

RESEARCH ARTICLE

ASSESSMENT OF LEARNING NEEDS FOR NURSES IN RELATION TO CARE OF PEOPLE LIVING WITH HIV AND AIDS IN SWAZILAND

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ABSTRACT

Swaziland has the highest human immunodeficiency virus (HIV) and the acquired immunodeficiency syndrome (AIDS) prevalence in the world. The purpose of the study was to assess the learning needs of nurses in relation to care of people living with HIV and AIDS in Swaziland. In addition, identify preferred teaching-learning strategies for meeting the learning needs. This was a descriptive exploratory survey. The sample comprised 120 participants, from the four (4) regions of Swaziland. The participants completed a self-administered questionnaire. Descriptive statistics were used in analysing the data. The study findings revealed four (4) priority learning needs: HIV and AIDS prevention and control; care and support; coping and counselling; and HIV progression to AIDS. Discussion was reported as the most preferred reaching-learning strategy.

Key Words: Learning Needs Assessment, Family Caregivers, People Living With HIV and AIDS, Teaching Strategies, Continuing Education, Home-Based Care.

INTRODUCTION

The human immunodeficiency virus (HIV)/acquired immunodeficiency syndrome (AIDS) epidemic continues to gather momentum in Swaziland, increasing the already heavy burden on health care facilities. The pandemic persists to shift into marginalised populations that lack access to services and information they need to protect themselves against HIV (UNAIDS, 2002; McCcreay *et al.*, 2004). As a result the Government, developmental partners and communities have come up with home-based care (HBC) programmes to care for people living with HIV and AIDS (PLWHA).

Caring for PLWHA is of great concern in the kingdom of Swaziland. However, not much is known about HBC, in particular the needs of PLWHA and those of nurses who are their caregivers. By virtue of numbers and close continuous contact with individuals, families and communities, nurses and midwives have potential for development and addressing the needs for their clients. The care provided by nurses is essential to the prevention and control of HIV infection and the care for persons living with and affected by HIV.

Nurses require information on how to care for terminally ill clients at home and their physical, psychosocial and economic needs. It is important that an organised plan be developed to strengthen and mobilize nurses and midwives to contribute to the prevention and control of HIV. The administration of the care is a specific nursing function and places nurses at the centre of organising HBC services to meet the needs of individuals, families and communities (Kirton, 2003; Root and Whiteside, 2013).

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In order for nurses and midwives to fulfil this role, an accurate assessment of learning needs is required to assure that learning activities that are planned and implemented will be relevant to their needs and those of PLWHA. A programme of HBC will encourage more direct communication between families and health workers in discussing HIV and AIDS. According to the Ministry of Health and Social Welfare (2010) sentinel surveillance about half (41.1%) of pregnant women were HIV infected. Swaziland has one of the fastest growing HIV pandemic in the world. The effects of HIV and AIDS is overwhelming Swaziland's already overburdened health care system and the pandemic is still at an early stage of development (Welfare, 2010).

Research has revealed that what is fuelling the epidemic is stigma associated with HIV and AIDS (Holzemer *et al.*, 2007; Kalichman *et al.*, 2003). Individuals, families, and communities seek to avoid shame and isolation by practising denial of HIV status of ill persons. According to Holzemer *et al.* (2007), denial, stigma, and isolation contribute to an atmosphere in which prevention is not talked about thus contributing to increasing rates of infection. The researchers contended that this atmosphere also interferes with the ability of communities to support families in caring for sick family members (McCcreay *et al.*, 2004; Holzemer *et al.*, 2007). In Swaziland HBC is the preferred mode of care for families and clients, because clients recover in the comfort of their homes, and have reduced risk of nosocomial infections. The government of Swaziland views HBC as one of the solutions to the problems created by overcrowding in the hospitals related to HIV and AIDS clients (Welfare, 2010; Mkhabela *et al.*, 2008). However, the lack of confidence, competence and skill in caring for the seriously ill at home is interpreted as lack of willingness to take responsibility for the sick and dying.

Families are often fearful to care for the sick when a specific diagnosis is not known and are not certain of what to do. In addition, families and family caregivers often lack knowledge and skills to care and support the sick at home (McCcreay *et al.*, 2004). Early discharge of clients to be cared for at home has given rise to HBC, meaning that clients are to be cared for in their homes by family members, who assume the role of being the primary caregiver. Nurses and midwives have a role in teaching and supporting these families in the caregiving role. The families have deficit in knowledge and skills, and are usually faced with meagre resources worse than those of health institutions (McCcreay *et al.*, 2004). Learning needs assessment is the foundation in which the continuing education of nurses on how to care for PLWHA must arise. In order to effectively care for clients suffering from HIV and AIDS nurses and midwives' learning needs have to be identified and strategies to address the needs be put in place.

In a study by McCcreay, Mkhonta, Popovich, Dresden, and Mndebele (2004), on evaluation of a programme for community based care and HIV and AIDS risk reduction, family caregivers reported that they needed more instruction on care of a sick person at home, illness management, and disease prevention. The training of family caregivers is conducted by nurses who themselves have not been adequately trained to provide comprehensive care to patients outside of the hospital setting. In Swaziland there is limited documentation of the learning needs of nurses who are required to assist families in caring for the sick at home, making it essential to first embark on a needs assessment in order to develop a programme that will better prepare nurses to be an effective resource for families in their family caregiving role.

The study assessed the learning needs of nurses and midwives in relation to the care of PLWHA in Swaziland. In addition, nurses and midwives teaching-learning preferences were explored.

The objectives of the study were to:

- Identify learning needs of nurses and midwives in relation to the care of PLWHA.
- Identify preferred teaching-learning methods to be used for teaching nurses and midwives on HIV and AIDS and HBC.
- Recommend utilization of the study findings in the design of HIV and AIDS and HBC for nurses and midwives.

MATERIALS AND METHODS

This was an exploratory descriptive design that ascertained the self-reported learning needs of nurses and midwives who care for PLWHA in Swaziland. A questionnaire was developed and used to collect data from the participants at different operational levels of the health care delivery system. The questionnaire comprised of open and closed ended questions.

The content of the questionnaire was guided by literature and policy documents on HIV and AIDS and HBC Guidelines 2002 – 2008 (Ministry of Health and Social Welfare, 2008). The study was undertaken in the four (4) regional hospitals (Mbabane Government Hospital, Raleigh Fitkin Memorial Hospital, Good Shepherd Hospital, and Hlatikulu Government Hospital), four (4) health centres (Mbabane Public Health Unit,

Nhlangano Health Centre, Sithobela Health Centre, and King Sobhuza II Health Centre). Based on an $\alpha \leq 0.05$, effect size of 0.35, power of 0.85, the sample size was 120 participants (Lipsey, 1990). A convenience sample was obtained. The data were analysed using descriptive statistics applying the Statistical Package of Social Sciences (SPSS, 19.0). Permission to conduct the study was sought and approved by the Swaziland Ministry of Health Scientific and Ethics Committee.

RESULTS

Nurses and midwives' sociodemographics

Thirty percent (30.0%) were from the Lubombo, 28.3% Manzini, 27.5% from Hhohho and 14.2% of the participants were from the Shiselweni region. More than half (57%) of the participants were from the urban area. The majority (43.3%) of the participants were aged between 30 and 39 years of age. Ninety six percent (95.8%) of the participants were diploma holders, and the rest had degrees. About seventy six percent (76.7%) were staff nurses, 13.3% were nurse managers, and 10.0% of the participants were nurse educators (summary Table 1).

Table 1. Nurses and midwives socio-demographic variables (N = 120)

Variable	N	%
Region		
Lubombo	36	30.0
Manzini	34	28.3
Hhohho	33	27.5
Shiselweni	17	14.2
Setting		
Urban	69	57.5
Rural	51	42.5
Age range		
20 - 29	28	23.3
30 - 39	52	43.3
40 - 49	20	16.7
50 - 59	20	16.7
Qualifications		
Diploma	115	95.8
Degree	5	4.4
Position		
Nurse educators	12	10.0
Nurse managers	16	13.3
Staff nurses	92	76.7

Learning needs of participants

The participants were asked to indicate their learning needs in relation to care of PLWHA. The majority (78.3%) of the participants indicated the need to get more information on infection control and teaching people about HIV prevention and the HIV and AIDS disease. Seventy four percent (74.2%) of the participants indicated the need of being taught on prevention of mother-to child transmission (PMTCT) of HIV.

Other topics ranked as priority were coping and counselling reported by 73.3% of the participants. Care and support for PLWHA including management of opportunistic infections was reported as a need by 71.0% and progression to AIDS by 70.8% of the participants. The least reported learning needs were supervision of family caregivers (55.8%), gender and AIDS (49.2%), and death and dying (45.0%).

Preferences for methods of teaching-learning

The participants were asked their preferences on the teaching-learning methods. The participants ranked high group discussions, lecture, role-play, and case studies as preferred teaching-learning methods. The least reported preference on the teaching-learning methods was the use of modules.

Proposed length of training

The participants were asked to indicate or propose the length of training on HIV and AIDS in relation to HBC. Forty one percent (41.1%) of the participants preferred one to two (1 – 2) weeks, followed by 36.5% proposing three to four (3 – 4) weeks, and 22.4% proposed more than four weeks.

Training on HIV and AIDS

The participants were asked if they had attended any course on HIV and AIDS. Fifty seven percent (57.1%) reported that they had attended, while 42.9% had never attended any course on HIV and AIDS.

The participants were also asked reasons for not attending courses offered on HIV and AIDS. The reasons reported for not attending HIV and AIDS training courses included: not being selected for the course (85.4%), not knowing about the course (8.0%), and not having somebody to relieve them (4.2%).

Interest in teaching

The majority of respondents were interested in different topics on HIV and AIDS and its prevention, but there were those who were not interested, possibly due to some unexplained fears regarding the disease and capacity issues. The highest percentage reported by participants was on teaching HIV counselling (99.0%), voluntary testing and counselling [VCT] (97.0%), HIV progression to AIDS (78.0%), and safer sex strategies (95.0%). In all the cadres, the respondents were most interested in teaching but the cadre of matrons was not interested in teaching about HIV progression to AIDS. All the cadres were most interested in teaching about VCT, but 14.9% of staff nurses were not interested in teaching about VCT. Incidentally staff nurses provide direct care even to clients suffering from HIV and AIDS.

DISCUSSION

Consistent with previous research, the majority of participants reported that information on infection control and teaching people about HIV progression to AIDS, HIV and AIDS prevention and control, coping and counselling, and prevention-of mother-to child transmission (PMTCT) of HIV (Boekaerts, 1999). The researcher asserted that learning takes place when the subject matter is perceived by the learner as relevant to them (Mkhabela, 2008). In the researcher's view (Boekaerts, 1999) adults should be involved in the process of self-diagnosis of learning needs. This is imperative for Swaziland, considering the nature HIV and AIDS pandemic and its impact, which requires improved skills and continuous learning to provide appropriate prevention care and support. The least ranked topics were supervision of family caregivers, gender and AIDS, lastly death and dying.

The topics indicate that individuals including nurses and midwives are not prepared to deal with death, dying and grief. The unpreparedness could be due to the trauma or shock related nursing culture of care for someone, especially the young or middle aged to improve and go home, which is now replaced by caring and seeing these young individuals dying in numbers while being cared for.

In addition, the unpreparedness could be related to coming into terms with their own life experiences and possible death. Such nurses who ignore the topic of death tend to avoid dying clients and feel uncomfortable when talking to them resulting in jeopardised nurse-client relationship. De Araujo, Da Ailva and Francisco (2004) highlighted the importance of health providers recognizing and understanding the dynamics of suffering and death. Knowledge on HIV progression to AIDS could improve the prognosis and quality of life in an individual suffering from HIV and AIDS.

While gender and AIDS were the least mentioned topics, Hladik and Hope (2009) reported that gender dimension of the epidemic and women being at greater risk must be understood by nurses and midwives who care for people for PLWHA in their homes. Nurses require appropriate knowledge, skills and ethical attitudes to better guide and advise PLWHA, women and family caregivers on how to render HBC effectively. A nurse would be better able to inform the caregiver about the illness and design a plan of care that could be implemented in the home and community that is specific to the client and community needs.

The participants were concerned about infection control probably because of fear of contracting the disease, becoming sick, and dying thus their interest in obtaining knowledge and skills of infection prevention and control of HIV and AIDS. This finding is supported by WHO, UNAIDS and DENOSA, 2000 and as per universal precautions and now post-exposure – prophylaxis (PEP). Faithful adherence to the principles of infection control and universal precautions is an area where nursing must demonstrate leadership; both for nurses own safety and protection from accidental infection, as well as that of clients, family caregivers and communities (WHO, 1999).

The findings further revealed that few respondents identified anti-retroviral therapy [ART] as a very important topic to be conversant with. Lack of interest in ART could be attributed to the fact that for several years ART has not been available in Swaziland or they could be in denial about HIV. The participants were interested in topics which they felt were of immediate use. Mcgrath (2009) revealed that adults learn better if the content addresses their immediate need. However, the mature stage of the pandemic and access to Global Fund Support is resulting in an increased demand of care and support especially in the areas of VCT and ART. Therefore, dictating the need for the nursing cadre to be adequately capacitated to provide comprehensive care and support. Considering the massive responsibility for the nursing cadre, especially in the advent of HIV and AIDS and opportunistic infections and as direct health care providers, nurse midwives need intensive educational programmes to make a measurable change in a positive direction. According to Mcgrath (2009) HIV and AIDS has brought new challenges on nurses and midwives in terms of prevention, care and support and thus need

satisfactory knowledge and skills. The researchers further emphasized that nurses and midwives need a positive attitude towards PLWHA including actions to reduce related stigma and discrimination (Mcgrath, 2009). It is also encouraging to note that nurses and midwives have prioritized psychosocial support, coping, and positive attitude suggesting that nurses perceive themselves as being in a key position in care, support and respect of clients suffering from HIV and AIDS in a non-judgemental, human and ethical manner.

Coping and positive attitudes towards PLWHA were reported as necessary in a course on HIV and AIDS and HBC. Nurses can provide support by enabling the patient to adapt and be positive in coping with the situational crisis (Mcgrath, 2009). The findings revealed that counselling is one of the issues which the participants reported as necessary in caring for PLWHA. Nurses are expected to comfort, reassure, and reinforce appropriate coping mechanisms by listening to PLWHA and their relatives verbalizing their fears and concerns. It should be understood that nurses and midwives face new stresses and demands to cope with the impact of HIV and AIDS, on themselves personally and professionally, thus the need for continuing education and establishment of distress mechanisms.

The majority of the participants were interested in content that deals with coping, attitudes and psychosocial support of nurses and midwives towards caring for PLWHA. This study finding was consistent Uwakwe (2000), who reported that high level of knowledge about HIV and its modes of transmission, the level of fear about the disease and prejudicious attitudes towards AIDS and AIDS patients continue to remain high. Uwakwe (2000) further reported that sensitization of the nurses and midwives had led to positive change of caregiver's attitudes, hence improved care and support. Counselling was one of the priority topics which the majority of participants reported. Nurses are supposed to provide comprehensive care across the continuum which includes counselling, clinical management, nursing care and community-based psychosocial support. Comprehensive nursing care is the most appropriate strategy of dealing with the needs of PLWHA from the time they are diagnosed progressing to death and bereavement (Watson *et al.*, 2006). Research (Watson *et al.*, 2006; Adebayo *et al.*, 2004) has revealed that good counselling assist people make informed decision, cope better with their condition and live a positive life.

According to research (Adebayo *et al.*, 2004) in HIV and AIDS care the nurse must be knowledgeable and skillful in the use of essential basic counselling strategies and feel comfortable talking about sex as well as competence in effecting behavioural change among the youth and clients for HIV prevention and care. Nurses and midwives are in a better position to provide effective counselling, advice and support for PLWHA; therefore, they need adequate training on counselling. The overwhelming workload tends to make nurses and family caregivers unable to provide emotional care and support. In all the cadres most participants were more interested in teaching HIV progression to AIDS, but in the cadre of matrons were not interested in teaching HIV progression to AIDS. The reduced interest in teaching HIV progression to AIDS among the matrons was probably because matrons tend to be more on administrative and management

levels. Although the majority (60%) of participants had attended a course on HIV and AIDS, 40% of the participants had not attended any course on HIV and AIDS, which is of concern because of the rate at which the HIV is spreading in Swaziland. The 40% is high and it indicates the need of starting continuing education courses on HIV and AIDS. In addition, the majority of the participants who did not attend HIV and AIDS courses gave the reasons for not attending to: not being selected for the course, not having someone to relieve them, and not knowing about the course. This finding has implications for a structured programme that will take into account some of the attendance problems encountered by nurses on updating themselves.

The preferred teaching-learning method reported by the participants was group discussion. Group discussion allows adults to share ideas and experiences. Russell (2006) supports the discussion of issues, as discussion allows questioning ideas and getting clarification. The other methods preferred were lecture, role-plays, and the least mentioned was the module. The module method does not seem popular with nurses and midwives; probably it is a new teaching-learning method in Swaziland which lecturers are seldom using. The use of modules in teaching-learning need to be encouraged because modules encourage independent learning and the learner becomes responsible for his / her learning (Russell, 2006). In addition, considering the staff shortages indicated by not being released or without replacement to go for training the modules might be the appropriate teaching-learning method for the nurses and midwives.

The following recommendations are made based on the study findings, and are directed to the Swaziland Ministry of Health, developmental partners, managers, and trainers of nurses and midwives: develop structured continuing education programme for HIV and AIDS and HBC with the involvement of relevant stakeholders including nurse managers, public and private service; pre-service training and continuing education programmes should develop and implement courses on HIV and AIDS and HBC with special emphasis on prevention of HIV, coping strategies, management of HIV and AIDS, counselling and positive living; use experiential learning in the teaching-learning process as indicated by the choice of teaching-learning methods; develop policy on HBC and continuing education for health care workers; develop onsite training programmes for situations where there are staff shortages and staff unable to attend continuing education offerings; and psychosocial support and distress mechanisms should be put in place for health care providers to deal with trauma, fears, stress, death and dying, and grieving.

Summary and conclusion

The study has revealed that nurses and midwives have numerous learning needs specific to the accomplishment of their role in the management and fight against HIV and AIDS pandemic. The results provide useful insights for the nurse educators and managers involved in designing, planning, and implementing continuing education programmes related to community HBC and for PLWHA. Nurses and midwives who participated in this survey perceived learning needs in a variety of content areas commonly associated with HIV and AIDS, prevention, care and support and impact mitigation.

The priority learning needs were infection control, teaching people on HIV progression to AIDS, HIV and AIDS prevention and control, coping and counselling, and PMTCT. Continuing education lessons addressing the identified topics need to be designed and presented. The need for properly structured continuing education programmes cannot be overemphasized to address the identified gaps and needs to provide appropriate and comprehensive care and support for PLWHA. A structured continuing education programme will assist in keeping an inventory on training that has taken place and those who need to be trained.

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