The changing knowledge and expectations of public health nurses in a HIV/AIDS training programme for managers.

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Abstract- This research project examined the changing expectations and knowledge of Managers in the Department of Health who attended the Sexual Health Counselling Project offered by Rhodes University, East London, South Africa. These managers came from contexts in which the hierarchical medical model is firmly entrenched. The Sexual Health Counselling Project, drawing on theoretical principles from Narrative and other theories, presented a challenge to the standard management practices used by the managers. It also challenged how they dealt with clients. This research explored changes in expectations and knowledge prior to and during a two- week training course that the managers attended. A personal awareness and shift in knowledge occurred for many managers who examined their current practices. Some managers, who were firmly entrenched in the hierarchical model, found it difficult to change their ways of working.

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Introduction.

This research examines the changing knowledge and expectations of managers who participated in a training programme offered by the Sexual Health Counselling Project of the Psychology Department, Rhodes University, East London, South Africa. The training programme was created to equip counsellors coming from the Public Health Sector to address the HIV/AIDS pandemic in the their local community contexts. The managers of these counsellors were also included in the training programme in order to provide the counsellors with the necessary supervision and support that they would need in the counselling process.

The managers were mainly professional nurses employed in clinics, hospitals, and district offices by the Department of Health in the Eastern Cape of South Africa. The

structure of the nursing profession, their training of nurses and their everyday activities adheres to a hierarchical model. Gillies (1982), suggests that the nursing profession is governed by a system of power and control wherein subordinates are expected to defer to the authority of a leader and to focus on correct diagnoses and effective cures and the achievement of goals.

The Sexual Health Counselling Project argued that such practices are not conducive to effectively address HIV/AIDS. Apart from being a virus, the nature of HIV/AIDS highlights the necessity of examining people's behaviours and relationships. For this reason, finding a cure requires more that just medicine, it requires a change of sexual and social practices in which people engage.

To address this problem, the Sexual Health Counselling Project built its programme around ideas and principles from Narrative theory as posited by White (1991). The Narrative theory is based on the idea that the human being's experiences of life are interpreted from some frame of intelligibility, one that provides a context for these experiences and makes the attribution of meanings possible. It is proposed that the frame of intelligibility is constituted of stories or narratives and that the meanings derived in this process of interpretation have real, not neutral effects on peoples lives (White, 1995).

Incorporated into the programme were ideas of Community of Practice whereby the individual is respected and "local knowledge" is acknowledged (Gilbert, 1997). "Local knowledge" refers to the context and background of the individual.

Given the contrast between the nursing context and the philosophy and strategies of the Sexual Health Counselling Project, it was expected that the managers attending the training course would experience some tension between their expectations and the demands of the course. Consequently, this research project is not an evaluation of the programme but rather an attempt to understand the experience of the managers regarding changes in their expectations and knowledge.

Two courses for managers were run. A concern was raised by managers, who attended the first course, as to their presence on the course. A common perception was that this might be a reflection on their skills as managers. This concern became a focus for the researcher who was involved in the training process as well as the development of the programme.

Using the Narrative theory to make sense of the managers' experiences, the researcher then explored the expectations as well as the acquisition of new knowledge that the managers, who attended the second course, gained. It was on this basis that the research was designed.

The HIV/AIDS epidemic

The HIV/AIDS infection in South Africa is a pandemic and one of the fastest growing epidemic in the world (Department of Health, 2000). Kinghorn and Steinberg (1999), in a study of HIV/AIDS postulate that 1500 people become infected each day, an equivalent of more than 550 000 new infections occurring each year. Currently, South Africa has more people who are infected with the virus than any other country. At the "13th International AIDS conference" held in Durban, South Africa, in June, 2000,

updated estimates of AIDS sufferers were disclosed. In a paper by Shell (2000), a prediction was made that by the year 2010, six million South Africans will have died of AIDS.

President Jacob Zuma, in a televised address said that HIV/AIDS had reached every community in South Africa and therefore it is something that affects us all. He stressed that a lack of openness was one of the main reasons that had prevented us from addressing the virus effectively. He also emphasized that tackling HIV/AIDS required more than "lip-service, a piecemeal approach and one-off actions" (Galloway, 1999, p.15). Attitudes towards the virus needed to be examined and changed. This was re-iterated by Dr. Zweli Mkhize (2000), Minister of Health in Kwa Zulu - Natal, at the conference. He said that for people to divulge their HIV status, they needed to feel sympathy, care and support from their communities.

According to a Report on the Global HIV/AIDS epidemic (Joint United Nations Programme on HIV/AIDS, 2000), people with HIV/AIDS are reluctant to reveal their status because of the fear and shame surrounding the disease. People with HIV/AIDS could be turned away by health workers, by their families or could even get murdered. It became imperative that new methods of addressing HIV/AIDS needed to be implemented which would allow sufferers as well as their families to deal with the virus effectively because the number of infected patients is constantly on the increase (Hunter & Williamson, 2000).

Sexual Health Counselling Project (SHCP)

In 1998, the Psychology Department of Rhodes University, East London, saw an opportunity of offering its services in the fight against HIV/AIDS and decided to

embark on a training project (named the Sexual Health Counselling Project) that would be instrumental in training Primary Health Care workers who were already in the employ of the Department of Health in the Eastern Cape. A certificate at the end of the training programme would be issued to all participants who completed the course. This was the first time that a certificate of this nature was approved and undertaken by a tertiary education institution.

With the support from the Eastern Cape Government the SHCP agreed to train 180 primary health care workers. This included 90 lay counsellors as well as 90 managers. Counsellors were trained on a primary health care level to deal with HIV/AIDS patients as well as offer support to the families of people who are already infected. One of the objectives was to promote better social and sexual health practices on a personal and community level. A proposal for funding to implement this project, was put forward to the Department of Health and was approved.

A management support programme was a crucial part of the overall programme. For the programme to be successful, managers of counselors needed to understand the functioning of the counselling process. The Project worked on the principle that to be effective, counsellors needed to work in an environment where their managers were informed of their activities and practices and were equipped to provide meaningful support for the counsellors. To this effect the programme incorporated managers and provided them with an opportunity to examine their management styles and practices. (Sexual Health Counselling Project, 1999).

Psychologists, together with intern psychologists, were involved in compiling the training programme and implementing the actual training process. After the completion of each course, intern psychologists undertook field visits to counsellors and as well as managers to offer support (Gilbert, 1999).

Three counselling courses interspersed with two management support courses were run between March 1999 and October 1999. The participants, in groups of approximately twenty-five to thirty were brought down to East London from their districts for a two week intensive course followed by visits by the intern psychologists to the trainees' workplaces. Participants later attended a one-week follow-up course and further field visits were undertaken.

Managers who attended the course were nominated by their District Managers, in the public health sector, or by management structures in NGO's. Counsellors were chosen by those managers who had completed the training course and were selected according to the process explained to the managers on the course. The objective was to link a counsellor with a line manager in their working context. However, this did not always work in practice due to last minute cancellations and replacements.

The Sexual Health Counselling Project trained counsellors and managers from three regions of the Eastern Cape. This included East London and its surrounds, and the Elliot, and Umzimkulu districts. These areas were targeted and selected because they represented very different social and economic scenarios. The aim was to offer a widespread counselling service that would be beneficial to people in the urban as well as rural areas.

Underlying Theories of the Programme

The philosophy behind the training programme was to allow participants to examine and reflect on personal, social and sexual practices that they, as well as the people in their communities, engage. Participants were challenged through structured activities to examine their current practices and seek alternative ways of thinking and acting as managers and individuals. Narrative theory was used as one of the models on the course, to inform this process.

Narrative Theory, as posited by White (1991), seeks to understand the narratives which are used to inform and give meaning to action. Such narratives are often implicit in human activities. By articulating narratives and enabling people to investigate the consequences of using such narratives, provides a space for people to construct new ways of being. Narrative Theory enables a link to be made between personal stories and cultural myths, ideologies and discourses.

Incorporated into the course were ideas of the Community of Practice Model (Gilbert, 1997), which emphasized the co-construction of knowledge. Nurses and managers brought with them a vast store of knowledge that was rich and valuable. These knowledges needed to be recognized and worked with, in a reciprocal exchange between participants and trainers. This, then led to a rich and deep understanding of the problems faced by the managers and also to finding common solutions. Different ways of working with HIV/AIDS as well as interactive ways of working within the community were examined.

The models mentioned above presented a challenge to the model that nurses and managers were trained in which is embedded in the medical and professional nursing profession within which rigid hierarchical structures operate (Deloughery, 1991).

Background of the Hierarchical Nature of the Nursing profession

The current medical structure dates back to the start of the Crusades. Strict discipline was firmly implemented following the link with the Roman Catholic Church as well as the military. Both the Church and the military have a very structured and rigid rank ordering system that were entrenched in the nursing fraternity and that operates to this day (Deloughery, 1991).

Swartz (1998, p.246), says that “the power of medicine is a dominant institution”. Quite often, health professionals, who are established in their conventional practices are reluctant to relinquish their power.

Historically, the biomedical system adheres to the hierarchies of power. By dividing the body into manageable parts and creating subspecialities, medicine has been very successful. The first way of coming to a decision about a disease in biomedicine is about diagnoses on the basis of the assumption that there is underlying medical pathology. Specific symptoms exhibited by a patient are gathered to formulate a diagnosis. Treatment of the pathology constitutes eradicating the signs and symptoms presented by the patient.

This system, through conceptualizing sickness as a disease, individualizes the problem and fails to acknowledge the role that can be played by society in helping to combat

the disease (Peterson et al., 1997). Biomedicine separates the mind from the body and thereby disempowers the individual. A belief that any disease can be cured if the correct diagnosis is made and the correct antidote formulated makes biomedicine invincible.

Although there is no cure for HIV/AIDS at the moment, biomedicine believes that a cure will be found and the virus eradicated. According to Swartz (1998), the challenge presented to the medical system is to look beyond physical symptoms and to contain the epidemic by examining people's sexual behaviours.

Traditionally, the nursing profession adheres to the tenets of the medical model. Management in nursing has traditionally been defined as the process of work done through others. The task of the nurse manager is to plan, direct, organize and control available resources and materials (Gillies, 1982). Part of the manager's responsibilities include, "selecting, interviewing, counselling and disciplining employees" (Sullivan & Decker, 1988, p.210). A competent and properly trained and qualified person is in a position to evaluate because it implied that she has certain knowledge and expertise (Mellish & Brink, 1986).

Nursing managers are placed in a position of power and authority that cannot be questioned. Gillies (1982), says that managers, through a position of power, must conceive of all bureaucratic structures which is modeled after the military establishment. Tutors of nurses adhere to a strict code of the dress and presentation of themselves because they have to be good role models to the students (Mellish & Brink, 1986). People are normally ranked in a hierarchical power pyramid in which

each individual is expected to display unquestioning obedience to his/her immediate supervisor"(p.302). Power, then, is used to evaluate and judge others.

In order to stay in power, managers sometimes find it necessary to "employ withholding and controlling tactics when dealing with subordinates" (Gillies, 1982, p.29). This means that managers dictate to their staff and expect unquestioning obedience.

The training programme, drawing on Narrative and Activity Theory, created opportunities for participants to make explicit their local knowledge which includes their professional and "expert" knowledge. The richness of this knowledge provided possibilities for the managers to "see" the limitations of their expertise and power as well as other resource available in local knowledge for developing new communities of practice.

The Narrative Perspective

The Narrative Perspective, which informed the training course, aimed to challenge the traditional medical model by examining and trying to understand the meaning that individuals and communities construct about HIV/AIDS for themselves and which are reinforced by local social practices. It also aimed to look at ways of breaking the stigma and silence surrounding the HIV/AIDS virus by looking at how professional practices sometimes help to maintain the silence. Respecting the individual's stories and enabling the person to take greater control of the virus was another aim of the course.

The Narrative Perspective has its roots in the emergence of Social Constructionism which examines the “taken for granted” practices that people engage in whether it is in daily life or the sciences (Gergen, 1985, p.267). These practices are borne by the assumptions that people make of others that become accepted as the norm in society.

Foucault, whose work has greatly influenced the Narrative Perspective is cited by Monk (1997), to explain the vestiges of power that get used in societies and especially by professionals. Foucault is quoted in the words society constructs ‘true’ standards of behaviour, with which individuals feel obliged to comply. Professionals then indavertently fall into the role of “classifying, judging and determining what is desirable, appropriate or an acceptable way of life” (p.8). This becomes a process of subjugation of individuals by professionals.

Foucault, (1988), says that generally, professionals tend to justify and mark their identities by creating an almost “uncrossable line between the domain of knowledge, which is seen as that of truth and freedom, and the domain of the exercise of power”. He observed that the “human sciences, in their development became more and more difficult to be dissociated from the exercise of power” (p.106).

Knowledge, in turn becomes associated with power, and it is assumed that the more knowledge one has, the more powerful one can become. This leads to the perception that higher degrees and higher education leads to an individual being more successful and having more status in society. Society then condones this behaviour and more often than not, people with higher education automatically get seen as being more powerful. Foucault saw this as creating a problem in understanding human behavior

because henceforth people's problems needed to be analyzed and resolved. What this does is undermine people's efforts of wanting to live and lead their lives according to their own design and their own wishes (Monk, 1997).

Gergen (1994a), says that the forms and the terms by which we achieve understanding of ourselves and the world are "social artifacts, products of historically and culturally situated interchanges among people"(p.49). In other words, words take on meanings within ongoing relationships amongst people. People with similar backgrounds and ideas tend to congregate together because of the similarities that they share. For the social constructionist the context in which events occur is most important because history and events are continually changing (Gergen, 1994b).

Emphasis is placed on interaction that occurs between people in which knowledge is gained. This implies that a fixed reality does not exist but that meaning is continually created as individuals interact with one another. Freedman and Combs (1996), state that there is no fixed truth because people and society are continually changing and making interpretations of the world according to the 'lenses' through which each person sees the world.

White (1991), whose work informs the Narrative Theory, says that human beings are active in interpreting their life experiences that need a frame of intelligibility in order to be understood. The frame of intelligibility provides a context for their experiences and one that makes the attribution of meaning possible (White, 1995). These narratives are a medium through which people make sense of their lives and have real, not imagined effects on life and provide a structure for life (White, 1995). Each

person's experience of life is unique. Respecting others' knowledge is a very important aspect of the Narrative Perspective. It is acknowledged that meaning arises in particular contexts. Meaning, therefore, is socially constructed. The way that we converse and interact with others will depend on our social history, whom we are with, and the groups with whom we associate.

Language plays an important part in the way we interact. The words that we choose could be used in different contexts in different communities and could be used either similarly, or dissimilarly by different people, again, depending on where and in which context the person is placed (Drewery & Winslade, 1977).

The training process of the Sexual Health Counselling Project aimed to look at the practices in which counsellors and managers engaged. The above theory informed the process by which managers came to understand their context and to reconstruct the narratives which guided their practice. The theory has significance for the research process in trying to understand the narratives of participants in terms of revealing the language that they used and the context that the participants were coming from. It also helped to gauge if the training was effective in creating changes in the participants thinking.

Community of Practice

Communities operate on different levels and each community has its own "local knowledge" which needs to be acknowledged and respected. The Community of Practice model, as expounded by Gilbert (1997), was incorporated as part of the Narrative framework to inform the training program when working in the community.

Part of the training program was a focus on how the counsellors would work in the community to offer support and information as well as creating an awareness of HIV/ AIDS. The managers also had to have an understanding of how to support their counsellors.

Gilbert says that “joint activity that occurs between the parties involved in programs of change, is essential if threats of conflict and domination are to be overcome and the opportunity for constructive transformation to be maximized” (Gilbert, 1997, p.227). In other words, particular activities wherein participants are actively involved provides “affordances for individual thinking and learning” (Gilbert, 1997, p.281). Through activity, the tacit knowledge, which becomes an accepted way of life for people which get taken for granted, is made explicit (Gilbert, 1997, p.275).

The training programme can be described as a meeting of two communities of practice, those of the trainer and trainee, in which there is a mutual exchange of knowledge. By using the Community of Practice model, trainees were given an opportunity to engage in activities that created an awareness and new understanding of the working situation.

The potential tension for managers in the SHCP courses

The interactive process of training that Rhodes University was embarking on was new and different for the counsellors as well as the managers. Managers formed an integral and vital part of the whole process of the Sexual Health Counselling Project. According to the hierarchical system, managers normally delegate orders and ensure that tasks are carried out and completed by their subordinates (Gillies, 1982).

This would be particularly difficult for managers who had been in the nursing profession for a long time because it would require giving up of, and sharing, power. Working in the Narrative framework potentially meant a challenge for managers because their experiences on the course required them to examine their personal lives with their working life. This meant that they needed to see how their personal lives impacted on the work that they did and vice-versa.

In many ways, the course provided a personal experience for participants to question their own reaction to certain issues, for example, looking at how living with AIDS affected them and their families on a personal level. Visiting their practices and how they dealt with clients was also a major factor in the challenge that the managers faced.

Research focus

The research topic, the changing knowledge and expectations of Public Health Nurses in a HIV/AIDS training programme for managers, emerged from some confusion and concerns that managers, who attended the first managers' course, expressed. The managers did not have knowledge of what the course was about and expressed concerns. A common perception amongst many managers was that they had, in some way, failed to fulfill their duties as managers and therefore needed to be told about how to do their work correctly.

This led to the researcher's interest in wanting to find out, from the second group of managers, what their expectations of coming to the course were. Furthermore, the

researcher felt that it would be interesting to see if at the end of two weeks the managers had made a personal shift in their thinking, and, if any new knowledge had been gained.

Research Design

The Sexual Health Counselling Project ran two courses for managers. Each course consisted of a two-week intensive module whereby managers were brought down to East London for the course and this was followed by field visits by interns. The second cohort of managers who were brought down to East London for the course consisted of twenty-two participants who came from: theUmzimkulu district, which has two sub-districts, namely, Umzimkulu and Mount Ayliff; The Elliott district, which has five sub-districts, namely, Barkly East, Elliott, Cala, Ugie/Maclear and Dordrecht.

The Elliott district is largely a rural area with small towns and surrounding farms. Elliott is the biggest town and is a central point for health professionals to meet. The district is extremely poor and health services are under-resourced. Many clinics are based in the rural areas and resources are very limited (Gilbert, 1999).

The Umzimkulu district covers a large rural area and shares a border with Kwazulu / Natal. There is a provincial hospital at Mount Ayliff which caters for 6 clinics surrounding the area. A mobile clinic that has one vehicle visits 13 sites fortnightly. The hospital has good facilities. Many people live in the rural areas and need to travel to get to the hospital. There is a lot of poverty in the region (Gilbert, 1999).

The research was done in three phases. Phase one's goal was to determine participants' expectations before they arrived on course. Phase two's goal was to investigate if there was any personal shift in thinking and new knowledge acquired for each participant during the ten days of the training course. Phase three's goal was to do a cross-analysis by each participant to see if any similarities or differences emerged.

In Phase 1, a questionnaire, which included fifteen questions, was used to gauge how the managers had heard about the course as well as assess their expectations for the course. Some of the questions asked were:- personal details regarding how the individual was chosen; whether they had a choice for coming on the course; and what their expectations and hopes were.

A letter, requesting participants to participate in the research, which also stressed issues of confidentiality, was sent with the questionnaire. The questionnaire was faxed, for practical reasons, to each manager, at their workplace. It was important that the questionnaires were completed before they arrived on the course because the managers' initial expectations were to be compared to their experiences at the end of the course.

To ensure that participants completed the questionnaire, a copy of the questionnaire was also placed in their hotel room before they arrived. Participants were requested to complete the questionnaire in the event of them having forgotten to bring along the faxed copy with them. A covering letter contained a reminder that the questionnaire needed to be filled in before they arrived at the course and that a box would be left

outside the seminar room for the completed questionnaires. It also thanked them in advance for participating in this research and welcomed them to the course.

Twenty-one out of the twenty-two managers who attended the course responded. One participant arrived late and did not complete the initial questionnaire.

In the second phase of the research, data was gathered through a daily feedback form that was drawn up by the Sexual Health Counselling Project. This afforded the participants an opportunity to reflect on what they had learnt, what was irrelevant and what they felt would prove of value to them in the future. These forms provided an ongoing evaluation of the course. The reason for using the daily feedback was to note if a personal learning or a shift in understanding had occurred for the participant in the training that had happened for each day and to see what the overall evaluation of the course was on Day 10.

The third phase of the research focused on doing a cross- analysis of participants. The reason for this was to gauge if any similarities, such as problems in the workplace, were confined to a specific background, or any differences, such as working in differing situations, were experienced by participants.

Although 21 managers completed the initial questionnaire, many chose not to complete daily feedback forms. The reason being that it was an optional choice for participants to complete the form. Participants could complete the forms but choose to remain anonymous. Out of the entire data, a completed questionnaire, Daily feedback

forms as well as Day 10 evaluation forms, for thirteen participants with their names, could be matched. This became the sample for the research project.

Data Analysis

A Narrative framework was used for understanding the expectations of the managers and to see if they had gained any new knowledge on the course. According to White, (1995, p.14), "we live by the stories that we have about our lives, that these stories actually shape our lives, constitute our lives and that they embrace our lives." To get a better understanding of the managers' expectations and experiences, an analysis was done for each of the participant's expectations. Later, a case study was drawn up for each of the thirteen participant to get a better understanding of each person's working and personal backgrounds.

Language was a key factor in understanding the expectations as well as the acquisition of new knowledge by the managers. Language, according to Semen, (1990, p.161), are tools which are used by virtue of being a part of a "socio-cultural milieu". In other words, the language that we use creates meaning that is shared by those around and is dependent on the cultural and social background that we come from. So, for instance, people working in a medical background share a common language that is easily understood by people in the medical faculty.

Step Two consisted of looking at the individual participant's experiences, from their initial expectations through to the last day of the course. Changes in the language that they used, for example, a change from "I need to know…" to " I need to respect

others knowledge" throughout the 10 days was noted. In other words, a shift in the dominant narrative to an alternate narrative was noted.

Further to the change in language used by the participants, the researcher than looked for any personal shifts in knowledge that had occurred for participants. A personal commitment to make a change in their present practices was seen as being significant change. In the Narrative perspective, it becomes difficult to create the dichotomy of the personal and the professional (Weingarten, 1997). It is believed that the way we work with clients affects us and vice-versa and that we cannot separate the two.

Step Three consisted of doing a cross - case analysis, that is, having drawn up case studies of individual participants, the researcher than looked at similarities or differences that arose between the participants to see what these were.

There was some attrition in the sample of individuals who participated in the study. This arose largely because for each participant, a match had to be made between the set of questionnaires and evaluations. There was no reason to believe this created any particular bias in the group that made up the final data pool.

Results

Although total analyses were done for the thirteen participants, eight participants' analyses, chosen randomly, have been included. The analysis was done under the headings of :- 1) expectations, 2) language and 3) knowledge.

Respondent 1

HIV/AIDS - Professional Nurse and Co-ordinator in the Region

Questionnaire Pre Course	Day 1 to Day 9	Day 10
I was chosen because I am part of the partnership against AIDS Wanted to learn how to address the other reasons people get AIDS eg. status of women, children rape, child abuse and how to translate them into workable programmes and start programmes for women and children. I hope the course meets my expectations	I need to recognise the way I have been managing the counsellors - they also need to re-engineer the way they have been doing counselling Aids is not just about sexuality but relationships - that even as professionals, we still have diff-iculty talking about relationships	Narrative- I can relate to it both personally & professionally. AIDS is real - this was a big wake-up call for me. The fact that I am convinced personally means that even professionally I will act on that information.

Expectations: This participant had definite ideas about what she was expecting from the course. She believes that she is a partner against AIDS and wants to learn about other reasons why people get AIDS. This is looking beyond the medical model of HIV/AIDS as a virus. Her concern extends to the social relational for example, the status of women and children and to issues of “rape” and “abuse”. She is concerned with workable programmes to address these issues, which implies that the existing nursing practices are not working. Lastly, she is hoping that her expectations will be met.

Language: The language that she uses indicates that she is interested in creating changes not only in her position as manager, but to make a difference in her work situation. As a manager, she is reflecting on her practice in a personal capacity and realizes that she needs to make some changes to the way she works and treats her counsellors. The important shift is also in realizing that the counsellors need to take responsibility for themselves and change, thereby a shift in power from “I”, to “them”. The other important shift is the realization that even professionals are vulnerable and sometimes find it difficult to talk about relationships.

Knowledge: Relating the narrative in a personal and professional way indicates that this participant is keen to use the new knowledge that she has gained. Over the course she has realized that professionals need to make changes in the way they deal with issues and then act on those. The words “this was a great wake up call for me” indicates that the reality of the situation has personally moved her and that she intends to work on this knowledge in her professional capacity.

Respondent 2

Supervisor as well as a District Co-ordinator - Clinic

Questionnaire Pre Course	Day 1 to Day 9	Day 10
I expect to know about the course and choose the team that follows. I want to thank you people for using my District for piloting this course, it has made me proud and encouraged me to work harder for my district	Our diagnosis should not be focused by our past experience but to the understanding of what the client tells about his/her condition. Such a lot of work needed from the counsellor. I’ve got goose-flesh over my body when I think about the shortage of staff back home.	I used to take the lead and try to convince people with my expert knowledge, now my eyes have opened to such a practical approach to problem solving, People have their own stories about incidents and they have their local knowledge that I need to acknowledge.

Expectations: This participant is aware of her position as a manager and feels that she needs to be the first to know about the course in order to choose the people who will follow. The hierarchical nature of the nursing discipline is prevalent in this statement. She feels encouraged by the acknowledgment that Rhodes has given her district by choosing her to attend the course.

Language: The language used by this participant comes from the medical model of power although it is not consciously used. The words “I expect to know”, “our diagnosis” indicates the power structure that is embedded in the profession. A change

is indicated in her language though, in the words “I used to take the lead….expert knowledge” which does not exist in her pre-course statements.

Knowledge: A great shift is indicated in this participant who moves from a position of power to realizing that patients who come to her have their own stories that need to be heard and understood before she quickly makes a diagnosis. A realization also of being the expert and offering expert advice without considering the other person is also prevalent and a personal shift in knowledge is indicated. The most striking realization about the work situation is the shortage of counsellors, who need to do such a lot of work. She has a physical reaction to this realization by saying that “I had goosebumps…” which indicate the depth of the realization of the changes that need to happen.

Respondent 3

Supervisor in a Hospital

Questionnaire Pre Course	Day 1 to Day 9	Day 10
I am a counsellor and need to do counselling from time to time. I want to be able to do counselling - gain more knowledge and skills on SHCP. Change of attitude from that of being prescriptive to supportive and allowing people to decide for themselves.	How our professional practice creates stigma in our communities. We need to integrate our professional and local knowledge As managers, we need to be aware of the different hats which we put on at different situations.	From a narrative perspective, a lot has taught me that people have stories about their lives... it is essential that we listen to them. That I dedicate myself more to breaking the silence and stigma within my community.

Expectations: This “manager” turned out to be a counsellor who needs to do counselling from “time to time”. She is expecting to learn skills of counselling. More importantly, she is aware of the attitudes of professionals of being “prescriptive” and wants to change that. This is a change from the hierarchical model to wanting people to “think for themselves”.

Language: The language that this participant uses indicates an awareness of how the prescriptive nature of the medical and nursing fraternity sometimes hinder the process of allowing people to think for themselves as well as how professional practices sometimes lead to creating stigma in the community. A profound shift in language occurs with the use of the words “attitudes” to “practices”. According to the Narrative theory, “attitudes” are internal structures whereas “practices” relate to engaging in activity.

Knowledge: This participant came in with ideas and knowledge about how attitudes of professionals should change. In other words, she was aware of the power structures and realized that a shift in thinking needed to happen. The shift in this participant is the realization that professional practices tends to create stigma in society and that professionals need to be aware of the “local knowledge” that exists in communities. At the end of the course, a shift is seen in how she personally makes a commitment to try to break the silence and stigma surrounding HIV/AIDS. Her words “that I dedicate myself more...” is an indication of a personal sense of duty towards that goal.

Respondent 4

Hospital Manager

Questionnaire Pre Course	Day 1 to Day 9	Day 10
To gain a wide knowledge and skills to use in the district, whenever and where-ever necessary. I am glad I am going to learn about counselling - I have had fears about counselling without clear knowledge.	Narrative practice has changed my life with reference to some-one who carries a problem with them. I have learnt new ideas from narrative - not forgetting other ways of counselling like confrontation and probing. Identi-fication of management roles and ethical practices with different hats.	Fears of how I am going to start with - I have the narrative skills to use and support from the lecturers and trainers.

Expectations: A sense of wanting to learn and have a "wide knowledge" of skills to use in the community is what this participant is coming with. This fits with the nursing view of gaining knowledge to cure or fix a problem, hence idea of using skills "whenever and wherever". She also has fears of doing counselling without having "clear knowledge". As a nurse, she has to have knowledge of how to diagnose a situation, in this case she has to have knowledge of how to counsel.

Language: This participant's language indicates that she is wanting to learn new skills from someone who possibly has a better idea of knowledge and particular skills than she has. Like the hierarchical system in which people are told and taught how to apply certain skills in order to obtain a particular result, she is expecting some expert to teach her and allow her to gain wider knowledge. The words "clear knowledge" indicates that there is a formula to doing counseling that needs to be adhered to.

Knowledge: Many of the fears that this participant came with seemed to be allayed by the knowledge that people who come with a problem can be dealt with without her taking responsibility of the problem herself by using narrative practice. It is also clear that although the narrative perspective is useful to her, she should not forget "other ways of counselling". This indicates that she has not fully grasped the narrative approach. She still uses the word "fear". It seems that she has gained some skills but has not made a personal shift.

Respondent 5

Hospital Manager

Questionnaire Pre Course	Day 1 to Day 9	Day 10
As a manager of the institu-	Explanation of the narrative	Hat exercise motivated

tion, I must be knowledgeable and well informed to evaluate subordinates. Am expecting a lot-how to convince the illiterate who think that to have many partners is a right. To be able to identify sexually abused clients. To be a successful and fruitful educator counselling to comfort the victims. Fear of in-subordination by clients who are not willing to co-operate. As managers in various components we are grateful to be included because we are used to the culture of delegating.	approach- really some of us or myself as one was not aware it Works so well and will suit both client and counsellor Getting experience of psycho-dynamics will also enrich our knowledge. Learnt -respect, confidence, knowledge and skills. My self esteem has been developed more.	most of the team. Members recognized the number of hats we are fitting in our heads. Local knowledge mixed with professional knowledge constructively can make our communities healthy and positive towards our approach.

Expectations: “A lot”. This participant had high expectations to learn more so that she can evaluate her subordinates. She also intends being a better educator so that she could “identify” sexually abused clients. She is grateful though, to be included on the course because managers are not usually invited. She is also aware of the culture of delegating that managers often fall into.

Language: This manager’s language is an clear example of the power that is held by them. The words “I must be knowledgeable....to evaluate subordinates” indicate the power of the levels of hierarchy and position that managers occupy. Words such a “convince the illiterate”, “to identify...clients”, “fruitful educator...comfort victims”, “fear of in-subordination”, all indicate language used by experts who consider themselves to be more knowledgeable than others. The language used during the course indicated an awareness of the different roles that managers are involved in.

Knowledge: This manager came in with many expectations. She has a strong nursing background but is also aware of the power of delegation that nurses have. During the course she had an experience of the usefulness of using the narrative approach but

confused it with wanting knowledge of psychodynamics. The “hat” exercise helped her to see the different roles that managers are expected to fulfill and she found that useful. In terms of personal change though, there seemed to be no commitment or a strong indicator of wanting to personally change her practices.

Respondent 6

Social Worker at Hospital

Questionnaire Pre Course	Day 1 to Day 9	Day 10
I was chosen because of my interest to learn more - am expecting to gain information on how to manage sexual health I hope the course will be useful not only to me but with people I work with so that the knowledge will be passed and will contribute to the growth of the country	Have the opportunity to participate. Problems told by person who experienced them are important - the counsellor should not be the expert Narrative appproach to counselling gave me the opportunity to think back on what steps do I have to take when dealing with clients. Narrative approach should be used in managing and counselling if we are going to bring about change in the way we work with people. Social practices like stigma stories made one understand the practice of power. It is important to bridge the gap between expert/local knowledge if we are to succeed in our bid to reduce the spread of AIDS	To my understanding organizational implementation of the whole course was excellent. Gained more insight into areas of management, social practice and how to use those resourcefully.

Expectations: Coming from a medical background, it is clear that this participant is concerned about how to manage resources and wants to gain more information regarding this aspect. She also comes with hopes regarding how useful this course will be to her. In her words though, one can see that her concern goes beyond just wanting knowledge for herself. It is about wanting the people with whom she works to gain more knowledge as well and thereby lead to the growth of the country, which is looking at a broader picture of how growth could happen.

Language: the language used by this participant starts off with a focus on herself of wanting to learn more and gain more knowledge and moves on to, on the first day, to talking about the counsellor, who should not be an expert. She uses the word "should" often. This implies the internalization of the rule and norm but not a commitment to work within it.

Knowledge: Although this participant came in with wanting to learn more, she left with some ideas of what counselling should be like. Social practices that create stigma and the issues of power were also things that she gained more knowledge on as well the role of the expert and how the gap of expert and local knowledge should be bridged in order to stop the spread of HIV/AIDS. Although she has sprinklings of insight and awareness as the course progresses, for example when she says "counselling gave me the opportunity to think back…", she does not leave with a sense of being totally committed to create change. There is no personal commitment to implement new ways of working.

Respondent 7

Supervisor of Community Health Services in Municipal Clinic

Questionnaire Pre Course	Day 1 to Day 9	Day 10
I am a supervisor of Community health Services - I thought that I should be the first to know before the nurses. I hope to gain more knowledge and I will be more empowered The course sounds interesting and empowering.	Learnt how to write stories as reflection from social practices-how to open up with my own kids - I even cried because I thought of my kids in various schools.	Narrative encourages participation especially on the part of a person with a problem - it also opens up the way towards solving the problem by its owner.

Expectation: The issue of power comes through for this participant. Firstly, she wants to be the first to know what this course is about, before her nurses. Knowledge is

power and she wants to be empowered so that she could be in a better position than her nurses.

Language: Commonly used language by people in the medical fraternity is evident in this participant's responses. She needs to know before her nurses and wants to be empowered. Again, the word empowerment, as used by the medical profession, is synonymous with gaining power so that one can be in a better position over another person.

Knowledge: This participant came to the course wanting to be empowered and left with the knowledge that people who come for help with a problem are able to work through their own problems with the help of a counsellor, who acts as a facilitator. A powerful experience of working through an activity led her to think about how to communicate with her children and led to tears when she realized that her children are in different schools and are vulnerable. She did not, however, leave with any personal commitment of how she would change in her work or personal situation.

Respondent 8

Senior Professional Nurse in a Hospital

Questionnaire Pre Course	Day 1 to Day 9	Day 10
I am always keen to deal with patients with HIV/AIDS and promote the use of condoms Want to be more efficient at handling people with AIDS. I hope the caregivers and the community will accept people people with HIV/AIDS - the journey is always a lonely journey.	Most of the time we label his/her feelings and not treat him as a person. Narrative theory will really help in the interaction with my patients - we are so normal as not to allow people to express their feelings We always treat ourselves as experts and don't share ideas with our people. The little we hear about the Narrative theory - we expect solving other's problems hence encouraging dependancy	When I think that we often treat people as problems we have not the time to listen to their stories - we just label their feelings and illness Narrative treats people as individuals with respect and their rights.

Expectations: This participant wants to be more efficient at what she does, whether it is to deal with patients or promoting the use of condoms. She is also concerned about the journey that HIV/AIDS sufferers experience and hopes that the community will be more accepting of people inflicted with the disease.

Language: The words, "deal with", "efficient", are typical of the language used in nursing circles. One is expected to 'deal' with a problem, not a person. The shift in language is evident as the course progresses and she realizes that as professionals, we "label" people's feelings. The words, "we are so normal", indicates that being in a certain mould, one tends to forget that there are other ways of looking at things.

Knowledge: the fact that this participant realizes that she has to respect people's feelings and not label their illnesses is sufficient awareness that a shift in her thinking has taken place although she does not make a personal commitment to change in other ways. She started off with wanting to promote the use of condoms and leaves with the

knowledge that one has to listen to other people's stories and not be quick to diagnose or encourage dependency.

Discussion

The aim of this research project was to gauge the expectations of managers as well as see if they had gained any new knowledge. The important factor was to see if a personal commitment was made to change the way that they approached their work.

An initial analysis of the pre-questionnaire asking for the managers' expectations revealed the strong hierarchical model that they came from. This was prevalent in the language that they used. Words like, "I expect to know", "I must be knowledgeable …to evaluate subordinates", "want to be more efficient" were indicative of their backgrounds.

Differences in the levels of managerial positions that exists in the strata of the fraternity emerged. The tasks and duties varied from one manager to the next, therefore many managers needed to engage in multi-tasks.

For instance, eight out of thirteen participants wanted to learn counselling skills. There were various reasons for wanting to have these skills. Respondent 3's initial response was that she was a counsellor, and therefore needed to do counselling. As a manager, it was not clear what her other managerial duties were and why a manager needed to engage in counselling. Respondent 4 voiced a similar response by saying that, "I have had fears about counselling without clear knowledge".

Coming from the nursing background, some participants wanted to learn skills to empower themselves. In order to move to a higher level of the hierarchy, nurses need to go through different levels. Therefore, the more knowledge one gains, the easier it is to move to a higher position and thereby being more powerful. So, for example, Respondent 5, who said “to be a successful educator counseling to comfort the victims”. Respondent 2, “I expect to know about the course…follow” and Respondent 7 “ I will be more empowered”.

Some of the managers felt that they needed to learn skills that moved beyond the hierarchical model of nursing. For example, Respondent 1 had definite ideas of what she wanted to gain from the course. She wanted to learn more skills about working with women, children and rape as well as wanting to implement workable programmes. Respondent 3 wanted to “change of attitude….prescriptive to that of being supportive”, and Respondent 8 was concerned about caregivers and the community to accept people with HIV/AIDS because the journey…..lonely journey”. These managers came with different narratives to the traditionally hierarchical model in that they were looking beyond their current practices.

Phase 2 of the analysis, which dealt with individual case studies revealed that all the managers were excited and motivated about the course but not all of them necessarily made a shift in personally committing themselves to make a difference in the way they dealt with their clients or the work situation. An analysis, under the headings of expectations, language and knowledge was included earlier in the paper and will not be dealt with again.

Phase 3 dealt with a cross analysis of the managers. This revealed the following. Managers who had definite ideas of what they wanted gained more on the course made a personal shift in knowledge and their expectations were met, probably because they were ready to make the shift. So Respondent 1 had ideas of looking for workable programmes to deal with issues of rape, children and abuse. During the course, she was aware of her position as manager and looked at how her practices needed to change for example, “I need to recognize…counsellors”, “how professionals have difficulty…relationships”. On the last day, the words, “this was a great wake up call…personally and professionally I will act on the information” is a clear reflection of the personal shift she had made.

Respondent 8 wanted to be more efficient at handling people with HIV/AIDS and wanted to get community involvement. During the course, she commented on her role as the ‘expert’ in the words, “we always treat ourselves as experts…ideas with our people”. These words showed that she was open to reflect on her practices and personal role in her work. On Day 10, her narrative changed from being the expert to having respect for individuals and their rights as people.

Juxtaposed to the managers who learnt a lot on the course, a difference was noted with managers who came on the course simply because they were chosen to come. These managers had an interesting experience, but they did not make a personal shift in wanting to change. For example, Respondent 5 came on the course very much aware of her status and position. Throughout the course, she was aware of this position and on Day 10, she still maintained her status, power and position. The same could be said about Respondents 6 and 7. Like Respondent 5, they both came on the course wanting

to learn more skills but the reason was that they wanted to empower themselves. During the course, they were touched by certain exercises, they did not make a personal commitment to change.

An important observation of the differences amongst managers was that managers who worked in either a hospital or clinic that was based in a rural area and was under-resourced were involved in multitasks as opposed to managers who came from urban settings and had more resources.

Respondent 2 clearly states “such a lot of work needed from…counsellor. I’ve got gooseflesh…shortage of staff back home”. Respondent 3 needed to do counselling. Its not a task that one expects managers to be involved in. This was quite different from comments of Respondent 5 who referred to her hospital as an institution. She mentioned the evaluation of subordinates which indicates that as managers they are “used to the task of delegating”, which is indicative of the fact that there is no shortage of staff.

It was also evident that many of the expectations that managers came with were not necessarily met in terms of what the course offered. Many came with the expectation of wanting to be empowered by being taught specific methods and ways of dealing with problems. The interactive exchange of knowledge allowed managers to reflect on their practices and work situations and created a space in which they were able to, by personal experience, think about the problems that they faced. For example, Respondent 6 wanted to gain information on how to manage sexual health but gained

insight into areas of management. Respondent 4 came with fears and when she left she still had fears.

Conclusion

Inviting the managers to attend the Sexual Health Management Support Course was a crucial link for the success and ongoing growth of the Sexual Health Counselling Project. The challenge that the managers faced was to look at their social and sexual practices as well as models that they had been trained in. By introducing them to the Narrative Approach as well other models, they were given an experience of learning in an interactive method that was new to their repertoire of knowledge.

Each participant experienced something different. An awareness had been created in the sense that the HIV/AIDS virus was not only an issue for the people infected, but the larger community as well. By examining their own sexual and social practices the managers had an understanding that as professionals they sometimes contribute to the stigma and silence that surrounds the virus. There was also an awareness that clients are people who have a story to tell and those stories need to be listened to.

From the researcher's point of view and from the data reviewed, it was felt that some participants were very excited about the new approach and felt committed to make changes in their personal lives as well as their work. For some participants, the new approach was difficult to relate to or to grasp. This however, was not an overly huge concern considering that participants had only been exposed to the new theories for a short period of time. For a few managers, who were firmly entrenched and comfortable in their positions and status at work, this was just another interesting

course that they attended, although they acknowledged the value of being on the course.

An ongoing support structure was in place to visit the managers at their workplace and work with any problems that arose. These forums were also used to give and get a better understanding of the physical workplace of the participant and to equip them with the support that they needed in that context.

From the researcher's point of view, it would be interesting to see if managers are still excited about the skills that they learnt at the course and if they have changed their practices. A further study in six months would be interesting to note if the enthusiasm still holds.

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