

ABSTRACT

This study examines the design, implementation and evaluation of a communication skills training programme for adherence counsellors in a paediatric HIV clinic. Effective communication is a pre-requisite skill for any counselling interaction. For both prevention and treatment, counselling is a critical component of the healthcare team response to the HIV epidemic. Given the shortages of healthcare workers in sub-Saharan Africa, task-shifting of the counselling role to less-trained cadres of workers is commonplace. In the multilingual, multicultural South African context, task-shifting coupled with the complexity of the message in paediatric HIV presents enormous challenges. In-service support for counsellors is lacking. Counsellor burn-out and fatigue is commonplace affecting the quality of counselling interactions.

Measuring the quality of communication in a multilingual context poses ethical and methodological challenges and is a neglected area of research. Traditional communication and counselling assessments appear to be largely taxonomic; lack cultural and linguistic sensitivity; and fail to acknowledge communication as a dynamic, two-way process. Mindful of these issues, this study utilized a non-taxonomic approach.

Verbal and non-verbal communication was analysed before and after the implementation of in-service training which was tailored to the specific research context. The training comprised a two day multidisciplinary team workshop followed by individual training. This consisted of video feedback and analysis of counsellors' own sessions and was attended by four counsellors. Results were recorded over an eighteen month period. Twenty-two consultations between counsellors and caregivers were video-recorded, transcribed verbatim and analysed using a hybridized form of linguistic analysis. Findings that demonstrated consensus, substantiation and cross-consultation occurrence were triangulated with thematically analysed interview data, patient questionnaires and researcher reflections. These methods are more sensitive to process than checklist approaches and individualised, complex dynamics emerged.

Communication barriers and facilitators were identified before training. Variations in communicative competence between counsellors appeared to be unrelated to prior training. After training, counsellors asked more open-ended questions, encouraged caregivers more, provided simpler explanations of treatment regimens and checked understanding more effectively. In response, caregivers initiated more questions. These findings suggest that communication training improves treatment literacy and results in interactions that are more patient-centered. Despite this evidence, the results suggest limitations to the impact of communication training given the lack of agency of women in South Africa. Interactions included frank and open discussion about cultural beliefs. However, this benefit may be lost due to poor healthcare team cohesion. In their roles as mothers and caregivers themselves, counsellors are effective patient advocates and bring their own lifeworld experience to the counselling interaction. These shared stories are testimonies to the resilience of women living in poverty. Whilst allowing for greater exploration of patients' cultural beliefs and explanatory models, communication training has limited impact in assisting counsellors with dealing with issues such as disclosure, non-adherence and scepticism about biomedicine. Results indicate conflict between patient-centeredness and perceived desired medical outcomes. Caregivers and counsellors appeared to engage in ritualistic dialogue when discussing certain topics suggesting that a shared lifeworld between caregiver and counsellor is insufficient to overcome barriers from the meso (institutional) and macro (broader socio-political) context.

An awareness of the impact of context is critical to our understanding of communication in a clinical setting. The results from this research have implications for the role of the counsellor within a multidisciplinary team and establish a need for communication specialists to work in a clinical setting within the HIV epidemic.

Keywords: Counsellors, communication, caregivers, paediatric HIV, communication training, adherence counselling, intervention evaluation