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Nurses experiences from working with vulnerable adolescents in Lesotho

- a qualitative interview study about resilience

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ABSTRACT

Background: Many children in the world today grow up under very challenging circumstances. In Lesotho, the issue of HIV/AIDS, food-insecurity and poverty has caused the country several problems and statues a threat to the wellbeing of its young inhabitants. In those circumstances, adolescents' capacity to face these challenges becomes a great part of the nurses' work in the country. **Aim**: The aim of this study is to describe nurses' experiences from strengthening capacity in vulnerable adolescents in a southern African nursing context. **Method**: Four qualitative, semi-structured interviews was conducted with nurses working at two different health care clinics for youth in Lesotho. The findings were analyzed through qualitative content analysis. **Results**: In the results, *Resilience* was identified as a core theme. This core theme was found to be encircled by four main themes: *Nursing care, Strengthen capacity, Identify the whole* and *Challenges.*
Conclusion: Resilience was a concept used by all interviewed nurses and also the over-all goal of various nursing interventions. By using a holistic approach, the nurses viewed the whole person in his or her cultural and familial context. Thereafter different methods and techniques were used to build capacity in the adolescents and help them to face and overcome difficulties.
Clinical relevance: Describing how nurses can help adolescents to build capacity can inspire nurses in all health care settings to implement nursing interventions and hence build resilience.

Key words: resilience, adolescents, Lesotho, nursing-care

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INTRODUCTION

As the new post 2015 agenda and developmental goals are being defined, the world continues the struggle towards a better future. Meanwhile, children and adults face daily challenges that threaten their well-being. While traveling as well as reading the daily world news, it is clear to us that war, famine, natural disasters and disease-pandemics are issues more or less present in communities all over the world today. As born into this world, children are not the cause of these problems, yet they are constantly affected. With a special interest in adolescents and the will to work in health care settings where different kind of adversity is present, we wanted to find out how nurses can work to strengthen the well-being in adolescents living under such circumstances. A country that is deeply affected by difficulties such as HIV/AIDS, poverty and food-insecurity is Lesotho, a small country entirely encircled by South Africa. In order to strengthen the community's youth, workshops aiming to build capacity to overcome challenges and difficulties were initiated and conducted by nurses at a clinic in Maseru, the capital of Lesotho. After hearing about this nurse driven initiative we wanted to take the opportunity to learn about their experiences in working with adolescents.

BACKGROUND

Global conditions for children

In this world, all children should have the right to survive and to be safe, to have influence on their own lives and develop in a healthy way (United Nations Children's Fund [UNICEF], 2005). Yet, it is a known fact that this is not the case for many children around the globe today. Although poverty rates globally have been halved since the setting of the millennium development goals in 1990, 1.2 billion people in the world still live in extreme poverty, one in six children under five are underweight and 40 per cent of children starting primary school in Sub-Saharan Africa are considered likely to drop out before reaching last grade. At the same time, several of the world's countries are suffering the consequences of diseases like HIV/AIDS, malaria, tuberculosis and other infectious diseases (United Nations [UN], 2013). Also, many children live under conditions with domestic violence and unsafe social environments, conditions that are considered as risk-factors for developing psychological health issues in childhood as well as in later adult life (Helmen Borge, 2010/2012).

Lesotho: society and situation

History and politics

The Kingdom of Lesotho is a small country, on all sides surrounded by The Republic of South Africa (United Nations Development Program [UNDP], 2014). When the nation was born, around 1818, it was called the Basotho Nation. The Basotho Nation was initiated and formed by King Moshoeshoe I together with clan leaders and chiefs of the South Sotho people. Not long after the birth of the nation, missionaries were invited and introduced a number of different fruits and vegetables for cultivation, together with the Christian religion and building of schools. After being a British protectorate for almost 100 years, the country gained independence in 1966. The first democratic elections were held in 1965 and the kings role in politics has since then been reduced to merely a symbol and representative of the country, although still wearing the title Head of State (UNDP, 2014).

Population, poverty and HIV/AIDS

Lesotho has a population of just under two million people, with three quarters still living in the rural areas (Ministry of Health and Social Welfare, 2010). However, there is a trend towards urbanization, partly because of reduced possibilities for agriculture. Although a majority of the people works with agriculture, and many households depend on self-supportive cultivation for

food-security, only 10 per cent of the country's land area is suitable for cultivation. The small areas of land for cultivation and pasture together with a large number of people and cattle have resulted in an extensive erosion of land, which together with draught and flooding, have led to several episodes of food-insecurity and famine (UNICEF, 2013). Unfavorable weather including flooding and early frost in 2010/2011 resulted in a sharp reduction of harvest and finally led the Prime Minister of Lesotho to declare an emergency food crisis in September 2012. The country is also highly affected by HIV/AIDS, with an estimated prevalence of 23.6 per cent in the adult population aged 15-49 (UNICEF, 2010). Except the negative consequences for the individual, HIV/AIDS affects the family, household and community in terms of a diminished work force, higher rates of food-insecurity and lessened economical growth (Lesotho Institute of Public Administration and Management [LIPAM] & UNDP, 2006). As teachers and health care workers are not immune to the disease, educational- and health care services are also deemed to struggle with giving out quality services.

HIV/AIDS-affected children and stigma in the community

The spreading of HIV/AIDS have struck hard on the children of Lesotho, both by vertical transmission of the disease, but also due to other disease-related challenges such as AIDS-related loss of one or both parents (UNICEF, 2010). Out of an estimated total of 200 000 orphaned children in Lesotho, 130 000 children are believed to be orphaned due to AIDS. A study about orphaned children conducted in South Africa shows that orphanhood due to AIDS was associated with a higher risk of poverty-related problems, such as food-insecurity and access to school (Cluver, Gardner & Operario, 2009). Subsequently, the combination of AIDS-related loss of a parent and poverty created a higher risk of developing post-traumatic stress syndrome (PTSD), peer-problems, depression and conduct-problems among the children.

Possible stigma-related problems such as discrimination and being socially excluded are also described to be some of the challenges beyond the physical consequences of the disease (Joint United Nations Programme on HIV & AIDS [UNAIDS], 2010). In Lesotho, the community constitutes a significant role, much in the contrary to the individualistic approach taken in many western countries (Dlamini, Kohi, Uys, Deliwe Phetlhu, Chirwa, Naidoo, Holzemer, Greeff, & Makoae, 2007). The greater family, the village and the church are of great importance and have a significant part in the social network. However, stigma is also a present component in Lesotho society. Stigma can be defined as a societal process that identifies a certain disease or personal

attribute as something highly unwanted or dishonorable, something HIV-positive persons have to deal with in their daily lives. The stigmatization includes both verbal and physical abuse as well as a neglecting behavior from different parts of the community, including health care service and immediate or greater family.

The situation that the adolescents are facing in Lesotho

The country's old culture has had an impact on girls' vulnerability up until today (Bulled, 2013). In 2006 women became equal to men by legislation, however, in the household as well as in the society, men are still considered superior to women. Traditional culture also prohibits adults from talking to children about sex and sexuality, which subsequently leads to a lack of knowledge in this area among adolescents in Lesotho (Yako, 2007). Together with encouragement of early marriages, especially for girls, teenage pregnancy is not unusual. Early childbearing is a gender inequality which is associated with higher morbidity and mortality in both mother and child and a big threat to women's school attendance (Ministry of Health and Social Welfare, 2010). This is also a present problem in Lesotho, where almost one in five teenage girls (15-19 years old) has started childbearing. However, on the contrary to other countries in Sub-Saharan Africa (UNICEF, 2012), girls in Lesotho are still more likely to have attended secondary school than boys (Ministry of Health and Social Welfare, 2010).

Regarding the issue of HIV, the prevalence among young adults in Lesotho (aged 15-24) is estimated to be 14.2 per cent in girls and 5.4 per cent in boys (UNICEF, 2010). The higher numbers of adolescent girls that are HIV-positive is not only because of higher physical susceptibility (UNICEF, 2011). Girls tend to be more exposed than boys when it comes to rape and sexual abuse and they have less say in the matter of condom-use and whether to have sex or not. Another gender issue is the one concerning domestic violence. Studies show that the general acceptance of wife-beating in Lesotho is high among both women and men and to an even broader extent among people under the age of 25 (Ministry of Health and Social Welfare, 2010). Among young men aged 15-19, one in six also think that it is justified for a husband to use force if his wife would refuse to have sex.

Adolescents and risk-factors

Traditional research has often focused on risk-factors in relation to negative mental health outcomes among young people (Helmen Borge, 2010/2012). However, a new approach that calls for identification of positive and health promoting factors is starting to gain greater importance. In spite

this change of trend, exposure of risk is still seen as a possible threat to mental health and identification of risk-factors as a mile stone to overcome them. Poverty, violence, abuse, diseases, illiteracy, malnutrition, drugs, early marriages and teenage childbearing are risk-factors, especially facing adolescents in Sub-Saharan Africa (UNICEF, 2012). Adolescents (by the UN defined as children between 10-19 years old), who are in the transition from childhood to adult life also face various emotional, physical, economical and psychological changes related to their growth. These inner changes, all makes risk-behavior a part of adolescence but in spite the need of support, most efforts concerning children's rights are targeting the younger children, leaving the adolescents behind. Neither do they have full access to adult health programs and are therefore often stuck in the gap between pediatric and adult care (UNICEF, 2012). Nonetheless, in spite of adversity, many adolescents are able to use their own experience in order to identify the problems, create solutions and have influence on their surrounding environment. (UNICEF, 2012).

Resilience in children and adolescents

The inner capacity to face challenges, the individual capability to seek support and the community's ability to give that support in order to create well-being in times of difficulties can be referred to as resilience (Malindi & Theron, 2010). In other words, resilience can be described as a healthy upbringing and development towards a healthy adulthood in spite having experienced adversity.

While resilience in the past has been described as an object's ability to return to its previous form and a person's ability "to bounce back to health", today's research (Helmen Borge, 2010/2012) reaches for a more developed definition. This can be exemplified by the way children respond differently when being exposed to the same risk factors. While some of the children manage to develop good psychological health and social skills, others do not. In resilience research the question is asked: what makes children keep psychological well-being and develop intellectual, emotional and behavioral functions in spite of adversity and stress? Development of resilience can further be explained as to re-establish, maintain and improve psychological function. This way, resilience means more than the ability to return to one's previous well-being after being exposed to stress or trauma. It should rather be seen as a process that can continue for many years. A process to maintain and improve psychological health and function although exposed to several risk factors (Helmen Borge, 2010/2012).

In a similar way, Eriksson (1992) describes health as a process, a dynamic movement towards integration in oneself, to be whole. Health is also described as something more than merely the

absence of disease. Although physical diseases do affect people's health negatively, health is also, she argues, dependent on a person's experience and own belief of his or her level of health and well-being and in constant interaction and development with his or her surrounding environment and culture. In relation to what has previously been said about resilience as a process, individual risk-factors do not by themselves determine whether a child's mental health development is going to be positive or not (Helmen Borge, 2010/2012). However, as a process that includes both inner and outer factors, the development of resilience is affected by both risk- and protective factors.

Protective factors for health

Functioning as a buffer system, protective factors in a child's life may have the ability to weaken experienced negative factors and create a positive effect on the development of resilience (Murphy & Marelich, 2007). The importance of good relationships for developing resilience is also stressed by Spratt, Philip, Shucksmith, Kiger and Gair (2010). The authors issue that strong relationships has a central part in resilience and that trusty, supportive relationship with an adult may avert the development of problems and strengthen the mental health in troubled adolescents. Resources that strengthen resilience have been identified in street children, a group that is often seen as particularly vulnerable and helpless (Malindi & Theron, 2010). Individual capacities such as humor, being assertive, coping with challenges and having the ability to adjust to the communal norms and values, together with finding strength in their peer and religious beliefs was identified as resources for developing resilience.

Other means to strengthen the psychological function in children exposed to risk can be explained with four mechanisms (Helmen Borge, 2010/2012). First, reduce the exposure of stress or help the child to gain a better understanding of the situation in order to diminish the effect of risk factors. Secondly, to take measures in order to break or reduce the vicious circle often presented together with the risk factors. Thirdly, to enhance resilience by increasing the child's self esteem and belief in their own capacity to overcome adversity and challenges. This is where both good family relations and schools achievements are positive, helping factors. The last, fourth mechanism, is to encourage further education, partners and movement (Helmen Borge, 2010/2012). Further more, when talking about resilience, it is suggested that focus should lay on the process towards developing resilience within contextual and cultural aspects and not merely as a consequence of individual attributes or specific protective factors (Theron & Theron, 2010).

Resilience as a theoretical concept from a holistic perspective

In the subject of nursing science, it is described that nursing care should have a holistic approach, which means caring for the whole patient (Hörberg, Ozolins & Ekebergh, 2011). This includes seeing the patient in his or her context of relations, culture and surrounding environment. Furthermore, Hörberg, Ozolins and Ekebergh stresses the importance of developing a deeper understanding for the patient, to see how the physical disease also may affect psychological and spiritual aspects. Nursing care with a holistic approach is also described as a way to enhance resilience (Spratt, Philip, Shucksmith, Kiger & Gair, 2010). Through the establishment of trustworthy, continuous relationships, nurses are able to play a unique role in strengthening a positive mental health development among young people. Enhancing resilience should be done through assessment, education and potential referral (Ahern, Ark & Byers, 2008). This includes proper follow-up care and counselling as well as preventing risk-behavior, perform screening and promote positive life-style behavior.

PROBLEM AT ISSUE

In Lesotho, children and adolescents are exposed to numerous risk factors which threaten their health and psychological well-being. At the same time, they are struggling with the physical- and emotional change associated with growing up. Culture also makes it difficult for Lesotho adolescents to talk to their parents about difficult issues concerning their growth and development. Meanwhile, continuous and trusty relationships are described as having a central role in developing resilience and to overcome challenges and adversity. Whether adolescents lack the opportunity of developmental support due to cultural practices, ill family caregivers or deceased parents, this means they have to get the support from somewhere else. Although many studies have been conducted concerning risk-factors and resilience in Sub-Saharan Africa, not many have focused on the experiences of nurses working with adolescents concerning these issues in Lesotho.

AIM

The aim of this study is to describe nurses' experiences from supporting vulnerable adolescents in a southern African nursing context.

METHOD

Design

This paper contains an empirical qualitative study conducted through interviews with nurses working at two different health care programs for youth in Maseru, Lesotho. According to Priebe and Landström (2012) empirical studies are preferable when the researcher wish to gain an understanding of a certain phenomena or situation. Qualitative interviewing yields the opportunity to gain understanding by allowing the interview persons to express their experiences in their own chosen words and was therefore chosen as a method for this particular study.

Selection

Before arriving to Lesotho, contact was established with the Wellness Center, which is a health care clinic for health care workers and their families. Since 2008 the center has held *resilience workshops* for adolescents between 12 and 18 years old, in order to relieve trauma and strengthen their resilience (Vårdförbundet, 2011). There are four nurses working at the Wellness Centre and three of them were chosen for participation in interviews concerning the workshops. The forth nurse had only been working at the Wellness Centre for two months but had previous experience from working with *teen-clubs* for adolescents between 10-19 years old. The *teen-clubs* was initiated in 2008 and conducted two times a month at the Baylor Clinic in Maseru, Lesotho, with the aim to strengthen resilience and capacity in teenagers living with HIV/AIDS. Through snowball sampling, the forth nurse working at the Wellness Centre, together with the present nurse in charge of the *teen-clubs* were chosen for interviews regarding their experience from working with strengthening resilience in adolescents with HIV.

The inclusion criteria for participating in the interviews were that they had to be nurses with at least three years experience as a practicing nurses and one year of experience with either the *resilience workshops* for adolescents or *teen-clubs*. They also had to be able to speak and express themselves in English. Before reaching the study site, the number of interviewees was not decided. The minimum number was said to be four interviews and when finally in place in Lesotho a number of five nurses was found to fit the inclusion criteria. The nurses were strategically selected in accordance to their common experience working with strengthening the resilience in adolescents, the focus area of the study (Danielson, 2012a). However, their experiences differed from work with different adolescents under various circumstances. Three nurses describe their experiences from the adolescence *resilience workshop* held at the Wellness Centre and the other two nurses describe their

work with teen-clubs for HIV-positive youth in the area. However, one nurse with experience from the *teen-clubs* got prevented from participating and was not interviewed. The conducted interviews were in depth and took 45-55 minutes each.

To find suitable nurses for the interviews, the study demanded two gatekeepers (Polit & Beck, 2010). The first gatekeeper was established in the spring of 2013 and is one of the Swedish persons working with the collaboration between Swedish Vårdförbundet and the Wellness Centre in Lesotho. She was informed about the aim of the study and provided us, the writers, and the head of the Wellness Centre in Lesotho with information and contact details. Once in Lesotho, the second gatekeeper was the participating nurse who had previously been working at the Baylor Clinic. He introduced us to the Baylor Clinic and the two pediatricians in charge who gave permission to conduct interviews concerning the *teen-clubs*.

Several visits to the Wellness Centre and Baylor Clinic were made during the first week of our stay in Lesotho in order to meet with the nurses and make a selection of participants. During these visits, questions were asked concerning the work with adolescents to make sure that the nurses met the inclusion criteria of the study. Thereafter the nurses were handed a letter that contained information about the study, the main topics for the interviews and our contact details together with a request for them to participate in the study.

Data collection

In this study, data was collected through semi-structured interviews with nurses working at two different health care settings in Lesotho. According to Danielson (2012a), a qualitative interview should be based upon a few head questions or topics that serve as a guide throughout the interview. Danielson further claims that qualitative interviews are used to capture and understand a person's experiences and can, together with open questions, give rich answers without having influenced the participant too much.

An interview guide was formed in Sweden and rewritten three times in Lesotho. The reason behind the changes was that additional information about the Wellness Centre and Baylor Clinic was gained in the meeting with the nurses in Lesotho. Before reaching Lesotho, little was known about the nurses and their specific work with adolescents. Because of lack of time in Sweden the interview questions were not tested before arrival at the site for the study. Instead, improvisational questions were asked and tested in the first meetings with the nurses. From the results, new and

refined questions were discussed and put down as the final interview guide. The questions were organized by four main topics: personal information, general questions about the workshops/teen-clubs, resilience and reflection.

Before each interview, a short presentation of the writers and the study was given to each of the participants. In this introduction the participant was asked to sign a letter of informed consent. He or she was also reminded about the right to cancel the interview at any time. This was to make sure that the interviewee was fully aware of the voluntary basis for participation. According to Danielson (2012a) the researcher should take into consideration where the interview is to be held. All the interviews were held at the Wellness Centre, two in a private office and two in the common board room. This way the environment would be well-known to the participants, which could have a relaxing impact during the interviews. The interviewees also made sure to be flexible about the time set for the interview and to leave the decision about that up to the participant.

During the interview it was important to the interviewees to be open-minded, show interest, curiosity and respect for the participant and be attentive to the story being told. A total of four interviews were held, with one of the writers acting as the interviewer while the other one took a more passive role. These two different roles were switched between the different interviews to avoid one sided thinking and the writer who had had a more passive role during the interview gave comments afterwards. A dictaphone was used during all the interviews and each interview was transcribed following the demand of confidentiality.

Analysis of data

A qualitative content analysis was chosen to analyze the collected interview data. This method was chosen to be able to analyze meanings and phrases said during the interview and thereby manage to describe phenomena (Evans, 2002). The content was first analyzed with a focus on describing what actually had been said during the interviews, the so called manifest content (Danielson, 2012b). This was made through six steps. After each conducted interview the recorded material was *transcribed* by either one of the writers. To make sure that the transcription was correct, the recording was then listened to again and the transcribed material controlled by the other writer. After reading each interview text twice, the writers individually highlighted part of the text that seemed to fit the study objective. The highlighted parts were then discussed in relation to the study aim and formed *units of meaning*. Keeping the key message, the text in the units of meaning were then shortened and formed to *condensed units of meaning*. In order to gain an understanding of

links between the interviews and in relation to the text each condensed unit of meaning was abstracted in to *codes*. The codes were created by one or a few words that summons the meaning of the text. A total of 154 units of meaning and 111 of codes were created and helped the writers to find similarities between the interviews. These similarities resulted in nine sub themes, four main themes and the core theme *Resilience*, which was the overall theme that corresponded to the theoretical concept of resilience. The four main themes found was *Nursing-care, Identify the whole, Strengthening capacity* and *Challenges*.

Table 1. Example of the analyzing process that was used in the study.

Unit of meaning	Condensed unit of meaning	Code	Sub-theme	Main theme
The life skills, well, I think there are the time we have to teach them how to make the hats out of wheat ... Yeah so that if there is no (income) they can go for this and make a hat and sell it.	Give skills to increase independence and create income possibilities.	Teach life skills for independence.	Equip through knowledge	Strengthen capacity

Ethical aspects

Vetenskapsrådet (2002) writes that there are four ethical demands that have to be met concerning studies and research. The first one is the demand of information. It means that the participant should receive information at an early stage about the aim of the study, which gives a picture of what the study includes. The first contact through the Swedish gatekeeper was made 8 months before the study was aimed to start. Then the request to conduct a study at the Wellness Centre in Lesotho was forwarded to the manager of the project and board member of Lesotho Nurses Association. Two times during the period of six months before the study was conducted, the Swedish gatekeeper was also on the site of the study. During these visits she discussed the study with the nurses at the Wellness Centre and forwarded their views to the interviewees. Before arrival to Lesotho, the study was also ethically approved by the Red Cross University and manager of the Wellness Centre.

The second ethical demand concerns informed consent, which is a way to ensure that the participants’ freedom and independence regarding the study participation remains intact (Vetenskapsrådet, 2002). It also gives the participant an opportunity to consider participating in the

study. Furthermore, informed consent includes three steps (Kjellström, 2012). First, information about the study is given to the participants. Secondly, the author of the study should make sure that the information given is understood correctly in order for the participants to make a decision. Third, the author of the study should assure that participating in the study is entirely on a voluntary basis. The third ethical demand concerns the matter of confidentiality (Vetenskapsrådet, 2002). If a study is containing individual interviews the participants are to be made anonymous so that no one may be identified. The forth ethical demand says that information from participants that has been used in the study cannot be used in a non-scientific way (Vetenskapsrådet, 2002).

During the first meetings with the participating nurses, they were handed a document with information about the aim of the study, together with the aimed topics for the interview. They were also asked if they had any questions concerning the information given, which then would be clarified by the interviewees. Before the interview the participant also was given the opportunity to ask further questions and sign a letter of informed consent. The interviewees agreed to be recorded and the interviews were transcribed in order for the material to be handled with confidentiality.

RESULTS

A core theme that the other four main themes circled around was the concept of resilience (Figure 1). The main themes found were *Nursing care, Strengthen capacity, The patient and his/her surroundings* and *Challenges.* A total amount of nine sub-themes were also found.

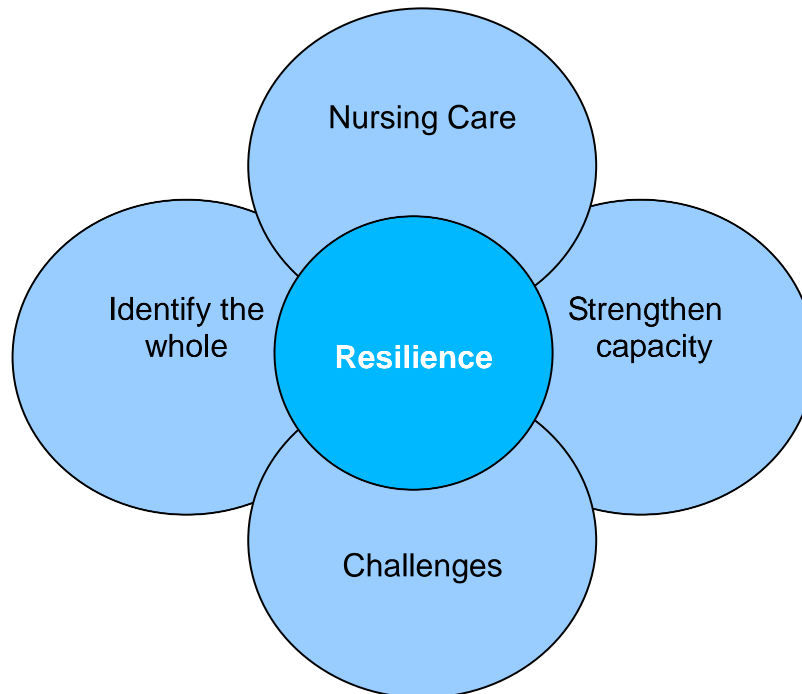

Figure 1. Results from the interviews: Core and main themes.

Nursing care

The nursing care was given through development of trusting nurse-patient relationships during the workshops/teen-clubs or during individual counselling. To be able to carry out qualitative care, nursing attributes including personal qualities and pedagogical aspects were considered by the nurses.

Nurse qualities

The nurses highlighted certain qualities they thought to be important when working with adolescents. The ability to wear an honest smile, easily get happy and excited, together with having

a true interest in the adolescents, was said to be good nursing qualities. It was also said that the nurse, at all times, should be able to listen to what the adolescents has to say without being judgmental or disrespectful.

> "*...you shouldn't judge people at all. Even if the person can just tell you: You know, I know I'm HIV positive but I'm having this multiple sexual contacts."*

When noticing that someone in the group was not engaging as much as the other adolescents, or seemed troubled in some other way, the nurses probed, and tried to get that person to open up with various pedagogical methods. They also stressed the importance of always having a story to tell, a kind of embarrassing testimony that made the adolescents open up and not feel intimidated by the nurses. They also encouraged the participants to share their own experiences by going by line, so that everyone had to say something, but without a feeling of being too exposed or like the only one in the world having embarrassing stories. Through playing games and encouraging discussions, the nurses also tried to bring all the participants to the same level of engagement and understanding.

> *"...we try to ask: do you understand?, do you have any questions?, can you give us your side to the, of how you understand this topic?"*

Counselling

The nurses strived to identify adolescents that seemed to be extra troubled, either by getting information from concerned parents or by identifying them during the workshop/teen-club. When there was need for further counselling, the adolescent was invited to the clinic for an individual talk. During the individual counselling the nurses offered advice and information, but leaving any decision up to the adolescent by saying:

> "*You can still decide but this is the best according to our experience why don't you go this way?"*

During the workshops/teen-clubs, the nurses also encourages the adolescents to come to the clinic in the future, whenever they felt the need for further information and counselling or simply felt the need for a friendly talk. During the workshops/teen-clubs, they also encouraged the adolescents to test for HIV. In the case of a positive test, further counselling concerning treatment, adherence and disclosure was given to the adolescent. During these counselling sessions, the adolescents often voiced concerns about taking medication in the public and the reactions they would get from friends. When these concerns were voiced, the nurse advised mechanisms for the adolescent on how to cope with public opinion and stigmatization. They also tried to get the adolescent to refrain from

thinking of themselves as someone who is sick.

> *"I take these drugs for my life, to resuscitate no matter who says what, we can insult, we can mock but we have to conduct. This is were my life comes out of."*

Build nurse-patient relationships

In order to help the adolescents to develop capacity and strength, building a good, trustful nurse-patient relationship was stressed by the nurses. First, the nurses wanted to make a good first impression, by showing an interest in the adolescent and asking about hobbies, school or other interests without the presence of parents or caregivers. To gain trust, the nurses also stressed the importance of showing the adolescents confidentiality. They did this by telling the adolescents that nothing said in the workshop/teen-club would be shared by the nurses with anyone else. In order to create relationships with the adolescents and to get closer to them, different topics during the workshop/teen-club also were intertwined with interacting and playing, everyone together. Name-games and jokes were used as icebreakers and as a way to get the adolescents to open up and feel relaxed. In order to make the adolescents to open up and feel relaxed, the nurses also stressed the importance of getting to the same level as the adolescents and present themselves in a way that would not be intimidating or scary. One way of doing that was to learn the teenage language, another to attire in a relaxed and non-formal way.

> *"But when you're with teenagers you have to be a teenager as well ... If I talk to a 15 year old, I have to come down to his age."*

Something that was important to the nurses was also to make the adolescents feel like they could come and visit the clinics at any time. If the nurses were busy for the moment, an appointment at a later time was scheduled in order to create the time needed. This was also a way for the nurses to follow up the adolescents and create a sense of consistency in the nurse-patient relationship.

Identify the whole

It was acknowledged by the nurses that each and every adolescent coming to the clinic had different experiences, challenges, feelings and ways to deal with their life-situation. It was important for the nurses to gain an understanding about the whole person and his or her surrounding environment.

See the whole person

In order to help the adolescents, the nurses tried to understand what inner and outer challenges were present, how those challenges were experienced and how they affected the adolescents. The nurses

did this by paying attention to different ways the adolescents expressed themselves when they talked, kept silent or used their body language. To sit down and listen, ask questions and give information was important to the nurses and something that was said to be of help when trying to understand what was challenging to the adolescents. This method was also said to be helpful when trying to show the adolescents what their problem might be and helping them find a solution. The nurses also took into consideration what the adolescents' experiences had been in the past.

> *"Find the background of the person. This was the poor upbringing, now she is suffering the consequences. But now we have to do something that will prevent it from happening"*

Environment and relationships surrounding the adolescent

Several factors were taken into consideration by the nurses when caring for an adolescent. The social situation around them, the level of education and what kind of family-relations existed was described as factors that had to be viewed by the nurse. For example, when initiating HIV-treatment the nurses made a home-visit to gain understanding about the home-situation surrounding the adolescent. The matter of food-security, support and discrimination of any kind was reviewed and if needed, a family intervention was initiated. During the family intervention, the nurses sat down and talked to the family about what they thought were the issues.

> *"It's not easy. Not easy to work with adolescents. Especially when they are sick. Because now we have to look for several factors. From nutrition, lifestyle, medication, support system, how, school performance. A nurse as a social worker."*

Supporting the adolescents' family-relationships also included talking to their parents and encourage them to be open and become friends with their teenage children. Through continuous communication with the parents, the nurses also received information concerning whether the adolescents were improving or needed more help. Concerning relationships with their peers, the adolescents were given information on how to be a good communicator and also how to deal with conflicts and peer-pressure.

Strengthen capacity

To strengthen the adolescents' capacity and well being, the nurses used various methods. They brought different topics to equip the adolescents with knowledge, supported behavioral change and tried to strengthen their self-esteem, by positive support of the group.

Equip with knowledge

The nurses explained that one goal with their work was to give information and knowledge

encompassed to fit the adolescents. The information was given to create awareness of different risks they could be facing in life and included topics on prevention and treatment of HIV, teenage pregnancy, drug abuse and peer pressure. The nurses also taught on rights according to the law, how to handle conflicts and how to be independent. Life-skills to enhance independence included teaching them on how to produce vegetables for self-efficiency and how to make hats, bags and pens to sell on the market when no other income existed.

"We try to encompass teen subjects. Self-esteem, we address growth and development as a subject, learning about how they are expected to be growing. Like resilience, we call it resilience. We want the teenagers to be resilient"

Behavioral change

In their work with adolescents, the nurses supported and tried to implement a positive behavioral change. They did this by encouraging hard work and creating boundaries for the adolescents, but they also emphasized the importance of giving appreciation when the adolescents had done well. To inspire good adherence, the nurses also used different methods for motivation. For instance, they used small gifts as a reward when the adherence had been good. Another way to enhance positive behavior in the adolescents was to support individual talents and hobbies. To try to set a good example in order to give the adolescents role models was another way of encouraging positive behavioral change.

"I think it's also building their strength to learn from people who try to be the best all the time."

Strengthen self-esteem

Adolescence was understood by the nurses to be a very confusional time in a person's life, a time when there is a need a lot of guidance and healthy relationships to develop psychological well being and capacity. The nurses wanted to increase the adolescents' self-esteem and help them to realize that they are an important part of the community, in the position to overcome difficulties and to take control over their lives. To have an appointment with someone that the adolescents valued and looked up to was a way for the nurses to express their seriousness and respect for the adolescents' concerns. An example of this was given by a nurse who described that they would encourage the adolescents to come to the clinic:

"I would like us to talk, when can we talk? That in itself is empowerment to the teen."

During group-discussions and activities as well as during individual counselling, the nurses also tried to show the adolescents their inner qualities and strengths.

"We saw a child who's not participating … but when he did something it was very funny and everyone would laugh. So there was something good about him but he didn't believe he has it but if it came out colleagues around the workshop would be excited about him

and would want him to show more. So we tried to expose what he has"

Being together

During the workshops and the teen-clubs the adolescents and the nurses did many activities together to create a sense of unity. They played games and shared testimonies and experiences about what they had been through. This was said to be used as icebreakers, but also as a way for the adolescents to get role models and motivation to overcome challenges. It also created a possibility for the adolescents to learn from one another and to teach the nurses about how it is to be a teenager.

"…they meet for the first time during the workshop but when they leave the workshop they are one group"

Challenges

The nurses considered some aspects of their work challenging. Lack of resources, including too little funds, time and specialized training was described as having a negative impact on the clinics and on the nurses' work. The challenge of being caught in a "jack of all trades" and without specialized training about teenagers was believed to make the nurses miss out on signs

The development of the nurse patient relationship was sometimes challenged. The lack of consistency was frustrating for the nurses and there were also a described wish from the adolescents to meet over a longer time. At times attendance was not a 100 percent and the nurses also expressed difficulties talking about topics that were considered sensitive because of culture and religion.

STI's, when we talk about HIV, we talk about growth and development. You can talk, but we try to consider that these cultural influences, trace of culture in each and every teen.

DISCUSSION

Discussion of method

Attempting to gain a deeper understanding, this study aimed to describe nurses' experiences working with vulnerable adolescents in Lesotho. By using qualitative interviews the interviewees were given a chance to gain understanding about the interviewed nurses' experiences, described by the nurses themselves using their own words. A semi-structured method was chosen because it gives the person who leads the interview an opportunity to adjust the order of questions in accordance to what comes up and is best suited for each interview (Danielsson, 2012). However, the use of this method requires a lot of knowledge about adolescents and their vulnerability, where certain aspects of the interviews might not have been totally understood because lack of professional knowledge in the area. While conducting a qualitative method, the researcher is also

part of the study because of the close interaction with the study participants (Henricson & Billhult, 2012). The subjectiveness of such a study cannot be ignored and the interviewees' pre-knowledge and understanding of the focus area was therefore discussed in order to attain awareness about this.

The focus of the study on HIV was lessened by false pre-understanding that the Resilience Workshops for Adolescents only involved children with HIV-positive parents and the fact that one of the nurses from the Baylor clinic, who were dealing with HIV-positive adolescents fell out of the study. Instead, it became an increased focus on the nursing care of adolescents going through different kind of adversity. Although obtaining the minimum number of four interviews, the study is limited to those four nurses' specific experiences and can not be said general for other nurses working with adolescents.

All interviews were held at the Wellness Centre, two of them in a private office and two of them in the common boardroom. Preferably, the interviews were held in a place with minimal risk of people interrupting and favorably they should all have been held in the same room (Danielson, 2012a). This was not possible at the Wellness Centre and the interviewees therefore had to be flexible and adjust to the current situation. The interviews held in the common boardroom were interrupted a few times but the interviewees kept focus surprisingly well and the answers mostly proceeded undisturbed. In the private office there were less interruptions with the exception of a mobile phone, which disrupted the answers a couple of times. Whenever there was an interruption, this was noted in the transcribed material. None of the interruptions caused the need to extract any answers. However, although the interviewees managed to stay focused on the questions, the interruption most likely had an effect on the natural flow and rhythm of the interviews. As the gatekeeper in the study represents the Swedish nurse association that is funding the Wellness Centre, the nurses may have felt forced to participate in the study, something that also could have affected the meeting with the nurses. However, this was nothing that could be noticed by the interviewees. In terms of gender differences, the study has several strengths. The nurses were equally many women and men, having worked with an approximate equal number of male and female adolescents. The two interviewees also represent both sexes and led the interview with one woman and one man each.

Discussion of results

The findings of this study showed that the overall aim of the nurses' work with adolescents in workshops/teen-clubs and individual counselling was to support, motivate and strengthen their resilience. In building and strengthening resilience, the interviewed nurses emphasized the

importance of good nursing care, where a positive behavioral change is supported and self-esteem is increased. It also was found that this best can be done in an open and accepting atmosphere, where difficult topics are being discussed and trustful nurse-patient relationships established. Having a holistic approach, the nurses also showed the importance of considering the adolescents' home-situation, education, nutritional status and social support.

Having consistent and strong relationships and a surrounding supportive network are factors described as enhancing to young peoples' mental health and their development of resilience (Spratt, Philip, Shucksmith, Kiger and Gair, 2010). It is also suggested that nurses, giving care in a constructive and coherent manner, may help adolescents going through adversity to meet and deal with the difficulties they face. Being part of the societal support-system as health care professionals, this study made clear that the nurses meet and establish relationships with many different adolescents coming to the clinics. To get away from the asymmetry that often characterizes a nurse-patient relationship, with the nurse being the one in charge and telling the patient what to do, the nurse should encourage the patient to participate and make sure that the communication is going in both directions (Fossum, 2007). Active listening together with an accepting attitude and humanistic approach also increases the chance for the patient to open up and talk to the nurse about concerns (Andersson, 2007). It is also important to meet the patient in his or her context. The findings of this study indicate a need for nurses to incorporate all these qualities when trying to initiate a good meeting with adolescents. Adjust to the teenage-language, tell jokes and play games, constantly showing interest in, and respect for the adolescent were factors that seemed to help the nurse to get closer to the adolescents. This also included having a good listening skill, wear an honest smile and to never judge the adolescents. In order for nurses to be a source of support, the nurse-patient relationship should, as described by adolescents, be built on confidentiality, trust, expertise and continuity (Spratt, Philip, Shucksmith, Kiger & Gair, 2010). For the matter of confidentiality, assurance of that everything between a nurse and a patient would stay between them could be helpful when gaining an adolescents trust. To establish a good relationship the nurse also made the adolescents feel welcomed and ensured that the clinics were open whenever they needed further information, counselling or simply a friendly talk. It has also been voiced by adolescents that continuity and accessibility to services are highly valued to be able to get the right support, but that this often was lacking due to change of personnel and inconvenient opening hours (Blake, Robley & Taylor, 2012). Not being able to meet with the adolescents more often and over a longer period of time was showed by the nurses in this study to be frustrating and a challenge in trying to get the

adolescents to open up and share their concerns. However, acknowledging that this was a problem, the nurse made sure to schedule an appointment at a later time. During that meeting the nurse sat down with the adolescent, listened, asked questions and tried to make them open up. But while some came back for further counselling, others they never saw again.

The adolescents' relationship with the family and the support from home and from the peers was also something the nurse should regard. Among young people living with HIV, the support from family, care-givers, groups and health service are important factors to manage the tasks associated with the disease (Blake, Robley & Taylor, 2012). Because of the need of support from home, encouragement and support of disclosure was something used by the nurses in this study. To feel loved and valued within the family has been suggested as a protective factor for developing youth resilience (Theron & Theron, 2010). To enhance protective family relations, the nurses in this study conducted home-visits and if any kind of discrimination was discovered, made a family intervention and talked to the care-givers in order to try to increase the support of the adolescent. A family intervention also could include encouraging parents to be more open and become friends with their teenagers. The adolescents themselves were empowered to talk to their parents about things that were bothering them, even though it was considered to be a cultural challenge for parents and their children to talk openly about certain subjects.

Blake, Robley and Taylor (2012) find that for a nurse to help an adolescent improve his or her own capacity, it is important to surround the adolescent with people in a similar situation that can offer mutual support. Group-based activities to establish peer-support is a measure, carried out by nurses to increase resilience in adolescents (Ahern, Ark & Byers, 2008). By playing and interacting a lot in the group, the nurses wanted to create an open and relaxed atmosphere, which created a sense of unity in the group and also to offer the participants a possibility to make new friends. Peers have been identified by several studies to be a source of positive development and a forum where difficult and troubling issues can be discussed (Theron & Theron, 2010). However, the discussion among peers also was described as problematic because of a lack of knowledge in the adolescents concerning many subjects. Peers might have both a positive and a negative impact on a child's social behavior, as described by Helmen Borge (2010/2012). Having friends with destructive behavior also increases the risk of antisocial and destructive behavior in the adolescent. One way for the nurses in this study to help the adolescents to resist peer-pressure was to bring topics on how smoking and alcohol-abuse harms the body.

Risk-behavior has long been seen as part of adolescence and something that can bring many difficulties, two examples about sexually transmitted diseases and unwanted pregnancies (Ahern, Ark & Byers, 2008). HIV being a broadly spread disease in Lesotho, education on how to prevent the disease, encouragement of testing and adherence counselling was important measures taken to prevent the adolescents from engaging in risky sexual behavior. They also informed about teenage pregnancy and the dangers of it. Identifying risk-behavior and create interventions as to diminish those behaviors, encourage positive attributes and give support while including the family, culture and the church are practices that can be used to promote resilience in adolescents (Ahern, Ark & Byers, 2008). To implement a behavioral change, the nurses encouraged sharing of testimonies from previous episodes in life. This way they wanted to show the adolescents that other people have been, and are going through, similar situations. By telling stories about behavior the nurses themselves were not proud of and at the same time describe how they had been able to change that behavior, they gave the adolescents a chance to identify with the nurses and believe that they too have the opportunity to change. This way, they put actual, concrete examples in the adolescents' context and showed a possible path to follow. By still leaving the decision up to the adolescent to make, they gave them the knowledge and power to take control, something usually referred to as empowerment (Fossum, 2007).

All children feel anger, but some are able to deal with it in a more positive, constructive manner (Helmen Borge, 2010/2012). In order to prevent for example aggression to escalate into criminal activity, various societal interventions have been tested in different countries. A systematic review of mental health interventions among young people in low- and middle income countries showed that well-being in terms of self-esteem, self-efficiency and motivation could be increased through programs teaching on resilience and life-skills (Barry, Clarke, Jenkins & Patel, 2013). The programs included stress management, communication, interpersonal skills and emotional regulation. These subjects were also taught by the nurses in this study to teach the adolescents on how to behave in different situation and give them advice on how to regulate their emotions in various types of distress. Other topics that were discussed were relevant to the cultural context regarding what may be relevant for the specific age-group. Trying to ensure understanding, the interviewed nurses would not only give information when they talked about a topic. They also probed what the adolescents knew about the subject, what their questions and concerns were and also what topics they would like to discuss in a following workshop. Doing this, the amount of time and not feeling that each subject could be discussed thoroughly was once again challenging and

sensitive subjects were not always easy to discuss. Because of culture and religious beliefs, the nurses expressed that some subjects were challenging to talk about. Even though trying to be open and talk about topics in a direct manner, they sometimes felt the need of avoiding sensitive subjects.

In nursing science Eriksson (1992) describes the need of a holistic approach in contact with the patient and the importance of viewing the whole person and look beyond the patient's disease. When meeting adolescents, the nurses in this study focused at the whole patient in order to find out what the challenges were. They did this by listening and paying attention to what was said and they also expressed the need for understanding their patients' experiences in the past and not merely the present challenges facing them. However, a lot of focus seems to be put on preventing single risk-factors such as teen-age pregnancy, alcohol-abuse, HIV and peer-pressure. This in a time when resilience research is said to be moving away from looking simply at risk- and protective factors, but rather be seen as a process which incorporates many factors (Helmen Borge, 2010/2012). However, the educational, single topics brought by the nurses during the workshops/teen-clubs may also be seen as just that. A process in which education on risk-factors and risk-behavior must be included together with the establishment of good relationships and enhanced self-esteem in a cultural context.

Blake, Robley and Taylor (2012) show the importance for adolescents with HIV to have a positive view on the future. To believe, that even though having been diagnosed with a non treatable disease, life goes on. This is something that the nurses strive for at the clinics, in both individual talks but also in the workshops and teen clubs. They would try to show the adolescents their inner strengths and explain that they could still graduate and do the things they dreamt of in life. Gunnestad and Thwala (2011) claims that hope is a strong force inside humans that drives us forward. It is also a central key in creating resilience, because it strengthens people not to give up during difficult situations. They teach the adolescents the importance of taking control over their lives and become independent. By increasing the knowledge on HIV and encourage the adolescents to lead discussions about the subject with their peers, the nurses at the center also wanted to increase the adolescents confidence and ability not to let themselves be discriminated.

Even though growing up in adversity, children and young people as well as adults, can have resilience and change course towards a healthy outcome (Helmen Borge, 2010/2012). Different turning points are possibilities that can lead to new pathways in life and the opportunity to increase one's well-being. Such turning points may be to get a new job, move to another city or the transition

from primary to secondary school. But more important, what these changes mean in terms of meeting new people, sharing experiences and so on. The results from this study showed that participating in a workshop or teen-club could be such a turning point. The way the nurses put together the workshop motivated a girl who previously had been engaged in risk-behavior, which included drinking alcohol and quitting school, to stop drinking, go back to school and to herself, be a motivator for other adolescents with similar problems.

> *"And after the workshop we were told now that she changed, stopped taking alcohol and we were even told she had dropped out of school and after the workshop she sat down with the mother and she told the mother that she wanted to be given another chance to go to school and as we speak now I think she's doing her second year in the faculty of education. Because even she said she wanted to be the motivator. So that she can have that chance to be able talk to other teenagers."*

Conclusion

The main findings of this study indicates that nurses should view both individual and contextual aspects of an adolescent in order to give out quality nursing care and enhance adolescents' resilience. The holistic approach included strengthening the adolescents' relationships with their family and peers, which improved the nurses' ability to build capacity and strengthen resilience in the adolescents. The ability to help adolescents face and overcome challenges also depended on the development of a good nurse-patient relationship. The nurse-patient relationship was developed by creating an open and trustful atmosphere where the adolescents felt comfortable and able to share whatever was bothering them. This came to be of even greater importance when lack of resources and time challenged the nurses to give out the best possible care.

Relevance for clinical practice

This study finds that nurses may help strengthen the capacity in adolescents in several ways, using methods that could be implemented in various health care settings that deal with this specific age group. It also shows how workshops can be created as a way to not only give information about different topics, but also as a way for the adolescents to create a network and get possibilities to look forward. The holistic approach and focus on the environment in which the adolescents are living highlights the importance for all nurses to look beyond the first, most obvious sign of disease and also to regard what consequences the nursing interventions may have on both the adolescents and his or her surroundings. Describing methods and techniques that can help adolescents towards a

positive health development can hopefully inspire nurses in all health care settings to create nursing interventions in order to build resilience.

Indications for further studies

Although many studies have been conducted in Sub-Saharan Africa concerning the mental health of adolescents, not many focus on nurse interventions to strengthen resilience. Further studies in this area are needed to create good knowledge among nurses about the different ways they can help to build capacity and strengthen adolescents that are going through difficulties. More studies with a higher amount of nurses and that also include the adolescents opinions would strengthen the evidence for the different nursing interventions and point out important factors when it comes to strengthen resilience in adolescents.

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Appendix 1

Interview guide

Presentation of ourselves: our names and that we are nursing students from Sweden, our last year in the nursing bachelor program at Red Cross University in Stockholm.
Confidentiality: you have agreed to participate in this conversational interview where we will discuss your experiences as a nurse working with adolescents. We have chosen to ask you to participate in this study because we think that you have deep, broad knowledge and experience from interaction with teenagers in workshops or teen clubs. If you agree, the interviews will be recorded and listened to by me and Sara/Sebastian for transcription. When transcribing the material all names will be erased for matters of confidentiality. And you can at any time during the interview choose to withdraw your participation in this study.
About the interview: we wish to gain an insight to how nurses can work to strengthen resilience and build capacity in adolescents/adolescents with HIV/AIDS. There will be five main questions with follow-ups for clarification or when we want you to explain something a bit further. The interview will approximately take 40-50 minutes.

Start recording

Personal questions
Male/female
How old are you?
What education do you have?
How long have you worked as a nurse?
How long have you been working with the workshops for teenagers/teen-clubs?
How come/Why did you start working with the workshops for teenagers/teen-clubs?

General
Could you describe, shortly, how the workshops for teenagers/teen-clubs are conducted?
- How frequent are they? How long have you had the workshops/teen-clubs? What is the aim? Where do they take place?

Please describe who are coming to the workshops/teen-clubs?
- How old are they? Are there equally many boys and girls? What is their reason for coming?

Resilience
In your experience; what challenges are facing the adolescents you meet?
- Suffer from disease? Mental health issues? Social situation (family, friends, school, community)? Stigma? Low self-esteem?

In your experience, what are the adolescents main strengths and capacities to overcome these challenges?
- Coping strategies? Support from family, community, religion, friends, hobbies?

How do you, as a nurse, care for these patients?
- Do you have certain methods, techniques, policies? Educational role? Providing medication and counselling related to it?

How can you as a nurse contribute to strengthen the capacity and resilience in the adolescents you

meet?
- methods, improving self-esteem, empowerment?

Reflection
What are the challenges you face in supporting and working with the adolescents you meet?
- resources, time, follow-up, stigma/lack of knowledge, insufficient education, community

What is the most satisfying part of your work with the adolescents?

What are your thoughts about the future of the project?
- Future challenges? Growth?

Is there anything you would like to change or add to improve your work?

Is there anything you like to add?

Sum up: is it correct that you...
Could you sum up what the most important things were that we talked about today?

Most important things of your work as a nurse during the workshops/teen-clubs?

What nursing care is given to adolescents with HIV?

How can nursing care strengthen adolescents with HIV?

Appendix 2

Letter of consent

Information to participants

We, two students at the Red Cross University College of nursing in Stockholm, Sweden, are writing our bachelor level thesis. We intend to describe nurses' experiences of working with adolescents in two health care programs in Lesotho. The study will be based on interviews with nurses, using a qualitative design.

Taking part in this study is of course voluntary. Each interview will last approximately 45 minutes and will be recorded, transcribed and analyzed by us. Your identity will not be revealed to anyone else. All information given will be handled with the greatest confidentiality and you may at any time choose to withdraw your participation.

The information collected will be part of our thesis and it will be available for the public to read through medical databases and at the library of our university. As a participant you will be offered a copy of our thesis via e-mail.

Please observe that if you agree to take part in this study it is possible that we may have to contact you afterwards for supplementary details.

If you have any further questions, kindly contact us by e-mail sara.bjorneke@live.se or millton.sebastian@gmail.com or telephone: 5671 6040 (Sara) or 56881017 (Sebastian).

Best regards,
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Informed consent from participants
I confirm that I have been informed about the study and taken part of the above information. I am aware of that my participation is voluntary.

Signature:...

Date:..

Appendix 3

Information to participants

We are two nurse students from the Red Cross University in Sweden. In our education we are to write a bachelor thesis in nursing science. In our thesis we want to do an empirical study. The provisional name for the thesis is “Resilience: a study about how nurses work to strengthen resilience and capacity in adolescents in Lesotho”. Going from childhood to adulthood includes various dramatic changes in a child's life, both emotionally, economically, physically and psychologically. During this time of upbringing there is also the risk of a child being exposed to, for example, violence, abuse, diseases such as HIV/AIDS, poverty, illiteracy, malnutrition, drugs, early marriages and teenage childbearing. In spite of adversity, in many circumstances, adolescents are able to develop the resilience and strength that enables them to move towards adulthood with healthy psychological function. We aim to give an insight to how nurses in Lesotho are working to strengthen the resilience and capacity, with a focus in adolescents with HIV/AIDS.

Because of your broad experience working with these types of issues we would like to ask you to participate in an interview for this study. In the interview we will ask you questions about the following topics:

- your experience of what challenges and risk factors that are facing the adolescents you meet
- your experience of which health factors/protecting factors and coping strategies that are used by the adolescents
- your thoughts about resilience – what does it mean to you?
- how can you as a nurse contribute to strengthen resilience/capacity/mental health in the adolescents
- What are the challenges your face in supporting resilience/capacity/mental health to the adolescents?

The interviews contain the above five main questions plus follow-up questions and will approximately take 40 minutes. Your answers will be anonymous and held strictly confidential. Participating in this study is voluntarily and you can during the interview, without explanation, cancel your participation.

The result from this study will hopefully help other nurses working with strengthening the mental health in adolescents exposed to the same risk factors.

If you wish to receive further information about the study or have questions about the interviews, please contact:

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