Nurses experiences of caring for patients with HIV/AIDS in Dar es Salaam

A qualitative study at Muhimbili National Hospital and Buguruni Healthcare Center, Tanzania

Sjuksköterskors upplevelser av att vårda patienter med HIV/AIDS i Dar es Salaam

En kvalitativ studie utförd på Muhimbili National Hospital och Buguruni Health Center, Tanzania

Malin Berg

Lina Nilsson

Spring semester 2015
Nursing Science Thesis for degree of Bachelor, 15 credits
Nursing Programme, 180 ECT
Supervisor: Karin Bölénius, Senior Lecturer, Departement of Nursing, Umeå University Hospital
ABSTRACT

**Background:** HIV/AIDS is a worldwide disease and exists documented in over 150 countries. There are 25 million infected people with HIV/AIDS in Africa, those stands for almost 71% of all infected people around the world. This study is an opportunity to take a more important part of the care process that gives an overview of nurse’s experiences.

**Aim:** The aim of this study was to describe registered nurses experiences of caring for patients with HIV/AIDS in Dar es Salaam.

**Method:** The study is empirical and it took place at Muhimbili National Hospital and Buguruni Health Center in Dar es Salaam, Tanzania. A convenient sample of seven nurses with experiences of caring for patients with HIV/AIDS participated in this study. Their experiences were investigated through interviews. Interviews were analysed with qualitative content analysis.

**Results:** Three categories were formulated as the: Importance with a cooperative relationship, importance with confirmatory meetings and Challenges and stressful work condition. The sub-categories were counted as six and formulated as To achieve good cooperation, To create a close relationship, To obtain confirmation as a nurse, Striving to strengthen the patient through education, To manage heavy workload and stress and To manage difficult meetings. Cooperation and close relations are of great importance when it comes to nurse’s experience of caring for patients living with HIV/AIDS. To perceive confirmation and management maintain the high quality of caring.

**Conclusions:** The nurses who participated in the study described their experiences in the care of patients with HIV/AIDS as confirmatory, cooperative and developing. Despite this, these nurses faces intractable challenges and encounters experienced tough and stressful.

**Keywords:** HIV/AIDS, nurses, experiences, caring and knowledge.
ABSTRAKT

**Bakgrund:** HIV/AIDS är en världsomfattande sjukdom som finns dokumenterad i över 150 länder. I Afrika är ca 25 miljoner människor infekterade med HIV/AIDS, dessa personer står för nästan 71 % av totalt antal smittade personer runtom i världen. Denna studie belyser en del av vårdprocessen och ger en överblick i sjuksköterskans upplevelser.

**Syfte:** Syftet med denna studie är att beskriva sjuksköterskornas upplevelser av att vårda patienter med HIV/AIDS i Dar es Salaam.

**Metod:** Studien är empirisk och har genomförts på Muhimbili National Hospital och Buguruni Health Center i Dar es Salaam, Tanzania. Ett urval av sju sjuksköterskor med erfarenhet av att ta hand om patienter med HIV/AIDS deltog i denna studie. Deras erfarenheter undersöks genom intervjuer. Intervjuerna analyserades med kvalitativ innehållsanalys.

**Resultat:** Tre kategorier formulerades till; Betydelsen av att ha samarbeteande relationer, Betydelsen med bekräftande möten och Utmanande och stressiga jobbsituationer. Subkategorierna blev sex stycken och formulerades; Att uppnå gott samarbete, Att skapa nära relationer, Att erhålla bekräftelse som sjuksköterska, Strävan att styrka patientens bekräftelse genom utbildning, Att hantera tung arbetsbelastning och stress samt att hantera svåra utmaningar. Samarbete och nära relationer är av stor betydelse när det kommer till sjuksköterskornas upplevelse av att vårda personer som lever med HIV/AIDS.

**Slutsats:** De sjuksköterskor som deltog i studien beskrev sina upplevelser i vårdandet av patienter med HIV/AIDS som bekräftande, samarbetsvilligt och utvecklande. Trots detta möter dessa sjuksköterskor svårhanterliga utmaningar och möten som upplevs jobbiga och stressiga.

**Nyckelord:** HIV/AIDS, sjuksköterska, upplevelser, vårda och kunskap
Contents

1. Background ......................................................................................................................... 2
  1.1 HIV/AIDS ...................................................................................................................... 2
  1.2 Symptoms and diagnosis .............................................................................................. 2
  1.3 Transmission .................................................................................................................. 2
  1.4 Prevention ...................................................................................................................... 2
  1.5 Stigmatization in care .................................................................................................... 3
  1.6 The nurse’s role in the care .......................................................................................... 3
  1.7 Aim ................................................................................................................................. 4

2. Method ................................................................................................................................. 4
  2.1 Research context ............................................................................................................ 4
  2.2 Participants ................................................................................................................... 5
  2.3 Data collection .............................................................................................................. 5
  2.4 Data Analysis ............................................................................................................... 6
  2.5 Ethical consideration ..................................................................................................... 6

3. Results ................................................................................................................................. 7
  3.1 The importance of a cooperative relationship ............................................................... 8
    3.1.1 To achieve good cooperation ................................................................................. 8
    3.1.2 To create close relationship .................................................................................. 8
  3.2 The importance of confirmatory meetings .................................................................... 9
    3.2.1 To obtain confirmation as a nurse ....................................................................... 9
    3.2.2 Striving to strengthen the patient through education .......................................... 10
  3.3 Challenges and stressful work conditions ....................................................................... 10
    3.3.1 To manage heavy workload and stress ............................................................... 10
    3.3.2 To manage difficult meetings .............................................................................. 11

4. Discussion ............................................................................................................................ 12
  4.1 Result discussion .......................................................................................................... 12
  4.1 Method discussion ......................................................................................................... 16
  4.2 Ethical discussion ....................................................................................................... 17
  4.3 Conclusion ..................................................................................................................... 17
  4.4 Suggestions for new research ...................................................................................... 18

5. References .......................................................................................................................... 19

Appendix I
Appendix II
Appendix III
Appendix IIII
1. Background

The first time Acquired Immune Deficiency Syndrome (AIDS, 2013) got recognized worldwide was in the early 1980’s. AIDS has since then been the most feared infection of modern time (Famoroti et al., 2013). The first stage of the infection is called Human Immunodeficiency Virus (HIV). Today is HIV/AIDS worldwide and the disease exists documented in over 150 countries (Champoux and Lawrence, 2004). It is estimated that 33.4 million people are infected with HIV/AIDS around the world and two-thirds live in the Sub-Saharan Africa (Jacobi et al., 2013). In Tanzania, there is about 1.6 million people living with HIV/AIDS (Kaijage & Wexler, 2010). In a study done in Zimbabwe (Campbell et al, 2011) noticed that nurses in poor Zimbabwean Health Care Centres feel frustration over severe resource shortages that needs be solved in order to enable nurses to proceed delivering high quality HIV and ART (antiretroviral therapy) care to those in need in the sub-Saharan Africa. Studies have found that many nurses experience stress, fatigue and burnout symptoms linked to the care of patients living with HIV (Smit, 2005).

1.1 HIV/AIDS

HIV targets the immune system and weakness peoples defense system against infections. As the virus destroy and weaken the function of immune cells, infected people increasingly develop a lack of immune cells. That leads that the affected body cannot fight against different infections or diseases. The most advanced stage of HIV is AIDS, which can take from 2 to 15 years to develop depending on the individual characteristics (WHO, 2014).

1.2 Symptoms and diagnosis

To ensure the infection, blood test analysis must be done (Champoux and Lawrence, 2004). The test should be voluntary and the individual should know that he or she has the right to decline. It is not acceptable to force the individual to test them since it intrudes on human rights (WHO, 2014). The blood test analysis and identify antibody of the virus or a components of the virus. A lifelong infection is present both by asymptomatic and symptomatic illness. The symptom of HIV varies. In the early stage people experience flu-like symptoms; this is the body’s way to respond. If the person living with HIV does not take ART, the virus will eventually weaken the immune system (UNAIDS, 2013).
The symptoms of AIDS are fever, rash, malaise, aseptic meningitis, lymphadenopathy, arthralgias and hepatosplenomegaly (Champoux and Lawrence, 2004). AIDS can also be diagnosed if HIV develops to one or more of a specific disease like cancer or opportunistic infections such as cryptococcal meningitis or retinitis (Guideline Tanzania, 2012).

1.3 Transmission

All people can get affected by HIV/AIDS (Libov, 2011). Previous in the 1980’s the “infected groups” was homo- and bisexual males but also injecting drug users. Other groups who also were infected at first was the people suffering from haemophilia and patients cared with blood transfusions. HIV is transmitted from human to human in three ways: sexually, perinatal and by exposure to contaminated blood or body fluids. A study done in South Africa (Ncama and Uys, 2003), investigates the fear of contracting HIV/AIDS among trauma nurses. It describes that the nurses who works in hospitals are the most exposed group. Their results reclaimed that fear is still present among nurses. The main fears are needle stick injuries and the accidental exposure with blood and body fluids and the most common feelings among nurses are anxiety and worries caring for patients with HIV/AIDS, which reminds them of the risk of getting infected. Some nurses ignore the risks while working and some have concerns about the unsafe protective materials.

1.4 Prevention

The best way to decrease the spread of HIV infection is to limit the exposure. To limit exposure, the patient might be aware of the usage of condom, ART, testing and counselling for HIV and STD (WHO, 2014). ART both slow the disease progression and decreases the risk of transmission (Kahn et al., 2013). The shortage of the vaccine or the treatment are a big concern and influence the nurse’s work (Osemwenkha and Fadiyimu, 2007). An essential part of health care is prevention of infections to health care workers (Jackson, Lowton and Griffiths, 2014). One finding in the study was that nurses who work close to infected environments were introduced with infection prevention policy and the nurses had a desire to avoid recognized dirt and bacteria. A study (Quinn and Henneberger, 2015) about prevention of infectious diseases among healthcare workers, describe how to prioritize the prevention by using standard precautions to reduce transmission, which includes environmental cleaning.
1.5 Stigmatization in care

A study done by Haber et al., (2011) shows how important it is that caregivers have a good education about HIV/AIDS. Nurses and doctors with a “very positive” or "positive attitude" were associated with good knowledge about the disease. The nurses are put in a position where they experience different dilemmas, as in the shortage of vaccine or treatment. HIV/AIDS has been reported to be high among health workers treating patients with the infection (Osemwenkha and Fadiyimu, 2007). This can be one of different contributing factors for nurses explaining why some nurses have negative attitudes towards patients living with HIV/AIDS. Since knowledge reduce stigma among nurses, it is important and necessarily to bring up these caregivers experiences and consequently increase knowledge about HIV/AIDS. There is a great importance for nurses to relate to each other and share their knowledge to decrease stigma.

1.6 The nurse’s role in the care

Umeå University model for nursing (2015) can be seen as a structure of the different aspects current caring. The aspects are as follows: health, society, organization, care philosophy, ethics, task and relationship, patient and family, care environment and carers and also care team are closely related to each other and form a whole but can also be studied as individual aspects of nursing. The goal from the model is for instance to prevent diseases, restore health, reduce suffering. The essence of nursing care is the meeting between patient and caregiver where a person-centred approach is quintessence. The patient is more than a patient, he or she is a person with his own story, view of health, needs, desire and ability and the own lived body. The caregiver with their specific skills and values affect nursing content. A study done in Tanzania (Våga et al., 2013) showed that nurses made sure that their patients understood the given information about HIV prevention. Some nurses could be perceived as harsh by the way they informed the patient. However when patients were asked about the counselling, they experienced it as good because assertiveness shows that the nurses have a good knowledge of the topic. There is an another study (Sebalda et al. 2007) describing nurses who make home visits, some trips could take a whole day, and that can be seeing as a sign that they really take their job seriously. Another issue regarding the nurse’s role was the issues of infant feeding related to the costs that come along by storing, preparing and the amount of the formula.
They felt that it is hard to achieve care among infant feeding without the support from the baby’s fathers because they do not know about the mothers HIV status. The stress and frustrations affected the care for these nurses according to hopelessness they feel when they also have to experience death among these patients. In general, the results of the study included emotions as uncomfortable in their role as infant feeding in the caring profession. There have been found that there are significant more studies regarding patient’s experiences about HIV/AIDS, rather than from the nurse’s experiences.

1.7 Aim

The aim of this study was to describe registered nurses experiences of caring for patients with HIV/ AIDS in Dar es Salaam.

2. Method

This empirical study was performed as a Nursing Thesis of 15 credits for a Degree of Bachelor of Medical Science at the department of Umeå University Sweden. 12 weeks where spend on field performed at Buguruni Health Center (BHC) and Muhimbili National Hospital (MNH) in Dar es Salaam, Tanzania, located in Sub Saharan Africa. It is a qualitative, descriptive study based on semi-structured interviews analyzed using qualitative content analysis.

2.1 Research context

BHC is a health center with care for patients with HIV/AIDS and also for people with malaria and other diseases caused by water and food (U.S. Department of State, 2011). The authors noticed that the nurses have few counselling rooms. Sometimes, the nurses have to share one room together with their patients. Nurses, nursing assistants, doctors and pharmacist work together as a whole. This center is operated with the Government of Tanzania and has two departments which is the department for HIV/AIDS and the department for pregnant women and new born babies and mothers. BHC is focusing on the women, girls and gender equality as well as multiple health services like family planning and antenatal care (U.S. Department of State, 2011).

MNH is a hospital located in Dar es Salaam with a favourable learning environment for health professionals and is a renowned center for medical research in Africa (MNH, 2015).
MNH have 1,500 bed facilities and are divided into public and private departments which include areas as HIV/AIDS, orthopaedic, urology, emergency etc. There is about 900 nurses and enrolled nurses working at MNH (Muhimbili National Hospital, 2015)

2.2 Participants

This thesis includes nurses working in BHC and MNH with differing working environments. Anyone who wanted to participate from these two workplaces and fulfilled the criteria got involved in the study. The goal was to include a variation in respect of gender, age and working years. Participants were included if they were nurses, could speak the English language and have been working with patients living with HIV/AIDS for a minimum of 6 month. In total, seven female nurses agreed to participate. The average age of the nurses was 44 years (range 31-51 years). The average of working years with patients transmitted with HIV/AIDS was 6.5 years (range 1-10).

2.3 Data collection

Individual interviews were performed by two authors. In BHC the authors got two days of field in where they asked the nurses about the participation and anyone of the nurses who wanted to participate and fulfilled the criteria got involved in the study. The nurses from MNH were handpicked by the authors contact person from the university hospital. The contact person was informed about the inclusion requirements. All participants were informed about the aim of the study before the interview started. The interviews were conducted by both authors during working time, at the participant's work place. The interviews took place in a room with the participant and the two authors present. Just one of the authors was interviewing each time. Interviews were digitally audio-recorded and transcribed verbatim. The interviews were semi-structured, which means that the authors had a list of topics that addressed experiences of caring for HIV/AIDS. The interviewers used a written topic guide to ensure that all question areas were covered (Polit and Beck, 2010). The initial question was, ‘can you describe your working environment?’ The initial question was followed by open-ended questions about experiences of caring including stigmatization, knowledge, experiences and special situations. The questions in the interviews were formulated by the observation the authors did in the both places. At first the authors discussed about topics that were in big interest to cover in the interviews and comparing them to the aim of the study. The nurse’s descriptions and
reflections were clarified by follow-up questions, such as ‘tell me more about it’ and ‘could you please give me an example of that?’ Finally, the participants had the opportunity to raise issues concerning HIV/AIDS. Each interview lasted between 20 to 40 minutes. The semi-structured interviews were digitally audio-recorded and transcribed verbatim from a total of 7 nurses from BHC and MNH together. The desire was to perform the interviews in a quiet and private area, which was possible with the nurses from MNH, however, this was difficult at BHC because of the small size of the building.

2.4 Data Analysis

The authors analysed the text using qualitative content analysis (Graneheim and Lundman, 2004). Polit and Beck (2010) describes that the analyses of content of narrative data are to identify salient themes and patterns among the themes, this by editing analysis styles. The analysis began by both of the authors listening individually to the recorded interviews and transcribing them. The researcher’s individual attributes and perspectives give an important influence on the analysis process (Elo et al., 2012). The transcripts were read several times and compared between the authors to understand each interview and also in an attempt to keep an open mind. After discussing the content of the interviews, the transcriptions were divided into meaning units which were condensed and finally coded. The codes were sorted and from that, the authors got a picture over the results of the study.

2.5 Ethical consideration

The study was approved by the ethical review at MNH. All the participants received written and verbal information about the study. A promise of confidentiality and not anonymity was given because anonymity is rarely possible in qualitative studies since researchers become close involved with participants (Polit and Beck, 2010). The nurses were informed about the aim of the study that it was voluntary to participate. They were also ensured about their power of free choice about interrupting or leaving their participation at any time without explanations. The nurses gave their informed consent to participate before the interview started.
3. Results

In this study, the authors found three main categories. The nurses reported that cooperative relationship, confirmatory meetings and challenging and stress in caring for patients with HIV/AIDS are important aspects of their job. Therefore the results were divided in 3 categories and 6 sub-categories to describe the main feelings of these nurses from the interviews.

Table 1. Overview of sub-categories and categories revealed during the analysis

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>To achieve good cooperation</td>
<td>The importance of a cooperative relationship</td>
</tr>
<tr>
<td>To create a close relationship</td>
<td></td>
</tr>
<tr>
<td>To obtain confirmation as a nurse</td>
<td>The importance of confirmatory meetings</td>
</tr>
<tr>
<td>Striving to strengthen the patient through education</td>
<td></td>
</tr>
<tr>
<td>To manage heavy workload and stress</td>
<td>Challenges and stressful work condition</td>
</tr>
<tr>
<td>To manage difficult meetings</td>
<td></td>
</tr>
</tbody>
</table>
3.1 The importance of a cooperative relationship

The nurses reported they experienced a cooperative relation between nurses and between nurses and patients. They also described that it is important with a good relationship among nurses to be able to work as a team. In the caring, the nurses believe that, to achieve a high quality care and create respectable relationships, there must be a good cooperation in the workplace. The category was based on the sub-categories describing To achieve good cooperation and To create close relationship.

3.1.1 To achieve good cooperation

The nurses described that good environment and good relations improved the cooperation among the nurses. The feelings among the nurses when caring is good, since they work together as a team, this provides a good cooperation. It is important to respect every patient they meet in the caring for these nurses. The good cooperation makes patients progress in their situation. By making the patients feel accepted for who they are and not what they have, creates a steady ground to improve the cooperation between the nurse and the patient. Down below is a following quote from one of the nurses:

"Over here It’s good, the staff is cooperative and we get so many patients from differences /.../especially in my section were I'm working /.../but in the working hospital things are ok. We are working as a stuff cooperative."

3.1.2 To create close relationship

Nurses experienced that good and close relation between staff and patient contributes to a more open atmosphere, such as feeling free to talk and sharing problems with each other. The nurses described that they learned to make good relations to the patients by building trust and by listen to the patients. According to the nurses, trust makes people talk about their problems. They described that they become more than a nurse and that they have a big role in the patient’s life. The nurses takes on different roles such as a mother, sister, brother, friend or neighbour. Their intimacy and personal acting creates good relations and dedicated patients. The nurses described that close relations makes the patients rely on them by telling their inner secrets and problems.
The nurses described situations in the caring when patients need to talk about their home problems. A nurse described her experiences in this way:

".../and they are very open to ask because we didn’t make a distance in relations. We make very close relations, so they are open. Any client if they have any problem they open to tell us even their problems from their homes, they tell us, even if they get that the violence from their partners, violence from their relatives, they can tell us because they trust us much, that we can help them in any circumstances."

3.2 The importance of confirmatory meetings

The nurses described their experiences of caring for patients with HIV/AIDS as confirmatory and confidently. The nurses have strong feelings for the patients with HIV/AIDS such as love, appreciation and the feeling of having been selected. The category was based on the sub-categories To obtain confirmation as a nurse and Striving to strengthen the patient through education.

3.2.1 To obtain confirmation as a nurse

The nurses experienced that they have a big role in the community by helping people. A describing feeling among all nurses is their big love for their work and for their patients. The nurses feel confident to help people by counselling. They described their caring as sweet and loving. One nurse explained that she felt that her God selected her for caring, that it was a vocation and not a profession. Their experiences was that they are selected to take care on others, to absorb people’s problems and to walk in the patient’s shoes. The big sympathy these nurses have for their patients is one of the building blocks in their caring. The nurses described that they have learned to feel the inner pain of someone, to put themselves in second place. Down below follows two quotes from the interview:

"Me really from my heart I feel very good. I think my God is selected me to caring those clients. If this is my profession it’s not a profession, only it’s my vocation. I’m vocated to care these clients with HIV."
"I'm trained to feel the inner worth of somebody. I've trained to look somebody to the face and to know the high instances know she feels. We supposed sometimes to wear the shoes they have. That problem they have. You are the victim."

3.2.2 Striving to strengthen the patient through education

The nurses described about their willingness to educate patients with HIV/AIDS about the disease. In the interview the nurses explained the importance to improve the patient’s knowledge to help them understand their own situation. Nurses explained that teaching the patient is an important instrument in caring. By counselling about HIV, transmissions, hygiene, drugs and nutrition, the patients respond positive in the progress. To be updated of what is new about HIV around the world is an important factor for the nurses to maintain high quality care for their patients. When patients understands advices, they improve their health and start to take good care of themselves. Nurses described it as important in caring to motivate patients to believe in the future and to understand that they can continue living despite HIV. A nurse explained that her duties are counselling, giving patients the time for education and trying to treat the patient psychologically. The nurses feel confirmed when patients listen to them and takes their advice. One of the nurses said:

"I hope that most of my client here they are psychological treated because of my work to them."

3.3 Challenges and stressful work conditions

The nurses described the care for patients with HIV/AIDS as challenging and stressful in relation to the sub-categories To manage heavy workload and stress and To manage difficult meetings. Their experiences are both positive and negative.

3.3.1 To manage heavy workload and stress

Common among these nurses are their experiences about stress in their workplace because of the high amount of patients compared to the few nurses working. All nurses described that they meet approximately 80-300 patients in one working day. They feel that the time is not enough for each patient. The lack of materials and rooms is also a stressful experience. The heavy workload creates stress and frustration among the nurses. Through the
heavy workload the nurses become burned out sometimes which is describe as difficult. The nurses feel stress when some patients wish to be treated first. Although the stress is present, nurses explained that they like their work anyway. A nurse described her experience:

"It’s nice. I’m comfortable. The environment is good but the stress comes to workload, because we are only six nurses and sometimes we can have up to 300 patients per day. So it’s very tired sometimes frustrating and it’s very stressful.”

3.3.2 To manage difficult meetings

The nurses experienced some challenges in the meetings with the patients. Feelings such as hard and painful to handle is one of the describing experiences. They described that patients can have bad attitude towards HIV, about their future and to disclose to their partners or relatives. To handle the difficult experiences, the nurses explained that they discuss with their co-workers or leaders. The nurses told that every month there is a meeting among staff, where they can speak out about difficulties in their job. The nurses experienced difficulties in the caring for children who are HIV positive because of the infant’s lack of knowledge and understanding. Nurses described that children live in denial and that their mothers have a hard time disclosing to their children. The fears of dying patients were described as a difficult area to deal with for these nurses. One nurse told about a personally situation when her own sister died in AIDS. The nurse explained the painful experience that her own sister died in her arms when she tries to make her own HIV-positive patients survive. The nurse told the authors the following:

"/.../Patients is saying that they want to die and they can be very young. A person who’s having a negative attitude towards himself or herself is hard.”

“Very hard time. And experiencing that my sister is dying when I am the one who’s taking care of others, making them not die and then my own relative is dying. It’s very diffi-cult.”
4. Discussion

4.1 Result discussion

The aim of this study was to describe nurses’ experiences of caring for patients with HIV/AIDS in Dar es Salaam, Tanzania. These results can hopefully be useful for nurses and nursing students around the world to improve their caring and create an understanding for nurses who works with patients with HIV/AIDS.

Findings in the study showed the importance of having cooperative relations between co-workers and between the nurses and the patients. The subcategories were named as The importance of a cooperative relationship and To achieve good cooperation. A good relation with other staffs provides high quality in caring. The nurses experienced good cooperation with their co-workers because they trust each other and they feel free to talk about their problems at work. The nurses feel that they are working in a team. To create cooperative relations between nurses and patients, the nurse’s goals are to remove the distance and to build trust. Junger et al., (2007) describes the importance to create a successful cooperation in palliative care. In their study, the most frequently mentioned criteria to achieve a good cooperation was close communication and to succeed with the cooperation, the team must work together as a whole with functioning performance, trust between the team and the functional coordination of workflow. The authors in this study believe that respectable relations between coworkers is important to provide a good cooperation. To work as a team the authors believe that trust is an important key to succeed in the cooperation as well as the communication. The authors believe that by having a successful cooperation between staff, the patients will notice the ambitions and the functional teamwork and by that they also become cooperative in the caring. The high quality in caring can be sustainable if the cooperation is functional for everyone in the process, as well as the nurses as the patients.

Findings in this study, called To obtain confirmation as a nurse, is about the nurse’s role as a counsellor by caring for patients life and lifestyle. The nurses have big sympathy for their patients and a passion for their work. The nurses also described that they feel they have a big role as a nurse in society and that they are selected from God to care for these patients. The Ministry of Health and Social Welfare in collaborating with the Government
in Dar es Salaam (National Guideline, 2012) have performed a national guideline through care and treatment of HIV/AIDS. One of their programs is about counselling. It describes the counselling in were the nurse talk and educate the patient about nutrition, social support, legal support, transmission risks, how to disclose and mental health. It also describes couple counselling and to support healthy behaviors as well as the sexual risks.

A study done in Sweden (Röndahl, Innala, & Carlsson, 2003) describes the attitudes the nurses and the nursing students have towards HIV-infected persons. The study reclaimed that the fear of contagion with HIV still exist among nurses because, among other things, of the insecurity. Despite the fear, the Swedish nurses and nursing students experience a big empathy and strong attachments for the patients. The authors in this study believe that when the nurses absorb the patient’s problems, it can affect the nurses psychologically in the long term. The authors believe that the expectations these nurses have seem to be very extensive and overwhelming and it can be seen as an inhumanity working situation. This make the authors wonder how long it will contain successfully for the nurses. The authors believe that the nurse’s needs as obtain confirmation in their work could cost them more psychological problems, because of the high expectations the nurses have on themselves. The authors believe that it is important for the nurses to provide the own health while caring for patients. To continue a good care for patients the authors believe that the nurses need to be in a good psychological condition to be able to give a high quality care. One of the concerns the authors discussed is how the nurses handles it when or if their patients do not improve their health. The authors believe that the nurses can be too confident to succeed about their patient’s improvements since they did not prefer to talk about failure. Therefore there is also a risk that the nurses believe that failure is not an option. The authors believe is the most important conclusion in these findings is to strive for a professional level that creates a manageable way of working, instead of focusing on how they experience themselves.

One of the findings in this study, To create close relationships, the nurses describe themselves to be more than a nurse to their patients. The nurses in this study describe their relation with their patients as friendly or more. The nurses experienced a positive response from their patients when they created close relations. Melvin (2012) describes that the nurses who work with patients who has big needs as social, psychological, physical and spiritual can cause a risk of professional compassion fatigue. Especially for the nurses who work in palliative care, experienced psychological and emotional and by that they had to maintain healthy coping strategies to protect themselves. Another study (Pajnikihar, 2009)
describes their findings about perspectives of relations among nurses and patients. They concluded that respect, empathy and dignity are important keys for a successful relation. Therefore they are important ingredients in the professional nurse-client relation. The authors believe that a professional relation between the nurses who participated in this study and the patients can be difficult when working with patients who have these special needs. By treating everyone equal on a manageable level, that provides the nurses psychological and emotional health, the authors believe in a great nursing.

Findings in this study shows the nurses ambitions to educate their patients to succeed with the caring, *Striving to strengthen the patient through education*. The nurses experiences that knowledge about HIV/AIDS among the patients makes them more cooperative and respond better in the caring process. A study about nurse’s perceptions of patient education (Bergh et al., 2012) are describing different important parts during educational caring. They questioned the environment, organization and cooperation effects in daily work and if it is realistic in relation to being an educator as a nurse. Some of the findings in the study was, to achieve patient education accurate there must be time, undisturbed surroundings, materials for teaching and a good place during the education. Umeå University Model For Nursing (2015) bring up the main subject of caring that is to prevent diseases, restore health and reduce suffering. Florence Nightingale, the founder of the modern nursing, is one of the most famous influential person in nursing. Florence identified five key aspects of nursing care: cleanliness, light, pure air, pure water and efficient drainage (Lee, Clark and Thompson, 2013). The authors believe that to reach out to the patient and to give the accurate education that can be useful there must be in an appropriate environment, a room where nurse and patient can talk undisturbed and where the nurse can feel that the time is enough for the education to be as fulfilled as possible. The author’s findings in this study can be a useful tool with Umeå Universities Model for Nursing because it covers the whole essential parts in caring. By following the improvement in the patient’s health, the nurse may need to have the right instruments to work with. The model that is representing here can see as an instrument in the caring process. The authors believe that if the model can be useful, all important parts in caring will not be forgotten or hidden. The authors believe that the whole process in nursing care can be related to Florence Nightingale’s aspects. The implies with Florence Nightingale aspects, the authors believe that the most sustainable care is by improving, preventing and maintaining health and by seeing the patient as a whole.
A finding in this study was how the nurses experienced *To manage heavy workload and stress*. During the visits at BHC the authors drew attention on the high amount of patients outside at the waiting area, the hallway and in the rooms. The lack of space was clearly a problem in their workplace and a big concern that the nurses have to share rooms together and not being able to have privacy with their patients. The lack of staff affected both nurses and patients. The nurses must manage the heavy workload, the stress and in the meantime focus in caring. A study done in Dar es Salaam by Miller et al., (2014) describes from the patient’s perspectives in receiving care from a private sector. The results from the participants were generally satisfied although there were some suggestions who needed to be improved; the lack of space, the lack of staff and the long waiting time. The perceived stress and heavy workload seems to be a common problem among many nurses who are working with patients with HIV/AIDS in Tanzania. That stress can cause psychological and physical illness among nurses is one of the evidence that was find in this study, and the authors believe this can affect the caring. This can lead to an untenable work situation, which the authors believe will affect the entire workforce. The authors also believe that the lack of space and having patients who are gathered in the same room while counselling, creates a risk that patients feel insecure and exposed which can lead to that nurses losing important information that can facilitate a better care. The authors believe that the environment while counselling is an important part in the caring to make the patient feel confident to talk about problems and the nurse to be able to give the accurate care.

Findings in this study shows that the nurses experiences some meetings with their patients as painful and hard to manage, as the subcategory is called *To manage difficult meetings*. The passionate attachment they have for their patients also creates a frustration and a feeling of helplessness. One of the nurses also had familial experiences about HIV/AIDS that was hard to manage. In South Africa the occupational stress and burnout among caregivers is a big concern (van Dyk, 2007). In that study, the nurses described their workplace as stressful and felt emotions like frustration. The nurses described they felt overwhelming by the large amount of infected people and the hopelessness to not be able to help everyone. Van Dyk (2007) also brings that the stress comes as a result of by painful meetings with suffering patients, the heavy workload, the concerns of the extreme poverty among patients, death and dying issues and the emotional involvements. It also mention that occupational stress-related physical symptoms were headache, fatigue, exhaustion and loss of appetite.
Arnold and Boggs (2007) mean that exerted experiences improve meaningful caring for patients and are an important aspect to build bridges to a high quality care. The authors believe that the big sympathy the nurses in this study have creates a delicate relationship between their patients and could cause more harm than good for the nurses. The authors believe that the costs these nurses takes in believing for a better care, can rather turn into harm for themselves and for the whole caring process.

4.1 Method discussion

According to Polit and Beck (2010) it is important to approach the study by demonstrating the methodological challenges in the research to be able to critiquing the study. To represent the experiences there are some things to be cognizant about to receive trustworthiness, reliability and validity. By being able to achieve the findings of evidence there cannot be bias, incorrect or misunderstandings concepts.

To achieve credibility in the truth, it is important to strive for the methods to be trustworthy. Therefore the authors collected data by interviews. Polit and Beck (2010) describes that semi-structured questions covers the selected topics that the authors want to achieve in the interviews. Semi-structured questions makes the participants be able to talk freely and by having an interview guide, the authors ensures that they fulfilled their satisfaction. In this study, there was 7 nurses who participated in the interviews. At first the authors discussed about having 10 interviews but the limited time affected the amount down to 7. No men participated in this study which is difficult for the authors to say how this might have affected the results. It should be noted that at BHC there was only women working and at MNH the authors saw almost no male nurses.

The requirements were that the nurses could speak the English language, this to avoid having an interpreter since it can threaten the trustworthiness (Squires, 2008). It is important to have in mind that either the authors or the nurses have English as their native language. The results may have been affected because of the lack of needed vocabulary to express correctly. To have an interpreter was not something the authors wanted since the findings in this study should be as trustworthy as possible and data may have been lost with somebody translating.
The nurses must have been working with patients living with HIV/AIDS for a minimum of 6 months and from two different places, this to increase credibility by having nurses with various experiences (Graneheim and Lundman, 2003).

All of the interviews were conducted during working hours in patient’s ward, which was not soundproof. The audio from outside was occasionally disturbing and the interviews were interrupted by other staffs knocking on the door. Even though the interviews room was not a place that guaranteed privacy, it was releasing that the authors could do the interview in a separate room with the door closed. The interviews with the nurses from MNH were completely different from BHC from start. The authors were supposed to visit the wards before starting the interviews. In BHC the authors got the possibility to see and follow the nurses to get an overview of the place and their routines. The authors were not given the opportunity to visit the working area at MNH where the nurses worked, which took away the opportunity to ask the nurses about the participation.

4.2 Ethical discussion

The authors made some decisions during the process of the study. At first the amount of interviews were supposed to be more at BHC but what the authors did not know was the few amount of nurses and some of them could not speak English, therefore the authors decided to do 5 interviews at BHC. There was one of the participants who did not showed up to the appointment in time and the authors decided to cancel the last interview because the of the lack of time.

To respect the participants and their culture the authors followed their dress code and tried to make them comfortable. The authors decided to listen to the interviews one by one and compare the text with each other and by that way misunderstandings could be discovered. During the analysis of the interviews the authors had some trouble to hear some of the words from the nurses and that may have affected the results.

4.3 Conclusion

Nurses experiences of caring patients with HIV/AIDS were both psychological and physically experiences. The psychological experiences were the stress, their love for caring, emotional attachment for their patients and good relationships. Their physically
experiences is being burned out because of the heavy workload. Although the nurses have a big role in the community for caring for these patients they believed that they have been chosen to care for patients with HIV/AIDS and to do it with an open heart. Their perceived challenges in the meeting with the patients overcome by their great passion for their job.

4.4 Suggestions for new research

It would be interesting with further research among nurse’s experiences of caring for patients with HIV/AIDS such as their feelings about their own health. While doing this study the nurses experienced stress and heavy workload and as a result of that they get burned out and it would be interesting to do a research about how they perceived their individual health.
5. References


Elo, S., Kääriäinen, M., Kanste, O., Pölkki, T., Utriainen, K., & Kyngäs, H. (2014). Qualitative Content Analysis. A Focus on Trustworthiness. SAGE Open, 1-10


20


Appendix I – Examples of questions asked during the interviews

- Can you describe your working area?
- Can you describe situations you remember as special (good or problematic) when you have been taking care of HIV/AIDS patients and their families?
- Can you describe how you experience caring for patients with HIV?
- Can you describe your relation between you and your patients?
- Can you describe the hygiene in this working area?
Appendix II – Information to the people invited to participate

Department of Nursing

Information to the people invited to participate in research

To whom it may concern;

Background and aim: HIV/AIDS is a common problem worldwide. Nurses experiences of caring for patients with this disease needs to be elucidated. The aim of the study is to describe registered nurses ‘experiences of caring for patients with HIV/AIDS

Request for participation: Registered nurses, working in a medical/surgical unit at Muhimbili National hospital will be approached for informed consent to participate in an interview about their experiences about caring for patients with HIV/AIDS is performed at their clinical unit. Ten nurses will be included.

Study design: A qualitative interview with semi-structured questions will be performed. The interview will take place once with each participant and go on for about 30-60 minutes. The interviews will be tape recorded.

Management of data: The interviews will be transcribed into text. Participant’s names and ID will not occur in the transcribed text and data will be anonymized before analysis. Individual participants will not be recognizable in the written report (nursing thesis for bachelor degree). The recordings will only be stored until the written report (student thesis) is completed.

How participants can get information about result: The thesis will be written in the English language and published on a public database (DIVA) at Umea University, Sweden.

Voluntariness: Your participation in this interview-study is entirely voluntary. It is your choice whether to participate or not. Even if you have consented to participate you have the right to refrain from further participation at any time.
Sincerely;

Students:
Lina Nilsson  
Nilssonberg15@gmail.com
Malin Berg  
Nilssonberg15@gmail.com

Supervisors:
Karin Bölenius, Department of Nursing, Umea University, Sweden  
Karin.bolenius@umu.se
Dickson Mkoka MUHAS, Dar es Salaam, Tanzania mkokamalinga@yahoo.co.uk
Appendix III – Consent form

Consent form:

I have been invited to participate in this interview study on Nurses’ experiences of caring for patients with HIV/AIDS

I have read the foregoing information, or it has been read to me. I have had the opportunity to ask questions about it and any questions I have been asked have been answered to my satisfaction. I consent voluntarily to be a participant in this interview study

Print Name of Participant__________________

Signature of Participant _____________________

Date ___________________________

Day/month/year
Table 1. Overview of sub-categories and categories revealed during the analysis

<table>
<thead>
<tr>
<th>Sub-categories</th>
<th>Categories</th>
</tr>
</thead>
<tbody>
<tr>
<td>To achieve good cooperation</td>
<td>The importance of a cooperative relationship</td>
</tr>
<tr>
<td>To create a close relationship</td>
<td></td>
</tr>
<tr>
<td>To obtain confirmation as a nurse</td>
<td>The importance of confirmatory meetings</td>
</tr>
<tr>
<td>Striving to strengthen the patient through education</td>
<td></td>
</tr>
<tr>
<td>To manage heavy workload and stress</td>
<td>Challenges and stressful work condition</td>
</tr>
<tr>
<td>To manage difficult meetings</td>
<td></td>
</tr>
</tbody>
</table>