

# Community-based health

[Health & Medicine](#), [Nursing](#)



Nursing: Community-based Health Introduction Studies such as those of De Villiers and Ndou (2008) have demonstrated that emotions that are negative result in unethical behavior on the side of the nurses and their incapability of creating the therapeutic associations of mutual respect, trust and caring needed for the protection of the ethical and legal rights of HIV patients.

Normally, the public has high anticipations of nurses, anticipating them to offer quality care for patients every time, irrespective of their sickness. The purpose of this study is exploration and description of the experiences of nurses taking care of patients with life-threatening sicknesses related to HIV in addition to how these experiences affect operational nurses' lives on a daily basis in the sphere of palliative care nursing environment.

The location of the study is KwaZulu-Natal- South Africa. Thus South African public hospitals are extremely overwhelmed with more than 80 percent of the population in the country lacking medical coverage and are required to seek medical services in government hospitals and clinics. Estimates by the National Department of Health's ten-point plan policy put the costs of uninsured individuals at R85 billion in the public sector as compared to R113 billion in the private sector for the South Africans who are under insurance (Bam & Naidoo, 2014).

KwaZulu-Natal has the biggest rate (14.2 percent) of the total HIV-related deaths in South Africa with Northern Cape following at (8.3 percent) and 5.3 percent for the Eastern Cape (Statistics South Africa 2010). A small reduction in HIV-related deaths took place in 2008, especially within the ages 15-24 years and represented 3.3 deaths. In addition, HIV is classified among the top ten principal causes of natural death within the same age group.

## Literature Review

HIV palliative care that is hospital-based has been the subject of limited studies. The study was approved by the University of KwaZulu Natal Ethics Committee. Whereas the HIV management discourse and palliative care is broadly documented, empirical evidence suggests that there is need for more research to aid in the unpacking of the complex nature of palliative management from the perspective of caregiver. In addition, palliative care basically, is a primary feature of management of HIV, in spite of the rising accessibility of antiretroviral therapy as an element of the of patients' package of care having life-threatening HIV-related sickness. This challenge has been exacerbated in South Africa by the rising numbers of sick as well as patients dying of HIV and suffering from disease complications and thus requires extremely specialized care than the rest of the patients.

The study findings may help nurse educators and nurse managers in regard to not only the development but also incorporation of study programs in their curricula and policies that assist in the teaching of effective coping approaches with the objective of reducing “ death anxiety” amongst nurses. The research was done in a level 1 district semi-private hospital with a 200 bed capacity(which was about 60 percent state-subsidized with 40 percent donor-funded)located in the eThekweni District on the outskirts of Durban, KwaZulu-Natal and catering for more than a million persons. Thus, the hospital offers a level one generalist services to in-patients with surgical, medical, theatre and obstetric services, paedtric as well as outpatient care for adults (Bam & Naidoo, 2014).

## Nursing's Role

The findings might in addition to evidence-based clinical practice on delivery of services like strategic planning for personalized easy to use palliative care requirements so as to enhance the worth of life for patients' lifestyles. This study lacked direct risk factors for those taking part, since participation was voluntary and on the basis of experiences concerning palliative care. It emerged that numerous barriers hindered/impeded the abilities of the nurses to offer quality palliative care for patients who are terminally ill and have AIDS. It thus became clear that due to the overwhelming nature of AIDS, ranging from psychological response to the chronic illness trajectory, those taking part confirmed that they did not constantly and effectively cope in their assignments.

Since AIDS patients have opportunistic infections for instance pneumonia and tuberculosis , the nurses felt that such infections were so widespread amongst those terminally ill they were taking care of that they took them to be synonymous with AIDS. Moreover, since majority of the cases they were handling on a day to day basis were related to HIV, the nurses felt that taking care of such patients was “ monotonous and self-limiting” since they lacked the chance to learn about current treatment procedures and new diseases (Bam & Naidoo, 2014).

The type of work that nurses usually engage in on a day to day basis is morally prescribed by their profession and are anticipated to comply with patients' wishes and those of their families . Nurses need some moral education or indoctrination necessary for their personal development so that as nursing professional body members, suitable behavior is constantly evident in fulfilling the exceptional requirements of patients in palliative

care. Nurses therefore through supportive leadership together with personal recognition suggest supportive approaches which advocate for personalized consideration by promoting behaviors that facilitate the preferences and needs of other people, hence creating therapeutic, supportive and friendly environments for the patients (Bam & Naidoo, 2014).

### Summary

In general there is a need for extra training particularly in psychospiritual counseling in addition to an atmosphere that facilitates social networking as well as debriefing sessions amongst other nurses. Furthermore, enough staffing will lead to delivery of quality palliative care service for those with terminal illnesses. The nurse is therefore the overall coordinator/overseer of the whole process and serves a very critical role in caring for the terminally sick; providing them with the right environment; both spiritually and physically.

### References

Bam, N. E .& Naidoo, J. R., (2014). Nurses experinces in palliative care of terminally-ill HIV patients in a level 1 district hospital. *Curationis* , 31(1), Art.#1238, 9 page.