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HIV-Seropositive Patients' Experiences with Social Workers: A South African HIV+ Social Worker's Reflective Log

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Abstract

Social workers play a pivotal role in HIV-seropositive patients' treatment and care within South African public antiretroviral treatment (ART) programs. This article is a reflective log of an HIV-seropositive social worker's observations and reflections on her positionality during a study on HIV-seropositive patients' experiences of the public ART program in eThekwini, KwaZulu-Natal, South Africa. The primary investigator (PI) utilized various tools and techniques including reflexive bracketing, participatory action research and a reflexive diary to navigate a sensitive study. This was while being cognizant of the fluidity of her insider/outsider positionality. The disclosure of the PI's HIV-seropositive status culminated in all the participants accepting her despite some social workers' wariness of a study interrogating patients' experiences. Such disclosure was aimed at creating a warm, transparent research environment where participants felt comfortable sharing significant and sensitive information on their experiences while interacting with social workers. In conclusion, the PI's disclosure and transparency on her positionality could facilitate opportunities for other HIV-seropositive social workers to openly engage in trustworthy HIV research studies. This is aimed at facilitating and promoting patient-centered care, destigmatizing the disease, and bridging research gaps.

Keywords

HIV, AIDS, social work, ART, positionality, reflexivity, reflective log

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Social workers play a pivotal role in HIV-seropositive patients' treatment and care within South African public antiretroviral treatment (ART) programs. This article is a reflective log of an HIV-seropositive social worker's observations and reflections on her positionality during a study on HIV-seropositive patients' experiences of the public ART program in eThekwini, KwaZulu-Natal, South Africa. The primary investigator (PI) utilized various tools and techniques including reflexive bracketing, participatory action research and a reflexive diary to navigate a sensitive study. This was while being cognizant of the fluidity of her insider/outsider positionality. The disclosure of the PI's HIV-seropositive status culminated in all the participants accepting her despite some social workers' wariness of a study interrogating patients' experiences. Such disclosure was aimed at creating a warm, transparent research environment where participants felt comfortable sharing significant and sensitive information on their experiences while interacting with social workers. In conclusion, the PI's disclosure and transparency on her positionality could facilitate opportunities for other HIV-seropositive social workers to openly engage in trustworthy HIV research studies. This is aimed at facilitating and promoting patient-centered care, destigmatizing the disease, and bridging research gaps.

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Introduction

South Africa has a high number of people living with the human immunodeficiency virus (PLHIV) and one of the largest Antiretroviral Treatment (ART) programs globally (Cornell et al., 2021). ART programs within public health facilities and institutions are managed by multi-disciplinary teams which include social workers, doctors, pharmacists, nurses, administrators, physicians, occupational therapists, mental health practitioners, dieticians, and lay counsellors, to name a few (Chetty & Hanass-Hancock, 2014; Mulqueeny, 2017). Several studies have been conducted on the human immunodeficiency virus (HIV) through a biomedical, psycho-social, socio-economic, ethnographic, health care worker, and professional lens (Eisinger et al., 2019; Green et al., 2012; Golub & Gamarel, 2013; Mulqueeny & Taylor, 2017; Wabiri & Taffa, 2013); however, few studies have explored the positionality, insider and outsider perspectives, or reflexivity through a social worker's lens (Adeagbo, 2021; Angotti & Sennott, 2015; Chammas, 2020). Furthermore, literature searches revealed a silence on HIV studies and literature from a HIV-seropositive social worker's perspective.

From the onset of HIV being introduced to the global community in the early 80's, social workers have played a pivotal role by responding to their clients' needs and challenges and keeping abreast of medication regimes, policy changes, and trends associated with the epidemic (Lekganyane, & Alpaslan, 2019). The principles, values, characteristics, ethics, and

roles of the social work profession render social workers suitable to address and respond to the HIV epidemic (Foreman & Rathaille, 2016). Moreover, social work as a profession is positioned and committed to initiate multi-faceted, multi-disciplinary partnerships and collaborations aligned to adequately address the HIV epidemic. Such commitment was cemented in joint meetings aimed at collaborations with the global social work body, International Association of Schools of Social Work (IASSW), and the Joint United Nations Program on HIV/AIDS (UNAIDS) since 2014 (UNAIDS, 2017), thus resulting in both bodies signing a memorandum of understanding (MOU) on 21 October 2014 and uniting with the common goal of "Zero new HIV infections, zero discrimination and zero AIDS-related deaths" (UNAIDS, 2017, p.7). Consequently, the theme of the 2015 World Social Work Day was "[e]nding AIDS, promoting dignity and respect for all," and to end the AIDS epidemic by 2030 (UNAIDS, 2017, p. 7). In the context of the United Nations' 17 sustainable development goals (SDGs), the social work profession is aligned to assist with the achievement of these as the profession rallies around people in the midst of global catastrophes, supernatural events, divine acts, plagues, natural disasters, and health and economic crises (Rinkel & Powers, 2017). In the context of HIV, social workers are located as the moral compass and conscience for PLHIV.

As a HIV-seropositive social work researcher who is committed to HIV patient-centered/person-centered care and researching various HIV-related topics, I wanted to observe HIV-seropositive patients in their natural habitat (medical domain or setting; Probst & Berenson, 2014). Hence, I explored various methods of field research, resulting in direct but non-participatory observation, qualitative semi-structured interviews, and questionnaires being the data collections instruments of a mixed-methods study. This reflective log captured the observation component as it enhances reflexive learning capacity, decision making, and the processes followed by patients, health professionals, and social workers. The log was used to facilitate more informed judgments and decision-making processes.

An HIV-insider positionality is often missing during reflections from this context and the deathly silence of these voices presents a void in the existing body of literature (Mulqueeny & Taylor, 2019b). The void can be attributed to the positionality of HIV-seropositive researchers who research HIV-related issues rarely being discussed and/or social work researchers choosing not to identify as or disclose their HIV- seropositive or seronegative status (Mulqueeny & Taylor, 2019b; Rowan, 2013). Moreover, most research on positionalities, insiders and outsiders, and reflexivity within South African (HIV) studies do not contain researchers' or data collectors' HIV statuses.

In this article, I reflect on these methodological aspects from a female HIV-seropositive social worker observations of patient-social worker interactions and relationships within a multidisciplinary team in four hospitals. The hospital social workers provide counselling and assistance to PLHIV. The PI collected data with a HIV-seropositive 3rd year social work student and a patient who utilizes social work services in the public sector.

This reflective log focusses on observations while conducting the study and is not a study in itself. It is relevant as it addresses a local and international research gap as social workers globally address HIV through advocacy, counselling, and social work practice. Moreover, it closes knowledge gaps on HIV or HIV-related studies from an HIV seropositive social worker's perspective. The log serves to promote patient-centered care, destigmatize the disease, bridge research gaps, and encourages HIV-seropositive social workers to disclose their statuses. Hence, the strong focus on reflexivity, positionality, insider/outsider perspective, and how the research process was navigated.

In the sections that follow, a brief overview of the study, the research team, social workers' roles, reflexivity, positionality, insider/outsider perspective, and how the research process was navigated is discussed. The article concludes with reflections on the observations

of social workers and patients/people accessing the services of social workers at all four sites during the fieldwork

Study Overview

This paper forms part of a larger research study that explored HIV-seropositive patients' lived experiences of various stakeholders (pharmacists, doctors, nurses, administrators, HIV lay counsellors, and social workers), hospital infrastructure, and processes while accessing free ART.

Methods

The study setting was ART clinics located within four public hospitals in eThekwini municipality, in the province of KwaZulu-Natal (KZN), South Africa. The municipality was chosen as it has one of the largest HIV populations estimated at over 600,000 and an estimated ART population of over 350,000 (KwaZulu-Natal Department of Health [KZNHealth], 2015). A sequential mixed methodology was employed to a sample of 412 adult patients accessing ART at four clinics based in public hospitals who had been on ART for two years and more. One hundred (100) patients from each of the four hospitals completed questionnaires, three (3) patients from each hospital participated in in-depth interviews and three (3) HIV-seropositive researchers engaged in non-participative observation. The research team observed social workers and patients at the ARV clinics and made written notes of these observations. These notes were verified for accuracy through the daily reflexive meetings and interactions with the social workers and patients, which were triangulated with the qualitative and quantitative data and then coded. This process was pursued to ensure scientific rigor and credibility of the study findings and conclusions. Though the primary investigator (PI) and the two research assistants (RAs) were patients at public health facilities, only the PI is a qualified social worker. Data collection and observation only commenced when ethical clearance was granted from the University of KwaZulu-Natal (BFC089/15) and permission was granted from the provincial Department of Health and the four hospitals.

The Research Team

The research team comprised of three HIV-seropositive individuals, the primary investigator (PI), and two research assistants (RA), who had each accessed ART from public health facilities for ten years or more. The PI (social worker) had accessed ART from hospital one, one RA was a third-year social work student who accessed her treatment at a public health facility, the second RA had also accessed ART from a public health facility. However, the latter had no social work study or work experience but had utilized the services of social workers at another public ART program in KZN.

The three co-researchers decided to entrench themselves in the hospitals culture by presenting themselves from 04h00 until 16h00 for five days per week for three months at the four sites. This entailed speaking to participants, observing service delivery, sitting in on counselling sessions, sitting outside workstations, and attending clinic departmental meetings. This was aimed at relationship building and connecting with the stakeholders and patients alike to obtain a comprehensive overview of the diverse nature of the social work component of the public ART program at each hospital (Patton, 2015; Vukotich & Yearwood, 2014).

Social Workers' Roles in the Context of HIV in South Africa

All South African social workers have to complete a four-year Bachelor of Social Work (BSW) degree and register with the umbrella body, the South African Council for Social Service Professions (SACSSP), to practice (SACSSP, 2021). This body promotes the conduct, code of ethics, and guidelines to which registered social workers should subscribe and by which they should abide. Social workers play an integral role within South African public HIV and ART programs by being involved in HIV prevention, care, and treatment within the realms of social, environmental, spiritual, communal, political, educational, health, and economic contexts, challenges, and barriers (Mendu & Ross, 2019). Their roles and responsibilities include providing pre- and post-test HIV counselling, psychosocial support, facilitating support groups, promoting lifestyle modification and behavior changes (Spies, 2007). Moreover, they tackle a myriad of issues and challenges confronting PLHIV and their partners and families. These include crime, poverty, unemployment, loss and grief, comorbidities, social stressors, disclosure, sexualities, education, negotiating and practicing safer sex and disclosure, interpersonal and intimate relationships, self, and public stigma, and working with available HIV-related, community-based, and non-profit organizations. Additionally, they educate and empower their clients on the potential of accessing and initiating ART, the side effects thereof, reinfections, support groups, self-care, nutrition and adherence, substance use and misuse, HIV myths, attitudes, and fertility. All these influential, advocating, informative, and supportive roles are conducted in the context of multidisciplinary teamwork through consultation, case and group work, social justice programs, advocacy, health and treatment literacy, research, treatment interventions, home visits, and various types of counselling while employing a bio-psycho-social perspective (Hampton et al., 2017). Social workers, as the gatekeepers and caretakers of social support, aim to build and strengthen the patient-social worker and medical relationships to promote and encourage adherence, improve their health and wellbeing, and destigmatize the disease. The patient-social worker relationship is characterized by various characteristics and skills including respect, justice, trust, empathy, reciprocal communication, active listening, patience, critical thinking, advocacy, professionalism, dependability, cultural competence, perceptiveness, time management, and the ability to set and enforce boundaries (Peltzer & Davids, 2011; Petersen et al., 2014).

The public ART program consists mainly of frontline social workers "…who primarily render direct social work services to individuals, groups and communities" (Perumal & Tanga, 2020, p. 3). Moreover, within South African legislation, policies and processes, chapter two of the Constitution of the Republic of South Africa (Act 108 of 1996) includes the Bill of Rights that enshrines the rights of citizens which must be upheld by all. Section 27(1)(a) of The Social Service Professions Act No 110 of 1978 mandates the enactment of the Code of Ethics, which guides social workers to behave in an ethical manner when dealing with clients and patients. In addition, the Integrated Service Delivery Model (South African Government, 2022) and the White Paper for Social Welfare (Republic of South Africa [RSA], 1997) places emphasis on social workers in the context of social, economic, and human progress and growth. Thus, highlighting social workers' roles as agents of change (Sesane, 2014). In addition, a developmental social work approach is used by social workers when dealing with PLHIV due to its patient and service-centeredness and right-based developmental angle (Dlamini, 2020; Sesane & Geyer, 2017). Additionally, community and social development approaches in conjunction with reflexive, strength and asset-based and anti-oppressive processes assist PLHIV and their families to address and contest, the status quo, and the traditional ways in which social work is practiced (Hampton et al., 2017; Sesane & Geyer, 2017).

Reflexivity

Reflexivity refers to the process of locating the self within research, entailing researchers' acknowledging their position and influence on the research process (D'Silva, et al., 2016). This process informs researchers' positionality as it entails their critical interrogation and assessment themselves, regarding how their positions indirectly and directly influence the various aspects of the research process and the study (May & Perry, 2017). It accedes that researchers form part of their social world and promotes researchers' awareness of the evolving nature of their positionality due to various contexts and situations, thereby shaping and developing their positionality (Holmes, 2020).

Researchers have to be cognizant of how their values, integrity, ethics, competencies, and experiences guide, influence, and/or direct their research by identifying and declaring personal and professional interests and experiences (Bourke, 2014; Bryman, 2016; Holmes, 2020). Hence, the assumption was made that reflexivity highlighted our positionality as the study aligned in some ways to our health, life, and work journeys. Being honest and transparent about this afforded all the team members the opportunity to acknowledge and disclose their positions within the research process. It also facilitated processes being put in place to avoid the self from diluting the study results. Adopting a reflexive approach reduced research bias while being cognizant that qualitative research cannot be totally objective as individuals are unique: they observe, hear, see, and articulate subjectively and uniquely. However, the process allowed the researchers to be self-aware of their positions and the impacts thereof. Hence, during the initial daily team reflexive sessions, the PI reflected on and identified any preconceptions she and the two RAs had regarding social workers in the context of HIV. In response she articulated that she had not personally sought the services of social workers. However, as a social worker, citizen therapist, HIV-lay counsellor, and HIV patient advocate, she had accompanied many clients and patients to social workers for assistance and had enquired about services on their behalf at times.

During the reflexive sessions, a technique referred to as "reflexive bracketing" was used to understand patients' experiences with social workers and the primary investigators' (PI) and RAs' observations while at the four study sites (McNarry et al., 2019). In addition, her experiences of social work services in her personal capacity and as a social worker were reflected upon (Chan et al., 2013; Mulqueeny & Taylor, 2019a). To fully grasp the various influences of knowledge production and the participant-researcher relationship, the PI engaged in a critical interrogation of self to ethically position herself and the RAs within the study. This interrogation allowed the researcher to self-reflect on her tripartite realities which were due to her being (1) a social worker, (2) a HIV-seropositive patient who accesses ART at one of the study facilities, and (3) the primary investigator (PI), and therefore had to mitigate the power differentials within those triple realities.

Reflexivity allowed the researcher to examine how her values, background, age, biases, gender, educational level, and experiences with social workers and being a social worker would affect the way she observed, interviewed, presented, and analyzed information and data and other aspects of the research study (Ryan, 2015). Moreover, it also aided how the RAs viewed patients' interactions, the observations of social workers at the sites, and facilitated the research study being conducted in an ethical manner. Reflexive bracketing acknowledged the research team being the researched and researchers as their HIV status allowed for inclusion into the study, although they were not participants. Hence, their personal experiences of social workers were irrelevant to the study. The research team members disclosed their HIV status to all the patients during the research awareness sessions but did not disclose their observations and experiences with social workers at the four sites.

The reflexive sessions allowed the team members to acknowledge their positions within the study and report on and debrief in instances where they had become emotionally disturbed, perturbed, and attached. Some examples of this are observations of social workers being rude, communicating in derogatory and abrupt ways, not providing patients with relevant, current information and assistance, not engaging reciprocally, and judging and dismissing patients. The team constantly reminded each other that their experiences were bracketed out; hence, the importance of keeping their personal feelings and thoughts to themselves rather sharing them in the daily reflexive sessions. The constant acknowledgement of the RAs' dual positionality and the PIs' triple positionality facilitated the team members' temporarily bracketing their personal experiences, opinions, values, and biases.

Positionality

Positionality refers to "an individual's world view and the position they adopt about a research task and its social and political context" that impacts on what is being researched, the research methodology, results, and conclusions (Holmes, 2020, p. 1; see also Grix, 2019; Rowe, 2014). The subjective nature of a researcher's positionality is forever evolving and changing. However, in the context of conducting a primary study, the PI considered her ART journey and the journeys of those whom she had counselled and supported. This inevitably led to her decision to pursue a study on PLHIV's experiences of the public ART program within the eThekwini municipality as she accessed treatment in this setting. It was a unanimous conscious decision by all research team members to disclose their HIV statuses to patients and medical stakeholders at all the study sites. This was in an endeavor to be transparent and to achieve an ethical study. Moreover, the decision to use a mixed-methods study was to attain numerical data, allowing the qualitative data to unpack and tease out these numbers to provide context while the non-participative observation allowed for data triangulation (Moalusi, 2020). The above positioned the research team members within a tripartite alliance due to the phenomenon (patients' experiences), participants (HIV-seropositive patients), and the context (ART program in eThekwini, KwaZulu-Natal). This was due to their HIV-seropositive status, being ART patients who were initiated and subscribing to a public ART program in eThekwini Municipality in KZN.

A discussion of positionality in the context of this study is important for the research community or audience to contextualize positionality. Hence, the researcher's experiences, positions, and reflections on this study are unpacked.

Insider-Outsider Position

The ontological positioning that researchers can assume is an insider (or emic) and an outsider (or etic) reality. "Insiders are the members of specified groups and collectives or occupants of specified social statuses: Outsiders are non-members" (Merton, 1972, p. 5). As the insider/outsider position can influence the research process and participants, the research members' positions were acknowledged (Bukamal, 2022). In terms of an insider position, the PI was a social worker, an HIV-seropositive patient who accessed ART at the study site. As outsiders, the three research team members were not study participants, had not personally utilized social work services at any of the study sites, and their HIV journey, family, educational, social, and work lives differed to those of the participants.

Power Dynamics

The PI was cognizant of the power dynamics of the research team as they had privilege, were able to access parts of the hospital facilities that patients could not, and were able to attend staff meetings and sit in on counselling sessions. Every endeavor was made to ensure that their insider positioning and privileges did not compromise the study rigor and ethics. Hence, daily reflexive team meetings and daily team check-ins, use of reflexive bracketing techniques, and debriefing sessions with a therapist and the supervisor were implemented. These assisted in addressing any power dynamics, biases, emotions, and feelings.

Reflections

To present the reflections, the author consulted the research team's reflexive diary. The diary included reflections, daily observations, dialogues, and thoughts regarding social worker-patient interactions and relations, and counselling services and assistance to the HIV-seropositive patients as part of a multidisciplinary team. More so, patients' behavior, reactions, happiness, and dissatisfaction were included.

It is important to note that most South Africans access the public health system, and in this context, the ART clinics are free for all patients. Hence, many unemployed people and those receiving social assistance, grants, and low earnings, not having medical aid, or having their medical aid benefits exhausted, access these facilities for ART (Knight et al., 2013; Statistics South Africa [StatsSA], 2014).

Reflection 1 (RA):

> *Social workers at three of the four sites (hospital 1,2,3) were observed regularly arriving much later than their stipulated starting time of 07h00, frequently leaving their offices/workstations unattended, always leaving their doors open when discussing confidential and private matters with patients, took longer lunch times and often closed their offices early and left the facility. The social workers' inconsistencies in their operational times left patients confused, frustrated, desperate and angry.*
>
> *In contrast, social workers at the fourth study site arrived between 06h30 and 07h00 and were present for their patients.*

Most patients utilize public transport to travel long distances to the ART facilities to see a social worker who is not at their workstation to service clients (Tafuma et al., 2018). This is costly and time consuming for the patients. However, similar challenges have been discussed in South African and Nigerian studies regarding transport being a barrier to access healthcare and chronic medication with dire consequences (Adelekan et al., 2019; Tafuma et al., 2018). This is even though social workers receive salaries for providing services to clients. Such observations frustrated the patients and the research team members. Moreover, the code of ethics that social workers should abide by when carrying out their duties includes respecting clients' worth human rights, and their dignity, and having a sense of urgency and regard for their clientele (Reyneke, 2020). However, observations reflected the contrary with social workers being unavailable when patients required their assistance. This reflected a disregard and disrespect for the patients, even though without patients, social workers would have no work and could be put on short-time or made redundant.

As the PI and RAs were present for entire days they observed and listened to patients and other medical staff complaining about social workers' absence and disregard for basic work etiquette and rules. However, a confusing observation was that they did not confront the social workers about their dissatisfaction on their return, nor did the social workers apologize to the patients and colleagues for being absent from their workstations.

Reflection 2 (PI)

The faces of most of the social workers at the three sites were cast in frowns, frequent grimaces with smiles rarely observed, patients were spoken to in harsh tones with their opinions or input rarely requested. Patients were rarely greeted nor offered a seat to sit in whilst being attended to in mostly paper-filled offices.

While, hospital 4 social workers had smiles, were very patient-friendly, had neat workstations and were helpful.

My reflection in this regard is that some social workers felt comfortable treating patients with disdain and did not feel it necessary to smile and greet patients, nor to perform their duties in a warm, nurturing, clean office; thus, situating the client in an environment that was not conducive to them feeling comfortable to discuss intimate, sensitive, and private issues. The importance of relationships from a social work perspective cannot be sufficiently stressed as it ultimately maintains and promotes a vulnerable population (namely, PLHIV), and their health and wellbeing. The values, beliefs, and ethics of social workers include complying with legislation, policies, and processes to ensure that they work professionally on behalf of and with their patients, with the aim of patient growth and development.

Of importance was the absence of social work supervisors, resulting in an enquiry regarding the same. Social workers stated that supervisors visited the clinic once a month for meetings; however, such meetings were not observed by the three researchers during three-month data collection period at all the study sites.

Reflection 3 (The team):

The social work interactions with gender and sexual minorities posed a challenge with several patients and included loud outbursts from patients. However, worth noting was that this was also observed at doctors, nurses, and administrators' workstations.

While sitting outside the social workstation at hospital one, the team observed and heard a patient who identified as transgender being laughed at. Moreover, participants who identified as sexual minorities and had participated in the in-depth interviews expressed the insensitivity and lack of integrity by the social workers and the nurses, administrators, and doctors towards their sexual identities. However, this observation was only noticed at hospital one. In addition, patients who identified as heterosexual did not express similar sentiments. Such behavior has been documented in other studies with devastating consequences of non-adherence, depression, withdrawal, and violence (Cloete et al., 2014; Ross et al., 2015). This discrimination can result in triple stigma in terms of race, sexuality, and HIV diagnosis and create barriers to gender and sexual minorities while accessing treatment. Similarly, one of the findings of a cross-sectional online survey that addressed social workers' attitudes towards PLHIV reported that "social workers who had higher avoidance of people living with HIV/AIDS were also found to be higher in homonegativity" (Kristen et al., 2015, p. 1). Moreover, patients expressed that the

social workers held judgmental views on homosexuality, which has been found in other studies (Dessel et al., 2011; Duby et al., 2018). This is in contravention of the Social Workers code of ethics, South African Constitution, Batho Pele principles, all the National Strategic Plans, The South African National Health Act, and the South African National Sex Worker HIV Plan (2016-2019) (Constitution of the Republic of South Africa, 1996; NASW, 2021). In addition, South Africa subscribes to the Sustainable Development Goals (SDGs) which aim to eliminate all forms of inequality and discrimination, be inclusive, and leave no one behind.

Reflection 4 (RA 2):

Privacy and confidentiality are not maintained in terms of the social workers' doors often being left open while they consult with patients. This resulted in patients waiting outside the social work room hearing and being privy to confidential information being shared between the social workers and patients.

Confidentiality is a cornerstone of the social worker-patient relationship, yet patients were not engaged in secure, safe, private, and confidential spaces, as all persons walking past or sitting outside the social workstations were able to hear patients' conversations; participants highlighted this challenge. Again, this was not exclusive to the social workers, but to all medical service providers at all the study sites. On speaking to social workers about their doors being opened during consultations, most reported that patients had not requested that the door be closed during their sessions, nor informed them of their discomfort. This situation is not exclusive to ART clinics in eThekwini municipality of South Africa, as a study conducted on "HIV/AIDS clients, privacy and confidentiality; the case of two health centers in the Ashanti Region of Ghana" reported similarly. The study found that patients expressed discomfort with health workers' lack of patient-centered care and their overt and covert breaches in confidentiality regarding their health (Dapaah & Senah, 2016, p.1), hence, their opting for alternative or private services and facilities to protect their personal information and anonymity. Lack of privacy and breaches in confidentiality have consequences, such as not being open and honest, withholding relevant information during sessions, stigma, discrimination, rejection, divorce, depression, ART non-adherence, isolation, and loss of status and respect in their homes, communities, and workplaces.

Final Reflection

Reflecting on my observations in all the study sites yielded a double bind result as on the one hand, the South African Constitution, the Sustainable Development Goals (SDGS), public health systems, Batho Pele principles, the South African Bachelor of Social Work (BSW) degree, and the SACSSP code of ethics all advocate for person- and patient-centered care (Alfvén et al., 2017). Conversely, observation of the actions and work ethics of the frontline social workers reflected a silence and at times violation, non-compliance, and non-conformity regarding the same. Worth noting is that social workers based at hospital four showed respect, were friendly, and practiced patient-centered care by putting notices up on their doors when leaving and informing their peers they were stepping out for a time. This demonstrated that person- and patient-centered care is attainable within the public health sector, social work service delivery thereby reflecting commitment to the prescribed norms, policies, and legislation governing the profession.

On reflection, playing devil's advocate, I tried to find excuses or reasons for my social work peers' behavior such as them being overworked, having large caseloads, experiencing burnout, "poor working conditions, poor compensation for work, lack of resources and support,

and increased demands for services" (Calitz et al., 2014, p. 153). However, these clinics did not have queues of patients waiting to see the social workers, had no observable, elevated demand for social work services, and no supervisors or managers were observed demanding information or attention from them. The social workers at these clinics had access to telephones, computers, workstations, and minimal stationery, and enjoyed extended tea and lunch breaks. What was worrisome was that some social workers could have been lulled into complacency with a disregard for their ethics and behavior and the consequences thereof.

The lack of quality of care is similar to that of many South African government departments, which negatively impacts clients, patients, and their trust in the South African healthcare system and the ART program. In the context of decolonizing social work and assuming an African framework, social workers embrace the tenets of *Ubuntu*, which include people's moral qualities like empathy, forgiveness, generosity, and considerateness, and the connectedness of individuals (van Breda, 2019). *Ubuntu* is an African concept that includes humanness by connecting to "deeply-held African ideals of one's personhood being rooted in one's interconnectedness with others" (van Breda, 2019, p. 1). Incorporating an Ubuntu perspective to social work in the context of ART would render poor service delivery null and void.

Moreover, when engaging with all the social workers at the sites, it was ascertained that they had all attended two universities within the province of KwaZulu-Natal. The team members reflected on this and concluded that the two social work institutions were not responsible for the social workers' indifferent behavior towards patients and colleagues. It can be argued that they chose to behave in a manner that is not nurturing, uplifting, and comforting to patients and their wellbeing.

Implications for Teaching and Practice

As most of the social workers at the study sites displayed unethical and indifferent behavior towards their roles and responsibilities, the profession could be brought into disrepute resulting in all social workers being negatively labelled. This is a devastating image for the profession as social workers play an important role in social support, and their services are in demand given that it is considered a scarce skill globally. The significance of relationship building, respect, being non-judgmental, and respecting confidentiality, time management, and appropriate work behavior cannot be stressed enough to address patients' needs, health, and wellbeing. Moreover, embracing an *Ubuntu* perspective to social work teaching and practice could improve social workers' values and ethics.

As social work is a lifelong, ongoing learning process, social workers should attend regular mandatory training on HIV and comorbidities, patient-centered care, patient-services, empathy, ethics, service delivery, and the links between theory and practice. In addition, supervisors should conduct regular spot checks to identify any incidents of poor service delivery or areas for development and improvement. The assumption of a social work approach to health could highlight the social determinants thereof with the primary objective being to promote the wellbeing and health of all human beings, including patients. Regular feedback from patients would assist in identifying their needs and areas for development, improvement, and change.

Institutions of higher learning could strengthen their client service and person/patient-centered programs to include student social worker-patient roleplays to directly obtain what constitutes patient-centered care from patients themselves.

Negative and positive feedback to social workers should be provided and welcomed to improve service delivery and the development and growth of social workers. Attitudes and

behaviors should be considered as a key performance area in terms of self and employee management within workplaces.

Conclusion

The positionality, reflexivity, and insider/outsider roles play an important role in research as they can enhance or hinder the research process. Reflexive meetings presented the opportunity for the PI and the two research team members to share their objective observations of the social workers and the patients within the facilities. Reflexive bracketing was the technique used, as the PI had tripartite realities while the research assistants had dual realities (HIV-seropositive and researchers; Tufford & Newman, 2012). However, the decision to disclose one's positionality is complex, as researchers have to go back into the field and confront any backlash from their disclosure. Such backlash can personally affect them, their partners, families, children, careers, and colleagues. In terms of this study, disclosure of the PI and research assistants worked favorably as patients felt comfortable to disclose and behaved normally in the researchers' presence. However, observation of the social workers negative behavior was disturbing as they had graduated after studying for four years to be a support to vulnerable populations including PLHIV.

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