15

CARE PROVISION EXPERIENCES AMONG NURSES IN DOH-DESIGNATED HIV TREATMENT HUBS IN CALABARZON: BASIS FOR A PROPOSED ENHANCEMENT PROGRAM

Jeanela Mari P. Urriza
SPC Graduate Fellow

Dr. Mila T. Punzalan
Graduate School Faculty
Co-Author

This study examined the care provision experiences, role performance, challenges, and coping strategies of nurses working in Department of Health (DOH)-designated HIV treatment hubs in CALABARZON as a basis for developing an enhancement program. A mixed-method research design combined a quantitative descriptive-comparative approach with qualitative phenomenological inquiry. Thirty-five nurses participated in the quantitative component, while 10 were purposively selected for in-depth interviews. Data were gathered using a structured questionnaire and a semi-structured interview guide. Descriptive statistics, inferential tests, and thematic analysis were employed. Findings revealed a very great extent of self-reported role performance in clinical care (M = 3.94), psychosocial and counseling functions (M = 3.92), administrative and documentation duties (M = 3.88), and interprofessional and community engagement (M = 3.63). The inferential analysis reported no statistically significant differences in the challenges encountered across demographic groups. Qualitative findings identified four major challenges: emotional vulnerability in caring relationships, structural and resource constraints, compassion fatigue and burnout, and workplace stigma. Nurses managed these challenges through peer support, purpose-driven reflection, self-care, and continuing professional development. Participants recommended institutional wellness and debriefing programs, recognition and career development opportunities, improved infrastructure, anti-stigma initiatives, and strengthened multidisciplinary coordination. The integrated findings informed a proposed enhancement program emphasizing emotional resilience, professional development, organizational support, and a caring workplace environment. The study concluded that nurses reported extensive engagement in HIV care responsibilities despite persistent psychosocial and institutional challenges requiring coordinated administrative interventions.

Keywords: *HIV nursing, treatment hubs, care provision, compassion fatigue, occupational resilience, nursing administration, enhancement program*

Introduction

Human immunodeficiency virus (HIV) remains a major public health concern requiring sustained access to prevention, treatment, counseling, and long-term care. Globally, HIV programs have increasingly emphasized integrated and patient-centered approaches to improve treatment access, adherence, and continuity of care. The Joint United Nations Programme on HIV/AIDS (UNAIDS, 2021) underscored the importance of strengthening healthcare systems and expanding access to essential HIV services. In the Philippines, DOH-designated HIV treatment hubs serve as important healthcare facilities for delivering antiretroviral therapy (ART), clinical monitoring, psychosocial counseling, and referral services to people living with HIV (PLHIV).

Nurses occupy a central position in the delivery of these services. Their responsibilities extend beyond administering medications and monitoring clinical conditions to include patient education, treatment adherence counseling, documentation, interprofessional coordination, and advocacy. Sizemore et al. (2018) emphasized the importance of nurses as educators and advocates in HIV care, while Callaghan et al. (2019) discussed expanded nursing responsibilities in treatment delivery. These roles require specialized clinical competence, therapeutic communication, ethical sensitivity, and sustained emotional engagement.

Despite their contributions, nurses working in HIV treatment facilities encounter occupational challenges that may affect their well-being and the continuity of patient care. Stigma and discrimination remain persistent barriers within healthcare settings, potentially undermining therapeutic relationships and professional morale. Nyblade et al. (2019) emphasized the importance of addressing stigma in health facilities, while Cianelli et al. (2019) examined barriers affecting HIV care provision. Organizational concerns, including staffing limitations, inadequate infrastructure, limited training opportunities, and insufficient

institutional support, may further complicate the delivery of comprehensive services.

The psychological demands of HIV nursing also warrant attention. Caring for individuals experiencing chronic illness, treatment uncertainty, discrimination, and psychosocial distress requires considerable emotional investment. Prolonged exposure to these demands may contribute to compassion fatigue and burnout. De Villiers and Mayers (2020) discussed burnout and resilience among nurses providing HIV/AIDS care, while Gonzalez-Gil et al. (2021) highlighted the potential relevance of resilience-oriented support programs.

The present study was anchored in Jean Watson's Theory of Human Caring, which emphasizes the importance of authentic caring relationships, compassion, dignity, and a supportive healing environment. Within HIV care, this perspective recognizes that effective nursing extends beyond technical competence to encompass psychological support, therapeutic relationships, and respect for the person receiving care. Importantly, the theory also provides a perspective for understanding the emotional needs of nurses who sustain these caring relationships under demanding conditions.

Although international research has examined the clinical, organizational, and psychological dimensions of HIV nursing, localized evidence concerning nurses' care provision experiences in DOH-designated treatment hubs in CALABARZON remains limited. Understanding these experiences is important because organizational challenges, available resources, and workforce support mechanisms may vary across healthcare settings.

Accordingly, this study examined the demographic characteristics of nurses, determined the extent of their role performance in clinical care, psychosocial counseling, administrative responsibilities, and interprofessional engagement, investigated differences across demographic groups, explored their

challenges and coping strategies, and identified their recommendations for improving HIV treatment services. The findings served as the basis for a proposed enhancement program intended to strengthen nurses' well-being, professional development, and organizational support.

Methods

The study employed a mixed-method research design integrating a quantitative descriptive-comparative approach and a qualitative phenomenological approach to examine the care provision experiences of nurses in DOH-designated HIV treatment hubs in CALABARZON, Philippines. The quantitative component involved 35 nurses employed in HIV treatment facilities across the region, while the qualitative component included 10 participants purposively selected from the same population based on their willingness and availability to share their experiences. A structured questionnaire was used to gather demographic information and assess nurses' perceived role performance, challenges, and coping mechanisms through closed-ended and Likert-scale items. The instrument underwent face validation and pilot testing, with a reported Cronbach's alpha coefficient of .92. A face-validated semi-structured interview guide was used to obtain detailed accounts of participants' experiences, challenges, coping strategies, and recommendations for improving HIV care provision. Approval was obtained from the Institutional Ethics Review Board, and permission was sought from the administrators of participating treatment hubs. Quantitative data were collected through self-administered questionnaires distributed during scheduled facility visits, while qualitative data were obtained through face-to-face and virtual in-depth interviews according to participants' availability and preferences. Interviews were recorded with consent and transcribed verbatim for analysis. Quantitative data were analyzed using frequencies, percentages, means, standard deviations, independent-samples t-tests, and analysis of variance to describe respondent characteristics and examine group differences. Qualitative narratives were subjected to thematic analysis through

systematic coding, categorization, and identification of recurring patterns. Quantitative and qualitative findings were integrated to develop a comprehensive understanding of care provision experiences and inform the proposed enhancement program. Ethical safeguards included informed consent, voluntary participation, the right to withdraw without penalty, confidentiality, anonymity, secure data storage, removal of identifying information, and aggregate reporting of findings.

Results and Discussion

Demographic Characteristics of Nurses in HIV Treatment Hubs

The quantitative component involved 35 nurses assigned to DOH-designated HIV treatment hubs in CALABARZON. The respondents were predominantly female and largely composed of young, early- to mid-career professionals. Most occupied staff-level positions and possessed at least a bachelor's degree.

Regarding educational attainment, 77.14% were college graduates, 20.00% had completed master's degrees, and 2.86% were pursuing graduate studies. In terms of experience within HIV treatment hubs, 57.14% had been assigned for one to five years, while 28.57% had served for less than one year. Only 5.71% reported six to ten years of experience, and 8.57% had served for eleven years or longer.

These findings indicated that the HIV nursing workforce consisted largely of relatively recent assignees, with fewer long-serving personnel. Although this distribution did not establish the presence of workforce turnover, it highlighted the importance of structured orientation, professional development, and mechanisms for retaining specialized nursing expertise.

The findings were consistent with the broader literature emphasizing continuing professional development and mentorship in HIV care. Fonner et al. (2019) discussed the relevance of

professional training, while Zuber et al. (2017) emphasized mentorship and supportive supervision in resource-constrained healthcare environments.

For nursing administrators, the demographic findings suggested the importance of establishing structured competency development, mentorship between experienced and newly assigned nurses, and career advancement opportunities to support continuity of HIV services.

Extent of Role Performance in Clinical Care Functions

Nurses demonstrated a very great extent of self-reported role performance in clinical care functions, obtaining a composite mean of 3.94. Monitoring clients for ART side effects and complications received the highest reported mean (M = 4.00), followed by assessing and documenting patients' physical health status (M = 3.97). Administering ART according to established protocols obtained a mean of 3.89.

These findings indicated that respondents reported consistent engagement in essential clinical responsibilities, particularly medication management, patient assessment, and monitoring of treatment-related complications.

The results were compatible with the literature emphasizing nurses' central role in HIV treatment delivery. Callaghan et al. (2019) discussed the contribution of expanded nursing responsibilities to HIV service provision, while Ford et al. (2018) examined nurse-led HIV services and their relevance to healthcare accessibility.

From the perspective of Watson's Theory of Human Caring, competent clinical care represents an essential component of holistic nursing practice. However, technical proficiency must be complemented by therapeutic communication, emotional sensitivity, and respect for patients' dignity.

The findings supported maintaining competency-based training in ART management, opportunistic infection monitoring, and clinical assessment. Because the results were based on nurses' self-reports, they should be interpreted as perceived role performance rather than independently verified clinical competence or patient outcomes.

Extent of Role Performance in Psychosocial and Counseling Functions

The respondents demonstrated a very great extent of role performance in psychosocial and counseling functions, with a composite mean of 3.92. Most indicators obtained means of 4.00, reflecting consistently high self-reported involvement in psychosocial support.

However, referring clients to mental health or psychosocial services received a comparatively lower mean of 3.60. Although this rating remained favorable, it identified a relative area for improvement within the broader psychosocial care responsibilities of HIV nurses.

The findings suggested that respondents recognized the importance of providing emotional support, counseling, and patient-centered communication. Nevertheless, the comparatively lower rating for mental health referrals raised questions about the accessibility, coordination, and utilization of specialized psychosocial services.

Nyblade et al. (2019) emphasized the importance of addressing stigma and related barriers in healthcare environments. Similarly, Cianelli et al. (2019) discussed challenges affecting comprehensive HIV care provision.

These findings were consistent with Watson's Theory of Human Caring, particularly its emphasis on therapeutic relationships, authentic presence, and attention to the emotional and psychological needs of patients.

For nursing administration, the results highlighted the importance of strengthening referral pathways to mental health professionals, social workers, and psychosocial support organizations. Establishing clear referral protocols and regular multidisciplinary case discussions may improve the continuity of comprehensive HIV care.

Extent of Role Performance in Administrative and Documentation Duties

Nurses reported a very great extent of role performance in administrative and documentation responsibilities, with a composite mean of 3.88.

Maintaining the confidentiality of client information obtained the highest mean of 4.00, while maintaining accurate and updated client records received a mean of 3.89. Participation in case management and treatment planning meetings obtained a mean of 3.83. Completing reports and submitting required documentation on time received the comparatively lowest mean of 3.71.

These findings indicated that respondents placed considerable importance on confidentiality and documentation, which are essential in HIV care because unauthorized disclosure of a person's HIV status may expose patients to discrimination and other adverse consequences.

The results were consistent with the importance of maintaining a safe and supportive healthcare environment discussed by Nyblade et al. (2019). They also reflected the broader organizational responsibilities associated with integrated HIV service delivery.

The relatively lower rating for timely documentation suggested an area requiring administrative attention. However, the study did not directly establish whether delays resulted from workload, staffing, information systems, or other operational factors.

Nursing administrators may therefore consider reviewing documentation workflows, strengthening information management systems, and providing appropriate administrative support while maintaining strict confidentiality safeguards.

Extent of Role Performance in Interprofessional and Community Engagement

Interprofessional and community engagement obtained a composite mean of 3.63, interpreted in the thesis as a very great extent of role performance. Although favorable, this was the lowest-rated domain among the four dimensions assessed.

Collaboration with fellow healthcare professionals received a mean of 3.83. Meanwhile, contact tracing and client follow-up obtained a mean of 3.51, conducting or assisting in HIV awareness programs received 3.49, and connecting clients to community services or support groups obtained the lowest mean of 3.40.

These findings indicated that respondents reported stronger involvement in facility-based professional collaboration than in selected community-oriented activities.

The results were compatible with Patel et al. (2020), who emphasized multidisciplinary approaches to HIV care, and Govender et al. (2019), who discussed technological approaches to supporting treatment adherence and follow-up.

The comparatively lower scores for community engagement highlighted opportunities to strengthen the connection between treatment hubs and community-based support services. Effective HIV care requires continuity beyond the treatment facility, particularly for adherence support, psychosocial assistance, and retention in care.

Nursing administrators and HIV program coordinators may consider strengthening referral networks, community partnerships, patient follow-up systems, and collaboration with accredited

community-based organizations while maintaining patient confidentiality and informed consent.

Differences in Challenges Encountered According to Demographic Characteristics

Inferential analysis revealed no statistically significant differences in the challenges encountered by nurses when grouped according to age ($p = .301$), sex ($p = .386$), years in service ($p = .205$), and years assigned in HIV treatment hubs ($p = .258$).

All reported probability values exceeded the .05 significance level. Consequently, the null hypothesis of no significant differences in challenges across these examined demographic groups was not rejected.

These findings indicated that the study did not detect demographic differences in reported challenges among the respondents. The results were compatible with the possibility that shared workplace conditions contributed to similar experiences across demographic categories.

The findings were consistent with literature discussing organizational influences on healthcare workers' experiences. Marafu et al. (2020) emphasized the relevance of organizational support to burnout, while De Villiers and Mayers (2020) examined the psychological demands associated with HIV nursing.

Nevertheless, the absence of statistically significant differences did not establish that demographic characteristics had no influence or that all challenges were exclusively systemic. The relatively small quantitative sample may also have limited the study's ability to detect group differences.

The findings suggested that workforce support initiatives should be accessible to all HIV treatment hub nurses rather than restricted to particular demographic categories.

Lived Experiences and Challenges Encountered by Nurses

The qualitative component identified four major themes describing the challenges experienced by nurses in HIV treatment hubs.

Emotional Vulnerability in Transpersonal Relationships. Participants described the emotional demands of establishing therapeutic relationships with individuals living with HIV. Their experiences involved empathy, emotional investment, and the psychological burden of supporting patients confronting illness-related uncertainty and stigma.

These experiences reflected the central principles of Watson's Theory of Human Caring, particularly the importance of authentic interpersonal relationships and emotional presence. However, sustained emotional involvement may also create psychological vulnerability when adequate professional support is unavailable.

De Villiers and Mayers (2020) discussed the relationship between burnout and resilience in HIV nursing. The present findings similarly highlighted the importance of supporting nurses' emotional well-being alongside their responsibility to provide compassionate care.

The theme suggested that structured emotional debriefing, reflective supervision, and access to confidential psychological support could help nurses maintain therapeutic engagement without neglecting their own well-being.

Professional Frustration Due to Structural and Resource Constraints. Participants described challenges associated with limitations in facilities, staffing, resources, and organizational processes. These constraints affected their experiences of providing comprehensive HIV care.

The findings were compatible with Aiken et al. (2018), who examined relationships among nursing workforce characteristics,

practice environments, and patient outcomes. They also reflected the organizational barriers discussed by Cianelli et al. (2019).

From an administrative perspective, these experiences indicated that professional commitment alone could not address all barriers to service delivery. Effective nursing care also required institutional support, appropriate infrastructure, reliable resources, and coordinated operational systems.

The findings supported reviewing resource allocation, staffing requirements, counseling facilities, and administrative procedures within HIV treatment hubs.

Internal Struggle with Compassion Fatigue and Burnout. Participants described emotional exhaustion associated with the sustained demands of caring for patients experiencing complex medical and psychosocial concerns.

These experiences highlighted the psychological costs that may accompany prolonged exposure to emotionally demanding clinical situations.

De Villiers and Mayers (2020) discussed burnout and resilience among HIV care nurses, while Gonzalez-Gil et al. (2021) examined resilience-oriented interventions for healthcare providers.

The findings suggested that emotional fatigue should be recognized as an occupational concern rather than addressed solely through individual coping efforts.

Nursing administrators may consider structured wellness programs, psychological support services, reasonable workload distribution, and regular opportunities for emotional debriefing.

Stigma and Lack of External Support Within the Work Environment. Participants reported experiences involving misconceptions about HIV and inadequate support from individuals outside their immediate work units.

These experiences suggested that stigma could affect not only patients but also healthcare workers associated with HIV services.

Nyblade et al. (2019) emphasized the importance of addressing stigma within healthcare facilities. The findings of the present study reinforced the need for organizational initiatives promoting accurate HIV knowledge, professional respect, and non-discriminatory workplace practices.

Institution-wide anti-stigma education, leadership advocacy, and accessible grievance mechanisms may contribute to a more supportive environment for HIV nurses and the patients they serve.

Collectively, the four themes demonstrated that the challenges experienced by HIV nurses involved emotional, organizational, professional, and social dimensions. These findings supported a comprehensive institutional response rather than interventions focused exclusively on individual resilience.

Coping Strategies Used by Nurses in HIV Treatment Hubs

Four themes emerged concerning nurses' strategies for managing the emotional and physical demands of HIV care.

Seeking Solace in Peer Support and Shared Experience. Participants described seeking emotional reassurance and practical advice from colleagues who understood the demands of HIV nursing. Peer relationships provided opportunities to discuss difficult experiences and receive professional encouragement.

These findings were compatible with the importance of supportive supervision and professional relationships discussed by Zuber et al. (2017). The results suggested that peer support was a valuable resource that could be strengthened through structured mentoring and confidential debriefing arrangements.

Reframing Challenges Through Purpose and Meaning. Participants described drawing motivation from the significance of

their professional responsibilities and from observing improvements in patients' health and treatment adherence.

This theme reflected the importance of meaningful work in sustaining commitment despite occupational challenges. It was consistent with Watson's caring perspective, which recognizes the significance of compassionate relationships in nursing practice.

The findings suggested that recognition of professional contributions and opportunities for reflective practice could help sustain nurses' sense of purpose.

Practicing Self-Care and Emotional Regulation. Participants reported engaging in personal activities, taking time to rest, and establishing emotional boundaries to manage occupational stress.

These practices reflected individual efforts to preserve emotional balance and prevent exhaustion. Gonzalez-Gil et al. (2021) discussed resilience-oriented strategies for healthcare providers working in demanding environments.

However, reliance on self-initiated coping strategies also highlighted the importance of institutional wellness support. Individual self-care should complement, rather than replace, appropriate staffing, supervision, and organizational responsibility for employee well-being.

Drawing Strength from Training and Professional Development. Participants described continuing education and skills-based training as sources of confidence in managing complex HIV cases.

The findings were compatible with Fonner et al. (2019), who emphasized professional development in HIV care. They also reflected the importance of mentorship and supervision in strengthening healthcare provider capacity (Zuber et al., 2017).

The results supported establishing regular HIV-specific training, clinical updates, competency assessment, and professional development opportunities.

Overall, the coping strategies demonstrated nurses' resourcefulness and commitment. However, their accounts also indicated opportunities to formalize support mechanisms that were largely dependent on personal initiative and informal professional relationships.

Nurses' Recommendations for Improving HIV Treatment Hubs

Five themes emerged from participants' recommendations for strengthening the work environment and support systems within HIV treatment hubs.

Institutional Support for Emotional Well-Being and Debriefing. Participants recommended structured psychosocial support, regular debriefing sessions, mental health check-ins, and wellness programs. These recommendations addressed the emotional vulnerability and compassion fatigue identified in their experiences.

Recognition, Incentives, and Career Development Opportunities. Participants emphasized fair recognition, professional advancement, continuing education, certification opportunities, and incentives acknowledging their contributions to HIV care. These recommendations highlighted the importance of organizational recognition and career sustainability.

Infrastructure and Resource Strengthening. Participants recommended improving counseling spaces, physical facilities, staffing, and the availability of essential resources. Private counseling areas were particularly relevant to maintaining confidentiality and supporting therapeutic communication.

Advocacy for Interdepartmental Respect and an Anti-Stigma Culture. Participants called for institution-wide HIV education and

workplace initiatives addressing misconceptions, discrimination, and negative attitudes toward HIV care providers and patients.

Strengthened Referral Systems and Multidisciplinary Coordination. Participants recommended improved coordination among nurses, physicians, social workers, mental health professionals, and other healthcare personnel. These suggestions reflected the importance of timely referrals and integrated care.

Collectively, these recommendations emphasized the need to strengthen institutional structures alongside individual professional development. They were consistent with Watson's Theory of Human Caring, particularly its emphasis on creating supportive environments that recognize the dignity and well-being of both patients and caregivers.

Proposed Enhancement Program for HIV Treatment Hubs

The integrated quantitative and qualitative findings provided the basis for a proposed enhancement program addressing the professional, emotional, and organizational needs of nurses in DOH-designated HIV treatment hubs.

The program incorporated four major components.

Emotional Wellness and Resilience Support emphasized regular psychological debriefing, confidential mental health consultations, wellness activities, and emotional support mechanisms. These initiatives were intended to address compassion fatigue, emotional vulnerability, and burnout.

Professional Development and Recognition focused on continuing education, HIV-specific competency development, certification opportunities, mentorship, career advancement, and recognition of professional contributions.

Infrastructure and Resource Strengthening emphasized improvements in staffing support, counseling facilities, clinical

resources, administrative systems, and continuity of essential HIV treatment services.

Anti-Stigma Leadership and Organizational Support promoted HIV-related education, interdepartmental respect, supportive leadership, non-discriminatory workplace practices, and institutional advocacy.

The proposed program was aligned with Watson's caring-healing perspective by recognizing that a supportive environment for healthcare workers is essential to sustaining compassionate patient care.

Importantly, the program represented a proposed institutional intervention derived from the study findings. Its effectiveness had not yet been established through implementation or outcome evaluation.

Conclusion

The study revealed that nurses working in DOH-designated HIV treatment hubs in CALABARZON reported a very great extent of role performance across clinical care, psychosocial counseling, administrative responsibilities, and interprofessional engagement. Clinical care obtained the highest composite mean, while interprofessional and community engagement received the lowest, identifying opportunities to strengthen community referrals and collaborative service delivery. No statistically significant differences in reported challenges were identified across the examined demographic characteristics. Qualitative findings revealed four interconnected challenges involving emotional vulnerability, structural and resource limitations, compassion fatigue and burnout, and workplace stigma. Despite these difficulties, nurses employed adaptive coping strategies through peer support, meaningful reflection, self-care, and professional development. Their recommendations emphasized institutional wellness programs, professional recognition, improved resources, anti-stigma

initiatives, and multidisciplinary coordination. These findings supported the development of a comprehensive enhancement program grounded in Watson's Theory of Human Caring and directed toward strengthening nurses' professional well-being, organizational support, and the sustainability of HIV care services.

Recommendations

Nursing administrators and HIV program coordinators should consider implementing structured psychosocial wellness programs that include regular debriefing sessions, mental health support, and confidential counseling services for HIV care personnel. Hospital administrators should strengthen anti-stigma policies through institution-wide HIV education, leadership advocacy, and accessible mechanisms for addressing workplace discrimination. Improvements in staffing, counseling facilities, essential clinical resources, and administrative systems should be prioritized according to documented facility needs. Continuing professional development, mentorship, certification opportunities, and recognition programs should be established to support clinical competence and workforce retention. Multidisciplinary referral systems should be strengthened through regular coordination among nurses, physicians, social workers, mental health professionals, and community organizations. The proposed enhancement program should undergo feasibility assessment, pilot implementation, and systematic evaluation using measurable indicators of staff well-being, professional development, service coordination, and patient care processes. Future research should include larger and more diverse samples and investigate the effectiveness of institutional interventions in improving nurses' occupational well-being and HIV service delivery.

References

Selected references reproduced and provisionally formatted from the thesis bibliography. Their bibliographic details have not been independently verified.

Aiken, L. H., Sloane, D. M., Griffiths, P., Rafferty, A. M., Bruyneel, L., McHugh, M., ... Sermeus, W. (2018). Nursing skill mix in relation to patient outcomes and nurse work environment. BMJ Quality & Safety, 27(5), 322–330.

Callaghan, M., Ford, N., & Schneider, H. (2019). A systematic review of task-shifting for HIV treatment and care in Africa. Human Resources for Health, 8(1), 8.

Cianelli, R., Wilkinson, C., Mitchell, E. M., & Iravani, M. (2019). Barriers and facilitators to HIV care among nurses in HIV treatment centers: A global perspective. Journal of Nursing Scholarship, 51(2), 139–147.

De Villiers, M. R., & Mayers, P. M. (2020). Burnout and resilience of nurses in HIV/AIDS care. South African Journal of Psychology, 50(4), 594–603.

Fonner, V. A., Dalglish, S. L., Kennedy, C. E., Baggaley, R., O'Reilly, K. R., & Koechlin, F. M. (2019). Continuous professional development for healthcare workers in HIV care. Journal of Acquired Immune Deficiency Syndromes, 82(S2), S212–S221.

Ford, N., Vitoria, M., Rangaraj, A., & Doherty, M. (2018). Nurse-led HIV services and quality of care: A global perspective. AIDS, 32(6), 837–844.

Gonzalez-Gil, T., Rodriguez-Ruiz, E., & Gea-Caballero, V. (2021). Effectiveness of resilience programs for reducing burnout in HIV care providers: A systematic review. International Journal of Nursing Studies, 118, 103915.

Govender, T., Naidoo, P., & Tayob, R. (2019). mHealth interventions in HIV care: Enhancing adherence through technology. BMC Health Services Research, 19(1), 278.

Marafu, T. C., Wanja, E., & Oluoch, E. (2020). The influence of organizational support on burnout among HIV care nurses in Kenya. Journal of Nursing Management, 28(4), 710–717.

Nyblade, L., Stockton, M. A., Giger, K., Bond, V., Ekstrand, M. L., Lean, R. M., & Thomas, R. (2019). Stigma in health facilities: Why it matters and how we can change it. BMC Medicine, 17(1), 25.

Patel, P., Bangura, A., & Sacks, E. (2020). Multidisciplinary approaches to HIV care. Global Health Action, 13(1), 179–191.

Sizemore, L., Smith, T., & Tringali, J. (2018). Nurses as HIV educators and advocates: A global perspective. International Journal of Nursing Practice, 24(1), e12627.

UNAIDS. (2021). Global HIV and AIDS statistics – 2021 fact sheet. Retrieved from https://www.unaids.org

Zuber, A., McCarthy, C. F., Verani, A. R., & Msidi, E. (2017). Mentorship and supervision for healthcare providers in resource-limited settings. Human Resources for Health, 15(1).