THE AVAILABILITY OF SUPPORT SYSTEM FOR OFFICIALS WORKING IN THE HIV/AIDS CLINICS: A CASE STUDY OF VHEMBE DISTRICT

by

MALADZHI NKHUMELENI JAMES

STUDENT NUMBER: 9520081

A mini thesis submitted in fulfillment of the requirements for the Degree of

MASTER OF PUBLIC MANAGEMENT

OR TAMBO INSTITUTE OF GOVERNANCE AND POLICY STUDIES

SCHOOL OF MANAGEMENT

UNIVERSITY OF VENDA

Supervisor: Prof M.P Khwashaba

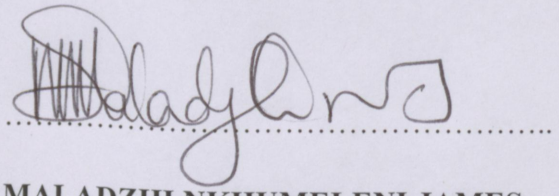
Co-Supervisor: Mr. E Mahole

2014

© University of Venda

DECLARATION

I, **MALADZHI NKHUMELENI JAMES**, hereby declare that this mini-dissertation for the Master in Public Management degree at the University of Venda, hereby submitted by me has not previously been submitted for a degree at this or any other University, and that it is my own work in design and in execution, and that all referenced materials contained therein has been duly acknowledged.



04/05/2015

MALADZHI NKHUMELENI JAMES **DATE**

STUDENT NO: 9520081

LIBRARY

© University of Venda

University of Venda
Creating Future Leaders

DEDICATION

I dedicate this great work to my mother, Mrs. Maladzhi Muofhe Edzisani and my late father, Mr. Mpakwa Muofhe Elias, for all the hardship they went through and sacrifices they made so that I can achieve all this. Without them I wouldn't have been who I am today. Love you mom and dad.

Matthew 11:12 – "taking everything by force"

© University of Venda

University of Venda
Creating Future Leaders

ACKNOWLEDGEMENTS

I wish to extend my heartfelt gratitude and appreciation to God Almighty, for His grace, strength and courage for allowing me the opportunity to complete this study. To Him all praises and honor.

I also wish to thank the following persons who tremendously contributed through their advice, support and encouragement, without which I could not have completed this research:

- My supervisor, Professor M.P. Khwashaba from the University of Venda, for growing this thesis from nothing.
- My co-supervisor, Mr. E. Mahole from the University of Venda, for his tireless guidance and making me believe that it is possible to complete this great work.
- My wife, Mrs. T.G. Maladzhi, for always pushing me towards the completion of this study and for all the encouragements.
- My beloved children, Rinae and Afhulufhedzeaho Maladzhi, for allowing me to steal their time and resources in making this thesis a success it is.
- The Department of Health, Vhembe District, for allowing me to collect data from the employees in all hospitals in the district.
- To all the respondents who took time from their busy schedules and completed the questionnaires and also the scheduled interviews.
- My former colleague, Mrs. Khomola P. for urging me to take a giant leap to register for this degree.

To you all, my sincere gratitude and appreciation, may you receive blessings from Him above.

© University of Venda

University of Venda
Creating Future Leaders

ABSTRACT

The study is about the availability of support to employees who are working in HIV/AIDS clinics in hospitals around Vhembe District. Supervision is one form of support, but support goes beyond just that. It can take a variety of forms – physical, professional, emotional, intellectual, and financial. Supporting staff means providing them with the right training, backing them up, rewarding them for their work, supervising them properly and regularly, keeping their morale high, and making sure they have whatever they need to do their jobs successfully. When staff feels they're being supported, they'll work better and more efficiently, care more about their jobs, and want to do their best because the organization treats them well

The researcher used both qualitative and quantitative research method and descriptive study design was used. The researcher purposefully selected a sample size of 70 respondents based on their experience of working in the HIV/AIDS clinics. The collected information was analyzed and interpreted.

The main findings of the study:

- The research has discovered that there is a serious challenge of supervision of employees, most supervision is only done during quarterly Performance Management System (PMS) assessment only and sometimes it's done informally. Mentoring and debriefing is also not adequately done. There are also vacant posts that are creating challenges of workload and some staff members are working in the clinic and the hospital respectively.

- There is a concern of lack of appreciation of employees when they have performed well. Staff felt that they are hardly recognized for the job well done, and also working environment is another concern.

- The study found that training is not done frequently and there are staff members who go the whole year without attending any training or workshop.

- The study found that employees want policies in-place that influences training of staff on a regular basis. Majority of staff believe that there should be a formal supervision program agreed upon between the supervisor and supervisee. Study found that employees

© University of Venda

were interested in having programs focusing on their wellness and that these programs should be monitored. In filling of vacant posts, employees were equally divided on the matter; half believed they have sufficient staff while half felt that the vacant posts should be filled. The study found that employees believed that improved budget would bring a difference in making sure resources were available

The researcher recommended that:

- Planned supervision, staff debriefing and mentoring should be done to all employees as this helps in improving competency in rendering service. Vacant posts should be filled, especially in those sections that are serviced by staff who are not working in the clinic full-time but those who focus on the wards in the hospital.

- There should be a system that recognizes outstanding performance of staff, if possible monthly, in order to keep employees motivated and focused.

- Training of employees must be done often to keep staff updated and improve their self-confidence in service delivery.

- Budget allocation for service delivery to be improved so as to allow sections to have enough budgets to purchase ARV treatments and food supplements for patients.

© University of Venda

University of Venda
Creating Future Leaders

LIST OF ABBREVIATIONS

The following acronyms and terms are used throughout the thesis. They are listed here for reference and clarity:

AIDS:	Acquired Immunodeficiency Syndrome
HIV:	Human Immunodeficiency Virus
ART:	Antiretroviral Treatment
VCT:	Voluntary Counseling and Testing
PMS:	Performance Management System

© University of Venda

University of Venda
Creating Future Leaders

LIST OF TABLES

Table 2.1 Differences between stress and burn out 08

Table 4.1 Gender of respondents.....43

Table 4.2 Age of the respondents.....43

Table 4.3 Occupation of respondents.....44

Table 4.4 Work experience of respondents.....45

Table 4.5 Employees are receiving formal planned supervision monthly from supervisor..46

Table 4.6 Debriefing and mentoring sessions are organized for employees.....46

Table 4.7 Employees have adequate equipments/ resources to do their job well.....47

Table 4.8 Section is well staffed with enough personnel to cope well with work load.....48

Table 4.9 There is good supportive relationship between staff members and patients' relatives.....48

Table 4.10 Employees tend to have frequent arguments with superiors, co-workers or patients.....49

Table 4.11 Employee's job often interferes with their family and social obligations or personal needs.....50

Table 4.12 Employees seldom receive acknowledgement or appreciation when their work performance is really good.....51

Table 4.13 The working environment at the clinic is conducive and supportive for employees to do their job effectively.....51

Table 4.14 Employees relate well with patients' treatment supporters.....52

© University of Venda

University of Venda
Creating Future Leaders

Table 4.15 Employees have relevant HIV/AIDS related training……..……53

Table 4.16 Employee's supervisor is aware of training needs of the staff……..……54

Table 4.17 Employees are given opportunities to attend workshops and trainings……....54

Table 4.18 Employees attend regular updates on the latest developments in the HIV/AIDS field……..…55

Table 4.19 There is regular in-service training sessions organized for employees……....56

Table 4.20 There should be training policies that makes in-service training compulsory.....57

Table 4.21 Supervision program for employees should be drafted and agreed upon by the supervisor and employee……..……57

Table 4.22 Employees' wellness programs must be initiated and monitored……..……58

Table 4.23 Vacant posts must be filled……..……..59

Table 4.24 Provision of adequate budget, that will make resources available, must be made available……..……59

© University of Venda

University of Venda
Creating Future Leaders

TABLE OF CONTENT

CONTENTS **PAGES**

Declaration i

Dedication ii

Acknowledgement iii

Abstract iv

List of abbreviations vi

List of tables vii

Table of content ix

CHAPTER ONE: INTRODUCTION AND BACKGROUND OF THE STUDY

1.1 Introduction 1

1.2 Background of the study 1

1.2.1 Working with HIV/AIDS 2

1.2.2 The overwhelming nature of the disease 2

1.2.3 The role of family in providing support 2

1.2.4 Quality of care 3

1.3 Statement of problem 4

1.4 Aim of the study 4

1.5 Specific objectives of the study 4

1.6 Critical research questions 4

1.7 Significance of the study 5

1.8 Delimitation of the study 5

1.9 Limitations of the study 5

1.10 Definition of operational concepts 6

1.11 Organization of the study 7

© University of Venda

LIBRARY

University of Venda
Creating Future Leaders

CHAPTER TWO: LITERATURE REVIEW

2.1 Introduction 9
2.2 Working with HIV/AIDS 10
2.3 Legal framework for health cares.....11
2.3.1 The Constitution of the Republic of South Africa, Act 108 of 1996 11
2.3.2 Skills Development Act no. 97 of 1998 11
2.4 The overwhelming nature of the disease 12
2.5 Pressures at the work place 12
2.6 The culture of caring 14
2.7 Staff support, a necessity or luxury 14
2.8 Quality of support 15
2.9 The philosophy of staff support 16
2.10 The importance of family support 17
2.11 Challenges of poor support 18
2.11.1 Occupational stress 18
2.11.2 Good and bad stress 19
2.11.3 How to deal with stress and win 20
2.11.3.1 Identify the things causing stress and anxiety 20
2.11.3.2 Pay attention to your eating habits 20
2.11.3.3 Start using meditative practices 20
2.11.3.4 Get time away 21
2.11.3.5 Talk it out 21
2.11.3.6 Cultivate allies at work 21
2.11.3.7 Find humor in the situation 21
2.12 The types of support needed 21
2.12.1 A supportive working environment 21
2.12.2 Psychosocial support 22
2.12.3 Motivational support 23
2.12.4 Training support 23
2.12.5 Resources support 24
2.12.6 Mentorship and supervision 24

© University of Venda

University of Venda
Creating Future Leaders

2.12.7 Organizational structures 24
2.12.8 Practical support 25
2.12.9 Information provision 25
2.12.10 Training and development 26
2.12.11 Constructive feedback 26
2.12.12 Emotional support 27
2.13 Burn out 27
2.13.1 Causes of burn out 28
2.13.2 Work related causes of burnout 28
2.13.3 The difference between stress and burnout 28
2.14 Reduction of stress at work 29
2.14.1 Improve communication 29
2.14.2 Consult your employees 30
2.14.3 Offer rewards and incentives 30
2.14.4 Cultivate a friendly social climate 30
2.15 Compassionate fatigue 30
2.16 Staff support in Vhembe: an imperical perspective 31
2.17 Conclusion 32

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction 33
3.2 Research design 33
3.3 Research methodology 33
3.4 Study area 34
3.5 Population of the study 35
3.6 Sampling 35
3.6.1 Sampling method 35
3.6.2 Sampling size 36
3.7 Data collection and research instrument 36
3.8 Pilot study 37

© University of Venda

University of Venda
Creating Future Leaders

3.9 Data analysis 37
3.10 Ethical considerations 40
3.10.1 Informed consent 41
3.10.2 Voluntary participation 41
3.10.3 No harm to participants 41
3.10.4 Confidentiality 42
3.10.5 Anonymity 42
3.11 Conclusion 42

CHAPTER FOUR: DATA PRESENTATION, INTERPRETATION AND ANALYSIS

4.1 Introduction 43
4.2 Analysis of data collected through questionnaire 43
4.2.1 Section A: biographical information 43
4.2.2 Section B: Availability of support system for officials working in HIV clinics 46
4.2.3 Section C: The importance of support to staff members at the HIV clinics.....50
4.2.4 Section D: Training that is given to employees working in the HIV clinics 53
4.2.5 Section E: Mechanisms that can be used to enhance the availability of support for officials working in the HIV/AIDS clinics.....57
4.3 Analysis of data collected through interview guide 61
4.4 Summary 68
4.5 Conclusion 69

CHAPTER FIVE: FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Introduction 70
5.2 Major findings of the study 70
5.2.1 Major findings on the availability of support systems for officials working in the HIV/AIDS clinics 70
5.2.2 Major findings on the importance of support to staff members at the HIV clinics 71

© University of Venda

University of Venda
Creating Future Leaders

5.2.3 Major fining on training that is given to employees working in the HIV clinics 71
5.2.4 Major findings on mechanisms that can be used to enhance the availability of support systems for officials working in the HIV clinics 71
5.3 Recommendations of the study 71
5.4 Recommendations for future studies 72
5.5 Conclusion 72

BIBLIOGRAPHY 74

APPENDIX A: Permission letter conduct study from the university 77

APPENDIX B: Ethical clearance certificate 78

APPENDIX C: Letter of approval from Limpopo Province Department of Health 79

APPENDIX D: Letter of approval from Vhembe District Department of Health 80

APPENDIX E: Letter to respondents 81

APPENDIX F: Questionnaire 82

APPENDIX G: Semi-structured interview schedule 86

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 1

INTRODUCTION AND ORIENTATION OF THE STUDY

1.1 INTRODUCTION

HIV/AIDS is one of the pandemics that have attacked South Africa and is continuing to spread despite the programs that the government is implementing. Employees working in ARV clinics include doctors, nurses, social workers, dieticians, pharmacists, lay-counselors and administration staff. These professionals are responsible for the physical, psychological, emotional and/or spiritual needs of people infected or affected by HIV/AIDS. This thesis is going to investigate the availability of support that is given to employees that are working in HIV/AIDS clinics. It is an investigation on how much the care-givers for those infected are being cared for by the employer. The respondents of this study will be employees that are working in ARV clinics that are found in the Vhembe District.

This chapter will outline the introduction and background of the study, problem statement, aim of the study, research objectives, research questions, significance of the study, delimitation of the study, limitation of the study, brief literature review, definitions of operational concepts, research design and methodology, study area, population of the study, sampling method and sampling size, data collection and research instrument, pilot study, data analysis and ethical considerations as well as organisation of the study.

1.2 BACKGROUND OF THE STUDY

Taking care of others is an exciting occupation that is demanding but often undervalued. Is there enough care for carers? And how well do carers take care of themselves? Most carers love what they do, but many of them are exhausted as a result of too much involvement and neglect of self-care. When there is genuine care for how carers feel themselves, they will be happier, more satisfied with what they do, and have inner peace, which will increase the quality of care to their patients (Gifford et al., 2005:33).

© University of Venda

1.2.1 Working with HIV/AIDS

It takes a great deal of effort to care for people with debilitating conditions, including HIV and AIDS, on a day- to-day basis. The strain on those caring for people with HIV and AIDS is enormous and as the epidemic grows, it overwhelms the capacity of community health workers to cope. Their ability to cope over a sustained period of time depends on how their psychological needs are addressed (Van Dyk, 2008:243).

Mostly, employees working in HIV and AIDS clinics suffer from stress, burn-out, depression and low morale. Many carers are aware that complaining about the burden of tasks of caring for HIV and AIDS patients can be perceived as complaining about the person with the illness. For this reason, they often remain silent and their challenges remain hidden and unacknowledged (Van Dyk, 2008:244).

1.2.2 The Overwhelming nature of the disease

The severity and intensity of the HIV/AIDS epidemic and the high number of infections, contribute in putting pressures on the carer. The rapidly rising mortality leaves behind the plight of orphans and child headed families who cannot care for each other as they still need care themselves. The fact that AIDS is not a disease of individuals but implicates whole families and communities are great sources of stress that often leads to intense feelings of helplessness in care givers (Ross and Deverell, 2005:67).

1.2.3 The role of family in providing support

Home-based care is often the best way to look after someone with AIDS. It is the care that is given in the home to a person who is living with HIV. Usually, this care is provided by a family member or friend, supported by a trained community caregiver. In ideal circumstances, family and community caregivers are supported by multidisciplinary teams that can meet the needs of the family and of the patient. The team is composed of all the people involved in care and support and may include a doctor, nurse and a social worker (Van Dyk, 2008:256).

While the family unit does have a responsibility to its members, the normal family environment, which also has its own challenges and relationship difficulties, often cannot

© University of Venda

University of Venda
Creating Future Leaders

cope with the problems caused by chronic illness and disability without services and support from outside. Problems within the family as a whole, affect the ability of the health worker to care for the patient successfully. According to van Dyk, (2008:257); the advantages of home-based care include:

a) Good basic care can be provided in the home,
b) People that are sick or dying normally prefer to spend their last days in the comfort of their homes surrounded by their loved ones and in familiar surroundings,
c) Home-based care allows the patient and the family time to come to grips with the illness, and to prepare for the impending death of the patient, and
d) It reduces the burden of care and the pressure on hospitals which allow health professionals time to focus on others, etc.

1.2.4 Quality of care

The ultimate purpose of staff support is to ensure the highest possible standards of care to patients. These standards can only be delivered if there is also high quality staff care. Well integrated staff support practices, recognized and acceptable to all staff, are essential in any health care setting. The quality of care offered to patients is influenced considerably by the extent to which carers themselves feel valued and cared for (Gerber et al, 1996:17).

Equipments in any intensive care unit are checked and serviced regularly in order to ensure reliability and effectiveness, as a patient' survival depends on them. The same principles apply to the care of staff working in the caring services. The human resource is a vital and expensive item in the budget. Taking care of people is even more important than caring for machinery, and care of staff is vital in ensuring safe delivery of care for patients.

To maintain high quality care, health professionals need to be fit and healthy so that they can function at their best. Employees that are under pressure, stressed and overtired can make serious mistakes. If proper servicing of equipments and machinery is an indication of the importance attached to its functioning, it follows that staff care needs the same

© University of Venda

kind of recognition. Thus, good support is an indication of the value placed on the members of the workforce (Gerber et al, 1996:18).

1.3 STATEMENT OF PROBLEM

Employees working in HIV clinics are faced with the greatest challenge of bringing hope to their patients who, most of the time, have given up in caring for themselves and live with the fear of dying. Unfortunately, some of the patients pass away; and this often has a huge impact on the employees who would have already bonded with the patient. Most of the employees working in these clinics often quit their jobs and do not work for many years in the clinics. More focus is often given to the patients and the employees are vulnerable to different kinds of situations of caring with less support for themselves.

1.4 AIM OF THE STUDY

The main aim of the study is to investigate the availability of support system for officials working in the HIV/AIDS clinics: a case study of Vhembe District.

1.5 SPECIFIC OBJECTIVES OF THE STUDY

The following are the objectives of the study:

- To identify the availability of support system for officials working in the HIV/AIDS clinics.
- To describe the importance of support to staff members at the HIV clinic.
- To describe the training that is given officials working in the HIV/AIDS clinics.
- To explore the mechanisms that can be used to enhance the availability of support system for officials working in the HIV/AIDS clinics.

1.6 CRITICAL RESEARCH QUESTIONS

- What are the support systems that are availability for officials working in the HIV/AIDS clinics?
- What is the importance of support to staff members at the HIV clinic?
- What is the training that is given officials working in the HIV/AIDS clinics?

© University of Venda

University of Venda
Creating Future Leaders

- What are the mechanisms that can be used to enhance the availability of support system for officials working in the HIV/AIDS clinics?

1.7 SIGNIFICANCE OF THE STUDY

The study will highlight the need and importance of support that staff members working in HIV clinics need for them to be continuously effective in their service delivery. It will also highlight to the employer the danger of lack of support to their employees over time. This study will benefit both the employer and the employee in that the employer will be aware of the need of support for their employees where as the employee will benefit directly from the programs of support the employer will implement.

1.8. DELIMITATIONS OF THE STUDY

The study focuses only on employees that are working with HIV/AIDS at the antiretroviral roll-out clinics in the Vhembe District, Limpopo Province. It cannot be generalized to every employee in other districts as it entails working with HIV patients only. The study also focuses on the availability of support to the employees that are working in those clinics.

1.9. LIMITATIONS OF THE STUDY

The findings of the study may not be generalised to other districts in Limpopo Province, however, they may be applicable to other HIV/AIDS clinics in similar settings. The following may be the limitations of the study; some employees may refuse to participate in the study; they may even decide not to respond to the questions correctly and this may hamper the success of the study since they have to be honest and true while completing the questionnaires in order to establish the true state of support currently. The sensitivity of the topic may make the people reluctant to participate as they may feel that it may be taken as if they are complaining or they are tired of working in the clinics; hence, they would fear to lose their jobs.

Due to lack of financial support, the researcher may fail to visit all employees who are working at the clinics in the district since it will require transport. Money for doing research may limit the researcher to achieve the goal of the study. Respondents may

© University of Venda

University of Venda
Creating Future Leaders

deliberately answer questions incorrectly, by hiding information and through ignorance or through over enthusiasm. The questionnaires can also be completed by other people except the intended respondents. This can affect the truthfulness of the information provided; hence, mislead the researcher in the quest to finding the truth.

1.10. DEFINITIONS OF OPERATIONAL CONCEPTS

This section presents the definitions of terms.

a) Human Immunodeficiency Virus (HIV)

This is the virus that causes AIDS by attacking the helper T cells of the immune system of a person, until the immune is so low that the body fails to fight against other infections (van Dyk, 2008:490)

b) Support systems

For the purpose of this study, this will mean the action, activities or provisions the employer can provide, that are necessary to empower employees to deliver excellent service and to be effective in their service point e.g. supervision, conducive working space and training (South Africa Department of Health: 2003).

c) Acquired Immune Deficiency Syndrome (AIDS)

This is a disease of the human immune system caused by the human immunodeficiency virus (HIV). This condition progressively reduces the effectiveness of the immune system and leaves the individual susceptible to opportunistic infections and tumors (van Dyk, 2008:490).

d) Burn-out

According to Van Dyk, (2008: 490), "it is the end stage of a chronic process of deterioration and frustration due to long-term emotional and interpersonal stressors, often experienced in work situation".

© University of Venda

University of Venda
Creating Future Leaders

e) Mentoring

The process where counselors receive guidance and support from an experienced colleague or professional person, which helps counselors develop their skills and grow in self-awareness (Van Dyk, 2008:491).

f) Home-based care

Care given to individuals in their own homes by their families, their extended families or any other available and concerned helper. Care givers are supported by a multidisciplinary team so that they can meet the needs of the patient (Van Dyk, 2008:491).

g) Confidentiality

Not to disclose any information, such as HIV status or any information regarding the health of the patient, to anyone under any circumstances, without the express permission of the client (Van Dyk, 2008:492).

1.11. ORGANISATION OF STUDY

The study will consist of five (5) chapters which are as follows:

Chapter 1: Introduction and Orientation of the Study –This chapter will outlines the introduction and background of the study, problem statement, aim of the study, research objectives, research questions, significance of the study, delimitation of the study, limitation of the study, brief literature review, definitions of operational concepts, research design and methodology, study area, population of the study, sampling method and sampling size, data collectionand research instrument, pilot study, data analysis and ethical considerations as well as organisation of the study.

Chapter 2: Literature Review -This chapter will share the results of other studies that are closely related to the one being undertaken. Different conditions and impacts of service will be identified and discussed.

© University of Venda

University of Venda
Creating Future Leaders

Chapter 3: Research Methodology and Design – Chapter three of the study is a chapter in the researcher which outlines how the study is going to be carried out. This involves outlining the relevant research methodologies to be employed and the procedure with which the researcher is going to follow to carry out the data collection exercise. Thus, the section is going to discuss the research design, population sample, data collection methods, the ethical consideration and also the limitation of the study.

Chapter 4: Presentation of Data – the chapter present all data collected, analysis and interpretation. Thus, this chapter focuses on the presentation of data or facts obtained from the respondents. The presentation of data will be done on tabular form, frequencies and percentages and also in a narrative form.

Chapter 5: Findings, Conclusion and Recommendations - The chapter will conclude the study by providing a summary of the findings, its implications and recommendations for the suggestion strategy to deal with the challenges facing conditions of the service for employees and a bibliography will also be issued in this chapter.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 2

LITERATURE REVIEW

2.1 INTRODUCTION

The previous chapter discussed how the research project is going to be conducted. This chapter will present the literature review which is related to the availability of support system for officials working in the HIV/AIDS clinics. South Africa is considered to be a country with one of the highest rates of HIV-infection in the world, and those infected are often dying in the hands of health carers. The government is obliged to cope with between 4.7 and 6.6 million South Africans who are living with this infection. This figure means that more than 10% of the global population of HIV-positive per sons' lives in South Africa, and the number rises daily. There are 40 million people living with HIV globally. As the pandemic bites further into the lives and livelihoods of South African people it will gradually erode the ability of health professionals to cope with their health care needs and demands (South Africa Department of Health: 2003:11).

Due to the stigma attached to the illness, HIV/AIDS patients usually feel unable to discuss their diagnosis with family and friends, making them more dependent on registered health carers. South Africans are not legally compelled to disclose their HIV-status to anyone or to represent it truthfully (Malelane, 2001/ 2002:26). Patients are not all open about their HIV-positive status. Furthermore, health carers are bound by professional secrecy to keep a patient's HIV-status confidential.HIV/AIDS is one of the pandemic that has attacked our country and is continuing to spread despite the programs that government is implementing. Employees working in ARV clinics include Doctors, Nurses, Social Workers, Dieticians, Pharmacists, Lay-Counselors and Administration staff. These professionals are responsible for the physical, psychological, emotional and/or spiritual needs of the person infected or affected by HIV/AIDS. Providing care, as well as voluntary counseling and testing services, is thus undoubtedly very stressful because often patients refuse to finish treatment, there is lack of family involvement and caregivers become too attached to their patients. They also have to deal with patients dying.

© University of Venda

University of Venda
Creating Future Leaders

It takes a great deal of effort to care for people with debilitating conditions, including HIV and AIDS, on a day to day basis. Furthermore, the strain on those caring for people with HIV and AIDS is enormous and as the epidemic grows, it overwhelms the capacity of community health workers to cope. And their ability to cope over a sustained period of time depends on how their psychological needs are addressed. Carers are individuals who assist with the physical, emotional and daily management needs of people who cannot take care of all of those activities on their own.

This thesis is about the investigation of the availability of support that is given to employees that are working in HIV/AIDS clinics. It is an investigation on how much the care givers for those infected are being cared for by their employer. The respondents of this study are employees that are working in ARV clinics that are found in Vhembe District. Taking care of others is an exciting occupation which is demanding and often undervalued. Is there enough care for carers and how good do carers take care of themselves? Most carers' love what they do, but many of them are exhausted as a result of too much involvement and neglect of self-care. When there is genuine care for how carers feel themselves, they will be happier more satisfied with what they do, and have inner peace, which will increase the quality of care to their patients.

2.2. WORKING WITH HIV/AIDS

It takes a great deal of effort to care for people with debilitating conditions, including HIV and AIDS, on a day to day basis. Furthermore, the strain on those caring for people with HIV and AIDS is enormous and as the epidemic grows, it overwhelms the capacity of community health workers to cope. And their ability to cope over a sustained period of time depends on how their psychological needs are addressed (Van Dyk, 2008:407).Some carers find themselves drained and frustrated because of the many physical and emotional demands upon them and have little opportunity to re-energize themselves. This combination can be very dangerous for both the carer and the person with HIV/AIDS, and, at times, results in the carer becoming neglectful or abusive. Mostly, employees working in HIV and AIDS clinics suffer from stress, burn-out, depression and low morale. Many carers are very aware that complaining about the burden of tasks of caring

© University of Venda

University of Venda
Creating Future Leaders

for HIV and AIDS patients can very easily be perceived as complaining about the person with the illness. For this reason they often remain silent and their challenges remain hidden and unacknowledged.

2.3. LEGAL FRAMEWORK FOR HEALTH CARES

Public servants are governed by laws and policies that are put in place by the government. Amongst those laws there are others that advocate for employees support and makes provision of how they are to be treated.

2.3.1 THE CONSTITUTION OF THE REPUBLIC OF SOUTH AFRICA, ACT OF 1996

The Constitution of South Africa stipulates in section 195(h), "Good Human Resources Management and Career Development Practices, to maximize human potential, must be cultivated". This provision provides a basis for the support that is to be offered to all staff members by the employer. There should be a clear plan developed by the employer on what is going to be done to support and develop staff.

2.3.2 SKILLS DEVELOPMENT ACT OF 1998

The Skills Development Act aims to develop the skills of the South African workforce and to improve the quality of life of workers and their prospects of work. Also it aims to improve productivity in the workplace and the competitiveness of employers and to promote self-employment.

The purposes of this Act according to section 2 of the act, are:

> (a) to develop the skills of the South African workforce by improving the quality of life of workers, their prospects of work and labour mobility; improving productivity in the workplace and the competitiveness of employers; promoting self-employment; and to improve the delivery of social services;

© University of Venda

University of Venda
Creating Future Leaders

(b) to increase the levels of investment in education and training in the labour market and to improve the return on that investment;

(c) to encourage employers to use the workplace as an active learning environment; to provide employees with the opportunities to acquire new skills; to provide opportunities for new entrants to the labour market to gain work experience; and to employ persons who find it difficult to be employed; and

(d) to encourage workers to participate in learner ship and other training programmes.

2.4. THE OVERWHELMING NATURE OF THE DISEASE

The severity and intensity of the HIV/AIDS epidemic, the high number of infections, the rapidly rising mortality, the relative youth of the patients, the plight of orphans and the fact that AIDS is not a disease of individuals but implicates the whole families and communities are great sources of stress that often leads to intense feelings of helplessness in care givers. Most of the patients do not know their HIV/AIDS status voluntarily hence they are compelled by poor health to consider doing the test. This results in majority of those patients coming to ARV clinics when their medical conditions have deteriorated and they have symptoms of AIDS (Ross and Deverell, 2005:179).

This negatively affects the employees' emotionally as they are always exposed to patients that will come in serious ill-health. Though some will recover and retain their former health, some will not be able to and would lose their lives. This often leaves a scar that needs to be healed time and again. It necessitates that programmes be put in place that would help employees to continue offering services of superior quality (Ross and Deverell, 2005:180).

2.5. PRESSURES' AT THE WORK PLACE

For health workers, especially those working with HIV/AIDS, the work place is full of stressors. By the nature of the clinic there are bound to be emergencies and life

© University of Venda

University of Venda
Creating Future Leaders

threatening conditions, frequent moments of dealing with suffering and distressed individuals, and often death. There is also an expectation by professionals that there can be a satisfactory provision of total health care. These expectations are fuelled by the ever increasing growth of knowledge, expertise and technology and the range of drugs available. There is also an increased understanding and awareness by the public at large of what can be achieved with all this modern knowledge and technology (Stoter, 1997:16).

Further momentum is given to those expectations of a 'perfect provision of care' by the Department of Health's patient's charter and the Batho Pele principles. This document lays down standards and emphasizes that those standards are to be expected when getting service at any health facility. These standards encourages people to lodge complains when the expected standards are not met or achieved. For someone who has just recently graduated and is entering the caring professions mainly from the desire to care for others, there are many frustrations and staff feels unfulfilled if they are unable to meet the standards as set out (Stoter, 1997:16).

According to Stoter (1997:17), there are several areas to consider when identifying the pressures that are inherent in the job, and these present conflicting demands:

a) Attempts to maintain standards from past traditions in a changing scenario;
b) The expectations of patients and the public;
c) Demands from government agents and management;
d) The carer's personal expectation of being able to deliver a high level of care at all times; and
e) Inability to acknowledge the effects of pressures.

These expectations are intensified by the feeling of being undervalued and not respected by the government, the public at large and the institution. This will then lead to a lowering of self esteem as a sense of self-worth is lost.

© University of Venda

UNIVERSITY OF VENDA
LIBRARY

University of Venda
Creating Future Leaders

2.6. THE CULTURE OF CARING

Taking care of others is an exacting occupation. It is demanding and often undervalued. Is there enough care for carers and how good do carers take care of themselves? Most carers love what they do, but many of them are exhausted as a result of too much involvement and neglect of self-care. When there is genuine care for how carers feel themselves, they will be happier, more satisfied with what they do, and have more inner peace, which will increase the quality of their care. Care with more loving attention will be the result. To provide a general ethos of staff care through staff support, a broad approach is essential as it involves much more than setting up a few systems or services. Setting up a counseling service or extending the occupational health department will be important specific services to consider, but unless these are backed up by a range of accessible services, an informed communication systems and staff willing to utilize them, they can turn to be a futile investment (Cartwright & Cooper, 1997:12).

Good staff support involves basically the creation of a caring and supportive working environment. It should be seen as a preventative service providing support at the point of need. Cartwright and Cooper (1997:12) pointed out that there are three main aspects to consider when setting a good support system:

a) The need to start with oneself and take responsibility for own personal welfare and environment;
b) Caring for one another in wider teams or groups; and
c) Consider organizational setting, looking at the wider culture and the services available.

2.7. STAFF SUPPORT, A NECESSITY OR LUXURY

Good staff support is not an optional extra from the employer if the organization is serious about profits and keeping their staff on a long-term basis. Failure to do so may have serious consequences, especially where conditions are stressful. Such failure may turn to be expensive in monetary value, to the organization. In human terms, it can also cause untold misery through stress - related illness, together with difficult team

© University of Venda

University of Venda
Creating Future Leaders

relationships; organizational dysfunction and resentment. Good staff support can turn to become the savior to any organization if properly managed and implemented consistently (Gifford et al., 2005:46).

2.8. QUALITY OF SUPPORT

Quality support for patients and families depends heavily on the staff who deliver that care and on the kind of environment created; any anxiety can easily be passed on to patients and others. Stressed staff creates a stressful atmosphere, which may lead to a stressful response from patients and their families. There is direct relationship between staff care and patient care. The ultimate purpose of staff support is to ensure the highest possible standards of care for patients. These standards can only be delivered if there is also high quality staff care. Well integrated staff support practices, recognized and acceptable to all staff, are essential in any health care setting. The quality of care offered to patients is influenced considerably by the extent to which carers themselves feel valued and cared for (Stoter, 1997:3).

Equipment's in any intensive care unit are checked and serviced regularly in order to ensure reliability and effectiveness, as a patient' survival may depend on this. The same principles apply to the care of staff working in the caring services. The human resource is a vital and expensive item in the budget. Taking care of people is even more important than caring for machinery, and care of staff is vital in ensuring safe delivery of care for patients. To maintain high quality care, health professionals need to be fit and healthy so that they can function at their best. Staffs that are under pressure, stressed and overtired can make serious mistakes. If proper servicing of equipments and machinery is an indication of the importance attached to its functioning, it follows that staff care needs the same kind of recognition. Thus, good support is an indication of the value placed on the members of the workforce (Stoter, 1997:4).

It is uncomfortable to be around people that are stressed and this does not provide a healthy atmosphere to building a beneficial relationship of trust between the caregiver the patient and the family. The caregiver's ability to identify the needs of the patients and relatives becomes increasingly compromised as does the ability to choose the right

© University of Venda

University of Venda
Creating Future Leaders

options of care and so, the whole quality of care is diminished. People affected by the negative aspect of stress may become aggressive to those around them hence this can result with distressing effects on patients and relatives (Gifford et al., 2005:46).

2.9. THE PHILOSOPHY OF STAFF SUPPORT

The centre of this philosophy is the premise that individual staff members need care, just as health care staff is committed to the principle that patients or clients need care. Health care staff members also need to recognize that they themselves are human and have a similar basic need to be cared for. Staff support is about valuing staff as a whole, as a valuable resource in the organization, not just as single groups or teams. It is also about valuing staff as individuals who deserve respect. Staff support is about creating and developing within each individual member or staff a sense of personal worth and self respect, valuing themselves as persons. They will then be able to value their colleagues and this will create a general sense of worth within the team and the organization at large. Ultimately, the value of patients is raised, leading to a higher quality of care for patients, family and colleagues generally. Whatever specific provision is made, whatever the service, its effectiveness depends on the clear premise of valuing individuals at all levels within the organization (Gifford et al., 2005:24).

Employees should have ongoing and equitable access to training geared towards achieving an efficient, non-partisan and representative public service. Training should support work performance and career development.

A philosophy of care should be the prevailing attitude permeating through every level of the services within the organization. People who give care need to be able to receive care themselves. They too have human needs which must be recognized and acknowledged. Provision of these needs should be built into the system and made available at all times to every person in the organization. There has a traditional ethos among health carers that failure to cope with pressures alone and under all circumstances is a sign of failure or weakness, and this attitude is still prevailing in some organizations. There is a tendency to see ourselves as either carers or being cared for, while in reality the caring relationship

© University of Venda

University of Venda
Creating Future Leaders

involves the concept of 'partnership' between patients, relatives, and professionals (Stoter,1997:54). Where the giving and receiving of care and support for staff is seen to imply weakness and failure, this can have a profound impact on the nature of care and support given to patients and their relatives.

2.10. THE IMPORTANCE OF FAMILY SUPPORT

Home based care is often the best way to look after someone with AIDS. It is the care that is given in the home to a person who is living with HIV. Usually this care is provided by a family member or friend, supported by a trained community caregiver. In ideal circumstances family and community caregivers are supported by multidisciplinary team that can meet the needs of the family and of the patient. The team is composed of all the people involved in care and support and may include a doctor, nurse, social worker etc (Van Dyk, 2008:332).

While the family unit does have a responsibility to its members, the normal family environment, which also has its own challenges and relationship difficulties, often cannot cope with the problems caused by chronic illness and disability without services and support from outside. Problems within the family as a whole, very seriously affect the ability of the health worker to care for the patient successfully. According to Van Dyk (2008:332), the advantages of home based care include:

a) Good basic care can be provided in the home;
b) People that are sick or dying normally prefer to spend their last days in the comfort of their home surrounded by their loved ones and in familiar surroundings;
c) Home based care allows the patient and the family time to come to grips with the illness, and to prepare for the impending death of the patient; and
d) It reduces the burden of care and the pressure on hospitals which allows health professionals time to focus on others, etc.

While the family unit does have a responsibility to its members, the normal family environment, which also has its own challenges and relationship difficulties, often cannot

© University of Venda

University of Venda
Creating Future Leaders

cope with the problems caused by chronic illness and disability without services and support from outside. Problems within the family as a whole, very seriously affect the ability of the health worker to care for the patient successfully.

2.11. CHALLENGES OF POOR SUPPORT

Poor support always has its consequences, some good and some bad. Some are the following:

2.11.1 Occupational Stress

The word "stress", is derived from the Latin verb *stringere*, meaning to "tighten up" (William and Werther, 1993:165). Workplace stress is the harmful physical and emotional response that occurs when there is a poor match between job demands and the capabilities, resources, or needs of the worker. Occupational stress can be broadly defined as the perception of being unable to cope with external or internal expectation or demand in the work place. Job stress results from the interaction of the worker and the conditions of work (Cartwright & Cooper, 1997:14). The way workers are supported is key to reducing or moderating work related stress. Support provided by supervisors and peers can cushion the stress responses people might otherwise experience when their jobs are demanding and they feel they do not have control over those demands.

Work plays a powerful role in people's lives and exerts an important influence on their well-being. Although employment can be an exciting challenge for many individuals, it can also be a tremendous source of stress. Consequently, as work makes more and more demands on time and energy, individuals are increasingly exposed to both the positive and negative aspects of employment (Woodham, 1995:7). As we know, stress is a natural part of everyday life and there is no way to escape. At a personal level, work stressors are related to depression, anxiety, general mental distress symptoms, heart disease, ulcers, and chronic pain. Most of people would think that stress is like a devil that follows us all the time and no one can stay away from it no matter what. Ironically, stress can sometimes provide motivation, which would provide you with a power to live a more meaningful life. Different people, however, think of stress quite differently.

© University of Venda

University of Venda
Creating Future Leaders

Some people may think it is a heavy burden that is beyond their ability, which can cause them to feel frustrated. That is why these people would prefer something less competitive and strenuous to something more demanding and challenging. Stress can however, bring or provide an environment for one to progress faster in life. Without stress, people would most likely slack off and waste time. But if they have stress, they would be forced to work harder and harder (Cartwright & Cooper, 1997:17). It is important for health workers to identify when a situation is beginning to have a negative impact and to recognize that they are moving into a negative cycle. It is important that workers learn to cure stress and cure anxiety if they are going to start getting better sleep at night and it can be done in an all-natural way. There are things workers can do to naturally cure stress and eliminate that anxiety from your life that is keeping them awake at night.

2.11.2 Good and bad stress

According to Woodham (1995:3), stress on itself is not a problem; in fact, it is inescapable and is a part of being human. While a certain amount of stress is necessary for us to function, too much stress can have negative impact on our lives, our work and our relationships. Human beings need a certain amount of pressure to stimulate them into action. Positive or good stress is the kick start that enables workers to take pride in a job well done. The creative side of stress enhances and gives an edge to performances, it creates incentives and the ability to act and respond accurately and quickly to demands of life and work responsibilities. It stimulates creativity which extends to all aspects of life, giving a sense of energy to work situations, and this makes a person to look, sound and feels alive. On the negative side, a stressful work situation for caregivers can be seen as one in which:

a) Coping resources are not well matched to the level of demands placed upon the care giver;
b) Coping has constraints placed upon it (such as a lack of social and occupational support); and
c) The care giver has consequent negative emotions that diminish his or her wellbeing. (Van Dyk, 2008:479).

© University of Venda

University of Venda
Creating Future Leaders

2.11.3. How to deal with stress and win

Stress is something that can be dealt with and conquered, and these are some of the ways to deal with it:

2.11.3.1 Identify The Things Causing Stress and Anxiety

If workers are going to naturally cure anxiety and stress, they first need to start by identifying the things that are causing them stress and anxiety in their life. If one doesn't know what is causing the anxiety to occur, finding the right cures for the stress is going to be impossible (Atkinson, 1988:69). Write down the things causing these problems and find ways to deal with them. As one identify the problem areas in their life, they can take time to work on them so they can start eliminating that anxiety that is causing them sleepless nights all the time.

2.11.3.2 Pay Attention to Your Eating Habits

According to Atkinson (1988:71), it is important to pay attention to eating habits if one is going to cure stress and cure anxiety. It is important to eat right, making sure one gets the nutrients that their body needs. A healthy diet full of vitamins and minerals and a good multivitamin can help. Proper nutrition can help the body deal with the build-up of stress hormones. Avoiding foods that are sugary and greasy should be limited as well, since they can lower the ability of the body to deal with the stress and anxiety in your life. Healthy eating helps the entire body and can be a quality way to cure stress and anxiety naturally.

2.11.3.3 Start Using Meditative Practices

There are a variety of different meditative practices that one can begin using on a regular basis that can help one eliminate those sleepless nights because they will naturally help cure anxiety and stress. Yoga is one option, and there are other types of meditative practices as well. Taking time out each day to use these practices will help one begin to relax and will alleviate the problems one have with anxiety and stress on a regular basis (Atkinson, 1988:73).

© University of Venda

University of Venda
Creating Future Leaders

2.11.3.4 Get time away

If you feel stress building, take a break. Walk away from the situation. Take a stroll around the block, sit on a park bench, or spend a few minutes meditating. Exercise does wonders for the psyche. But even just finding a quiet place and listening to one's iPod can reduce stress (Atkinson, 1988:74).

2.11.3.5 Talk it out

Sometimes the best stress-reducer is simply sharing your stress with someone close to you. The act of talking it out – and getting support and empathy from someone else – is often an excellent way of blowing off steam and reducing stress (Woodham, 1988:32).

2.11.3.6 Cultivate allies at work

Just knowing that there is one or more co-workers who are willing to assist in times of stress can reduce one' stress level tremendously. Friendship is one important relationship that every person need in life, and it works best when it's reciprocated (Woodham, 1988:33).

2.11.3.7 Find humor in the situation

Finding laughter is always another way of relieving all the negative energy that people accumulate on a daily basis. When the people around start taking things too seriously, one must find a way to break through with laughter, share a joke or funny story (Woodham, 1988:33).

2.12 THE TYPES OF SUPPORT NEEDED

The kind of support needed for employee effectiveness varies from center to center, but generally the following are some of the essential support necessary:

2.12.1 A supportive working environment

Caring for the caregiver should be integrated into the organizational culture. Managers or employers should try and ensure that every effort is made to keep the stress of their staff

© University of Venda

University of Venda
Creating Future Leaders

within reasonable limits. They should acknowledge that caregivers' feelings of distress are legitimate reactions to their experiences rather than signs of weakness or lack of professionalism (Gifford et al., 2005:93).

Managers and employers can do the following to create a supportive working environment for caregivers:

a) Allow caregivers to take regular breaks and time off,
b) Managers should make allowance for adequate personnel, salaries and vacation leave,
c) Employers should try and ensure that caregivers are not given bigger workloads as this may have detrimental effect on them,
d) Communication channels between the employers and caregivers should be open and effective,
e) Words of praise and thanks from superiors are important to convey to care givers that they are appreciated.

2.12.2 Psychosocial Support

Professional supervision and mentoring are two important methods of psychosocial intervention. Supervision allows the caregiver an opportunity to grow and learn how to do things professionally. It ensures that the care giver follows all the necessary policies and guidelines in rendering their services.

Mentoring on the other hand provides an environment where caregivers are able to ventilate their frustrations, anger and misunderstandings. A professional mentor can help caregivers in:

a) Giving specific input around counseling issues in problems encountered.
b) Offering debriefing opportunities in which caregivers are encouraged to respect the choices of their clients or patients even if these conflicts with their own values. It helps caregivers realize they cannot take responsibility for their patients' lives.

© University of Venda

University of Venda
Creating Future Leaders

c) Providing a protected environment in which caregivers can debrief and discuss their caseloads without violating their clients' confidentiality. Mentors must realize that not being able to talk to anyone about their patients or clients places substantial stress on caregivers. Opportunities to vent their feelings in a professional setting might bring tremendous relief to caregivers (Gifford et al., 2005:95).

2.12.3 Motivational Support

Motivating staff is a very crucial form of support that is easy to do and also does not involve much funds but can bring a huge difference to the employees attitude towards work. A mere acknowledgement would go a long way in showing employees that their work is appreciated. Every person wants to be recognized and appreciated once in a while.

Motivation can take a form of just a verbal appreciation, a token like a certificate or just a social gathering. Team building activities can also be another form of motivation that has double reward in that employees would be a strong team and also get motivated by being in a different environment (Gifford et al., 2005:97).

2.12.4 Training Support

Training plays a central role in the management of stress and burnout in caregivers. Caregivers feel more in control of difficult situation when they have enough knowledge and skill to back up their work. Employers should recognize the importance of comprehensive training programmes. These can include initial training, refresher courses, workshops to upgrade skills and on- the job mentoring and coaching. (http://humanresourcessouthafrica.co.za/training-in-south-africa)

HIV/AIDS refresher courses should be offered regularly. Information in the HIV/AIDS field often changes dramatically as new research and information come to the fore- for example, new developments in antiretroviral treatment. A great of the stress experienced by caregivers often has to do with their feeling of inadequacy because they cannot answer the client's questions about the disease itself.

© University of Venda

University of Venda
Creating Future Leaders

2.12.5 Resources Support

This refers to different types of material / physical resources that are crucial in making sure that employees carry out their duties smoothly. Provision of resources is also a very important element of support for caregivers. The availability of working space, proper equipments, furniture, telephone; are not luxuries but a basic necessity that if not provided then service becomes affected. Budget is one other area that if not carefully planned and allocated, it can affect service delivery or make employees to work under strenuous conditions (Gifford et al., 2005:101).

2.12.6 Mentorship and supervision

Supervision can be described as a relationship between the supervisor and the staff member or employee or subordinate, which focuses primarily on the needs of the patient by enhancing the skills of the staff member, and knowledge to perform the required role. Supervision ensures that patients are cared for ethically and effectively by facilitating service to the patient.

Mentoring, on the other hand, is a relationship in which support, assistance, advocacy and guidance are offered by a more mature person who has had experiences similar to those which you are going through. The aim is that mentoring will be able to help you to cope with your work and life challenges by encouraging ongoing learning and skill development and also providing emotional support (Gifford et al., 2005:102).

2.12.7 Organisational structures

There are many approaches a workplace can take to ensure its workers feel supported. The management can ensure that management structures across the organization and reporting lines within work teams are clear. This will help workers know who they are accountable to, either overall or for particular tasks, and where they can go for help with work problems.

They can also provide new workers a proper induction to the organization and work unit as this will make the employee to be well versed with the organization. They are to provide and promote an employee assistance service that responds to individual issues or concerns, both work and non-work related. The employer can also promote a culture that

© University of Venda

University of Venda
Creating Future Leaders

values diversity in the workplace, provide and promote flexible work practices that best suit individual and business needs. This may include working from home or flexible working hours (Gifford et al., 2005:103).

2.12.8 Practical support

There are various types of assistance that a supervisor/ manager or colleague can provide that are practical in nature to their subordinates. The employer has to assist the employee with work demands, including clear work goals. Adequate information about what is expected from the employee should be provided. This will make it easy for the employee to deliver and feel supported in doing that (Gifford et al., 2005:110).

Provide workers with training and development opportunities. In-service trainings also help to keep employees relevant and current with the latest developments in their field. This directly helps them to cope with the changes in their working environment and gives them confidence to deliver (Gifford et al., 2005:111).

Conduct performance reviews and include constructive feedback on employee performance. Gaps identified during reviews will then be set as opportunities for training and development. The employer will also stand a better chance of understanding what the employees challenges are and what needs to be done to improve. The organization should provide additional assistance when workers are undertaking challenging tasks, such as new duties or roles. Organization must ensure there is adequate backfilling of roles or redistribution of work when workers are out of the office or away on leave (Gifford et al., 2005:111).

2.12.9 Information provision

Information sharing is one important part that makes an organization run smoothly. There should be regular team meetings to discuss pressures and challenges within the work unit. Workers should be assisted to come up with practical solutions for any task-related issues that arise. Employees should be provided with sufficient information to enable workers to perform tasks competently, particularly when workers are taking on new work (Gifford et al., 2005:112).

© University of Venda

University of Venda
Creating Future Leaders

2.12.10 Training and development

It is important workers feel confident and capable of undertaking assigned tasks. The organization must make sure that staff members receive enough training for them to be competent in their roles. Training can be both task-specific and more general including, for example, training in ethics and behavioral expectations (code of conduct), mental health and cultural awareness (http://humanresourcessouthafrica.co.za/training-in-south-africa).

Training refresher sessions to ensure competencies are up to date should be organized and held often. This training should be made available to part-time, casual and shift workers and those in remote locations. There should be policies that govern the working environment and all workers, contractors and labor hire workers should be made aware of the policies concerning acceptable behavior in the workplace (http://humanresourcessouthafrica.co.za/training-in-south-africa).

When appropriate, workers should be given managerial responsibilities to encourage a wider understanding of their tasks. This could include, managing workload and resources, health and safety, performance management, managing conflict, interpersonal skills, emotional intelligence, including empathy and expressing and managing own emotions and effective communication (http://humanresourcessouthafrica.co.za/training-in-south-africa)

2.12.11 Constructive feedback

Providing regular feedback on task performance is a serious way of providing support to employees. Feedback helps build confidence and independence in an employee. Formally or informally congratulate workers/team members when tasks have been done well and be specific about what was done well. Workers should be given practical advice and guidance on areas that need improving. Employees must use annual performance reviews to provide constructive advice for future performance, and include opportunities for skill development. It is important that annual performance tools are not seen as a disciplinary measure (http://humanresourcessouthafrica.co.za/training-in-south-africa).

© University of Venda

University of Venda
Creating Future Leaders

2.12.12 Emotional support

Emotional support from co-workers or supervisors can have a protective effect and may reduce worker strain, particularly in situations of high demand and low control. Employer must support open communication and encourage workers to share their concerns about work-related stressors at an early stage. They should feel comfortable with discussing any issues that may arise. Employer should be aware of non work-related stressors that might be present in workers' lives and allow flexible work arrangements where practicable (Gifford et al., 2005:112).

Employer must promote a team culture in which workers assist each other and provide support when required. Provide the time to talk through problems with workers and try to promote an 'open door' policy and deal sensitively with workers who are experiencing problems and pay attention to a team member who is behaving out of character. Employer should hold formal and informal team-building activities to improve team cohesion and also establish a peer support system and a mentoring/buddy program for new starters and take an interest in workers' lives beyond the workplace whilst being respectful of personal and professional boundaries (Gifford et al., 2005:112).

2.13 BURN OUT

If occupational stress is not addressed appropriately, it can lead to burnout. Burnout can be described as "the end stage of a chronic process of deterioration and frustration in the individual worker, due to chronic emotional and interpersonal stressors in the work situation" (Van Dyk, 2008:428). Cartwright and Cooper (1997:68), defined burnout as a state of emotional, mental, and physical exhaustion caused by excessive and prolonged stress. It occurs when you feel overwhelmed and unable to meet constant demands. As the stress continues, you begin to lose the interest or motivation that led you to take on a certain role in the first place (Stanton, 1988:101). One might experience burnout after a period of time during which one's ability to cope with the work environment is lowered.

Burnout reduces one's productivity and saps their energy, leaving them feeling increasingly helpless, hopeless, cynical, and resentful. Eventually, one may feel like they have nothing more to give. The negative effects of burnout spill over into every area of

© University of Venda

University of Venda
Creating Future Leaders

life – including home and social life. Burnout can also cause long-term changes to one's body that can leave the body vulnerable to illnesses like colds and flu (Stanton, 1988:105). Because of its many consequences, it's important to deal with burnout right away.

2.13.1 Causes of burnout

There are many causes of burnout. In many cases, burnout stems from the job. But anyone who feels overworked and undervalued is at risk for burnout – from the hardworking office worker who hasn't had a vacation or a raise in two years to the frazzled stay-at-home mom struggling with the heavy responsibility of taking care of three kids, the housework, and her aging father. But burnout is not caused solely by stressful work or too many responsibilities. Other factors contribute to burnout, including one's lifestyle and certain personality traits (Cartwright and Cooper, 1997:71).

2.13.2 Work-related causes of burnout

Work has a great potential of making one feel like they have little or no control over the work situation. This is more frequent especially when they are not recognized or rewarded for the extra effort that they have invested in their work. Every person wants to be acknowledged and appreciated when they have done something good. Job expectation also if not well clarified have potential of increasing stress level. Doing the same kind of work over and over again can easily lead to burnout, especially when the work is unchallenging. Working in a chaotic or high-pressure environment also leads to burnout. (Cartwright and Cooper, 1997:72).

2.13.3 The difference between stress and burnout

Burnout may be the result of unrelenting stress, but it isn't the same as too much stress. Stress, by and large, involves too much: too many pressures that demand too much of you physically and psychologically.

© University of Venda

University of Venda
Creating Future Leaders

Table 2.1: Differences between stress and burn out

Stress vs. Burnout	
Stress	**Burnout**
Characterized by over engagement	Characterized by disengagement
Emotions are over reactive	Emotions are blunted
Produces urgency and hyperactivity	Produces helplessness and hopelessness
Loss of energy	Loss of motivation, ideals, and hope
Leads to anxiety disorders	Leads to detachment and depression
Primary damage is physical	Primary damage is emotional
May kill you prematurely	May make life seem not worth living

Source: Stanton, 1988:107.

2.14. REDUCTION OF STRESS AT WORK

It is in a manager's best interest to keep stress levels in the workplace to a minimum. Managers must act as positive role models, especially in times of high stress. All of the tips mentioned in this article are twice as important for managers to follow. If someone that we admire remains calm, it is much easier to remain calm ourselves – and vice versa! There are also organizational changes that managers and employers can make to reduce workplace stress (Cartwright and Cooper, 1997:145).

2.14.1 Improve communication

Supervisors must share information with employees to reduce uncertainty about what is expected from their jobs. Supervisors must cascade down information that comes from the executive managers to the employees through regular staff meetings. Employees' roles and responsibilities must be properly outlined and made known by the supervisor. Communication must be friendly and efficient, not mean-spirited or petty (Cartwright and Cooper, 1997:145).

© University of Venda

University of Venda
Creating Future Leaders

2.14.2 Consult your employees

Employers must give workers opportunities to participate in decisions that affect their jobs. Employees must be consulted about scheduling and work rules which affects them. Supervisors must make sure the workload is suitable to employees' abilities and resources; and avoid unrealistic deadlines. Employer must be able to show that individual workers are valued (Cartwright and Cooper, 1997:146).

2.14.3. Offer rewards and incentives

Employer must be able to praise good work performance verbally and institutionally and also provide opportunities for career development. Supervisors must again promote an "entrepreneurial" work climate that gives employees more control over their work (Cartwright and Cooper, 1997:106).

2.14.4 Cultivate a friendly social climate

There should be opportunities for social interaction among employees. A happy employee is always a productive employee. There should be social activities that helps create team spirit among the staff and also establish a zero-tolerance policy for harassment. Staff should be able to determine and draw lines while relating to each other. Management must act consistently with organizational values (Cartwright and Cooper, 1997:106).

2.15. COMPASSIONATE FATIGUE

Compassion fatigue is different to burnout. Burnout may make one to be more susceptible to compassion fatigue or one might experience it separately from burnout. Compassion fatigue results from a repeated preoccupation with the trauma of patients. The impact of hearing and seeing the trauma that patients experience accumulates and can carry emotional costs to the employee. Compassion fatigue is a state of tension that may manifest in the following ways: Re-experiencing the traumatic event, Avoidance or numbing of reminders of the event, and Persistent arousal (Stanton, 1988:108).

© University of Venda

University of Venda
Creating Future Leaders

Ultimately, compassion fatigue results when staff members' well being has been compromised. Staff members bear witness to a multitude of traumatic events on a daily basis. These staff members frequently provide a much wanted context for patients to offload and talk about their problems (Stanton, 1988:109).

The level of sympathy that staff members convey to the traumatized patients plays a significant role in transmitting a secondary traumatic stress to them. Unfortunately for them to be effective in reaching their patients they have to be open emotionally and it is this which makes them vulnerable to compassion fatigue. Some staff members are more resilient than others to the transmission of traumatic stress; however, each one of them is automatically at risk of compassion fatigue if they continually work with traumatized individuals (Stanton, 1988:109).

2.16 STAFF SUPPORT IN VHEMBE: AN EMPIRICAL PERSPECTIVE

The Limpopo Province has a labour force of approximately 1,1 million people, which accounts for 7,7 % of the total South African labour force. Vhembe district is one of the five districts that composes Limpopo province and is the second district with the highest population in Limpopo. There are seven hospitals that serve a total population of 1294722 from the four municipalities. The population distribution is as follows: Makhado Local Municipality - 516031, Musina Local Municipality - 68359, Mutale Local Municipality - 91870 and Thulamela Local Municipality – 618462 (Vhembe District Municipality 2011/2012 IDP Review: 08) The major health service challenges are:

Hospital revitalization: The hospitals in the district are dilapidated and very old as they were built more than 30 years ago and seriously needs to be revitalized. This also affects office accommodation for staff as there is severe shortage of offices. Maintenance of the buildings is no longer cost effective. In addition the wide area network infrastructure leaves much to be desired and the level of capacity in administrative areas is also a problem (Limpopo Provincial Government: Department of Health and Welfare Vote7: Health strategic plan 2012/2013, p26).

Staff mix and provision of care: Underfunding impacts on the ability to appoint needed staff, never mind scarce resources which are always more difficult to acquire in a rural

© University of Venda

University of Venda
Creating Future Leaders

area. Lack of security at clinics remains a significant problem impacting on the ability to provide full 24 hour services. The single biggest challenge of all remains the management of HIV/AIDS/TB/STI (Limpopo Provincial Government: Department of Health and Welfare Vote7: Health strategic plan 2012/2013, p26)

Quality of care improvements: The first and most important issue is that the Limpopo Province is one of the poorest in terms of funding for health. The per capital funding of the Limpopo Province is 25% less than the equitable share of the national budget, without taking the tertiary service conditional grant into account which favours the better resourced provinces. This has the most fundamental impact on the capacity of the Department of Health and Welfare to deliver on its priorities and meet health needs (Limpopo Provincial Government: Department of Health and Welfare Vote7: Health strategic plan 2012/2013, p26)

Inadequate health facilities: Unsuitable facilities in poor condition also impacts negatively on the quality of care. Significant capital investment is required to improve both the access to and quality of health services (Limpopo Provincial Government: Department of Health and Welfare Vote7: Health strategic plan 2012/2013, p26)

2.17 CONCLUSION

Employees are an integral element to the functioning of any organization, yet enjoy a backwater status, and are not taken seriously at all levels. Managing to harness the potential of individuals, each with their own needs, views and opinions, means that one must manage this resource with due sensitivity to providing constant stimulation and satisfaction. This means organizing the work in such a manner that it inspires and promotes intrinsic motivation, rather than work that takes place only when there is supervision or instruction. Such a task of growing, motivating and improving individual skills, training and development needs remains one of the most challenging aspects facing an organization.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER THREE

RESEARCH DESIGN AND METHODOLOGY

3.1. INTRODUCTION

In this section, the researcher will discuss research deign and methodology that will be followed when conducting this study. The following section will also be presented; study area, population of the study, sampling method and sampling size, data collection and research instrument, data analysis, ethical consideration and organisation of study.

3.2. RESEARCH DESIGN

According to Creswell (2009:58), research design is a procedure for collecting, analyzing and reporting research. Research design is a strategic plan for a research project which sets out the broad structure and features of the research Gray (2009:581). For the purpose of the study, field study design is used.

Field studies are empirical inquires aimed at discovering relations and interrelation of human and social variables in realistic setting, (Mogorosi, 2011). Welman, Kruger and Mitchell (2005:86), maintain that field studies are conducted in the actual environments in which a phenomenon was observed originally. The natural setting of women in commuter marriages is the location at which they stay could be a rented place of where they squatter. The respondents will be interviewed and answer questions that are predetermined by the researcher on the availability of support system for officials working in the HIV/AIDS clinics.

3.3. RESEARCH METHODOLOGY

According to Gray (2009:578), research methodology is the analysis of, and the broad philosophical and theoretical justification for a particular method used in research. Gray (2009:204) defines research methodology as an approach to systematic inquiry developed within a particular paradigm with associated epistemological assumptions.For this study, the researcher used a mixed methodology, where both quantitative and qualitative research methodology was employed.

© University of Venda

University of Venda
Creating Future Leaders

Louw and Edwards (2005:30) defined quantitative research as the use of numbers in collecting or working with research data. Quantitative research refers to research in which data is collected or coded into numerical forms, and to which statistical analysis may be applied to determine the significance of the findings according to Neuman, (2011:563). Quantitative procedures were used because they save time and provide ways to deal with a lot of information. Another reason is that quantitative research allowed the researcher to convert information into numbers. There are less possibilities of bias in quantitative research and it is more objective.

The study was also qualitative in nature. According to Creswell (2007:70), qualitative research is an inquiry process of understanding where a researcher develops a complex, holistic picture, analyses words, and reports detailed views of information and conducts the study in a natural setting. Welman, Kruger and Mitchell (2005:188) define qualitative research as an "umbrella" phrase "covering an array of interpretive techniques which seek to describe, decide, translate, and otherwise come to terms with the meaning of naturally occurring phenomena in the social world". The researcher used qualitative research method, because it allows the researcher to make use of small samples and get closer to the respondents in order to collect deeper information and have a clear understanding of the availability of support system for officials working in the HIV/AIDS clinics.

3.4. STUDY AREA

The research is going to be conducted in the Vhembe District area, which is one of the five districts that compose Limpopo Province. The focus will be on the seven hospitals that provide health care for the people of the district, namely: Tshilidzini Hospital, Musina Hospital, Siloam Hospital, Donald Fraser Hospital, Elim Hospital, Louis Trichardt Memorial Hospital and Malamulele Hospital.

The hospitals serve a total population of 1294722 from the four municipalities. The population distribution is as follows: Makhado Local Municipality - 516031, Musina Local Municipality - 68359, Mutale Local Municipality - 91870 and Thulamela Local Municipality - 618462. The focus clinics for this study are distributed as follows: 3

© University of Venda

University of Venda
Creating Future Leaders

from Makhado Municipality, 1 from Musina Municipality, 2 from Thulamela Municipality and 1 from Mutale Municipality. These clinics are established inside the hospitals with their main focus on HIV/AIDS care and treatment.

3.5. POPULATION OF THE STUDY

Study population is the complete set of events, people or things to which the research findings are to be applied (Bless, Higson-Smith and Kagee, 2006). According to Neuman (2000:516), study population refers to large general groups of many cases from which a researcher draws a sample and which is usually stated in theoretical terms.For the purpose of the study the population isthe employees working at the Anti-RitroViral roll-out clinics in the Vhembe District. All the employees at the roll-out centres are about 150, inclusive of nurses, pharmacists, dieticians, social workers, data capturers and lay-counsellors.

3.6. SAMPLING

Arkva and Lane (1983:27) defined a sample as the element of population considered for inclusion in the study, which can be viewed as a subset of measurements drawn from a population in which the researcher is interested. Bless, et.al (2006:135) define sampling as the technique through which a sample is drawn. The sampled group will consist of Nurses, Dietitians, Social Workers, Lay Counselors and Pharmacists.

3.6.1. Sampling method

For the purpose of the study non-probability sampling will be used. Mogorosi (2011:17), states that in non-probability the sample of each element in the population being selected into a sample is not known. Maree (2007:176), states that non-probability methods do not make use of a random selection of population elements and it would therefore be dangerous to draw important conclusion about the population.

Purposive or judgmental sampling is a valuable kind of sampling for special situation; it is used in field research in selecting courses with a specific purpose. Mogorosi (2011:18), purposive sampling is also called judgmental sampling because the researcher needs to make a judgment about which elements or who to include in the sample. The selection is

© University of Venda

University of Venda
Creating Future Leaders

made on the basis of a possession of required knowledge. For the purpose of this study, the population was selected through non-probability and its subtype purpose or judgmental sampling. It was based on the researcher focusing on the characteristics of a representative sample. In this study the characteristics of the respondents were their involvement in HIV clinics. As its name suggests, the sample has been chosen for a specific purpose.

Respondents will be chosen according to their number of years they were working in the clinic but where there are different categories of the profession, the sampled employees will have to represent all the categories. Employees with long service in the clinic are going to be respondents in this study.

3.6.2. Sampling size

Vhembe District has seven hospitals that have clinics that are rolling out ARV treatment. This study will consist of sixty (60) respondents. The study will consist of 25 Nurses, 07 Dietitians, 09 Social Workers, 14 Lay Counselors and 05 Pharmacists

3.7. DATA COLLECTION AND RESEARCH INSTRUMENT

These are procedures specifying techniques to be employed, measuring instruments to be utilized and activities to be conducted to implement a research study (Grinnell, 1993:441). According to Punch (2005:290), data collection methods are the methods that are used to gather data in research. For this study two instruments to collect data were used and these are: research questionnaires and scheduled interview.

An instrument is a tool or device used for a particular task or to fulfill a role. Gray (2009:557) provided that an example of a tool is a questionnaire, survey or observation used to gather data as part of research project. Somekh and Lewin (2005:346) defined an instrument as the term for materials developed by a researcher for data collection and analysis. Because two research methods were used for this study, also two data collection instruments will be used to gather the information, namely, questionnaire and interview.

Questionnaire was used as data collection instrument. Babbie (2008:256) defines a questionnaire as a document which contains questions and other types of items designed

© University of Venda

University of Venda
Creating Future Leaders

to solicit information appropriate for analysis. A questionnaire is a set of structured, focused questions in a self-reporting format (Wysock, 2008). The researcher used a structured questionnaire to collect data. The researcher used questionnaire, because it is a good data collection instrument in a quantitative study. The researcher formulated statements and then requested respondents to provide a cross or a tick on the statement, which will be appropriate to them.

Mogorosi (2011:11) explains that interview questions are asked of respondents, and the researcher records. Interviews can be face-to-face or through the electronic devices e.g. Phones. Babbie and Mouton (2001:643), define interview as a data collection encounter in which one person (an interviewer) asks questions to another (a respondent).The researcher chose interview because it allows the researcher to meet face-to-face with the respondents. This enables the researcher to observe non-verbal attitude and behaviour and also to be able to clarify and probe more to the questions that the respondents and the research do not understand. An open-ended interview was used and the researcher first made the appointment with the respondents before the interview.

3.8. PILOT STUDY

Bless et al, (2006:184) define pilot testing as a small study conducted prior to a larger piece of research to determine whether the methodology, sampling, instruments and analysis are adequate and appropriate. According to Neuman (2000:191), pilot testing involves developing one or more draft or preliminary version of a measure and try them before applying the final version in the hypothesis testing situation. Before the actual data collection period, the researcher interviewed three respondents at the roll-out centres to pre-test procedures, methods and instruments to check whether it could yield the desired results and to check if the statements at the questionnaire and the question at interview schedule are not difficult to answer and the period and time it would take the respondents to answer all the questions.

3.9. DATA ANALYSIS

According to Botjie (2010:76), data analysis is the process of systematically searching and arranging the interview transcripts field notes and other material that you accumulate

© University of Venda

University of Venda
Creating Future Leaders

to increase your own understanding of them and to enable you to present what you have discovered to others. Bless *et al*., (2006:163), define data analysis as a process that allows the researcher to generalize the findings from the sample used in the research to a large population in which the researcher is interested in. For this study, the researcher used two methods to analyse data, namely, statistical analysis and thematic analysis.

The researcher used statistical analysis for data analysis where a computer programme called Statistics Package for Social Sciences (SPSS) V19.0 was used. Blanche and Durrheim (1999:483) pointed out that statistical analysis is the summarization and analysis of numerical data. Statistical analysis is a tool for extracting, highlighting and organizing the information in data (Punch, 2006).The researcher used statistical analysis because of the nature of the study which is also a quantitative, also the data will also be gathered and analysed in numerical form. The information will be presented in a graphical tabular form, frequencies and percentages.

For the data collected through interview, the researchers used thematic analysis. Thematic analysis is a method for identifying, analyzing and reporting patterns and themes within the data. It minimally organizes and describes data in detail (Braun & Clark, 2006). Thematic analysis seeks to unearth the themes salient in a text at different levels and thematic networks aim to facilitate the structuring and depiction of these themes. Each stage of thematic data analysis involves data reduction as the large amounts of collected data are reduced to manageable parts. For this study, the researcher presented the data in a narrative form. Du Plooy (2009:20) defines narrative discourse analysis as the context analysis of the meaning, structure and functions of actual recorded message. According to Terre Blanche and Durrheim (1999:480), narrative analysis is qualitative research method based on the way in which people construct life narratives around particular experiences like diseases. For the purpose of the study, the researcher used some of Creswell (2003) steps of data analysis, are as follows:

© University of Venda

University of Venda
Creating Future Leaders

a) Step 1: Planning for Recording Data

The researcher plans for the recording of data in a systematic manner which was appropriate to the setting, participants or both. This facilitated the analysis before collecting the data.

b) Step 2: Data Collection and Preliminary Analysis

Data is analysed after being collected by the researcher and it was recorded. Data analysis in a qualitative inquiry necessitates a two role approach. Data is analysed during and after data collection.

c) Step 3: Managing or Organising Data

This is the first loop on the spiral, the researcher organises data into file folders in order to analyse it well.

d) Step 4: Reading and Writing Memos

The researcher reads the data collected and checks if it is organised and groups information together. Reading once more the data forces the researcher to become familiar with the data.

e) Step 5: Generating Categories, Themes and Patterns

The process of generating categories involves noting regularities in the setting or people chosen for the study. The researcher searches for those who have internal convergence and external divergence.

f) Step 6: Coding the Data

The data is presented analytically. The researcher then applies some coding schemes to those categories and then delinquent and thoroughly marks passage in the data using codes.

© University of Venda

University of Venda
Creating Future Leaders

g) Step 7: Testing Emergent Understanding

As categories and themes are developing and coding is well underway, the researcher begins the process of evaluating the plausibility of her developing understanding and exploring them through enough data.

h) Step 8: Searing for Alternative Explanations

Alternative explanations always exists, the research must search to identify and describe them and demonstrate why the information offered in the most plausible.

i) Step 9: Writing Report

In the final phase of the report, the researcher presents the data, a packaging of what was found in text tabular form. The hypotheses that specify the relationship between categories of information also represent the information.

For the purpose of this study, the researcher used the first steps to analyse data, the researcher planned on how to collect and record data, this included planning on the instrument to be used to collect data and the equipment to be used to record data. The researcher planned to use an interview schedule to collect data from the respondents. In the second step, the researcher collected data from the respondents, recording data in writing and the data was analysed systematically. In applying the third step of data analysis, the researcher organised the collected data in tabular form. The researcher also used the last step which is about writing a report, the report presented the study findings based on the data collected from the respondents.

3.10 ETHICAL CONSIDERATIONS

Wysock (2008:228) defines ethics as guidelines for research that enable a researcher to ensure that all respondents participate voluntary and not be harmed. Welman *et al.,* (2005: 181) maintain that ethical considerations are concerned with the researcher in ensuring that no harm should befall the research subjects, and secondly that subjects should take part freely, based on informed consent. For this study, the most important

© University of Venda

University of Venda
Creating Future Leaders

ethical issues that were considered are informed consent, principle of voluntary consent, anonymity and no harm to participants

3.10.1. Informed consent

The purpose of seeking the informed agreement form for subject to participate in the research project is based on their full understanding of the procedure involved and the likely effects (Terre-Blanche, Durrheim and Painter, 2006). According to Babbie (2001:64), informed consent is a norm in which subjects based their voluntary participation in research projects on a full understanding of the possible risks involved.

The researcher will administer informed consent to the respondents so that the respondents would have full knowledge of what the study entails and to seek an agreement with the respondents of whether to participate or not. The researcher will meet for the first time with the respondents to inform them about the topic and ask them to be part of the study. The researcher will inform the respondents about the questions to be posed.

3.10.2. Voluntary Participation

According to Francis (1990:37), voluntary participation refers to the participants rights to freely chose subject themselves to the scrutiny inherent research. Voluntary participation implies that people should never participate in research unless they explicitly and freely agree to participate (Neuman, 2011).The researcher will emphasise to the respondents that the study is not compulsory and that they can withdraw at any given time should they wish to do so. Anyone in the research should do so willingly. In this study, the researcher did not force any of the participants. All the participants agreed on themselves to be part of the study.

3.10.3. No harm to participants

Neuman (2007:437) states that the researcher should not cause physical harm, psychological abuse, stress or loss of self-esteem, an ethical anticipates risk before beginning research including basic safety concerns (safe building, furniture and equipment).The researcher will consider the ethic and that the respondents will be given

© University of Venda

University of Venda
Creating Future Leaders

the assurance that they will not be identified and will be protected against any physical harm (Welman *et al.*,2005).For the study, the researcher need not cause harm to the respondents, the researcher will interact or interview the respondents when they are off duty. The researcher will also allow the respondents to select a day that suits them.

3.10.4. Confidentiality

According to Neuman (2011:139), confidentiality is an ethical protection of those who are studied by holding research data confidentiality or keeping them secret from the public, not releasing information in a way that permits linking specific individuals to specific responses. The researcher ensured that the information provided by participants is protected and not shared with any other persons. To maintain confidentiality, the researcher avoided requesting confidential information such as identity numbers and cell or contact numbers.

3.10.5. Anonymity

A respondent's data must not be associated immediately and obviously with a name or any other identifier, usually researchers assign a number to a participant's data to ensure that the data remain anonymous (Bless *et al.,* 2006). According Neuman (2000:52) anonymity refers to the ethical protection that participants remain nameless, their identity is protected from disclosure and remaining unknown. To protect the identity of the respondents, the researcher will not record the respondents' names, their location or cell phone numbers to make it impossible for them to be traced after the study. The researcher will assign letter of the alphabet to each respondent to ensure anonymity.

3.11. CONCLUSION

The chapter outlined all the details of how the research will be conducted, and covered all issues concerning overall research methodology adopted, population identification, sampling procedures and units of analysis. Methods of data collection and how the data collected will be analyzed were also discussed. On the coming chapter, the researcher focuses on the findings, interpretation and analysis of data of data to be collected.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 4

DATA PRESENTATION, INTERPRETATION AND ANALYSIS

4.1. INTRODUCTION

This chapter presents, discuss, analyses and interpret the data that have been gathered from the responses that were received from the questionnaires that were distributed and also from the interview guide that was administered among the employees working in HIV clinics across hospitals that are in Vhembe District. In this study, 60 questionnaires were distributed across all hospitals and were answered. The response rate was 100%, and respondents answered all the questions on the questionnaires. Polit and Beck (2006) indicated that at least fifty percent of the sample is required from respondents; this also assists in overcoming response bias. With regard to interviews, 10 respondents were sampled from different professions of which they agreed to take part in the interviews.

4.2. ANALYSIS OF DATA COLLECTED THROUGH QUESTIONNAIRE

The responses received from the respondents are presented in a tabular form that is divided into three categories, namely: responses, frequency and percentages. These tables are followed by a brief synthesis of the findings on that item.

4.2.1. Section A: Biographical information of the respondents

In this section, the researcher will present the biographical particulars of respondents who participated in the study. The information will be presented in a tabular format and followed by a brief synthesis.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.1 Gender of respondents.

Gender	Frequency	Percentage
Male	14	23.3%
Female	46	76.7%
Total	**60**	**100%**

The finding was that 46 (76.7%) of the employees who participated were females, against 14 (23.3%) being males. This goes to show that majority of employees in these clinics are females, therefore further measures must be taken to ensure that males also be absorbed in working in this clinics as this can also encourage males to come and get tested and also to take treatment without fear. Man will also feel more comfortable when talking to other men.

Table 4.2 Age of the respondents.

Age	Frequency	Percentage
Less than 20 years	0.0	0.0%
21 years to 30 years	16.0	26.7%
31years to 40 years	18.0	30.0%
41 years to 50 years	18.0	30.0%
51 years and above	8.0	13.3%
Total	**60**	**100%**

Table 4.2 indicates that 18 (30.0%) of the respondents who took part in the study are aged between 31 and 40 years, and another 18 (30.0%) are aged between 41 and 50 years. From all the questionnaires received, majority of respondents are between the age of 31 and 50years. Out of the whole population of respondents, 16 (26.7%) are aged between 21 and 30 years and only 08 (13.3%) are aged 51 years and above. There was no

© University of Venda

University of Venda
Creating Future Leaders

respondent in the age range of 20 years and below. The results shows that there is going to be continuity of care in that young people are given opportunities and not only those that are about to leave public service through pensions. This also is good in that there is a group that is more experienced in service and will help mentor the younger generation of professionals.

Table 4.3 Occupation of respondents

Occupation	Frequency	Percentage
Nurse	23	38.3%
Social Worker	08	13.3%
Dietitian	11	18.3%
Pharmacist	04	6.7%
Data Capturer	06	10.0%
Lay-counselor	08	13.3%
Total	**60**	**100%**

The majority of staff working in these clinics are nurses, 23 (38.0%). The second largest group is of dieticians, who totaled 11 (18.3%) followed by Social workers and Lay-counselors, where both groups each had 08 (13.3%), of respondents. Data capturers totaled 06 (10.0%) and the last group which is the least in respondents is of Pharmacists, which totaled 04 (6.7%). The largest group is of nursing and this is understandable given the fact that they are the backbone of these clinics. The number of supporting professionals, (Social workers, Dieticians and Pharmacists), added together gives a good balance compared to the number of nurses in the clinic. Lay-counselors are also very important in that they do most of the counseling of patients and they are available in numbers.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.4 Work experience of respondents

Number of years of service	Frequency	Percentage
10 years and above	20	33.3%
7years to 9years	13	21.7%
4years to 6years	16	26.7%
2years to 3years	05	8.3%
1year and less	06	10.0%
Total	**60**	**100%**

According to the table 4.4, about 20 (33.3%) of respondents has 10 years and above of service. The table also shows that the second biggest group of respondents has 4 to 6 years experience in that they totaled 16 (26.7%). The group with 7 to 9 years experience totaled 13 (21.7%) and they made the third large group. The fourth large group, 06 (10.0%), composed of respondents that have 1 year and less experience of working. The least group which totaled 05 (8.3%), had only 2 to 3 years experience in providing service. The table clearly shows that employees that are working in these clinics are experienced and have more years of providing service in their respective field of employment.

4.2.2 Section B: Availability of support system for officials working in HIV clinics.

In this section the researcher presents the data that comes from five themes, which are; employees are receiving formal planned supervision monthly from supervisor, debriefing and mentoring session are organized for employees, employees have adequate equipments/ resources to do their job well, section is well staffed with enough personnel to cope with workload, and there is good supportive relationship between staff members and patients' relatives. The data is presented in the form of tables followed by a brief interpretation.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.5 Employees are receiving formal planned supervision monthly from supervisor.

Response	Frequency	Percentage
Strongly agree	21	35.0%
Agree	10	16.7%
Not sure	04	6.7%
Disagree	14	23.3%
Strongly disagree	11	18.3%
Total	60	100%

According to table 4.5, 31 (51.7%) of the respondents confirmed that there is formal planned supervision every month that is offered to staff, with 21 (35.0%) of them strongly confirming that support. On the other hand, 25 (41.7%) of the respondents disagreed that there is no supervision available and 11 (18.3%) strongly disagreeing with the statement. Only 4 (6.7%) were not sure whether this was happening or not. Supervision is an important part of staff development where in staff is helped to grow their professional career, and this results shows that only half of staff are enjoying this support.

Table 4.6 Debriefing and mentoring sessions are organized for employees

Response	**Frequency**	**Percentage**
Strongly agree	13	21.7%
Agree	21	35.0%
Not sure	04	6.7%
Disagree	09	15.0%
Strongly disagree	13	21.7%
Total	**60**	**100%**

© University of Venda

University of Venda
Creating Future Leaders

More than half of the respondents 34 (56.7%), confirmed that they are attending regular debriefing and mentoring sessions, with 13 (21.7%) of them strongly confirming this. Only 22 (36.7%) denied the existence of those sessions with 13 (21.7%) strongly disagreeing to this. Again 4 (6.7%) could not make up a conclusion on this matter. Mentoring and debriefing are very important sessions that helps as part of employees 'wellness. Lack of these sessions may result in burnout and fatigue to staff. Though more than half of staff confirmed to be attending these sessions, it is a concern that there are some who are not getting this support.

Table 4.7 Employees have adequate equipments/ resources to do their job well

Response	Frequency	Percentage
Strongly agree	14	23.3%
Agree	25	41.7%
Not sure	04	6.7%
Disagree	13	21.7%
Strongly disagree	04	6.7%
Total	**60**	**100%**

The response in this table 4.7 shows that 39 (65.0%) of the respondents are satisfied with the equipments and resources they have, and 14 (23.3%) of them strongly expressing their satisfaction. Only 17 (28.3%) of the respondents, expressed dissatisfaction with the resources provided to them, with 4 (6.7%) of them strongly not satisfied about this. Again, 4 (6.7%) could not express either a negative or a positive opinion as they were not sure. The results show a high number of staff are satisfied with regard to provision of resources by employer.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.8 Section is well staffed with enough personnel to cope well with work load.

Response	Frequency	Percentage
Strongly agree	15	25.0%
Agree	19	31.7%
Not sure	04	6.7%
Disagree	18	30.0%
Strongly disagree	04	6.7%
Total	**60**	**100%**

More than half of the respondents 34 (56.7%), were satisfied with the staffing of the clinics, with 15 (25.0%) of them strongly satisfied. Only 22 (36.7%) of the respondents were not satisfied with how sections were staffed, among them, only 4 (6.7%) strongly expressed not being satisfied with the staffing. Again 4 (6.7%) were not sure of their conviction on how sections are staffed. From this breakdown it's evident that clinics have staff that is coping with workload though a small group showed dissatisfaction.

Table 4.9 There is good supportive relationship between staff members and patients' relatives

Response	**Frequency**	**Percentage**
Strongly agree	35	58.3%
Agree	22	36.7%
Not sure	02	3.3%
Disagree	01	1.7%
Strongly disagree	00	0.0%
Total	**60**	**100%**

© University of Venda

University of Venda
Creating Future Leaders

The respond shows that 57 (95.0%) were happy with the way that they were relating to the relatives of the patients; and more than half of the total respondents, 35 (58.3%), strongly expressing their satisfaction with the relationship. Its only 1 (1.7%), disagreed that there is no supportive relationship. The other 2 (3.3%), were not sure of the nature of relationship with patients supporters or relatives. These results clearly show that there is a good relationship between staff and patient's supporters.

4.2.3 Section C: The importance of support to staff members at the HIV clinic

In this section the researcher presents data that comes from the following themes: employees tend to have frequent arguments with superiors, coworkers or patients; employees' job often interferes with their family and social obligations or personal needs; employees seldom receive adequate acknowledgement or appreciation when their work performance is really good; the working environment at the clinic is conducive and supportive for staff to do their job effectively; and employees relate well with patients' treatment supporters. The data is presented in the form of tables followed by brief interpretations.

Table 4.10 Employees tend to have frequent arguments with superiors, co-workers or patients

Response	Frequency	Percentage
Strongly agree	05	8.3%
Agree	06	10.0%
Not sure	05	8.3%
Disagree	21	35.0%
Strongly disagree	23	38.3%
Total	**60**	**100%**

Table 4.10 shows that more than half the respondents 44 (73.3%), denied that there are arguments between staff and their supervisors or patients, and amongst this group, 23

© University of Venda

University of Venda
Creating Future Leaders

(38.3%) denied this very strongly. Only 11 (18.3%) of the respondents agreed that there are frequent arguments between staff and supervisors or patients, and 5 (8.3%) of them held this view very strongly. Another 5 (8.3%) of the respondents were indecisive in that they were not sure. The results show that arguments, if they are there are very minimal in that almost ¾ of the respondents denied the existence of arguments between staff and supervisors or between staff and patients.

Table 4.11 Employee's job often interferes with their family and social obligations or personal needs.

Response	Frequency	Percentage
Strongly agree	01	1.7%
Agree	06	10.0%
Not sure	13	21.7%
Disagree	21	35.0%
Strongly disagree	19	31.7%
Total	**60**	**100%**

More than half of the respondents, 40 (66.7%) of the respondents felt that they were able to separate work life and family life, and 19 (31.7%) held this view very strongly. Surprisingly a bigger number of respondents this time, 13 (21.7%), were uncertain of their respond. This left only 7 (11.7%) of the total respondents agreeing that their job does interfere with their family and social obligations or personal needs and only 1 (1.7%) holds that view very strongly. The results clearly shows that staff members are able to separate their social life and their work life, and do not allow one to affect the other.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.12 Employees seldom receive acknowledgement or appreciation when their work performance is really good.

Response	Frequency	Percentage
Strongly agree	08	13.3%
Agree	29	48.3%
Not sure	05	8.3%
Disagree	12	20.0%
Strongly disagree	06	10.0%
Total	**60**	**100%**

In this table, 37 (61.7) of the respondents were of the view that they are seldom appreciated when they had performed excellently, and of this group, 8 (13.3%) held this view very strongly. Another 18 (30.0%) agreed to be acknowledged if they performed well, with 6 (10.0%) of them holding this view very strongly. Only 5 (8.3%) of the respondents were not sure of their take on this and remained neutral. The results show that somehow staff is being acknowledged if they did something good and this is good for their morale.

Table 4.13 The working environment at the clinic is conducive and supportive for employees to do their job effectively.

Response	Frequency	Percentage
Strongly agree	19	31.7%
Agree	20	33.3%
Not sure	06	10.0%
Disagree	10	16.7%
Strongly disagree	05	8.3%
Total	**60**	**100%**

© University of Venda

University of Venda
Creating Future Leaders

In this table, 39 (65.0%) of the respondents confirmed that their working environment was conducive to their job and allowed them to do their job effectively; and 19 (31.7) of this total strongly agreed that they were happy with their working environment. Only 15 (25.0%) were not happy with their working environment, with 5 (8.3%) of them holding that view very strongly. The remaining 6 (10.0%) were undecided of whether the working environment was conducive and supportive or not. The break down shows that the majority of staff is happy with their working environment.

Table 4.14 Employees relate well with patients' treatment supporters

Response	Frequency	Percentage
Strongly agree	32	53.3%
Agree	26	43.3%
Not sure	01	1.7%
Disagree	01	1.7%
Strongly disagree	00	0.0%
Total	**60**	**100%**

The respondents overwhelmingly, 58 (96.7%) agreed that they enjoy a good working relationship with their patients and 32 (53.3%) strongly agreed that their relationship is very good. Only 1 (1.7%) disagreed to this and another 1 (1.7%) of the respondents population was not sure of their view. The results showed overpoweringly that there is a good relationship between staff and patients and their treatment supporters. Their relationship is supportive of each other.

4.2.4 Section D: Training that is given employees working in the HIV clinics

In this section the researcher presents the data which comes from the following themes: employees have relevant HIV/AIDS related training; employee 'supervisor is aware of training needs of the staff; employees are given opportunities to attend workshops and trainings; employees attend regular updates on the latest developments in the HIV/AIDS

© University of Venda

University of Venda
Creating Future Leaders

field; and there is regular in-service training sessions organized for employees. The information is presented in the form of tables followed by a brief interpretation.

Table 4.15 Employees have relevant HIV/AIDS related training

Response	Frequency	Percentage
Strongly agree	26	43.3%
Agree	20	33.3%
Not sure	03	5.0%
Disagree	07	11.7%
Strongly disagree	04	6.7%
Total	**60**	**100%**

More than three quarter of the respondents were positive that they received training that is relevant to HIV/AIDS issues. About 46 (76.7%) agreed that they have that training and amongst them, 26 (43.3%) strongly agreed to have undergone training. However, 11 (18.3%) of the respondents disagreed that they had attended such training and 4 (6.7%) of them disagreeing strongly so. Only 3 (5.0%) of the respondents were not sure of their stand when it comes to attending training. The results supports that majority of respondents have undergone training that is relevant to their field of work. Employees are knowledgeable about HIV/AIDS issues which makes it easy for them to be effective in their work.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.16 Employee's supervisor is aware of training needs of the staff

Response	Frequency	Percentage
Strongly agree	23	38.3%
Agree	24	40.0%
Not sure	08	13.3%
Disagree	01	1.7%
Strongly disagree	04	6.7%
Total	**60**	**100%**

The above table shows that employee' supervisors are aware of the training needs of their subordinates. About 47 (78.3%) of the total respondents agreed that their supervisors are aware of their training needs, of which 23 (38.3%) expressed a strong opinion on this. Only 5 (8.3%) expressed a contrary opinion in that they disagreed that their supervisors are not aware of their training needs, and 4 (6.7%) of them disagreed strongly. About 8 (13.3%) were not sure of their opinion on the matter. The results showed that the supervisors are aware of the training needs of their subordinates.

Table 4.17 Employees are given opportunities to attend workshops and trainings

Response	Frequency	Percentage
Strongly agree	28	46.7%
Agree	26	43.3%
Not sure	01	1.7%
Disagree	04	6.7%
Strongly disagree	01	1.7%
Total	**60**	**100%**

© University of Venda

University of Venda
Creating Future Leaders

The majority of respondents, 54 (90.0%) agreed that they are given opportunities to attend trainings and workshops, and 28 (46.7%) of this group agreed strongly. Only 5 (8.3%) of the respondents disagreed that they are not given such opportunities, with 1 (1.7%) of them strongly disagreeing to this. Another 1 (1.7%) person was not sure of their decision. The results show that employees are given opportunities to attend trainings and workshops.

Table 4.18 Employees attend regular updates on the latest developments in the HIV/AIDS field.

Response	Frequency	Percentage
Strongly agree	17	28.3%
Agree	24	40.0%
Not sure	06	10.0%
Disagree	06	10.0%
Strongly disagree	07	11.7%
Total	**60**	**100%**

On the issue of attending regular updates to keep staff current with the latest developments in the HIV field, 41 (68.3%) expressed that they do attend updates and 17 (28.3%) of them expressed a strong opinion in agreement. About 6 (10.0%) of the respondents were not sure and could not express an opinion. Only 13 (21.7%) disagreed that they don't attend regular updates and 7 (11.7%) of them expressed a strong disagreement to this. Results show that employees are given regular updates to keep them current with regard to knowledge.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.19 There is regular in-service training sessions organized for employees.

Response	Frequency	Percentage
Strongly agree	10	16.7%
Agree	16	26.7%
Not sure	16	26.7%
Disagree	11	18.3%
Strongly disagree	07	11.7%
Total	**60**	**100%**

With regard to in-service trainings, 26 (43.3%) of the respondents agreed that they do attend these trainings regularly, and 10 (16.7%) of this group strongly agreed to this. On the other side, 18 (30.0%) of the respondents disagreed that they don't attend such trainings, with 7 (11.7%) of them expressing a strong disagreement. For the first time, 16 (26.7%) of the respondents were not sure and could not make an opinion whether they attend in-service trainings or not. The results are not easy to be conclusive as the distribution of the respondents is almost equal; however, almost half agreed to be attending them.

4.2.5. Section E: Mechanisms that can be used to enhance the availability of support system for officials working in the HIV/AIDS clinics.

This section presents data that has been collected under the following themes: there should be training policies that makes in-service training compulsory; supervision program for employees should be drafted and agreed upon by the supervisor and employee; employee wellness programs must be initiated and monitored; vacant posts must be filled; and provision of adequate budget that will make provision of resources available to be made available. The information is presented in a tabular format, followed by a brief interpretation.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.20 There should be training policies that makes in-service training compulsory.

Response	Frequency	Percentage
Strongly agree	30	50.0%
Agree	18	30.0%
Not sure	10	16.7%
Disagree	01	1.7%
Strongly disagree	01	1.7%
Total	**60**	**100%**

In respond to training policies that makes in-service training compulsory, 48 (80.0%) of the respondents agreed that this policy should be in place, and 30 (50.0%) felt strongly so that this should be done. Amongst the respondents, 10 (16.7%) were indecisive and could not formulate an opinion on the matter. The remaining 2 (3.3%) disagreed with this mechanism. The results show that employees are in favor of in-service training to be made compulsory.

Table 4.21 Supervision program for employees should be drafted and agreed upon by the supervisor and employee.

Response	Frequency	Percentage
Strongly agree	17	28.3%
Agree	24	40.0%
Not sure	11	18.3%
Disagree	06	10.0%
Strongly disagree	02	3.3%
Total	**60**	**100%**

© University of Venda

University of Venda
Creating Future Leaders

On the introduction of a planned supervision schedule, 41 (68.3%) of the respondents agreed that this should be used to enhance support for staff, and 17 (28.3%) had a strong view that this should be done. Out of all the respondents, 11 (18.3%) of them were not sure whether this mechanism would work or not. The remaining 8 (13.3%) of the respondents disagreed with this mechanism and out of them, 2 (3.3%) disagreed strongly with this idea. The result showed that the respondents agreed that this mechanism can also help in enhancing support for them.

Table 4.22 Employees' wellness programs must be initiated and monitored.

Response	**Frequency**	**Percentage**
Strongly agree	25	41.7%
Agree	25	41.7%
Not sure	02	3.3%
Disagree	07	11.7%
Strongly disagree	01	1.7%
Total	**60**	**100%**

On the initiation of employee wellness program, 50 (83.3%) of the respondents were in favor that this mechanism was necessary, and 25 (41.7%) of them agreed strongly. However, 8 (13.3%) of the respondents disagreed with this strategy and out of them, 1 (1.7%) strongly disagreed that this will enhance support. The other 2 (3.3%) were unable to make up their mind. The results showed that the respondents believe that this mechanism can also enhance support for them.

© University of Venda

University of Venda
Creating Future Leaders

Table 4.23 Vacant posts must be filled

Response	Frequency	Percentage
Strongly agree	12	20.0%
Agree	13	21.7%
Not sure	11	18.3%
Disagree	16	26.7%
Strongly disagree	08	13.3%
Total	**60**	**100%**

On the mechanism of filling of all vacant posts on the staff establishments of the clinics, 25 (41.7%) of the respondents agreed that this was a necessity, and 12 (20.0%) of them strongly agreed with the mechanism. On the other side 24 (40.0%) disagreed that this can enhance support for them, and 8 (13.3%) of them strongly disagreed with this strategy. The remaining 11 (18.3%) were not sure of their view on this strategy. The results were not irrefutable in that both the agreeing group and the disagreeing group were equal.

Table 4.24 Provision of adequate budget, that will make resources available, must be made available.

Response	Frequency	Percentage
Strongly agree	18	30.0%
Agree	15	25.0%
Not sure	09	15.0%
Disagree	11	18.3%
Strongly disagree	07	11.7%
Total	**60**	**100%**

© University of Venda

University of Venda
Creative Future Leaders

On the question of provision of adequate budget, more than half of the respondents, 33 (55.0%) agreed that this can improve their work, with 18 (30.0%) of them strongly agreeing to this question. However, 18 (30.0%) of the respondents were not convinced that adequate budget could enhance their work output, and 7 (11.7%) of them strongly disagreed with the strategy. The remaining 9 (15.0%) of the respondents were not sure of their decisions. The results shows that respondents believe that adequate budget can bring a difference in their work place.

4.3. ANALYSIS OF DATA COLLECTED THROUGH INTERVIEW GUIDE

The responses of the interview schedule are presented below in a narrative form and are followed by a brief synthesis of findings on the item.

4.3.1. Question 1: What are the support systems that are available for officials working in the HIV/AIDS clinics?

Participant 1

"There is no support that is offered to staff. We used to attend mentoring sessions but now they have been cancelled. There is no formal supervision unless you consult the supervisor if there is a case"

Participant 2

"None at all, we are only assessed when we submit performance management forms (pms) quarterly. People that are going for pension or resigning from duty are not being replaced and this means more work to us"

Participant 3

"The employer only cares about service rendered and not about us who are rendering the service. We are expected to do service but we are not given resources, eg. Food parcels for patients."

© University of Venda

University of Venda
Creating Future Leaders

Participant 4

"No one seems to care about the needs of employees and we are hardly recognized for the job we do."

Participant 5

"We are short staffed and the employer is not adding staff. The work load is unbearable and this is discouraging and there is no support."

Participant 6

"Support is available though it is not enough. We have enough offices but lack equipments to do the work."

Participant 7

"We are receiving all the support. We attend mentoring all the time and there is supervision every month when we submit monthly report to supervisor. I also have an office to do my work."

Participant 8

"Mentoring is done every month but there is shortage of staff."

Participant 9

"It depends on what you are looking for, supervision is done though not every month and we are well accommodated office wise. The challenge is we don't have resources like medicine due to budget constraints and this affects our work."

Participant 10

"Offices are there but don't have internet, hence it's challenging for me to connect with the province and other hospitals. This means I cannot send information to provincial office."

© University of Venda

University of Venda
Creating Future Leaders

Participants revealed that staff members are not receiving enough support from their supervisors unless there is something needed by the employer. Participants indicated that supervision is offered to them only when they are to complete the Performance Management Systems (PMS), forms at the end of every quarter. There are also not enough resources like food supplements for Dieticians, and staff shortage in other sections is a serious concern. Amongst all group representatives interviewed, the lay-counselors are the ones who indicated that they feel supported as they still attend mentoring sessions and have attended most of the courses offered to staff working with HIV.

4.3.2. Question 2: What is the importance of support to staff members at the HIV clinic?

Participant 1

"It helps in reducing complaints from us, by providing a forum where we can talk about what is making us unhappy at work."

Participant 2

"Resources help us to provide quality service and to meet the expectations of our patients. We feel good when we are able to provide food supplements and the right treatment to our patients."

Participant 3

"When we do something good and get recognized for that, it helps also to accept being criticized when we failed to perform. It encourages us to continue with the good work."

Participant 4

"When we are happy we serve with a smile, and patients get good service. Our supervisors contribute a lot to our happiness by being there for us when we need help"

© University of Venda

University of Venda
Creating Future Leaders

Participant 5

"Working with people that are ill is stressing and I feel better after attending mentoring sessions because I get to distress and am listened to."

Participant 6

"Being supported at work reduces complaints from us as employees and even when there are challenges we don't lose our tempers easily. We are able to support our patients even when they default treatment."

Participant 7

"If we can have resources like internet and stationery, this could make our work easier and we would enjoy coming to work every day."

Participant 8

"Support from my supervisor helps me to grow as a professional as I will be getting the guidance on how to do my job."

Participant 9

"Support helps me to overcome challenges, especially mentoring where I go every month. When I come back I do my work well."

Participant 10

"There is nothing that depresses more than when you fail to help a patient because of lack of resources. Patients sees me as a person that is failing to do my job when its lack of resources."

Participants unanimously concurred that support is necessary and important for their professional growth. With support staffs are more likely to complain less and be productive in their service delivery. They are more likely to relate well with patients and

© University of Venda

University of Venda
Creating Future Leaders

help them more effectively. There was a need off resources that was also verbalized as another important aspect of support.

4.3.3 Question 3: What is the training that is given to officials working in the HIV/AIDS clinics?

Participant 1

"I was trained on several types of trainings like HCT, couple counseling, ART, and many more. All of them are related to HIV."

Participant 2

"I attended several courses that are HIV related and this helps me to provide service."

Participant 3

"Yes I received training related to HIV and still attend workshops and updates whenever they are organized."

Participant 4

"I do attend training now and then, related to HIV and this helps to keep me updated with the latest developments."

Participant 5

"A received HCT, couple counseling, adherence and HIV/TB collaboration trainings. Also attended some update workshop especially about the developments and changes in ARV treatments."

Participant 6

"I attended treatment update training only and some in-service training that is offered to staff at the clinic."

© University of Venda

Participant 7

"Attended network training for data capturers and HIV/TB collaboration"

Participant 8

"I attended training for systems that are used in capturing patient's information and also treatment updates."

Participant 9

"Attended HCT training, and adherence counseling only."

Participant 10

"Attended all courses/trainings that are related to HIV, and regular updates."

All participants had training that is related to HIV, and this makes them to be effective in their work. As far as training is concerned, all participants confirmed that they have been prepared and still attend updates and workshops time and again. All of them have attended some if not all of these basic trainings: HCT, Adherence counseling, Couple counseling, TB/HIV collaboration and ART.

4.3.4. Question 4: What are the mechanisms that can be used to enhance the availability of support system for officials working in the HIV/AIDS clinics?

Participant 1

"There is lot of posts that needs to be filled, so if they are filled we will then have less work load."

Participant 2

"Filling of posts and training should be prioritized so that service can be of quality."

© University of Venda

University of Venda
Creating Future Leaders

Participant 3

"Provision of resources should be main priority, so that patients can get complete assistance."

Participant 4

"Budget increment can help improve the service."

Participant 5

"Supervision should be frequent so that staff can be helped to grow professionally and improve quality of care."

Participant 6

"Program like mentoring, debriefing and in-service training should be done more often so that staff can be in good state of mind always."

Participant 7

"Budget should be enough to be able to supply all the basic needs of patients like medicine and food supplements."

Participant 8

"Training should always be taken seriously and be done often, especially in-service training and updates for latest developments in the field of HIV."

Participant 9

"Training should be compulsory to all staff at the clinic and not for specific professionals only, as some professionals, like nurses, attend training and workshops more than others."

Participant 10

"People that are resigning or going for pension should be replaced as soon as possible and there should be acceptable resources like offices."

© University of Venda

University of Venda
Creating Future Leaders

The participants verbalized the need to review their budget allocation for proper supply of assistance devices, food supplements and medication all the time throughout the year. Vacant posts were said to be creating uncontrolled workloads to staff, hence the participants advocated for them to be filled. Frequency of supervision was also emphasized that it can bring a huge difference if done in a planned manner.

4.4. SUMMARY

From the analysis of the findings of this study, it can be concluded that there is sufficient support offered to employees that are working at the HIV clinics. The majority of respondents agreed that there is support available, especially those who completed the questionnaires. It is only those who participated in the qualitative study that though they acknowledge that there is support, they also indicated that there is still more they expect the employer to do in supporting them.

The respondents who completed questionnaires, they agreed that they were receiving supervision, and were attending debriefing sessions as well as having sufficient resources and training. They responded to be happy with the relationship with their patients' relatives. They responded to be able to cope with their work and it was not affecting their social lives. Employees responded to have attended training related to HIV/AIDS and also that they are still attending workshops and trainings. They also confirmed that they need vacant posts to be filled and supervision to be intensified. They also showed that they would want budget to be improved so that resources like food supplements and medicines can be procured.

The respondents, who participated in the qualitative component, also agreed that support is indeed available though they expect more. Respondents advocated for the filling of vacant posts and strengthening of supervision and training. Results show that the respondents had attended training related to HIV and still attend updates and workshop.

© University of Venda

4.5. CONCLUSION

The researcher collected data through the questionnaires and also through the scheduled interviews. The responses of the questionnaires items were presented in a tabular form and frequencies and percentages were used to analyze the data collected. Scheduled interviews were also used to gather information and the responses were presented in a narrative form. Through both this two methods, the researcher was able to establish that there is support offered to employees working in the HIV/AIDS clinics.

© University of Venda

University of Venda
Creating Future Leaders

CHAPTER 5

FINDINGS, CONCLUSION AND RECCOMENDATION

5.1. INTRODUCTION

This chapter discus the findings of the study, which were collected from respondents through questionnaires and interview schedule, in line with the objectives of the study. It further outlines the recommendations drawn from these findings and study limitations encountered in the study. The chapter also recommends future research focus. The study has highlighted the need and extent that employees working with HIV feel supported and how much they value the support. The study also suggested some of the recommendations that could make employees feel more supported in their day to day service delivery.

5.2. MAJOR FINDINGS OF THE STUDY

The researcher has made these major findings which are from the study objectives and they are: to identify the availability of support system for officials working in the HIV/AIDS clinics; to describe the importance of support to staff members at the HIV clinic; to describe the training that is given officials working in the HIV/AIDS clinics and to explore the mechanisms that can be used to enhance the availability of support system for officials working in the HIV/AIDS clinics.

5.2.1 Major findings on the availability of support systems for officials working in the HIV/AIDS clinics.

The research has discovered that there is a serious challenge of supervision of employees, most supervision is only done during PMS assessment only and sometimes it's done informally. Mentoring and debriefing is also not adequately done. There are also vacant posts that are creating challenges of workload and some staff are working in the clinic and the hospital respectively.

© University of Venda

University of Venda
Creating Future Leaders

5.2.2 Major findings on the importance of support to staff members at the HIVclinics.

There is a concern of lack of appreciation of employees when they have performed well. Staff felt that they are hardly recognized for the job well done, and also working environment is another conern.

5.2.3 Major findings on training that is given to employees working in the HIV clinics.

The study found that training is not done frequently and there are staff members who go the whole year without attending any training or workshop.

5.2.4 Major findings on mechanisms that can be used to enhance the availability of support system for officials working in HIV clinics.

The study found that employees want policies in-place that influences training of staff on a regular basis. Majority of staff believe that there should be a formal supervision program agreed upon between the supervisor and supervisee. Study found that employees were interested in having programs focusing on their wellness and that these programs should be monitored. In filling of vacant posts, employees were equally divided on the matter; half believed they have sufficient staff while half felt that the vacant posts should be filled. The study found that employees believed that improved budget would bring a difference in making sure resources were available

5.3. RECCOMENDATIONS OF THE STUDY

Based on the findings of this study, the following recommendations are proposed to further improve and promote employee support for those employees who are working in HIV clinics:

- Planned supervision, staff debriefing and mentoring to be done to all employees as this helps in improving competency in rendering service. Vacant posts be filled, especially for those sections that are left serviced by staff who are not working in the clinic full-time but do focus on the wards too in the hospital.

© University of Venda

University of Venda
Creating Future Leaders

- There should be a system that recognizes outstanding performance of staff, if possible monthly, in order to keep employees motivated and focused.

- Training of employees must be done often to keep staff updated and improve their self-confidence in service delivery.

- Budget allocation for service delivery to be improved so as to allow sections to have enough budgets to purchase ARV treatments and food supplements for patients. This will help improve adherence level in employees.

5.4. RECCOMENDATIONS FOR FUTURE STUDIES

During the course of this study, the researcher identified some limitations that needs further exploring and suggest that:

- Research is done but assessing support on sections and not the whole clinic at once. This will help identify specific intervention necessary for each section that forms part of the team working in HIV clinics.

- Research is done focusing only on lower level staff as this study included also supervisors, hence they might influence the outcome by acting like they are providing supervision and support even when they are not doing so.

5.5. CONCLUSION

Several conclusions can be drawn from this study, considering both the questionnaires that have been completed and the structured interviews that have also been conducted. It can be concluded that clinics are run by a multidisciplinary team with nurses being the ones in majority, but supplemented by other professionals who are providing critical support. Staffs working at the clinics are well experienced and there is a good blending of age, which makes service to be accessible to people of all age as they are represented. It can also be concluded that support is available for these employees though there is still room for improvement. The overall results confirm that to a certain extent, employees feel supported.

© University of Venda

University of Venda
Creating Future Leaders

It can be concluded that supervision is offered but not to a satisfactory level as during the scheduled interview, respondents argued that they are only supervised during quarterly performance assessments. Majority of respondents agreed that there should be a formal supervision program that is known by both the employee and the supervisor. Mentoring and debriefing are important programs that care for the well being of employees and though others reported to be attending them, the group that is not afforded opportunity to attend is a concern. It can be concluded that there is a need to make these programs accessible to all employees.

From the results received, it also can be concluded that training opportunities are being afforded to all employees to keep them current and relevant in providing service. Respondents agreed that they are attending training and workshops often. Respondents during the interview schedule even listed some of the courses that they have been trained in. Staffing of sections is another concern that emanated clearly from the interview schedule; some sections are staffed by people that are not providing service at the clinic, e.g. Dietitians and Social Workers, hence there is a need to fill the vacant posts in those sections.

The study finding concludes that more than half of the respondents who completed questionnaires believe that budget allocated to services rendered at the clinic should be improved. Critical service like treatment issuing and food supplements to improve patients weight gain, need financial muscles. When patients come to the clinic and receive complete service, they are more likely to adhere and improve their health.

Employees working in these clinics are working with the sick and the frail. Some die in their care and some improve and recover from their conditions. Other patients are rejected at home and they all expect to be cared for at the clinic. Only a happy employee is able to transfer their happiness to their patients, and support can improve their spirits so that they can serve with a smile always. Supporting these employees is a great investment that benefits all involved.

© University of Venda

BOOKS

Arkva, M.L. and Lane, T.A. 1983. **Beginning Social Research**. Boston: Allyn, Bacon.

Babbie, E 2001.**The Practice of Social Research**. Cape Town: Oxford University.

Babbie, E. (2008). **The Basics of Social Research**.(4th Ed.). USA: Thomson Wadsworh Publications.

Babbie, E & Mouton, J. 2001.**The Practice of Social Research**. Cape Town: Oxford University.

Blance, N.T. and Durrheim, T. (1999).**Research Practice.** USA: RotledgeTalmer Publisher.

Bless, C. Higson-Smith, C,andKagee, A. 2006. **Fundamental of Social Research Methods: An African Perspective**. Cape Town: Juta and Company, Ltd..

Botjie, H. 2010. **Analysis in Qualitative Research**. London: Sage Publishers.

Braun, V, and Clarke, V, (2006). **Using thematic analysis in Psychology**.Qualitative Research in Psychology, (3), 77-101.

Cartwright, S. & Cooper, C.L. 1997.**Managing Workplace Stress**. United States of America: SAGE Publications, Inc.

Creswell, J. W. 2007. **Research Design: Qualitative, Quantitative and Mixed Methods Approaches.** Thousad Oaks, California: Sage Publishers.

Creswell, J.W.2009.**Research Design: Qualitative, Quantitative and Mixed Methods Approaches**, (3rd Edition).United States of America: Sage Publications.

Du ploy, G.M. 2009.**Communication Research techniques; methods and applications;** (2nd Edition) Cape Town, Juta& Co Ltd.

Francis, G.D. 1990. **Research Methods**. New York: Brooks/Cole Publishers

Gerber, P. D, Nel, P.S, and Van Dyk, P.S. 1996: **Human Resources Management**. Third edition. Western Cape:Thomson Publishing (Southern Africa) Pty Ltd.

© University of Venda

University of Venda
Creating Future Leaders

Gifford A.L, Lorig K, Laurent D, and González V. 2005. **Living Well with HIV and AIDS** (3rd Ed.). USA: Bull Publishing Company.

Gray, D.E. 2009.**Doing Research in Real World**. (2nded). London: Sage Publishers.

Grinnell, M.R. 1993. **Social Work Research and Evaluation**.(4thed). New York, F.E. Peacock Publishers, Inc.

Louw, D.A and Edwards, D. (2005).**Introduction to Psychology**.(7th Ed). South Africa: Heinemann.

Maelane, M.E. 2001/2002. **Caring and support, a challenge for nurses. Nursing update**, Dec 2001/Jan 2002: 26-28.

Mogorosi, L.D. 2011. **Steps in Research and Thesis Writing Process: Choices and Projects Management**. Thohoyandou: University of Venda (Unpublished Study Guide).

Neuman, W.H. 2000.**Social Research Methods.**University of Wiscolisim: Pearson.

Neuman, W.L. 2007. **Social Research Methods: Qualitative and Quantitative,** (4th Ed). New York: Pearson Education.

Neuman, W.L (2011). **Social Research Methods, Qualitative and Quantitative Approaches**. (6th Ed). Boston: Pearson and A B.

Punch, K.E. 2005.**Introduction of Social Work: Qualitative and Quantitative Approach** (1st Ed) London: Sage Publishers, Ltd.

Punch, K.F. (2006). **Developing Effective Research Proposal**.(2ndedition). London: Sage Publications.

Somekh, B. and Lewin, C. (2005).**Research Methods in the Social Sciences**. London: Sage Publications.

Stoter, D.J. 1997. **Staff Support in Health Care**. Australia: Blackwell Science Ltd.

Terre-Blanche, M, Durkheim, K, Painter, D. 2006.**Research in Practice** (2nd Ed). South Africa: University of Cape Town Press.

Van Dyk, A. 2008. **HIV/AIDS Care and Counseling: A Multidisciplinary Approach**. Cape Town: CTP Book Printer.

Welman, C., Kruger, F. & Mitchell, B. 2005.**Research Methodology**. South Africa: Oxford University Press

William, B and Werther, J.R, 1993.**Human Resources and Personnel Management.**Fourth edition. New York.

© University of Venda

University of Venda
Creating Future Leaders

Woodham, A. 1995. **Beating Stress at Work**. London: Health Education Authority.

Wysock, R. (2008). **Reading is Social Research Methodology**. (3rd Ed.). USA: Thomson Wadswork Publication.

LEGISLATIONS, GOVERNMENT DOCUMENTS AND REPORTS

The Constitution of the Republic of South Africa, Act 108 Of 1996

Skills Development Act No. 97 of 1998

South Africa Department of Health .2003. **Operational Plan for Comprehensive HIV and AIDS Care, Management and Treatment for South Africa**. Pretoria, Government Printers.

Vhembe District Municipality 2011/2012 IDP Review

INTERNET REFERENCES

(http://humanresourcessouthafrica.co.za/training-in-south-africa)

© University of Venda

University of Venda
Creating Future Leaders

APPENDIX A

SCHOOL OF MANAGEMENT SCIENCES
OFFICE OF THE DEAN

9 May 2014

The District Executive Manager
Department of Health
Vhembe District Municipality

REQUEST FOR PERMISSION TO COLLECT DATA FOR STUDIES – N.J.MALADZHI (9520081)

This letter serves to confirm that Maladzhi N.J. (9520081) is a registered Masters of Public Management student at the University of Venda. Mr Maladzhi is presently doing her research as a requirement for the completion of this degree. Her research topic is "The availability of support system for officials working in the HIV clinics/A case study of Vhembe District."

As an institution of higher learning, we request your department to give him permission to do this research. We undertake that the information which shall be provided will only be used for this research.

Yours faithfully

Prof. Khwashaba M.P
Vice Dean: School of Management Sciences.

University of Venda

SCHOOL OF MANAGEMENT SCIENCES
PRIVATE BAG X5O5, THOHOYANDOU, 0950,
LEMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE 015 962 8707/ 015 962 8869/ 015 962 8706
FAX 015 962 4749

© University of Venda

University of Venda
Creating Future Leaders

APPENDIX B

RESEARCH AND INNOVATION
OFFICE OF THE DIRECTOR

NAME OF RESEARCHER/INVESTIGATOR:
Mr J Maladzhi

Student No: 9520081

PROJECT TITLE: The availability of support system for official working in the HIV/AIDS clinics: A case study of Vhembe District

PROJECT NO: SMS/14/PDN/06/2803

SUPERVISORS/ CO-RESEARCHERS/ CO-INVESTIGATORS

NAME	INSTITUTION & DEPARTMENT	ROLE
Prof MP Khwashaba	University of Venda	Supervisor
Mr E Mahole	University of Venda	Co-supervisor
Mr J Maladzhi	University of Venda	Investigator - Student

ISSUED BY:
UNIVERSITY OF VENDA, RESEARCH ETHICS COMMITTEE

Date Considered: April 2014
Decision by Ethical Clearance Committee Granted
Signature of Chairperson of the Committee: .....
Name of the Chairperson of the Committee: Prof. G.E. Ekosse

University of Venda
PRIVATE BAG X5050, THOHOYANDOU, 0950, LIMPOPO PROVINCE, SOUTH AFRICA
TELEPHONE (015) 962 8504/8484 /8313 FAX (015) 962 8439
"A quality driven financially sustainable, rural-based Comprehensive University"

© University of Venda

University of Venda
Creating Global Leaders

APPENDIX C

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH

Enquiries: Latif Shamila Ref:4/2/2

Maladzhi J
University of Venda
Private Bag X5050
Thohoyando
0950

Greetings,

Re: The availability of support system for official working in the HIV/AIDS clinics: A case study of Vhembe District

1. The above matter refers.
2. Permission to conduct the above mentioned study is hereby granted.
3. Kindly be informed that:-
   - Further arrangement should be made with the targeted institutions.
   - In the course of your study there should be no action that disrupts the services.
   - After completion of the study, a copy should be submitted to the Department to serve as a resource.
   - The researcher should be prepared to assist in the interpretation and implementation of the study recommendation where possible.

Your cooperation will be highly appreciated.

Head of Department 13/06/2014 Date

18 College Stree:, Polokwane, 0700, Private Bag x9302, POLOLKWANE, 0700
Tel: (015) 293 6000, Fax: (015) 293 6211/20 Website: http/www.limpopo.gov.za

© University of Venda

University of Venda
Creating Future Leaders

APPENDIX D

LIMPOPO
PROVINCIAL GOVERNMENT
REPUBLIC OF SOUTH AFRICA

DEPARTMENT OF HEALTH: VHEMBE DISTRICT

Enquiries: Makhwanya T E

Contact details: 084 690 0606 or Makhwanyate@gmail.com or fax no 015 962 2373

Date: 19th November 2014.

To: CEO

All hospitals

Vhembe District

RE: APPROVAL TO CONDUCT THE STUDY: MALADZHI N J.

This is to confirm that the above-mentioned student has been accepted by the District to conduct the research study as approved by the respective University (See attached approval).

Your facility is hereby requested to give her the necessary support as the study is likely to benefit profoundly the District in terms of service delivery.

Thanking you in advance for your support.

..... 19/11/2014

ACTING-DISTRICT EXECUTIVE MANAGER DATE

© University of Venda

University of Venda

APPENDIX E

INFORMED CONSENT LETTER

P.O. BOX 6207

THOHOYANDOU

0950

06 October 2014

Dear Respondent

I, **Maladzhi Nkhumeleni James**, am a student at the University of Venda registered for Masters of Public Management. I am conducting a research project on "**The availability of support system for officials working in the HIV/AIDS clinics: a case study of Vhembe District**". I am kindly requesting you to participate by being a respondent in this research project. You will be provided with a questionnaire you will have to complete.

I would be grateful for your cooperation and promise that your answers will be treated with strict confidentiality and you will be anonymous as your name will not be required. Your participation is voluntary and you are not obliged to answer any questions you do not want to answer.

I hope you will find this to be in order.

Yours faithfully

.....

Maladzhi Nkhumeleni James (Mr.)

Student no. 9520081

Cell no. 082 749 2850

e-mail. maladzhijames@yahoo.com

© University of Venda

University of Venda
Shaping Future Leaders

APPENDIX F

RESEARCH INSTRUMENT

QUESTIONNAIRE

THE AVAILABILITY OF SUPPORT SYSTEM FOR OFFICIALS WORKING IN THE HIV/AIDS CLINICS: A CASE STUDY OF VHEMBE DISTRICT

This is a study assessing the availability of support system for the officials working in the HIV/AIDS clinics in Vhembe District. Following each statement or question, please mark the box that best represent your answer. There is no right or wrong answer. Kindly mark only one box for each question. Your response will be kept strictly confidential.

SECTION A: BIOGRAPHICAL INFORMATION OF THE RESPONDENTS

1. Gender

Male	
Female	

2. Age

Less than 20 years	
21 years to 30 years	
31 years to 40 years	
41 years to 50 years	
51 years and above	

© University of Venda

University of Venda
Creating Future Leaders

3. Position of respondent

Nurse	
Social worker	
Dietician	
Data capturer	
Lay-counselor	
Pharmacist	

4. Working experience of respondent

10 years and above	
7 years to 9 years	
4 years to 6 years	
2 years to 3 years	
1 year and less	

	The availability of support system for officials working in the HIV/AIDS clinics.	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
5.	Employee is receiving formal planned supervision monthly from the supervisor.					
6.	Debriefing and mentoring sessions are organized for employees.					
7.	Employee has adequate resources to do their job well.					
8.	Section is well staffed with enough personnel to					

© University of Venda

University of Venda
Creating Future Leaders

	cope well with workload.					
9.	There is good supportive relationship between staff members and patients' relatives					

	The importance of support to staff members at the HIV clinic.	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
10.	Employees tend to have frequent arguments with patients.					
11.	Employee's job often interferes with their family and social obligations or personal needs.					
12.	Employees seldom receive adequate acknowledgment or appreciation when their work performance is really good.					
13.	The working environment at the clinic is conducive and supportive for me staff to do their job effectively.					
14.	Employees relate well with patient's treatment supporters.					

	Training that is given officials working in the HIV/AIDS clinics	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
15.	Employees have relevant HIV/AIDS related training.					
16.	Employee supervisor is aware of training needs of the staff					
17.	Employees are given opportunities to attend workshops and trainings.					

© University of Venda

University of Venda
Creating Future Leaders

18.	Employees attend regular updates on the latest developments in the HIV/AIDS field.					
19.	There is regular in-service training sessions organized for employees.					

	Mechanisms that can be used to enhance the availability of support system for officials working in the HIV/AIDS clinics.	Strongly agree	Agree	Not sure	Disagree	Strongly disagree
20.	There should be training policies that makes in-service training compulsory					
21.	Supervision program for employees are drafted and agreed upon by the supervisor and employee.					
22.	Employee wellness programs must be initiated and monitored.					
23.	There is enough staff in all sections in the HIV/AIDS clinic					
24.	Provision of adequate budget that will make resources available.					

"THANK YOU FOR TAKING YOUR TIME TO PARTICIPATE IN THIS PROJECT"

© University of Venda

University of Venda
Creating Future Leaders

APPENDIX G

INSTRUMENT

INTERVIEW SCHEDULE

THE AVAILABILITY OF SUPPORT SYSTEM FOR OFFICIALS WORKING IN THE HIV/AIDS CLINICS: A CASE STUDY OF VHEMBE DISTRICT

The overall aim of this study is to explore the availability of support for officials working in HIV/AIDS clinics in the District of Vhembe. Your answers to each question should express your general feelings about your experience in working in the clinic. Your responses will be kept confidential at all times.

1. What are the support systems that are available for officials working in the HIV/AIDS clinics?

.....

.....

.....

.....

.....

2. What is the importance of support to staff members at the HIV clinic?

.....

.....

.....

.....

.....

3. What is the training that is given officials working in the HIV/AIDS clinics?

.....

.....

© University of Venda

University of Venda
Creating Future Leaders

.....

.....

.....

4. What are the mechanisms that can be used to enhance the availability of support system for officials working in the HIV/AIDS clinics?

.....

.....

.....

.....

.....

"THANK YOU FOR TAKING YOUR TIME TO PARTICIPATE IN THIS PROJECT"

© University of Venda