

Title:

Fundamental Requirements for Integration of HIV/AIDS Competencies Into Pre-Service Nursing Program in South Africa

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Session Title:

Research Integration

Slot:

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9:20 AM

Keywords:

Curriculum integration, HIV and AIDS and pre-service

References:

Bhengu, B. R., & Ncama, B. P. (2015). The Impact of HIV/AIDS on the Nursing profession in Sub-Saharan Africa. In B. Suellen, I. B. Corless, N. L. Meedzan, & P. K. Nicholas (Eds.), *Global Health Nursing in the 21st century* (pp. 137-156). New York: Springer Publishing Company.

Bazeley, P. (2013). *Qualitative data analysis: Practical strategies*. Los Angeles: Sage

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De Wet, G. E., du Plessis, E., & Klopper, H. C. (2013). HIV-positive patients' and their families' comprehension of HIV- and AIDS-related information. *Health SA, Gesondheid (Online)*, 18(1), 1-11, Art. #597. doi.org/10.4102/hsag.v18i1.597.

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Abstract Summary:

Fighting the HIV epidemic includes equipping nurses in their training. This involves ensuring integration of HIV and AIDS related competencies into the curriculum. The implementation of such integration relies of a number of requirements. This presentation discusses the fundamental requirements for integration of HIV and AIDS.

Learning Activity:

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe the fundamental requirements for the integration of HIV competencies into the pre-service nursing programme	For the implementation of HIV competencies into the nursing pre-service program, the requirements includes application of appropriate and progressive teaching

	strategies, provision of adequate learning opportunities, ensuring the clinical setting is prepared to receive the student nurses and they have appropriate equipment, as well as ensuring professional development with regard to the training of the teaching staff in the field of HIV and AIDS
The learner will be able to discuss the value of the fundamental requirements for the integration of HIV competencies into the pre-service nursing programme	The component and benefit of each fundamental requirement will be presented. For example, progressive teaching strategies facilitate bridging the theory – practice gap; provision of appropriate learning opportunities provide opportunity for experiential learning; exposure to clinical practice facilitates competency development; staff development in the content facilitates a successful integration of HIV in the curriculum

Abstract Text:

Background

The world started the 21st century with strong commitments in the fight against the HIV epidemic, with emphasis on increasing the access to health care as well as strengthening the health care systems (UNAIDS, 2002, Ortblad, Lozano & Murray, 2013, WHO, 2013). As nurses form the bulk of health care professionals, some of the major interventions in the fight against the HIV epidemic included a strong focus on in-service training to upskill nurses for the care for people living with HIV and AIDS (Bhengu & Ncama, 2015; Rispel, 2015). However, the pre-service preparation of nurses related to HIV and AIDS was noted as inadequate, with no clear information on how the pre-service training prepares nurses for the implementation of HIV strategies such as scaling up treatment, with recommendations of integration of HIV into nursing pre-service training (Relf et al. 2011a; Relf et al. 2011b; Zuber, McCarthy, Verani, Msidi, & Johnson, 2014). Integration of HIV and AIDS competencies the pre-service requires paying attention to fundamental requirements that would facilitate implementation.

Purpose

The purpose of this paper is to present the fundamental requirements for integration of HIV and AIDS competencies into the pre-service training of nurses as identified in South Africa. This paper is part of a research that developed the framework for integration of HIV and AIDS core competencies into the pre-service nursing programme in South Africa

Methods

The study applied the intervention research design and development methodology, and data were collected through nominal group technique discussion and individual interviews, and workshop discussions. For this study, a constructivist philosophy was adopted. There were a total of 112 participants in the study, and they were recruited through purposive sampling technique. All data were recorded and transcribed verbatim. Data related were analysed using qualitative thematic content analysis (Bazeley, 2013). The study was conducted from one university in the Western Cape from 2012 to 2014, and inputs were obtained from a variety of stakeholders including nurse educators from seven

provinces in South Africa, nurses in clinical practice, new nurse graduates, as well as people living with HIV and AIDS. All ethical principles were adhered to, with ethical clearance being obtained from relevant authorities, and consent forms being obtained for each data collection session. Member check, prolonged engagement and audit trail are some of the strategies applied to ensure trustworthiness (Creswell, 2014; Kloppe and Knobloch, 2010).

Results

From the data collection sessions, the participants stressed the importance of ensuring establishment of a structure with specific requirements that would support the integration of HIV and AIDS competencies into the pre-services nursing program. The identified fundamental requirements include appropriate teaching strategies, relevant learning opportunities, setting readiness for students' placement and staff development programmes for teaching staff.

It was noted that as recommended by WHO (2009), progressive teaching strategies to be implemented must be appropriate for the development of the competencies, including both theoretical and practical teaching and learning opportunities, as this will facilitate the transfer of information and bridge the theory – practice gap. The practical experience should not be limited to hospital settings, as exposure to home visits has the potential of facilitating the nurses' understanding of HIV and AIDS, its impact and how to plan care for the patients living with HIV and AIDS while considering the context of the patients. This was supported by Kamiru et al. (2009), indicating that training programmes need to provide opportunities for learners to have contact with patients during the course of their training.

In this regard, nurse educators in charge of education and training should plan learning opportunities ensuring that student nurses have enough time to develop the competencies, not as robots, but within a constructive approach to learning, which allows the students to explore their own interests, to question the situation and to strive to make a difference. To achieve this, Kolb's experiential learning theory would be applied, and the opportunity to provide care and management to people living with HIV and AIDS must be facilitated. As the teacher is considered a facilitator within the constructivist perspective, this will link strongly with the teaching strategies to be applied such as clinical placement, participation in community work, case studies, role-play as advocated by De Wet et al. (2013) and WHO (2005). Furthermore, this will facilitate the nursing students to become experiential learners that can follow the learning cycle consisting of concrete experience, reflective observation, abstract conceptualization and active experimentation (Svinicki & Dixon, 1987; Kolb & Kolb, 2012).

In addition to the nurse educator facilitating the learning opportunities, the clinical settings where students are placed for the clinical aspect of the training should be ready to provide and allow student nurses the opportunity to develop the competencies. Setting readiness is also mentioned in terms of student nurses being given the opportunity to practice the required skills while still in training. The exposure to clinical practice and learning opportunities has the potential to enhance nurses' competency in terms of confidence and positive attitude, facilitating fully functioning new graduates as indicated by Farrand, McMullan, Jowett, and Humphrey (2006).

As part of providing learning opportunity, it is crucial that required equipment in the clinical practice is made available. Equipment shortages can have a negative impact on the student nurses' practice and weaken the competency level, as well as providing opportunity for increased fear of providing care to people living with HIV.

Nurse educators are the facilitators of learning and their competencies should not only include teaching competencies, but also HIV and AIDS care and management competencies. It is therefore important to ensure that teaching staffs, whether it is a lecturer or a clinical facilitator, are all up to date with the information that relates to the care and management of HIV and AIDS. This has previously been highlighted by Hayes (2002) and HEAIDS (2010), indicating that the success of integration of HIV and AIDS into the curriculum also requires attending to the development of teaching staff.

Conclusion

These fundamental requirements have the potential to provide strong structure and framework for the implementation of a curriculum that integrates HIV and AIDS into the nursing pre-service curriculum in South Africa, and this will improve nurses' ability to provide care and management for HIV and AIDS upon graduation without having to solely rely on in-service training.