Executive Summary

Essential Nursing Competencies Related to HIV and AIDS: Executive Summary

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With nearly 33 million global citizens living with HIV or AIDS, the need for a highly qualified, competent nursing workforce is critical. With the recent increase in global funding to expand access to antiretroviral therapy, there have been considerable efforts to improve the capacity of nurses to initiate and maintain antiretroviral therapy while evaluating its effectiveness, monitoring for side effects, reducing the incidence of drug–drug interactions (including drug interactions related to therapies provided by traditional healers), promoting adherence to therapies, and providing management of symptoms. Therefore, using a participatory action approach, nursing leaders from six sub-Saharan African countries collaborated to develop the essential nursing competencies related to HIV and AIDS. These competencies can help to guide preservice education related to HIV and AIDS, to strengthen in-service or capacity-building programs designed for already qualified nurses, and to guide policy and regulatory reform in the context of taskshifting, task-sharing, and scope of nursing practices.

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Introduction and Context

Worldwide, the Joint United Nations Programme on AIDS (UNAIDS) estimated that nearly 33 million adults and children (30.3-36.1 million) were living with HIV or AIDS in 2007 (UNAIDS, 2008), with sub-Saharan Africa continuing to be the most affected region. In this region, an estimated 22 million adults and children were living with HIV or AIDS in 2007 (20.5-23.6 million), whereas an estimated 1.9 million persons (1.6-2.1 million) became newly infected with HIV (UNAIDS, 2008). Overall, in 2007, sub-Saharan Africa accounted for 67% of all people living with HIV and 75% of AIDS-related deaths (UNAIDS, 2008, p. 30, 32). Seven southern African countries—Botswana, Lesotho, Namibia, South Africa, Swaziland, Zambia, and Zimbabwe—experience adult HIV prevalence rates exceeding 15% (UNAIDS, 2008). In Botswana, Malawi, and Zambia, recent surveillance data from antenatal clinics suggest that the epidemic might be stabilizing (UNAIDS, 2008). However, in Lesotho, prevalence rates among pregnant women continue to increase (UNAIDS, 2008). Although South Africa’s epidemic might not be growing in size, there is minimal evidence of significant change in HIV related behavior that could decrease the magnitude of the epidemic. Subsequently, with nearly 6 million South Africans living with HIV or AIDS, it remains the nation with the largest number of people living with HIV in the global community. Comparatively, in 2006, Swaziland documented the highest ever seroprevalence rate in a national population-based sample at 26% (UNAIDS, 2008).

In 1990, southern Africans had a life expectancy of approximately 61 years at birth, an increase from approximately 45 years in 1950. However, as a consequence of the HIV and AIDS epidemics, life expectancy has declined substantially in many southern African countries (UNAIDS, 2008). In Swaziland, for example, the life expectancy for a child born today is estimated to be around 30 years, whereas in South Africa, it is around 45 years.

Although significant progress has been achieved in reducing mother-to-child transmission of HIV, the vast majority of children living with HIV or AIDS acquired the infection through this route. Globally, children under the age of 15 account for one in six AIDS-related deaths and one in seven new HIV infections. Furthermore, according to UNAIDS, “some 15 million children under age 18 have lost one or both parents to AIDS and countless children become responsible for the care of their siblings and other family members when parents are debilitated by poor health” (UNAIDS, 2009). Children who have lost one or both parents are frequently subjected to discrimination and are less likely to receive health care, education and other critical services. Additionally, child-headed households, or children living on the streets, are at an even higher risk for exploitation, abuse, exposure to HIV, and poverty (UNAIDS & UNICEF, 2004).
However, despite increased resources, the limited numbers of African health care professionals available to address the epidemic will only add to the challenges in the region. Critical to addressing these issues, but particularly the roll out of antiretroviral therapy (ART), is the availability of a competent, sustainable nursing workforce. In relation to ART, this workforce must demonstrate capacity to initiate and maintain ART while evaluating effectiveness, monitoring for side-effects, reducing the incidence of drug–drug interactions (including drug interactions related to therapies provided by traditional healers), promoting adherence, and providing management of symptoms.

Furthermore, comprehensive prevention programs require knowledgeable and skilled nurses and community health workers to provide evidenced-based interventions to prevent new infections while increasing individuals’ knowledge of his/her serostatus through counseling and testing. For those at the end-of-life stage, palliative care nursing interventions require nurses who are not only available but also trained to coordinate, deliver, and evaluate state-of-the-science interventions that are culturally relevant and sensitive. Finally, preventing mother-to-child transmission also requires available nurses who are knowledgeable about reproductive health and the scientific basis of preventing HIV infection during pregnancy.

In much of sub-Saharan Africa, the physician workforce is limited or almost nonexistent. For example, in Lesotho, Malawi, and Zambia, the ratio of physicians to population is 1:10,000 (World Health Organization [WHO], 2008). Throughout the region, nurses (registered, enrolled, and auxiliary) comprise the largest number of health care providers, although their shortage is also often extreme. Narasimhan et al. (2004) stated that “in most low income countries, there is insufficient human capacity to absorb and apply newly mobilized resources because the workforce is unavailable” (p. 1469).

Throughout the region, the migration of nurses, not only from rural to urban, but also intercountry within as well as outside of the region, has reduced the availability of human resources addressing the HIV and AIDS epidemics (WHO & World Bank, 2002). Additionally, HIV and AIDS, as well as tuberculosis, is yielding monumental workloads, while simultaneously reducing the health care provider workforce (Narasimhan et al., 2004). Furthermore, Samb et al. (2007) stated that “poor working conditions and low pay conspire with the risk of occupational transmission and the stress of working in communities devastated by the HIV epidemic to drive up rates of attrition” (p. 2510).

In many countries, the number of nursing students completing their education and entering the workforce frequently does not equal the number of nurses leaving the workforce because of declining health (HIV, AIDS, tuberculosis [TB], or other chronic conditions), retirement, or migration (Hongoro & McPake, 2004). It is estimated that between 18% and 41% of the workforce, including health workers, is infected with HIV in many sub-Saharan African countries (Narasimhan et al., 2004; Cohen, 2002).

With decreasing life expectancies in many sub-Saharan African countries as a result of AIDS, at least 1 million additional health workers, including nurses, are needed to offer basic services as recommended by the World Bank (Chen et al., 2004; Sheldon, 2006). On the basis of the research in Tanzania and Chad, Kurowski et al. (2004) estimated that the sub-Saharan African countries need nearly 1.4 million health care workers, specifically, 720,000 physicians and 670,000 nurses (Hongoro & McPake, 2004).

When examining the estimated number of people needing ART compared with those using it, there is a significant need for expansion of antiretroviral roll-out across the sub-Saharan African region.

Again, expanding ART to persons eligible requires nurses to be available, knowledgeable, and retained.

### Addressing the Problem

The President’s Emergency Plan for AIDS Relief (PEPFAR) is the U.S. Government’s international HIV/AIDS program. Under the leadership of Ambassador Eric Goosby, it works in partnership with host nations to support the (a) treatment for at least 3 million people; (b) prevention of 12 million new infections; and (c) care for 12 million people, including 5 million orphans and vulnerable children. To achieve these goals, PEPFAR will support training and retention of at least 140,000 new health care workers, including nurses, in HIV and AIDS prevention, care, and treatment. This is one component of
many health systems strengthening activities that build local capacity to lead the response to the HIV pandemic and other health issues. PEPFAR’s health systems strengthening efforts include providing support to country governments, regulatory agencies, and educational systems.

In this context of global cooperation, a search conference of African nursing leaders from six countries as well as representatives from the International Council of Nurses, the Association of Nurses in AIDS Care (U.S.), and the Department of Health and Human Services (U.S.) participated in the Regional Leadership Summit on HIV and AIDS Nursing Education, Practice and Policy held in St. Lucia, South Africa in June 2008. The search conference approach (Emery, 1996), a type of participatory action methodology, was used to identify and critically examine issues, establish priorities, and formulate a plan for nursing’s contribution in addressing these complex issues. At the closing session, summit participants identified a Regional Lead Team of nursing leaders to work collaboratively in formulating a work plan to prioritize and address the identified issues during the Summit. The members of the Regional Lead Team met throughout 2008-2009 to address the critical priorities identified from the Summit.

Using a participatory action framework, the members of the Regional Lead Team identified as priority the need “to strengthen capacity of nursing to address the HIV and AIDS epidemic through the establishment of core competencies specific to nursing” (Relf et al., 2011). As a result, The Essential Nursing Competencies related to HIV and AIDS were developed on the basis of the meetings held with nursing leaders in each of the six participating countries (Botswana, Lesotho, Malawi, South Africa, Swaziland, and Zimbabwe), the efforts of the Regional Lead Team, and an expert consensus panel convened in Durban, South Africa in March-April 2009.

Competencies: What Are They and Why Are They Important?

Over the past decade, accreditation and regulatory bodies providing oversight of institutions preparing health professionals; accreditation and regulatory organizations for clinics, hospitals, home health agencies, hospices, and clinical laboratories; governmental organizations regulating the practice of licensed health professionals; health profession’s councils and associations; and global health organizations, like WHO (WHO/AFRO, 2007a,b) and International Council of Nurses (ICN, 2008); have documented the need for competency-based preservice education, competency-based orientation of clinicians, continuing competency validation as part of licensure renewal, and the critical need to have clearly identified competencies to support the efficient and effective use of resources, including human resources, in the delivery of nursing care. As defined by WHO, professional competence “is the ability to effectively and efficiently deliver a specified professional service” (WHO, 1993, p. 4). This “implies that the nurse is able to practise at a proficiency (mastery of learning) in accordance with local conditions to meet local needs” (p. 4). To achieve professional competence, or competencies required of a professional, students must demonstrate terminal competencies “upon completion of basic education which should match as closely as possible professional competencies” (WHO, 1993, p. 4).

Competence is comprised of three elements—knowledge, skills, and attitudes (ICN, 2008; WHO, 1993). Knowledge includes the mental abilities and cognitive learning that results from didactic instruction or continuing education and/or in-service education. Skills comprise the motor abilities to deliver care as well as the communicating and interacting abilities necessary to be a contributing member of the multidisciplinary team. Attitudes consist of the ability to use cognitive learning, to critically think in real life situations, and to make appropriate decisions on the spot (WHO, 1993).

Consequently, in an era of scarce resources, combined with the complexities of nursing care of HIV and AIDS, it is essential that nurses demonstrate competence in the prevention, care, and treatment they provide in partnership with individuals, families, and communities infected and affected by HIV and AIDS. When competencies are identified, it is then possible to determine their application within the disciplines of nursing and midwifery to include not only the professional nurse and midwife but also the enrolled nurse, auxiliary nurse, health worker, home care attendant, and skilled birth attendant.
Competence Development Methodology

In developing the essential competencies for nursing related to HIV and AIDS, a participatory action approach of regional nursing experts from the sub-Saharan African region, including educators, clinicians, and policy/regulatory experts, was used. From the outset, the participating nurse leaders from the region viewed the competencies related to HIV and AIDS as supplemental to the general competencies expected of all nurses that were achieved as a result of education, training, examination, and licensure. The general nursing competencies serving as the basis for refinement in the context of the HIV and AIDS were those published by the ICN entitled Nursing Care Continuum–Framework and Competencies (ICN, 2008).

The primary operating assumption of the regional nursing leaders involved in the development of HIV and AIDS nursing competency process focused on regional collaboration. This collaboration was essential because of the following reasons:

- It facilitated sharing of expertise and resources through a South-to-South collaboration of nursing leaders;
- It expanded partnerships and networks to reduce duplication of efforts and to facilitate action;
- It mitigated the effects of regional migration of nurses; and
- It established a regional network for sharing best practices related to task-shifting.

The participating nurse leaders unanimously supported the development of essential nursing competencies for HIV and AIDS if the competencies were comprehensive in nature, holistic in approach, and not merely focused on ART delivery. To be comprehensive, the participating nursing leaders firmly articulated that the identified competencies must address the cognitive, affective, psychomotor domains specific to HIV and AIDS as well as the professional expectations of nurses related to HIV and AIDS. Finally, to address the complex issues associated with HIV and AIDS, the nurse leaders participating in the development process supported a holistic approach examining the contribution of nursing across the care continuum (prevention, care, and treatment) while also addressing the psychosocial, spiritual, ethical perspective, individual, and community level stigma associated with the disease as well as the essential leadership, mentoring, and professional development required of nurses and nursing.

Figure 1 illustrates the complex nature of HIV and AIDS nursing care. The client, delineated in the middle of the graphic, is defined as the individual, family, and/
or community living with, at risk for, and/or affected by HIV and AIDS. Surrounding the client are the nursing care activities demonstrating the complex, multilevel needs of persons living with, affected by, or at risk for HIV or AIDS. In partnering with the client to address these needs, the nurse uses many roles, which are illustrated in the outer circles.

Figure 2 provides a graphic illustration of the methodology used in developing the essential competencies for nursing related to HIV and AIDS.

The Essential Competencies for Nursing Related to HIV and AIDS

In accordance with the requirement self-imposed by the Regional Lead Team, and supported by the external stakeholders convened for the expert consensus panel, the identified essential competencies are holistic in nature and address the complex, multilevel issues surrounding the HIV and AIDS epidemics (please see Table 1). Both the Regional Lead Team and the expert consensus panel felt that to be meaningful and applicable, there were several issues that must be considered.

- First, the essential competencies must be adapted to the spectrum of care delivery, the care setting, and within the scope and standards of care for nursing specific at a country, provincial, or local level.
- Second, the essential nursing competencies related to HIV and AIDS must be leveled to the composition of the nursing workforce in the respective country, province, hospital, or clinic similar to the leveling done in the Nursing Care Continuum–Framework and Competencies (ICN, 2008). Thus, adaptation of these essential competencies for nursing related to HIV and AIDS needs to match the scope of practice and the composition of the nursing workforce so that they will be most meaningful and reasonable.
- Third, when adapted to meet the needs at the regional, country, or local level, the following nursing competencies related to HIV and AIDS should be used to:
  - Redesign nursing curricula to produce a competent nursing workforce prepared to enter practice, ready to address the complex individual, family, community, and societal issues related to HIV and AIDS,
Evaluate nursing regulations governing nursing practice in the context of HIV and AIDS, and deliver capacity building programs that expand and validate the competence—including the knowledge, skills, and attitudes—of the nursing workforce already in practice.

Finally, these essential nursing competencies related to HIV and AIDS can help to clarify the role of the nurse in addressing the HIV and AIDS epidemics. Furthermore, they provide a mechanism for the discipline of nursing to strengthen its capacity to deliver and evaluate contributions to the health and well-being of individuals, families, communities, and societies that are affected by HIV and AIDS.

Summary

The identified essential nursing competencies related to HIV and AIDS are powerful instruments
to strengthen the capacity of the nursing profession to address the HIV and AIDS epidemics in sub-Saharan Africa. These competencies can be a resource to practicing nurses, nurse educators, professional nursing associations, nursing councils, ministries of health, funding agencies, and health care agencies to support the ability of nursing to provide holistic care to individuals, families, and communities infected or affected by HIV and AIDS. A detailed description of the essential competencies as well as supporting references reviewed in their development and resources available for strengthening nursing capacity in the context of HIV and AIDS is available as an online supplement (doi:10.1016/j.jana.2010.07.007) at http://www.nursesinaidscarejournal.org/.

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