no adequate knowledge, but I am used to hear other patients develop lashes and others shivering; actually I am not adequately informed about the specific drugs and their side effects.”

### **Confidentiality/Stigma**

When participants were asked to describe their attitudes, values and prejudices and how they might affect how you care for HIV infected patients, confidentiality in caring for the HIV infected patient has the following responses; “...I don’t have any personal attitudes and values which can affect service provision since I usually follow and do what is required in the process of providing nursing care, we usually respect all patients as equal persons.” “...confidentiality is ensured through treating all patients’ information as confidential, avoiding exposure to any third part, unless in the permission of the patient.”

“...I usually emphasize on the fact that, ...any information which is involved in our discussion and service will remain to be our secret between me and you only; and no any third person will be allowed to get them.”

“...the act of showing disrespect to the patients’ request can interfere with your quality of care to your patients. In our unit we have the tendency to remind each other when a member acts unethically.” “...when caring for people with HIV/AIDS, personally I always try my level best to provide them with the materials and supplies available, this makes them to feel they are respected and it avoids feelings of being neglected due to the nature of their illness.”

*“...of course there are behaviours and attitudes which may interfere with the care; therefore we need to minimize them when dealing with HIV/AIDS patients. We have to adhere to the nursing ethics I think also our religious teachings insist to respect human dignity and that we are to respect each other.”*

“...the issue of confidentiality is so controversial to us nurses when the relatives demand to know results of the patient our duty is to explain to them that we don’t know so we can not give you what you want, but you can contact your counsellor, so in this cinerio as nurses we are forced not to tell the truth.”



“...personally I understand that, we are human beings with set of attitudes and values in which if they can not be controlled may affect the kind of care we provide to our clients/patients.”

*“...Personally I agree that as we are humans we have attitudes and values that might affect the kind of care we provide to our patients such as failure to respond to patients’ request or demonstrating discrimination behaviours, I usually think that today the person being sick and tomorrow it can be me, so is better if we adhere to our principles and ethics in the process of caring. Most of our attitudes contribute to stigmatization of our clients or patients. I think nurses should be equipped with knowledge in this aspect.”*

*“...in maintaining confidentiality we are always striving to follow the prescribed directives regarding patient information that they are not accessible to any third part person even relatives, we provide opportunity for the client or patient to decide the person he/she would like to be informed. However, in my opinion, ...this is not good because there is a risk for the person who she/ he will be providing care to the patient if she/he will not be informed, ...I think in this aspect there is a problem to be addressed.”*

“...what I know about confidentiality involves; the act of keeping all patients information inaccessible to any other person, they remain to be between the health care provider and the patient, unless the patient decides otherwise the information ti be delivered to the one who he/she has confidence. Strategies which we use; we have a separate room for counselling, patients receiving ARVs are requested to come and take their drugs in the agreed time period and keeping patients documents where they can not be accessed by unauthorised personnel.”

“...the attitudes or values which we can have may affect the kind of care we provide to our patients such as demonstrating disrespect to the patient, the use of bad language or abusive language, ignoring patient request or needs. We ensure confidentiality by havi a separete room for counselling services and also we use numbers for results rather than using patient names. Further, no patient information is given to another person, it remains for the specific health care provider, if the client decides otherwise the information may be delivered as directed by the patient.”

### **Counseling; [Basic counseling skills]**

Participants reported to have some basic counselling training varying statements: “...I have attended seminars for counselling especially in prevention of HIV transmission from mother to child (PMTCT); we have attended more seminars concerning counselling, ...I usually apply my knowledge and skills by

talking with patients and relatives so as to attain what is being aimed for the counselling session, so far I have not experienced any problems concerning counselling.”

One participant commented; *“...inorder to provide counselling you must have adequate knowledge and skills about counselling ...I have attended training concerning counselling conducted as workshop training which was for three months. However, ...the training are not adequate and I would suggest such training to be given frequently due changes regarding HIV/AIDS issues for which as nurses we need to have up-to date information.”*

*“...I have attended counselling training for which I am capable to provide counselling to my clients and patients as a trained nurse counsellor, I usually make sure I do what I am required some times I use my extra time to come and meet with my clients for providing counselling.”*

*“...to me, the counselling training which I have attended though is concerning with PMTCT, it is useful for me as a nurse, this is because I came to realize that as a nurse you have to be in close contact with your clients/patients and you need to put yourself to the client’/patients’ position in your care.”*

When explaining the significance of counselling skill, one participant reported; *“...I have attended training concerning counselling, at my working area which I utilize them when dealing with my clients, they are useful, ...so far I haven’t experienced any problems in counselling services, but there are problems related to results some clients tend to reject their results where you need to explain more until the client may accept them. Sometimes relatives tend to neglect their patients after they understand the health problem and others do not continue to offer the services which they were used to or may decide not to visit to the hospital.”*

Counselling training conducted has been reported by participants to inadequate for appropriate counselling services. The following narration illustrates the reactions; *“...I have some basic counselling skills for which I attended a two days seminar about counselling ...the content which we were given is not adequate for us to provide appropriate counselling to our clients/patients.”* Shortage of counsellors has been a problem it has been reported; *“...since we have few counsellors we are facing problems to offer the services promptly to our clients/patients due to the fact that when counselling is needed while a counsellor is not available then the patient is forced to wait till the counsellor will be available.”*

Participants did not see the significance of having specific counsellors in the wards as it was recommended; *“...the attitude of having a group of counsellors is not good, so I suggest that all health personnel should be adequately trained about counselling skills especially nurses who spend a great time*

*with HIV/AIDS clients/patients. This is because AIDS or HIV is a big problem and involves all people in the health care system.”*

Having special people to provide counselling services has also reported as a problem, one participant said; “...in our practice is a because, it entertains fragmentation of health care services, for example; during ward round the doctor conducting it may probe the patient about testing for HIV and the patient demonstrates positive response on it, since he/she is not a counsellor will make a note that a counsellor to be informed to come to counsel the patient, ...it becomes a problem when the patient whom would have established confidence to the doctor during ward round then comes another person for counselling him/her, there is a possibility for the patient to reject when he/she feels his or her information has involved more people while she/she wanted the information to remain to the doctor only. We have experienced this situation, it occurs since we are used to be with patients for a long time whom tend to develop confidence in us, when it comes time to call a counsellor to talk with the patient there is loss of confidence for us with our patients. In this regard ...I think all members in the hospital should be trained and equipped with counselling skills in order to offer a tailored health care service to our clients/patients.”

“...the issue for having a special group of people who are trained for counselling services is not good in our practice since sometimes we will be required to have a counsellor to come and counsel the patient at particular time, but due to lack of counsellors it becomes difficult to find them so the client will not receive the intended service. It is necessary therefore for all members in the hospital to be equipped with counselling skills especially nurses.”

One participant reported to utilize successfully counselling skills which were not related to HIV/AIDS, he said “...I have knowledge of counselling but it is based to substance abuse and drug addiction which is not related to HIV/AIDS. ...I sometimes apply it because some clients/patients they become confused after they have received their results or in assisting patients who have difficulty in accepting the reality of the existing problem on them.”

Those who are not exposed to counselling seminars in the working area tend to use the knowledge they have from their basic nursing programs.

*“...I have some basic counselling skills which I received in my basic nursing training which I use them, to some extent are enough, I utilize them in counselling both the patient and family where need arises. I haven't experienced any problem associated with counselling, but there are incidents where the client/patient may not accept or agree his/her test results, in this I usually have to sit with him/her and explain, in other cases there may be total rejection others may accept.”*

Participants reported to have counselling skills during their training about prevention of HIV transmission from mother to the child (PMTCT), saying “...I have the basic counselling skills which we were taught during the PMTCT seminar which was conducted for 2 weeks, ...the information to some extent is assistive, but I am not aware for other counselling trainings because the one I attended was based on PMTCT services. Having specific counsellors is good, but we need all nurses to be given counselling skills.”

### **Skills specific for providing care and services to HIV/AIDS clients/patients in your working area**

Participants rejected to have any specific training for managing HIV/AIDS clients/patients, the following statements illustrates the situation

*“...I don’t have any specific skills for providing care and services to HIV/AIDS clients/patients, ...in this aspect I think I can provide nursing services to all patients including those with HIV/AIDS provided that we have adequate resources and supplies necessary for service delivery, ...however, in some aspects we need special knowledge and techniques, for example how to approach HIV/AIDS clients/patients as we understand that some become; confused, depressed, aggressive and some have lost their value of living due to the nature of their illness, ...so in this regard we need special skills for us being capable for self protection and provision of safe nursing care.”*

Other responses of participants were as follows; “...I don’t have any specific skills for caring people with HIV/AIDS; rather we utilize our general nursing care skills acquired during our basic nursing training program. The principles of care are generally applied.” “...I don’t have specific skills for managing HIV/AIDS patients instead I use my general knowledge and skills which I obtained during the basic nursing training.”

### **How will you know that you have achieved your nursing care to your patients?**

There were different responses regarding how a nurse would recognize to have fulfilled the patients’ needs.

“...through observation of the patients’ satisfaction for delivered service, patient acceptance about given information and services.” “...fulfilment of physiological needs of the patient can be assessed through

observing the patients' satisfaction after performance of a procedure such as serving food dispensing the prescribed drugs.”

“...I can be able to know to have achieved to meet patients needs through observing patients satisfaction and changes which has occurred according to the intended goal, this is possible because I will be in close contact with my client or patient.”

“...to assess achievement you can observe your client/patient as he/she can appear to be happy with your service or care you have provided to him/her, also the client/patient will appreciate verbally on what you have done in the care. ...sometimes the patient may come to you frequently asking for your suggestions and assistance such as; what can I do about this or I want to have milk, will it interfere with my treatments?, this is an indication that the client is confident with your care and services.”

Recognizing achievement about nursing care delivered to the client/patient has also been reported to a difficulty activity as one participant has commented; “...it is difficult to have a clear understanding of whether you have achieved to meet patients needs ...but you can observe from the patient response and the patient sometimes becomes happy on what have been delivered.”

The nursing process has been mentioned to be a tool for assessing achievement. “...the nursing care plan when is utilized provides for assessing goal achievement, you can observe patient changes to the desired condition, above all patients them selves express verbally or through nonverbal communication towards what has been done to them.”

Being in close contact with the patient has reported to contribute recognizing the nurses' goal achievement; “...this is through having close contact with the client so that you can recognize your achievement by observing patients' satisfaction to the care delivered.”

“...Through frequent contact with the client asking him/her for the delivered services of which the client or patient will verbalise, also observing the non-verbal communication from the patient which might indicate the patient is satisfied with the care delivered.”

Work evaluation has been implicated for assessing achievement; “...evaluation of my work plans in all daily or weekly plans, other aspects through observing patient attitude indicative for patient satisfaction.”

Evaluating achievement for social aspect of the patient in the context of holistic nursing care perspectives is has also reported to be less dealt with during patient care, the following statements illustrates the situation:

“...the cultural aspects of our clients/patients are not adequately addressed, or what I can say is that we do not focus our care to involve the cultural aspects of our patients of which I think it is more important in the caring process.”

“...as we are nurses, to meet the needs of our patients it also depends to the individualized needs, therefore the nursing interventions are also dependent to the patient or client needs, ...so I can say that we try to do the best to meet needs of our clients accordingly with the availability of supplies and resources.”

“...Special concern about religion and cultural activities, to me I think it is better to accept them if there is no effect to the care we provide to them, for example it is helpful to integrate taking drugs the time a person is used to go for praying or attending his/her interested activity or game, television or radio session.”

#### **Specific nursing care do you provide to your HIV/AIDS clients/ patients**

Participants' responses regarding specific nursing care for HIV/AIDS clients/patients appear to be related from one participant to another participant.

“...there is no special or specific procedures regarding them, we usually provide nursing services to all patients as individuals; we do not segregate them from other patients in terms of service delivery.” “...we have no special nursing care, nursing care is delivered according to patient needs and there is no such difference.” “...actually we don't have specific nursing care to our clients/patients rather we apply the general nursing procedures unless there is something very specific problem to the particular client/patient which needs specific nursing intervention.”

“...No specific nursing care methods are used or needed in caring for people with HIV/AIDS, but the care is based on the individuals' needs or problems. ...I think we don't need this because when we will institute specific nursing care to them it will foster the stigmatization to the patients.”

*“...no specific nursing care methods are used or needed in caring for people with HIV/AIDS, the difference of care for HIV/AIDS patients from other patients is that we need to make close follow-up for them to ensure that they have been given their drugs*

*The nursing cares are those we provide to other patients, if we will have specific methods for HIV/AIDS patients I think we will be encouraging stigmatization.”*

The following emphasis establishes the concern to be in close contact with your patient; "...there is no specific nursing care which we provide to HIV/AIDS patients/clients, they are attended like any other patients. In my view we can be closer to them to make them feel not neglected or stigmatized due to the nature of their illness."

### **Suggestions concerning nurses' knowledge and skills about clinical management of HIV/AIDS clients/patients**

When participants were asked to provide their suggestions regarding nurses' knowledge and skills about clinical management of HIV/AIDS clients/patients, their responses were based on having in-depth training related to patient care, current treatment methods including drugs, significance of testing prior use of prophylaxis treatment following accidental needle prick

"...Nurses should be more informed about safe practice to prevent needle pricking, and should be given adequate information on the reasons for HIV testing prior starting prophylactic treatment. This is simply because more nurses happen to get needle pricks, but the usually don't report the incident and remain silent for the fear of being tested, so it is not possible for a person to opt to for testing. This is a greater problem and more nurses become depressed as they are not so sure about their serological status following the incident of needle pricking."

"...I think nurses lack the courage to test their serological status; in this regard I would suggest nurses to be exposed to more information about clinical management of HIV/AIDS clients/patients."

"...I suggest nurses to receive frequent training about management of HIV/AIDS clients/patients because there are changes occurring on issues concerning HIV/AIDS. Think there is a need for nurses to have current knowledge and information."

*"...There should be adequate training about management of HIV/AIDS clients/patients to all personnel in the health care system including the health attendants at their level and working conditions, for example a health attendant my contaminate him/herself by coming in contact with soiled materials from a HIV infected patient because he/she may not have the knowledge about protective measures when performing his/her responsibilities."*

“...Training on issues about management of HIV/AIDS clients/patients should be given to all health personnel. For example counselling training should be to all people instead of some individuals, in this situation we have developed a behaviour that there is a person specific to give counselling so we have no duty to such patient and we tend to say to them that your health care provider will come and you will talk to him/her. This is not good we need to have the ability to provide care in a holistic approach.”

“...There is a need to review curricular in nursing schools which will offer adequate training on issues about clinical management of HIV/AIDS clients/patients. For example; personally after completion of my training I didn't know the distinction which I have now about HIV and AIDS.”

*“...I would like to say that as nurses we don't have adequate knowledge about clinical management of HIV/AIDS clients/patients. Therefore there is a need to periodic training in this area because things are changing in terms of clinical features, treatment methods and techniques.”*

“...to my opinion, I would like to suggest that, the health team members should be given adequate knowledge and skills concerning HIV/AIDS issues in terms of counselling; management; treatment modalities and the side effects of ant-retroviral treatment with the measures to deal with the arising drug reactions. ...in general, I can say that as nurses we need adequate training for us to have skills and knowledge for the management of HIV/AIDS clients/patients. ...further, nursing school curricular need to be reviewed so that adequate training about clinical management of HIV/AIDS clients/patients to be delivered to nursing students as compared today we appear to ignorant in this area of care requiring fresh training.”

“...my suggestion concerning nurses' knowledge and skills about clinical management of HIV/AIDS clients/patients is that, nurses should be equipped with the knowledge and skills and there shall be strategies to keep them (nurses) up-to-date because are more changes in the treatment modalities, diagnostic strategies also intervention procedures. In nursing schools aspects of HIV/AIDS management should be taught intensively so that the continuing training in working areas remains to be for knowledge updating or polishing the existing body of knowledge of the individual.”

“...nurses should intensively be trained on issues about HIV/AIDS especially matters concerning drugs, where we will be able to understand their groups, side effects and management of patients suffering from drug reactions, above all we will be able to provide health education effectively when needed as nurses.”



Nurses need adequate training about management of HIV/AIDS clients in order to equip them with current knowledge and skills for the provision of clinical management of HIV/AIDS clients/patients in both working areas and to the nursing schools with the emphasis on drugs which are used by HIV/AIDS clients/patients.

## DISCUSSION

### **Knowledge of the term clinical management of HIV/AIDS clients/patients**

The study has revealed that nurses has the understanding about the term 'clinical management of HIV/AIDS clients/patients despite they did not receive training pertaining to it, this can be associated to their general body of knowledge they have from their basic nursing training program

The following statements are the basis regarding management;

*"...it is the concept concerning the provision of nursing care with regard to patients' complaints or ill condition,...to my understanding it is the provision of care to the client/patient with HIV/AIDS,...it's the process to provide care to clients/patients with HIV/AIDS, for nurses it is the process to deliver nursing care services to clients/patients with HIV/AIDS."*

*"...in my knowledge I can say it is the services which are delivered by health professionals when caring HIV/AIDS clients/patients, the services can be given in out-patient or in-patient basis including home based care."*

The later statement reveals the nurses' knowledge or conscious view for nursing care as service offered by professionals

### **Training received about the clinical management of HIV/AIDS clients/patients**

It has been revealed by the study that most of participants were not given specific training about the clinical management of HIV/AIDS clients/patients during their basic nursing training programs. However, they tend to manage provision of care for HIV/AIDS clients/patients by utilizing their general knowledge, acquisition of skills in the day-to-day activities and attending seminars

*"...I didn't receive any specific training concerning the clinical management of HIV/AIDS clients/patients during my basic training process. However, I came to understand them in the working environment through seminars" ...I did receive some training concerning the clinical management of HIV/AIDS clients/patients though they are not adequate"*

*"...I didn't receive any specific training concerning clinical management of HIV/AIDS clients/patients rather; I have counselling skills which are more oriented to mental health nursing particularly concerning substance abuse and drug addiction."*

*“...I didn’t get any specific training concerning the clinical management of HIV/AIDS clients/patients, but I think I need this training to make me to more confident when caring for HIV/AIDS clients/patients.”*

According to the study results it has been revealed that majority of participants have attended seminars, such seminars include: voluntary counselling and testing; prevention of HIV transmission from mother to the child (PMTCT); palliative care and substance abuse and drug addiction

*“...I have received training concerning voluntary counselling and testing for which I am capable to provide counselling services to my clients”. “...I received training on counselling in the training which was concerning about the prevention of transmission of HIV from mother to child”. “...Actually I didn’t receive any specific training concerning clinical management of HIV/AIDS clients/patients, but I attended a certain seminar concerning palliative care for two days when I was working in a certain mission hospital at Tanga region”*

*“...I received training about PMTCT, other information I sometimes find them in reading publications related to issues of HIV/AIDS.” “...I received training about PMTCT, other information I sometimes find them in reading publications related to issues of HIV/AIDS.”*

### **Where did you get the training?**

Most respondents reported to receive their counselling skills through seminars as continuing education at the working area.

*“...I attended a certain seminar concerning palliative care for two days when I was working in a certain mission hospital at Tanga region”*

*“...I attended seminar for PMTCT which was special for nurses working in labour ward for 2 weeks-the time period was not enough, there were a lot to be covered so more information was compacted to us since PMTCT is more complicated.”*

According to the study results, the working area seems to be the source for continuing education for nurses as up-dation of nursing knowledge has been taking place in the working place. This approach has a positive effect in both improving nurse’s knowledge but also trying to increase the standard of care

### **The view regarding the content of HIV/AIDS care received during your basic nursing training**

Study results indicate that participants had not been adequately trained about clinical management of HIV/AIDS clients/patients during their basic nursing training program including the knowledge they received in attending seminars

“...the training concerning clinical management of HIV/AIDS clients/patients is not adequate, the training through seminars to some extent is helpful even though is not absolutely enough.

“...the training provided is not adequate... due to the fact there are more changes in terms of patients’ disease presentations, introduction of ant-retroviral drugs and technology for various laboratory investigation procedures and equipments, so nurses need frequent training about issues concerning HIV/AIDS”

*“The training which I received was about PMTCT of which I am not in the position to determine because I am working in surgical ward; my application of service is based to the experiences which I have gained in my working area.*

*“The knowledge I have is not adequate in the care of HIV/AIDS clients/patients as we are faced with many challenges in our working area including shortage of resources both human and non-human resources. We need more training or exposure on various issues concerning the care of HIV/AIDS clients/patients.”*

*“In my observation the knowledge I have is not enough for the care of HIV/AIDS clients/patients....this is due to the fact that there are more changes for which the presenting features which we were used to see have changed much and today there is introduction of ant-retroviral drugs. So generally, the training which we receive during our basic training and seminars are not adequate, the seminars need to be conducted periodically.”*

The respondents reported time limit for the coverage of learning material. “...To me what I can say is that, the training seminar which I attended was not adequate enough because it was for two days and we received partial information. In my former hospital there was an established unit for providing palliative care; other nurses working in general wards were not adequately exposed to in-depth training. In my view ...eeh the management of HIV/AIDS involves all members of the health team in hospitals; therefore all are entitled to have adequate knowledge rather than a minority group of nurses.”

*“...the training which I received is not enough as it was oriented in mental health though there was a relation to HIV/AIDS. Further, today we are having drugs which we are not familiar to them in terms of their mechanism of action, side effects and other related issues. Myself I feel to have deficit about a wide knowledge about HIV/AIDS for which I think it is required for provision of effective clinical management of HIV/AIDS clients/patients as compared to those who have been adequately trained in this area.”*

According to the findings, respondents demonstrated the need to have more training for the management of HIV/AIDS clients/patients.

“...the training in the basic nursing program about management of HIV/AIDS clients/patients was almost an introduction to HIV/AIDS so in the nursing practice is not adequate for the provision of quality nursing care. Actually I can not express exactly what I am lacking, but I think something is lacking in the general knowledge and skills to the care of HIV/AIDS patients...the content provided during the basic nursing program is not adequate; more information is required especially on the aspect of drugs”

*“...the training which I received during PMTCT seminar to some extent is assistive for service delivery, but I need frequent training for effective service delivery. Training on HIV/AIDS during my basic nursing training program were not adequate because we received little information and the content was not so extensive as compared to the existing conditions and other circumstances occurring today including the use of ant-retroviral drugs. Today I think there is a need to have more knowledge and skills about HIV/AIDS, because currently there are more infections which are associated with HIV infection, there is also use of drugs.”*

### **Precautions, interventions to increase the protection when working with HIV infected patients**

Results have revealed that most participants have the knowledge which is essential for self protection against contracting the HIV virus when providing nursing care to HIV/AIDS clients/patients. When they were required to explain precautions and interventions they take when caring for those with HIV/AIDS, they managed to mention the following items and measures: wearing protective gears (gloves); being more cautious to avoid needle pricking; disinfecting used equipment (this is applied to all patients as universal precaution measures); personal precautions; avoiding recapping after giving injection, the use of safety box at least to each bed; Getting prophylaxis treatment.

*“...wearing of gloves, being careful when collecting or giving injections, use of safety boxes for disposing the sharps and other general precaution regarding infection prevention such as hand washing. We have the prophylaxis for those who have accidental needle pricking from the patient who is HIV positive.”*

According to the findings, some special information were given in relation to self protection when providing care;

*“...we do thorough cleaning and sterilization of equipment, wearing gloves, being cautious when having bruises or minor injuries on hand, and avoiding recapping of needles after injection, use of safety boxes and hand washing. In preventing transmission to the baby we were advised to change gloves in the procedure for cutting off the umbilical cord after clamping, this prevents possible contamination of baby blood from the mothers’ blood.”*

It has also been commented that in some situations there is risk taking:-

*“...generally I usually take precautions which are normal such as hand washing, wearing gloves, being cautious avoiding needle pricking, in general; it is difficulty to be absolutely systematic and apply all techniques due to various reasons including shortage of resources, ...some time we opt to take risks especially in emergency situations. In some incidences, patients with AIDS become confused, so it becomes problematic and you will be at potential risk of becoming contaminated or even pricked with a needle in situation when you are dealing with a confused patient.”*

### **Natural history of HIV infection, the relevance of CD4 counts in immune decline, common opportunistic infections**

It has been revealed by the study that participants have some awareness about natural history of HIV infection as it was stated:

*“...the state involving the period a person acquires the virus to the time starts to present the typical signs and symptoms of the disease; Opportunistic infections are those which associates with HIV infection; pulmonary tuberculosis, pneumonia they are related to lowered immunity.”*

*“I understand that there are various stages of HIV infection till the patient progresses to what is called AIDS. So during counselling I usually tell my clients that, it is important to repeat screening because at the first test results can be negative or positive and in the next tests there may be opposite results due to disease process.”*

*“...personally I know is the process from acquisition of HIV virus to the period the person develops AIDS in which there is lowered immunity of the individual where he/she develops opportunistic infections such as pneumocystic pneumonia , meningitis-encephalitis which are treated by the use of strong antibiotics such as powercef.”*

*“...what I know about the natural history of HIV infection involves the time from acquisition of HIV virus to the period the person develops AIDS. When immunity is still high (CD4s are more than 200), the person is not regarded to have developed AIDS until when the CD4 are below 200, usually in this stage the person becomes at risk of getting other infections known as opportunistic infections such as pneumonia, Kaposi’s sarcoma.”*

Study results also indicate some participants have no information about the natural history of HIV infection but they have understanding about the relationship between lowered immunity and occurrence of opportunistic infections.

*“...I don’t have information about the natural history of HIV infection. In understanding the relevance of CD4 counts in immune decline we usually use the stipulated logarithms in children we assess for; persistent diarrhoea, loss of weight, persistent fever and if the child is malnourished. However, checking for CD4 count is important.”*

*“...myself I don’t have clear knowledge about the natural history of HIV infection; ...the relationship between CD4 count decline, lowered immune and opportunistic infections is that, when there is lowered CD4 count the immune system is compromised and the person can acquire the opportunistic infections such as pulmonary tuberculosis; pneumocystic pneumonia and streptococcal meningitis.”*

*“...we are actually not clear on what exactly happens, we usually see in the doctors note explaining the quantity of CD4 count to the patient that when they are below 200, the person is categorized to have developed AIDS but we are not are on what is going on because we don’t have clear or adequate information and knowledge.”*

**Nursing care [assessment skills unique to caring for HIV patients, knowledge in methods of treating HIV throughout the course of the disease in palliative care, prophylaxis and treatment, medications available to treat HIV]**

The study results indicates that there is no specific assessment skills possessed by nurses when they provide care to HIV/AIDS clients/patients, rather they tend to utilize their general knowledge as nurses.

*“...no specific assessment skills are used when caring the patients.” “...no special care is given through the course of the disease in palliative condition.” “...the assessment is based on use of logarithms and general condition of the patient.”*

“...we don’t use specific nursing care to HIV/AIDS clients/patients; rather we apply our general nursing care. It is important if I will receive training for developing assessment skills for the care of HIV/AIDS clients/patients. Though we care these patients at terminal stage unfortunately we don’t have the necessary knowledge and skills. The prophylaxis drugs I know are cotrimoxazole for children.”

*“...I don’t have any specific assessment skills which I use when caring for HIV/AIDS patients, either, we are used to provide nursing services or care using our general nursing knowledge and skills. I think it is necessary for nurses to have special training for equipping nurses with current knowledge and skills necessary for caring HIV/AIDS patients. I don’t have any knowledge and skills about palliative care for HIV/AIDS patients. I have little knowledge on the available drugs which are used by people with HIV/AIDS, including their side effects and the management of the patients following the effects the drugs.”*

It has been strongly revealed by the study results that, most of the study participants do not possess and use special assessment knowledge for providing nursing care to HIV/AIDS clients/patients this renders them to have no special skills so as to deliver effective nursing care to their clients. In this aspect, it is likely that these patients will receive little attention by nurses due to the fact there are more challenges in the care of HIV/AIDS clients/patients both in hospitals and in homes.

Due to this much of the psychological aspects of the patients are neglected, additional to it is the attitude which fosters stigmatization of patients. The situation has been exaggerated by the attitude of fear to contract the virus.

According to the results some participants have knowledge about prophylaxis and treatment drugs available

“...we usually use cotrimoxazole as prophylaxis treatments to children, other drugs for people with HIV are supplied to them from our specialized unit for the distribution of ant-retroviral drugs.” “...concerning available medication drugs we are not adequately aware simply because there are special people (nurses and doctors) who are involved to supply the drugs to patient, in our part we tend to ensure the patient takes his/her medication, we don’t know exactly the drugs actions.”

“...drugs are available for both HIV and treating opportunistic infections which are given free of charge to HIV/AIDS clients/patients. In the knowledge about HIV drugs personally I don’t have adequate knowledge as compared to fellows especially doctors and to some extent nurses working in the ARV unit,



for this matter our patients tend to be more informed to the drugs they are being prescribed to them than we nurses in the wards.”

It has been revealed by the study that, participants are not adequately knowledgeable about most of the ant-retroviral drugs used by HIV/AIDS clients/patients

*“...my knowledge regarding available treatment drugs is not adequate, the only knowledge which is also not enough is about their groups of which I am not more aware to their detailed aspects on their different types together with their mechanism of actions, it is shaming us because, ... some of the patients are more informed than you as a health care provider simply because, ...he/she has received more information from the responsible personnel in the ARV unit, ...in the real sense I can not stand firmly to explain any thing about ARVs and be open for challenges from any other person.”*

*“...prophylaxis treatment which I know was for nurses who have sustained needle pricking, that they are required to report and be tested prior institution of the treatment regimen. I don't have adequate knowledge for currently available drugs for HIV/AIDS clients/patients on the aspect of side effects of these drugs I have no adequate knowledge, but I am used to hear other patients develop lashes and others shivering; actually I am not adequately informed about the specific drugs and their side effects.”*

This situation has actual and potential negative effect to both the nursing staff and the patient of which the nurse will fail to provide relevant and best guidance and assistance to the patient regarding his/her medications, while the patient will not receive the necessary care in the course of treatment leading to ineffective drug therapy

### **Confidentiality/Stigma**

Results have revealed that the participants are aware on the issues of confidentiality/stigma in the course of nursing care. However, majority of them have denied to actively demonstrated negative attitudes in the process of caring

*“...the act of showing disrespect to the patients' request can interfere with your quality of care to your patients. In our unit we have the tendency to remind each other when a member acts unethically.”*

*“...when caring for people with HIV/AIDS, personally I always try my level best to provide them with the*

*materials and supplies available, this makes them to feel they are respected and it avoids feelings of being neglected due to the nature of their illness.”*

*“...Personally I agree that as we are humans we have attitudes and values that might affect the kind of care we provide to our patients such as failure to respond to patients’ request or demonstrating discrimination behaviours, I usually think that today the person being sick and tomorrow it can be me, so it is better if we adhere to our principles and ethics in the process of caring. Most of our attitudes contribute to stigmatization of our clients or patients. I think nurses should be equipped with knowledge in this aspect.”*

*“...I don’t have any personal attitudes and values which can affect service provision since I usually follow and do what is required in the process of providing nursing care, we usually respect all patients as equal persons.”*

Further, participants have the knowledge regarding the significance of ensuring confidentiality as a necessary aspect to be maintained. “...confidentiality is ensured through treating all patients’ information as confidential, avoiding exposure to any third part, unless in the permission of the patient.” “...I usually emphasize on the fact that, ...any information which is involved in our discussion and service will remain to be our secret between me and you only; and no any third person will be allowed to get them.”

*“...the issue of confidentiality is so controversial to us nurses when the relatives demand to know results of the patient our duty is to explain to them that we don’t know so we can not give you what you want, but you can contact your counsellor, so in this cinerio as nurses we are forced not to tell the truth.”*  
*“...personally I understand that, we are human beings with set of attitudes and values in which if they can not be controlled may affect the kind of care we provide to our clients/patients.”*

*“...in maintaining confidentiality we are always striving to follow the prescribed directives regarding patient information that they are not accessible to any third part person even relatives, we provide opportunity for the client or patient to decide the person he/she would like to be informed. However, in my opinion, ...this is not good because there is a risk for the person who she/ he will be providing care to the patient if she/he will not be informed, ...I think in this aspect there is a problem to be addressed.”*

According to the results, the measures or strategies to ensure confidentiality reported by the participants involves the following: the act of keeping all patients information inaccessible to any other person (they remain to be between the health care provider and the patient, unless the patient decides otherwise the

information to be delivered to the one who he/she has confidence), have a separate room for counselling, patients receiving ARVs are requested to come and take their drugs in the agreed time period and keeping patients documents where they can not be accessed by unauthorized personnel.

### **Counseling; [Basic counseling skills]**

Results have revealed that participants have some basic counselling training. "...I have attended seminars for counselling especially in prevention of HIV transmission from mother to child (PMTCT);

*"...inorder to provide counselling you must have adequate knowledge and skills about counselling ...I have attended training concerning counselling conducted as workshop training which was for three months. However, ...the training are not adequate and I would suggest such training to be given frequently due changes regarding HIV/AIDS issues for which as nurses we need to have up-to date information."*

"...I have attended counselling training for which I am capable to provide counselling to my clients and patients as a trained nurse counsellor, I usually make sure I do what I am required some times I use my extra time to come and meet with my clients for providing counselling."

Results indicate that participants recognizes the importance of having counselling skills for effective care to HIV/AIDS patients

"...I have attended training concerning counselling, at my working area which I utilize them when dealing with my clients, they are useful ...so far I haven't experienced any problems in counselling services, but there are problems related to results some clients tend to reject their results where you need to explain more until the client may accept them. Sometimes relatives tend to neglect their patients after they understand the health problem and others do not continue to offer the services which they were used to or may decide not to visit to the hospital."

It has also been revealed by the study that, the counselling training conducted is inadequate for appropriate counselling services.

*"...I have some basic counselling skills for which I attended a two days seminar about counselling ...the content which we were given is not adequate for us to provide appropriate counselling to our clients/patients." Shortage of counsellors has been a problem it has been reported; "...since we have few counsellors we are facing problems to offer the services promptly to our clients/patients due to the fact*

*that when counselling is needed while a counsellor is not available then the patient is forced to wait till the counsellor will be available.”*

According to the results participants did not see the significance of having specific counsellors in the wards

*“...the attitude of having a group of counsellors is not good, so I suggest that all health personnel should be adequately trained about counselling skills especially nurses who spend a great time with HIV/AIDS clients/patients. This is because AIDS or HIV is a big problem and involves all people in the health care system.”*

*“...the issue for having a special group of people who are trained for counselling services is not good in our practice since sometimes we will be required to have a counsellor to come and counsel the patient at particular time, but due to lack of counsellors it becomes difficult to find them so the client will not receive the intended service. It is necessary therefore for all members in the hospital to be equipped with counselling skills especially nurses.”*

### **Skills specific for providing care and services to HIV/AIDS clients/patients in your working area**

According to the findings, participants do not have and use any specific training for managing HIV/AIDS clients/patients. This has been associated to the fact that, HIV/AIDS during the basic nursing training program was taught without greater emphasis and the current situation in which there are more complex issues regarding HIV/AIDS such as the institution of ant-retroviral drugs which were initially not available

*“...I don't have any specific skills for providing care and services to HIV/AIDS clients/patients, ...in this aspect I think I can provide nursing services to all patients including those with HIV/AIDS provided that we have adequate resources and supplies necessary for service delivery, ...however, in some aspects we need special knowledge and techniques, for example how to approach HIV/AIDS clients/patients as we understand that some become; confused, depressed, aggressive and some have lost their value of living due to the nature of their illness, ...so in this regard we need special skills for us being capable for self protection and provision of safe nursing care.”*

*“...I don't have any specific skills for caring people with HIV/AIDS; rather we utilize our general nursing care skills acquired during our basic nursing training program. The principles of care are generally*

applied.” “...I don’t have specific skills for managing HIV/AIDS patients instead I use my general knowledge and skills which I obtained during the basic nursing training.”

### **How will you know that you have achieved your nursing care to your patients?**

Study results has revealed that, recognition for achievement of nursing care is based to various measures “...through observation of the patients’ satisfaction for delivered service, patient acceptance about given information and services.” “...fulfilment of physiological needs of the patient can be assessed through observing the patients’ satisfaction after performance of a procedure such as serving food dispensing the prescribed drugs.”

*“...it is difficult to have a clear understanding of whether you have achieved to meet patients needs ...but you can observe from the patient response and the patient sometimes becomes happy on what have been delivered.”*

*“...the nursing care plan when is utilized provides for assessing goal achievement, you can observe patient changes to the desired condition, above all patients themselves express verbally or through nonverbal communication towards what has been done to them.”*

“...this is through having close contact with the client so that you can recognize your achievement by observing patients’ satisfaction to the care delivered.” “...evaluation of my work plans in all daily or weekly plans, other aspects through observing patient attitude indicative for patient satisfaction.”

Results indicate that evaluating achievement for social aspect of the patient in the context of holistic nursing care perspectives is not adequately dealt with during patient care. This calls for the active training modalities which encompass transcultural or cultural diversity nursing which provides for the perception of the patient as a unique and wholesome individual

*“...the cultural aspects of our clients/patients are not adequately addressed, or what I can say is that we do not focus our care to involve the cultural aspects of our patients of which I think it is more important in the caring process.”*

*“...Special concern about religion and cultural activities, to me I think it is better to accept them if there is no effect to the care we provide to them, for example it is helpful to integrate taking drugs the time a person is used to go for praying or attending his/her interested activity or game, television or radio session.*

### **Specific nursing care do you provide to your HIV/AIDS clients/ patients**

According to the results nurses do not provide specific nursing care services to HIV/AIDS clients/patients, their nursing care is based to their general nursing skills used in the daily patient care to all patients regardless to the nature of their disease

*“...there is no special or specific procedures regarding them, we usually provide nursing services to all patients as individuals; we do not segregate them from other patients in terms of service delivery.” “...we have no special nursing care, nursing care is delivered according to patient needs and there is no such difference.” “...actually we don’t have specific nursing care to our clients/patients rather we apply the general nursing procedures unless there is something very specific problem to the particular client/patient which needs specific nursing intervention.”*

*“...No specific nursing care methods are used or needed in caring for people with HIV/AIDS, but the care is based on the individuals’ needs or problems. ...I think we don’t need this because when we will institute specific nursing care to them it will foster the stigmatization to the patients.”*

### **Suggestions concerning nurses’ knowledge and skills about clinical management of HIV/AIDS clients/patients**

It has been revealed by the study that nurses need specific training for developing knowledge and skills about clinical management of HIV/AIDS clients/patients

*“...I suggest nurses to receive frequent training about management of HIV/AIDS clients/patients because there are changes occurring on issues concerning HIV/AIDS. I think there is a need for nurses to have current knowledge and information.”*

*“...There should be adequate training about management of HIV/AIDS clients/patients to all personnel in the health care system including the health attendants at their level and working conditions, for example a health attendant may contaminate him/herself by coming in contact with soiled materials from a HIV infected patient because he/she may not have the knowledge about protective measures when performing his/her responsibilities.”*

“...Training on issues about management of HIV/AIDS clients/patients should be given to all health personnel. For example counselling training should be to all people instead of some individuals, in this situation we have developed a behaviour that there is a person specific to give counselling so we have no duty to such patient and we tend to say to them that your health care provider will come and you will talk to him/her. This is not good we need to have the ability to provide care in a holistic approach.”

“...There is a need to review curricular in nursing schools which will offer adequate training on issues about clinical management of HIV/AIDS clients/patients. For example; personally after completion of my training I didn't know the distinction which I have now about HIV and AIDS.”

*“...I would like to say that as nurses we don't have adequate knowledge about clinical management of HIV/AIDS clients/patients. Therefore there is a need to periodic training in this area because things are changing in terms of clinical features, treatment methods and techniques.”*

“...my suggestion concerning nurses' knowledge and skills about clinical management of HIV/AIDS clients/patients is that, nurses should be equipped with the knowledge and skills and there shall be strategies to keep them (nurses) up-to-date because are more changes in the treatment modalities, diagnostic strategies also intervention procedures. In nursing schools aspects of HIV/AIDS management should be taught intensively so that the continuing training in working areas remains to be for knowledge updating or polishing the existing body of knowledge of the individual.”

Nurses need adequate training about management of HIV/AIDS clients in order to equip them with current knowledge and skills for the provision of clinical management of HIV/AIDS clients/patients in both working areas and to the nursing schools with the emphasis on drugs which are used by HIV/AIDS clients/patients.

## CONCLUSION AND RECOMMENDATIONS

### Conclusion

According to the study findings nurses have the theoretical understanding about the term clinical management of HIV/AIDS clients/patients which is based to their general knowledge acquired during their basic nursing training program

Nurses have the knowledge regarding necessary precautions and intervention strategies which are significant for the prevention of HIV infection when they provide nursing care to HIV/AIDS clients/patients.

Nurses have little knowledge about the natural history of HIV infection; rather, they have knowledge of the opportunistic infection which is related to the lowered individual immune system. Though they are not more informed about the CD4s that they are not confident to explain and stand firm to their assertions.

At workplace training has been revealed to provide significant contribution for enabling nurses to acquire current information about issues concerning HIV/AIDS. Nurses have been attending various seminars such as voluntary counselling and testing, and the prevention of HIV transmission from mother to the child. Special training such counselling should be focused to all nurses in order to enable them to provide holistic nursing

It has been evidenced that, nurses were not adequately given information regarding the clinical management of HIV/AIDS clients/patients. The nursing curricular do not provide opportunity for nurses to be intensively trained about the management of HIV/AIDS clients/patients. The major concern was the fact that initially there was little information, knowledge and technology for the management of HIV/AIDS clients/patients

Nurses do not have specific nursing skills; therefore they do not apply specific nursing care to HIV/AIDS clients/patients. However, they require to have knowledge and skills for them to provide standard nursing care to these patients, this is so significant due to the complexities according to the nature of HIV infection and AIDS disease



## Recommendations

### *Nursing Practice*

Effective clinical management of HIV/AIDS clients/patients will be achieved when the nursing practice area will provide opportunity for the nurses' knowledge to all aspects regarding HIV/AIDS which reflect the following areas to be clearly understood by the practicing nurses: prevention for contracting HIV infection, natural history of HIV infection, application of the nursing process, counselling skills and confidentiality/stigma.

### *Nursing Education*

Nursing education training in both nursing schools and on job training opportunities should aim at addressing effectively prevention for contracting HIV infection, natural history of HIV infection, application of the nursing process, counselling skills and confidentiality/stigma, including provision of adequate information about the available drugs and their mechanism of action, side effects, measures to deal with reactions/complications related to use of ant-retroviral drugs

### *Nursing Research*

A more wide range and extensive research study is needed to signify generalization of the findings which will provide opportunity for establishing appropriate measures aimed to ensure that nurses become equipped with adequate knowledge and skills pertinent for the clinical management of HIV/AIDS clients/patients

## REFERENCE

Catherine E. Earl and Pamela Jayne Penney [2005] Rural Nursing Students' Knowledge, Attitudes, and Beliefs about HIV/AIDS: a Research Brief *Journal of the Association of Nurses in AIDS care* Vol.14, [4] pp.70-73. Washington. Available at [www.blackwell-synergy.com/doi/pdf](http://www.blackwell-synergy.com/doi/pdf)

Durkin, A. [2003] Comfort levels of nursing faculty regarding student assignment to a patient with AIDS. *Nursing Education in Practice*. Volume 3, [3], pp.124-132. Available at <http://www.nurseeducationinpractice.com/article/PIIS1471595302000860/abstract>

Durkin, A. [2006] Comfort levels of nursing students regarding clinical assessment to a patient with AIDS. *Nursing Education Perspectives*: Vol. 25, [1], pp. 22–25. Available at <http://nl.n.allenpress.com/nlnonline/?request=get-abstract&issn=1536-5026&volume=25&issue=1&page=22>

Ian Atkinson F, I Grant, R Lewis, J (1996). An evaluation of community nursing services for HIV/AIDS patients in Lothian. *Journal of Advanced Nursing*. Scotland. Available at [http:// www.blackwell-synergy.com/links/doi](http://www.blackwell-synergy.com/links/doi).

Leana R. Uys (2003) Aspects of the Care of People with HIV/AIDS in South Africa. *Public Health Nursing School of Nursing, University of Natal, Durban- South Africa*.

Nawafleh H, Francis k, and Chapman Y, [2005] Jordanians' Vulnerabilities: a population at Risk of HIV/AIDS. *Contemp Nurse*. Available at [www.ncbi.nlm.gov/entrez/query.fcgi?cmd](http://www.ncbi.nlm.gov/entrez/query.fcgi?cmd).

Omisakin FD. [2001] Nurses' knowledge and skills about caring for patients with HIV/AIDS in Osun state. Available at [www.ncbi.nlm.gov/entrez/query.fcgi?](http://www.ncbi.nlm.gov/entrez/query.fcgi?)

Oyeyemi, Oyeyemi, and Bello, [2003] Caring for patients living with AIDS: knowledge, attitude and global level of comfort) *Journal of Advanced Nursing* 53 (2), 196–204

Pan American Health Organization [2003] Strengthening Nursing and Midwifery Services for HIV/AIDS Prevention and Control. Available at [www.aidsnursingcsf.org/files/HIVAIDSPAHOMaster](http://www.aidsnursingcsf.org/files/HIVAIDSPAHOMaster)

Paris AIDS Summit [1994] Paris Declaration. Available at <http://www.ecpp.co.uk/parisdeclaration.htm>

Ria Smit, [2005] HIV/AIDS and the workplace: perceptions of nurses in a public hospital in South Africa. *Journal of Advanced Nursing* 51 (1), 22–29. Available at [www.blackwell-synergy.com/doi/pdf](http://www.blackwell-synergy.com/doi/pdf)

Scotti L and Miramontes H [2004] Introduction Nursing Training Curriculum: HIV practice and reducing stigma. Available at [http://www.ccghe.jhmi.edu/assets/CCGHE/Documents/Course\\_Introduction.pdf](http://www.ccghe.jhmi.edu/assets/CCGHE/Documents/Course_Introduction.pdf)

Williams A.B, Wangh H, Burgess J, Wu C, Gong Y, & LI Y. [2006] Effectiveness of an HIV/AIDS educational programme for Chinese nurses. *Journal of Advanced Nursing* 53(6), 710–720. [www.blackwell-synergy.com/doi/pdf](http://www.blackwell-synergy.com/doi/pdf).

## ORGANIZATION AND TIME SCALE

<b>DATE</b>	<b>ACTIVITY</b>	<b>PERSONNEL</b>	<b>EXPECTED OUTCOME</b>
01.3.2008 to 06.3.2008	Application for permission to conduct research from Temeke Hospital Authority	Principal investigator	Permission granted
07.3.2008	Data collection	Principal investigator, research assistants	Data collected
-do -	Data analysis and compiling	Principal investigator	Data analysed
- do-	Preparation for master sheet	Principal investigator	Master sheet completed
10.4.2008	Supervisors' recommendation	Study supervisor	Recommendations given
1 <sup>st</sup> June,2008	Report writing	Principal investigator	Report completed
August 2008	Dissemination of research information	Principal investigator	Research report disseminated

## BUDGET

DESCRIPTION	UNIT	QUANTITY	RATE (Tsh)	TOTAL(Tsh)
<b>Stationary</b>				
Plain paper	Rotarim	2	5,500.00	11,000.00
Ruled paper	do	1	4,500.00	4,500.00
Pen	@	20	300.00	6,000.00
Rubber	@	5	350.00	1,750.00
Note book	@	4	4,500.00	18,000.00
Writing pad	@	4	4,000.00	16,000.00
File cover	@	4	2,500.00	10,000.00
Staple pin	Box	2	500.00	1,000.00
Office pin	do	1	500.00	500.00
Punch machine	@	1	4,500.00	4,500.00
<b>Secretarial Fees</b>				
Typing			50,000.00	50,000.00
Binding			30,000.00	30,000.00
<b>Transport allowance</b>				
Principal investigator	Days (30)	1	4,500.00	135,000.00
Assistant investigator	do (10)	4	3,000.00	48,000.00
Sitting allowance				
Principal investigator	do (40)	1	5,000.00	200,000.00
Assistant investigator	do (10)	4	3,500.00	140,000.00
Subjects	do (10)	10	2,500.00	250,000.00
<b>Consultation fees</b>				
Research study supervisor	do (10)	1	10,000.00	100,000.00
		<b>Sub-Total</b>		<b>1,035,250.00</b>
<b>Contingence</b>				
10% beget				103,525.00
<b>G.TOTAL</b>				<b>1,138,775.00</b>

INTERVIEW GUIDE

Code No.....

Gender: F [ ]  
M [ ]

Year of Graduation: .....

Training Duration: .....years

Service Delivery System:

In-patient Service [ ]  
Out-patient Service [ ]

- 1) When and where did you get your nursing training?
- 2) What is your view regarding the content of HIV/AIDS care received during the training?
- 3) What skills do you have specific to providing care and services for HIV/AIDS infected patients in your working area?
- 4) How will you know that you have achieved your nursing care to your patients?
- 5) What the specific nursing care do you provide to your patients?
- 6) Where do you knowledge about clinical management of HIV/AIDS clients/patients?

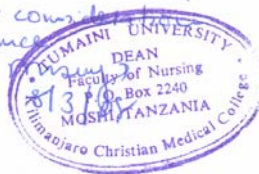
Faculty of Nursing  
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Kilimanjaro Christian Medical College  
P. O. Box 2240  
Moshi-Tanzania  
8<sup>th</sup> March, 2008

The Medical Officer In-charge  
Temeke Municipal Hospital  
P.O.Box 45232  
Dar-es-salaam-Tanzania

USF

The Dean  
Faculty of Nursing  
P.O.Box. 2240  
Moshi-Tanzania

*Forwarded for consideration  
and assistance*



USF

Course Co-ordinator  
Faculty of Nursing  
P. O. Box 2240  
Moshi  
Tanzania

Dear Sir/Madam

**REF: APPLICATION FOR PERMISSION TO CONDUCT A RESEARCH ON  
ASSESSMENT OF NURSES' KNOWLEDGE AND SKILLS ABOUT THE CLINICAL  
MANAGEMENT OF HIV/AIDS CLIENTS/PATIENTS**

I am BSc. Nursing student of the Tumaini University. As a requirement for my graduation on this course, research project is compulsory. I am interested to study the nurses' knowledge and skills about the clinical management of HIV/AIDS clients/patients.

The aim of my study is to determine the knowledge and skills of enrolled and registered nurses about the clinical management of HIV/AIDS clients/patients towards quality nursing care.

The method of data collection will be semi-structured interviews. The interviews will be audio taped, and a limited field notes will be taken. I am planning to do the data collection myself.

I hereby ask permission from 17<sup>th</sup> March-17<sup>th</sup> April 2008 to do my research project at your hospital, nurses to be involved as participants will be from all wards. Attached to this letter is a summary of my research proposal.

Thank you with regards for your consideration.

Respectfully yours,

*Thomas Kawala*  
.....  
THOMAS KAWALA

# TEMEKE MUNICIPAL COUNCIL

ALL COMMUNICATIONS TO BE ADDRESSED TO MUNICIPAL DIRECTOR

P.O.Box. 45232  
Tel: 2850142



TEMEKE MUNICIPAL MEDICAL OFFICE OF HEALTH  
DAR ES SALAAM  
TANZANIA.

Date 03/03/08

The Medical Office /c  
Temeke Municipal Hospital



## REF; PERMISSION TO CONDUCT HEALTH RESEARCH ACTIVITIES IN TEMEKE MUNICIPALITY.

Please refer to the above heading.

Permission has been granted to Mr. /Mrs/Ms/Prof. /Dr. THOMAS KAWALA  
From (Institution) KEM COLLEGE Address 2240 MOCHI  
Tel. No. 075467657 to collect data for research work at your institution.

The research title is  
ASSESSMENT OF NURSES KNOWLEDGE AND SKILLS ABOUT  
CLINICAL MANAGEMENT OF HIV/AIDS CLIENTS/  
PATIENTS

s/he has submitted a proposal for the mentioned study to the MMOH Office as a pre - condition prior to authorisation.

The researcher has been instructed and agreed to submit the research progress reports and final results to the MMOH prior to any publications.

Data collection will start from 17th / 03 / 2008 to 17 / 04 / 2008  
Sample size 10

This research work is part of academic fulfilment for Diploma / Advanced Diploma / Degree / Master / PhD / its part of the ongoing research in your Institution.

I am kindly requesting you to give him/her the necessary assistance so as to accomplish this task timely.

Yours Sincerely

*Mushombi*  
Municipal Medical Officer of Health  
For; Temeke Municipal Medical Office of Health

Copy 1. HIV/AIDS Coordinator  
2.

Temeke Hospital Director  
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Dr. Nkoma  
Site Manager  
observe this a assist