ASSESSING THE IMPACT OF HIV AND AIDS ON EMPLOYEE PERFORMANCE AND SERVICE DELIVERY IN CECILIA MAKIWANE HOSPITAL EASTERN CAPE: (2005-2007)

By

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Declaration

I the undersigned, Noxolo Tuswa hereby declare that this dissertation is my original work and that it has not been submitted, and will not be presented to any other university for a similar or any other degree award.

Signature

27/11/2009

Date

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Abstract

The study aims at assessing the impact of HIV and AIDS on job performance of individual and thus service delivery. It is conducted in Cecilia Makiwane Hospital and focuses on HIV positive individuals with disclosed status of HIV during the period 2005 - 2007. The sample consists of twenty respondents chosen on the basis of their willingness to participate in the study. Management of the hospital, Employee Assistant Program Manager also participated in the study.

Data was collected through focus group and individual interviews. Data analysis was done through the use of coding and thematic assessment, graphs and tables used to enhance analysis and interpretation.
Findings revealed that there is correlation between the problem statement and findings of the study, that HIV and AIDS has a negative impact on job performance of HIV positive individual. This was confirmed in responses of 68.7% of respondents who agreed that HIV and AIDS have a negative impact on job performance of individual. Findings further suggest that the prevalence of HIV and AIDS at Makiwane hospital is high on females and shows no difference between single and married women it cuts across the same way. 93.7% of respondents viewed Employee Wellness programmes as contributing positively towards enhancing productivity levels of HIV and AIDS infected individuals, but more education still needed as means of strengthening the effectiveness of the Programme to cover the remaining 6.3% respondents who had different views about EAP.

Findings further revealed increased levels of absenteeism of respondents after being diagnosed HIV positive. Absenteeism was seen as a major factor affecting productivity levels coupled with high workload to non infected colleagues. This was seen as straining relations between infected individual, colleagues and supervisors. This was further qualified by responses of Management, EAP and focus group.

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CHAPTER 1: RESEARCH PROPOSAL

1. 1 Introduction

The term HIV refers to Human Immunodeficiency Virus and the term AIDS refers to Acquired Immune Deficiency Syndrome. This disease was first recognized in 1981 and quickly attracted world wide attention. It remains a phenomenon of unusual importance and an intense research effort is in progress throughout the world in an effort to understand it and develop treatment for this terrifying disease. AIDS has the potential to create severe economic impacts in many African countries. It is different from other diseases because it strikes people in the most productive age groups and is essentially 100 percent fatal.

AIDS deaths lead directly to a reduction in the number of available workers. The loss of young adults in their most productive years affects overall economic output. The direct costs of AIDS include expenditures for medical care, drugs and funeral expenses. The indirect costs include lost time due to illness, recruitment and training costs to replace workers and care for orphans. In South Africa the highest prevalence rate of HIV and AIDS occurred in Kwazulu Natal, Gauteng, Free State and Mpumalanga (Department of Health 2000; Bollinger, 1995:3).

HIV and AIDS influence the infected employee and uninfected co-employees through feelings of fear, discrimination and workplace disruptions (Miller, 2000). The fear of discrimination and stigmatization prevents infected employees from disclosing their HIV status. None disclosure becomes justifiable when one considers the number of South African legislative provisions that support the right to privacy and prohibit discrimination

of those infected with HIV and AIDS in the workplace (Juillet, 2005:278; *Employment Equity Act (55 of 1998).*

An inherent controversy can be noted if one takes an in-depth look at the policies that exist in the country in protection of mishandling, prejudice and discrimination of HIV infected people. The policies overtly over protect the HIV infected employees at the expense of the susceptible group of employees who work with the infected person. The controversial issue of having a right not to disclose the HIV status as supported by legislation and being at risk of infection because of not knowing or not being forewarned becomes evident here. Another risk is on the side of employers who offer a job to an infected person who might have limited time to plough back to the company what has been invested in him or her through developmental trainings, due to disease progression. HIV and AIDS in the workplace pose many challenges to employers such as increased labour turnover, absenteeism, discrimination and fear (Breuer, 1995:127-126; Clarke & Strachan, 2000: 8).

The study seeks to discover the effect of HIV and AIDS on the performance of those infected, and find out how this impacts on service delivery. The workplace is considered an appropriate and important place to address the HIV and AIDS pandemic because people spend a large part of their lives at work (Clarke & Strachan, 2000:09). Assisting and supporting those infected with the disease could contribute towards their improved job performance and thus organizational productivity. Although many employers have implemented strategies to deal with the pandemic several still continue to ignore its impact (www.bibalex.org.supercourse/supercourse/ppt ; Mclean & Moore 1997:24) It is envisaged that the findings of the study will assist employers to directly target and strengthen their intervention on workplace support programmes to the needy ones particularly those who voluntarily disclose their HIV status and also to broaden their Human Resources Planning in terms of succession planning. It is in this context that

encouragement to voluntary testing and disclosure could be understood (Employee Health Wellness Strategic Framework, 2007; HIV& AIDS and STI National Strategic Plan, 2007-2011).

1.2 Statement of the Problem

According to the speech made by the Minister of Health Dr Manto Tshabalala-Msimang, the HIV epidemic in South Africa has the potential to prevent the achievement of sustained human development. As the multiple and cumulative impact of the epidemic work their way throughout the system all sectors will be affected. So far the impact has been largely hidden, reflecting the slow build up of infection and the delay in the progression to AIDS. It is important not to be lulled into false hopes about the epidemic simply because its visible effects on the economy have not materialized.

HIV and AIDS is concentrated on the core of the labour supply, it is present in rural, peri-urban and urban areas alike. According to the findings of Antennal Survey conducted by the department of Education in 1999 it was discovered that 300 000 learners were HIV positive in the system. Those are future potential workers who at a certain stage in their lives would join the public service with that status. An assessment of the effect of HIV and AIDS on job performance of employees is necessary to assist the sectors to come up with strategies to mitigate the impact of the disease in the workplace. (Dr Tshabalala – Msimang speech at SAU-SRC - National Congress, 1999).

1.3 Research Objectives

The study objectives are as follows;

(i) to assess the impact of HIV and AIDS in employees of Cecilia Makiwane Hospital and also investigate the effectiveness of workplace support programme on people living with the disease as well as other chronic conditions in the work environment.

(ii) to bring out informative data that could be utilized by the hospital human resource section in terms of preparing for succession plans. The hospital could also utilize the information gathered on the findings of this report to strengthen its workplace support program. and reduce stereotypes, prejudice, stigma and discrimination associated with HIV and AIDS.

1.4 Hypothesis

The hypothesis of the study is that if an employee is HIV positive then at some stage there is a potential risk that the job performance of that employee may be affected due to the inevitable progression of the disease, thereby impacting negatively on service delivery.

1.5 Significance of the Study

The study will be beneficial to individuals living with HIV and AIDS in the workplace, in the sense that the effectiveness of workplace support programmes that were established to assist them will be investigated. The findings of the study will therefore assist the hospital management to effect relevant intervention as in line with sections (8.1) and (13.1.1)(13.1.2) of the *Employment Equity Act,(55of 1998 ; Occupational Health and Safety Act,(85 of 1993)* that provide for promotion of a safe workplace environment by employers without risk to the health of its employees and further provide for management of HIV and AIDS in the Workplace.

It will further give insight on the prevalence of HIV and AIDS on employees. This will give employers a better chance to strengthen their workplace support programmes. Workplace support programmes which refer to all organizational activities, practices and policies implemented to manage HIV and AIDS and other chronic conditions in the workplace, thereby ensuring optimal utilization and support of infected employees. The activities, policies and practices include those that address discrimination, HIV and AIDS education, job accommodation, health care and insurance costs, privacy and

counseling (Lim & Loo,2000:130). It will also shed light on the direct and indirect risks and costs that the employer might be subjected to. The study will further expose the amount of risk involved in job performance of the employee infected with HIV and AIDS that could have a detrimental impact on service delivery. It will also unravel the subtle discrimination of the group of employees who work with infected employees, who by virtue of not being forewarned could stand a risk of being infected. Policies that have been enacted by government have very little to say on how these category of employees could be protected, the available policies highly protect the HIV and AIDS victims not to disclose their status against their own will until they feel it is necessary and they are comfortable to do so.

The investigation in this kind of study is also supported by *section 14(14.1)(14.2)(i)(ii)* of the *Employment Equity Act,(55of 1998)* which provides a mandate to employers and unions to develop strategies to understand, assess and respond to the impact of HIV and AIDS in their particular workplace and sector. This should be done in cooperation with sectoral, local, provincial and national initiatives by government, civil society and non-governmental organizations. *Section (14.2)* calls for broad assessment of the impact, that should include an assessment of *(i)* Risk profiles and (ii) assessment of the direct and indirect costs of HIV and AIDS. Section *(14.3)(i)* focuses on the assessment of vulnerability of individual employees or categories of employees to HIV infection.

1.6 Ethical Consideration

The study has an inherent limitation because of its ethical nature. Although it is necessary to conduct the study as in line with section 14 of *Employment Equity Act,(55of 1998)* to find out answers that are of pivotal importance for the infected employees and also the Cecilia Makiwane hospital as an employer, it might be done in such away that will ensure much respect of human dignity as enshrined in chapter 2 of

the *Constitution of South Africa Act, 108 of 1996.* The consent of those infected with HIV and AIDS will be sought throughout the study.

1.7 Literature Review

Theories underpinning the study will be Humanistic approach of Roger's Self Theory and Maslow's theory. Roger's theory will be used to illustrate the influence of workplace support programmes on the job performance of individuals living with HIV and AIDS. According to the humanistic approach people do not only react to physical realities, which are perceived but also to how they subjectively interpret events and phenomena. This is an important principle in understanding why employees for instance often react so differently to work stressors, poor employee relationship, supervision and management style. (Bergh & Theron, 2003:357). According to Rogers all individuals have a unique frame of reference in which they experience and interpret their environment. The environment influences them while they strive to attain self actualization (Meyer, 1997:469). He further asserts that the need for positive self regard is very closely associated with the need for positive regard from others like managers; supervisors within the work environment. People require that esteem from others in order to esteem and feel positive about themselves. The need for positive regard play important role in determining individual behaviour. The concept of self in his theory refers to the subjective ways in which individuals perceive themselves, their attitudes, and relationships towards the world and how they cope in the workplace. Within the workplace the self concept could influence how individuals feel, think and act about themselves and their jobs which could have influence on their performance (Meyer, 1997:466). Inline with this Granich (1999:117) discusses five stages undergone by individuals once they get diagnosed of HIV and AIDS. These stages have a direct bearing on the job performance of the individual as each person reacts differently on the influence of the external environment to their lives. Those stages are:-

- **Denial and isolation**, they would be absent from duty to shop around for doctors, they will isolate themselves from other colleagues.
- **Anger,** they recent the fact that others are healthy and they are not, this might pose a risk of infecting those who do not know their status. They would sometimes feel lonely around those who do not have the disease and become totally passive to issues needing their attention, this could reduce the work productivity.
- **Bargaining,** they will bargain with themselves to gain a sense of control over their destiny.
- **Depression**, they would feel depressed about the fact that they have a serious illness. People feel despair about caring for their families and themselves.
- **Acceptance,** once individuals fully accept their status they often find themselves with more energy and a new will to live their lives to the fullest, this can bring a sense of peace. The productivity levels at work increase. The workplace support programmes are therefore important to assist the individuals to undergo all these stages in a controlled manner that could not have a significant impact on job performance.

According to Mondy (2005: 387) AIDS is definitely a workplace issue and one that impacts on productivity. In the US for example the majority of large firms already employ a substantial number of people who have AIDS or infected with HIV. It was estimated that by the end of the twentieth century AIDS had cost American business about $55 billion in lost productivity, higher health and disability insurance premiums and additional expenditure for hiring and training new employees. Employees fearful of associating with those infected with the virus create an atmosphere that is not conducive to efficiency. Nel (2004: 296) agrees with Mondy (2005) that managers must accept the burden of informing their workforce about the disease, particularly employees working with those infected with HIV and AIDS. Furthermore, Nel,

(2004:296) states that organizations must make decisions and formulate policies on whether to use pre-employment testing for AIDS, exclusion from medical funds, termination of employment due to HIV or AIDS. This is in contrast with what has been provided for by section 5.3 (5.3.3) of the *Employment Equity Act (.55 of 1998).* According to this section no employee, or applicant for employment, may be required by an employer to undergo an HIV test in order to ascertain HIV status. HIV testing by or on behalf of an employer may only take place where the Labour Court has declared such testing as justifiable in accordance with *section 7 (2) of the Employment Equity Act.*

Section 7.2 (7.2.1) *of the Employment Equity Act* further agrees with the above statement that, all persons with HIV or AIDS have the legal right to privacy. An employee is therefore not legally bound to disclose his or her HIV status to an employer or to other employees. One of the objectives of this research is to gain insight on the impact of HIV and AIDS on job performance of an individual and also to create awareness to the department of the extent to which HIV and AIDS has affected its employees. The Occupational and Safety Act, (85 of 1993) states that all organization must provide and maintain a workplace that is safe and without risk on individuals health. It further states that Organizations also have a duty to inform individuals of any hazard to their health regarding any work they perform. The non disclosure of the HIV and AIDS status puts at risk the lives of non infected people and this is contrary to the *Occupational Health and Safety Act, (85 of 1993).* The researcher fully agrees with what has been stated by Swanepoel (1998:588), that South African organizations are woefully ill-prepared to confront the issue of HIV and AIDS in the workplace head on. This might be due to ethical issues surrounding HIV and AIDS. If issues like these are not being investigated how will prevalence of the disease in organizations be known?

A survey conducted in South African organizations in 1994 by Smith regarding AIDS policies and practices found that the majority of organizations have not prepared themselves adequately to deal with the spread of AIDS. Two findings came out of the survey, firstly that although AIDS will probably affect most organizations and although most of the larger organizations have taken steps to protect their employees against discrimination by the implementation of appropriate policies, the majority of the organizations have generally tended not to implement such policies. Secondly, despite the vigour and tenacity with which the Unions criticized discrimination, they do not seem to make any effort to voice their opposition to discrimination based on AIDS, (Swanepoel 1998: 593)

The Human Resource Succession Plan could be an option that organizations should consider strengthening as means of preparedness for the unfortunate situation brought by HIV and AIDS. According to Swanepoel (1998: 283) HR succession plan is seen as a long term, more flexible method which focuses on development of managers or leaders. On the other hand Mondy (2005:85) defines succession planning as a process of ensuring that qualified persons are available to assume key managerial positions once positions are vacant due to untimely deaths, resignations, terminations or the orderly retirement of officials. The goal of succession planning is to help ensure smooth transition and operational efficiency.

According to the research finding conducted in the Eastern Cape in 2005 by Mafuya & Peltzer about the perceived HIV and AIDS impact among staff in tertiary institutions of the Eastern Cape, the following were the findings:

- A sizeable percentage of workers indicated that the prevalence of HIV and AIDS had an effect on their duties at work 12.5%, quality of service provided 18.2%, and ability to work was 12.9%.

- Workers indicated that the prevalence of HIV and AIDS among their colleagues has impacted negatively on their duties at work , in that it led to an increase in workload, poor quality of service, low morale, high absenteeism and frustration due to sick / absent staff members (Juillet, 2005:280).
- Healthy employees were increasingly working extra hours to compensate for the time lost by their absent colleagues, and they were not remunerated for that. Working longer hours therefore produces stress among employees and therefore is responsible for decline in both quantity and quality of the final product. It could therefore be concluded that HIV and AIDS increases employee workload. Strategies to manage increased workload among employees should be developed.

The minister of health Dr Tshabalala-Msimang also agrees in her speech on the impact of HIV and AIDS (SAU-SRC National Congress in 29 November 1999) that there were many workers infected with HIV and AIDS in the country and that has been apparent from declining productivity, rising rates of absenteeism and loss of skilled labour. She further believed that overtime may result in higher labour costs and weakened economic performance.

The Employee Health and Wellness Strategic Framework for the Public Service is one of the policy documents that seek to enhance strategies of workplace support programmes. The key objective of this framework is to communicate an integrated needs-driven, participative and holistic approach to Employee Health and Wellness in the Public Service. The integrated approach to employee health and wellness recognizes the importance of linking individual health, safety and wellness, as well as organizational wellness to productivity and improve service delivery outcomes.
The document further addresses four pillars in line with employee wellness;

- The HIV and AIDS management
- Health and Productivity Management

- Occupational Hygiene and Safety Management and
- Wellness Management.

The vision for the EH&W Strategic Framework is to provide programmes that can develop and maintain healthy, dedicated, responsive and productive employees within the public service, who can also add value within public service organizations.

The rationale and intended outcome related to Pillar 1 (HIV and AIDS Management) is to mitigate the impact of the HIV and AIDS epidemic and improvement of Public Service delivery to reduce the number of infections and the impact on individual employees, families, communities and society. This is in line with the Department of Health National Strategic Plan for HIV and AIDS and STI in South Africa 2007-2011. The NSP seeks to reduce the number of new infections by 50% and reduce the impact of HIV and AIDS on individuals, families, communities and society by expanding access to appropriate treatment, care and support to 80% of all people diagnosed with HIV. (National Strategic Plan, 2007:18)

Pillar 2 refers to Health and Productivity Management, according to EH&W framework health and productivity management activities are convergent efforts to promote the general health of employees through awareness, education, risk assessment and support in order to mitigate the impact and effect of communicable and non communicable diseases on the productivity and quality of life of individuals. Health and productivity management is further described as a concept of reducing health care costs and improving quality of life for individuals with chronic diseases and conditions by preventing or minimizing the effects of a disease through integrative care. Health and productivity management integrates data from the domains of health promotion, diseases prevention, care management occupational health, disability management and organizational dynamics. It clearly manages healthcare in the work place (Employment Health and Wellness, 2007:22). The literature therefore strongly supports the investigation that the researcher is intending to conduct.

1.8 Research Methodology

The study will use both qualitative and quantitative research methods. Exploratory and Descriptive research designs will also be used in the study. The researcher will introduce the study to the Management of Cecilia Makiwane Hospital as means of getting access to the group of HIV positive staff members who have developed a support group within the hospital and have affiliated to the Programme headed by Non Governmental Organisation known as "Care of the Carer" (NGO) that assists all staff members who have disclosed their HIV and AIDS status.

Data will be collected through surveys. Focus groups, structured and unstructured questionnaires will be used to elicit information from respondents. Questionnaires will be distributed to the following target group ;

- The Management of Cecilia Makiwane Hospital
- Employee Assistance Programme Manager
- Labour union – NEHAWU/DENOSA
- Patients that are under the care of infected personnel.

The development of questionnaires will be influenced by researcher's background on health services and 15 years experience in a position of District Health Coordinator dealing with all health programmes within the district. The Patient group will be expected to yield answers as to how they perceive service rendered by the HIV and AIDS positive staff members. In- depth interviews will be conducted with twenty respondents who have disclosed their HIV and AIDS status and who after being informed by management of the hospital about the study display their willingness to be part of the study. (Sullivan, 1989:295; O'Leary, 2004:154; www.stat.wmich.edu, 2008).

1.9 Sampling Method

The sampling procedure to be used would be Non probability Sampling Design; the sampling type will be quota sampling. This type of sampling is chosen to reduce the risk of selection biases that might result from giving the interviewer a totally free hand. Target population will be twenty employees' diagnosed HIV positive during the period of January 2005 to December 2007 at Cecilia Makiwane Hospital who has disclosed their HIV and AIDS status. Participants will be conveniently selected, on the basis of their willingness to be interviewed. The sample will target 50% of males and 50% of females regardless of age group and race; all respondents will be working at Cecilia Makiwane Hospital. (Sullivan, 1989:122&258).

1.10 Data Analysis

Data will be analyzed by the use of tables, excel spreadsheet and graphs. Eyeballing and frequency of occurrences will also enhance the analysis and interpretation of data.

1.11 Delimitation of the Study

The study will be conducted at Cecilia Makiwane hospital which is situated in Mdantsane location in the area of Amathole Health District. Cecilia Makiwane is a three hundred bed hospital that provides services to people from the five sub districts of Amathole namely; Buffallo City, Mnquma, Mbashe,Amahlathi and Nkonkobe sub-district. It extends its services also to cover areas outside the boundaries of the Amathole district such as OR Tambo Alfred NZo and Chris Hani districts. The period of study will be January 2005 to December 2007

1. 12 Conclusion

The study will benefit everyone, it will create and encourage self disclosure to those who fear disclosing on the basis of being prejudiced and discriminated against. When looking at the pieces of legislations that govern the management of HIV and AIDS, the country has done one of its important functions of "protecting its people". It is envisaged that the subtle form of discrimination and controversial sections in some pieces of legislations will be redefined through the process of policy review to give perspective in the attached ambiguity and subtleness.

CHAPTER 2: LITERATURE REVIEW

2.1. Introduction

The study moves from the premise that HIV and AIDS affected individuals could at certain stages of their lives notice reduction in their productivity levels due to progression of the disease. The study seeks to discover the effect of HIV and AIDS on the performance of those infected, and find out how this impacts on service delivery. The workplace environment is considered an appropriate and important place to address the HIV and AIDS pandemic because people spend large part of their lives at work (Clarke & Strachan, 2000:09). Assisting and supporting those infected with the disease could contribute towards their improved job performance and thus organizational productivity.

This chapter will therefore deal with the influence of HIV and AIDS on the health system and how this influences demand and supply of the health workforce. Organizational context which is also regarded as the environment in which HIV and AIDS infected individuals spend most of their lives will also form part of the discussion. That will be followed by a discussion on job performance of individuals and the contribution of workplace support programmes on individuals living with HIV and AIDS. A review on the impact of HIV and AIDS on job performance will conclude the chapter.

2.2. Influence of HIV and AIDS on Health System

South Africa is faced with a matured and generalized HIV and AIDS epidemic which has also been described as one of the worst AIDS epidemics in the world. According to a 2006 United Nations (UNAIDS) Report; an estimated 5.5 million South Africans were living with HIV in 2005. It was further reported that 320 000 people died of AIDS-related illnesses in South Africa in 2005 alone

translating to about 900 deaths daily. Life expectancy at birth is also expected to continue to decline as a result of the epidemic. In addition to the health impact of the AIDS epidemic, it also presents an array of unprecedented medium and long term social and development implications, impacting on all levels of human endeavour. *Framework for an Integrated Local Government Response to HIV and AIDS (2007:2)*

The epidemic has for instance continued to claim the lives of skilled workers and the most productive age groups of societies. This would result in a continued decline in the human resource capacity base of social and business institutions thus compromising their ability to sustain productivity and standards of services (*Framework for an Integrated Local Government Response to HIV and AIDS, 2007:2).* In line with this (Kinoti,2006:3) in his paper on the impact of HIV and AIDS on the health workforce argues that in fragile health systems as is the case in most resource-constrained countries, the human resource crisis is the result of many macro-economic and governance factors. He reasoned that the crisis is further compounded by the impact of the HIV and AIDS pandemic, which leads to excessive workload and burnout, high worker attrition rates with no replacement and limited entry into the workforce.

The researcher fully concurs with this reasoning as the Department of Health in the Eastern Cape is handicapped by replacing personnel who left the service including those who died of HIV and AIDS causes, due to budgetary constraints. Alongside this reasoning Page (2007:104-105) asserts that work performance may be reduced by the effect of HIV and AIDS. According to Kinoti (2006:3) the solution to this crisis would be to address the broader macro-economic factors as well as the more proximate factors that influence human resource-related functions of the health system.

2.2.1. Definition and importance of the health workforce

According to the WHO, human resources for health are men and women who make health care happen. They include nurses and midwives, pharmacists, physicians, dentists and other health professionals. They also include auxiliary health care workers, community health care workers, and practitioners of traditional medicine, technicians and other paraprofessional personnel.

They are all important because the existence and quality of service to promote health, prevent illness or to cure and rehabilitate depend on the knowledge, skills and motivation of human resources for health. Health workers are crucially important as a resource for producing good health for the population. They constitute 1 in 20 employed workers in the global economy and perform key social roles in all societies. For this reason it is important that countries ensure that their health system get the right number of service providers with the right skills at the right place at the right time (Kinoti, 2006:2-3).

2.2.2. Magnitude of the health workforce crisis

Whilst HIV and AIDS is a challenge throughout the world, the regional impact of HIV and AIDS has so far been most pronounced in sub – Saharan Africa where it is impacting negatively on the health system both by increasing demand for health services and reducing health workforce availability and performance. Nursing shortages are not just a problem for nursing, but are a health system problem, which undermines health system effectiveness and requires health system solutions. Without sustained intervention global nursing shortages will persist, undermining attempts to improve care outcomes and health of nations (Hancock, 2004:1-3).

Workplace conditions for health workers employed at hospitals and clinics in South Africa were explored as part of a recent national study on the impact of HIV and AIDS on the health sector. Health workers' opinions on aspects such as workload, staff morale and working hours as well as their views on the influence of HIV and AIDS on their ability to face the challenge of caring for people were obtained during personal interviews conducted in 222 health facilities. Nine hundred and twenty four nurses participated. Data revealed that HIV and AIDS magnified the workload of nurses for various reasons: an increase of patients with HIV and AIDS related diseases; the intensive type of care that is needed by many of the dying patients; and lack of supplementary support. Nurses have to cope with these challenges while dealing with staff shortages and insufficient organizational support in their workplace. (Paper on Human Science Research: 2, 7).

Hall, (2008:2) agrees that health care workers may also be infected with the disease. They may encounter discomfort as well as fear that their status will become known at work which may lead to increased absenteeism, stress and lower performance. This concurs with what has been said by Miller (2000:78) that HIV and AIDS influence the infected employee and uninfected co-employees through feelings of fear, discrimination and workplace disruptions. The fear of discrimination and stigmatization prevents infected employees from disclosing their HIV status.

Staquet & Beat (1986:112) also agree with Miller (2000:78), that health care workers who care for HIV and AIDS patients may be exposed to infected blood. The Centre for Disease Control also had the same reasoning. The data gathered at Atlanta in United States revealed that of the 1758 health care

workers who had an exposure to HIV and AIDS 23 of them tested positive to the disease while other 26 tested positive for HTCV III.

Hall asserts that although HIV and AIDS have a major impact on the health sector it cannot be entirely blamed for the challenges that the health care workers have to face in South African health facilities. A number of other factors also influence the workplace. He believes that political and economic changes, an increase in the demand for health services, a shrinking nursing corps and unsatisfactory working conditions contribute to the challenges faced by nurses Hall, (2008:8).

2.2.3. Magnitude of HIV and AIDS in other sectors - workforce crisis

HIV and AIDS leads to Labour force depreciation since it mainly affects the productive age group (20-30 years). When people are infected, they spend a lot of productive time thinking about their future. Stigma and discrimination also lead to withdrawal and poor exploration of one's abilities hence reduction in productivity. A lot of time is spent away from work while seeking medical care or while taking bed rest. This leads to work overload of the remaining staff who get overburdened, work with divided attention, diminished creativity and de-motivation. All this may affect performance of the industry leading to poor public relations, poor quality goods and services, lower market share and business failure (Joseph, 2006:7).

According to research studies conducted in Zambia and Tanzania on the impact and consequences of the HIV and AIDS epidemic on small farmers in Eastern Africa, it was found that some factors appear to be true for all the systems studied, notably that HIV and AIDS furthers the process of impoverishment.

Linked to this is the impact which the epidemic has on labour availability. The HIV and AIDS impact can have grave consequences for farming systems, which are heavily reliant on human labour power, either seasonal or perennial. AIDS related sickness and death reduce the number of hands available to do both household and farm work having profound effects on the domestic farm labour economy. This results in productivity declines with cash incomes likely to fall. (http://www.info.gov.za/speeches/1999/9912011005a1004.htm)

The impact of AIDS can manifest itself in various ways. It may result in labour shortages forcing farm households to shift from cash to subsistence crops when food security is being threatened. Cash crops which require a long investment period may not be suitable for families afflicted by AIDS that are in need of quick returns to cover immediate medical, funeral or orphan-related expenses (http://www.info.gov.za/speeches/1999/9912011005a1004.htm).

The assessment of the impact of HIV and AIDS on the education sector came with findings that the impact is not only felt by the school teachers and learners but is also high in university professors, school administrators and in civil servants in general in the ministry of education. Although figures are not widely available, preliminary statistics are frightening. The teacher attrition from AIDS is estimated to be highest in South Africa 44 900, Kenya 25 000, Nigeria 22 100, Zimbabwe 16 200 and Uganda 14 900 (Managing the Impact of HV/AIDS on education sector, working paper series: 2)

HIV and AIDS related costs have also been observed to strain household finances and government budgets. This trend is poised to widen inequality and exacerbate poverty especially among already impoverished households and communities. The HIV epidemic is thus counter-productive to the development

agenda of the new democratic South Africa (Framework for an Integrated Local Government Response to HIV and AIDS, 2007:2).

In relation to what Kinoti (2006:3) has asserted to above about a joint venture in mitigating the impact of HIV and AIDS the Framework on Local Government (2007:2) states that the broad scope of the known remedies to the impacts of HIV and AIDS suggest the need for active multi-sector involvement in halting and reversing the epidemic. This has also been alluded to by Laurel (2006:28) in his paper on the impact of HIV and AIDS in work performance that the key to overcoming the pandemic is a multi intervention workplace support programme that is fully integrated into all organizational levels, processes, policies and procedures. Such a workplace support programme is generally managed by a committee representative of all role players, and is funded through the organization's strategic budget process.

The devolution of HIV prevention and mitigation interventions into existing development, governance and poverty alleviation processes is however known to facilitate an efficient multi-sector and multi stakeholder response to the epidemic. In this respect, provincial and local government authorities are strategically placed to coordinate such collaborations given their role as providers, connectors, enablers and coordinators of essential services vital to comprehensive HIV and AIDS prevention and impact mitigation. (Framework for an Integrated Local Government Response to HIV and AIDS, 2007:2).

2.2.4. Workplace Support Programme contribution to HIV and AIDS

In viewing the importance of Employee Assistance Programmes in reducing the impact of HIV and AIDS Mc Grow (2008:334) reasoned that Employee's personal problems are private until they begin affecting their job performance. When and if that happens their problems become a matter of the organization. He further believes that studies have shown that Employee Assistance Programs help in reducing absenteeism at work particularly to HIV affected individuals. Studies further revealed that in organizations where Wellness Programmes are in place there has been a reduction in sick leaves taken by employees. This shows the positive contribution of these programmes in the work environment.

According to Laurel (2006:29) the workplace support programme should include the promotion of disclosure and acceptance, prevention and well being programmes and management strategies to ensure continual effectiveness. The specific activities are varied and include provision of drug treatment therapies, counseling and reasonable accommodation at the workplace. While the programme involves an initial increase in organizational costs, the long-term benefits are even greater.

In line with the theory underpinning this research Laurel is of the opinion that the benefit includes improved psychological health of the infected individual including a realistic self concept, improved productivity and job performance, organizational commitment, positive psychological state, reduced organizational costs and absenteeism, and increased long term organizational survival (Laurel 2006:29-30). This notion has also been supported by Meyer (1997:466) and

Granich (1999:117) when they reasoned that within the workplace the self concept could influence how individuals feel, think and act about themselves and their jobs which could have an influence on their performance.

Inline with this Granich (1999:117) discusses five stages undergone by individuals once they get diagnosed of HIV and AIDS; Denial and Isolation, Anger, Bargaining, Depression and Acceptance. These stages have a direct bearing on the job performance of the individual as each person reacts differently on the influence. Once a person comes to terms with his or her status of HIV and AIDS the rate of absenteeism at work is reduced and the individual rediscovers his or herself and finds a new purpose in life, which then translates into increased performance and productivity at work.

This is also in line with what has been propounded by the National HIV and AIDS Strategic plan that organizations need to

- Increase the knowledge and awareness of HIV and AIDS.
- Promote and provide voluntary testing and counseling.
- Increase access to condoms.

Chilisa (2001:7) is also of the view that a multi sectoral approach could be a solution in mitigating the impact of HIV and AIDS. Former Minister for Health Dr Manto Tshabalala Msimang also agreed that an assessment of the effect of HIV and AIDS on job performance of employees is necessary to assist the sectors to come up with strategies to mitigate the impact of the disease in the workplace. (Dr Tshabalala – Msimang speech at SAU-SRC National Congress, 1999).

The Employment Equity Act,(55of 1998) section 14(14.1)(14.2)(i)(ii) provides a mandate to employers and unions to develop strategies to understand, assess and respond to the impact of HIV and AIDS in their particular workplace and

sector. This should be done in co-operation with sectoral, local, provincial and national initiatives by government, civil society and non-governmental organizations. Section (14.2) calls for broad assessment of the impact, that should include an assessment of (i) Risk profiles and (ii) assessment of the direct and indirect costs of HIV and AIDS. Section (14.3)(i) focuses on the assessment of vulnerability of individual employees or categories of employees to HIV infection.

Contrary to this, a survey conducted in 1994 among South African organizations regarding their AIDS Policy and practices found that the majority of organizations have not prepared themselves adequately to deal with the issues raised by the spread of AIDS. The researcher concluded his research with two observations that, although AIDS will probably affect most organizations and although most organizations have taken steps to protect their employees against discrimination they do not seem to make an effort to voice their opposition to discrimination based on HIV and AIDS.
The reason for that is assumed to be the prejudice of their own members against infected people or that AIDS has not yet taken on proportions significant enough to justify union attention. In line with this Merck (2008:2) posits that great difficulty has been observed in many companies that battle in setting up, implement and adhere to HIV and AIDS workplace programs.

The second observation was that many organizations tended not to implement policies on HIV and AIDS in the workplace, (South African Reaction to Problem of HIV and Aids, 2008:427). This assertion is supported by Mclean & Moore (1997:24) that although many employers have implemented strategies to deal with the pandemic several still continue to ignore its impact.

2.3. Organizational Context of Job Performance

HIV and AIDS affect every life in South Africa and affect both the social and economic fabric of society. According to COSATU it could have a bad effect on what this country has gained in democracy. South Africa has the largest number of HIV affected people and it has been found that the pandemic affects the workplace in a number of ways.

- AIDS causes illnesses, disability and death among employees resulting in serious financial, emotional trauma and disruptions.
- Morale in the workplace suffers because of the increasing workload, the loss and death of colleagues, general uncertainty about HIV/AIDS and fear of infection.
- Cases have been reported where employees refused to continue working with colleagues known or believed to be HIV positive. There is therefore the strong possibility that infected employees will be discriminated against by their co-workers due to fear and lack of knowledge.

Aids results in lower productivity and disrupts production. This causes workers to be absent because they are ill or taking care of sick relatives and attending funerals. Work performance may also decrease. HIV and AIDS result in loss of experienced workers and experienced skilled workers are difficult to replace and retaining a new worker is much more expensive (Page, 2007:104-105).

2.3.1. Definition of Performance

Performance is directly related to the concept of productivity because of aspects such as efficiency, quality and effectiveness. On a micro level, performance refers to the amount of effort, initiative, absenteeism, maintenance of standards and commitment displayed by individuals while performing the job (Spangeberg, 1994:123; Williams 1998:160). Performance involves building processes, systems, cultures and relationships that facilitate the achievement of

organizational objectives. It is therefore aimed at both the individual and organization performance (Performance Management and Development Handbook, 1999).

Sacht (2002:3) views performance as a business process that links what individuals and teams do on a daily basis with larger goals, values and cultural practices of the organization and the needs of the customers. He goes further to contends that it is a process of establishing a shared understanding about what is to be achieved and how it is achieved.

2.3.2. Job Performance in an organizational context

Job performance occurs within and is influenced by the context of organizational culture, climate, vision, mission, strategy, goals and values. The organizational context provides a framework within which work is executed and job performance is carried out within an organizational context. According to research studies organizational context has an influence on individual's job performance (Ivancevish & Matteson, 1996:122).

HIV and AIDS negatively hamper job performance and that translates negatively on the organizational context. Joseph (2006:6 -7) and Kinoti (2006:3) agree fully with the contentions of the Department of Health paper (2000) and Bollinger (1995:3) that HIV and AIDS deaths lead directly to a reduction in the number of available workers. The loss of young adults in their most productive years affects overall economic output.

Joseph (2006:6) further contends that AIDS primarily kills adults and especially young adults who are drivers of economic growth, impairing not only the current

livelihoods but also damaging the nourishing of succeeding generations. According to UNAIDS in Uganda in 2002 and 2003 the southern African food crisis resulted not just from drought but from the progressive weakening of agriculture because of AIDS. Kinoti (2006:3) states that younger health workers are migrating from the service more than the older ones and they are also dying more from HIV and AIDS contributing to the higher attrition from the age group of 20-64years.

2.3.3. Impact of HIV and AIDS

HIV and AIDS will transcend most other problems in South Africa. This is borne out by the fact that at present it is estimated that between three and eight million South Africans are carriers of the AIDS virus. In 2001 the South African Medical Research Council in its report stated that HIV and AIDS was the leading cause of death in South Africa. The highest mortality occurs between the ages of 20-54 years for males and 15 – 49 years for females.

The implications for the economy and employers are clear that not only is the country losing people in whom a substantial amount has already been invested in terms of training, but by 2020 the labour force in South Africa will be 17% smaller than it was in 2000 (Erasmus,2005:419). The ILO report as cited in Erasmus (2005:420) mentions that AIDS related illnesses and deaths of workers will affect employers by increasing costs and reducing revenues. Employers will be required to spend more on health care, burial and training and recruitment of replacement employees.

According to Tawfik (2006:10) HIV and AIDS is a three pronged threat in Africa. Firstly there is an increased workload and skills demand due to HIV and AIDS, for example in some hospitals 50% - 70% of patients are HIV positive.

Secondly, health care workers are falling ill and dying because caring for the sick is not only demanding but is also risky. Thirdly health care workers must cope with the psychological stress of offering palliative care to increasing numbers of dying patients along with caring for their own sick families and relatives. These factors lead to increased low morale, burnout and absenteeism which all have a negative impact on job performance.

2.4. Non disclosure of HIV and AIDS Status

The government prescripts and legislation in South Africa support the notion of non disclosure until the individual feels comfortable enough to do so. Section 36 of the *Occupational Health and Safety Act (85 of 1993)* states that no person shall disclose any information concerning the affairs of any other person. This is also concurred by section 7.2 (7.2.1) of the *Employment Equity Act (55 of 1998)* which agrees with the above statement that, all persons with HIV or AIDS have the legal right to privacy. An employee is therefore not legally bound to disclose his or her HIV status to an employer or to other employees.

According to a study conducted by Hall (2007:5) on the challenges HIV and AIDS poses to nurses in their work environment, nurses indicated that the confidentiality of patient's HIV status posed challenges to them in their work. The study further revealed that nurses were unable to educate relatives of patients leaving with HIV and AIDS on the precautionary measures to protect themselves and to avoid spreading the disease further, as a result many people were found to be personally involved with infected individuals without knowing, because the decision to disclose has to come out from the infected persons themselves.

Secrecy has made it impossible for nurses to keep reliable statistics of HIV and AIDS test results. The possibility of becoming infected with the HIV virus was a major concern by nurses. Nurses revealed their fear of being infected in the course of their professional duties, (Fusilier et al., 1998) as cited in Hall (2008:6). The policy determines that the decision to inform family and friends of the individual's HIV status remains with infected individuals. Nurses are sometimes confronted with ethical dilemma such as how to balance the rights of infected people with those of relatives who act as caregivers but may not be aware of their relatives' HIV and AIDS status (Hall, 2008:8).

The controversial issue of having a right not to disclose the HIV status as supported by legislation and being at risk of infection because of not knowing or not being forewarned becomes a crucial element facing the country. According to Pillar number 2 of the National Strategic Plan of HIV and AIDS, the Employment Assistance Programmes are expected to play a major role in promoting the general health of employees through awareness, education, risk assessment and support in order to mitigate the impact and effect of communicable and non communicable diseases on the productivity and quality of life of individuals.

Voluntary testing and Counseling was encouraged in Uganda with the aim of providing support both to infected and uninfected people after testing. This helped in reducing the stigma that discouraged people from being tested. People are more likely to go for testing if conditions respond to their needs instead of being threatened and judgmental (Peterson, 2003:3) and (Valdeserri, 2002:1) as cited in Witbooi, (2007:45). It is in this context that Voluntary Testing and Counseling could be understood. It is also anticipated that through proper counseling infected individuals would find meaning in their lives and feel

more motivated to disclose their HIV and AIDS status for the benefit of other people (National Strategic Plan, 2007:18).

2.5. Conclusion

HIV and AIDS have a detrimental impact on the health care workforce. Studies revealed that at certain stages in workforce lives their performance might be reduced due to disease progression. That could negatively impact on employers in the work environment. The workplace support programmes were shown to be bringing up an improvement on factors that affect performance at work for example the reduction in the number of sick leaves taken and drastic reduction in absenteeism.

The non disclosure of HIV and AIDS status by infected individuals brought about more risks in lives of the uninfected particularly nurses and relatives who take care of the infected individuals. This has been seen as a danger to caregivers with great potential to increase HIV and AIDS infections. Legislation is vocal in defending the discrimination of people leaving with HIV and AIDS on the basis of their status. The same legislation also has a clause that supports disclosure when the individual feels comfortable to do so. This has brought controversy which is more felt by the health care providers in the course of their professional lives as revealed by nurses.

Non disclosure was seen to be motivated by fear of rejection, discrimination and stigmatization. The safety of the non infected individual is highly depended on the effectiveness of counseling and motivation of infected individuals to disclose their status. This brings about the utmost responsibility on the shoulders of the Health and Wellness programmes, to be more effective and efficient in creating awareness, education and promoting health campaigns to infected and non

infected individuals. The next chapter will deal with empirical study on how the HIV and AIDS affects job performance of individuals. It is also expected to bring answers on the effectiveness of Employee Assistance programmes in work environment.

CHAPTER 3: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

In chapter two a detailed literature review on the impact of HIV and AIDS on individuals' job performance was given. The literature also touched on the effect of HIV and AIDS on job performance of individuals affected by this disease. Statistical data was given on the age group that is more prone to HIV and AIDS. It was further mentioned that this disease has an adverse effect on the productivity levels of individuals at work and HIV and AIDS claim more fatalities on the age group of 15 -24 years which is a highly active working group.

The effectiveness of the workplace support programmes on HIV and AIDS affected individuals needed more investigation as it is hoped that these programmes could play a major role in enhancing productivity levels of the affected individuals. According to Tawfik (2006:3) an assessment conducted in Botswana suggests that the younger health workers are migrating from the service more than older ones and they are also dying more from HIV and AIDS, contributing to higher attrition from this age group.

The major reason for concern in investigating the effectiveness of workplace support programmes has also been mentioned by Tawfik (2006:49) that in order to achieve the Millennium Development Goals (MDGs) for reducing child mortality, improving maternal health and combating HIV/AIDS, malaria and other diseases, this human capacity situation requires new policies at the global, national, organizational and community levels. Policies will need to be

developed and implemented that scale up human resources, bring new knowledge and skill mixes to health workers and provide them with sufficient incentives to provide high-quality services, including catering for their care and treatment needs if they themselves are HIV-positive. In line with the above, studies regarding certain workplace support activities have found that when these programmes are implemented properly productivity levels and morale increase while absenteeism decreases (Green, 1998:152).

This chapter therefore intends to bring about the empirical investigation on the effect of HIV and AIDS in job performance of individuals and on the effectiveness of Workplace support programme in regulating the impact of HIV and AIDS in the workplace. It also aims at bringing about the empirical evidence on the reciprocal interaction amongst the staff members, management, labour unions, patients and HIV and AIDS infected individuals. This will be done by focusing on research process steps such as research design, research sample, data collection and data analysis.

3.2 Research Design

The researcher held a meeting with the head of East London Complex which is the authority body for Cecilia Makiwane hospital as means of getting authority to conduct the study. The purpose of conducting the research at the hospital was raised and the existence of a support group of disclosed individuals within the hospital was mentioned as the key issue that attracted the researcher to conduct the study at Cecilia Makiwane hospital.

A mixed method design using qualitative and quantitative approaches and multiple techniques of gathering data were utilized. Qualitative approaches using interviews and focus group interviews were utilised to gather data from

participants on their views of the impact of HIV and AIDS on staff members in the hospital. The qualitative research allows that which lies behind phenomena to be uncovered and provide more intricate detail that is not always possible by using quantitative method. It also enables the researcher to get the qualitative understanding of the individual's emotional state about the subject being researched. Again the researcher gains deeper insight into the phenomena being studied this then leads to better interpretation of the individual's emotions about the topic. All this is not possible through the use of quantitative method. (Mouton & Marias 1991: 121).

All the above is in line with the manner in which Mouton,(1996 :211) views qualitative research approach, that it allows for a greater understanding of the relationship between the phenomena and that the researcher becomes more involved with the phenomena than with quantitative research approach. The qualitative methods of collecting data include semi or unstructured interviews, focus group discussions or observations that were all adopted by the researcher. (Neuman, 2000:145)

According to Signhal, (2003:349) there exists an overwhelming reliance on the quantitative methods in investigating HIV and AIDS interventions. Quantitative approach to HIV and AIDS is useful in describing, monitoring and evaluating HIV and AIDS prevention programs. It assists in describing human behaviours that are known risk factors for spreading HIV behaviours such as deliberate withholding of information about one's HIV and AIDS status and yet engaging in unprotected sexual behaviour. Quantitative research approach also helps in monitoring changes in these behaviours understanding what caused these behaviour changes and evaluate the effects of interventions. This approach is limited in capturing the complexity of AIDS. (Signhal 2003:350).

Signhal, further explains scenarios in which quantitative approach to HIV and AIDS could be understood. He gives an example of individual level behavioral change versus collective in which individual might decide to disclose his or her HIV status or hide it in order to be acceptable or not rejected by the group members. Quantitative research on HIV focuses on measuring individual level behaviour changes or individual versus groups. In this Signhal (2003:351) asserts that social change indicators could play a major role in assisting the researcher in measuring the degree which is expressed in terms of frequency, reach, intensity and quality to which Workplace programs in the organization or community implement HIV and AIDS programs. The second indicator involves measuring the degree to which community initiates home based care programs and the last indicator measures the degree to which organizations involve people living with HIV and AIDS as part of mainstream society for example being employed in regular jobs (Signhal, 2003:352). HIV and AIDS research would benefit from a broader understanding of individuals, groups and social level changes. It is for that reason that the researcher chose a representative sample that would assist in unfolding comprehensive knowledge and understanding of behavioral changes of HIV and AIDS infected individuals and the impact of that on work productivity levels.

In this study, perceptions and other views from focus group discussions and interviews have, wherever possible, been corroborated with quantitative impact indicators. Complementary purposes in a mixed method design seek elaboration, enhancement, illustration, and clarification of the results from one method with the results from another in order to increase the interpretability and meaningfulness of responses, (Strauss and Corbin,1990: 121).

3.3 Research Sample

The sampling procedure used was Non probability Sampling Design and quota sampling. This type of sampling was chosen to reduce the risk of selection bias that might result from giving the interviewer a totally free hand.

The target population was eight employees' diagnosed HIV positive during the period of January 2005 to December 2007 at Cecilia Makiwane Hospital who had disclosed their HIV and AIDS status. Participants were conveniently selected, on the basis of their willingness to be interviewed. The sample consisted of 50% male workers and 50% female with age group ranges from 18 to 45. All respondents are working at Cecilia Makiwane hospital, (Sullivan, 1989:122 & 258).

3.4 Data Collection Technique

Consent letters to conduct the research study at Cecilia Makiwane were written and sent to the Matron of the hospital. Four sets of questionnaires for the following categories of participants were distributed:- management of Cecilia Makiwane hospital, HIV and AIDS infected individuals who have disclosed their status, Employee Wellness Centre, Labour Union members and patients cared for by infected HIV positive individuals.

3.4.1 Instruments used in data collection

The researcher used focus groups and interview schedules to individual respondents affected by HIV and ADIS. Information was collected during personal interviews by means of structured and semi structured questionnaires consisting of closed and open-ended questions.

The following paragraphs will show the types of questionnaires with questions asked from different categories of respondents:

3.4.1.1 Individual questionnaires

Eight questionnaires were given to eight employees diagnosed HIV and AIDS positive during January 2005 to December 2007 who have disclosed their HIV and AIDS status. The questionnaire required them to respond to biographical data and also 18 questions that aimed at eliciting their perception of HIV and AIDS and the disease impact on their job performance and also their relationship towards other workers and managers. The following is the example of a questionnaire given to this category of participants.

Biographical Details

Gender	Male / Female
Age	15-20 20-25 30-35 35-40 40-45 45-50 50-55 55-60
Marital Status	Married / Single / Divorced
Occupation	Nursing Assistance / Enrolled Nursing Assistance / Professional Nurse / Senior Professional Nurse / Director / Deputy Director / Assistant Director / Senior Manager / Manager / Supervisor

Employed Length Of service	0 – 5years 5 – 10 10 – 15 15-20 20-25 25-30 30-35 35-40
Academic Qualifications	Grade 0 - Grade 12 / Diploma / B Tech / Degree / Post Graduate Diploma / Masters Degree / Other

General Questions

1. a. How did you find out of your HIV and AIDS status?
1. b. How long did it take for you to disclose your status?
1. c. If it took you much time what was holding you back from disclosing?
2. a. Was there any stage in your life in which you saw your HIV and AIDS status interfering with your work? YES/NO
2. b. If yes, can you please describe what really happened to you at that time?
2. c. How did that affect your relationship with your supervisor and colleagues?
2. d. If No, how did you manage to control your emotions after being diagnosed HIV positive?
2. e. After being diagnosed how was your relationship with your Supervisor and Colleagues?
3. a. How did you view the purpose of your job after being diagnosed HIV positive?
3. b. Do you still find enjoyment in your job after disclosing your status? YES/NO
3. c. If no, what do you think can be done to assist you to have enjoyment in your job?
4. a. Are there any workplace support programmes in your hospital? YES / NO
4. b. If yes, how do you view such programmes?
4. c. Is there anything you think can be done to put these programmes at a standard that would be fulfilling to everyone who needs them? YES / NO
4. d. Can you briefly comment on what you think could be done to

upgrade the standard of workplace support programmes in your hospital?

5. a. Can you describe how your performance at work was before and after being diagnosed HIV positive?
5. b. What do you think has affected your productivity levels at work after being told of your HIV status?
5. c. What do you think can be done to assist those individuals who fear disclosing their HIV and AIDS status ?

3.4.1.2 Employee Assistance Programme questionnaire

Occupation, type of workplace, nature and organization of work, skills level and shortages of particular skills are factors that may determine the impact that HIV/AIDS will have on employees. For example, certain occupations may hold particular challenges in terms of HIV/AIDS: educators teach learners that may frequently be absent from school to take care of ill family members, while health workers take care of patients with HIV-related illnesses and run the risk of becoming infected themselves. Aiken and Sloane (1997a; 1997b) as quoted in Hall (2001:3) undertook research on work organization and HIV/AIDS and found that the organizational form of the unit and hospital in which AIDS care is provided has a significant impact on the emotional exhaustion experienced by nurses. In working conditions that are particularly demanding, stress levels are likely to be high and productivity and quality of work threatened (Hall, 2001:3).

In an attempt to find answers to these questions, the questionnaire started wit biographical data and five general questions were asked to this category of participants. The following represents the type of questions asked:

General Questions

1.a. What do you understand by the term workplace support programme?

1.b. How does your employer manage HIV and AIDS in the workplace? (Policies available/committees formed)

1.c. What type of activities does your employer make available to support employees living with HIV and AIDS in the workplace?

2.a How did you react or feel when you discovered that you were HIV positive?

2.b. Have you disclosed your HIV and AIDS status to anyone in the workplace? YES / NO (e.g. friends, superiors or colleagues)
If yes please answer the following questions

2.c. How has their behaviour and / or reactions towards you been affected as a result of your disclosure before and after disclosing?

2.d. How do you feel about yourself as a result of their reaction or behaviour toward you?

2.e. How has the resulting reaction or behaviour by them influenced you and your job performance?

3.a. How has your job performance been influenced as a result of HIV and AIDS related illness? (e.g. absenteeism, productivity, goals and target achievement, errors, accidents, physical ability, concentration)

3.b. how do your peers / colleagues / superiors / friends at work behave toward you as a result of your changed job performance?

3.c. How has their behaviour toward you influenced you and your job

performance?

4.a What workplace support programme activities have you used or been made available to you?

4.b. How long have you been partaking in workplace support programme activities?

5.a. How has partaking in workplace support programmes activities influenced your job performance and or you personally?

5.b. Has the availability / non availability of workplace support programme activities
influenced your feelings toward your friends / peers /colleagues /superiors and how (which activity specifically)?

5.c. Has the use / non use of workplace support programme activities influenced your feelings toward your friends / peers /colleagues / superiors or employer and how?

5.d. Has any specific workplace support programme activity more or less influenced you / your job performance than any other and which one is that?

3.4.1.3 Focus Group questionnaire

Focus group has a role to play in alleviating the severity of the HIV and AIDS impact on an individual person. It also assists the individual to rediscover him or herself after being diagnosed HIV positive and brings about a sense of being and purpose in life. The following were the questions asked from this category of participants.

General Questions

1. It is believed that HIV and AIDS is a pervasive disease that affects mostly the age group of 15 to 45 years. Do you agree or disagree with this statement? YES/NO
2. What do you think is the effect of this disease to the organisations?
3. How does it affect job performance of individuals and their relationship with other co-workers?
4. Which early symptoms do you think could be identified to curb the interference of HIV and AIDS on job performance of individuals?
5. Can you describe the manner in which you think employers could address the HIV and AIDS challenge at work?
6. Do you believe in Voluntary Counselling and testing? YES/ NO
7. What do you think are benefits and disadvantages of VCT?
8. Can you support the assertion that HIV and AIDS reduce productivity levels of affected individuals at work? YES/NO
9. If no what is your view on the effect of HIV and AIDS on job performance of individuals.
10. Do you have workplace support programmes? YES/NO
11. How effective are those programmes in addressing HIV and AIDS
12. What do you think can be done to improve the effectiveness of these programmes at work?

3.4.1.4 Hospital Managers' questionnaire

Managers were the category of participants who were to assist in giving answers to whether those that were infected by HIV and AIDS really showed a decrease in productivity levels at work. Again they were to give answers on the absenteeism from work of infected and affected individuals. The information on

the manner in which all categories of participants were interacting with one another was to be found from this category of participants. The following were questions directed to this group.

General Questions

1. How long have you been a manager/supervisor of the HIV and AIDS infected individuals?
2. What can you tell about the state of performance before and after being diagnosed positive?
3. After having diagnosed positive how did you as a manager happen to know of their HIV and AIDS status?
4. Which signs and symptoms did you notice that mark deterioration in productivity levels?
5. How do you handle such situations as a manager?
6. Do you have a record of leaves of absence from duty of the infected individuals?
7. What is your take on the Workplace Assistance Programs
8. What kind of relationship do you have or observed as a manager between yourselves as managers and HIV and AIDS infected individuals, staff members and patients?
9. Is your institution fairly addressing the impact of HIV and AIDS on job performance of individuals? If yes briefly explain how, if no how do you intend to address it?

3.4.1.5 Labour Unions' questionnaire

According to the *Labour Relations Act (66 of 19995)* the labour union is responsible for protecting the right of employers and employees in the work environment. This category of participants was also selected to bring answers on how the unions protect the two groups on the effect of HIV and AIDS.

General Question

1. Labour Unions play an effective role in promoting the rights of the employees and employers in the work place. Do you agree with this statement? YES / NO
2. Do you know of the prevalence of HIV and AIDS in your hospital? YES / NO
3. Have you ever been involved in a case that sought to address the maltreatment or discrimination of HIV and AIDS infected individuals in your work environment? YES / NO
4. If yes, can you briefly discuss what happened and how was it addressed?
5. If no, how do you deal with HIV and AIDS issue as Labour union members in the workplace?
6. How do you think EMPLOYERS could be protected on the issue of HIV and AIDS?
7. How do you think HIV and AIDS infected employees and other employees in general could be protected against HIV and AIDS?
8. Do you support the assertion that HIV and AIDS reduce productivity levels of infected individuals at work? Yes / No.

9. if no what is your view on the effect of HIV and AIDS on job performance of individuals?

3.4.1.6 **Patients' questionnaire**

Patients are the recipients of health workers' services. They are very crucial in the analysis of the impact of HIV and AIDS on the job performance of individuals. If the individual's job performance or productivity levels are reduced that has a bearing on an individual patient. If the productivity levels are enhanced that again affects the patient positively. This category of participants was also given questionnaires; the following is the type of questions they responded to preceded by biographical profile:

General Questions

1. How long have you been admitted in this hospital?
2. How do you view the care given to you by nurses and staff in general ever since you arrived in this hospital?
3. What do you think can be done to improve the standard and performance of nurses and staff in general in this hospital?
4. Do you think that all you patients' needs are addressed on time and satisfactorily by the staff including nurses?
5. Where exactly do you think nurses fall short on addressing your needs as patients and how do you think this can be addressed?
6. How do you view the care of nurses together with staff members on HIV and AIDS
7. infected patients?

3.4.2 Data Analysis

Data analyzed by the use of tables in which different categories of participants and their responses were put into tables. Excel spreadsheet and graph used to show the frequency of occurrences. Eyeballing was also used to check up on similarities and differences and outliers in responses of individual participant data. This then also enhanced the analysis and interpretation of data.

Various techniques including identification of patterns and themes, counting, coding, clustering and noting relations between data found will be used in analyzing data, (Miles & Hubermann, 1994).

3.4.3 Conclusion

This chapter dealt with the description of research design undertaken by the researcher, the stages in research process. It also highlighted the complementary nature of the qualitative and quantitative research approach that shed light in better understanding the impact of HIV and AIDS on productivity levels of individuals. The following chapter, chapter four will therefore assists in giving more information on the responses of participants and their views on the topic in question. It will thus deal with data presentation, analysis and interpretation.

Chapter 4: Data Presentation, Analysis and Interpretation

4.1 Introduction

This chapter deals with the processes of conducting overall analysis of all information gathered and reviewed; checking its trustworthiness and relevance against the research question and its objectives. It presents data which was collected from unstructured interviews questionnaires, focus group, documentary analysis and other reading material. The ultimate goal for this chapter is therefore to interpret what the data reveals and attempt to make sense of the findings.

The study was done at Cecilia Makiwane hospital focusing on individual personnel who have disclosed their HIV and AIDS status. The aim of the study was to find out what impact does HIV and AIDS have in productivity levels of the HIV and AIDS infected individuals. The objectives were to assess the impact of HIV and AIDS in employees of Cecilia Makiwane Hospital, to investigate the effectiveness of workplace support programme on people living with the disease as well as other chronic conditions in the work environment, to bring out informative data that could be utilized by the hospital human resource section in terms of preparing for succession plans. The hospital could also utilize the information gathered on the findings of the report to strengthen its workplace support program and reduce stereotypes, prejudice, stigma and discrimination associated with HIV and AIDS.

4.2 Presentation of Research Data

The data is presented, analyzed and interpreted in the context of the problems presented in chapter one. According to Creswell (1994:154) data analysis

involves reducing and interpreting data. The researcher takes amount of data and reduces it into certain patterns or themes and interprets information.

The following paragraphs therefore show how data was gathered and alludes to challenges experienced during the data gathering process.

4.3 Respondents to the Study

The sample consisted of twenty respondents and it was chosen using the non probability sampling technique for the sake of limiting selection bias. The selection of respondents was limited to individuals who have disclosed their HIV and AIDS status during the period 2005 to 2007. It was also based on the willingness of such individuals to partake in the study. The sample was further characterized by individuals from different occupation levels.

The level of individual participation showed no hiccups particularly during the focus group interviews, all twenty respondents participated. They were all actively involved during the session responding positively to all questions set. The challenge started on the scheduling of individual interviews where four of the twenty respondents showed no willingness to continue with the study. They mentioned that their disclosure was limited to certain individuals within the hospital and could not claim that they were yet ready to publicly disclose their status.

The data gathered here therefore consists of all respondents' inputs from focus group, inputs from the management of the hospital, inputs from the employee assistance program, inputs from the sixteen disclosed individuals and inputs from labour union. Patients cared for by disclosed individuals who were also to be interviewed could not be found and therefore are not included in the study.

4.4 Data Presentation

Questionnaires started with questions of familiarizing respondents with biographical data and progressively moved slowly to their understanding of HIV and AIDS. Respondents could not take long to comprehend what the research was all about. The following represents the responses of participants in set questions. It will first start with biographical data of target group, their responses on interview questions, responses of management, labour unions and conclude with workplace support programmes.

4.4.1 Profile of Respondents

The profile of respondents will now be explained in tables to follow below

Table 4.4.1 : Age group and Gender of respondents

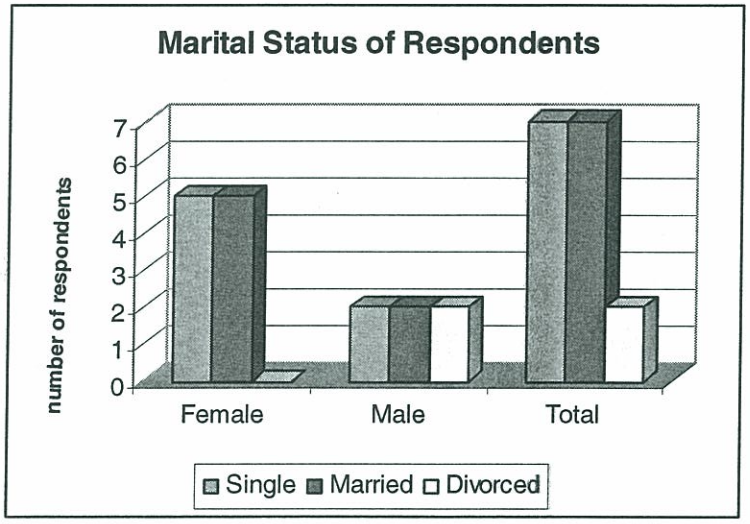
Age Group	Frequency of Male respondents	Percentage	Frequency of Female respondents	Percentage
20-25	2	12.5	1	6.3
30-35	0	0	6	37.5
35-40	2	12.5	1	6.3
40-45	2	12.5	1	6.3
50-55	0	0	1	6.3

The above table reflects age group and gender of respondents. It further illustrates that the female respondents out numbered the male respondents in the study. The age group with high frequency of occurrence is 30 – 35 years with a percentage of 37.5. The lowest percentage on frequency distribution is 6.3% affecting age groups of 20 – 25 years, 35 – 40 years and 40 – 45 years, 50 – 55 years respectively. It can be deduced that there is fair gender

participation in the study and respondents are matured enough to make informed inputs into the study.

On the side of male respondents the highest frequency of 12.5% is seen on age groups of 20 – 25 years, 35 – 40 years and 40 – 45 years. The lowest frequency of 0% is reflected on age groups of 30 – 35 years and 50 – 55 years respectively.

Diagram 4.4.1 : Marital Status of respondents



The diagraph above depicts the marital status of all respondents. It shows an equal number of married and single (five married and five single) participants and no divorced participant.

Table 4.4.2 : Academic Profile

Academic Profile	Female	Male	Total
Grade 12<	1	1	2
Grade 12	7	1	8
Diploma	2	3	5
B Tech	0	0	0
Degree	0	0	0
Post Grade Diploma	0	0	0
Masters Degree	0	0	0
Other	0	1	1

The above table reflects the academic profile of participants with grade 12 reflecting high frequency of eight. Participants in possession of diploma were five in the frequency distribution table followed by a frequency of two for participants below grade twelve. Lowest frequency of 1 reflected on the category of other. This shows that the respondents have the necessary academic know - how to make a meaningful contribution to the study.

Table 4.4.3: Occupational Status of respondents

Occupational Status	Frequency of Female Respondents	Percentage	Frequency of Male Respondents	Percentage
Nursing Assistant	1	6.3	0	0
Enrolled Nursing Assistant	0	0	1	6.3
Professional Nurse	1	6.3	0	0
Senior Professional Nurse	0	0	0	0
Director	0	0	0	0
Deputy Director	0	0	0	0
Assistant Director	1	6.3	0	0
Senior Manager	0	0	0	0
Manager	0	0	0	0
Supervisor	0	0	0	0
Other	7	43.8	5	31.3

The occupational status of respondents shows a heterogeneous reflection of occupations with the category of other showing highest frequency particularly

on female participants 43.8 and 31.3% on male participants. The table reflects three participants from both genders having the nursing background and one participant with a status of Assistant Director. The table further depicts that the respondents occupy positions that make them have necessary knowledge on the subject matter.

Table 4.4.4 : Period of Service

Period of Service	Female	Male	Total
Less than 5 years	6	4	10
5 - 10 years	2	2	4
10 - 15 years	0	0	0
15 - 20 years	0	0	0
20 - 25 years	2	0	2
25 - 30 yrs	0	0	0
30 - 35 years	0	0	0
35 - 40 years	0	0	0

The table above reflects the period of service of participants. Participants with less than five years of service show the highest frequency of ten followed by four participants of 5 -10 years period of service. The period of 20 – 25 years showed a frequency of two. The respondents thus possess the requisite work experience to make a meaningful contribution to the study

4.5 Interview Schedule

Interviews were conducted with the following categories of participants; target group, focus group, hospital management and workplace support program manager. The following paragraphs allude to questions discussed during those sessions.

4.5.1 Semi structured interview schedule for target group

The schedule used to interview the sample was structured to provide information that would assist the researcher in achieving the research aims. The individual interview schedule of disclosed individuals consisted of 17 questions starting from question 1a to question 5c.

The first part of interview contains questions regarding biographical details of respondents as described in the previous section. The second part contained questions that aimed at tapping the interference of HIV and AIDS on job performance of individuals. It further attempts to get answers on how other employees and employer relate to individuals infected with HIV and AIDS. Lastly it looks at the effectiveness of workplace support programmes in addressing HIV and AIDS in the workplace.

The participants' responses were captured on a blank interview schedule and in a computer. The semi structured interview schedule is included as Appendix D at the end of this document.

4.5.2 Semi structured interview for focus group

This part of interview schedule had a 100 percent representation of the targeted group in which all twenty respondents participated. The aim was to obtain the groups' understanding on the effect of HIV and AIDS on both the employee and employer. It consisted of twelve questions, the first and second questions aimed at getting answers on how HIV and AIDS affects the organization. Question 3 and 4 tap the effect of HIV and AIDS on individuals.

Question 6,7,8 and 9 focused on the importance of voluntary testing and counseling and how that can be used to enhance early disclosure of individuals. Question 5, 10, 11 and 12 looked at how the employer addresses HIV and AIDS in the workplace. These questions further looked at the availability of the workplace support programmes and their effectiveness in addressing HIV and AIDS in the workplace.

4.5.3 Semi structured interview for management

A semi structured interview was conducted with the management or supervisors of the consenting participants. The aim was to obtain a thorough understanding of how HIV and AIDS affect work productivity level of an infected individual. The performance management system documents were consulted to check up changes on productivity levels of individuals before and after diagnosis of HIV and AIDS. The leave records were checked to establish the manner in which absenteeism contributed to the reduction of productivity levels of individuals.

4.5.4 Interview for Workplace Support Program

This interview schedule consisted of eight questions that were tapping on wellness issues of HIV and AIDS individuals in the workplace. The aim was to obtain more understanding of workplace support programmes that were made available in the workplace to employees infected with HIV and AIDS and their influence thereof on job performance of individuals and the availability of policies regulating the implementation of such programmes. The interview schedule also enhanced the accuracy and clarity of responses provided by participants.

4.6 Advantages of using interviews

According to Cohen,(2002:270) the researcher uses semi structured interviews as means of producing data because it enables the researcher to frame questions that will supply the knowledge required. In structured interviews the content and procedures are organized in advance, sequence and wording of questions are predetermined (Cohen, 2000:273).

Advantages of using interviews as means of data collection therefore are as follows:

- Well conducted interviews can produce in depth data that may not be obtained from using questionnaires.
- Interviews are flexible, giving room for the interviewer to adjust to each participant.
- They allow follow up on incomplete or unclear responses by asking additional probing questions.
- They can be used with different respondents such as illiterate ones.
- Verbal and non verbal cues can be noted immediately.
- Interviews allow for expressions of feelings in relation to questions being asked.

4.6.1 Disadvantages of using interviews

The following are disadvantages of using interviews:

- The responses given by participants may be subjective and bias due to eagerness to please the interviewer or the interviewer may seek out answers that support preconceived views by asking leading questions.

- Interviews are time consuming, labour intensive and expensive, this limits the number of participants interviewed particularly when compared to mailing questionnaires to a large number of people.
- Participants might be uncomfortable with the interview and become unwilling to report true feelings.

4.7 Analysis and Interpretation of Data

Analysis and interpretation of data provides possible answers to the research questions. A central goal of analysis and interpretation according to Kelly (999:190) is the discovery of regular patterns in the data which in terms of this study are termed as themes. Charmaz (2000:134) further believes that grounded theory methods move each step of the analytic process towards the development, refinement and interrelation of concepts.

4.7.1 Data analysis steps – Familiarization and immerse

According to Alabi, (1999:88) data refers to raw, unprocessed facts or uninterrupted observation, which may take the form of words, numbers or characters. During data collection process researcher start familiarizing him or herself with data in order to get preliminary understanding of the meaning of data. This therefore means that the researcher got immersed in all data collected from respondents attempting to make sense out of it. The researcher worked with texts (written work) and read it through on numerous occasions. While reading, some notes were made and mental pictures conjured and mind maps drawn to ensure that data is well known and understood.

All the above is in line with what has been mentioned by Sharp (2009: 48) that the kind of analysis that can be performed on a set of data will be influenced by the goals identified at the outset, and the data actually gathered.

Most analysis, whether it is quantitative or qualitative, begins with initial reactions or observations from the data. This might involve identifying patterns or calculating simple numerical values such as ratios, averages, or percentages. In this study numerical values together with averages have been adopted.

4.7.2 Inducing Themes

According to Kelly (1999:190) themes are discovery of regular patterns which arose naturally from data and at the same time should have a bearing on the research question. According to Terre Blanche (2006:223) induction means inferring general rules or classes from specific inferences. He further believes it is a bottom up approach that involves further looking at the material and tries to work out what organizing principles are, that naturally underlie the material.
It works best when the language of interviewees or informants is used rather than using the abstract theoretical language to label categories. The researcher has therefore aligned herself with Terre Blanche in inducing themes in this study.

4.7.3 Coding

According to Terre Blanche (2006:324) coding means breaking up the data in analytically relevant ways. He further believes that coding takes place during the phase of developing themes. This involves marking certain instances of data as being relevant to one or more of the induced themes. The researcher has used colour coding to responses of individual participants as a means of establishing relevance to the researcher's question and also establishing commonalities and differences among participant responses.

4.7.4 Interpretation and Checking

It is believed that not every method of interpretation is appropriate to the collected data. Decisions between methodological alternatives discussed should be related to the study. (Flick 2009:375).

The study discussed the interpretations with other people who are quite familiar with the topic as means of checking different interpretations. The study further sought to find interpretations that confirm or contradict some of the researchers' interpretation. The discussions and interpretation of findings are captured in full details in chapter five of the study.

4.8 Conclusion

This chapter revealed that out of the twenty targeted individuals only sixteen agreed to partake until the end of the study. Although this has a potential of affecting the study representatively, the literature has mentioned that

respondents have a freedom of withdrawing as participants in the study anytime they feel comfortable to do so. The next chapter will therefore discuss findings on data collected from sixteen respondents and also discuss findings on data gathered from management, employee wellness and labour unions.

CHAPTER 5: Findings, Conclusion and Recommendations

5.1 Introduction

This chapter deals with findings obtained in analysing responses of participants and those of the focus group, their managers, workplace support program and labour union. It will begin with discussion of findings obtained from disclosed individuals concerning influence of HIV and AIDS in an individual's job performance. Thereafter it will focus on the influence that the workplace support programs have in job performance of individual. This will be followed by exploration on issues of absenteeism. Finally the findings will be aligned to the literature reviewed in the study. At the end the chapter will give recommendations based on the findings discussed in the study.

5.2 Findings: Biographical and gender profile of respondents

Findings revealed that the biographical profile of respondents that showed high frequency of occurrence was 37.5% of female respondents at age group of 30-35 years. All other age groups 20-25 years, 35 -40 years 40-45 years showed similar percentage of 6.3% respectively. These findings are slightly different from those mentioned in literature by Joseph, (2006:7) that the highly affected age group with HIV and AIDS is 20 – 30 years. Findings suggest that HIV and AIDS is more prevalent in females at the age group 30-35 years as represented by 37.5% above. This therefore gives answers to one of the objectives of the study that seeks to identify the prevalence of HIV and AIDS at Makiwane hospital.

5.2.1 Findings on marital status of respondents

As has been revealed above female participants showed the highest frequency of occurrence, the study further revealed therefore that there was no difference in frequency of occurrence between single and married women, as they both showed a similar percentage of 31.3%. This therefore further suggests that the prevalence of HIV and AIDS at Makiwane hospital shows no difference between single and married women it just cuts across the same way. This therefore will further be explored in the findings of other themes that emerged in the study.

5.3 Findings: Central Theme

Themes induced in the study will now be explored in the paragraphs to follow.

5.3.1 Theme 1: The Influence of HIV and AIDS on job performance of Individuals.

The findings of this section came out of the questions that attempted to check at which stage did HIV begin to interfere with job performance of individuals. The first question asked by the researcher was "How did you find out of your HIV and AIDS status?" 56.2% responded to this question by saying that they had frequent illnesses which were later found out to be associated with HIV and AIDS. 12.5% happen to know of their status through their own initiative of Voluntary Testing and Counseling. Another 12.5% were made aware of their status when they had their young children diagnosed with HIV and AIDS. 12.5% of respondents where pregnant when they found out about their HIV and AIDS status and 6.2% happen to know of their status through diagnosis of HIV made on their partners, and later on found out that they were also infected with

the disease. The following paragraph will give brief examples of the 56.2% responses to this question.

The following are examples of responses given by individuals.
"I was suffering from TB and constantly visiting doctors, one doctor advised me to do an HIV test which came out positive". "My whole body was itching I had rush visiting clinic now and again because the rush was not giving me any relief. At one stage I was diagnosed of having sexual transmitted disease and I was advised to test for HIV I refused for the first time. In August 2005 I tested HIV positive". "I happen to know of my HIV and AIDS status when I was admitted for two months in hospital". "I was sick, and decided to get tested for HIV that's how I found out". "I was sick and visited the hospital; blood was taken and came out HIV positive". "I got sick, I was always feeling dizzy and the whole body itching, the thrush I had was intolerable the sister in the clinic advised me to do voluntary testing and counselling (VCT) on 25 January 2005 I was diagnosed HIV positive with CD4 count of 122."

"I developed shingles that were very painful then I decided to go for HIV test it came out positive in October 2006". "I was sick and not getting better, the doctor suggested HIV and AIDS test". "I had fever and I went to the doctor he gave me treatment and the fever was not getting any better. He advised me to do HIV test, it became positive my CD4 count was 38 progressing to TB".

The above responses to question 1 clearly show how HIV and AIDS interfere with an individual's job performance. The facial expressions observed from these respondents were clearly showing that they could not be at work at all during the period of their sickness. Their inability to be at work has a negative impact on job production and again it translates to increased workload to their

colleagues who are left behind when they go out of work to seek medical assistance. It can now be deduced from the comments of respondents number 3, 6 and 9 who had CD4 counts below 200 that they were both very sick at that time, and had much more time out of work as CD4 count of any person below 200 is associated with high levels of sickness by department of health's HIV and AIDS guide lines, hence the department of Social Development used CD4 count below 200 as a cut off point for issuing of disability grants to such people.

All the above fully concur with what was hypothesized in the study which also has been supported by literature, that if an employee is HIV positive then at some stage there is a potential risk that the job performance of that employee may be affected due to the inevitable progression of the disease, thereby impacting negatively on service delivery. In line with this Joseph, (2006:7) states that when people are infected, they spend a lot of productive time thinking about their future. Stigma and discrimination also lead to withdrawal and poor exploration of one's abilities hence reduction in productivity. A lot of time is spent away from work while seeking medical care or while taking bed rest. This leads to work overload on the remaining staff who get overburdened, work with divided attention, diminished creativity and de-motivation. All this may affect performance of the industry leading to poor public relations, poor quality goods and services, lower market share and business failure. This has also been confirmed by participants' responses to this question.

The second question is aiming at discovering the risks that other non infected individuals could have if the disclosed individuals could think of being selfish with their HIV and AIDS status to other colleagues. Questions 1b and 1 c were phrased as follows;- how long did it take for you to disclose your status? And

what was holding you back from disclosing? 68.75% of respondents stated that they disclosed their status immediately while 25% responded that it took them a year and above to disclose their HIV and AIDS status.

The percentage of individuals who immediately disclosed their status outweighs the percentage of individuals who took much time to disclose their status. This suggests that the rate of infection to others was at a minimal level. The following are examples of individuals who lately disclosed their status. " it took me 2 years because I was afraid of straining my relationship with my boyfriend, colleagues and employer". "I was scared of dying, being rejected and loose my boyfriend". "My ignorance, lack of information and being scared of discrimination and rejection took me 2 years to disclose my status". " I was not yet ready to talk about it".

Questions 2a and 2b were directly trying to tap the direct interference of HIV and AIDS on job performance of individuals and required a description of interference on job performance. These questions were phrased as follows: - was there any stage in your life in which you saw your HIV and AIDS status interfering with your work? YES or NO. If yes can you please describe what really happened to you at that time? 68.7% of participants responded with YES while 31.2% responded with NO. This therefore fully agrees with question 1 b that HIV and AIDS at a certain stage interfere with job performance of individuals. The remaining category had their family members' diagnosed HIV positive long before their own diagnosis and they became members of Care of the Carers support group as a means of getting assistance to care for their family members and therapy for themselves. To them being diagnosed HIV positive at that stage did not take them by surprise and it had minimal

interference in their job performance, since they were forewarned through support group. Some examples of the 68.7% responses were as follows:

" I was too sick going in and out of hospital and exhausted my sick leave credits"

"My performance dropped and to me it was like everybody was familiar with my status at work and I felt like staying home avoiding being seen by others, I had sick leaves after sick leaves".

"I lost focus, I thought that people were looking at me and judging me, most of the time I was very sick and therefore could not go to work".

"I was sick most of the time because I was not adhering to treatment I had chronic fatigue and I found no reason for living".

When the above responses are looked at in a different angle it can be deduced that they also reflect high rate of absenteeism coupled with reduced productivity levels that adversely impacts on individuals' job performance.

Question 2 attempted to tap the relationship between the HIV and AIDS infected person, supervisor and colleagues. 56.3% of respondents had good relationship with colleagues and supervisors while 43.7% had no good relationship at all. Even though the highest percentage of respondents showed good relationship with colleagues and supervisors a lot still needs to be done with the 43.7% that had poor relationship because the productivity level might be negatively affected in the absence of sound relationship amongst workers. Linked to this *The Occupational and Safety Act, (85 of 1993)* states that all organizations must provide and maintain a workplace that is safe and without risk on an individual's health.

The above is further concurred by The Employee Health and Wellness Strategic Framework for the Public Service which communicates an integrated needs-driven, participative and holistic approach to Employee Health and Wellness in the Public Service. The integrated approach to employee health and wellness recognizes the importance of linking individual health, safety and wellness, as well as organizational wellness to productivity and improve service delivery outcomes, (National Strategic Plan, 2007:18). It is for that reason that even though 43.7% of the participants constitute a least frequency of occurrence their needs should be attended to as supported by policy documents and literature.

When respondents were asked to reflect on the purpose of their job after being diagnosed HIV and AIDS positive 18.7% hated their jobs after having had of their HIV status, 12.5% responded that they hated their job because they were not free enough to look after their HIV and AIDS status through fearing unfavourable attitudes they were subjected to by their supervisors. Examples of their responses were as follows;- "she sometimes felt that I was faking my illness" and "she used to call me while at home to tell me that my sick leave would be taken as leave without pay as my leave credits were finished". 68.5% were positive with their jobs even after diagnosis through the support they got from their families and colleagues.

Findings on this aspect suggests high percentage of respondents were positive about their jobs through the support of other people and more importantly of the workplace support programmes. This therefore further suggests the importance of educating people on HIV and AIDS as a means of reducing stereotypes, prejudice and discrimination of HIV and AIDS infected individuals. Fewer actions or no actions at all of prejudice and discrimination would appear if

everyone is familiar with how to deal with HIV and AIDS in the work environment and at home.

This is further confirmed by the responses of participants to question 3c when they were asked to reflect on how enjoyment in their jobs could be restored 43.7% of respondents felt that more education on HIV and AIDS management at work is greatly needed to alleviate stigma, discrimination. They also felt that the education should also aim at strengthening the importance of voluntary testing and counseling. 56.3% had a positive view of their jobs and therefore could not comment on this item.

5.3.1.1 Responses of the Focus Group

The first question raised to the focus group wanted to determine their understanding of HIV and AIDS effect on employer as well as the employee. This was aimed at cutting down the stereotype of looking at the HIV and AIDS infected individual as the only sufferer. Twenty (20) participants responded by Yes to this question phrased as follows; It is believed that HIV and AIDS is a pervasive disease that affects mostly the age group of 15-45 years. It further went on to say what is the effect of HIV and AIDS to the organization? Their response was "HIV and AIDS affects the organization economically if one looks at sick leaves, deaths and disability leaves that cannot be translated to economic benefit" "training undertaken to empower employees who happen to stay home when the disease progresses, results to loss of funds".

They also agreed that HIV and AIDS affects job performance of individuals and their relationship with other coworkers. The following is their response to this item "if a person has not disclosed his or her HIV and AIDS status, his or her

focus at work is disturbed as he or she experiences internal conflict due to unresolved issues. He or she ends up not performing properly and this strains relations with other coworkers who have to see to it that tasks are performed". "The disclosure of HIV and AIDS status gives relief to such internal conflicts".

They were made to assist the department by giving early warning symptoms that could be noticed to curb reduction in productivity levels. They responded as follows "on and off flue and fever, weight loss, shingles, swollen glands and skin rashes, fatigue, all these being coupled with reduced activity levels, series of sick leaves, forgetfulness and depression".
When the focus group was asked to describe the manner in which employers can address HIV and AIDS at work they alluded to what has been mentioned by the disclosed individuals that "awareness campaigns on Voluntary Testing and Counseling (VCT) and more education on HIV and AIDS would assist".
They further responded that "employee wellness programmes needed to be strengthened to enable these programmes to address issues of discrimination and stigma and also encourage early disclosure to infected individuals for them to access support"

In enhancing the effectiveness of workplace support programmes they felt that "VCT should be made compulsory and be used as a screening method to those entering employment". They also propounded for de-stigmatization of HIV and AIDS and training of more employees to be peer educators.

Findings gathered in this group supported the central theme that HIV and AIDS reduces productivity levels of infected individuals. Findings further suggested that workplace support programmes play a major role also in enhancing job

performance of infected individuals. This also agrees with what has been revealed by literature.

5.3.2 Theme2: Availability of workplace support programmes and their influence on job performance of individuals

Most participants (93.7%) agreed on the availability of workplace support programmes and 6.3% indicated no knowledge of such programmes at all. Out of 93.7% of respondents who agreed on the availability of these programmes responded that "these programmes create a supportive environment on HIV and AIDS infected people and give us a sense of living and to be productive at work". "My productivity levels were high before being diagnosed HIV positive and dropped after diagnosis, after joining the workplace support program I rediscovered the purpose of living and that boosted my productivity levels and moral". "these programs help very much in making lives of the infected people to get better and motivate people to have a better understanding of their status and talk freely about it" and "they encourage people to speak about their status and become more productive at work".

"These programs are very important to me because it's where I get education for myself about living with this disease and also help to be supportive to others who know nothing about HIV and AIDS. "If it were not for the workplace support programs I could have resigned by now, because at work I was just a terrible pain to my supervisors and colleagues through frequent sick leaves and loafing, being self centred...".

Findings concur with the literature that workplace support programmes have a positive influence on job performance of individuals. It further suggests that

these programmes truly enhance job performance of individuals and that the hospital clearly implement them to a certain extent. This is inline with what has been supported by Meyer (1997:466) and Granich (1999:117) when they reasoned that within the workplace the self-concept could influence how individuals feel, think and act about themselves and their jobs which could have an influence on their performance.

They further suggest that participants expected the workplace support programmes to offer more than what they offered. They mentioned that there were some traits of discrimination and stigma that still existed in certain areas in the hospital for example the existence of a separate clinic in which infected staff obtain their HIV and AIDS medication. They therefore wanted these programmes to vigorously deal with discrimination and stigma that is still in existence in the hospital.

Findings suggest that participants expected these programs to create an atmosphere that would encourage voluntary testing and early disclosure of infected individuals. This is further confirmed by respondents' responses to question 4c in which they were asked to give categorical responses yes or no on whether workplace support programmes needed to be strengthened or not, 87.5% responded with yes while 12.5% said no. Literature also supports this contention, National HIV and AIDS Strategic plan propounds that organizations need to;

- Increase the knowledge and awareness of HIV and AIDS.
- Promote and provide voluntary testing and counseling.
- Increase access to condoms.

5.3.3 Employee wellness response on workplace support programme

The manager for Employee Assistance Programme was interviewed. The aim was to gather information that would assist in qualifying the responses of participants. The focus also was on determining the effectiveness of workplace support programmes in addressing HIV and AIDS.

The findings revealed that the policy on HIV and AIDS was available and implemented. Findings also revealed that the programme seem to be delaying to address the discrimination and stigma that exists in hospital, due to the fact that when the infected people enter the programme they become confused, having lot of fears of rejection and discrimination not knowing whether to disclose privately or publicly. At this stage the programme focuses on giving support to a person to help take proper and informed decisions. As the time goes on they adjust. It was further acknowledged that the programme has a lot to do in strengthening its education as was mentioned by respondents.

The following is the response of EAP manager when she was asked what she thinks could be done in enhancing the effectiveness of workplace support programmes; "commitment of top management in releasing employees to attend events when need be, resource that assist the program should be made available, encourage on going marketing of the programme to all employees infected and affected". The EAP manager further concurred with the findings of the study together with its literature that HIV and AIDS reduces work productivity levels of infected individuals coupled with high levels of absenteeism.

5.3.4 Theme 3: Absenteeism

The interviews with management focused on finding out the documented proofs that link to what was revealed by respondents in their responses to how HIV and AIDS interfered with their work performance. Findings revealed an increase in absenteeism of respondents after being diagnosed HIV positive. The leave register reflected 65% of respondents as having increased levels of absenteeism at work while 35% utilized their sick leave credits according to set guidelines in leave regulation document that a person is entitled to thirty six days of sick leave in a three year cycle.

The following represents comments of management "she shops for around doctors and spend most time outside work". "After she disclosed I noticed rise in her sick leave intake to an extent that her sick leave credit has been exhausted for the current year cycle.". "she started arriving late for a period of two to three months after that she submitted leaves after leaves sometimes while still at home she would send a leave that extends the one she has taken. This annoyed me as it was bringing lot of work to her colleagues". "we noticed a big change in behaviour in a person who was much dedicated in his work, he displayed excessive drinking problem which was never seen before, was too much forgetful of the tasks he was asked to execute, sometimes could not pitch up for work for no apparent reason when followed up he would submit a medical certificate that authorizes him to be out of work". "He became slower in thinking and in carrying orders, he used to start something and leave it half way, and this would be followed by a long sick leave taken for medical reasons as you have seen in the register".

Findings of the study suggest that absenteeism plays a major role in reducing productivity levels at work and also increase workload to non- infected employees. Findings further suggest that employers run at a loss a by providing salaries to individuals who are not at work. This has further been confirmed by the literature, the following is what has been propounded by Simon et al (2004:12) in his paper on International Conference on AIDS, that HIV/AIDS-associated morbidity leads to significant increases in worker absenteeism and decreases in productivity when at work. The magnitude of these differences is highly variable, however, even within the same industrial sector: increases in sick leave range from 11 to 68 days and losses of productivity range from 15 to 63%.

The information presented here can be used to improve parameters in impact assessments and strengthen the case for employer-sponsored interventions. It is further believed that absenteeism caused by HIV-related ill-nesses and the loss of labour from AIDS-related deaths may lead to a reduction in productivity levels which could result in negative impact in service delivery.

5.3.5 Responses from Labour Unions

Questionnaires sent to this category could not be found. At this stage it is difficult to comment on what they should have said in the questions.

5.4 Conclusion

The study clearly revealed that HIV and AIDS reduces the productivity levels of infected individuals and this has also been concurred by literature studies.

Absenteeism has also been found to be one of the factors that negatively impacts on productivity levels of individuals. The findings of the study concurs with what has been hypothesized in the study that at a certain stage HIV and AIDS will interfere in job productivity levels of an infected individuals.

The workplace support programmes have been seen to be contributing in the enhancement of individuals' performance. It also became clear throughout the findings of the study that the people who are supported by these programmes expected a lot from them. The responses of individuals stated clearly the areas of improvements that the hospital management could look at. Workplace support programmes should eradicate or reduce discrimination and stigmatization together with providing practical support to infected individuals.

To improve the job performance of individuals living with HIV and AIDS, organizations should implement workplace support programmes that have an appropriate combination between environmental acceptance activities and practical benefits.

The Researcher is not aligning herself with what was mentioned by the focus group that VCT should be made compulsory and that it should be made a pre requisite to employment. This is against the AIDS policy of the department and is also a violation of the rights of individuals according to chapter two of the *Constitution 1996.* It also contradicts The *Employment Equity Act,(55of 1998)* and *Occupational Health and Safety Act (85 of 1993).*

The findings of the study will also benefit the management of the hospital as well as human resource unit in crafting its succession plan. These findings will enable them to plan properly on how to respond to HIV and AIDS in a manner that will protect productivity levels for the benefit of service delivery.

5.5 Recommendations

Based on the findings of the study to reduce the negative influence of HIV and AIDS on job performance of infected employees the hospital should implement comprehensive, appropriate and needs based workplace support programmes. The workplace support programmes should be fully responsive to the needs of the infected individuals as they are beneficiaries of the programme. This would necessitate that the hospital conduct a form of Knowledge, Attitudes and Practices (KAP) survey that will aim at getting the views of the infected individuals on effectiveness of workplace support programmes.

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APPENDIX A

Amathole District Office
No. 19 St James Street
Old Medical Centre Building
EAST LONDON
5050
18 May 2009

Cecilia Makhiwane Hospital
Mdantsane
EAST LONDON

The Medical Superintendent

AUTHORITY TO INTERVIEW HIV and AIDS INFECTED STAFF FOR PARTIAL COMPLETION OF MASTER DEGREE RESEARCH

I am currently conducting research for a master's degree in Public Administration at the University Of Fort Hare. The topic of my research is "Assessing the impact of HIV and AIDS on employee performance and thus service delivery" in Cecilia Makiwane Hospital Eastern Cape : (2005-2007).

The study also aims at exploring the influence of workplace support programmes on individual's job performance. The empirical part of the study will be conducted on HIV and AIDS infected staff including operational nurses who have disclosed their HIV and AIDS status, Supervisors, Managers of nurses, patients that are under the care of infected personnel and also Labour unions – NEHAWU/DENOSA members.

The study will follow a qualitative approach therefore Focus groups, structured and unstructured questionnaires will be used to elicit information from respondents.

Due to the sensitivity surrounding the disclosure of one's HIV and AIDS status and the associated experience or feared discrimination I will make every effort to ensure participant anonymity. I undertake to maintain the confidentiality of records perused, ensure no names or any identifiable characteristics / information of participants are used and to obtain written informed consent from all participants prior to interviews. A copy of the consent form is attached herewith for easy reference.

Your assistance in this project will be highly appreciated.

N.Tuswa: Master's Degree Student

APPENDIX B

INFORMED CONSENT TO PARTAKE IN HIV AND AIDS RELATED MASTER'S DEGREE RESEARCH

PART ONE: CONSENT TO BE INTERVIEWED

I, _____hereby give / do not give my consent to participate in this research project. I acknowledge that the nature and reasons for participating in the research project have been explained to me and that I clearly understand them. I also understand the precautions taken by the researcher to maintain the confidentiality of the information that I provide to her. I again clearly understand that I will not be required to indicate my name on any documentation, neither will it be included in any of the research results and I have the right to terminate the interview at any stage even after I have given my consent for interview if I feel comfortable to do so.

_____	_____	_____
Name (Print)	Signature	Date

PART TWO: CONSENT FOR MY SUPERVISOR /EMPLOYER TO BE INTERVIEWED

I, _____hereby confirm that my supervisor / employer has been / not been informed by me about my HIV and AIDS status and hereby give / do not give consent for him / her to be consulted regarding my absenteeism and job performance.

_____ _____ _____

Name (Print) Signature Date

APPENDIX C

INTERVIEW SCHEDULE: WORKPLACE SUPPORT PROGRAMME AND THE INFLUENCE OF HIV and AIDS ON INDIVIDUALS' JOB PERFORMANCE

The HIV and AIDS pandemic has been identified as the greatest threat facing human beings today. This pandemic affects all spheres of society and the workplace is no different. The effect in the workplace is felt in many ways including increased absenteeism, personnel losses, costs, skills loss, declining morale and decreased productivity levels. The effects of the pandemic are exacerbated by the negative impact of AIDS related stigmatization and discrimination which tend to drive the pandemic underground. This occurs because those infected do not find courage in disclosing their HIV and AIDS status for fear of the consequences within the broader society and also at the workplace. To counter the effect of the pandemic, government policies mandated the establishment of employee wellness programmes within organisations which include a variety of activities. However it is not clear as to what extent these programmes are implemented by organisations or how effective they are in addressing the issue of HIV and AIDS in the workplace and how they assist the infected individuals, and thus their job performance.

PURPOSE OF THE INTERVIEW

To understand the influence of workplace support programmes on the job performance of HIV and AIDS infected individuals.

CONFIDENTIALITY, ANONYMITY AND INFORMED CONSENT

All information provided in response to questions asked will be treated with confidentiality. The utmost care will be taken to ensure that participants remain anonymous. Therefore the names or any other form of identification will not be recoded or attached to the responses provided. You are also requested to provide your written informed consent to partake in this interview by completing the form provided.

Thank you for participating in this interview

APPENDIX D

INTERVIEW SCHEDULE: FOR DISCLOSED PERSONNEL ON THE INFLUENCE OF HIV and AIDS INFECTED INDIVIDUALS ON JOB PERFORMANCE

BIOGRAPHICAL DETAILS

Gender	Male / Female
Age	15-20 20-25 30-35 35-40 40-45 45-50 50-55 55-60
Marital Status	Married / Single / Divorced
Occupation	Nursing Assistance / Enrolled Nursing Assistance / Professional Nurse / Senior Professional Nurse / Director / Deputy Director / Assistant Director / Senior Manager / Manager / Supervisor
Employed Length Of service	0 – 5years 5 – 10 10 – 15 15-20 20-25 25-30 30-35 35-40
Academic Qualifications	Grade 0 - Grade 12 / Diploma / B Tech / Degree / Post Graduate Diploma / Masters Degree / Other

GENERAL QUESTIONS

1.a. How did you find out of your HIV and AIDS status?

_____
_____
_____
_____
_____

1.b. How long did it take for you to disclose your status?

_____
_____
_____

1.c. If it took you much time what was holding you back from disclosing?

_____
_____
_____
_____

2.a. Was there any stage in your life in which you saw your HIV and AIDS status Interfering with your work? YES/NO

2.b. If yes, can you please describe what really happened to you at that time?

2.c. How did that affect your relationship with your supervisor and also colleagues?

2.d. If No, how did you manage to control your emotions after being diagnosed HIV positive?

2.e. After being diagnosed how was your relationship with your supervisor and Colleagues?

3.a. As a person whose job entails caring for the sick how did you view the purpose of your job after being diagnosed HIV positive?

3.b. Do you still find enjoyment in your job after disclosing your status? YES/NO

3.c. If no, what do you think can be done to assist you to have enjoyment in your job?

4.a. Are there any workplace support programmes in your hospital? YES / NO

4.b. If yes, how do you view such programmes?

4.c. Is there anything you think can be done to put these programmes at a standard that would be fulfilling to everyone who needs them? YES / NO

4.d. Can you briefly comment on what you think could be done to upgrade the standard of workplace support programmes in your hospital?

5.a. Can you describe how your performance at work was before and after being diagnosed HIV positive?

5.b. What do you think has affected your productivity levels at work after being told of your HIV status?

5.c. What do you think can be done to assist those individuals who fear disclosing their HIV and AIDS status?

Thank you for participating in this interview. All what has been discussed here will be kept anonymous and confidential.

Province of the
EASTERN CAPE
HEALTH

EAST LONDON HOSPITAL COMPLEX
Frere Hospital, Amalinda, Private Bag/Ingxowa Eyodwa X 9047, East London, 5200
South Africa • Tel: (043) 709 2135 • Fax: (043) 709 2443 • Website: www.ecdoh.gov.za

INTERNAL MEMORANDUM

To:	Ms. N. Tuswa; Masters Degree Student, Fort Hare University
From:	Dr. Z. Jafta; Acting Director Clinical Governance, ELHC
CC:	Dr. L. Galo; Acting Hospital Manager, CMH Mrs. D. Sixishe; Nursing Manager, CMH
Subject:	Request for Research: Assessing the impact of HIV and AIDS on employee performance and service delivery.
Date:	17 September 2009

Your request to do the above research in Cecelia Makiwane Hospital has been granted.

You can liaise with Mrs. Sixishe from CMH to coordinate the research.

Her contact details are:
Tel: (043) 708 2135/2113

It is requested that a copy of the completed analysis be submitted to this office for record purposes.

Regards,

Dr. Z. Jafta
Acting Clinical Governance Director: ELHC
Nmp/cjr