"Do Nurses Know the TB and HIV/AIDS Policies They are Expected to Implement? A Case of Health Facilities in a Rural Sub-District of the Western Cape."

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DISCUSSION POINTS

• Introduction
• Background
• Question and Aim
• Conceptual model
• Methodology
• Results
• Conclusion: Personal thoughts
• Acknowledgements
Introduction

- NRF initiative: Intervention projects for health system strengthening.

- Main Project title: Intervention strategies to improve the implementation of TB and HIV/AIDS policies in health care facilities in a rural sub-district of the Western Cape

- Three phase study funded by NRF: TTK13062820065

- UWC Ethics: 13/6/39

- WCDoH Ref: TBHIVP141516
Background

- Run away epidemic in the era of the MDGs
  - (MDG 6: Combat HIV/AIDS, TB, Malaria and others)
- Inputs: Resources - Finances, human resources, NGOs support, large scale ARVs in SA
- Output: Prevalence still high
- Highest number of HIV infection
- SDG 3: Ensure healthy lives and promote well-being for all at all ages
• Return of the forgotten disease (TB)
  ✓ Co-infection
• Challenges impeding progress
  ✓ Implementation of policies
• Proposed solutions
  ✓ -Call to strengthen the health system: Roles of stakeholders (NURSES)
  ✓ -Re-education to reduce stigma
  ✓ -Need for new diagnostic mechanisms
  ✓ -New/ different approaches to care delivery for HIV / TB co-infected (Integration in PHC)
• Theoretical model
• A model for health policy analysis (Walt and Gilson, 1994)
Research Question And Aim

- **RQ:** What is the knowledge level of nurses in the health facilities in a rural sub-district of the Western Cape about TB and HIV/AIDS policies that they are expected to implement?

- **AIM:** To analyse the nurses’ knowledge about TB and HIV/AIDS policies that they are expected to implement in the health care facilities in a rural sub-district of the Western Cape.
Methodology

- Mixed method approach following a concurrent exploratory design
- Qualitative and Quantitative data collected at the same time
- All inclusive sample
- Individual interviews (13) and survey (44)
- SPSS and Atlasti for analysis
- Data mixed at interpretation stage
Results

Demographics

Target population = 66
Final participation = 44

<table>
<thead>
<tr>
<th>Variable</th>
<th>Descriptor (n and %)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender</td>
<td>Males: 6 (14%)</td>
</tr>
<tr>
<td></td>
<td>Females: 38 (86%)</td>
</tr>
<tr>
<td>Age</td>
<td>( \leq 35 \text{ yrs} ): 9 (21%)</td>
</tr>
<tr>
<td></td>
<td>( \geq 35 \text{ yrs} ): 35 (79%)</td>
</tr>
<tr>
<td>Place of work</td>
<td>PHC: 33 (75%)</td>
</tr>
<tr>
<td></td>
<td>Hospital: 10 (23%)</td>
</tr>
<tr>
<td>Qualifications</td>
<td>B-Degree: 10 (23%)</td>
</tr>
<tr>
<td></td>
<td>Non degree: 30 (68%)</td>
</tr>
<tr>
<td></td>
<td>Not known: 4 (9%)</td>
</tr>
<tr>
<td>SANC categories</td>
<td>RN: 26 (59%)</td>
</tr>
<tr>
<td></td>
<td>Others (41%)</td>
</tr>
</tbody>
</table>
Training attendance

<table>
<thead>
<tr>
<th>Training</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td>HIV</td>
<td>77</td>
</tr>
<tr>
<td>TB</td>
<td>64</td>
</tr>
<tr>
<td>STI</td>
<td>46</td>
</tr>
<tr>
<td>Integrated TB and HIV</td>
<td>32</td>
</tr>
</tbody>
</table>

Training on one or the other diseases mainly due to training opportunities aligned to the ward or area of specialisation.
Training on policy guidelines

- Of the 44; 11.4% (5) and 18.2% (8) of the participants felt they were properly trained on TB and HIV policy respectively.
- Training was given to registered nurses as compared to the other categories of nurses despite all being involved in the care of the TB, HIV+ and AIDS patients.
Knowledge regarding Models of care

Which model is applied in your facility?

- unsure = 43% (19)
- integrated = 30%
- collaborative = 28%
- Vertical = 7%

Participants preference would be total integration

“But if they integrate it, then we are near. I am just here and they are just here. So we can do it all in one. So I call that integration. The patient doesn’t have to move from one point to another point. Everything can be done in one room. And the patient can today, if I find the patient today, everything can be done today and at one point”.
Knowledge regarding Models of care

• 25% (11) felt that they had sufficient knowledge and skills to provide TB/HIV integrated care,
• while 50% (22) were sure they did not feel equipped, and
• 25% (11) were unsure about themselves.

Half of the participants were not sure if the integrated model will facilitated keeping patients in care.
Reasons for lack of knowledge
Of those who responded on lack of knowledge
- Unclear and difficult policies and short period for training = 94%.
- Lack of training = 82%,
- Lack of support = 59%
- Lack of guidance = 41%

Interviews: Access was a challenge
“in my opinion it is not visible. It is not something that you see. It is not against the wall or bullets that we have or any specific training that anybody has” and another mentioned that. “No, it’s a protocol. It’s in a book. ...If you’re unsure, I usually, if I’m unsure – rather phone”.

Workload was also reported as a contributor to lack of knowledge on policies or guidelines as there was no time for reading or being thoroughly taught.

“Sometimes when you look at the number of patients that comes through and the number of staff that is on duty... for example last week I was alone on duty and had to run through 40 patients. Then there is no time to go get the guideline and check on a specific condition. So there is neglect to go through the guidelines. Only when there is enough staff, then you have time to sit with your patients and then can take your guideline to make sure that you have followed the correct process”.
TB Knowledge

- The average score was 68%, with a minimum of 50% and maximum of 97%
- only 6% reported moderate knowledge (26-50%),
- The majority of participants (61%) reported having sufficient knowledge (51-75%) and
- 33% reported having excellent knowledge (75+%).
### TB knowledge - specific aspects

<table>
<thead>
<tr>
<th>Component</th>
<th>Poor</th>
<th>Moderate</th>
<th>Sufficient</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>TB diagnostic skills</td>
<td>0</td>
<td>17</td>
<td>67</td>
<td>17</td>
</tr>
<tr>
<td>TB health promotion</td>
<td>0</td>
<td>12</td>
<td>62</td>
<td>27</td>
</tr>
<tr>
<td>TB infection control</td>
<td>0</td>
<td>14</td>
<td>66</td>
<td>21</td>
</tr>
<tr>
<td>TB contact tracing</td>
<td>0</td>
<td>32</td>
<td>48</td>
<td>20</td>
</tr>
<tr>
<td>TB intensive case finding</td>
<td>14</td>
<td>43</td>
<td>33</td>
<td>10</td>
</tr>
<tr>
<td>TB treatment regimens</td>
<td>4</td>
<td>20</td>
<td>60</td>
<td>16</td>
</tr>
<tr>
<td>INH therapy</td>
<td>9</td>
<td>18</td>
<td>59</td>
<td>14</td>
</tr>
<tr>
<td>MDR/XDR management</td>
<td>29</td>
<td>38</td>
<td>24</td>
<td>10</td>
</tr>
<tr>
<td>TB disease notification</td>
<td>9</td>
<td>30</td>
<td>43</td>
<td>17</td>
</tr>
</tbody>
</table>
One participant indicated in an interview that they inform the participants that they cannot treat them for TB if their HIV status is unknown because these diseases goes hand in hand; “To enable for us to send the sputum monsters to the lab we need to establish first the patient’s HIV status. Because they really want it because with regard to what test they’re going to do on the sputum, they need to know what the patient’s HIV status is. So it goes hand in hand. We would do the HIV testing and the TB test at the same time, If a patient knows his HIV status, we would still need to establish that because we can’t go on hearsay”. 
HIV Knowledge

- The average score for HIV knowledge was 43.6%, ranging from 5% to 95%.
- Out of 34 participants who reported that they had received HIV training, up to 50% reported having poor knowledge,
- 23% indicating fair level of knowledge.
- while only 2.9% reported excellent level of knowledge.
HIV Knowledge

- ART in adult aspect had the highest number of participants with poor knowledge (44%),
- followed by ART in children aspect with 38%,
- NIMART with 35% and
- PMTCT with 32% of participants reporting poor knowledge.

- HIV health promotion, HIV counselling and ACTS & VCT had the highest number of people reporting sufficient knowledge at 61%, 69% and 68% respectively.
HIV Knowledge

Interviews:

- Participants working in the maternity units were more knowledgeable about HIV management for both adults and infants.
- Portrayed enthusiasm about their working environment and the opportunities available to them.
- Protocols were reported to be clearly displayed and easy to use due to the algorithms that gave guidance to deliver the service.
- Even participants who did not attend formal training were confident of their performance and were looking forward to sealing their knowledge with training in the near future.
Integrated management knowledge

- Of the 44 participants, only 13 participants reported that they have knowledge on integrated management of HIV and TB.
- The average score was recorded at 71%, ranging from 37.5% to 96.88%.
- 30.8% = sufficient (70%-79%)
- excellent = (+80%; n=2) = 15.4%
- 7.7% = poor (less than 50%) knowledge level.
<table>
<thead>
<tr>
<th></th>
<th>Poor</th>
<th>Moderate</th>
<th>Sufficient</th>
<th>Excellent</th>
</tr>
</thead>
<tbody>
<tr>
<td>STI health promotion</td>
<td>0</td>
<td>0</td>
<td>57</td>
<td>43</td>
</tr>
<tr>
<td>STI counselling</td>
<td>0</td>
<td>5</td>
<td>55</td>
<td>40</td>
</tr>
<tr>
<td>STI syndromic management</td>
<td>0</td>
<td>5</td>
<td>37</td>
<td>58</td>
</tr>
<tr>
<td>STI related VCT or HCT</td>
<td>0</td>
<td>11</td>
<td>53</td>
<td>37</td>
</tr>
<tr>
<td>STI regimens for adults</td>
<td>0</td>
<td>6</td>
<td>59</td>
<td>35</td>
</tr>
<tr>
<td>STI diagnostic skills</td>
<td>0</td>
<td>0</td>
<td>56</td>
<td>44</td>
</tr>
<tr>
<td>STI contact tracing</td>
<td>0</td>
<td>12</td>
<td>47</td>
<td>41</td>
</tr>
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</table>
Conclusion/ Thoughts

- Nurses in rural areas do not receive training on priority issues equally despite all categories working with TB and HIV patients at some point.
- There is a need for training to improve knowledge if the problems are to be addressed.
- However resources need to be put in place to ensure that challenges that impedes training opportunities are dealt with adequately.
- Emphasis should be made on integrated training as most often the patients are co-infected.
Acknowledgements

• NRF for funding

• The greatest team members ever
  ✓ Dr Million Bimerew
  ✓ Dr Jude Igumbor
  ✓ Dr Rugira Marie-Modeste
  ✓ Ms Magesh Naidoo
  ✓ Ms Mariam Rosenberg
  ✓ Ms Furaha Akamanimpayi
  ✓ Mr Sibusiso Buthelezi (secretary for group meetings)
THANK YOU
DANKIE
KE A LEOBOGA