

Nurses or doctors as clinicians in the  
antiretroviral roll-out?:

# Patient's and provider's perspectives

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# Background

- Scale of problem – 5.2 million HIV+ in SA
- Hundreds of thousand of deaths projected over next 5 years (even assuming high rates of ART coverage)
- Recognised shortage of medical practitioners in South Africa
- How to address population needs?

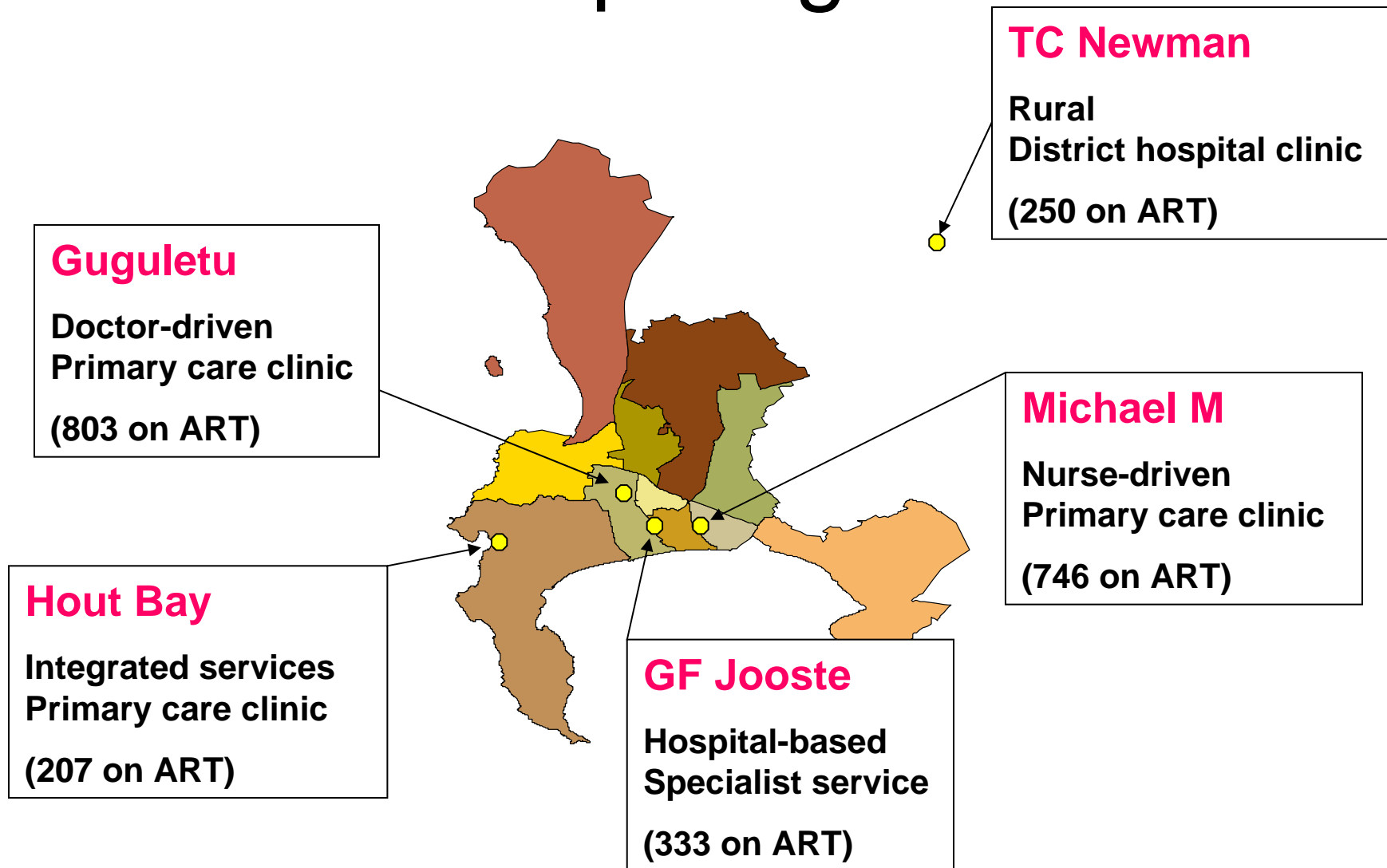
# Aim

- To investigate the attitudes and opinions of both ARV patients and health care workers regarding the roles of nurses and doctors in primary care ARV services

# Methods

- **5 well established ART sites** - chosen for their differing models of service delivery
- **Patient interviews:** 749 patients on ART underwent structured interview by questionnaire
- **Provider interviews:** 27 providers, including at least one doctor, nurse, pharmacist and counsellor from each facility – semi-structured interview, recorded and analysed thematically

# Participating sites



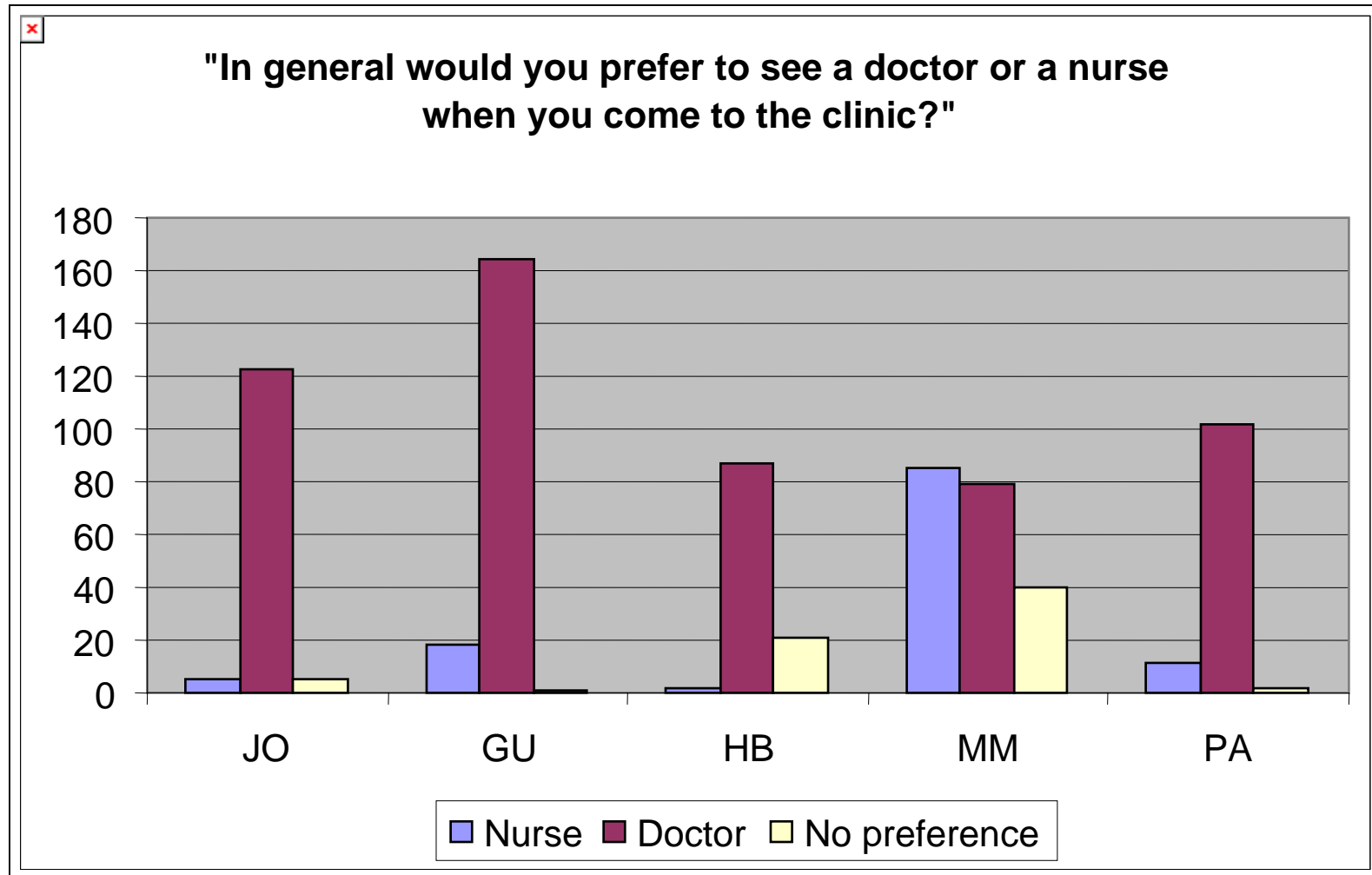
# Similarities in service delivery models

- Patients who qualify for ART undergo a number of clinical visits before treatment initiation, directed at uncovering OI's and excluding contra-indications
- Simultaneously- a parallel education program run by lay counsellors/educators
- Counsellors/educators and clinicians meet in a separate forum (from once bi-weekly to three times per week) where social readiness and medical readiness to start is determined
- Decision to start is by consensus
- After ART initiation, patients seen at 2 weeks, 1 month and monthly thereafter

# Differences in service delivery models

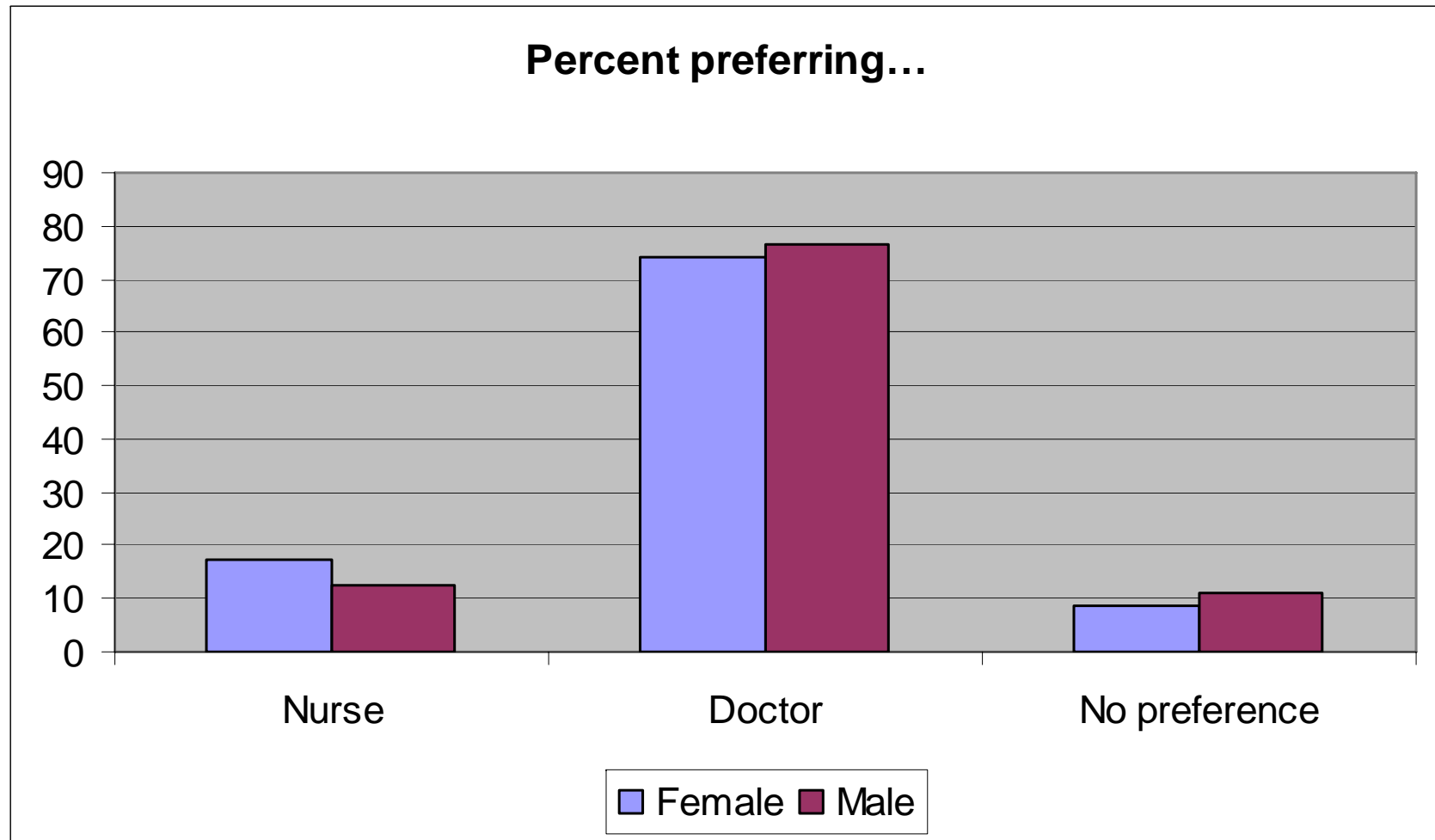
- Nature of the clinical health care worker (nurse or doctor), and relative burden of case-load borne by them
- Time course of work-up
- Nature of education process
- Nature of adherence support
- Opening times and access to service

# Results



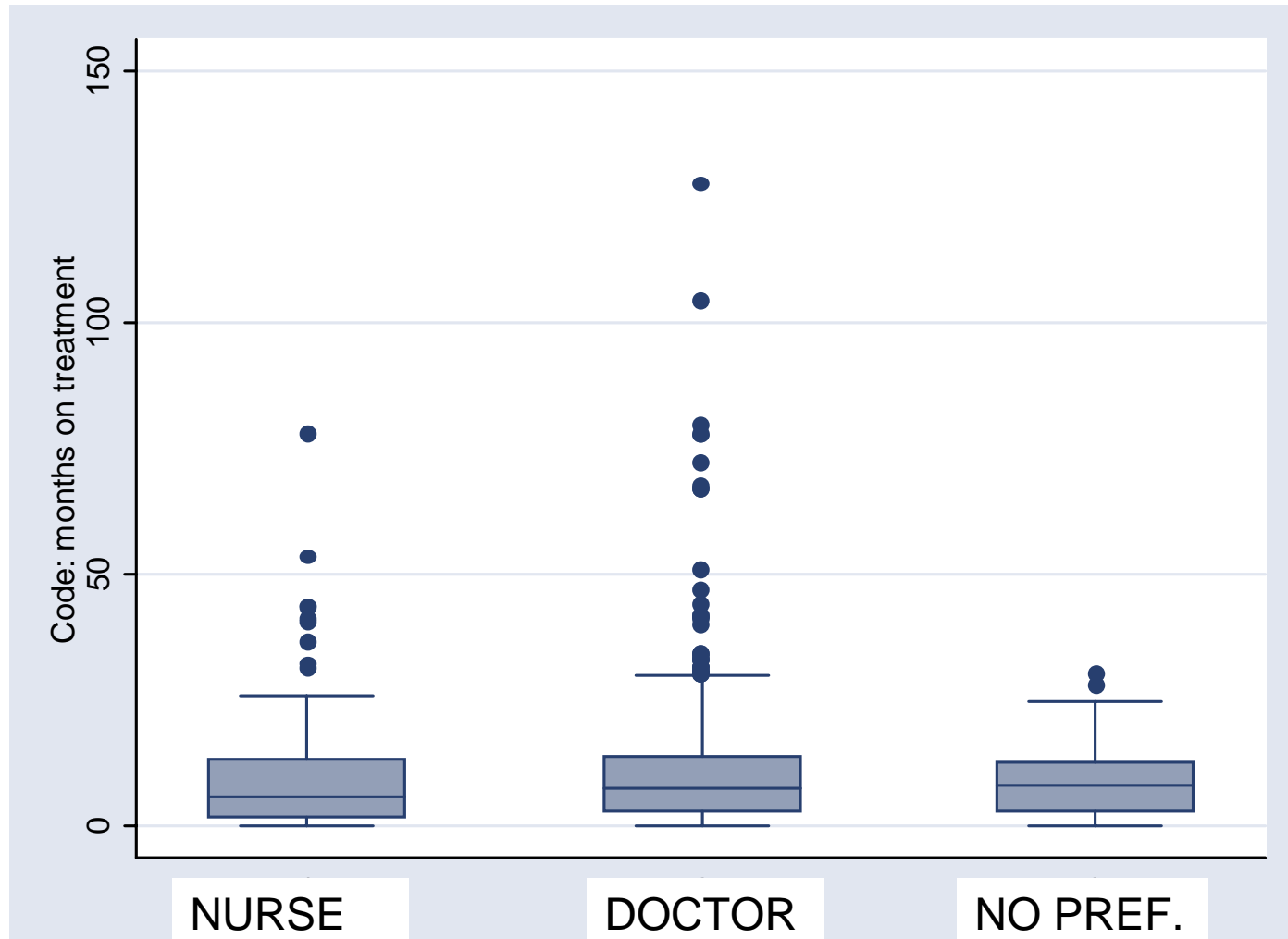
**Of 742 patients, 74.5% chose a doctor, 16.2% chose a nurse and 9.3% expressed no preference**

# Is gender related to HCW preference?

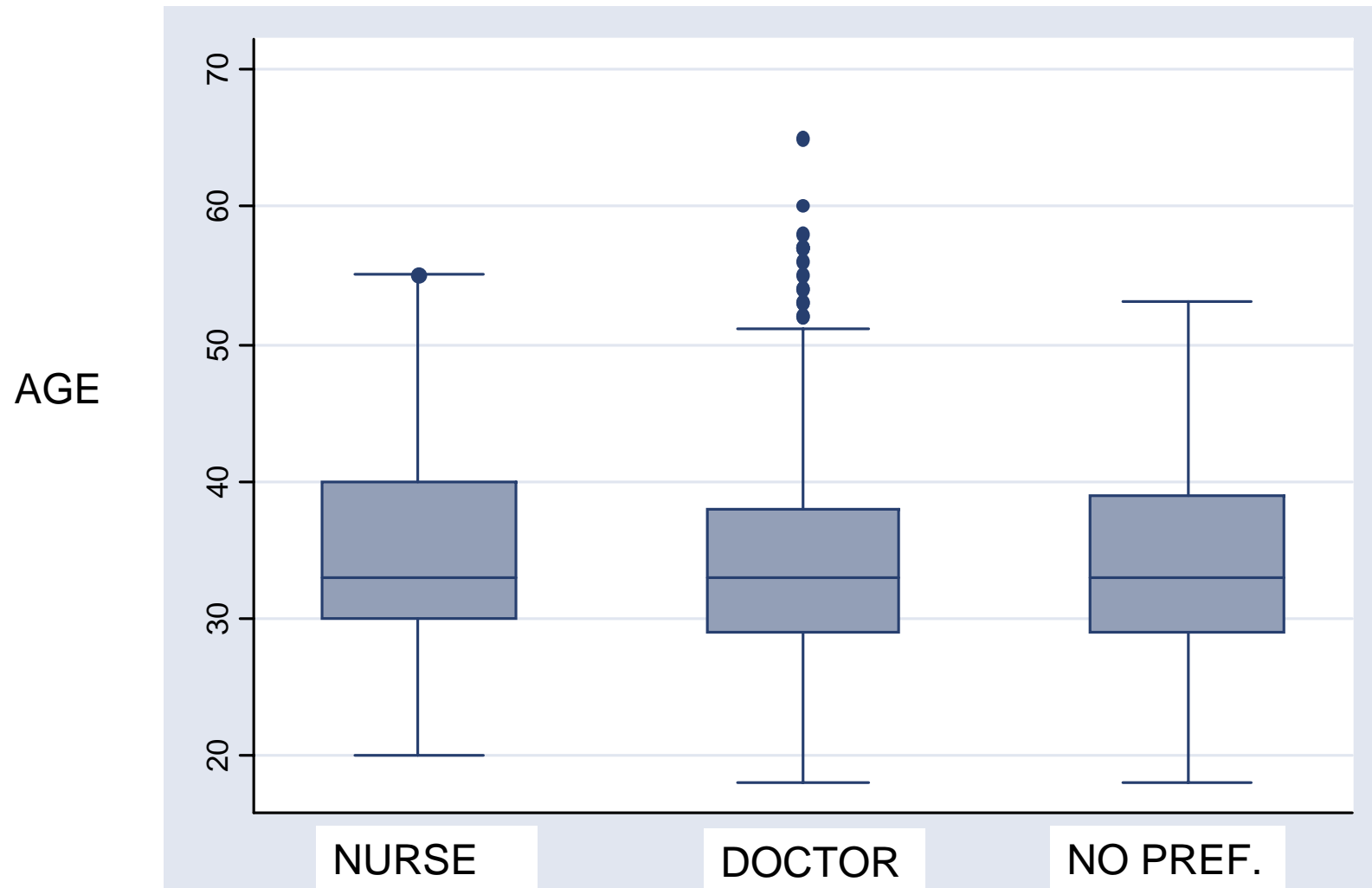


# Is time on treatment related to preference?

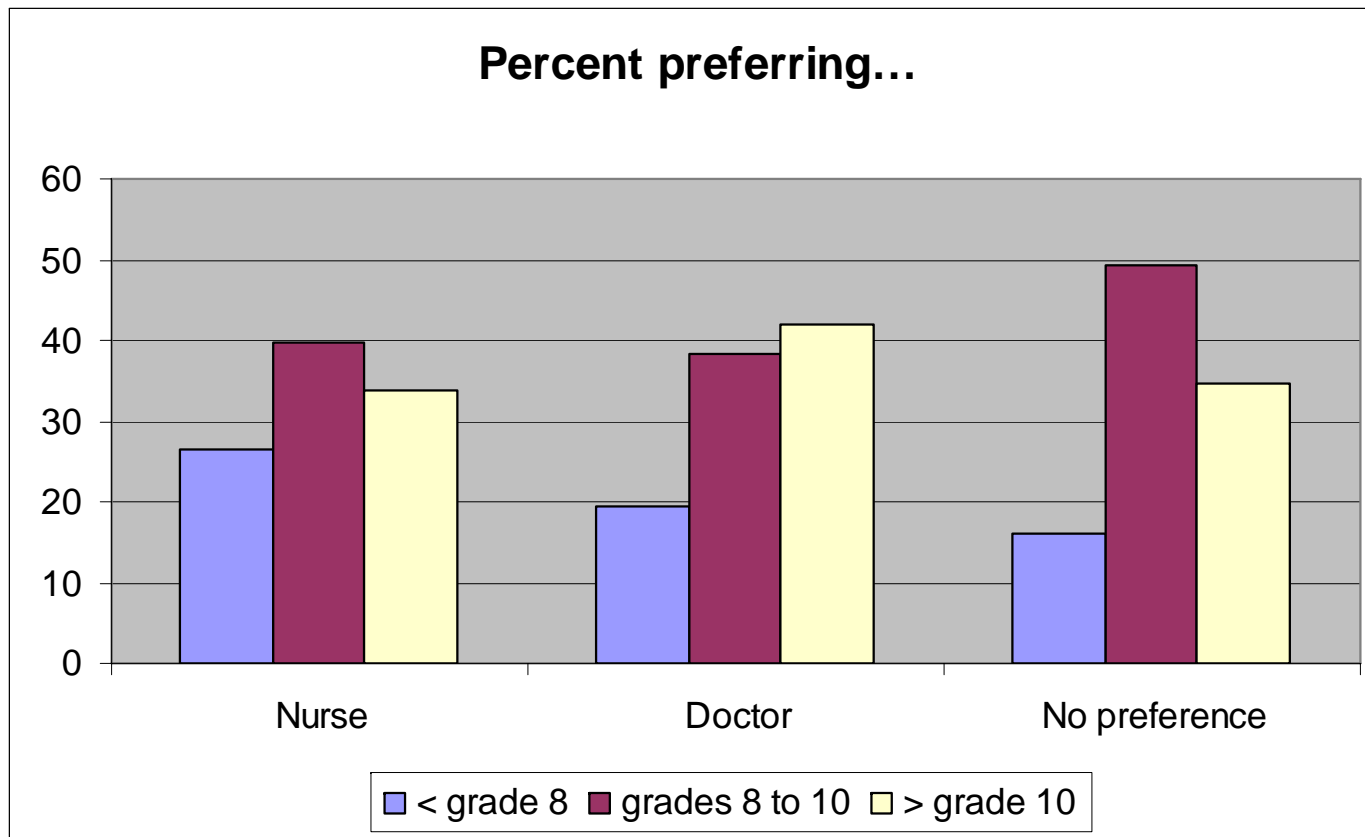
MONTHS  
ON  
ART



# Is age related to preference?



# Is education level related to preference?



# Reasons for preferring nurses

- “I feel more comfortable with a nurse because I could express myself clearly”
- “I only want to see a doctor when I'm sick”
- “Ever since I started coming here, I've been attended by a nurse” “I'm used to them”
- “A nurse encourages me and tells me about other health issues that I cannot understand”
- “The nurses are easy to reach”
- **THEMES: same language, less waiting, more holistic**

# Reasons for preferring doctors

- “A doctor has more knowledge than a nurse”
- “A doctor has patience towards the patients”
- “I assume doctors know better”
- “They are confidential”
- “They always examine us”
- **THEMES: Approachable, knowledgeable, able to get to the nub of the problem, able to prescribe more medicines, the reassurance of a physical examination**

# Provider opinions

- **Nurses enjoyed their clinical work**

“When I see them, I sit down with them, and then we have a talk about the treatment, if they have any complaints, if there is no complaints, if there is a complaint then you examine them to see what you can do for them, and also weigh them and check them, if they have to have their blood taken and things like that. If there is no blood to be taken you just check on them, how are they taking their treatment and then, like, those that are on long-term ARVs, then you just find out from them what keeps them going, what keeps them doing what they are doing right.”

- **But it was felt there was a comfort in the clinical support provided by doctors-**

“They then go into the room, we see them then, when the CNPs can't manage them, it goes then to the Doctor”

# Provider opinions

- Many doctors felt nurses could successfully manage an increased share of patient burden:

“I think to scale up the whole thing, the role of nurses has to be looked at and urgently, and I think the rollout has been going fairly well...but I don't think we can sustain this kind of intensity unless we broaden out and let nurses take a much bigger role in the whole thing.”

- But appropriate training was felt to be the key:

“They need to be mentored, in a facility, then maybe do it themselves, under the watchful eye, and then actually go to a clinic and do it themselves and have a doctor on call or visiting once a week, they can do it, I know they can.”

# Conclusions

- Nurse practitioners are acceptable to patients who access them
- Patient who prefer nurses are not demographically different to those who prefer doctors
- Outcomes at nurse-dominated clinics are comparable to doctor-driven clinics (data not shown)
- **LIMITATIONS:**
  - only one nurse-‘centric’ clinic in the study
  - small sample of providers
  - ?social-desirability bias to interviewer

# Conclusions

- Necessity dictates that health services prepare for health care workers other than doctors to carry a larger proportion of the HIV/ART caseload
- ?A paradigm shift in thinking about delivery of health services – quality in quantity
- Implications for training, registration and clinical support services