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Nurse's experience of working with HIV-infected people with type 2 diabetes

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ABSTRACT

Human immunodeficiency virus (HIV) is one of the largest public health problems internationally today and southern Africa is the part of the world that is most affected. Successful research has led to new improved antiretroviral drugs. Even if these drugs are improved and more successful, they bring along side effects. Research studies have shown that treatment of HIV entails metabolic changes and increases the risk for developing diabetes. This side effect can have a large impact on the patient's quality of life and the affected patients often have to make lifestyle changes. To be able to develop the care around this group of patients, it is important to understand the complexity of nursing them. The aim with our study is to look into how nurses in Namibia experience caring for patients with HIV who also has type 2 diabetes as a side effect from antiretroviral drugs. Our study is a qualitative study based on interviews with six nurses working at Katutura hospital in Windhoek, Namibia. We did the interviews at Katutura hospital and the interviews were recorded. We transcribed the interviews and used Lundman & Hallgren Granheims (2012) method for analyzing the collected data. The result showed that health education raises awareness and through that, the prevention of HIV increases and the risk of failure for already infected persons is reduced. Overall shall openness be a leading influencer in every aspect around the patient, the nurses, the community and the family's treatment. The discussion brings up the importance of educating people both in the community and inside the healthcare spectra. It also brings up the importance of openness, both from the patients and nurses.

Key words: Health education, HIV, Type 2 diabetes, openness, nursing.

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INTRODUCTION

Human immunodeficiency virus (HIV) is one of the largest public health problems internationally today and southern Africa is the part of the world that is most affected. The meaning of living with HIV today has changed a lot if you compare to what it meant a few years ago. This change is because of successful research that has led to new improved antiretroviral drugs. These drugs do not only slow down the process of HIV, they also prevent HIV from developing to acquired immunodeficiency syndrome (AIDS) (Folkhälsomyndigheten n.d). Even if these drugs are improved and more successful, they bring along side effects. Research studies have shown that treatment of HIV entails metabolic changes and increased risk for developing diabetes (Kalra, Kalra, Agrawal & Unnikrishnan 2011). With the support of a minor field study scholarship we were able to interview nurses in Windhoek, Namibia who are working with these specific patients. The opportunity to collect data from nurses who on an everyday basis treat and meet these patients gave us a goldmine of valuable information.

BACKGROUND

Namibia

The beautiful country of Namibia is located on the west coast of Africa. One third of the country is desert and the remaining part consists of dramatic plains and savannas. With a rich animal wild life and favorable natural resources Namibia is relatively prosperous economically. Their natural resources are in minerals, fishing industry and livestock. Namibia is seen as a middle-income country but it has one of the world's largest class distinctions where the majority lives in poverty. However most of the population has access to basic healthcare. Politically speaking, Namibia is considered to be a democracy, with a stable governance (Höglund 2015).

Health care in Namibia

In Namibia, there are both public and private hospitals. There is access to hospitals in most of the larger cities but on the countryside hospitals do not exist, instead there are clinics and smaller health care centers. These are called Ministry of Health and Social Services (MHSS) (Sveriges ambassad 2016).

According to Namibia's constitutions the government is required to promote health in the population and 11, 1 % of the total state budget is assigned to healthcare. The country is big and sparsely populated and with that situation plus its limited resources Namibia finds it hard to cater for adequate health care. A negative trend that has developed in Namibia during a long time is that the standard in healthcare has deteriorated. Lack of doctors and health professionals increases and complaints against the health care have increased during the last years (Utrikesdepartementet 2010).

Health status in Namibia

The most difficult health problems in Namibia consist of HIV, AIDS, malaria and tuberculosis. Statistics have recently shown that the HIV and AIDS pandemic in Namibia has stabilized, but if the HIV continues to spread, it will be among the largest spreads in the world. Nearly 18% of the population are HIV-infected. Among the adult population 15, 3 % are infected and among pregnant women 17, 8 % are infected (UD 2010).

HIV and AIDS

HIV is a virus that attacks the body's immune system and if you become infected it will remain for life. HIV invade T-cells that helps the body to attack infections. If you leave an HIV untreated the amount of T-cells will be reduced and it makes the body more susceptible for infections and infection-related cancer. If HIV is not treated it will develop into AIDS. AIDS is the final state of an HIV-infection. There is no cure for HIV but it can stay under control with the right type of medicine and healthcare. The pharmaceutical treatment that is used for HIV is antiretroviral therapy (ART) and if it is used properly, the infected person can live nearly as long as a non-infected person (AIDS.gov 2016).

Sida (2015) talks about 6000 people who get infected by HIV every day. Countries south of Sahara in Africa are most affected. Thanks to the use of ART and developments in the caring around HIV infected people, mortality has decreased by 35% since 2000.

Namibia has done some major investments in antiretroviral drugs and they are free for HIV-infected people. Due to the fact that many people live in rural areas the medicines do not reach them because they cannot get to a health facility. The World Health Organization (WHO) notes that Namibia never will overcome the spread of HIV, AIDS and the lack of health diagnostic makes it hard to identify the real needs. In 2009, 81% of the identified HIV-infected in Namibia were enrolled in a program for ART (UD 2010).

HIV and diabetes

As a complication of HIV, diabetes can occur because of the ART. Medicine with antiretroviral effect which NRTI (nuceoside reverse transcriptase inhibitor) and PI (protease inhibitor) can increase the risk of development. The drugs make it harder for the body to respond on the insulin signal and provide a resistance to insulin. ART increases glucose in the blood which leads to type 2 diabetes. If an HIV-infected person has high blood sugar levels, alternative medicines can be used to avoid diabetes development (AIDSinfo 2016).

Type 2 diabetes means that the body has difficulties regulating blood sugar. It is a disease that develops gradually over a long period. It often appears in adults and are affected by the lifestyle, diet, exercise, smoking and hereditary genes. Medication may be needed to reduce the glucose but with proper diet and exercise it can get reduced without medication (1177 Vårdguiden 2016).

When patients start their treatment for HIV, the doctors often want to screen the patient for diabetes. If the patient carries risk factors for diabetes development, the patient is

likely to develop diabetes in the treatment of HIV (American Diabetes Association 2015). This is creating a big complication in the caring of this patient.

Research has shown that older ART, for example Stavudine and Zidovudine increases the risk of developing type 2 diabetes. It stimulates to a free circulating fatty acid through an increased lipolysis. This will reinforce insulin resistance in the liver and skeletal muscles (De Wit et al. 2008).

To have an HIV infection does not always mean that the infected person has an increased risk for diabetes. According to Tripathi et. al. (2014) treatment with protease inhibitor-based regimens may risk that the person will develop diabetes and treatment with nun-nucleoside reverse transcriptase inhibitors is not associated with risk for diabetes.

Nursing and caring

The goal of caring is to help people experience health (Dahlberg 2014, p. 27). Health is a relative concept. Health is not only when people have absence of illness, health is the subjective experience of emotion that comes from several factors (Wiklund 2003, pp. 79, 82).

Dahlberg & Segesten (2010, pp. 195-197) emphasize that it is important to support and strengthen the patient's health process. The nurse needs to stand beside, be present and be there when the patient needs help. An open and pliable relationship is needed to answer questions, needs, emotions of insecurity and concerns. It is important to encourage the "normal" and the natural and the compliance in care will then be strengthened. No nurse will or cannot take over the work in a patient's health process.

In a nursing relationship, given space, the patient gets an opportunity to grow and to express desires, problems and needs. A good nurse-patient relation is prerequisite for a functioning nursing process (Wiklund 2003, pp. 154-155).

Ekebergh (2009, pp. 21-22) writes that didactics means to be able to support the learning. Factors that should be underlined is the person's experiences and personality. Didactics is about both learning and teaching, it cannot be separated. Care scientific didactics comprises learning about caring and the patient's world. It is important to be responsive to the patient's experiences and experiences of health and illness. That is a linchpin in care sciences and didactics takes it into the learner's understanding and experiences. To be able to use didactics as a support for facilitating the learning, a care sciences perspective is needed, but also an understanding of what is the basis for learning and also how the learning is supposed to go (Ekebergh 2009, p. 30).

PROBLEM DEFINITION

Science has shown that some types of antiretroviral drugs for HIV increase the blood sugar level. An increased insulin resistance can result in developing type 2 diabetes. This side effect can have a large impact on the patient's quality of life and the affected patients

often have to make lifestyle changes. To be able to develop the care around this group of patients, it is important to understand the complexity of nursing them.

Relevant areas to emphasize in order to get information on our described problem is prevention, how the care is designed and how much ownership the patient needs to take of their own health process. The importance of prevention will hopefully show how the nurses work with prevention and if the nurses can see a development in the healthcare around the patients. Questions about how the care is performed will bring up areas that are working well and areas that can be improved. Information about how much responsibility the patients are expected to take and how they are supposed to be able to take it, would also be of importance.

AIM

The aim of our study is to examine how nurses in Namibia experience caring for patients with HIV who also has type 2 diabetes as a side effect from antiretroviral drugs.

METHOD

Data

Our study is a qualitative study based on nurses' experiences of working with HIV-infected people who are having type 2 diabetes. We interviewed six registered nurses at Katutura hospital at the Katutura medicine clinic who are working with this type of patients. The nurses were in the ages between 28-56 years old with work experience between 2-26 years. Of the nurses who participated, two of them were males and four of them were female. In addition to these nurses there were three more we asked but they chose to withdraw because of their own opinion that they had a lack of experience.

Data collection

Lundman & Hallgren Granheim (2012, pp. 188-189) describes the importance of avoiding being co-creators in the study therefore we performed semi-structured interviews and all participants received the same questions, see attachment 2. The interviews were made anonymously and before the interviews started the nurses had to approve with a letter of consent that it was okay to record the interviews, see attachment 1.

To be able to get in contact with the nurses and have the opportunity to do the interviews, we made an agreement with the University of Namibia. We agreed that we would be at the medicine ward and help out with whatever we could do in the morning work. Then later during the day we could do an interview with the nurse who was available that day. Before the interview started the nurse was given an information letter from both the University of Namibia and a letter of consent from us. The letters described the reason for us being there and what the nurses needed to do for us. The interviews were made in the medicine ward, one of us was asking the questions and the other person sat beside and

listened. We recorded the interviews with a dictaphone that we borrowed from University of Borås. The interviews lasted between 13 minutes up to 21 minutes. We did the data collection during eight days. To participate in the study, the nurses needed to have meet this type of patients and they had to be educated as a registered nurse.

Data analysis

We used a qualitative content analysis, according to Lundman and Hallgren Granmheims (2012, pp. 189-195) method, with a starting point on inductive approach based on texts from peoples' own telling.

We started with transcribing the interviews we had recorded. After that we read them through and discussed the main theme in each interview. Then we talked about how to divide the collected data into two groups. After that we took the text, pointed out and sorted the answers who looked the same. Next step was to shorten the text into more condensed sentences. Then we put a code on every condensation and at the same time we abstracted the contents, we lifted the data to a new level, see table of data analysis. We got 29 different codes that we divided into two categories which answered the question of "What?" and then the categories ended up in seven subcategories which answered the question of "What is this about?" see table of categories and subcategories.

Table of data analysis

Sentence unit	Condensed sentences	Code	Subcategory	Category
-That is depending on if you have family members. -But you see the caring it's, if it's caring at home but when she came here the hospital you see head caring in the head nurses but when they are out of the hospital nursing family member now looking for it, that person.	The health is depending on how you family situation looks	Family situation	Psychosocial awareness	Nurse's tools

Ethical consideration

Before the interviews the participants received an information letter, in which we explained our aim of the study. We also explained that all the material was going to be treated confidentially and the participants could at any time end the interview and they could withdraw from the study even if they agreed to participate without explaining why, see attachment 1.

According to Olsson & Sörensen (2011, pp. 84-85) an information and consent inquiry document must be handed out to all participants in the study so that they independently can decide whether to participate or not.

RESULT

Our result is analyzed after Lundman and Hallgren Granmheims (2012, pp. 189-195) method and from that we got two categories and seven subcategories which are described down below in table of categories and subcategories.

Table of categories and subcategories

Categories	**Subcategories**
Nurse's tools	The meeting with the patient
	Education
	Psychosocial awareness
	Openmindedness
Patient´s attitude	Denial
	Awareness of the problems
	Responsibility for own health

Nurse's tools

Meeting patients nurses describe the importance of having an accepting and open attitude towards the patients. Doing so this, they experience that the didactic part of the caring becomes easier to perform and it affects the care in a positive way.

The meeting with the patient

Nurses experience that the most important task is to not let the patient fail his or her treatment. When the patient is at the hospital it is the nurse's responsibility to see too that the patient takes his or her prescribed medication and that he or she gets the best care. The nurse needs to encourage the patient to take his or her medications and to go to his or hers planned follow ups. If the nurse does not do so the general opinion from nurses is that the patient probably will fail sooner or later. As long as the patient is at the hospital there is always someone who knows what to do but when the patient comes home, he or she is alone. Nurses explain the need of educating the patients in a nice, understandable and clear way so when the patient is at home, he or she knows exactly what to do, what to eat and when to take medication. The nurse also needs to give the patients hope to fight their disease, one way of doing that is to give appropriate information to each individual patient on a personal level.

"So we are working at an attempt to educate them how to get out of these diseases so that they at least will get hope to fight for the disease."(Nurse 1)

The nurses also talk about protecting themselves by using gloves when caring for the patients. They talk about the importance of not getting infected and contributing to the spread of the infection. The nurses describe that there is their task to discover whenever there is a problem regarding the care around the patient and always try to solve that problem. If the nurses feel unsure about anything in their work they experience that they can always ask another college. To improve their working skills, they have in-service training a few times per week. This is to update the staff, so that they are giving the most updated care for the patient and also get the latest information about the diseases that are most common in their ward.

Education

In most cases when the patient fails it is due to lack of knowledge. Therefore the nurses stress the importance of educating the patient and to insure that the patient understands what is expected. The education given by the nurses emphasize the habits the patients need to be aware of when at home to better manage their treatment and lives. The nurses also talked about the necessity that the patients really understands why they are taking their medication and why it is important. Otherwise they are going to fail over and over again. A large part of Namibia's population is HIV infected and the nurses describe how they believe that education is one of the things that can make the people understand how to take better care for themselves and not get infected. The areas that are included in health education involve information on how patients should take care of themselves, what will happen if they do not follow the provided instructions and information about

complications that follow if he or she fails to do so. The nurses give information about protections and provide health education about diet-habits, lifestyle issues and educate the patients on exactly how to take their medication so that they can live longer and not spread the HIV further.

"As we know about HIV among all the all nations in Namibia it have a big majority's, big or you can say the majority of people are infected."(Nurse 5)

The nurses experience that the cooperation between different professions is central in caring for the patient. The nurses work towards the goal to have the patient on board in every aspect of the caring and to make that possible, the patients must understand what their condition means. If the nurse is not able to provide information in a way that the patient can understand, the nurse has the possibility to reach out to other professions. When the patient for example, needs to understand the diabetic condition the nurses often refer them to dietitians that will help them to develop a new, sugar reduced diet that they can agree to follow in their everyday life.

Psychologists and social workers have more central parts in the areas involving acceptance of having HIV. They can provide the patient with tools to help him or her to cope with their condition so that he or she will be able to live as normal life as possible. The possibility to involve an interpreter also exists when the language barrier is too big.

"So for me I can just say is just to assist if the patient really understand. And if you see that patient not understand try to further include maybe social worker anyone who least can explain and then the patient understand what's going on."(Nurse 2)

The nurse has a responsibility to identify whenever there is a need to involve other professionals when he or she sees that the patient does not understand the provided information.

Psychosocial awareness

The importance of the patient's social context is something that the nurse experience is needed to take into consideration before treating the patient. How the patients will adapt to their condition is all depending on whether the patient has a social network around him or her. At home the patient's compliance to treatment will depend on if they have someone to remind them and look after them each and every day to take their medications. Their supporter also needs to take the role of educating the patient.

The nurses describe that the risk of failure increase when the patient does not have a family around for support. Risk factors for failing are, for example, when the patient has been rejected from their relatives, addiction to different substances, like drugs and alcohol, or poverty and hunger. When the patient is exposed to one or more of these factors the nurses can experience that the patient becomes frustrated, depressed, tired and stressed about how he or she is supposed to manage his/her condition. Overall the nurses experience that the patients' health process is depending on their social context and that the patient will probably fail if he or she is alone.

"You find some who is not really responsible, they are defaulted and that could be due to a lot of pains maybe at home nobody cares, it could be alcohol, yeah some of them they don't have families or poverty or hunger likes there is no food they…… they would not like to take their medication but there is really just patient who is really responsible for their health." (Nurse 5)

Openmindedness

The treatment of the patient has an important impact on how the patient will receive the care and the health education the nurse provides. The nurses experience that one of the most important tasks is to be there for the patient and all of the caring should be influenced by love, openness and understanding. Not only to be there in the role of handing out medicine but also to show the patient that you care. If the only focus in the care is on medicine and the physical part of the patient, the patient will have no use of it in the longer perspective. One nurse described it in these words:

"Cause if only maybe providing medication to the patients you put in the cabin and you give a drink and don't say "hi" don't ask "how are you feeling?" don't show love, this may not help. But if you show them love and that you care for them, put yourself in the out positions it will help the patient."(Nurse 5)

The nurses described that if they provide the care in a nonjudgmental way the patient will feel safer and dare to come forward with his or her condition. This will result in that the patient takes more responsibility for his or her own health process. It is also of importance that the nurse sees to every aspect around the patient's life when he or she designs the care for the patient so to the most possible extent, the patient can be independent.

Patient's attitude

The obstacles nurses can face in the care of these patients are many and the patient's attitude is an important key holder of how the care is going to both be performed and received. For the nurses, it is important to design the care having the whole patient in consideration, when the nurse tries to reach out and encourage the patient to take responsibility for him or herself.

Denial

The nurses experience that the part of the caring that means to involve and enlighten the patients about their condition is sometimes challenging. The patients' view of their condition is not always serious and they may take it just as a simple thing.

"But they don't take you seriously. So it's challenging to a nurse but as long as they don't understand and when you are, whenever you want to make them understand they think that you are just playing your role as a nurse. It's not easy to deal with them."(Nurse 2)

Areas that the nurses describe as challenging are traditions and attitudes towards health and different diseases. Traditions and attitudes can have a huge influence on the patient's compliance to the provided treatment. Personality features like stubbornness and the culture of being disrespecting against the nurse's profession is challenging for the nurse in the care when he or she is trying to involve and make the patient understand what it means to have this condition. This can result in denial of their condition which also affects the caring around the patient.

Awareness of the problems

Nurses express the importance of getting the patients to be aware of their condition. The patient needs to understand what is going on and how he or she can follow the treatment. Nurses have a responsibility to help them understand the importance of for example going to follow-ups and take medication. A good education can make the patient understand his/her situation. Education about ART plus diabetes and education about what the patient can do for themselves together with information of how other people will avoid getting infected or developing contraindication is important.

The nurses talked about before the ART, people used to die in a larger scale. Now, when there exists medication and more people know how to protect themselves, the number of deaths has decreased. They view it as a development of the situation and people are therefore much more aware of the consequences, if you do not use protection and take care of yourself.

Health education nowadays goes through media, like TV, radio and peoples are listening to it. The general view of it is that people are listening to the given information in a satisfactory way. Nurses are also giving education and the communities arrange meetings to help people to get more knowledge about the condition and the risks with it.

"According to the, to the person to person you see. Some of them are difficult and some they are easy. You see just tell them, they are there following what you are talking and there are some there are ignore like they are not understand."(Nurse 4)

Responsibility for own health

The nurses express that the patients need to take responsibility for their own health process, both at the hospital and at home. In the hospital, there are always nurses to rely on but when the patients come home they need to know how to manage themselves. Some of the patients do not want to be discharged because of the responsibility they need to take when they leave the hospital. The nurses see it as their task to encourage the patient as much as possible for their own care when he or she is at the hospital. If the patients are able to take their medication by themselves, they should do so and if they are weak the nurses will assist as much as is needed.

To motivate the patient to do follow-ups and get medication, so that he or she does not develop contraindications, is also an important task in the nurses' care around the patient. It is the patient's own responsibility to know exactly which time and date he or she should be there, when to take medications at home and how to manage their sugar levels and

adapt the medication to it. The nurse cannot always be there to remind the patient of taking their medication, they need to educate and inform the patient about how to take it and when. The problem though is that some patients do not care and think it is nonsense. It is their own choice if they want to accept the information and take responsibility. A nurse described it as if the patient is at the hospital the nurses are managing them but when they are at home they need to take care of themselves and sometimes that can create a problem if the patient is depending on the nurse too much and does not take responsibility, see below.

"It's not difficulties. The problem you see, like when you are, like when they come to hospital we are managing them. But only the problem are solve it, its discharge home. It's I depend on them because they are no more, no more nurse they are left here."(Nurse 4)

DISCUSSION

Result summary

The result showed that the nurses experience that health education is the most important thing they must do for this type of patients, if the patients are going to understand and be more aware of what it means to suffer from this kind of diseases. The struggles can be the lack of knowledge, denial and psychosocial problems like traditions, neglect from families and adaption to the condition that the patient is experiencing. The ultimate caring is good education, responsibility and awareness among the patients but the nurses are facing lack of openness and cooperation, denial and psychosocial struggles among the patients instead.

Method discussion

Data

The place we chose for our data collection was a medicine clinic in Katutura hospital. The place was given to us from our contact person that was working at the University of Namibia on the nurse program. As a recommendation from our contact person, we were handed the place which was supposed to have nurses with the experience that we specially wanted but when we came there, it was not what we expected. The reality was that the clinic did not have so many experienced nurses in the field that we were told they had. This resulted in difficulties to track down nurses that we could interview.

Data collection

The agreement which we had with the university (that we had to work in the ward to be able to get interviews) contained both positive and negative effects which had influence over our study. The negative effect that we experienced, was the impact on our time schedule. This task was not something that we had expected before the trip and it delayed us for a few days. On the other hand, this was a rewarding opportunity for us to get the trust we needed to be able to get the clearance from the nurses to perform the interviews. We used a "Letter of consent", see attachment 1, as a safety for the nurses who

participated. They needed to sign it before we started the interview and it described that the interview would be handled confidentially and that they could withdraw at any time. It also felt good for us to use it because it showed them that we were serious with what we were doing there. We recorded the interviews because of the language barrier and it decreased the risk of missing valuable information.

Data analysis

We used a qualitative content analysis according to Lundman and Hallgren Granmheims (2012, pp. 189-195) method which contains several steps in analyzing collected data. It was a good pattern to follow because it illuminated and captured the quintessence of the data collection. The method of analysis worked well to a qualitative based study which made the process easier. Considering that it was a lot of material to go through we managed to sort it out and it got easier the more we worked with it. A problem with the transcribing was the nurses' English skills, sometimes it was really hard to hear what they said and the pronouncement of some words was hard to understand. It made the transcribing difficult and we had to listen to the recording several times.

Result discussion

The main theme through all the categories we found out is that education is important, both education towards patients and education towards the community. Under the context of education there are many areas that the nurse needs to take into consideration in his or her nursing.

According to Kalra et al. (2011) the education must come with tools that are individualized from person to person, involving aspects of every area in the person's life. Our result also shows that the community tries to provide education as far as it is possible.

Through a raised awareness in the community, the goal is that every citizen shall take more responsibility for his/her disease, the known side-effects or the protection of getting ill. The United Nations Development Programme (UNPD) (2015) has 17 sustainable goals and the third goal is" to ensure healthy lives and well-being for all at all ages". It is including reducing the spread of HIV and AIDS. By 2030 they want to end the epidemic of AIDS and other communicable diseases. They want to let people get access to information of reproductive health, give people access to health-care services and safe, qualitative, effective and affordable vaccines and essential medicines, which leads to a reduced infection and development of complications.

If information about how to protect yourself from being infected with HIV, especially health education regarding reproductive health, goes out to the people, the chances of preventing children being born with HIV decreases. In this way, the spreading of the disease will be reduced.

Education is a big focus for the nurse in his or her care for the patient. It is important to identify the need of connecting other professions, if the patient does not understand the gravity of their condition. Because of the large focus the nurse puts in the didactic part of

the caring, the wanted effect is to make the patient take responsibility for their own health process.

A good care relationship is characterized by a professional commitment and reflection to what is happening in the care around the patient and by seeing the patient's life world. The caring relationship is characterized by integrity, dignity, respect, and closeness. The care relationship is mutual which requires trust (Ekeberg 2009, p. 26).

Openness is an important tool for both the patient and the nurse. If the care does not contain both the patients' and the nurses' interest, it will be a care which is not optimal. It is important to encourage the patient to develop and through the instruments that the nurse brings, lead the patient in a direction towards better health.

The care is about leading the patient into movement through the health process. The patient can then develop towards an experience of health. The health process can give the patients space and opportunity to shape their own lives. To give the patients space is about helping them to create opportunities to improve their health. It is also important to be there for the patient through the whole process and encourage them in what they want to do, ask questions and confront in a way that puts everything in perspective (Wiklund 2003, pp. 161-162).

Much of the caring depends on that the relatives also have received health education about the condition. This is because of the big part of the caring that is laid on the relatives. On the other hand, this can also be a problem for the patient. When there are no relatives around the patient, he or she will be left to fail. Relatives are good when you have them near but if you do not have anyone who cares for you, everything depends on the patients and their ability to care for themselves. f the patient does not have the ability to care for him- or herself, the general opinion is that the patient probably will fail.

Studies have shown that the support from close relatives is important when a person is coping with HIV and AIDS. The emotional and material support is necessary for the patient to continue with the treatment (Wouters, van Loon, van Rensburg & Meulemans 2009). It is good to have a family but if the sight of the condition is associated with for example shame, it can result in the patients' denial of their disease. The consequences of nursing can then be more complicated and the didactic care around the patient will be more affected.

Poverty is also a huge influencer over the patients' lives and the communities. From the patient's perspective, poverty can affect many areas in different ways. For example, it can be shown in the lack of food which is needed for the patient when he or she takes their medication.

The media can be a powerful tool in the prevention of raising awareness, advocating behaviors that promote health and community activism towards HIV and AIDS. Education about sexual activity and the use of condoms and testing of HIV and AIDS can be a good tool in curbing transmission of the virus (Ndiwane 2000). Much of the health education goes out through the media, TV and radio. Poverty can then be a problem because the information does not reach everyone. Then the infection will continue to

spread and complications will be continuing to rise because of the lack of information and education.

CONCLUSION

Openness is overall the main thing that the patient, the community and the nurse needs to have. If there is no openness in the care from the nurse towards the patient, it will affect the care in a negative way. The risk of failing and developing side-effects will increase together with the fact that the didactic part of the care becomes inadequate. Proper health education is essential for the foundation that the care is built on. Without health education, the awareness and open-mindedness in every aspect of the community will be lacking. With knowledge, the responsibility for health and the will to take care of ourselves will grow. If these factors do not permeate the community, diseases and the side-effects of diseases will continue to spread.

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ATTACHMENT 1

UNIVERSITY OF BORÅS

Letter of consent

Our names are Amanda Moller and Mathilda Lomstad. We are two nursing students from Sweden studying at the University of Borås and we are now writing our bachelor degree here in Namibia as a part of our education. We have been awarded a scholarship from Minor Field study, on behalf of SIDA (Swedish International Development Cooperation Agency) issued by the University of Borås, Sweden.

Our aim is to research about nurses' experience regarding work with HIV-infected patients who have developed type 2 diabetes as a complication of the HIV medication. In order to get some information about this we are going to make interviews with nurses who are working with this group of patients.

We would really like to do an interview with you in order to hear your experience of this. During the interview, we will ask you some questions (see appendix below). With your approval, we would like to record the whole interview with a dictaphone, and the recording will only be used for this specific study. During the interview, you can back out at any time and you do not have to explain why. You can go back on your decision to participate at any time before and during the study. All our material will be un-identified to protect your integrity.

Please contact us if you have any further questions:

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If you have understood the information written above please sign down below to participate in the study.

_____

Signature and date

ATTACHMENT 2

Interview questions

1. For how long have you been working as a nurse?
2. For how long have you been working in this ward?
3. In which context do you meet the patients?
4. From the nurse perspective, how is it to work with these patients?
5. Which is the main care around these patients?
6. How much responsibility do the patients have for their own health process?
7. Can you see a development in healthcare around these patients?
8. What do you think works well in the care around these patients?
9. What are the difficulties in nursing these patients?
10. How do you work with the prevention around the care?
11. What part do you play as a nurse in the care around these patients? Please elaborate on this, if you can.
12. What do you see as the nurse's most important tasks?
13. What strategies do you use in your work to help the patients with issues that are side effects from having type 2 diabetes?
14. Do you as a unit work with improvement work?
15. Is there anything else you would like to tell us tell us concerning this?
16. How old are you?