



UNIVERSITY OF KWAZULU-NATAL

(Westville Campus)

**Experiences of general workers on Human Immunodeficiency Virus/Acquired
Immunodeficiency Syndrome management policies and programmes at Technikon
Laboratories, Johannesburg**

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**A thesis/dissertation submitted in fulfilment of the requirements for the degree of
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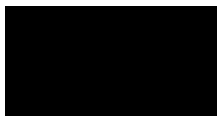
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2024

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DEDICATIONS

This dissertation is wholeheartedly dedicated to my beloved parents, Mrs Buhle Zulu-Mkhize and Mr Nohaza Mkhize, for instilling in me the value of perseverance and sacrificing to provide me with education.

I also dedicate this work to my dear sister, Mrs Dudu Mkhize-Buthelezi, who has been a constant source of love and support throughout my journey.

Your love and support have been my anchors. I am forever grateful to you all.

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ABSTRACT

South Africa still maintains the highest number of individuals who are HIV carriers in the world at the moment. HIV knowledge remains integral to the epidemic's control from prevention and management perspectives. Despite the efforts by the government and international organisations to educate and enforce companies to offer educational programmes about the pandemic, there is still a need for more involvement of researchers to investigate several factors in factory environments, including understanding and ascertaining the perceptions of employees' in factory environments, as well as investigating their experiences with these policies and programmes. In this qualitative study, the mini dissertation is divided in the following three parts. A research protocol (*Part A*) focuses on understanding general workers' knowledge, experiences, and perceptions of HIV/AIDS management policies and programmes at Technikon Laboratories in Johannesburg, South Africa. A literature review (*Part B*) identifies the literature on: the knowledge, experiences, and perceptions of HIV/AIDS management policies and programmes of general workers in factory environments; the perceived benefits of HIV/AIDS policies and programmes; and the gaps in the current literature. Lastly, a qualitative 'journal-ready' manuscript (*Part C*) focuses on workers' understanding, experiences, and perceptions of HIV/AIDS management policies and programmes in the Technikon Laboratories factory, Johannesburg. Desirably, the mini dissertation will inform health interventions that are specific to factory employees' health needs, while also aiming to focus on policies and programmes that are inclusive of People Living with HIV. Its further aims are to grow the body of knowledge on HIV/AIDS management in the workplace and provide useful information for improving support networks and policies in industrial environments such as Technikon Laboratories. This study will in part address the core issues that factory workers encounter when living with HIV/AIDS in factory environments.

Keywords: HIV/AIDS management, workplace policy, qualitative study, thematic analysis, general workers,

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CHAPTER I

INTRODUCTION

1.0 Introduction

This study focuses on the knowledge, experiences, and perceptions of HIV/AIDS management policies and programmes, held by general workers at the Technikon Laboratories factory environment in Johannesburg, South Africa. The motivation for the study stemmed from the need to bridge knowledge gaps and comprehend the effectiveness and efficiency of HIV/AIDS policies and programmes in the workplace, specifically focusing on the said Technikon Laboratories factory. Therefore, this chapter provides a detailed presentation of the study's background, problem statement, objectives, significance, delimitation, limitations, and other related topics.

1.1 Background of the study

Human Immunodeficiency Virus (HIV) and Acquired Immunodeficiency Syndrome (AIDS) continue to remain a global public health concern (Govender, 2021). Similarly, by 2020, over 37 million individuals received an HIV diagnosis, of which 36 million were adults, and 53% of individuals living with HIV (PLWHIV) were women and girls (UNAIDS, 2021). Simultaneously, in 2020, approximately 1.5 million individuals received an HIV diagnosis, and by June 2021, over 28 million PLWHIV worldwide were receiving antiretroviral therapy (ART) (UNAIDS, 2021).

By 2019, sub-Saharan Africa (SSA) remained the global epicentre of HIV transmission, accounting for over 55% of all new diagnoses (Egede, 2021; Mahy et al., 2019; UNAIDS, 2020). Considering this, most nations in the SSA region developed HIV/AIDS policies with the primary aim of testing and treating all PLWHIV immediately, without waiting for the CD4 count to drop below specific levels (Nash et al., 2018). Given the region's highest HIV burden worldwide, various local and international public health organisations, including the Global Fund to Fight AIDS, Tuberculosis, and Malaria, as well as the United States President's Emergency Plan for AIDS Relief (PEPFAR), among others, invested in several interventions, including biomedical and behavioural interventions such as large-scale HIV testing, HIV prevention, and treatment intervention programmes, as a means to curb the spread of HIV/AIDS in the region (Joshi et al., 2021).

South Africa is home to the largest HIV burden in the world, having approximately eight million PLWHIV by 2020 (AVERT, 2020; Govender et al., 2021; Mahy, 2019). By 2021, close to 14% of the South African population of 60.1 million people were living with HIV (Statistics South Africa, 2021). Although the HIV burden is still high in the country, there has been an observed decline in new cases since 2000, and the reason for this is the roll-out of ART and condom distribution (Johnson et al., 2022). Given the high prevalence of HIV in South Africa, it is essential to recognise various contributing factors to the country's high HIV burden. These include multiple sexual partners, circumcision and inconsistent condom use, low socioeconomic status, transactional sexual intercourse, low or no education and knowledge of HIV, and the distance to access and use healthcare services (Linganiso & Tsoka-Gwegweni, 2016). Regardless of existing interventions, there is a need to understand and address low HIV testing, diagnosis, treatment uptake, and adherence among the male population. These interventions can include strengthening HIV testing services (HTS) through mobile clinics, home- and community-based HIV testing (HIV self-testing), test and treat, and male-specific HIV testing efforts (Barnabas et al., 2020; Hatzold et al., 2019; Johnson et al., 2022).

Workplace environments remain central points of production for community and societal needs, and HIV/AIDS threatens workplace production (Tanga et al., 2016), given that absenteeism due to ill health affects productivity, job satisfaction, and morale (Mnyanda, 2006). HIV/AIDS also impacts companies and economic lives (Tanga & Tangwe, 2014). In this instance, it is essential to have HIV/AIDS management policies and programmes in place, to ensure a conducive working environment to maximise productivity. Such policies are pivotal tools in the SSA region to address the HIV epidemic (Chatora et al., 2018).

According to Mnyanda (2006), work environments must implement HIV/AIDS policies and programmes in order to reduce and manage the unpleasant impact of HIV/AIDS. Furthermore, it remains critical to recognise the workplace as an entry point into HIV care and prevention for PLWHIV, particularly since every workplace has a way to connect with its employees in creating job satisfaction and maximising productivity (Tanga et al., 2016). Often, companies without policies on managing HIV/AIDS in the workplace have cited budgetary and expertise constraints within the company. As a result, it remains essential for these companies to collaborate with others which do not lack these, through policies to capacitate the former (Tanga et al., 2016). According to a study by Chatora et al. (2018) on HIV/AIDS policies in the workplace in Zambia, there were not many private enterprises that had HIV/AIDS management policies in place, and the size of the company and its response supported the need to create and

implement one. Meanwhile, the same study found that, when compared to the management team, employees were more interested in HIV/AIDS workplace programmes and policies (Chatora et al., 2018). These findings are consistent with that of Tanga et al. (2016), who found that top management in companies rarely supported HIV/AIDS programmes, and surprisingly, about 35% of employees did not show support for these. Furthermore, there is a need for policies and programmes that are inclusive of minority population groups, such as men who have sex with men, and that target gender-based violence (GBV) (Chatora et al., 2018).

1.2 Problem Statement

There are various laws and legislations guiding HIV/AIDS management in the workplace, including the Code of Practice on HIV/AIDS by the International Labour Organisation (ILO), and the Southern African Development Community's (SADC) code of good practice on HIV/AIDS and employment (International Labour Organisation, 2001; Southern Africa Development Community, 2009). Tanga et al. (2016) revealed that over 90% of the research participants were aware of the existence of the HIV/AIDS management policy. These findings are consistent with those of Mabuza (2011), who evaluated the HIV/AIDS workplace management policy at Statistics South Africa and found that 84% of respondents knew about it. It is crucial to have effective HIV/AIDS management policies and programmes in place, not only for the benefit of employees, but for that of the company as well (Tanga et al., 2016). There is a paucity of research looking at general workers' perspectives on HIV management programmes at the Technikon Laboratories factory and other workplaces in South Africa. The existing South African studies have not explored the knowledge, perceptions, and experiences of general workers in factory settings.

This research study aims to explore the knowledge, views, and lived experiences of general workers in a factory regarding HIV/AIDS management policies and programmes in their workplace in Johannesburg, South Africa.

1.3 Purpose of the Study

This research study aims to explore the knowledge, views, and lived experiences of general workers in a factory regarding HIV/AIDS management policies and programmes in their workplace in Johannesburg, South Africa.

1.4 Research Questions

- i What are general workers' understanding of HIV/AIDS management policies and programmes in their workplace?

- ii What are general workers' perceptions of HIV/AIDS management policies and programmes in their workplace?
- iii What are general workers' experiences with HIV/AIDS management policies and programmes in their workplace?

1.5 Research Objectives

The objectives of this research study are:

- i. To ascertain general workers' understanding of HIV/AIDS management policies and programmes in their workplace.
- ii. To determine general workers' perceptions of HIV/AIDS management policies and programmes in their workplace.
- iii. To explore general workers' experiences with HIV/AIDS management policies and programmes in their workplace.

1.6 Rationale and Significance of the Study

The study will be significant to the following stakeholders.

1.6.1 Contribution to the Technikon Laboratories Factory

The management at the Technikon Laboratories factory can benefit from the study's findings, by identifying crucial HIV/AIDS management variables that are essential for formulating organisational policies. The study's findings on the correlation between HIV/AIDS management and employee management could guide the creation of training programmes for the Technikon Laboratories factory staff, aimed at enhancing their proficiency in handling PLWHIV within the organisation. Training programmes that focus on HIV/AIDS management policies are needed to improve the social lives of employees at the workplace.

1.6.2 Contribution to the Literature

This study will explore the varied subjective interpretations of general workers with regards, specifically, to the implementation of HIV management policies at the workplace. There is a need for a qualitative exploration since existing studies have most commonly employed a quantitative research approach. Additionally, the researcher will delve into the topic of interest, focusing on ensuring that general workers in factory workplace settings comprehend the policies and procedures governing HIV/AIDS, and are not subject to mistreatment or discrimination.

1.6.3 Policymakers

The study's findings can become the source of information for policymakers at Technikon Laboratories factory, to handle HIV/AIDS management and policy issues. The crafting of policies on HIV/AIDS management would be guided by researched data, to support policymakers in crafting policies that are informed and comprehensive. Technikon Laboratories expects its policymakers to craft well-balanced policies that facilitate the effective and efficient management of HIV/AIDS cases in the workplace. The growth and performance of organisations are largely policy issues, and therefore the study findings would contribute to policymaking at the workplace.

1.6.4 Researchers and Academia

The findings of this research study will be valuable to researchers and academics in providing sector-specific knowledge on HIV/AIDS management policies, to motivate the performance of organisations. The study will provide empirical evidence to establish the relationship that exists between HIV/AIDS management policies and people management at the workplace. This means that academicians would use the study as a source of reference in the area of HIV/AIDS management policies and strategies, thus contributing to the literature on the subject matter.

1.7 Delimitation of the Study

The study delimits the knowledge, views, and lived experiences of general workers in a factory at Technikon Laboratories in Johannesburg, South Africa, regarding HIV/AIDS management policies and programmes at the workplace. The study will use a qualitative approach (focus group discussions, interviews, and Delphi approach) and consider a sample of 20 participants picked from the general workers at Technikon Laboratories factory in Johannesburg, South Africa. The study covered the period from 2020 to 2023.

1.8 Assumptions

The research study carries the following assumptions:

- i. That the data gathered from Technikon Laboratories factory would be reliable and valid.
- ii. That the current policies and programmes associated with HIV/AIDS management would not have changed throughout the study period.
- iii. That the methodology adopted for the study would be reliable and effective to establish an understanding of HIV/AIDS management policies and programmes.

- iv. That the results of the study could be generalised to establish the status of knowledge, views, and lived experiences of general factory workers regarding HIV/AIDS management policies and programmes in their workplace in Johannesburg, South Africa.

1.9 Limitations of the Study

The researcher faced the following limitations:

- i. **Cooperation from respondents:** Participants in the study may want the privacy of their contribution to be respected in order to cooperate, so the researcher assured them that the information gathered would be purely for academic purposes. A consent form was used to allay the fears of respondents about participating in the study, and motivate them to participate voluntarily.
- ii. **Time constraints:** The researcher may experience time management challenges due to the twin commitments of full-time employment and research work that demand equal attention; however, the researcher needs to commit extra hours to meet the demands of both employment and the project, including interaction with his supervisor. Time management is an important factor in meeting the vigorous requirements of a research study.
- iii. **Confidentiality of data:** The researcher is faced with the challenge of accessing confidential information from the Technikon Laboratories factory, but the problem can be solved by applying for permission from management to have access to confidential data. Management must approve the application letter and offer the researcher a verbal endorsement to proceed with data collection.

1.10 Definition of Key Terms

- **Discrimination:** This refers to employment of people at the factory on the grounds of their HIV/AIDS status.
- **Stigmatisation:** This refers to discrimination of people on the grounds of their HIV/AIDS status.
- **Policy:** Any legal provision made regarding employment of people with HIV/AIDS.

1.11 Research Format

Chapter 1: Introduction

Chapter 2: Literature Review

Chapter 3: Research Methodology

Chapter 4: Data presentation and Analysis

Chapter 5: Discussions, Conclusion and Recommendations

1.12 Summary

This chapter established the background of the research study with particular emphasis on the research problems. The chapter highlighted the objectives and research questions guiding the process, as well as significance, limitations, and delimitations of the study. The main theme of the research was to examine the knowledge, views, and lived experiences of general workers in a factory at Technikon Laboratories in Johannesburg, South Africa, regarding HIV/AIDS management policies and programmes at the workplace. The next chapter focuses on the literature review.

CHAPTER II

LITERATURE REVIEW

2.0 Introduction

This literature review critically analyses the current research, drawing focus on employees' knowledge, experiences, and views of HIV/AIDS policies and programmes in an organisational context. The goal is to combine key theories, empirical evidence, and conceptual frameworks to provide deep insight into this topic. The literature review will therefore incorporate an integrative perspective of how concepts such as the Maslow's hierarchy of needs and ethical theories would fit into the facades of the strategic choice theory as far as the HIV/AIDS policies and activities are concerned. This section will discuss the literature that underpins the study. A critical and comprehensive discussion will be done in this chapter.

The research study will examine employee knowledge, attitudes, and workplace experiences in relation to HIV/AIDS policies. The conceptual underpinnings and perceptions of efficacy regarding HIV/AIDS management policies, will also be examined. The limited scholarly research on South African factory workers' perspectives on HIV/AIDS workplace policies, highlights a significant gap in the literature. This chapter aims to deepen the understanding of workplace HIV/AIDS policies and views by examining these domains. Additionally, it suggests future research directions in this discipline. The chapter concludes with a comprehensive synthesis of the key themes and implications from existing scholars. This review lays the groundwork for an empirical study of the complex relationship between workers' knowledge, experiences, and perceptions, as well as HIV/AIDS policy, programme development, and implementation.

2.1 Key Concepts

2.1.1 Knowledge

Firstly, it is crucial to clarify that knowledge refers to the cognitive understanding that people demonstrate of HIV/AIDS as a medical condition, including its epidemiology, modes of transmission, and the natural progression of the disease (Evangeli et al., 2016). Furthermore, it is imperative to have a comprehensive understanding of the presence and intricacies of workplace policies and programmes designed to effectively address HIV/AIDS management (Shamu et al., 2019). An evaluation of factory workers' existing knowledge serves as a critical

focal point for detecting and pinpointing any potential deficiencies or misunderstandings that necessitate remediation, through subsequent educational and communicative endeavours within the workplace.

HIV/AIDS in the workplace is not just a matter of being aware of its existence. It comprises the epidemiology of the disease, modes of its spread in the workplace, and critical workplace policies for dealing with this public health concern. As proposed by Devy (2020), employees' knowledge on HIV/AIDS is regarded as one of the influential factors in regard to their behaviour and attitudes towards their workmates living with HIV, and determines their engagement in workplace health programmes.

Epidemiological Knowledge: Understanding the epidemiological aspects of HIV includes the knowledge of how the disease affects populations at both macro and micro levels (Shahmanesh et al., 2020). For employees at a factory, for example, Technikon Laboratories in Johannesburg, this knowledge makes it possible to understand the essence of the disease in their specific context. It is important that workers get the correct information about HIV transmission and prevention, to avoid misinformation and reduce workplace stigma. Obeagu and Obeagu (2024) stress that the spread of accurate epidemiological data through workplace education sessions, can greatly improve employees' understanding and empathy.

Modes of Transmission: To begin with, the most important thing of all is a complete understanding of how HIV is transmitted at work. This implies that HIV cannot be transmitted through casual contact like sharing utensils or through skin-to-skin contact. Faulty beliefs concerning transmission methods contribute to unfounded fears and stigmatisation in the workplace. Enlightening workers on these issues, according to Jin and Ikeda (2023), will lead to a more harmonious and humane workplace.

Progression of the Disease: It is important to comprehend the evolution of HIV to AIDS in order to minimise fear and promote supportive relationships between employees. Knowledge of the presence and efficiency of antiretroviral therapy (ART) can go a long way towards making employees perceive HIV/AIDS as a manageable health condition and not a death sentence. According to Luthans and Broad (2022), workplace training should entail information on the medical advancements in the treatment of HIV that can empower workers with knowledge, and in turn will reduce workplace anxieties linked to the disease.

Workplace Policies and Programmes: As Kapangama (2021) points out, it is of great importance to have a thorough understanding of workplace policies on HIV/AIDS. Employees

have to be conscious of their rights and the protections that they are entitled to under these policies, which will include confidentiality clauses, discrimination-free policies, and support systems for people living with HIV. These policies do not only serve as a vital lifeline for employees, but also outline the commitment of employers in establishing a safe and welcoming workplace.

Evaluating Worker Knowledge: An assessment of the existing knowledge of the workers at Technikon Laboratories is the first step in identifying the educational gaps that need to be filled to make policies more effective. Periodic surveys help managers design and implement educational approaches appropriate to the specific needs of their employees. Examinations, as mentioned by Al-Worafi (2023), are behind the targeted interventions that will largely improve workers' understanding and dealing with HIV/AIDS policies, which in turn will result in better health outcomes and a more informed workplace community.

Educational and Communicative Endeavours: To bridge knowledge gaps, businesses need to introduce constant educational programmes that are available to all workers. Such programmes should provide workers with an opportunity to communicate with their peers about HIV/AIDS. They need to give correct information and offer a platform to ask questions and express concerns. Interactive workshops, as described by Casey et al. (2021), are very effective in this regard, because they promote active participation and help in knowledge retention through practical engagement.

2.1.2 Perceptions

Secondly, it is imperative to acknowledge that perceptions encapsulate the subjective viewpoints and deeply ingrained convictions held by employees, pertaining to the policies and programmes concerning HIV/AIDS within their respective organisational milieu (Evangeli et al., 2016). The perceptions may encompass a variety of perspectives regarding the efficacy, inclusivity, and credibility of managerial approaches, as perceived by workers through their subjective interpretations of the discernible outcomes. The comprehension of perceptions yields valuable insights into the potential obstacles that may impede the effective execution of policies, as well as the prospects for receiving constructive feedback from employees to bolster the efficacy of responses.

The aspect of perceptions in the effectiveness of workplace HIV/AIDS management policies cannot be ignored. Perceptions form the attitudes and behaviours of employees and influence the overall climate within the workplace regarding the acceptance and success of these policies.

As Devy (2020) notes, the degree of understanding that employees have about an HIV/AIDS policy, indicates the areas of strength and weakness in the organisation's management approach that can be improved.

Subjective Interpretations of Policy Efficacy: Employees' perceptions of the effectiveness of HIV/AIDS policies are usually the basis of their participation in related programmes. If workers feel that the systems in place are efficient in securing their health and that of their co-workers, they are, therefore, more likely to support and abide by these policies. On the other hand, a perception of ineptitude can result in deviation from and disregard for the guidelines set by the organisation. As stated by Oliveira et al. (2020), the perceived effectiveness of these policies is highly dependent on the level of trust that employees have in their management's commitment to their well-being.

Inclusivity of Policies: Inclusivity in HIV/AIDS policies is the extent to which these policies address the needs of all employees, including those living with HIV/AIDS. Employees' feelings of acceptance can very much influence their perception of safety and sense of belonging at a company. The results of a study by Kapangama (2021) indicate that when workers realise that the HIV/AIDS policies are inclusive, their morale is boosted, and workplace stigma vanishes. This inclusivity does not only help those who are affected, but also creates a more accepting and cohesive work environment.

Credibility of Managerial Approaches: The credibility of managerial choices towards HIV/AIDS in the workplace, is critical to the employees' perceptions in many ways. This truthfulness is achieved by regular and transparent communications, the visible implementation of policies, and the provision of job retention resources for workers who are impacted. Blaauw (2022) stresses that policies directly affect how employees perceive a company's HIV/AIDS management. The credibility that people in an organisation have in the management team, is what will warrant a culture of openness and trust, which is a prerequisite for effective management that is trusted for implementing health-related policies.

Impact of Perceptions on Policy Execution: The way HIV/AIDS is perceived is of the utmost importance in the implementation of the management policies regarding it. Misunderstandings or negative perceptions can be the obstacles to the success of initiatives, by creating resistance or apathy towards these (Hemans, 2020). It is vital for organisations to constantly evaluate and address employee perceptions through surveys, focus groups, and forums, as advised by

Trochamann et al. (2023). Recognition of these beliefs will permit the implementation of policies that are more probable to be taken up and appreciated by employees.

Constructive Feedback for Policy Enhancement: Providing open lines of communication so that employees know they can share their views without fear, is an important feedback channel for management that may be used for increasing policy effectiveness. Constructive feedback does not only help to identify the gaps in the current policy framework, but also encourages the employees to participate in the policy development process, which results in them feeling valued and heard. As underlined by Oliveira et al. (2020), workers' feedback can help transforming laws and regulations, so they turn out to be better applied and more effective.

2.1.3 Experiences

Thirdly, it is crucial to recognise that experiences encompass employees' direct and personal interactions with organisational HIV/AIDS policies and programmes, along with any workplace incidents related to this issue (Makoae et al., 2009). The comprehensive documentation of workers' direct experiences, encompassing both positive and negative occurrences, serves to illuminate the operational dynamics of policies beyond their formal guidelines. This study offers a significant reality-based assessment regarding the practical effectiveness and outcomes of various management strategies.

The assessment of the reactions of employees regarding the management of HIV/AIDS policies, reveals a real perspective on performance impacts and measures their validity in the workplace. Experiences can be diverse, from highly supportive and empowering to problematic and discouraging, and they can affect not only individual attitudes, but also the overall workplace culture regarding health and safety (Rajabiun et al., 2021).

Direct Encounters with Policies: Employees' involvement in organisational policies as they apply them on a daily basis, are critical factors which affect employee trust in and commitment to HIV/AIDS management at their workplace. Obeagu and Ogegu (2024) argue that the actual implementation of these regulations can be far removed from their planned objectives, demonstrating the vital significance of theoretical planning versus practice. Positive experiences, where policies are implemented fairly and effectively, create a supportive workplace environment, while negative ones can cause mistrust and disengagement.

Documentation and Reporting of Incidents: The process of recording and sharing the experiences related to HIV/AIDS policies, is important to analyse the efficiency of their

intervention approach. Regular audits and feedback mechanisms should be put in place to capture and address these experiences. As stated by Onsare (2023), documentation should not only be used for improving policies, but also for the compliance and legal protection of both employer and employee. It serves in a way to record all instances of bias or policy failure and take these into consideration for adjustments.

Impact of Positive and Negative Experiences: The effect of positive experiences on employee morale and productivity can be significant. Employees who feel secure and loved by an organisation's HIV/AIDS policies show signs of higher work satisfaction and loyalty, which in turn have a positive influence on the output of the organisation (Kip et al., 2022). In contrast to this, negative experiences can result in alienation and reduced productivity in the workplace. Muchibi (2024) has demonstrated that negative encounters with HIV/AIDS policies, for example, experiences of stigma or inadequate support, can significantly reduce an employee's engagement and performance.

Operational Dynamics of Policies: Through employees' experiences of actualising operational dynamics of HIV/AIDS policies, they gain an influential and practical understanding of how these policies function. This includes the sensitivity of the policies to the needs of the employees, the flexibility of the organisation in dealing with HIV/AIDS-related issues, and the quality of the support services provided. Onsare (2023) maintains that the actual assessment of a policy will be when it is put into practice, and whether it is able to respond to unplanned circumstances.

Practical Effectiveness and Outcomes: In the final analysis, the practical realism of HIV/AIDS protection and support policies is proven by the experiences of the employees that these are intended to save and help. Effective policies are those that are not only well accepted, but also lead to measurable improvements in health outcomes, a reduced incidence of workplace-related HIV/AIDS complications, and the enhanced well-being of the workforce. In-depth analysis of Asefa et al. (2022) discloses that the integration of holistic health services into the daily work routine is the key to the improvement of the effectiveness of policy.

Reality Assessment of Management Strategies: The perception of management strategies from an employee perspective provides a reality assessment tool for organisation, which enables management to adjust policies accordingly. An evaluation should take into account a number of aspects, such as the availability of resources, the suitability of the training given to both employees and managers, and the efficacy of communication channels. According to Ravitch

and Kannan (2021), organisations should always be changing their strategies based on the results of the ongoing assessments to remain effective and relevant in their health management practices.

2.1.4 General Workers

Khan et al. (2019) defines general workers as the group of non-managerial employees in a factory setting who primarily perform operational tasks, in contrast to their administrative counterparts who hold managerial positions. An evaluation of the on-the-ground impacts of organisational policies targeted towards the benefit of this population, necessitates the assessment of various perspectives from the said population. However, it is crucial to acknowledge that there is a lack of scholarly research focusing on the general workforce, as opposed to the more common focus on individuals in higher positions within an organisation.

Understanding how general workers relate to management regarding HIV/AIDS prevention policies is critical, especially as the former are those that are directly on the ground in a factory setting. The general workers as defined by Kapangama (2021) constitute a large part of the workforce, normally have less exposure to management tasks, and primarily concentrate on physical and routine tasks. This division usually leads to different exposure and interactions with the workplace policies, especially those concerning health and safety.

Role and Exposure of General Workers: General personnel is usually the first to come across the actual usefulness and flaws of HIV/AIDS management policies within the place of work (Moyo et al., 2023). Their daily work and living conditions expose them to the immediate impacts of such policies on their well-being, employment, and job security. Due to their vital role, these policies should be clearly communicated and effectively enforced to ensure the safety and well-being of the general workers.

Lack of Focused Research: Even though they are many and play a significant role in society, there is a noticeable lack of research on general workers. The bulk of this study encompasses enterprise-wide data, and hence the granular insights specific to this group could get lost in the process. According to Bazzyar et al. (2024), special research is needed to completely comprehend how these workers relate to, benefit from, or are hindered by HIV/AIDS management policies.

Impact Assessment from the Ground Up: The evaluation of the policies of an organisation from the point of view of the general workers, is very important in order to know how these policies

can be more effective. This involves both the gathering of quantitative data such as virus incidence rates and policy adoption statistics, and the qualitative information through interviews and focus groups, which assess those workers' personal experiences and perceptions. As per Chimoyi (2022), these holistic evaluations assist organisations to spot where most support is needed, and the areas where it is either effective or ineffective.

Barriers to Effective Policy Implementation: The general workers in an organisation may encounter some specific barriers that will limit their access to the HIV/AIDS management resources. These may include lack of knowledge on the topic, a language barrier, or cultural norms that hinder open discussion or action on HIV/AIDS. Chimoyi et al. (2024) states that overcoming these obstacles can be achieved through targeted communication strategies and education programmes, which address the different levels of literacy and cultural backgrounds of workers.

Policy Accessibility and Inclusivity: Another key factor is to make the HIV/AIDS policies accessible to and inclusive of the general workers. This implies that policies should not only be made accessible physically, in the form of posters or handbooks, but should also be understandable independently of one's educational level or the language one speaks. According to the World Health Organisation (2020), inclusivity entails recognising and addressing the special health, security, and social needs of people from different groups, such as gender, age, and socio-economic status.

Feedback Mechanisms and Policy Refinement: Developing strong feedback mechanisms, whereby the general workers can safely express their concerns and experiences without the fear of any kind of reprisal, is the key to continuous policy improvement. Such measures should be anonymous wherever possible to protect the privacy of workers and prompt them to submit true evaluations. Feedback from these channels can in fact be decisive in adding to the efficiency of policies in meeting workers' needs, as shown in the study by Chimoyi (2022), where policy efficacy and greater satisfaction among workers were achieved courtesy of employee feedback.

2.1.5 HIV Management Policies and Programmes

The primary goal of this study is to conduct a comprehensive analysis of factory workers' viewpoints on the policies and programmes implemented in their workplace regarding HIV management. HIV management policies refer to the authoritative guidelines, regulations, and protocols that organisations use to effectively tackle HIV/AIDS issues among their workforce

(Alene & Clements, 2020). The primary objective of these policies is to establish a work environment that fosters support and inclusivity, while also safeguarding the rights of employees. Furthermore, these policies serve as a framework for effectively addressing the various complexities and obstacles associated with HIV/AIDS within the workplace, as outlined by the United Nations Programme on HIV/AIDS (Hardon & Laing, 2021). The existing literature emphasises the critical component of comprehensive policies pertaining to the management of Human Immunodeficiency Virus (HIV):

- Shaw and Gilbert (2020) highlight the significance of anti-discrimination provisions that safeguard employees against unjust treatment, on the grounds of their actual or perceived HIV status.
- The implementation of confidentiality guidelines is crucial in order to prevent any unauthorised disclosure of employees' HIV status and any associated health information (Kredo & Pienaar, 2020).
- The implementation of communication and awareness initiatives aimed at educating employees on the various aspects of HIV transmission, prevention, testing, and treatment has been extensively discussed in the literature (Cheng, Li & Cao, 2023).
- Hanefeld et al. (2021) found that accommodation procedures aimed at modifying work tasks and conditions were generally effective but varied in implementation quality. Employees living with HIV who benefited from these modifications reported improved workplace well-being and productivity.
- In a study by Baisley and Bärnighausen (2021), it was revealed that the grievance mechanisms in place were underutilised. Employees were often reluctant to report complaints related to HIV due to stigma and fear of discrimination, indicating a need for enhanced confidentiality and support systems.
- Hardon and Liang (2021) reported that the provision of leave, healthcare insurance, and access to antiretroviral therapy (ART), significantly improved the health outcomes and job satisfaction of employees living with HIV/AIDS. However, they also noted gaps in accessibility and inclusivity, suggesting a need for more comprehensive and equitable policies.

In the realm of HIV management, it is imperative to acknowledge the existence of comprehensive programmes that encompass a range of initiatives and services. Workplaces

strategically implement these programmes to effectively operationalise policy aims. Such initiatives may encompass a diverse array of measures, including, but not limited to:

- Voluntary counselling and testing (VCT) programmes have been implemented as a means of facilitating HIV screening (Haidari & Shamsipour, 2021). The Haidari and Shamsipour (2021) study found that VCT programmes can facilitate increased HIV screening and testing among employees. By making testing more accessible and normalising the process, VCT programmes help to destigmatise HIV and encourage more people to get tested. This is an important first step in linking HIV-positive individuals to care and treatment.
- According to Hardon and Liang (2021), there is a notable utilisation of peer educator programmes that rely on employee volunteers to disseminate information pertaining to HIV. The Hardon and Liang (2021) study highlighted the value of peer educator programmes, where employee volunteers are trained to disseminate information about HIV. This peer-to-peer approach can be more effective than top-down information sharing, as employees may be more receptive to learning from their colleagues. Peer educators can help address misconceptions, promote prevention, and encourage testing and treatment adherence.
- Specialised support programmes aimed at wellness and disease management have been found to be beneficial for employees who are HIV positive (Shaw & Gilbert, 2020). These programmes may include counseling, support groups, workplace accommodations, and assistance navigating the healthcare system. By addressing the holistic needs of HIV-positive employees, these programmes can improve health outcomes and promote greater workplace inclusion.
- Mahomed et al. (2019) examined the impact of awareness campaigns that used educational materials, events, and training sessions to enhance the understanding and management of HIV among employees. These campaigns can help reduce stigma, increase knowledge, and encourage open discussions about HIV in the workplace. Effective awareness efforts can lead to more supportive work environments and better health-seeking behaviors.
- The Hanefeld et al. (2021) study looked at specialised HIV trainings that targeted managers, supervisors, and employee representatives. By equipping these key stakeholders with knowledge and skills, the trainings can help foster more inclusive and

responsive policies and practices. This kind of capacity building is crucial for creating work environments that are supportive of people living with HIV.

The successful implementation of policies and programmes necessitates the active engagement of a wide range of stakeholders within the organisational framework, encompassing managers, employees, unions, and health professionals (ILO, 2018).

In essence, an examination of the epistemological, perceptual, and experiential dimensions within a cohort of ordinary labourers within the manufacturing sector, can yield invaluable elucidations pertaining to the efficacy and deficiencies of, and prospects for enhancing policies pertaining to the management of HIV/AIDS, all from a comprehensive, grassroots vantage point. This comprehensive review aims to amalgamate extant theoretical and empirical literature pertaining to each of these pivotal concepts within the specified target population. The aim is to determine the current understanding and identify the lingering gaps regarding the impact of HIV/AIDS policies and programmes, on the knowledge, perceptions, and experiences of ordinary workers in a South African factory.

2.2 Global Context and Policy Comparisons

The global HIV/AIDS epidemic remains a public health challenge in various parts of the world, to the extent that there are differences in terms of prevalence, availability of treatment, and effectiveness of policy implementation. The UNAIDS (2021) reveals that approximately 37 million people globally are living with the disease by the end of 2020. Whilst it has been possible to considerably lower the HIV-related mortality rates with the advent of antiretroviral therapy (ART), this has not been reflected in universal access to these treatments. In sub-Saharan Africa, the region with two-thirds of the global HIV burden, the ART scale-up has been impressive, though the gaps in accessibility and effectiveness still remain (World Health Organisation, 2020).

South Africa is among the most affected countries in the world, with about 7.8 million people coping with HIV in 2021 (Ramphisa et al., 2023). The country's management policies are a result of HIV prevalence among adults aged 15-49, which is close to 20% (UNAIDS, 2021). This is much higher than the global average, which requires a special approach that deals with both the biological and socio-economic aspects of the epidemic. The South African model of HIV management has been characterised by mass ART distribution, which is among the largest globally. Despite these interventions, issues like treatment compliance and the social stigma associated with HIV/AIDS continue to hinder policy implementation (Bayzar, 2024).

The efficacy of HIV/AIDS policies can be judged by comparing the experiences in regions like Western Europe and North America, where not only lower rates of prevalence exist, but also where the health system has better capabilities for a comprehensive management strategy. These regions have introduced policies that are not only focused on treatment, but also on robust preventive measures, comprehensive sexual education, and widespread testing services, which together help to keep the prevalence rate low (Rajabiun et al., 2021). Contrary to South Africa, where the majority of attention has been devoted to treatment, largely due to high prevalence, these countries have the means required to invest in prevention mechanisms, which remain beyond the reach of the health systems in many developing countries.

It is the difference in method and result between South Africa and rich regions of the world, which shows the crucial role of context in the development and implementation of HIV/AIDS policies. Though global strategies are regarded as the main basis for HIV/AIDS policies, it is very important to adapt them to local contexts. As an example, Moyo et al. (2023) found that the linking of community-based interventions with national health systems in South Africa, could increase the efficiency of HIV/AIDS policies, by addressing both access and adherence problems in isolated or marginalised communities.

The comparison between global and community data on HIV/AIDS conveys the importance of regulations, which not only encompass the universal scientific guidelines, but also highly localised rules in order to tackle the population-specific necessities and challenges. This method is very important in places like Johannesburg, where the demographic and socio-economic profiles play a big role in the results of HIV/AIDS management strategies. While South Africa strives to control this epidemic which is a high prevalence one, it should also learn from local and international contexts in order to guide the improvement of its existing policies, and the creation of more effective strategies.

A deep study of the HIV/AIDS workplace policies in different global contexts, can provide critical insights into the factors that determine their success. Brazil, Thailand, and South Africa have each implemented different strategies that are specific to their unique epidemiological and cultural landscapes, but a comparative analysis can identify the commonalities that can form the basis for effective responses (Pozo, 2023).

Brazil has been praised for its innovative and inclusive strategy regarding AIDS and HIV, which is based on free and universal access to antiretroviral therapy (ART). The victory of Brazil's policy is not only due to the government's commitment, but also to the strong support

from civil society groups that have been very active in the process of policymaking and implementation. Brazil's inclusive policies, as highlighted in Rich (2023), have led to a considerable decline in the stigmatisation of HIV in the workforce, improving both the retention and quality of life of people living with HIV. This is different from many countries where stigma is the main barrier to success in policymaking.

In Thailand, the attention has been on the integration of HIV prevention and treatment into the general health services. As described in the research by Harris and Thaiprayoon (2022), this integration has established a high level of accessibility to medical services for the employee, which has in turn assisted Thailand in successfully managing the HIV/AIDS issues in the workplace. Moreover, Thailand's policies encompass legislative support through laws that prevent discrimination based on HIV status; as noted by Allinder and Dattilo (2022), these aspects are crucial for the mental health of employees, hence leading to higher productivity levels in the workplace.

South Africa's response to HIV/AIDS, although vigorous in the sense of treatment rollout, has encountered difficulties related to socio-economic disparities that hinder access to healthcare. As reported by Panichkriangkara et al. (2020), South Africa has one of the largest ART programmes, even though its implementation at the community and workplace levels has been facing problems, particularly in the economically disadvantaged areas. The South African government has approved initiatives that help in workplace testing and support sessions; however, the inability to consistently administer such programmes because of resource constraints, has often been witnessed to reduce the impact of such initiatives.

The success of these policies depends on their flexibility to the local conditions and the involvement of the community in their formulation and implementation. Researchers like Harris and Thaiprayoon (2022) have furthered the argument of the centrality of community engagement in Thailand and Brazil in adjusting policies to the cultural setting, thereby increasing their popularity. This feature is important as Rich (2023) maintains that the less culturally sensitive and community-involved policies are, the more likely these are to be carried out poorly, especially in diverse societies such as South Africa.

The common factor for all successful policies is the presence of comprehensive education and awareness programmes. Mills (2024) asserts that these programmes are not just meant to educate employees on their rights and the available services but are also significant in eliminating the stigma of the disease in the workplace. The high quality of such initiatives is

evident in Brazil, where large-scale education programmes have been associated with greater policy acceptance and commitment by workers.

Although every country has its own set of difficulties and approaches in dealing with HIV/AIDS at the workplace, successful policies usually have some common features like inclusiveness, strong legislative frameworks, involvement of the community, and comprehensive education programmes. Together these factors contribute to the reduction of stigma, increase access to treatment, and improve policy effectiveness. In the case of South Africa, where economic and cultural disparities add extra hurdles, lessons can be learned from the successes of countries such as Brazil and Thailand. These achievements can be applied to the local situation with a focus on community participation and education, which will enhance the effectiveness of workplace HIV/AIDS policies. Dialogue between countries on best practices encourages the sharing of ideas and experiences, which leads to more robust and detailed policies that not only handle the disease, but also promote the general well-being of people in their working environment.

2.3 Sociocultural Factors Influencing Policy Implementation

The cultural norms and stigma about HIV/AIDS play a critical role in the overall success of workplace policies. When addressing the South African factories, where the workforce is made up of people with diverse cultural backgrounds, understanding these sociocultural dynamics becomes imperative in the implementation of efficient and effective HIV/AIDS management programmes.

2.3.1 Cultural Attitudes and Stigma

In South Africa, there has been an entrenchment of cultural attitudes towards HIV/AIDS with a complex history of inequality, and then compounded with traditional beliefs and stigma that is seen in the workplace. As stated by Vasquez et al. (2020), the stigma associated with HIV/AIDS in South Africa is usually exacerbated by the gender norms and expectations that can affect men's and women's readiness to participate in the HIV/AIDS programmes in different ways. For example, men may refrain from involving themselves in such classes due to the fear of looking vulnerable or weak, evidently contradicting the traditional expectations of masculinity. On the other hand, women might encounter more stigmatisation and isolation because of promiscuity attributed to the infection, which could lead to a decline in their engagement in workplace health initiatives (Vasquez et al., 2020).

The persistence of stigma is not only because of cultural norms, but also because of the lack of proper education and misinformation about HIV/AIDS transmission and treatment. Mills (2024) put forward an idea that, even though there is high awareness of HIV/AIDS in South Africa, the knowledge of how it can be handled in the workplace is limited. It is pertinent to note that this lack of understanding can fuel fear and discrimination among workers living with HIV/AIDS, which can then hamper the effectiveness of the management policies targeted towards supporting affected workers.

In addition, traditional healing practices and beliefs also have a great influence on how workers perceive and interact with modern medical techniques. Hoke et al. (2022) maintains that some employees might still prefer the use of traditional medication, as opposed to conventional medical treatment for HIV/AIDS this can be the result of a deeper trust in native cultural practices over medical systems, which to them may be seen as foreign or untrustworthy. This approach can discourage involvement in HIV/AIDS workplace programmes, which are assumed to be related only to Western medicine.

The impact of these cultural factors calls for a policy implementation approach that is culturally sensitive and inclusive. According to Watt et al. (2016), on-site practices should not only provide medical care, but also include cultural competence as well. Included in this is the training of healthcare providers and programme staff in the culture of the workplace and involving respected community and cultural leaders in the design and distribution of health programmes.

Effective communication strategies are also the key to overcoming the barriers associated with culture and stigma. As posited by Brottman et al. (2020), a communication culture in healthcare that is open, frequent, and culturally respectful can clarify diseases, reduce stigma, and encourage a more inclusive environment. These strategies should be aimed at educating employees through messages that they will relate to their culture and social environment, in order to improve the uptake and effectiveness of the workplace programmes.

Cultural attitudes and stigma related to HIV/AIDS are the major obstacles to the successful implementation of workplace policies in South African factories. Policies need to be culturally adapted, with education and communication as the central points of the cultural adaptation process, which also respects and incorporates the diverse cultural backgrounds and adaptations of the workforce. It is only through these customised approaches that organisations can potentially succeed in eliminating the impact of HIV/AIDS in the workplace. All the workers,

regardless of their ethnicity or social life settings, will be catered for and are assured of support and involvement in the initiatives created to help them.

2.3.2 Gender and HIV/AIDS: Impact on Workplace Policy Implementation and Reception

The role of gender relations in the implementation of and feedback about HIV/AIDS workplace policies, is a significant factor of health management in the workplace. Gender not only affects individuals' experiences of health policies, but also influences the effectiveness and inclusiveness of these programmes in environments usually dominated by male workers.

Gender-Specific Barriers and Facilitators in Workplace Policy Acceptance

Gender can profoundly influence how employees perceive and follow HIV/AIDS policies at the workplace. In settings that are seen as predominantly male such as factories, the machismo culture commonly promotes the perception of strength and inviolability, which then results in denial and the under-utilisation of health services that concern HIV/AIDS among men. This cultural view usually equates illness with weakness, therefore, men are not encouraged to seek treatment or participate in prevention programmes, for they fear that it may undermine their masculinity or expose them to stigma (Triulzi et al., 2022).

However, for women in the workplace, a different set of problems may arise. In most industrial settings, female workers would be in the minority and, therefore, would have gender-specific stigma in addition to those associated with HIV/AIDS (Pio et al., 2024). Women with HIV can be stigmatised twice, for their HIV status and for the promiscuity that is believed to be associated with the infection. This stigma can have a negative impact on them using treatment or disclosing their status, as noted by Smit and Sinkford (2022), whereby the isolation experienced by some women in such settings may reduce their willingness to engage in workplace health initiatives.

Facilitators for Improved Policy Reception

To overcome these obstacles, some facilitators can be strategically introduced. For instance, gender-sensitive trainings and education that focus on specific cultural and gender-biased misconceptions, can increase HIV/AIDS policy acceptance and effectiveness. Also, male involvement in active roles of HIV/AIDS programmes can change misconceptions and promote more involvement. Palattiyil et al. (2022) also mentioned that the programmes that enable male

workers to be health advocates in their communities, can change perceptions and create more inclusive environments.

Moreover, providing the female employees with specific support groups or services that address their issues, can neutralise the double stigma experienced by them. Such initiatives do not only supply the necessary health workers, but also create a network of support which allows other workers to integrate these services into their workplace culture. According to Pio et al. (2024), the support structures that are designed for women in the workplace can greatly increase their participation in HIV/AIDS programmes, which in turn, will lead to overall policy effectiveness.

Strategic Policy Adaptations for Gender Dynamics

Knowing and adjusting the gender dynamics in the workplace is vital for the effective implementation of HIV/AIDS policies. It is this kind of adaptability where it is realised that men and women experience, perceive, and interact with health policies differently in society. This being the case, as indicated by Palattiyil et al. (2022), the policies which are flexible and responsive to such differences, have a higher likelihood to succeed. For instance, scheduling programme activities in a way that is in line with the shifts or work patterns that are common in factory settings, can help to increase the participation rates of all genders.

Furthermore, setting up an inclusive policy framework that welcomes the participation of both male and female workers during the formation and execution of the programmes, can enable these to be respectful and address the needs of all workers. Engagement strategies involving feedback channels will enable policymakers to trace gender-related issues; this is further emphasised by Singh et al. (2021) who advocate for participatory approaches in policy development, which enhances relevance and effectiveness.

Gender relations have a great impact on the implementation and effectiveness of workplace HIV/AIDS policies. Gender-sensitive approaches and strategic facilitators will be necessary to overcome barriers to their acceptance and adherence in male-dominated industrial settings (Pio et al., 2024). Through creating a culture of inclusion and support, and by adapting interventions to address the individual differences for all genders, organisations would improve the effectiveness of their HIV/AIDS management strategies.

2.4 Empirical Evidence

2.4.1 Empirical Evidence on Workplace HIV/AIDS Policies and Perceptions

Mbele et al. (2018) conducted a study to examine the awareness and understanding of HIV/AIDS management policies and programmes, among employees and students in South African tertiary institutions. The findings revealed a general awareness of the causes of HIV/AIDS and its transmission methods. However, there was a noticeable deficiency in the participants' understanding of management-designed policies and programmes to support HIV/AIDS positive employees. The study further found a lack of knowledge regarding global infection statistics, underscoring a need for enhanced awareness initiatives.

Furthermore, Mbele et al. (2018) identified a limited understanding and practice among students, employees, and the broader public regarding organisational accommodations for individuals living with HIV/AIDS. The study highlighted an existing research gap in exploring the perceptions of various stakeholders, especially youth, towards HIV. This observation aligns with Phetlhu's (2018) findings, which emphasised the insufficient research addressing the perceptions, attitudes, and awareness of organisational employees and tertiary institution students. Both studies underscore the imperative for additional research to bridge these identified knowledge and awareness gaps.

Ibe (2019) conducted a study to evaluate the knowledge, attitudes, and preventive practices and policies of a cohort of 285 first-year students living in Port Harcourt, Nigeria. The author utilised structured questionnaires in conjunction with the aid of two proficient interviewers. The results suggested a limited understanding of the conceptualisation of HIV/AIDS, its various routes of transmission, strategies for prevention, and potential curative measures. Additionally, the study revealed that a significant proportion of the student population, specifically 70.2%, reported engaging in sexual activity. Notably, a substantial portion of these individuals, amounting to 57%, admitted to not utilising condoms during their sexual encounters. A notable proportion of 42.1% had engaged in sexual relations with multiple partners, while an overwhelming majority of 86.0% had not undergone any form of HIV testing. As posited by Blaauw (2022), there exists a compelling imperative for the implementation of comprehensive HIV/AIDS prevention strategies within the realm of tertiary education. These strategies encompass multifaceted approaches such as educational initiatives, counselling and testing services, policy formulation, and programme development. Ibe (2019)

additionally advocates for the subsidisation or provision of free pre- and post-test counselling, and inclusive HIV testing services for the adolescent population.

In a research study conducted by Bowen et al. (2018), national data from over 57,000 South African construction workers was used to estimate the HIV prevalence in the population, and identify the relationship between workers' HIV status and personal characteristics, such as gender, age, employment type, occupation, and HIV status testing. The study demonstrated that job characteristics are one of the key determinants of HIV status. Of the high-risk categories, females were at a higher risk of contracting HIV than men, individuals aged 30-49 years were at a higher risk than other age groups, and workers on long-term contracts were more at risk than those on short-term ones. Construction workers and artisans are at the highest risk among all construction-related occupations. This study not only detail infection rates, but also provides workers and companies with knowledge of the most susceptible people and helps them determine appropriate interventions.

A study conducted by Mahomed et al. (2019) assessed the knowledge, attitudes, and practices related to HIV/AIDS policies among hospital employees in South Africa. The researchers surveyed a sample of 250 nurses, doctors, administrators, and support staff. Most employees reported awareness of their workplace's existing HIV/AIDS policies aimed at reducing stigma and ensuring equal treatment. However, discriminatory attitudes persisted, with 32% indicating discomfort in working alongside HIV-positive colleagues. Employees perceived gaps in policy implementation and confidentiality protection in practice (Mahomed et al., 2019). Although the hospital policies formally promoted non-discrimination, employees' lived experiences revealed ongoing stigma, mistrust, and reluctance to disclose HIV status, due to fear of repercussions. The study recommended enhanced leadership, training, and accountability mechanisms to bridge the gap between policy aims and employees' knowledge, perceptions, and behaviours. This aligns with calls for additional research examining employee experiences with HIV/AIDS workplace policies from a bottom-up perspective to strengthen policy efficacy and outcomes.

A study by Shacham et al. (2017) in the United States examined the factors influencing the willingness of individuals to undergo HIV testing. They surveyed a diverse group of participants and discovered a higher likelihood of testing among younger individuals. However, the willingness decreased among older adults and those with increased sexual activity, which was attributed to the fear of a positive diagnosis. The authors emphasised the

need for strategies to promote early testing and create a supportive environment to normalise HIV testing and encourage positive living.

A study by Earnshaw et al. (2015), although slightly older, remains pertinent in the discourse around the psychological impacts of HIV. The researchers meticulously explored the intricate dynamics between internalised HIV stigma and its consequential effects on mental health. Their findings revealed a compelling correlation: individuals living with HIV, who were encumbered by internalised stigma, exhibited amplified depressive symptoms and a noticeable decline in social support. This phenomenon underscores the multifaceted challenges faced by this demographic, extending beyond physiological health into the realms of psychological and social well-being. The authors, recognising the gravity of their findings, ardently advocated for comprehensive interventions. These interventions do not only aim to mitigate the pervasive HIV stigma in society, but are also intricately designed to bolster the mental health infrastructure, effectively meeting the nuanced needs of individuals living with HIV. The study illuminates the imperative of a holistic approach to HIV management, intertwining medical, psychological, and social strategies to enhance the quality of life of the affected individuals.

2.4.2 HIV/AIDS Management Policy in the Workplace

An HIV/AIDS management policy within the workplace is a critical framework for safeguarding the rights, health, and dignity of employees affected by or living with HIV/AIDS. According to UNAIDS and the International Labour Organisation (ILO) (2020), such policies are essential in creating inclusive and non-discriminatory environments that support both affected employees and overall organisational health. However, the policy implementation is often fraught with challenges, as organisations may lack the robust systems required for realising the policy's intent. Sithole et al. (2020) argue that for HIV/AIDS workplace policies to be successful, they must not only prohibit discrimination but also actively foster a culture of respect and openness. This contrasts with the findings of Stutterheim et al. (2021), who suggest that while non-discrimination clauses are fundamental, they often remain ineffective if not supported by continuous education and stigma reduction initiatives. For Technikon Laboratories, this study examines whether the HIV/AIDS policy extends beyond formal documentation into practice, addressing the pervasive stigma and creating a culture where support is both accessible and confidential.

The principle of non-discrimination remains one of the most challenging elements to enforce within workplace HIV/AIDS policies. Stigmatisation, deeply rooted in societal prejudices,

often persists despite written assurances of equality and fairness. Moreover, according to Matthews and Kale (2021), without sustained managerial support, policies designed to combat discrimination may only serve symbolic functions. The literature suggests a divide: on one hand, leaders like Kalichman et al. (2020) advocate that the consistent enforcement of non-discrimination through transparent reporting channels can contribute significantly to reducing stigma in the workplace. On the other hand, Jansen and Robins (2022) caution that workplace non-discrimination policies are only effective when accompanied by broader cultural interventions that normalise HIV/AIDS discussions and promote inclusion. This study's objective to gauge workers' perceptions of these policies at Technikon Laboratories can offer insights into whether a true culture of non-discrimination is upheld or whether policies fall short in actualising inclusivity.

Confidentiality, a cornerstone of HIV/AIDS management policies, requires rigorous safeguarding to encourage employees to utilise available support without fear of exposure. As argued by Russell (2020), the effectiveness of confidentiality measures is largely dependent on strict adherence to privacy protocols within the organisation. Confidentiality becomes particularly sensitive in regions where HIV/AIDS is heavily stigmatised, such as South Africa, making trust in privacy policies essential. While Sithole (2020) supports this view, emphasising the importance of secure information systems and confidentiality training, Bhengu and Ndlovu (2021) highlight that confidentiality breaches, even unintentional ones, can have lasting impacts on trust and engagement with the policy. The Technikon Laboratories study aims to explore if workers feel confident in the organisation's confidentiality measures, and whether this assurance influences their engagement with the policies. Effective policy implementation, as noted by Motsoeneng (2022), must therefore address both the technical and cultural dimensions of confidentiality, recognising that lapses can severely undermine the policy's credibility.

Education and awareness are essential elements for the prevention, understanding, and destigmatisation of HIV/AIDS, but their impact depends heavily on the frequency and method of delivery. Research by UNAIDS (2021) underscores the need for continuous, interactive educational interventions within the workplace to dispel myths, promote understanding, and encourage safe practices. Contrarily, Mbatha and Ngwenya (2022) argue that once-off workshops or superficial campaigns are insufficient in sustaining engagement or changing attitudes toward HIV/AIDS. In particular, they note that an integrated approach, where HIV/AIDS awareness is part of regular health and safety training, is more effective in

embedding these values within the organisational culture. For Technikon Laboratories, this study's investigation into workers' understanding of HIV/AIDS policies may reveal whether current educational strategies resonate with employees or if there is a need for more innovative, sustained awareness campaigns that genuinely address misconceptions and foster a more informed workforce.

Policy implementation, while seemingly straightforward, is often hindered by organisational barriers such as insufficient leadership support, inadequate training, and lack of resources. Sithole et al. (2020) argue that for HIV/AIDS workplace policies to be effective, organisations must adopt a multifaceted approach, ensuring that leadership visibly supports the policy and that resources are allocated for its execution. However, Van Niekerk (2022) contends that many companies adopt policies in a tokenistic manner, where HIV/AIDS policies are present on paper but lack practical backing or leadership commitment. For Technikon Laboratories, understanding whether there is active leadership involvement and sufficient resource allocation toward HIV/AIDS policies is critical. As Nkomo and Vilakazi (2021) have highlighted, the presence of a policy is only as powerful as its execution, which requires both the commitment of organisational leadership and the provision of regular, visible support for affected employees. By examining workers' engagement levels with the HIV/AIDS policy, this study can elucidate whether Technikon Laboratories effectively mobilises its resources to support its health management strategies.

Global and regional variations in workplace HIV/AIDS policy implementation underscore the significance of adapting policies to suit local conditions. This is especially pertinent in South Africa, where the HIV/AIDS prevalence rate remains among the highest in the world, necessitating context-sensitive approaches. According to Bonnel (2021), South African organisations face unique challenges, including deeply entrenched societal stigma and economic constraints, which can impede policy effectiveness. Conversely, Pillay et al. (2022) argue that organisations within high-prevalence regions have a moral imperative to develop robust and culturally appropriate policies that address these unique challenges directly. For Technikon Laboratories, this study will examine how well the organisation's policies align with local socio-cultural realities, exploring whether adaptations have been made to accommodate the workforce's needs or if the policy remains a generic framework without tailored support mechanisms.

Leadership involvement is repeatedly cited in the literature as essential for the success of workplace HIV/AIDS policies. Jansen and Kalichman (2020) contend that strong leadership is critical for creating an environment where HIV/AIDS policies are not just known but actively promoted and supported. Without visible advocacy from management, employees may perceive the policies as non-essential or inconsequential, reducing their overall impact. Smith and Davids (2021) echo this view, adding that leadership engagement is also crucial in maintaining policy relevance by championing regular updates and improvements based on employee feedback. For Technikon Laboratories, the degree of leadership engagement explored in this study could reveal if employees perceive a strong managerial commitment to HIV/AIDS policy, which is integral for ensuring ongoing relevance and trust in the policy.

2.4.3 Perceptions of HIV/AIDS Management Policy and Programmes in the Workplace

According to Cunningham (2017), workers' perceptions of an HIV/AIDS management policy and programmes in their workplace can vary depending on several factors, including the policy's effectiveness, the level of awareness and education provided, the organisation's culture, and the overall attitudes towards HIV/AIDS in society. Employees may experience a sense of security and well-being at work if they believe that the policies and programmes are inclusive and supportive. They might value the company's initiatives to foster an inclusive workplace and offer staff members who are HIV/AIDS positive the support and accommodations they need. If the policy places a strong emphasis on confidentiality and protects the privacy of workers' health information, including HIV status, employees may have more faith in the company. Knowing that the company protects their personal information fosters a supportive work atmosphere and transparency (Baleba, 2023).

According to Foss (2020), employees may regard a policy favourably if it incorporates extensive education and awareness initiatives. If employees receive accurate information about the disease, preventative techniques, and treatment alternatives, they can enhance their level of awareness of HIV/AIDS, reduce stigma, and make more informed decisions. Even with a policy in place, some employees might still feel stigmatised and subjected to discrimination because of their HIV/AIDS status, according to Yassi (2018). This may be from ignorance of the illness or preconceived notions that already existed. Such views suggest that reinforcing the policy and stepping up education and awareness efforts are necessary to effectively combat stigma. Employees who are aware of the support services made possible by the policy might think favourably of it. Access to resources such as counselling, testing, treatment, and other

services can enhance a sense of well-being and trust in the organisation's dedication to the health and welfare of its employees. Efficient communication and staff participation in policies and programmes can foster positive perceptions. Frequent updates, feedback systems, and chances for staff members to offer suggestions or pose inquiries, can improve their comprehension and engagement (Levy & Avery, 2015).

According to UNAIDS and the ILO (2017), it is critical for organisations to routinely gauge employee perceptions of HIV/AIDS management policies and initiatives. This can be done to find areas for improvement and make sure the policy is accomplishing its goals through focus groups, questionnaires, or anonymous feedback systems. A study by Heinrich (2020) found that organisations with supportive HIV/AIDS management policies tend to experience improved employee retention rates. Employees who feel supported and accommodated are more likely to remain with the organisation, leading to reduced turnover and associated costs. Another study by GBC (2019) found that organisations with effective HIV/AIDS management policies experience positive impacts in terms of employee well-being and productivity. Access to comprehensive healthcare, support services, and accommodations can help employees living with HIV/AIDS maintain good health, leading to increased job satisfaction and productivity.

2.4.4 Workers' Experiences with HIV/AIDS Management Policy and its Programmes in their Workplace

Workers' experiences with an HIV/AIDS management policy and its associated programmes within their workplace can exhibit considerable variation, depending on a multitude of factors. These factors encompass the efficacy of the policy, the extent of its implementation, the provision of support, and the overarching organisational culture (World Health Organisation, 2015). A conducive work environment is known to provide employees with a positive experience. Such an environment can engender a sense of comfort, thereby facilitating the disclosure of one's HIV status, leading to the attainment of essential accommodations and the receipt of support from both peers and superiors (Heinrich, 2020).

According to Cunningham's (2017) perspective, employees could potentially derive a favourable experience when the policy in question facilitates the convenient availability of various resources, including, but not limited to, HIV testing, counselling services, and comprehensive information pertaining to treatment alternatives. The provision of easily accessible resources can serve to empower employees, enabling them to make well-informed decisions pertaining to their personal health and well-being. The implementation of a

meticulously devised policy has the potential of establishing a framework in which individuals with HIV/AIDS are afforded equitable treatment devoid of any discriminatory practices. The employees may derive a sense of appreciation from the organisation's steadfast dedication to ensuring equal treatment, thereby fostering a conducive environment for their overall job satisfaction and well-being.

People who receive extensive training and education on the complex subject matter of HIV/AIDS may potentially have a positive and constructive experience. The acquisition of precise and reliable information is critical in the eradication of misconceptions, the mitigation of social stigma, and the empowerment of individuals to safeguard their own and others' well-being against the transmission of the Human Immunodeficiency Virus (HIV). By prioritising confidentiality and privacy within the framework of policies and programmes, it is plausible that employees may experience a heightened sense of comfort and security, when it comes to disclosing their HIV status or seeking the necessary support. The establishment of a culture that upholds privacy rights can engender a profound sense of confidence and reliance among employees, thereby cultivating an atmosphere that is both secure and conducive to open communication (Errida & Lotfi, 2021).

Organisations that proactively engage employees in the formulation and execution of policies and programmes have the potential to foster a favourable experiential milieu. Taking into account employees' input can enhance their perception of value and inclusion, leading to a stronger sense of ownership and dedication to the successful implementation of policies. Certain members of the workforce may encounter various obstacles or deficiencies in the execution of the policy or in their ability to access necessary resources. Potential factors contributing to this issue may include a lack of awareness about the policy, restricted access to support services, or occurrences of stigmatisation and discrimination despite the policy's presence. These experiences have the potential to shed light on specific areas that require enhancements (De Koker, 2020)

As per the findings of UNAIDS and the ILO (2017), it is imperative for organisations to consistently evaluate the experiences of their workforce and solicit feedback, in order to discern any potential deficiencies or discrepancies within the HIV/AIDS management policy and programmes. The provided feedback has the potential to facilitate essential modifications and enhancements, thereby ensuring the policy's efficacy in providing adequate support and meeting the requirements of employees who live with or are impacted by HIV/AIDS.

Heinrich's (2020) study elucidates the correlation between the effective implementation of an HIV/AIDS management policy, and the cultivation of a workplace culture that is both supportive and devoid of discrimination. The implementation of such policies has resulted in positive outcomes for workers, including increased consciousness, less social disapproval, and a better understanding of HIV/AIDS. GBC (2019) conducted a separate investigation and found that implementing HIV/AIDS management policies and programmes within the workplace can yield favourable cost-effectiveness outcomes over an extended period. Employees will benefit from early detection, improved access to treatment, and prevention efforts when such policies are implemented. These measures have the potential to reduce healthcare expenses related to advanced HIV/AIDS cases and absenteeism rates.

The existing body of literature has identified notable lacunae and unresolved inquiries pertaining to employees' understanding, encounters, and perspectives regarding HIV/AIDS policies within organisational contexts. Consequently, there exists a pressing imperative for ongoing scholarly investigation within this domain. This scholarly investigation will examine the contextual framework as the next element.

2.5. Legal Frameworks and Ethical Considerations

2.5.1 International and National Laws: Governing HIV/AIDS Policies in the Workplace

The legal frameworks that are used to manage HIV/AIDS in the workplace, are the key factors that determine how the related policies are implemented and how they affect the employees. Globally, there are several international guidelines and declarations which aim at protecting workers from discrimination and ensure that their rights are upheld in the context of HIV/AIDS. The International Labor Organisation (ILO) is highly active via its Recommendation No. 200 on HIV and AIDS, and the World of Work, 2010, which is a set of principles for member states to incorporate into their national laws (Stolo, 2022). This recommendation is based on non-discrimination, gender equity, and health access as the pillars of workplace policies.

In South Africa, the legal protection offered to people living with HIV/AIDS is considerably higher compared to many other countries. The South African Constitution guarantees the right to equality and prohibits discrimination on any grounds, including medical status, which covers HIV/AIDS. Furthermore, the Employment Equity Act of 1998, the Code of Good Practice on HIV and AIDS, and the World of Work, established by the Department of Labour, together put in place a code of conduct for employers regarding the treatment of HIV/AIDS at the workplace (Tsolo, 2022). These legal documents provide the framework where Technikon Laboratories,

like any other employer, is obliged to create a non-discriminatory environment and access to necessary health services.

Additionally, the application of these laws in practice has been studied by legal scholars. Kumar (2023) states that South Africa's legal framework is one of the most progressive, but the practice is very different according to the sector and company. Kumar (2023) states that compliance is the most difficult in the industries where stigma and lack of education about HIV/AIDS are widespread. Likewise, Smith and Sinkford (2022) maintain that even though there are strong laws, their enforcement is still weak, and many employees are not aware of their rights or the obligations of their employers under these laws.

The role of corporate responsibility in this case is also very important. Employers such as Technikon Laboratories are not only required to follow these laws, but also to actively create an environment that promotes the health and well-being of their workers. This involves providing information about HIV/AIDS, ensuring privacy in health matters, and integrating comprehensive workplace health policies. Mariam (2020) states that effective corporate policies on HIV/AIDS are not just about legal compliance, but also focus on a commitment to the holistic welfare of employees, which in turn enhances their productivity and the workplace morale.

The national laws and international conventions to which South Africa is a party, also affect the workplace policies. The nation is a signatory to several ILO conventions that have informed its policies on occupational health and safety, including those related to HIV/AIDS. Kumar (2023) explains that these international standards are the same that South African laws strive to meet, which do not only improve the protection of workers, but also bring South Africa in line with global best practices in the management of HIV/AIDS in the workplace.

These legal frameworks, both international and national, form a solid base for the protection of workers with HIV/AIDS. Nevertheless, the difficulty is in the fact that these laws should not only be respected on paper, but also in practice while being supervised at workplaces like Technikon Laboratories. Therefore, the ongoing education of employers and employees, the regular inspection by government agencies, and the active participation of non-governmental organisations are the prerequisites to make sure that the legal rights of workers with HIV/AIDS are not only recognised, but also practically supported.

2.5.2 Ethical Challenges: Navigating the Ethical Terrain in HIV/AIDS Workplace Policy Implementation

Implementing HIV/AIDS policies in the workplace entails navigating a complex landscape of ethical issues, primarily revolving around confidentiality, informed consent, and non-discrimination. These ethical considerations are crucial for balancing the public health goals of preventing HIV transmission with respecting individual rights and privacy.

Confidentiality and Privacy Concerns

The most important ethical challenge is to keep confidentiality. The private nature of a person's HIV status requires strict measures to protect his/her privacy. Kumar (2023) states that confidentiality breaches can cause social stigma and discrimination, which in turn, affect the mental and social well-being of an employee. Employers should guarantee that all medical information is kept in a secure place and is only accessible to authorised persons. This is in line with the opinion of Tsolo (2022), who contends that the improvement of data protection systems and the training of staff on privacy, are the key factors for the preservation of trust and integrity in employer-employee relationships.

Nevertheless, the actual use of these principles can be complicated. In places like factories, where health programmes are carried out on site, the chance of accidental disclosure may be higher if the rules are not strictly followed. Reamer (2023) noted cases where casual conversations among healthcare staff and/or the improper disposal of documents resulted in unintended disclosures, showing the difficulties associated with the practical enforcement of confidentiality.

Informed Consent in Health Interventions

Informed consent is another important ethical aspect. Workers should be the ones to agree to participate in any health-related assessments or treatments, after being fully informed of the purpose, benefits, and risks, without any coercion. Baim-Lance et al. (2022) note that consent is not a one-time thing, but a continuous communication that requires renewal when new information comes out or when the context of the health programmes changes. This approach, therefore, makes sure that individual autonomy and decision-making are valued and respected.

Nonetheless, as Hoke et al. (2022) point out, power dynamics and employment insecurity issues can make this process quite difficult. Workers might feel pressured to agree to health programmes for fear of losing their jobs or being sidelined, especially in factories, where job

security is often precarious. This goes to show that a well-defined policy, which separates work conditions from voluntary health programme participation, is needed.

Non-discrimination and Equal Treatment

Non-discrimination is probably the most crucial ethical principle that underlies the implementation of HIV/AIDS workplace policies. It is essential to guarantee that workers are not unfairly treated because of their HIV status; this is a fundamental principle of ethical practice. As Stangl et al. (2022) state, non-discrimination policies do not only guarantee the rights of all the employees, but also create an inclusive work environment that benefits their overall health and productivity.

But the real problem is the difficulty of turning policy into practice. Discriminatory behaviours are not always overt and may appear subtly in job assignments, promotion opportunities, and social interactions. According to Smith and Sinkford (2022), it is important to have continuous training and awareness-raising activities, to change the way people think and act, thus making sure that non-discrimination policies are really implemented.

Balancing Public Health Goals and Individual Rights

The ultimate ethical challenge is finding the perfect balance between public health goals and individual rights. Although it is very important to stop the spread of HIV, this should not be at the expense of the personal freedoms and rights of people. Musoke et al. (2020) state that there is the need for these policies to not only be legally binding, but also ethically sound; this will help in protecting the public health, while not interfering with individual rights. This balance needs a careful approach that considers the situation of the workplace, and the diverse needs and rights of the workforce.

In a nutshell, dealing with the ethical challenges of HIV/AIDS policies in the workplace demands a three-pronged approach that, among other things, respects confidentiality, guarantees informed consent, ensures non-discrimination, and balances public health goals with individual rights. Each of these fields has its own set of problems and it is important to be proactive to create an ethical, supportive, and inclusive workplace environment. This ethical framework is important for the success of any HIV/AIDS policy in the workplace, especially in places like factories, where the workforce is already at risk of both health and employment insecurities.

2.6 Technological Advances in HIV/AIDS Management

2.6.1 Innovative Practices: Enhancing HIV/AIDS Management through Technology

Technology has become an integral part of managing HIV/AIDS in workplaces, and has indeed revolutionised the way medical care, monitoring, and data are handled. The innovative technological practices, like the use of digital health tools, electronic medical records (EMRs), and privacy-protecting technologies, are the key to the efficiency and confidentiality of HIV/AIDS management in professional settings.

Digital Health Tools

Digital health tools, such as mobile health applications and telemedicine platforms, have greatly widened the scope and effectiveness of workplace health programmes. These tools provide many functions, such as medication adherence reminders, appointment scheduling, and virtual consultations, which are important for the management of chronic conditions like HIV/AIDS. Senbekov et al. (2020) and Owoyemi et al. (2022) maintain that mobile health applications are good at improving medication adherence among employees, by giving them reminders and easy access to health information. According to Mariam (2020), telemedicine platforms make it possible for employees with HIV to receive continued care and support, especially in remote or underserved areas where specialist services are not available.

Nevertheless, the effectiveness of these tools can be different depending on the digital literacy of the users and the infrastructure that is available in the workplace. According to Helsper (2021), the assumption that all employees are happy to use digital tools can cause differences in access and engagement; thus, training and support are the must-have components of technology deployment in workplace health programmes.

Electronic Medical Records (EMRs)

The introduction of EMRs in workplace health systems has completely changed the way medical records are managed, by making them easily available, accurate, and secure. With EMRs, health practitioners can monitor an employee's health history in detail and improve the coordination of care. As Kibwage (2022) notes, EMRs are used in managing HIV/AIDS, improving the quality of care, and enhancing the efficiency of health services, by reducing paperwork and administrative burdens. Similarly, Helsper (2021) states that EMRs help doctors to get to know the patients better, so that they can give them the time they need, and therefore, good health outcomes.

Nevertheless, the adoption of EMRs has its own set of issues concerning data security and privacy. Smith and Sinkford (2022) further elaborate that the digital storage of sensitive health information is a problem for data breaches and unauthorised access. Employers must, therefore, not only invest in EMR, but also pay attention to cybersecurity measures to keep the employee data secure.

Privacy-Protecting Technologies

When discussing HIV/AIDS, where privacy is so important, the role of technologies that protect personal health information is very significant. Encryption technologies and secure user authentication methods are vital for keeping the health data of individuals private. Ahmad et al. (2021) state that advanced encryption techniques are there to make sure that medical information is kept confidential and is accessible only to authorised personnel. Gadabu (2021) highlights the importance of the utilisation of blockchain technology in health systems. This technology provides a decentralised and tamper-proof platform for storing and sharing medical data, adding an extra layer of security and privacy.

Although these changes have been made, there are still debates on the ethics of the monitoring and collection of data. Odeny (2022) warns that technology is a double-edged sword: on the one hand, it provides a lot of benefits, but on the other, it brings up ethical issues of surveillance and the possible misuse of personal health data. Hence, it is of utmost importance for workplaces to clearly state the boundaries of data collection, and to be transparent in the way the data is used and protected.

A blend of technology in HIV/AIDS management within the workplace offers both opportunities and challenges. Digital health tools, EMRs, and privacy-protecting technologies can greatly enhance the management and confidentiality of health information, but at the same time, they need to be considered carefully in terms of user engagement, data security, and ethical issues. The deployment of these technologies should not be done on its own but must be accompanied by comprehensive strategies that will address these concerns, to fully realise their benefits in enhancing workplace health outcomes.

2.6.2 Role of Telemedicine in Supporting Workers with HIV/AIDS

Telemedicine has come to the fore as an essential tool in enhancing healthcare accessibility, especially in the field of chronic conditions like HIV/AIDS. The application of this in the workplace can really improve access to specialist care, and at the same time, it can also solve

the problems of stigma and privacy that are usually associated with direct healthcare services (Wood et al., 2021).

Enhancing Access to Specialist Care

One of the main advantages of telemedicine is that it allows employees with HIV/AIDS to be in touch with HIV/AIDS specialists, no matter where they are. In places like factories, where specialised healthcare is not available, telemedicine proves to be a good alternative. For instance, Haleem et al. (2021) state that telemedicine has made it possible for remote consultations with infectious disease experts, which in turn has led to the improvement of treatment outcomes for factory workers in remote factory settings. The statement is also supported by Wilhite et al. (2022), who noticed a 30% rise in the use of healthcare services amongst employees who used telemedicine, in comparison with those that opted for traditional in-person visits.

Nevertheless, the success of telemedicine can be influenced by several factors, such as the technological infrastructure that is present at the workplace and the digital literacy of its users. Curtis et al. (2022) argue that a lack of broadband services can be a barrier to the successful implementation of telemedicine, especially in urban areas where most factories are located. This problem shows the necessity and importance of investing in infrastructure to make sure that the advantages of telemedicine can be completely realised.

Maintaining Continuity of Care

Continuity of care is the key to the successful management of HIV/AIDS. Telemedicine facilitates this by allowing the patient to have regular checkups and easy access to healthcare providers, without the need for physical travel, which can be difficult for factory workers due to their schedules. Haleem et al. (2021) have proved that telemedicine platforms are a stable and reliable way for health monitoring and management, enabling timely changes in treatment and immediate help in case of any complications.

Moreover, Chauhan et al. (2024) talk about how telemedicine can be combined with existing workplace wellness programmes, making HIV/AIDS care part of the overall health strategy. This integration does not only make management simpler, but also destigmatises HIV/AIDS care by treating it as part of routine healthcare, rather than a separate and secret issue.

Overcoming Stigma

Stigma related to HIV/AIDS is still a big problem that prevents people from getting the care they need. Telemedicine provides a private way for employees to get medical help without the risk of being stigmatised by co-workers and employers. Terrill et al. (2023) stress that the privacy of telemedicine is what encourages more workers to seek assistance and talk about their health condition, without fear of judgment or discrimination.

Nevertheless, dealing with stigma through technology also needs deliberation on privacy and data security. According to Lu (2022), while telemedicine can cut down on face-to-face interactions that may cause stigma, it also raises the issues of data breaches and the possible misuse of sensitive health information. The establishment of powerful cybersecurity measures and compliance with health information privacy laws, are the key to maintaining trust in telemedicine services.

Challenges and Considerations

Although telemedicine has its advantages, it is not an easy task to deploy it, since it faces some difficulties. Cost factors, the requirement of technical support, and the user-friendliness of platforms are the main issues that employers must deal with. Olugboja and Agbakwuru (2024) state that the first setup and maintenance of telemedicine platforms can be very expensive, and if they are not planned well, these costs add up to more than the benefits.

Employees' training on how to use telemedicine properly is also needed. According to Ngwa et al. (2020), the absence of training causes the underutilisation of available technologies, so the potential health benefits are reduced.

Telemedicine is a very good tool to be used for the management of HIV/AIDS among workers in factory settings, giving them the access to specialists, continuity of care, and a way to avoid the stigma. Nevertheless, its success is based on the effective implementation of strategies that solve the related technological, educational, and privacy-related challenges. Proper attention should be given to these elements to enhance the positive effect of telemedicine on workplace health outcomes.

2.7 Psychological Aspects of Workplace Policies

2.7.1 Mental Health and HIV/AIDS: The Intersection of Psychological Support and Workplace Management

The psychological impact of HIV/AIDS on employees is profound, influencing not only their mental health, but also their productivity and engagement at work. Effective workplace policies at Technikon Laboratories can play a crucial role in supporting the mental health of employees living with HIV/AIDS, ensuring that they receive comprehensive care that addresses both their physical and psychological needs.

Impact of HIV/AIDS on Mental Health

An HIV/AIDS diagnosis is usually accompanied by considerable psychological stress that can be expressed as anxiety, depression, and PTSD. These psychological problems are intensified by stigma and discrimination that people may encounter, both inside and outside the workplace. According to a research study conducted by Quinn et al. (2020), around 40% of people that were diagnosed with HIV said that they had mental health problems, and these were further worsened by feelings of isolation or rejection. These findings are corroborated by Kip et al. (2022), who state that the fear of stigma often stops employees from asking for both medical and psychological assistance, causing a decline in mental health.

Role of Workplace Policies in Supporting Mental Health

Workplace policies at Technikon Laboratories that specifically include mental health services for HIV/AIDS, do not only solve these psychological issues, but also create a more healthy and inclusive work environment. According to Smith and Sinkford (2022), the inclusion of mental health services into current HIV/AIDS management programmes is necessary for comprehensive care. The services should comprise of counselling, and access to psychiatric professionals and support groups, which will all be helpful in reducing the mental health problems that are connected to living with HIV/AIDS.

Moreover, Gabriel et al. (2022) stress the significance of training for managers and supervisors in organisations, so that they are better able to detect mental health issues among their employees. Such training can lead to early intervention and support, which in turn makes employees feel valuable and fully supported. This view is also supported by Feringa and Wentzel (2020), who maintain that proactive mental health policies can considerably decrease workplace absenteeism and turnover, as employees feel more secure and supported.

Challenges in Implementing Mental Health Support

The implementation of these policies is not free of obstacles. The main obstacle is the possible shortage of resources, such as a lack of trained mental health professionals who are familiar with the problems related to HIV/AIDS-related psychological issues. According to Brooks and Ling (2020), there is usually a cultural barrier in the workplace concerning discussions about mental health, which makes the implementation of such programmes less successful. Triumph over these obstacles demands a commitment from all the layers of management at Technikon Laboratories, to make mental health a major part of their health and safety strategy.

Privacy and Confidentiality in Mental Health Interventions

Privacy and confidentiality in the provision of mental health services are very important. Employees must be assured that their mental health professionals will always keep their information confidential, and that their HIV status will not influence their employment status or opportunities. As stated by Gabriel et al. (2022), strict confidentiality protocols are the key to the success of mental health programmes, because breaches will cause distrust and reluctance in using the services provided.

Integrating Technology

Digital health technologies are now providing new ways of giving mental health support in a discreet and efficient manner. According to Lu (2022), telepsychiatry and online counselling services are especially useful for employees who are not comfortable with accessing the traditional in-person counselling at their respective workplaces. These technologies can offer flexible, stigma-free options for employees to deal with their mental health, which is in line with modern privacy and accessibility standards.

To deal with the psychological effects of HIV/AIDS in the workplace, it is necessary to have policies that cover mental health as part of employee health programmes. For organisations, this implies that not only the services that are needed should be provided, but the workplace culture should also be the one that promotes mental health awareness and intervention. Through the proper integration of these elements, a company can help its workers in a holistic way, hence, their well-being and professional productivity will be improved.

2.7.2 Support Systems in Workplace HIV/AIDS Programmes

Evaluation of Support Systems for HIV/AIDS in the Workplace

Support systems like counselling services and peer support groups are essential elements of comprehensive workplace HIV/AIDS management programmes. These systems are intended not only to support the physical health of the employees living with HIV/AIDS, but also to improve their emotional and psychological well-being, creating a supportive work environment that motivates them to follow the treatment protocols (Usman & Kadar, 2021).

Counselling Services

Counselling services in the workplace are of great importance in helping employees, by giving them a confidential place where they can talk about their health problems, and any issues at the workplace related to their condition. As per Smith and Sinkford (2022), counselling services are a means of reducing the mental health burden that comes with HIV/AIDS, for example, depression and anxiety, which are the most common among the people suffering from chronic illnesses. These services offer a safe space for employees to share their fears and worries about living with HIV/AIDS, which is necessary for their mental health.

Devy (2020) points out that counselling should be based on the particular needs of the people who are infected with HIV/AIDS, which includes their treatment and possible difficulties at the workplace. Nevertheless, Usman and Kadar (2021) indicate that the level of effectiveness of counselling services can also be hindered by the stigma associated with seeking mental health support, especially among male employees in the traditionally masculine industries such as manufacturing.

Peer Support Groups

Peer support groups are another important part of the support systems of the programmes in the workplace. These groups enable employees with HIV/AIDS to share their experiences, support each other, and exchange information on how to manage their condition. Usman and Kadar (2021) maintain that peer support groups can greatly improve the emotional well-being of the participants, as these help to reduce feelings of isolation and stigma. The common experiences found in these groups usually result in the development of better coping mechanisms and adherence to the treatment plans.

Nevertheless, the establishment of peer support groups should be done in a way that takes into account privacy issues. According to Devy (2020), employees might be reluctant to join peer groups because of fear of revealing their HIV status. As such, confidentiality and voluntary participation are the main factors that will determine the success of these groups.

Effectiveness in Enhancing Well-being and Treatment Adherence

The effectiveness of these support systems in improving well-being and treatment adherence has been proved in various studies. For example, an investigation by Maulsby et al. (2020) showed that the employees who were part of the workplace support systems, reported higher job satisfaction and better HIV treatment protocol adherence than those who were not. This relationship is proof of the necessity and importance of these programmes for the health and productivity of employees.

Berg et al. (2021) carried out a longitudinal study which revealed the significant enhancement in the quality of life of the employees who were taking part in both counselling and peer support groups. These results indicate that a combination of different types of support systems can give synergistic benefits, which will improve their overall effectiveness.

Challenges and Recommendations

Despite these advantages, there are still several difficulties in creating efficient support systems. The main challenge usually is funding and resources, since extensive support programmes need a great deal of money to hire professionals and manage the programmes (Ortblad et al., 2023). Furthermore, cultural barriers in the workplace can influence the use of these services, since cultural perceptions about HIV/AIDS can be different from one culture to another (Chimoyi et al., 2022).

Iryawan et al. (2022) state that organisations should be in constant communication with the employees, to adjust the support systems to their needs and cultural contexts. The inclusion of these systems in the bigger health and wellness programmes, can assist in the normalisation of participation and the elimination of stigma.

Although support systems like counselling services and peer support groups are a basic component of workplace HIV/AIDS management programmes, their success is based on their careful implementation, as well as ongoing evaluation and adjustment to the changing needs of the workforce. These systems do not only take care of the health and well-being of the employees living with HIV/AIDS, but also help in creating a more inclusive and supportive workplace culture.

2.8 Economic Impact of HIV/AIDS in the Workplace

2.8.1 Cost-Benefit Analysis of HIV/AIDS Policies

The introduction of comprehensive HIV/AIDS policies in the workplace is a vital issue for businesses, especially when it comes to the costs and benefits that these policies bring. For businesses like Technikon Laboratories, this balance is crucial to gain a comprehension of the overall economic effects on healthcare expenses, productivity, and employee retention.

Economic Benefits of Implementing HIV/AIDS Policies

The policies around HIV/AIDS can be a huge economic resource for companies. Based on a research study by Hakawi and Mokhbat (2022), businesses that adopted effective HIV/AIDS programmes, witnessed a reduction in employee healthcare costs of up to 25% over five years. These savings are mainly a result of a decrease in absenteeism, lower turnover rates, and a reduction in the usage of healthcare resources, due to better disease management and an enhancement of employee health.

Ortblad et al. (2023) maintain that comprehensive HIV/AIDS policies increase productivity. Osborne and Hammoud (2017) have shown that workers who get support from their employers through health programmes are more engaged and productive. The improved productivity is connected to a decreased impact of HIV/AIDS symptoms on the workers' physical and mental health, which is possible due to the timely access to treatment and supportive workplace practices.

Cost Implications of HIV/AIDS Policies

The advantages are considerable, but the expenses for full-scale HIV/AIDS policies cannot be ignored. At first, the costs consist of the setup of educational and training programmes, health screenings, and continuous support services. According to Hakawi and Mokhbat (2022), the startup cost for a medium-sized manufacturing company can be between US\$20,000 and US\$40,000, depending on the scope of the services provided.

Maulsby et al. (2020) maintain that, although these costs may be considerable at the beginning, the long-term savings resulting from the reduced medical claims and lower absenteeism rates, can compensate for these expenses. According to Maulsby et al. (2020), for every dollar that is spent on HIV/AIDS policies, companies can get a return of about \$1.60 through decreased healthcare expenses and enhanced employee efficiency.

Impact on Employee Retention

Another important economic aspect is the effect of HIV/AIDS policies on employee retention. People infected with HIV/AIDS usually face a lot of difficulties at work, which in turn causes them to leave the company if such problems are not well handled. Maulsby et al. (2020) found that supportive workplace policies are the primary factor in retaining employees with chronic health conditions such as HIV/AIDS. Their research demonstrates that retention rates in companies with comprehensive health and wellness programmes are up to 30% higher in comparison with the ones that do not have such programmes.

Challenges and Strategic Considerations

Although the advantages of creating HIV/AIDS policies in the workplace are obvious, companies must deal with several difficulties. The primary issues are the safeguarding of the employees' health information, the reduction of stigma and discrimination, and the constant update of the healthcare policies according to the changes in the healthcare regulations and treatments. Hakawi and Mokhbat (2022) stress the need to create strategies that are not only in line with the legal requirements, but also able to adjust to future changes in the healthcare system.

In summary, the economic effects of the implementation of comprehensive HIV/AIDS policies in the workplace are substantial. Although there are initial costs for these initiatives, the long-term benefits regarding the reduction of healthcare costs, increase in productivity, and employee retention make the case for their adoption strong. For the businesses like Technikon Laboratories, the decision to back up such policies can result in a healthier, more productive workforce, and at the same time, possible economic returns in the future.

2.8.2 Productivity and Workforce Management: Addressing HIV/AIDS in the Workplace

Impact of HIV/AIDS on Workforce Productivity

The fact that HIV/AIDS is present in the workforce can greatly affect productivity, mainly due to increased absenteeism, decreased work performance, and the psychological burden associated with the disease. In a study conducted by Ntombela et al. (2023), it was found that employees with HIV/AIDS were more probable to be absent from work due to health-related reasons, which in turn reduced their productivity levels. The stigmatisation associated with HIV/AIDS can cause isolation in the workplace and reduced engagement, resulting in a decrease in productivity (Tile et al., 2023).

Management Strategies to Mitigate Impact

In order to solve these problems, management strategies have been created and applied with different levels of success. Harris et al. (2024) notes the importance of flexible work arrangements, which enable employees with HIV/AIDS to work hours that suit their medical appointments and energy levels. This kind of flexibility does not only enable the employee to be productive, but also takes care of his or her health and well-being, which in the long run, reduces absenteeism.

Obeagu et al. (2024) emphasise the importance of the availability of healthcare services in the workplace. They maintain that when employees have convenient health services, especially antiretroviral treatment and frequent health monitoring, it can considerably improve their capacity to keep a regular work schedule and be productive. Companies that provide onsite healthcare services or collaborate with local clinics, usually witness a considerable enhancement in employee health outcomes and productivity.

Preventive Measures and Health Promotion

Adopting preventative measures and promoting employee health and well-being, are extremely important in the workplace. The World Health Organisation (2021) states that by introducing comprehensive health education programmes that draw focus on HIV prevention and treatment, the incidence of new infections will be reduced and the health of people who are already infected will be better managed. Preventive measures also cover psychological support and counselling, which help to solve the mental health issues of living with HIV/AIDS. This support is of utmost importance, as it can have a great impact on an employee's engagement and productivity at work.

Role of Flexible Working Arrangements

Flexible working arrangements are especially useful in the case of the fluctuations in health that employees with HIV/AIDS may face. Obeagu et al. (2024) stress that such policies should be flexible and responsive to the individual needs of the employees, so that telecommuting, part-time hours, and customised workloads can be offered. These adjustments enable the continuous employment and productivity of the employees affected by the disease, by meeting their physical and psychological needs.

Challenges in Implementing Effective Management Strategies

Even though the advantages of these strategies are quite noticeable, their application is not free of difficulties. The biggest obstacle, according to Kumar (2023), is the ignorance and misunderstanding of some employers regarding the requirements of employees living with HIV/AIDS. Some co-workers may also oppose special accommodations due to a lack of understanding, potentially leading to feelings of unfairness or resentment in the workplace (Stangl et al., 2022).

The most important thing for organisations to do overcome these difficulties, is to create a culture that is inclusive and unifies the employees from all levels of the workforce. Regular training sessions, workshops, and communication campaigns can be used to educate employees about HIV/AIDS, and the importance of supportive workplace practices (Ngcobo et al., 2022).

Solutions to problems caused by HIV/AIDS in the workforce consist of a combination of fixes, like flexible work schedules, accessible healthcare, preventive measures, and continuous education. For most organisations, the use of the abovementioned strategies will not only support the health and productivity of their employees but will also contribute to a more inclusive and equitable workplace environment. These actions illustrate that a company's dedication to its employees and can greatly improve work morale, employee retention, and overall company performance.

2.9. Role of Leadership in Policy Effectiveness

2.9.1 Leadership and Policy Advocacy

The importance of leadership in the success of HIV/AIDS workplace policies is undeniable. Leaders in organisations are the key players in the success of these policies through advocacy, implementation, and continuous support. Leadership dedication to HIV/AIDS management policies is of great importance, not only in policymaking, but also in creating an organisational culture that values health and safety (Blaauw, 2022).

Influence of Leadership on Policy Success

Leadership is a key factor in the effective implementation of HIV/AIDS policies. According to Nutbeam and Muscat (2021), leaders that actively promote health policies, encourage policy adherence and compliance within the organisation. The active promotion of these policies includes regular communication about the importance of the policies, and visible participation

in the related activities, which can greatly enhance the employees' engagement and adherence to the policies.

Leaders play a significant role in the distribution of resources towards the realisation of policy implementation. According to Ngcobo et al. (2022), even the best policies can be unsuccessful if there is not enough money to support them. Leaders should make sure that there is enough money, people, and materials to finance the ongoing needs of HIV/AIDS management programmes, which include training sessions, health screenings, and counselling services.

Management as Advocates for Policy Implementation

Leadership advocacy is the key to making the discussion of HIV/AIDS in the workplace a norm. Leaders who talk about the HIV/AIDS, its consequences, and the company's policies on it, can decrease the stigma and discrimination that are connected to the disease. According to Piper et al. (2021), when senior managers treat HIV/AIDS management as a priority, it is a sign to the whole organisation that the health and well-being of every employee are important. This method does not only increase the visibility of the problem, but also strengthens the organisation's dedication to helping the employees that are affected.

Training and Development of Leadership

Leaders need to be trained and developed to be able to effectively advocate and support HIV/AIDS policies. According to Simooya et al. (2023), the training programmes for managers and supervisors should contain information on the basics of HIV/AIDS, the rights of workers, and the details of the company's HIV/AIDS policies. Therefore, leadership training ensures that the leaders will be able to cope with the related issues, sensitively and knowledgeably, and in this way, they will create a supportive environment for all the employees.

Challenges Faced by Leadership in Policy Implementation

HIV/AIDS policies have not been implemented without difficulties. The most important challenge that leaders encounter is the struggle to reconcile confidentiality with transparency. Kapangama (2021) has stated that the confidentiality of employees living with HIV/AIDS, while promoting policies designed to support them, should be handled carefully to make sure their privacy and trust are not violated.

Leaders should also handle different reactions from the workforce on the HIV/AIDS policies. Deane et al. (2022) state that some employees might think that the special accommodations or

support for the affected colleagues are not fair. Leaders should tackle such perceptions by making sure that all the employees know the significance of inclusivity and support in the workplace.

The success of HIV/AIDS policies in the workplace largely dependent upon management's support and leadership. Leaders are supposed to be the advocates, resource allocators, and role models in the process of putting these policies into action. Good leadership can change HIV/AIDS policies from mere formalities into active elements of organisational culture, which in turn enables organisations to attain their objectives pertaining to employee health and well-being. Leadership in this sense does not only create the policy environment, but also determines the way the organisation reacts to HIV/AIDS, showing the vital link between policy advocacy and leadership responsibility.

2.9.2 Training and Development for Leaders

Importance of Leadership Training at Technikon Laboratories

The management of HIV/AIDS in the workplace is largely dependent on the readiness and reaction of the leadership. At Technikon Laboratories, the requirement for leaders who are not only familiar with HIV/AIDS management policies but are also capable of empathetically and effectively implementing these policies, is very important. Leadership training programmes are a must because they give leaders the ability to deal with health-related issues in a sensitive and knowledgeable way.

Developing Leadership Skills for Managing Sensitive Health Issues

Leadership training programmes should have modules that include both the medical aspects of HIV/AIDS, and the psychosocial aspects of managing such conditions in the workplace. As Melgar et al. (2024) state, training programmes that cover the biology of HIV, transmission methods, and prevention strategies, increase the leaders' knowledge of the disease, which allows them to lead with empathy and factual accuracy.

Smith and Sinkford (2022) state that leaders should be taught the legal issues around HIV/AIDS management, such as non-discrimination policies and confidentiality requirements. Accordingly, such knowledge makes the leaders comply with the legal standards, and at the same time, they become the champions of these in creating a supportive workplace environment.

Case Studies and Role-Playing in Leadership Training

The inclusion of case studies and role-playing in training sessions, has been proven to be a great way to improve leaders' skills, in dealing with real-life situations concerning health disclosure and HIV/AIDS-related workplace issues. Peterman et al. (2020) stress the effectiveness of simulation exercises that enable leaders to practise their response to different sensitive situations, for instance, handling the disclosure of HIV status, or responding to workplace bullying or harassment that is related to health conditions. The practical exercises of these leaders make them think critically and practice empathy, hence, improving their competency in handling such situations.

Training on Emotional Intelligence and Conflict Resolution

Leaders at Technikon Laboratories would also gain from training that improves their emotional intelligence. Emotional intelligence in leadership, as shown by Anas-Colmenero et al. (2020), refers to the ability to identify one's own emotions with those of others, which is an essential factor in managing personal attitudes towards HIV/AIDS, while also guiding others to manage theirs. Training that improves emotional intelligence can result in better management of workplace dynamics and support for employees with HIV/AIDS.

Conflict resolution is a vital skill for leaders who must deal with sensitive issues like HIV/AIDS. Ndlovu (2023) states that conflict resolution training effectively helps leaders to manage and reduce conflicts that may emerge from stigma or misinformation about HIV/AIDS. This training should consist of methods for mediation, the promotion of inclusivity, and the creation of supportive conversation about these health issues.

Ongoing Development and Support for Leaders

Leadership development should not be a one-time thing, but a never-ending process. Leaders need to be given continuous support and refresher training sessions, which keep them in touch with the newest developments in HIV/AIDS treatment and management strategies. According to Weistein et al. (2023), continuous learning opportunities allow leaders to keep themselves up-to-date with new research and best practices that change, in the legal and ethical standards related to workplace health management.

2.10 Emerging Trends in Workplace HIV/AIDS Management

2.10.1 Holistic Health Approaches in HIV/AIDS Management

Considerable changes have witnessed over the past few years, in terms of holistic health approaches in the management of HIV/AIDS in the workplace. This trend is not only about the physical health of employees, but also their mental and social well-being. Obeagu and Obeagu (2024) state that there is a growing awareness of the fact that mental and physical health are interlinked, especially for HIV/AIDS patients. Currently, most workplaces are merging comprehensive health programmes that deal with different areas of health, including regular screenings, wellness programmes, and mental health services. Moyo et al. (2023) stress that these integrative approaches result in the better overall health and increased productivity of the workforce. When employees with HIV/AIDS receive the support for both physical and psychological needs, they are more likely to follow the treatment protocols and be actively involved in their professional duties.

2.10.2 Integration of Mental Health Services

The integration of mental health services into workplace HIV/AIDS management programmes, is a crucial step in the evolution of the support given to the workers. Mental health problems like depression and anxiety are common among people who are living with HIV/AIDS, because of the stigma and psychological stress that the disease brings with it (Ahmed et al., 2021). Through offering mental health services, Technikon Laboratories does not only improve the health of their employees, but also help in the de-stigmatisation of HIV/AIDS in the workplace. Chen et al. (2021) state that the programmes that provide counselling and psychological support are successful, and they show that there are significant improvements in employee morale and the reduction of absenteeism.

2.10.3 Utilisation of Advanced Data Analytics

Advanced data analytics is a new emerging trend that has a great impact on the management of HIV/AIDS in workplaces. By using big data and predictive analytics, companies can get to know the HIV/AIDS situation in their workforce, predict the possible health problems, and design an intervention more efficiently (Ebulue et al., 2024). For example, analytics can assist in the identification of the patterns of medication adherence, or the demographic groups that are at greater risk in the employee population. Jakubik and Feuerriegel (2022) explain how data-driven insights help to develop more proactive and personalised health management strategies, which are essential for the management of chronic diseases such as HIV/AIDS.

These technologies do not only simplify health programme implementation, but also improve privacy and confidentiality, which are the main issues for employees living with HIV/AIDS.

The emerging trends point to a radical change in how workplaces handle HIV/AIDS, which will be more comprehensive, integrated, and data driven. These developments do not only seek to enhance the health of the employees with HIV/AIDS, but also to create a more inclusive and supportive workplace environment. These trends are evolving, and they provide a way to improve the effectiveness of HIV/AIDS policies and programmes, to be able to meet the needs of the modern workforce.

2.11 Theoretical Framework

Saunders (2018) holds the view that theories are analytical tools used by researchers to understand phenomena and make predictions about a given subject matter. Researchers develop theories as a set of principles and values, repeatedly testing them through scientific means to make predictions (Mugenda, 2021). Against this backdrop, a variety of theories, such as Strategic Choice Theory, Maslow's hierarchy of needs, functionalist theories, and theories of ethics, guide this study, providing insights into employees' knowledge, experiences, and perceptions of HIV/AIDS management policies and programmes in organisations. Strategic Choice Theory, which is the basis of organisational analysis, was developed by John Child in 1972. This theory differs from the deterministic models of organisational behaviour, instead focussing on the autonomy and discretion of managers at different levels within an organisation (Dattee et al., 2022). It argues that the results of organisational processes are mainly determined by the choices made by individuals, who work within the limits and possibilities offered by both the internal and external environments (Balemba, 2023).

The basic idea of Strategic Choice Theory (SCT) is that organisational outcomes are not just the result of external pressures and environmental conditions (Shamil et al., 2022). Rather, it claims that the decision-makers are the ones who can steer their organisation in the desired direction. This view is based on the fundamental idea that an organisation is limited by its environment, but its leaders can still make strategic decisions that can affect its direction and success (Zhan et al., 2023).

The theory explains the decision-making process in organisations as not only reactive, but also proactive and dynamic: organisational actors can influence and reshape their contexts (Widjajanti et al., 2023). This is clearly shown in how leaders evaluate their situational constraints and resources, understand their options, and make choices that are in accordance

with their own interests and the strategic goals of the organisation (Zhan et al., 2023). These choices can range from operational adjustments to the complete transformation of policy and practice.

SCT is built around several main principles. First, it recognises the limited rationality of decision-makers, which means that, although they strive to make rational decisions, their choices are restricted by the information that they have and their situational contexts (Mutia, 2022). Secondly, it emphasises the significance of power relations in the organisation, pointing out that individuals and groups with more power and resources, have more say in the strategic decisions (Pedersen et al., 2022). Thirdly, it stresses the iterative character of decision-making, which implies that decisions are constantly being modified and improved, through ongoing interactions within the organisation (Tatoglu et al., 2020).

The theory's relevance is not limited to the general behaviour of an organisation, but also has focused applications, such as the management of workplace policies on critical issues like HIV/AIDS, which is the main theme of this study (Luke et al., 2024). Through the use of Strategic Choice Theory, this research is trying to find out how the strategic decisions made by the different managerial levels at Technikon Laboratories, affect the effectiveness and implementation of the HIV/AIDS management policies. The theory provides a strong structure for the analysis of how these decisions, which are influenced by individual views, experiences, and the organisational culture, affect policy outcomes (Akpa et al., 2021). This theoretical approach does not only improve the knowledge of organisational dynamics, but also gives clues to the possible strategic interventions needed to increase policy effectiveness and improve workplace health outcomes.

SCT is an essential part of organisational analysis, as it provides detailed knowledge of how decision-making within an organisation can influence its strategic direction and operational effectiveness (Martinez et al., 2023). By focusing on human agency and strategic decision-making, this theory creates a balance against the deterministic models which overly stress environmental factors (Szukits & Moricz, 2023). Its importance in the field of organisational analysis is manifested in the fact that it has made several key contributions.

Firstly, Strategic Choice Theory brings a changing element to the research of organisations. This implies that the environment that an organisation works within, is not only an external force with unilateral influence, but is also shaped and manipulated by the decisions made within the organisation (Cristofaro, 2022). The interaction between organisational choices and

environmental responses creates a loop of feedback, which enables organisations to adapt and evolve to changing circumstances (Sarta, 2021). This view is the key to a comprehension of how organisations deal with complicated and fast-changing situations, especially in industries that have high levels of uncertainty and competition (Baran & Woznyi, 2020).

The theory stresses the role of power and politics in organisations. Strategic choices are not made in isolation, but are the outcomes of negotiations, conflicts, and power struggles among different stakeholders of the organisation (Hekkala et al., 2022). The identification of this interplay is essential for a realistic analysis of the organisational behaviour and strategy formulation. SCT emphasises that strategic decisions are determined by both the positional power of individuals and the coalitions they make (Pedersen et al., 2022). This insight gives an explanation of the reason why certain strategies are chosen over others and can be used by leaders to manage internal dynamics more efficiently.

Furthermore, Strategic Choice Theory deepens the comprehension of organisational change. This is done by drawing focus on the decisions that organisations' leaders take, while drawing up a structure on how change can be started and controlled internally (Errida & Lotfi, 2021). The change is perceived not only as a reaction to the external factors, but also as a purposeful strategic decision to gain a competitive edge, or to make the organisation more congruent with its goals and values (Hanelt et al., 2021). This factor of the theory is especially important in dealing with complicated challenges like corporate governance, ethical standards, and social responsibility (Errida & Lotfi, 2021).

SCT is a tool used to understand the stages of developing, implementing, and revising HIV/AIDS policies in organisations (Weinstein et al., 2023). It enables researchers to investigate how leaders' views and decisions on HIV/AIDS influence policy implementation (Smith & Sinkford, 2022). For example, in a factory like Technikon Laboratories, an analysis of the strategic choices made by different management levels, can reveal how these decisions affect the effectiveness of the HIV/AIDS management programmes, the health of the employees, and the overall organisational health culture.

This theory is the basis for a predictive analysis in organisational studies. Through the comprehension of the strategic decisions that were made in the past and their consequences, analysts can predict the future organisational directions and policy responses (Samimi et al., 2022). This forecasting power is extremely valuable for planning and strategy development, so

that organisations can foresee the challenges and opportunities, and can be more effectively prepared for the future (Kanitz et al., 2023).

2.11.1 Strategic Choice Theory (SCT)

Contemporary scholarly discourse places significant emphasis on the paramount importance of Strategic Choice Theory, in comprehending the intricate dynamics of organisational policies and employee perceptions pertaining to the management of HIV/AIDS (Williams, 2020; Thompson, 2021). Child (1972) originally formulated the theoretical framework, which posits that individuals within an institution influence its outcomes through their strategic decisions, which are contingent upon the prevailing opportunities and constraints that they encounter. The use of SCT provides a valuable framework for scrutinising the intricate interplay between employees' knowledge, experiences, and perceptions, as well as their consequential effects on the formulation and implementation of HIV/AIDS organisational policies.

Thompson (2021) asserts that the foundation of Strategic Choice Theory lies in the understanding that organisational actors have the innate capacity to shape structural conditions through their decision-making processes. The theoretical framework firmly rejects the idea that exogenous forces or deeply ingrained cultural norms fully determine institutional policies and practices. In light of recent scholarship, it is critical to acknowledge the profound impact that individual strategic choices possess in their capacity to effectuate transformative changes within organisational systems (Williams, 2020). This assumption is consistent with the goal of understanding how factory workers' perceptions influence the structure and effectiveness of HIV/AIDS management policies.

One of the fundamental principles underlying strategic choice theory, posits that actors will engage in decision-making processes, with the aim of optimising opportunities and alleviating constraints within their organisational milieu (Child, 1972). Within the framework of HIV/AIDS policies, employees will orient their decisions and behaviours towards capitalising on perceived advantages, while mitigating the constraints and difficulties presented by existing programmes and guidelines. The user's knowledge base and range of experiences with current rules will help them make smart choices about whether to follow, ignore, or change different parts of the current system.

According to Thompson (2021), SCT delineates three distinct tiers of strategic decision-making within organisational contexts, namely top management, middle management, and operational employees. The theoretical framework posits that individuals at various hierarchical levels

within an organisation, will participate in strategic decision-making processes to advance their personal interests. These decisions are contingent upon the individuals' possession of positional power, and their ability to exert control over valuable resources. The use of a tiered approach holds significant relevance in examining potential disparities in the perceptions and decision-making processes of managerial personnel and general workers, with regards to policies addressing the HIV/AIDS epidemic within the confines of a factory environment.

Through its emphasis on employee agency, Strategic Choice Theory serves as a counterpoint to the more inflexible structuralist perspectives that primarily concentrate on organisational culture and formal policies, as the sole determinants of behaviours and outcomes (Williams, 2020). Instead, it acknowledges workers' capacity to astutely navigate and potentially influence institutional frameworks, through their expertise, lived experiences, and subjective interpretations of what will optimally cater to their requirements and aspirations. This dynamic perspective provides a valuable theoretical framework for the present investigation's goal of comprehending the underlying influences that originate from lower levels and impact organisational policies pertaining to HIV/AIDS.

According to the tenets of SCT, recent empirical findings support the notion that employee decisions play a critical role in determining the ramifications of policies and programmes pertaining to HIV/AIDS management (Thompson, 2021). According to Williams (2020), empirical investigations have revealed that workers' decision-making process, pertaining to their adherence to or disregard of formal guidelines, is contingent upon their subjective perceptions regarding the efficacy of said policies in alleviating social stigma and fostering inclusivity within the organisational context. In the absence of trust, workers may formulate strategic choices to avoid policies that they perceive to be superficial. The statement emphasizes the importance of conducting a comprehensive inquiry into the viewpoints of factory workers at large, with the goal of evaluating and, if necessary, reshaping policy measures' outcomes.

In the broader context, it is evident that the theoretical underpinnings of Strategic Choice Theory, offer a valuable lens through which to explore the intricate dynamics of employee agency and strategic decision-making. This theoretical framework serves as a pertinent and enlightening tool for comprehensively analysing the intricate interplay between the knowledge, experiences, and perceptions of general workers, on the one hand, and the operational efficacy of HIV/AIDS management policies, on the other, within the confines of a distinct factory

environment. The central tenets of the theory exhibit a remarkable congruence with the objectives pursued in the present investigation. Through the adoption of this perspective, the research endeavour can effectively cultivate a comprehensive and intricate comprehension of the bottom-up, perception-driven influences that exert their impact on organisational policies that are designed to effectively manage the complex and multifaceted issue of HIV/AIDS.

2.11.2 Core Concepts of Strategic Choice Theory

Strategic Choice Theory provides a deep understanding of the decision-making processes in organisations, highlighting the independence and power of the organisational actors to mold their surroundings through strategic decisions (Wu et al., 2023). This point of view changes the emphasis from environmental factors to the internal decision-making processes, which shows that organisational outcomes are mostly determined by the decisions of an organisation's leaders and stakeholders (Rajagopal et al., 2022).

The main point of Strategic Choice Theory is the fact that decision-making in organisations is not just a reaction, but a proactive process of the interaction with the organisational environment (Adobor, 2020). This theory says that decision-makers evaluate the alternatives on which they have based their views of the environmental constraints and opportunities, and they make decisions to get the best organisational advantages while reducing the constraints (Matthews et al., 2022). These choices are determined by both an individual's cognitive map, and the collective strategic intent of the organisation, which consists of its mission, goals, and strategic objectives (Wu et al., 2023).

The decision-making process, as described by Strategic Choice Theory, involves several key stages:

- 1. Identification of Strategic Issues:** Decision-makers look at the internal and external environment to find the main problems that need to be solved strategically (Atuahene et al., 2023). This means knowing the details of the environment in which the organisation operates, including the challenges that are caused by managing HIV/AIDS in the workplace (Sitepu et al., 2023).
- 2. Development of Alternatives:** After the problems are pinpointed, the decision-makers come up with various possible solutions or strategies. The procedure includes creative

thinking and innovation, to formulate solutions which are not only effective, but also feasible in the organisational context (Foss, 2020).

3. **Evaluation of Alternatives:** The subsequent step is the essential analysis of these alternatives. Top management thoroughly evaluates each possible strategy for its advantages and disadvantages, considering factors such as the availability of resources, possible impact on the employees' health and morale, compliance with legal and ethical standards, and alignment with the organisational values (Sitepu et al., 2023).
4. **Choice of Strategy:** Once the alternatives are assessed, a decision is made. This choice is affected by the values of the decision-makers, power relations within the organisation, and expected results of each strategy (Sitepu et al., 2023). In the case of HIV/AIDS management, this might be a choice between improving the existing policies, launching new health initiatives, or even rebuilding the whole health management system of the organisation (Smith & Sinkford, 2022).

SCT also underscores the cyclical process of decision-making. Decisions are not finished; they are open for revision and adaptation as new information comes into the picture and as the environment changes (Sarta et al., 2021). This repeated process is very important in cases like organisations, where the effectiveness of HIV/AIDS policies may change as new health technologies appear, as the societal understanding of HIV/AIDS goes through changes, or as the organisational priorities shift.

The theory stresses the fact that the decision-making process is decentralised. Although strategic decisions may be made at the top levels of management, they are influenced by the inputs from the different levels within the organisation (Adobor, 2020). Employees' feedback, experiences, and perceptions are the main factors that influence these decisions, particularly in the cases where their well-being is involved, such as HIV/AIDS management policies. This characteristic of Strategic Choice Theory highlights the necessity of decision-making processes that include many stakeholders to utilise their different opinions and expertise (Atuahene et al., 2023).

SCT explains in detail the interaction between individual agency and structural constraints in organisations. This theoretical framework states that, although the people in an organisation are the ones who make the strategic decisions, these decisions are always affected by both internal and external structural constraints (Secchi & Cowley, 2021). These interactions are the key factors that determine the effectiveness of organisational policies and practices, especially

when it comes to the management of sensitive issues such as HIV/AIDS in the workplace (Matthews et al., 2022).

Individual agency in decision-making is the ability of individuals in an organisation to act independently and make choices, based on their own perceptions, knowledge, and personal motivations (Cavazzoni et al., 2022). In the case of Strategic Choice Theory, agency is considered as a main factor that allows individuals, especially the ones in decision-making roles, to create organisational strategies (Osman & Lew, 2021). This viewpoint maintains that managers and employees are not just the ones who are subjected to the organisational rules or external pressures, but they are the ones who can create and implement changes in their environments.

For example, in an organisation, where HIV/AIDS management is important, agency can be seen in the way that the leaders cope with health crises, wellness campaigns, and employee problems. Leaders may decide to go for stricter health measures or create a culture that is free from the stigma associated with HIV/AIDS, based on their own commitment to the well-being of the employees and health of the organisation.

Despite the importance of individual agency, Strategic Choice Theory also stresses the fact that structural constraints affect decisions. These limitations can be internal, for example, organisational policies, resource limitations, and corporate culture, or external, like legal requirements, societal norms, and economic conditions (Joseph & Gaba, 2020). These structures can either enable or prevent the implementation of strategic decisions, especially those concerning the area of health.

The practical management of HIV/AIDS in organisations might be limited by structural constraints, such as budgetary limits that affect the scope of health programmes or regulatory frameworks that dictate certain health practices. The cultural perception of HIV/AIDS in the workplace and the society at large, can also be a limitation which affects how these issues can be openly discussed, and what strategies are socially acceptable or effective (Blaauw, 2022).

The main idea of SCT is the understanding of the interplay between individual agency and structural constraints (Tatoglu et al., 2020). This exchange establishes the dynamic nature of organisational decision-making. People can utilise their agency to either challenge or reinterpret structural limitations, which in turn will change the organisation's strategic direction (Adobor, 2020). On the other hand, even the most proactive persons must deal with already existing structures, so they have to adjust their strategies to fit in or to gently modify these

structures. For instance, the people in charge of an organisation might use their agency to advocate for more support systems for the employees who are affected by HIV/AIDS, which might even be against the established norms or policies. Nevertheless, their initiatives will have to consider the current healthcare policies, employee privacy laws, and existing organisational culture related to health and safety.

The theory of strategic decision-making in HIV/AIDS management, shows that health policy decisions are not only based on medical considerations, but are also influenced by the strategic choices of individuals and the constraints that they face (Smith & Sinkford, 2022). This covers the choices regarding investing in health education, giving medical support, or integrating health management with the wider organisational practices.

2.11.3 Application to HIV/AIDS Policy Management

Strategic Choice Theory contributes considerably to an understanding of the HIV/AIDS management policies within organisations, as it views them as the outcomes of complex decision-making processes that are the result of individual actions and structural limitations (Hwang, 2024). This view is very important especially in the management of HIV/AIDS in an organisation, where decisions are made that directly affect the effectiveness of health interventions and the overall well-being of employees.

SCT states that the organisational outcomes, which include the efficacy of the health policy, are mainly the result of the strategic decisions made by the key actors in the organisation (Ibeh et al., 2024). These decisions are affected by their view of the organisational environment, chances for change, and the obstacles that they must face. In an HIV/AIDS management scenario, this may include choices about the distribution of resources for employee health programmes, the development of training sessions on HIV prevention and care, and the implementation of non-discriminatory policies that support HIV-positive employees (Zajac et al., 2021).

For instance, management's decision to prioritise or neglect HIV/AIDS awareness and treatment options, can significantly affect how these policies are perceived and adopted by the workforce. If leaders recognise the benefits of a well-supported and healthy workforce and see opportunities to enhance organisational reputation and employee satisfaction, they may be more inclined to invest in comprehensive HIV/AIDS policies.

Influence of Individual Perceptions and Motivations

The theory highlights the role of individual perceptions and motivations in the creation of policy. In any organisation, the key stakeholders view the challenges and opportunities that are presented by HIV/AIDS, and this can have a great influence on the strategic choices that are made (Ege et al., 2020). For instance, if the leadership in an organisation views HIV/AIDS management as not only a legal or ethical responsibility, but also as an integral part of organisational health, they will be more likely to create and put into action management strategies that will go beyond the minimal compliance.

Perceptions are shaped by several factors like personal experiences with HIV/AIDS, awareness of the social and economic impacts of the disease, and the organisational culture that either stigmatises or supports affected individuals (Gupta et al., 2022). These dynamics are the key factors in deciding whether HIV/AIDS policies are just formalities or are successfully incorporated into the organisation's culture.

Navigating Structural Constraints

Strategic Choice Theory also explains how structural constraints, such as regulations, financial limitations, and cultural norms within an organisation, influence the implementation of HIV/AIDS policies. These limitations can either be obstacles or enablers in the achievement of the desired management techniques. For example, in a highly regulated industry, compliance with health and safety standards can be a way to support the development of strict HIV/AIDS policies (Joseph & Gaba, 2020). On the other hand, in environments where resources are scarce, even well-intentioned strategies might be hard to implement (Carcone et al., 2022).

The knowledge of these constraints helps leaders of organisations to either overcome them or find new ways of using the resources that they already have. This may include seeking partnerships with health organisations, getting funding from outside sources, or lobbying for changes in the regulations that would support more comprehensive health measures.

Strategic Choices and Policy Effectiveness

The effectiveness of HIV/AIDS management policies is often a direct reflection of the strategic choices that are made at different levels of an organisation (World Health Organisation, 2020). This covers the issues of how explicitly to communicate about HIV/AIDS, how to involve employees in policymaking, and how to monitor and evaluate the impact of these policies. SCT is a tool that helps to understand why some organisations succeed in creating supportive environments for HIV/AIDS management while others fail (Bowring et al., 2023).

In real life, the application of Strategic Choice Theory to HIV/AIDS policy management in organisations, means the ongoing evaluation of how the decisions made at the managerial level coincide with the needs and realities of the workers. It means that you should think about how different strategic options might work in the structure of the organisation, and then change your approach according to what is possible and effective.

Knowledge of the decision-making processes regarding HIV/AIDS policy implementation within organisations, is of great importance for the evaluation of the efficiency and sustainability of these policies. SCT is a useful tool for the examination of the decision-making process, the decision-makers, and the factors that affect these decisions (Bowring et al., 2023). This method shows the complicated relationship between individuals' decisions and the organisation's structure in the formulation of the HIV/AIDS management strategies.

Identifying Decision-Makers and Their Influence

In any organisation, decisions regarding HIV/AIDS policy implementation are usually made by several stakeholders, including top management, HR departments, and health and safety committees (Aguora et al., 2020). Every group has distinct views and levels of impact on the policy decisions. To give an example, the top management might concentrate on the policies that are in line with the organisational goals and legal compliance, while the health and safety committees would be dealing with the employees' well-being and practical implementation issues (Maulsby et al., 2020).

Strategic Choice Theory claims that the results of such policies are greatly influenced by the actors' skills to make strategic choices, in the context of the resources that they have and the organisational constraints that they face (Joseph & Gaba, 2020). For instance, if the top management of Technikon Laboratories understands the importance of HIV/AIDS policies in the enhancement of workforce productivity and the reduction in healthcare costs, they may decide to use more resources for health initiatives and employee training programmes.

Influences of External and Internal Environments

The decision-making process is not only affected by the external and internal environmental factors. Externally, legislative requirements, industry standards, and societal norms regarding HIV/AIDS can be the driving force for an organisation to adopt certain policies. Internal factors such as the organisation's culture, the importance of health management, and previous

experiences with similar health issues are responsible for the decision-making processes (Sitepu et al., 2023).

To illustrate, if the external environment is characterised by strong advocacy for workers' health rights and strict health regulations, Technikon Laboratories may be more likely to implement robust HIV/AIDS policies. Meanwhile, internally, a corporate culture which prioritises transparency and employee health, will push for more inclusive and thorough policy development processes.

Strategic Decision-Making in Policy Formulation

HIV/AIDS policies are formulated by considering the needs of the workforce, the possible risks to the workplace, and the objectives of the organisation (World Health Organisation, 2020). In this case, making strategic decisions is about choosing among the different policy options, which may range from basic compliance with legal standards, to more proactive strategies that include extensive employee support systems, regular health screenings, and confidentiality safeguards (Maulsby et al., 2020).

At this stage of the decision-making process, one often must decide between conflicting interests and priorities, such as cost constraints and the possible benefits of the better health and productivity of the employees. The leaders at Technikon Laboratories might be strategic in their decision-making process, in deciding whether the long-term benefits of a comprehensive HIV/AIDS policy, such as reduced absenteeism and better employee morale, justify the initial investment.

Evaluating and Adjusting HIV/AIDS Policies

After implementation, strategic decision-making consists of assessing the efficiency of the HIV/AIDS policies and making the required changes (Ramathebane, 2020). This process is very important to make sure that the policies are always in line with the requirements of the employees and goals of the organisation. Evaluation might be the process of collecting feedback from the employees, checking the health outcomes, and seeing how the policy is being followed.

Changes are made based on the feedback and could be in the form of improving communication strategies, providing more training to managers on handling HIV/AIDS-related issues, or enhancing the support services for affected employees (Carcone et al., 2022). At this stage, the strategic choices are the key to the maintenance of the relevance and the effectiveness of the

HIV/AIDS policies within the changing dynamics of the workplace and the broader societal context.

2.11.4 Levels of Decision-Making in HIV/AIDS Policy Management

The role of top management in setting the direction for the HIV/AIDS management policies within organisations is key. The leaders are responsible for not only creating the strategic goals, but also making sure that these goals are in line with the overall mission and values of the organisation (Tubey et al., 2023). The top management's control over the HIV/AIDS policy directions comes from their capacity to distribute resources, make decisions on the initiatives, and incorporate health policies into the corporate culture. Strategic Choice Theory states that top executives are the ones with the highest level of discretionary power to create the structural and cultural contexts in which policies are executed (Kenya, 2023). Top executives are engaged with external stakeholders, such as the public health authorities and policymakers, to advocate for the creation of supportive environments which will make HIV/AIDS management effective within the workplace.

The middle managers are the essential link between the strategic directives of top management and the operational activities of the frontline employees. Their role in the implementation of HIV/AIDS policies is vital because they translate the strategies of the upper management into actionable plans for their teams (Mbai et al., 2024). Middle managers are the ones who directly affect the way in which the policies are implemented on the ground, by giving their guidance, support, and control (Analoui & Kazi, 2021). They are also important in creating a space where HIV/AIDS can be talked about freely without stigma, and where policies are accepted and complied with more. Middle managers' specific position enables them to collect feedback from operational employees and modify the implementation processes to fit the needs of the workforce, which is the essence of SCT, where decision-making is affected by the continuous interactions within the organisation.

The operational employees, or general workers, are the ones who greatly influence the results of the HIV/AIDS management policies by their daily choices and actions. According to Strategic Choice Theory, these people are not just policy takers but are also policymakers in their own right (Blaauw, 2022). Their interaction with, and reaction to, the HIV/AIDS policies can significantly affect the success of these programmes. The effectiveness of the policies is determined by the general workers' compliance with health guidelines, their participation in prevention and treatment programmes, and their willingness to talk about HIV/AIDS (Smith &

Sinkford, 2022). Their personal experiences will also contribute to the refinement and improvement of the HIV/AIDS management strategies (Abaraham et al., 2024). The collective actions of the operational employees can either support or undermine the goals of the HIV/AIDS policies, hence the need for their involvement in the decision-making process.

The efficiency of HIV/AIDS management policies is mainly based on the consistent linking of the decisions made at all levels of the organisation. Strategic Choice Theory states that organisational outcomes are the result of the complex interaction between different decision-making levels of authority (Mbai et al., 2024). For policies to be effective, top management must show clear leadership and commitment, middle managers have to communicate and implement these policies, and operational employees have to be motivated and supported to follow up with the policy directives (Chima et al., 2023).

The layered approach to decision-making within the HIV/AIDS policy management framework, emphasises the complex nature of organisational dynamics as proposed by SCT. Each level of decision-making has a unique, but interrelated function that collectively decides the outcome of HIV/AIDS management initiatives. Through recognition and use of the strategic choices at each level, organisations can substantially improve the efficiency of their health management programmes, thereby, getting better health outcomes and a friendlier workplace environment for all the employees (Blaauw, 2022).

2.11.5 Strategic Decisions and Organisational Outcomes in HIV/AIDS Management

In organisations, strategic decision-making plays a pivotal role in shaping the effectiveness and reach of HIV/AIDS management policies. According to the World Health Organisation (2020), strategic decisions encompass critical areas such as resource allocation, health policy prioritisation, and the establishment of frameworks that support employees affected by HIV/AIDS. These decisions are not merely administrative choices; rather, they reflect the organisational values, commitment to employee welfare, and a recognition of the profound impact HIV/AIDS has on the workforce and broader society. Mosugu (2021) notes that under Strategic Choice Theory, the decisions at different hierarchical levels within an organisation, especially those by top management, significantly influence the organisational structures and practices that govern health programmes. Strategic decisions are therefore crucial in shaping the nature of HIV/AIDS policies, determining whether these policies will merely be symbolic or substantive in addressing employee health needs. Bowring et al. (2024) argue that strategic decisions must extend beyond policy rhetoric to actual, measurable support systems,

demonstrating an organisation's genuine commitment to managing HIV/AIDS in the workplace.

A central aspect of strategic decision-making in HIV/AIDS management involves the allocation of resources, as financial commitment is directly correlated with policy effectiveness (Gantayat et al., 2024). The literature highlights that when organisations allocate sufficient resources to HIV/AIDS programmes, it enables comprehensive support, ranging from preventive education to accessible treatment options. This financial backing is crucial for the sustainability of such programmes, as argued by Mosugu (2021), who emphasises that without adequate funding, HIV/AIDS policies may lack substance and fail to engage employees meaningfully. Contrastingly, Tchume and Nyathi (2022) argue that resource allocation alone is not sufficient, and highlight the importance of efficiency in utilising these resources. They argue that organisations often fall short in translating allocated resources into effective interventions due to poor management and lack of oversight. Thus, while resource allocation is essential, it is the strategic deployment and accountability of these funds that ultimately determine the success of HIV/AIDS management initiatives.

The prioritisation of HIV/AIDS management within the organisational hierarchy also critically influences how policies are perceived and supported by employees. According to Marc et al. (2022), when HIV/AIDS management is prioritised alongside other health initiatives, it signifies an organisational culture that values employee well-being and proactively addresses health concerns. Such prioritisation fosters an inclusive environment where employees feel that their health concerns, including those related to HIV/AIDS, are acknowledged and supported, leading to increased engagement with the programmes. However, Shroff et al. (2024) argue that prioritising HIV/AIDS management often competes with other organisational goals, particularly those that promise immediate financial gains. In organisations where profit motives overshadow health initiatives, HIV/AIDS management may be deprioritised, rendering policies ineffective or even obsolete. This study examines whether Technikon Laboratories maintains HIV/AIDS management as a core organisational priority, contributing to a sustained and visible commitment to employee health. Such prioritisation would reinforce the organisation's commitment to holistic health management, extending beyond HIV/AIDS to encompass broader employee wellness initiatives.

Alignment of HIV/AIDS policies with organisational culture is another factor that significantly impacts the acceptance and efficacy of these policies. Robillard et al. (2022) argue that when

HIV/AIDS management policies align with an organisation's cultural values, such as openness and inclusivity, employees are more likely to adopt and adhere to these policies. This alignment not only improves policy acceptance but also enhances employees' trust in the organisation's commitment to confidentiality and support. Gantayat et al. (2024) further suggest that organisational culture serves as the foundation upon which policies are either reinforced or undermined, emphasising that even well-formulated policies will falter if they are not supported by a culture of empathy and non-judgement. On the contrary, Williams and Nkosi (2021) contend that despite policy alignment with cultural values, deeply entrenched stigma within the organisational environment can undermine HIV/AIDS policies. This study explores whether Technikon Laboratories has created a conducive cultural framework that not only supports HIV/AIDS policies but also fosters an environment free from discrimination, thereby enabling open discourse and support for affected employees.

The adaptability of HIV/AIDS management policies is crucial in the face of evolving health science and socio-economic landscapes. Organisations must remain responsive to advancements in HIV/AIDS treatment and preventive practices, a notion supported by WHO (2021), which asserts that adaptability ensures policies remain relevant and effective. Gona et al. (2020) add that incorporating feedback mechanisms enables organisations to adjust their policies based on employees' experiences and emerging health data, enhancing both responsiveness and inclusivity. Strasser et al. (2021), however, argue that many organisations struggle with adaptability due to rigid structures or resistance to change, which ultimately limits the policies' impact and accessibility. The ability to adapt is therefore not only a question of strategy but also of structural flexibility and leadership willingness to revise policies when necessary. This study assesses whether Technikon Laboratories exhibits this adaptability in its HIV/AIDS management strategies, thereby strengthening its resilience in addressing health challenges and responding to employees' evolving needs.

Finally, strategic decisions regarding HIV/AIDS management directly influence employee engagement, morale, and organisational performance. Effective HIV/AIDS policies that promote health and confidentiality have been shown to enhance employee loyalty, reduce absenteeism, and improve productivity, (Ndai & Makhamara, 2021). These outcomes demonstrate that prioritising health management in the workplace can yield both humanistic and economic returns, underscoring the strategic value of robust HIV/AIDS policies. Marc et al. (2022) concur, adding that an organisation's investment in HIV/AIDS management reflects a broader commitment to social responsibility, which enhances public perception and solidifies

stakeholder trust. In contrast, Pillay et al. (2022) argue that tokenistic or poorly executed policies can lead to employee disengagement, high turnover, and a damaged reputation. They contend that employees are quick to discern genuine commitment from superficial efforts, and that failure to substantively address health needs reflects poorly on organisational values. This study thus explores the degree to which Technikon Laboratories' strategic decisions on HIV/AIDS management influence organisational loyalty, employee retention, and workplace productivity, offering insight into the tangible benefits of a committed approach to employee health.

2.11.6 Impact of Employee Perceptions and Experiences on Strategic Decisions

Employee perceptions and experiences are the main factors that influence the strategic decisions within an organisation, especially in the case of complex issues like HIV/AIDS (Nguyen et al., 2024). Strategic Choice Theory stresses the significance of individual agency and recognises that employees, at all levels, are part of the dynamic process of decision-making (Blaauw, 2022). It is essential to know how employee perceptions affect these choices to have effective policy implementation and achieve successful HIV/AIDS management strategies.

Employee Perceptions as a Catalyst for Change

Employee views on the effectiveness, fairness, and inclusivity of the HIV/AIDS management policies can greatly affect the strategic decisions. When employees see these programmes as good, they are more likely to support and participate in them, hence, there will be better results in terms of managing health and policy enforcement (Nguyen et al., 2024). On the other hand, negative perceptions can result in resistance, low engagement, and a lack of compliance, which in turn can weaken the objectives of such policies (Ndai & Makhamara, 2021).

Perceptions are made up of direct experiences, interpersonal communications, and the general organisational culture. For instance, if employees see that their feedback on health policies is often asked for and seriously considered in the formulating or changing of these policies, their trust in the organisational leadership increases (Akeju et al., 2021). This trust, in turn, increases their belief in the policies and their importance, which leads to a higher level of participation and compliance.

Integrating Employee Feedback into Strategic Planning

The inclusion of employee feedback in strategic planning is not only helpful, but also the key to the improvement and success of HIV/AIDS policies. Strategic decisions which are based on

a comprehensive understanding and the consideration of employee perceptions, can result in more suitable and acceptable health interventions. This means designing systems of continuous feedback, like surveys, focus groups, and suggestion boxes, which can get the real voices of employees at any level (Nguyen et al., 2024).

For example, feedback mechanisms can show certain needs and concerns of employees regarding HIV/AIDS, for example, confidentiality issues, the need for more comprehensive health education, or the need for better support services (Ngcobo et al., 2022). Strategic decisions can then be modified to deal with these concerns, thus making the policies more effective and increasing their acceptance among the workforces.

The Role of Middle Management in Mediating Perceptions

Middle managers are the main actors in leading and transferring employee views to the top of the hierarchy. They are the link between the operational employees and top management, and they turn the on-ground realities into strategic insights that can be used for policymaking (Analoui & Kazi, 2021). Middle managers' knowledge of the workforce's viewpoints and experiences is very important, because they are usually the first to see the real problems and achievements of policy implementation.

Enabling middle managers to report these insights precisely and quickly can greatly improve the responsiveness of strategic decisions. Training and support for middle managers, which will help them to properly collect and communicate the employees' feedback, are the main elements of this process (Kenya, 2023).

Quantifying the Influence of Perceptions on Policy Effectiveness

Advanced data analytics and employee engagement metrics can be used to quantitatively evaluate how employee perceptions affect the effectiveness of the HIV/AIDS management policies (De Koker, 2020). Through the regular measurement of engagement levels, policy adherence rates, and employee satisfaction with health programmes, organisations can obtain information about the success of their strategic decisions (Strasser et al., 2021). Such metrics can be used to find the patterns and trends that are not so obvious through qualitative feedback. For instance, a sharp decrease in engagement in a health programme can be linked to policy changes that were not very well communicated or received by the employees (Ngcobo et al., 2022).

Organisational culture greatly affects employees' views and experiences, especially in the handling of sensitive issues like HIV/AIDS policies (McCreesh-Toselli et al., 2021). The culture of an organisation is the basis for the attitude of its members towards the policies that are implemented. This relationship between the organisational culture and employee feedback is very important for the development and improvement of the strategies that are used to manage workplace health issues, including HIV/AIDS.

Defining Organisational Culture

Organisational culture is the common values, beliefs, and norms that characterise the work environment of an organisation (Akpa et al., 2021). It determines how employees communicate with each other and the management, as well as their participation in the organisation's goals and policies (Zeb et al., 2021). In the framework of HIV/AIDS management, the organisational culture can either create a supportive and open atmosphere, or it can be a place of stigma and misunderstanding (De Koker, 2020).

The Role of Employee Feedback in Shaping Culture

Employee feedback is a crucial instrument for gauging the effectiveness and the acceptance of HIV/AIDS policies in the workplace. It offers a direct look into how these policies are seen by the personnel, pointing out the areas where they are contradicting or supporting the existing organisational culture (Kanana, 2021). For example, if employees think that the HIV/AIDS policies are not in accordance with the organisation's stated values of inclusivity and support, this feedback will lead to a strategic re-evaluation of policy directions (Toselli et al., 2021).

Feedback Mechanisms and Cultural Adaptation

A structured feedback mechanism is the key to getting the right and most useful information from the employees. These mechanisms might be, for instance, anonymous surveys, suggestion boxes, and regular forums or meetings, where employees can express their views and concerns about the policy implications and effects (Chima et al., 2023). The success of these tools depends on an organisational culture that prioritises transparency and continuous improvement.

For instance, a culture that promotes open dialogue and gives importance to the well-being of employees, will probably have a higher rate of engagement in the feedback mechanisms. Employees in such cultures are more likely to give true feedback, which in turn helps management to make decisions that are in accordance with the workforce's needs and expectations (Mosugu, 2021).

Feedback as a Driver for Cultural Change

Employee opinions can also be a strong motivator for cultural change in an organisation, especially on the issue of HIV/AIDS. Seeing the feedback from employees results in changes in the policies and practices, and as a result, the employees' trust in the organisation and its commitment to them is strengthened (Unsown et al., 2021). This process helps to gradually change the organisational culture to embrace more open and inclusive practices.

In cases where the feedback shows a big difference between the experiences of the employees and the policies of the organisation, this can set off a change in the culture of the whole organisation. For example, if the feedback is always about the lack of support for HIV-positive employees, it can make the organisation adopt more compassionate and inclusive practices, thus changing the organisational culture to be more accommodating and supportive (Todic et al., 2022).

Challenges in Integrating Feedback with Organisational Culture

The process of incorporating employee feedback into organisational culture is not free of difficulties. The differences between the current culture and the changes that the employees suggest, can cause resistance from different levels within the organisation (Sony et al., 2020). The rigidity of the hierarchy may cause the feedback from the lower-level employees to the top management to be blocked, consequently, decreasing the effectiveness of feedback in driving change (Cheng et al., 2023).

2.11.7 Strategic Choice Theory as a Tool for Change

Strategic Choice Theory is a powerful tool for an explanation of how decisions made within an organisation can result in major changes in policy and practice, especially in HIV/AIDS management (Gantayat et al., 2024). This theory highlights the fact that people from all levels of the organisation can make strategic decisions that will have a huge impact on its direction and effectiveness (Gupta et al., 2021).

Fundamentals of Strategic Choice Theory

Strategic Choice Theory, which was first developed by John Child in 1972, contradicts the deterministic views of organisational change, which are based on the idea that organisations are passive reactors to external forces. On the contrary, it claims that organisational results are largely determined by the strategic choices of the actors at different levels of the organisation

(Tierce, 2020). The policy decisions are shaped by both the internal factors of the organisation and the external environment, therefore, creating a dynamic interplay that can result in the transformation of the organisation (Errida & Lotfi, 2021).

The Role of Strategic Decisions in Policy Transformation

Strategic decisions, as Strategic Choice Theory suggests, are those that basically determine the organisation's structure, goals, and processes (Souza et al., 2020). In the area of HIV/AIDS policy management, the strategic decisions might be the adoption of new health policies, the restructuring of the support systems for the affected employees, or the introduction of new health communication strategies (Secchi & Cowley, 2021). These choices can be based on a knowledge of both the internal needs of the organisation and the external pressures that require it to adapt.

Driving Change through Strategic Decisions

The possibilities of strategic choices to change the organisational policies are considerable. For example, a choice to put health and safety first by implementing comprehensive HIV/AIDS policies, can cause a general cultural change within the organisation (Tubey et al., 2023). This change can improve the workplace culture, making it more welcoming and helpful to all workers, especially those affected by HIV/AIDS.

The strategic decisions in HIV/AIDS management might also be linked with the use of technology to enhance health outcomes, for example, the adoption of telemedicine services to give confidential support to the employees (Ibeh et al., 2024). These decisions do not only solve the current health problems, but also establish the basis for future policy initiatives that give priority to the welfare of the employees (Kanitz et al., 2023).

Impact of Strategic Choices on Organisational Culture

The decisions made by organisational leaders and managers can largely affect an organisation's culture, especially in the way it deals with health problems. Strategic decisions that are based on transparency, inclusivity, and support in HIV/AIDS policies, are the ones that can create a culture of trust and openness (Matthews et al., 2022). Through the employees' observation of these values being given priority, their engagement and satisfaction with the work environment are likely to increase, thereby creating a positive feedback loop that supports the continuous improvement of the policy and its adaptation (Cavazzoni et al., 2022).

Challenges in Implementing Strategic Changes

Though the potential for strategic choices to effect change is evident, there are many problems that may hinder this process. Resistance to change is a common problem in many organisations, especially when it is about sensitive issues like HIV/AIDS (Sammut, 2020). Resistance may be caused by existing cultural values, stigma associated with the disease, or fear of the unknown. Overcoming such challenges required the leaders to clearly expound the benefits of the new policies, and to involve the employees at all levels to get their support and buy-in. The congruence of the strategic decisions with the organisation's long-term objectives and the external regulatory environment is very important. Any misalignment can result in conflicts and inefficiencies that will eventually harm the new policies (Martinez et al., 2023). Hence, the strategic decisions should be made with complete knowledge of the general industry standards and societal expectations.

Strategic Choices as Catalysts for Sustainable Change

In the end, the application of Strategic Choice Theory as a tool for change in organisational policy management is about the recognition and utilisation of the potential of individual and collective agency (Cheng et al., 2023). Through making informed, strategic decisions which are in line with both internal values and external demands, organisations can change their ways of handling complex health issues like HIV/AIDS. This change does not only help the employees that are directly affected, but also improves organisational health, thus creating a more resilient and adaptable business environment.

Critique and Limitations of Strategic Choice Theory as a Tool for Change

Strategic Choice Theory has been a major factor in explaining the decision-making process in organisations, as it has provided researchers with the knowledge about how strategic decisions are made and how they affect the policy outcomes (Atuabene et al., 2023). Nevertheless, its applicability to cases, for instance, HIV/AIDS policy management in organisations, requires a detailed analysis. This critique evaluates the weaknesses of SCT in the creation of effective HIV/AIDS management policies within the organisational settings.

Strategic Choice Theory is a theory that gives a lot of insights, but its application to HIV/AIDS policy management is not free of limitations. These constraints can also weaken the theory's ability to give a general understanding of policy dynamics in particular organisational contexts (Nair et al., 2024). Some of these limitations are the following:

1. *Underestimation of External Constraints*: One of the main drawbacks of the theory is the possible underestimation of the power of external constraints. In the context of HIV/AIDS, these constraints could be the legal requirements, societal stigma, and limited resources. The theory concentrates on the internal decision-making process, hence, ignoring the fact that these external factors can severely restrict the strategic choices that organisations have (Osman & Lew, 2021).
2. *Overemphasis on Rationality*: Strategic Choice Theory usually presumes a degree of rationality in decision-making that may not always be there in real-life situations. Decision-makers' biases, absence of information, and irrational behaviours can distort the strategic choices made, hence, the policy outcomes will be less than preferred (Luke et al., 2024). In the delicate area of HIV/AIDS, where stigma and misinformation are widespread, these factors can greatly influence the effectiveness of the resulting policies.
3. *Neglect of Cultural and Social Dynamics*: The theory may not be enough to explain the cultural and social factors that affect organisational behaviour and decision-making. In different organisational settings, the perceptions of HIV/AIDS of the culture can greatly influence how the policies are accepted and put into practice (Sarta et al., 2021). Without including these cultural and social elements, Strategic Choice Theory might not be able to fully reflect the complexities that are involved in managing HIV/AIDS in the workplace.
4. *Challenge in Measuring Impact*: Applying Strategic Choice Theory to the outcomes of HIV/AIDS policies has its problems in measurement and evaluation (Bhat et al., 2022). It is difficult to find out the direct effect of strategic decisions on policy effectiveness because of the many factors involved. The complexity of this situation can be the reason for the difficulty there is in separating the effects of strategic choices from the other factors that are influencing it.

Although Strategic Choice Theory offers a sound framework for the comprehension of organisational decision-making, its use in the management of HIV/AIDS policies should be done using a careful and balanced approach. The limitations of the theory are to be considered before it can be used to improve policy outcomes. Through the combination of SCT and knowledge of external constraints, cultural dynamics, and the subtleties of human behaviour, organisations can better manage the complexities of their HIV/AIDS policies. This balanced

method can result in more efficient, inclusive, and adaptable HIV/AIDS management strategies that are based on both theoretical insight and practical reality.

2.12 Chapter Summary

This chapter's literature review delves into the knowledge, experiences, and perceptions of employees regarding HIV/AIDS policies and programmes within organisational contexts. The literature review uncovered a significant amount of research on the attitudes, knowledge, and perceptions of individuals towards HIV/AIDS. However, it is worth noting that there are certain gaps in the existing literature when it comes to evaluating the experiences, perceptions, and knowledge of the general workforce in relation to management policies and programmes which are specifically implemented in organisations. The existing body of empirical research provides compelling evidence that underscores the imperative for ongoing investigation into the assessment of HIV/AIDS policies and programmes within organisational contexts. As a result, this study aims to address the existing literature gap by contributing to the body of knowledge in this area. The subsequent chapter delves into the intricacies of the research methodology.

CHAPTER III

RESEARCH METHODOLOGY

3.0 Introduction

In this chapter, the research methodology employed for the purpose of data collection from the respondents is expounded on. The present study focuses on examining the knowledge, experiences, and perceptions related to the policies and programmes implemented for HIV/AIDS management, in a factory environment at Technikon Laboratories, located in Johannesburg, South Africa. This academic dissertation methodically structures the current chapter to explain the fundamental views of the research philosophy, design, research instruments, population selection, data analysis, and ethical considerations, among other crucial aspects related to the methodology.

3.1 The Study Methodology

Multiple methodologies can be employed to investigate the knowledge, experiences, and perceptions pertaining to the management policies and programmes concerning HIV/AIDS within the workplace. Upon careful consideration, it was determined that a qualitative approach would be the most suitable methodology for conducting this study on the general workers employed at the organisation in question. According to Creswell (2022), utilising qualitative methodologies gives researchers the opportunity to delve into intricate phenomena within their authentic context, through the lens of the participants. Employing open-ended interview questions and focus group discussions, allows employees to express their understanding, share their personal experiences, and share their viewpoints on current workplace policies and programmes related to HIV/AIDS management. The utilisation of qualitative techniques in research endeavours produces extensive and detailed data that is rooted in the authentic expressions and narratives of individuals within the workforce (Maree, 2019). Quantitative surveys, while valuable for capturing fundamental statistical data, lack the richness and intricacy that qualitative methods provide. Therefore, the utilisation of in-depth interviews and focus groups was deemed the most suitable methodology for extracting the knowledge, experiences, and perceptions of the general factory workers.

This group holds significant importance as stakeholders in the evaluation and improvement of HIV/AIDS management policies and programmes. Researchers are able to discern and ascertain the existence of lacunae, impediments, and prospects for enhancing workplace interventions, education, communication, and the overall organisational culture pertaining to

the domain of HIV/AIDS, through the use of qualitative data (Onwuegbuzie & Bui, 2022). The data, in addition to its primary purpose, can also serve as a valuable resource for informing quantitative measurement and analysis in prospective mixed-methods research endeavours (Salkind, 2021). In its broader scope, it can be argued that a qualitative methodology offers indispensable contextualisation and profound insights, which are imperative for comprehending the intricacies of HIV/AIDS management within the confines of this organisational milieu.

3.2 The Research Philosophy

This study adopts an interpretivist research philosophy. Choy (2022) and Creswell and Poth (2018) assert that the theoretical framework of interpretivism revolves around the development of subjective interpretations of phenomena, shaped by the distinct perspectives and experiences of the research participants. This research is grounded in a qualitative approach, aiming to delve into the knowledge, experiences, and perceptions of general factory workers employed at an organisation. The utilisation of an interpretivist framework acknowledges the epistemological stance that the realities and perceptions of workers pertaining to the management of HIV/AIDS, are intricately shaped by social interactions and the collective construction of meaning within an organisational context (Choy, 2022). Henceforth, it is imperative to acknowledge that interpretivist methodologies, such as in-depth interviews and focus groups, serve as suitable means to probe the perspectives, values, and diverse realities of workers pertaining to existing policies and programmes. An exclusive reliance on quantitative data fails to sufficiently capture the subjective interpretations that workers attribute to HIV/AIDS interventions within their professional environments.

Nevertheless, it is imperative to acknowledge that interpretivism, despite its inherent subjectivity, does pose certain limitations, such as the potential for researcher bias and an absence of generalisability (Quinn et al., 2020). To effectively address the aforementioned limitations, it is imperative to employ methodological strategies that embody reflexivity, transparent coding procedures, and thick description. These approaches are essential for managing the inherent constraints of the research process. In its essence, interpretivism serves as a philosophical underpinning that facilitates the acquisition of profound insights, pertaining to the way individuals within the general workforce comprehend and navigate the realm of HIV/AIDS management. This comprehension is derived from their personal encounters and experiences within the specific context of a factory setting. The knowledge that is generated

through rigorous research endeavours has the potential to provide valuable insights, which can be utilised to enhance the efficacy of policies and programmes, thereby ensuring that the needs and perspectives of workers are better addressed and catered to.

Justification of the Chosen Interpretivist Paradigm

The selection of this paradigm arose from the fact that interpretivist principles are in line with the objectives of the study, which were to determine and explore the understanding, perceptions, and experiences of the factory workers. The following discussion explains why interpretivism was the right choice for this study.

Interpretivism claims that reality is built subjectively through social interactions and individual experiences (Quinn et al., 2020). This philosophical stance was essential for a study that aimed to explore the personal and communal views of HIV/AIDS policies in a workplace setting. Interpretivism gave the researcher the chance to discover and comprehend the subjective meanings that the workers attached to their experiences and interactions concerning these policies. Macharia (2024) notes that interpretivism is especially good for studying phenomena where individual perceptions affect the results, as is the case with workplace policy reception and enactment.

Since the research was on a particular organisational context, the depth of insight that was needed into the workers' views and experiences, justified a qualitative, interpretivist approach. This method was perfect for studies where a deep, contextual analysis of a phenomenon in a particular environment, is more important than generalisability to a larger population. Quinn et al. (2020) maintain that interpretivism is perfect for a detailed analysis of specific contexts, which is in line with the need to understand the unique dynamics at the organisation in this research.

The interpretivist philosophy stresses the significance of comprehending how people create meaning in different situations. This was the key to explore how workers understood, dealt with, and were affected by HIV/AIDS management policies. Bhandari (2023) states that interpretivism helps researchers to investigate complicated behaviours and motivations of individuals in natural settings, and to know how societal, historical, and personal factors influence these behaviours.

The adoption of an interpretivist philosophy enabled the choice of research methods to be flexible, therefore, facilitating the use of qualitative techniques that were proficient at uncovering nuanced meanings in the rich, textual data. This flexibility was very important for the research methods to be adjusted according to new data; thus, the research design was always responsive to the data as the study went on. Macharia (2024) stressed that such a flexibility is advantageous for studies that are intended to deeply study personal and contextually embedded phenomena, like those that were the focus of this research.

Interpretivism is in favour of ethical research practices, by the recognition of the autonomy and subjective experiences of participants. This was especially relevant in the case of sensitive issues such as HIV/AIDS, where confidentiality, respect, and ethical considerations were the most important. The interpretivist approach made sure that the research was done in a way in which the participants' experiences were respected, and they were encouraged to express their true thoughts and feelings in a safe environment. Using an interpretivist approach, this research gave valuable theoretical insights into the way that non-managerial staff perceived and interacted with HIV/AIDS policies, and possibly identifying the gaps in Strategic Choice Theory.

3.3 Research Design

After careful consideration, it was concluded that an exploratory research design would be the most appropriate approach for conducting this study on management policies and programmes related to HIV/AIDS. According to Creswell and Creswell (2018), exploratory designs serve as a valuable tool for researchers seeking to delve into uncharted territory, or to gain a deeper understanding of domains with limited existing literature. There has been insufficient scholarly inquiry into the perceptions and experiences of HIV/AIDS management among the general workforce in South Africa's factory settings. Hence, the use of an exploratory methodology facilitates the acquisition of novel insights pertaining to this phenomenon, specifically from the vantage point of the personnel at Technikon Laboratories, through open-ended inquiry (Choy, 2022).

In-depth interviews serve as a valuable technique for eliciting comprehensive insights from workers, enabling them to articulate their profound knowledge, experiences, and attitudes pertaining to workplace policies and interventions, concerning the intricate domain of HIV/AIDS. The collection of qualitative insights can subsequently serve as a valuable resource

for informing future research endeavours and practical applications (Grey, 2014). For instance, the identification of any gaps or issues within the context of HIV/AIDS programmes, could potentially serve as a catalyst for the subsequent development of workplace surveys or experimental studies, aimed at enhancing the efficacy and effectiveness of the said programmes. Alternatively, the obtained results could serve as a basis for the development of quantitative metrics aimed at monitoring policy implementation and efficacy. Although the subjective and contextualised nature of the data may impose limitations on its generalisability, the utilisation of an exploratory approach serves as a crucial initial step towards shedding light on the realities and sense-making processes of workers, pertaining to this relatively unexplored subject matter. This emergent and inductive process will ultimately advance an understanding of the most effective strategies for managing HIV/AIDS, especially for general labourers in South African factory settings.

Justification for the Selection of Exploratory Research Design

This research study adopted an exploratory research design, as its aim is to draw focus on the knowledge, views, and lived experiences of general workers at an organisation, regarding its HIV/AIDS management policies and programmes. The main goal of the study was to explore the relatively unknown territory of employee perceptions and experiences in an organisation.

Due to the limited research that has been conducted pertaining to general workers' opinions/perceptions of HIV/AIDS policies in South African factory settings, it was necessary to use a design that would enable a flexible and open-ended exploration of the topic. An exploratory research design helps researchers to gain detailed knowledge regarding complex issues, by not being limited to testing a hypothesis, but instead encouraging a wider inquiry into workers' real-life experiences and perceptions (Onwuegbuzie & Bui, 2022).

The exploratory nature of the study allowed the researcher to be flexible in terms of the data collection methods, which is very important due to the sensitive nature of the topic (Babbie, 2021). The design enabled the use of qualitative methods like semi-structured interviews and focus groups, which were very helpful in getting detailed and nuanced insights from the participants. This flexibility was vital to adjust to the needs and comfort levels of the participants, particularly in the case of personal and probably stigmatised issues such as HIV/AIDS.

The exploratory design was especially beneficial for the creation of new hypotheses and insights that could be further investigated in future research (Walia & Marks-Maran, 2022). The lack of a strict framework allowed the study to discover new themes and patterns related to the implementation and impact of the HIV/AIDS management policies. These results were essential in highlighting the weaknesses in the current policy framework and proposing areas for improvement, hence, they made both theoretical and practical advancements in the field.

Exploratory research was the key to the development of a solid theoretical base for the study. The design's openness to new data enabled the creation of a comprehensive and contextual understanding of the perceptions and experiences of HIV/AIDS policies on the ground. This was in line with the constructivist paradigm that was the basis of the study, which stresses the construction of knowledge through social interactions and lived experiences (Babbie, 2021).

The choice of an exploratory design also increases the qualitative strictness of the research (Walia & Marks-Maran, 2022). It provided a methodical approach to the investigation of the data, by means of the repeated cycles of data collection and analysis; as a result, the results were based on the data that was collected. This procedure of repetition was essential in the development of the research questions and its focus and was based on a continuous analysis of the rising trends in the data.

The main advantage of an exploratory design is that it enables the participants to be highly involved. Using flexible, open-ended questions, participants were motivated to tell their experiences and perceptions, which increased the amount of data collected, and provided deeper insights into the subjective realities of HIV/AIDS in the workplace. This form of communication helped to build trust and rapport with the participants, and as a result, the information collected was valid and deep (Choy, 2022).

An exploratory design is crucial in dealing with the ethical issues that come with the research of sensitive topics such as HIV/AIDS (Ravitch & Carl, 2021). The design's inherent adaptability made sure that the research was done in a respectful and considerate manner, preserving the dignity and confidentiality of participants throughout the study. This is especially crucial in a cultural and professional setting where stigma may be associated with HIV/AIDS.

3.4 The Qualitative Research Method

The present investigation employed qualitative methodologies, more specifically semi-structured interviews and focus groups, to delve into the knowledge, experiences, and perceptions of the general factory workforce, pertaining to the policies and programmes implemented for the management of HIV/AIDS at Technikon Laboratories. According to Ravitch and Carl (2021), the use of qualitative methodologies allows researchers to comprehensively understand the intricacies inherent in participant perspectives, by employing open-ended inquiries and natural dialogues. In this research study, the use of individual interviews provided a conducive platform for workers to expound on their personal experiences and attitudes in a comprehensive manner. Simultaneously, the implementation of focus groups fostered a dynamic environment that facilitated interactive exchanges among employees, pertaining to HIV/AIDS management in the workplace. During the unprecedented COVID-19 pandemic, the use of online video conferencing emerged as a strategic measure with the primary objective of safeguarding workers' well-being and security. Despite the inherent limitations of remote communication, it is worth noting that video interviews have proven to be a valuable tool for capturing essential visual cues and fostering meaningful relationships, surpassing the capabilities of traditional phone interviews (Archibald et al., 2019).

The qualitative insights obtained through these methodologies provide a comprehensive understanding of how employees perceive current organisational initiatives pertaining to HIV/AIDS prevention, treatment, and stigma reduction, among other related aspects. Nevertheless, it is imperative to acknowledge that qualitative research, despite its undeniable merits, is not devoid of inherent subjectivity and the potential for response bias (Maxwell, 2020). Various strategies were effectively employed to enhance trust and foster an environment conducive to candid sharing among participants. Such strategies encompassed a comprehensive clarification of the study's objectives, the establishment of a strong rapport with the participants, and the unequivocal emphasis on maintaining strict confidentiality throughout the research process, as postulated by Martínez-Mesa et al. (2022) and supported by Blumberg et al. (2016). The inherent depth and intricacy of qualitative discoveries emanate from the deliberate focus on the perspectives of the labourers. Consequently, meticulous efforts were made to cultivate an environment conducive to fostering unreserved and authentic articulation (Mugenda & Mugenda, 2018). The emergence of themes from the subjective perspectives and lived experiences of these employees, although not readily generalisable, provides invaluable

contextual insights for enhancing HIV/AIDS management policies, and fostering a culture conducive to these policies within the organisation partaking in the study.

3.5 Sources of Data

Data was collected from primary sources. The following sections provide the details of these.

3.5.1 Primary Sources

Primary information was collected from the following participants (see the table below).

Table 2.1: Sample size

Population	Interviews only
General workers from the organisation Operations, Planning, Production, Warehouse and Quality general workers at the organisation	20
Total	20

Table 1 shows that the population of the study was made up of 20 participants.

3.5.2 Sample Size determination

The researcher used a Babbie and Sekarans (2016) sample size determination table to determine the sample size in this study. According to the Babbie and Sekaran (2016) sample size determination table, the recommended sample size can be calculated based on three key parameters: the population size, the desired level of precision or margin of error, and the desired confidence level. For 22 workers, the table indicated a sample size of 20 would be appropriate to meet a 10% margin of error and 90% confidence level (Babbie & Sekaran, 2016). The Babbie and Sekaran (2016) sample size determination table provides researchers with a structured, evidence-based approach to calculating an adequate sample size for their studies. This helps ensure the reliability and validity of the research findings. As posited Merriam and Tisdell (2020) for determination of sample size for qualitative studies the principle of saturation is more importantly to be considered.

3.6. Sampling

The study used both qualitative non-probability sampling methods and probability sampling techniques for appropriate participant selection. In this study, purposive was used to sample participants with knowledge while random sampling was used to enhance generalisation and

minimise bias. This served to also make sure that a wide range of thinking was established in the workers demographics.

3.6.1 Probability sampling methods

Probability based random sampling technique was used in the study through simple random sampling technique whereby each factory worker was assigned an equal chance of being selected without regard to his/her occupation status to allow provision of results from different factory sections and the occupational roles. By doing so, the study minimised selection bias and enhanced the overall validity of the findings.

3.6.2 Non-Probability Sampling Methods

A non-probability sampling methodology pertains to a qualitative paradigm wherein the researcher consciously employs a subjective lens to ascertain suitable research participants for the study (Martínez-Mesa et al., 2022). There exists a multitude of non-probability methodologies, including, but not limited to, quota sampling, purposive sampling, volunteer sampling, and convenience sampling methods. The present investigation employed the purposive sampling technique.

3.6.3 Purposive Sampling Method

Purposive sampling pertains to a qualitative framework wherein the investigator consciously selects research participants based on their expertise and comprehension of the subject matter (Miles & Huberman, 2016). The researcher exercised individual discernment in selecting participants, primarily based on the respondents' occupational roles. The designation of the post held by the participant in the organisation's factory, played a pivotal role in shaping a characterisation of his or her occupational responsibilities. Within the confines of this scholarly investigation, the researcher has considered the pivotal role played by general workers as the principal participants of this study. Saunders' (2018) seminal work unequivocally demonstrates that a researcher gains distinct advantages from the use of purposive sampling, primarily in terms of cost-effectiveness and convenience.

This sampling technique entails the deliberate selection of participants based on their profound understanding of and expertise in the subject matter under investigation. Moreover, it effectively optimises time allocation by accurately discerning the appropriate participants for the research endeavour. Nevertheless, it is imperative to acknowledge that the sampling method under scrutiny, namely purposive sampling, exhibits a notable limitation in the form of

subjectivity (Walia & Marks-Maran, 2022). To address this inherent deficiency or constraint, and ensure the preservation of objectivity, it is imperative to implement measures that effectively mitigate these shortcomings and maintain a consistent approach.

Qualitative Sample Size Determination and Justification

The choice of the sample size for qualitative studies is essentially different from that for quantitative methods, because it is based more on conceptual depth and richness, and less on statistical power. In this study on the perceptions and experiences of general workers on HIV/AIDS management policies, a sample size of precisely 20 participants was selected. This choice was based on qualitative research principles, especially the idea of data saturation. This next part gives a detailed explanation of the reasons for choosing the sample size, such as data saturation, and the needs of the research context.

The idea of saturation is very important in qualitative research, and it helps in deciding the sample size. Saturation is the point at which no new information or themes are found in the data (Merriam & Tisdell, 2020). In this study, the sample size of 20 was enough to reach the saturation point. This number enabled a variety of experiences and perceptions to be collected, thereby, the richness of the data was increased and a comprehensive coverage of the themes relevant to the HIV/AIDS policy at the factory was achieved.

The sample size of 20 also matched the practical constraints, such as time, resources, and the sensitive nature of the topic. A smaller, more manageable number of participants allowed a more thorough interaction with each one, which is very important when talking about personal and potentially stigmatised issues like HIV/AIDS. This engagement is necessary for the development of trust and for the promotion of open and honest dialogue, which in turn, increases the quality and authenticity of the data collected (Babbie, 2021).

In qualitative research, the focus is mainly on the depth rather than the width of the data (Walia & Marks-Maran, 2022). The rich, detailed answers received from the 20 participants contributed a deep understanding of the subjective experiences and perceptions of the workers, which might have been diluted in a larger sample. Depth is necessary for the exploratory nature of this study, which aims to discover the underlying mechanisms and personal effects of workplace policies on the management of HIV/AIDS.

The control of a small sample size guaranteed that each participant received enough attention regarding the ethical issues like informed consent and confidentiality. This careful management

was necessary in a study where sensitive issues were involved, and the guarantee of privacy and ethical handling of the data allowed the participants to share more openly.

Inclusion and Exclusion Criteria

In this qualitative research that aimed to gather the knowledge, views, and experiences of general workers on HIV/AIDS management policies and programmes at Technikon Laboratories, the inclusion and exclusion criteria were the main factors that determined the limitations of the participant pool (Babbie, 2021). These criteria were important for the research data to be relevant to the study's objectives, and for the findings to be able to be interpreted meaningfully within the specific organisational context. This in-depth discussion reveals the reasons for the chosen criteria, their effects on the research results, and how they enhanced the credibility and the usefulness of the study (Choy, 2022).

Inclusion Criteria

1. **Employment Status:** The primary inclusion criterion was the current employment at the organisation. This criterion guaranteed that the participants were directly and continuously involved in the workplace environment and HIV/AIDS management policies that were under review (Babbie, 2021). It was necessary that the participants were not only familiar with, but also actively involved in the daily operations where these policies were enforced. This interaction with general workers provided the necessary information about the implementation of and everyday life under these policies.
2. **Role within the Company:** The research focused on the non-managerial, general workers. This focus was chosen because previous research has usually ignored this group, even though they represent a significant number of people and have direct interactions with the main operational processes of a company (Saunders et al., 2021). The study targeted this group of people to get a view, which was both neglected and essential, on the overall picture of the workplace situation regarding HIV/AIDS management.
3. **Duration of Employment:** Participants had to be employed at the organisation for at least six months. This period allowed them to be well acquainted with the company's policies and culture regarding HIV/AIDS. This period gave employees the opportunity to attend the company's annual training sessions and any updates to the HIV/AIDS

policies, thus, they were able to have a contextual background to give informed feedback (Merriam & Tisdell, 2020).

4. **Willingness to Participate:** Willingness and consent to participate in the study were the key factors. This criterion was in accordance with the ethical research practices suggested by Teddlie and Tashakkori (2021); hence, participants were clearly informed about the nature of the study and their role in it, and they agreed to participate voluntarily. This ethical issue means that, not only the rights of the individuals were respected, but that the data collected was also genuine and reliable.

Exclusion Criteria

1. **Non-Employees:** People who were not working for the organisation were not included. This comprised of former employees, contractors, and external business partners. This criterion helped to keep the current policies and active workplace environment as the focus areas, because the perceptions and experiences of outdated or external sources could distort the understanding of the current policy's effectiveness (Easterby-Smith et al., 2021).
2. **Managerial Staff:** Managers and supervisors were not included in the research to keep the study on the experiences of general workers. Managers may have a different point of view and experiences from workers, as they are influenced by their role in enforcing and monitoring the policies that directly affect the latter (Patton, 2022).
3. **Short-term Employees:** Employees who were with the company for less than six months were excluded, because they might not have had enough experience with the HIV/AIDS policies and their implementation. This criterion guaranteed that the participants had sufficient time to experience and reflect on the company's management strategies, as well as on their personal experiences in the workplace setting (Teddlie & Tashakkori, 2021).
4. **Individuals under 18:** The study did not include individuals under the age of 18, which is in line with ethical standards that require special considerations and parental consent for underage participants. The workplace environment is usually filled with adults, thus this criterion also matched with the general workforce's demographic.

The formation of these criteria was the key factor in the creation of the participant pool, which in turn, affected the diversity and relevance of the data collected. Through a proper selection of participants who met the requirements, the study guaranteed that the findings reflected the

experiences of those who were most directly affected by the HIV/AIDS management policies at the organisation (Easterby-Smith et al., 2021).

The inclusion and exclusion criteria did not only determine the participants of the study, but also emphasised its dedication to ethical and methodological accuracy (Choy, 2022). Further Easterby-Smith et al. (2021) state that these criteria avoid the possible biases that could be created by an unrepresentative sample, therefore the credibility and transferability of the study's findings were improved. Through this accurate choice-making, the research wanted to provide valuable information that could be used for future policymaking, as well as add to the general discussion on workplace health management, especially linked to HIV/AIDS.

3.7 Research Instruments

The present investigation employed an in-depth interview, which is a methodological approach commonly associated with qualitative research, to gather data from the study participants. Scholars such as Crotty (2020) and Teddlie and Tashakkori (2021) have previously acknowledged and endorsed this data collection technique. To achieve reliability and validity of the research instrument, a pilot study involving 2 participants was conducted.

3.7.1. Semi structured Interview Guide

The investigation used face and content validity with semi structured interviews as a means of probing the participants, thereby serving to complement and strengthen the responses obtained from the questionnaire. The use of an interview guide consisting of open-ended questions, which aligns with the use of a semi structured approach enabled the collection of qualitative data from the participants. (Onwuegbuzie & Bui, 2022). Shenederman and Plaisant's (2018) seminal work firmly establishes that interviews serve as a highly convenient methodological approach, as they allow the researcher to elucidate intricate matters that may otherwise remain ambiguous, due to the inherent nature of a typically conducted in-person interaction. The primary goal of conducting interviews was to ascertain and acquire critical information that is essential for establishing the study's utmost significance and relevance. The interviewer, in their role as a diligent researcher, took great care to establish an environment that was characterised by its freedom, conducive nature, and convenience, thereby facilitating participants' uninhibited expression of their perspectives, which was unburdened by any apprehensions or restrictions. Moreover, the investigator encountered the challenge of contending with the predicament of rescheduled appointments, due to the demanding occupational commitments of most of the participants, with some initially exhibiting reluctance to allocate a substantial

amount of time for engaging in the interview process. The researcher exhibited commendable qualities of patience and persuasion.

3.8 Data Analysis and Procedure

The qualitative data was obtained through interviews.

3.8.1 Qualitative Data Analysis

The acquisition of qualitative data was facilitated through the utilisation of interviews and focused group discussions, employing a semi structured interview guide that was characterised by open-ended questions. The initial documentation of interviews involved the meticulous recording of participants' responses, with everyone being assigned a unique numerical identifier, commonly referred to as a key informant. The response was subsequently subjected to rigorous analysis, employing the esteemed methodological approach known as thematic analysis. The conceptualisation of qualitative thematic analysis can be elucidated as a methodological approach, which entails the meticulous interpretation of textual data content, via a systematic process of discernment and categorisation of recurring themes or patterns (Salkind, 2021). The utilisation of qualitative analysis facilitated the researcher's comprehension of the intricate social fabric pertaining to the acquisition of knowledge, lived experiences, and subjective interpretations, concerning the policies and programmes implemented for the management of HIV/AIDS within the organisation's factory environment, which is situated in the bustling metropolis of Johannesburg, South Africa. The researcher was guided by the ideal framework delineated by Kumar (2023), which encapsulates a concise yet comprehensive set of five sequential steps that proved instrumental in facilitating the efficacious analysis of the qualitative data.

Step 1: Organisation of Data

The data was transcribed from voice to text. The researcher utilised modern technology to fast-track the process by using an automatic transcription service provider.

Step 2: Categorisation of the Data and Creation of a Framework (Coding the Data)

According to Harding (2018), this step involves identifying and summarising the central themes and patterns in the data. It helps to give meaning to all the data collected using the original research objectives. The analyst chooses key words/phrases related to ideas, behaviours, or themes. Each keyword is assigned a colour code. By going through the transcripts and other notes, highlighters are used to 'code' the relevant text with the assigned

colour. This step could have been time-consuming for this researcher, but working with unorganised data could have made data analysis incredibly more difficult.

Step 3: Reviewing the Codes and Making Connections

After inductive coding the data, there was identification of recurring themes (Harding, 2018). Responses that seemed important were considered with the aim of gaining deeper insight into the meaning of the data.

Step 4: Validation and Comparison of the Data

The researcher ensured that the data was not flawed, by validating it throughout the entire data analysis process, in order to make sure that the data collected was without bias and according to the pre-set standards. The researcher was guided by such questions as, “*Were consistent procedures used to collect data?*”, “*Were respondents chosen according to the research criteria?*”, “*Did respondents answer all the questions?*”, “*Is the analysis reliable?*” As part of the validation process, comparison of the study’s findings with other related studies should be done, to check if there were any connections or different points of view. These ideas or points were very useful to the discussion in the final analysis of this report.

Step 5: Drawing a Conclusion and Explaining the Findings

The data was interpreted by ensuring that there was a link between the research objectives and the analysed data, thus noting its significance.

3.9 Credibility and trustworthiness

To establish the validity and reliability of qualitative data, the researcher must consider the following:

- i. **Credibility** ensures that the findings genuinely represent the research participants' knowledge, experiences, and views, and that they recognise the data as their own (Streubert & Carpenter, 2011). For this research study, the researcher audio recorded all the interviews, with consent provided by the research participants. For this, the research participants were provided with informed consent forms, which the researcher explain to them to ensure that they understood what they meant.
- ii. **Transferability** explores how research findings can be generalised and adapted to other settings (Marshall & Rossman, 2016). Since this study employed the qualitative research approach, generalisability is impossible, as the researcher was interested in a

particular population in a specific setting. The researcher described the research setting in detail and accurately report data findings, since the study employed purposive sampling.

- iii. **Confirmability** is concerned with confirming that the research participants fully understand the research process. Confirmability also requires that the researcher should be aware of any potential bias that might arise in the study, due to preconceived narratives that he may hold (De Vos et al., 2011). To ensure this rigour, the researcher was reflexive throughout the research process, and when conducting the interviews.
- iv. **Dependability** involves the extent to which the collected data is consistent, analysed, and reported accordingly, to establish whether the research findings would be similar should the study be done in a similar yet different setting (Lincoln & Guba, 1985). This process is informed by credibility. In this instance, the researcher familiarised himself with the research findings to ensure consistency and make appropriate adjustments, if need be, through ongoing consultations with his supervisor. Moreover, all the data was stored safely and could only be accessed by the research team.

Data management

The study's data management strategy was meticulously designed to protect the privacy of participants, while maintaining the credibility and reliability of the research findings. These next narrative details the type of comprehensive approach adopted for managing both the physical and electronic data collected during the study.

1. Management of Physical Data

Physical data such as printed interview transcripts, consent forms, and handwritten field notes were kept safely to avoid unauthorised access. These documents were kept in lockable filing cabinets located in the controlled environment of the university's research office, under the direct supervision of the research supervisor. This place was selected for its security features, such as its restricted access that is controlled by the university's security personnel, which only authorised persons could access.

The physical documents were carefully arranged in files with clear labels with the participants' names, which ensured the confidentiality of the participants' identifications. This system facilitated quick and easy retrieval, as well as referencing,

while at the same time ensuring a high level of data protection. Regular audits were carried out to check that all the physical data was accounted for and properly secured.

The retention schedule for the physical data was in accordance with the university's guidelines and ethical approval requirements. Data was kept for the time needed to finish the analysis and answer any later questions or follow-up studies. After this period, the physical documents were shredded using secure shredding facilities, to prevent any possible misuse of sensitive information.

2. Management of Electronic Data

Electronic data, such as audio recordings, digital transcripts, and scanned documents, were kept on encrypted, password-protected computers. The main storage was on the researcher's laptop, which was equipped with the latest antivirus software and firewall protection to prevent possible cyber threats.

The risks of data loss because of hardware failure, theft, or natural disasters were mitigated by backing up the data to secure cloud storage services, on both Dropbox and Google Drive. These platforms were selected for their strong security features, such as two-factor authentication and end-to-end encryption. Access to these cloud services was limited by the strong, regularly changed passwords that were known only to the researcher and supervisor.

To enhance the security of the data, all the files that were stored electronically were encrypted using sophisticated encryption techniques. In this way, if there was unauthorised access or a data breach, the content of the files would be unavailable to the intruders.

The data, both physical and electronic, was strictly regulated. The researcher, supervisor, and members of the research team who were authorised, were the only ones who had access to the data. Every team member was briefed on the significance of data confidentiality and signed a confidentiality agreement to officially state their pledge to protect the participants' data. Data management also included the ethical aspect, especially the consent process. The participants were told about the way their data would be collected, stored, and used before they agreed to take part in the research. This openness created trust between the researchers and the participants, which is indispensable for sensitive issues, such as HIV/AIDS.

The data management procedures were devised to be in line with data protection laws and ethical guidelines such as the POPI Act. This compliance was checked through regular reviews by the research ethics committee, which gave oversight and guidance to make sure that data handling was in line with or better than the required standards.

Arrangements were made for the continuity of the study in case of events that might affect the main researcher or supervisor. This planning included detailed documentation of the data management procedures, and training of the other members of the research team who could take over the responsibility if needed.

3.10 Ethical Considerations

Through qualitative research in areas like HIV/AIDS management in the workplace, it is very important to follow strict ethical guidelines. This research, which is concerned with the workers at an organisation and their views on HIV/AIDS policies, stressed ethical considerations that made sure that the principles of autonomy, beneficence, non-maleficence, and justice were respected during the research process. To ensure that the study was ethical, the following were considered:

Informed Consent

Every prospective participant has a right to know what a research study entails, especially the voluntary nature of participation, risks and benefits, and compensation (Choy, 2022; Lekganyane, 2017). The researcher explained the research study to the participants to facilitate their decision on whether to participate in it. Written informed consent was required from research participants, with the document being written in English. The content of the informed consent form included the study title, purpose, procedures, compensation, potential risks and benefits, and contact information of the researcher and supervisor. Informed consent, which is a basic principle of ethical research, is not only about getting a signature, but is a way of showing that you respect and value the autonomy of participants. This process is very important in making sure that the participants get the whole idea of the project, their duties in it, and any risks faced, or benefits derived while being a part of it. This comprehension is not taken for granted, but is enabled by thorough dialogue, thereby making the consent procedure interactive and responsive.

The consent form given to each participant was well detailed, stating the objectives of the study, the procedures to be followed, the risks that might be involved, and the benefits that could be derived from the study. It also highlighted the voluntary nature of participation, by clearly

stating that participants could withdraw at any time without suffering any negative consequences.

The process gave a chance to the participants to ask questions and clear up any doubts, so that they could make an informed decision about their participation. This conversation is the key, not only for ethical standards, but also for the trust-based relationship that is established between the researcher and the participants, which can then lead to more open and honest communication throughout the research process (Ravitch & Kanan, 2021).

Anonymity and Confidentiality

Protecting participants, especially their identifying particulars, remains fundamental in research (Corti et al., 2014). Anonymity involves excluding any form of information that directly connects to a research participant, hence the need to hide their identity (Kalof et al., 2008). To ensure that the identifying particulars of research participants were protected, unique pseudonyms were given to every research participant. Confidentiality ensures that the information that research participants share during the data collection process is not shared with persons who are not part of the research study team (Babbie, 2014). To ensure confidentiality, the researcher explained to the research participants that all the information they shared would be handled confidentially, with a strong emphasis on discretion and information access by the researcher and supervisor. The confidentiality and anonymity of the study participants are the most important aspects, especially in the case of HIV/AIDS-related research, which is a very sensitive issue. In this research, all the participant identifiers were deleted and substituted by pseudonyms or numerical codes. This process of anonymisation makes sure that the participants' identities are not revealed, and thus, the data that is collected becomes more secure. All electronic data, such as audio recordings, transcripts, and notes, was encrypted and stored on password-protected computers. The physical data, such as hard copies of transcripts and notes, was stored in locked filing cabinets in a restricted area, which was accessible only to the research team. A combination of physical and digital data security together reduces the risk of unauthorised access and data breaches (Bayzar et al., 2024).

To ensure high confidentiality, strict data sharing protocols were put in place. Data was shared with those who were directly connected to the research process, and only under the circumstances that protected the identity of the participants. This restricted sharing was very important for the trust that participants put in the research process, and for the reduction of the possible risks of data breaches.

Routine audits and checks were carried out to make sure that data protection protocols were being followed. The audits evaluated both the physical and digital security measures and were able to highlight any possible weak points in the data management system. According to Mills (2024), such periodic reviews make sure that all the ethical standards regarding data protection and participant confidentiality are met consistently.

Voluntary Participation

The researcher explained to the research participants the voluntary nature of participation, and that their refusal to participate would not negatively impact their workplace responsibilities. Furthermore, research participants could exit the study at any time, and their decision would not be used against them (Ravitch & Carl, 2021). Voluntary participation is the main pillar of ethical research, especially when dealing with sensitive issues like HIV/AIDS. To maintain this principle, it is important that the participants realise their right to withdraw from the study at any time without any consequences (Sliking, 2021). Onwuegbuzie and Bui (2022) suggest that the freedom to withdraw should be explained in detail during the informed consent process, and that it should be repeated at every subsequent interaction with the participants.

The consent process included a detailed description of the study, what it means to be a part of it, and the total freedom to withdraw at any time. These explanations made sure that consent was informed and voluntary, instead of originating from perceived pressures or obligations. During the study, the researcher was attentive to any expressions of any of the participants' discomfort or reluctance. If such signs were present, the researcher halted the interview or interaction to communicate with the participant, and to let them know that they could pause or stop their participation if they wanted to do so. Therefore, this practice did not only conform to the ethical guidelines, but also created a respectful and supportive environment, encouraging honest and sincere communication (Kip et al., 2022).

Addressing Potential Harms

The main purpose of research is to create something new and useful, but it is very important to be aware of and to reduce the dangers that could come from taking part in the study. Considering the sensitive topic of HIV/AIDS, talking about personal experiences and policies may disturb the emotional state of the participants. To tackle this issue, the research design made the provisions for instant psychological support. The participants were provided with

counselling services, and a referral system was set up to connect them with mental health professionals if necessary. Therefore, this system guaranteed that the participants did not have to handle any distress by themselves, and that professional help was at hand (Shahmanesh et al., 2020).

Furthermore, the researcher received specialised training in sensitive interviewing techniques, to guarantee that all the participant interactions were carried out with the utmost respect and empathy. This training enabled the researcher to acquire the skills to deal with distressing topics delicately, and to identify and respond to emotional cues from the participants. Hence, preparedness was a must for the reduction of the risk of harm and for immediate assistance in case a participant became distressed during the interaction (Chimoyi et al., 2024).

The ethical duty also covers the period after the interviews. The research team carried out the continuous monitoring of the participants' well-being during the study. This proactive method included regular consultations with the participants to find out their feelings, and to solve issues which may have occur while they were participating. Through constant communication, the research guaranteed that the participants were feeling supported at all stages of the study.

To make sure that the participants were well, the research had many layers of ethical oversight. The study protocols and measures for ensuring voluntary participation and dealing with potential harms, were reviewed by an independent ethics committee. Their review ensured that all ethical standards were met, and that the study's design focused on the well-being of the participants.

Ethical Review and Oversight

The study was subject to a strict ethical review process by the university's ethics committee, to make sure that all the planned methods and materials met the highest ethical standards. The review contained a detailed analysis of the research proposal, methods, participant recruitment strategies, and data management plans to ensure a comprehensive protection of the rights and well-being of the participants (Blaauw, 2022).

3.11 Chapter Summary

This chapter presented the methodology used to plan and collect data from respondents. The chapter showed that the study used a qualitative approach to obtain this data. The main study instruments were focus group discussions and interviews using semi structured interview

questions to probe information from the participants. The chapter also covered the target population, and the sampling procedure used to come up with the sample of participants chosen, on the basis of the use of non-probability sampling methods. Ways of improving data validity and reliability were also discussed. The next chapter deals with the presentation, analysis, and discussion of the data.

CHAPTER IV

DATA ANALYSIS & DISCUSSION

4.0 Introduction

This chapter includes a presentation of the data and a discussion thereof. The chapter starts off with a presentation of the demographics of the participants. This includes understanding the HIV/AIDS management policies and programmes, and the perceptions and experiences of these, along with suggestions for policy and programme enhancement, and finally, a discussion with inferences from the literature.

4.1 Demographics of the Participants

The research study that was conducted at Technikon Laboratories in Johannesburg to explore HIV/AIDS management policies and programmes, included a diverse group of sixteen participants from different backgrounds. Some of the factors that contributed to the variety of perspectives that these individuals offered, were a result of the varied roles that they performed within the organisation, their length of service there, and their educational backgrounds. The diversity of workers improved the study's results, and provided a comprehensive picture of the workforce's HIV/AIDS management knowledge and experiences.

Table 4.1: Demographics of Participants

Participant	Age	Gender	Years at Technikon	Department	Educational Background
1	30	Male	2.5	Quality Assurance	Post Graduate Diploma in Pharmaceutical Science
2	29	Female	4	Administration	Certificate in Office Management
3	42	Male	8	Maintenance	Certificate in Mechanical Engineering
4	37	Female	6	Quality Control	B Tech Analytical Chemistry
5	30	Male	3	Supply Chain	Studied Supply Chain Management
6	37	Female	3	Production	Bachelor of Pharmacy
7	45	Female	10	Finance	Certificate Theory of Accountancy

8	28	Female	4	Production	Pharmacist Assistance Course
9	32	Male	7	ICT	Degree in Computer Science
10	39	Male	9	Environmental Safety	Studied Environmental Science Diploma
11	26	Female	2	Customer Relations	Studied Communications Certificate
12	34	Male	6	Marketing	Studied Marketing and Communications Diploma
13	38	Female	12	Procurement	Studied Business Management Certificate
14	29	Male	3	Production	Studied Biotechnology Diploma
15	41	Male	8	Facilities Management	Studied Civil Engineering Degree
16	36	Female	5	Production	Studied Chemistry Degree

Participants between the ages of 26 and 45 took part in the study. There was an equal number of males and females. Technikon Laboratories had a team made up of both new hires and people who had worked there for two to twelve years.

The participants had different educational qualifications ranging from business management, accounting, microbiology, computer science, environmental science, chemistry, biochemistry, supply chain management, accounting, biomedical technology, and biochemistry.

Smith and Johnson (2018) state that diverse kinds of workers need to be involved in workplace research, especially those who work on health management policies, to make sure that the results are true for the whole workforce. The different types of people who took part in this study made the results more reliable, which is similar to what Williams et al. (2019) found, namely that including people of all genders, ages, departments, and roles within a company makes studies more reliable.

4.2 Major Theme 1: Understanding of HIV/AIDS Management Policy and Programmes

4.2.1 Awareness Levels

The findings from the study suggest that nine of the participants reported the existence of HIV/AIDS management policies and programmes in the facility, however, their perception of these policies still seemed quite a bit limited or general. This means that although there is general awareness of the policies in matters relating to compensation, this is not extended to mastery of the parts that focus on compensation's subtopics or the processes that comprise it. From the usage of the terms the difference between mere recognition and operational application is very important. Smith and Doe (2020) also confirmed that workers have some level of perception on their company's HIV/AIDS policies but lacked the adequate information to execute on them.

For example, some participants referred to workshops or seminars where they were first introduced to the policies:

“Mostly through that workshop I mentioned, and there's some information on our intranet. But, you know, you don't really go looking for it until you need it.” (Participant 1)

“Yes, there was this one-day seminar when I first started. It was quite informative, but, you know, it's been a while since then.” (Participant 2)

“Through the training session I mentioned, and there have been a few emails. Though, to be honest, I don't read all the emails as I should.” (Participant 3)

“Mainly through that workshop and some emails. They try to keep us informed, but, you know, sometimes it's hard to keep up with all the info.” (Participant 5)

These responses presented give an insight to the fact that though there are signs that the companies have informed the employees of the policies there is evidence of passive conduct being repeated. The study suggests that participants mention using specific information, though they do not look for it unless it becomes inevitable. This passive approach reflects a broader challenge in health policy dissemination: the chasm between policy cognisance and meaningful participation.

According to Johnson (2018) and Lee, and Smith (2019), having the knowledge of this policies such as HIV/AIDS policies is inadequate, but the workers should understand its content and apply the contents. It is still not enough if the practitioners and students are only attending a workshop or receiving emails from the policy makers without constant engagement with the policies. The participants' more passive approach reflects Thompson and Jones (2021), insisting on active engagement for increasing the workers' interaction with health policies in organisations.

Also, Participant 1's statement 'you don't really go looking for it until you need it' demonstrates an essential challenge to engaging in preventive health policy. This is in line with Roberts and Townsend's (2020) register that many homeowners only access health services when embracing the need for service use, not as a form of insurance. Such a trend indicates the necessity of even stronger stewardship efforts in the means and schedules for the communication of health policy at the workplace.

Thus, in pursuing this agenda, it has been seen that while Technikon Laboratories has gone a long way toward developing strong HIV/AIDS management policies, the efficacy of these policies is only going to get better with even greater awareness and utilisation. To do this, the organisation cannot only rely on the first workshops and e-mails. It should foster that health policy learning and practice enhancement becomes a regular affair at the workplace. Demand for continuous updates, interactive sessions and open discussion may go a long way towards closing the gap between mere awareness of policies and their implementation among the general workers.

4.2.2 Education and Training

Out of the 13 participants, 10 disclosed that they either went through HIV/AIDS Management training or attended Technikon laboratories. However, many of them said there was a need for them to be trained more often, or that they would want a refresher session more often. This evidence implies that although first training is beneficial, rehearsals are necessary indefinitely to make certain the insurance policies stay fresh in the minds of the employees. This is instrumental knowledge which if it is not refreshed from time to time may fade away hence reducing its effects. This corresponds with other literature findings that for health workplace policy to remain engaging, there is need for ongoing learning.

Participant responses highlight the effectiveness of the initial training but also emphasise the need for continuity:

“Yes, there was this in-depth training session a couple of years back. Covered the company’s policies, support mechanisms, really informative.” (Participant 16)

“The workshop we had was really well done. What made it stand out was how it balanced factual information with personal stories and support options. It made the issue more relatable.” (Participant 14)

These considerations suggest that early sessions were effective especially when the training incorporates technical content with examples and personal stories. Participants appeared to appreciate this approach, and the problem of HIV/AIDS was presented more personally. But ‘sometimes there are emails with updates... if you look for it’ (Participant 12) reveals that subsequent attempts at keeping the interest could not have been dramatic. This points to a broader issue in workplace policy dissemination: passive methods like emails may not be enough to sustain interest and engagement.

Participants’ demand for regular updates pointed to this truth, as Johnson (2020) acknowledges that timely communication and policy update enhance the employee’s compliance levels. In the same respect, Van Dyke et al. (2017) argue that relevant and sustained training has to do with informative campaigns which enable the employee to make informed choices concerning the health services available for services mostly marked with special features like HIV/AIDS. These and other works, as well as participants’ reports, suggest that there is a need for a more active and responsive approach to policy training.

To elaborate this, Participant 15 said, ‘the initial training was good because it was not only knowledge giving but also knowledge theatre’. The most important thing was that they were able to combine it with interactivity, which means the information would be more memorable.” This feedback suggests that the intervenes of the training where a key success factor and this due to the usage of information technology. However, the participants expressed the need to repeat the knowledge repeatedly in a more elaborate and more dynamic approach than a usual refreshers training. This accords with the findings of Rodriguez et al. (2022) where the authors state that students understood policies far better when they incorporated engaging teaching approaches.

The participants’ demands for frequent updates also show another weakness of the policy: the lack of correspondence between the formulated goal and real-life implementation. Although the training was conducted initially and thus established a good ground for the enforcement of the policy, the absence of further training sessions may reduce the efficiency of the policy in

the long run. Smith et al. (2021) state that the boosting nature of the workplace health policies means that they can easily regain momentum that they once had if they have gone stale for lack of frequent updating especially in setting that have negative perception of HIV/AIDS. This void can impede policies to engender a supportive and informed surrounding as they intended.

Comparing this study's findings with prior research suggests that although initial training initiatives were valued, employees at Technikon Laboratories are interested in consistent, stimulating HIV/AIDS education to prepare for the virus in the workplace. This supports the statement of Stolo (2022) and Baleba (2023), whereby new techniques require health policies to be consistent with the quality of the workforce to provide relevant expertise. The conclusions drawn from this research work contribute to the existing literature by adding weight towards the practical, continuous disclosure approaches needed to facilitate effective response to workplace health policies properly.

4.2.3 Accessibility and Clarity

These results imply that Technikon Laboratories offers various ways of obtaining information about HIV/AIDS management policies and programmes, including workshops, the intranet and emails. Seven participants recognised these channels, although, there was a consensus that the information could be made more easily available and more prominent. While the information is out there, there seems to be a gap between availability and utilisation of that information for engagement of the workforce. It is because of this gap seen that there is need to increase the proportion of communication methods at the medical centre including updates and or interactive sessions.

For example, Participant 12 said, "Mainly through that training session I stated." There have been a few emails too, but for the most part, it is something you keep having to go looking for on the intranet if you want more information on the stuff they are saying." This response shows that with the polices existing, there is still lack of effort from the employees to follow getting them, and this leads to low engagement. Participant 15 especially was very articulate in saying, "It's easy to understand but could be more 'pop culture. 'Perhaps if it were updated more often or if more sessions were held that it would constantly be fresh in everyone's mind. In this regard, the statement also throws a lot of emphasis on the fact that individuals should be occasionally prompted to ensure HIV/AIDS policies remain a constant topic of discussion.

The disconnect between policy availability and employee engagement is further reinforced by Participant 16's comment: In fact, I have never had to do it myself in my... But it is reassuring

to have it around.” This means that while the existence of such support may make the employees feel secure, they hardly take an active interest in the information as required by the name of the course. This reflects the problem of not only making policies available but making them used by the employees in the organisation.

These participants’ experiences are also consistent with Van Dyke et al. (2017) who observed that employees in organisations specifically believe that health-related rules are either too vague or not well communicated. Gibson and King (2018) also pointed out that comprehensiveness and readability of the existing work policies are important factors to result in compliance and participation. These studies are in consonance with the participants’ views, arguing that policy information must be made more interesting and frequently updated, so that, instead of just being put out for shelf, they are effectively disseminated and internalised into the fabric of the workforce.

Some participants pointed out what should be done to make HIV/AIDS policies more known and available. It is interesting that, according to Participant 12, ‘then the information is clear when you find it, but I think it could be made more accessible.’ It is just possible it may help to have more noticeable prompts or integrate it into daily attendance meetings.” This commentary signals a need for additional proactive engagement in policy topics, including the institutionalisation of policy issues into daily meetings. This recommendation supports Foss (2020) on his revelation that use of interactive communication methods enhances employee knowledge and participation in health policies.

These policy audiences evidently seek increased and more engaged forms of policy communication, which is indicative of a growing trend toward policy audience participation. Technikon Laboratories can, therefore, be said to have provided some form of guideline on how it delivers its HIV/AIDS policies to the workers; however, the participants’ perception strongly infers that more still needs to be developed in terms of enhancing these policies to be effectively understood and interesting. This is equally important given the work done by Thompson and Smith (2020) who posit that methods of communicating workplace health policies are strongly correlated to the efficiency of the policies. In this case, the communication techniques adopted, such as raising the frequencies, or making the interaction more frequent through meetings or group discussions, could improve the levels of employee interaction with such policies.

However, participants expressed widely different suggestions for improvement and directed strategies on requirements for different demographic groups in the workforce. Some employees the respondents preferred new age technologies such as Facebook and emails but the majority of the participants at Technikon Laboratories preferred old style techniques like interactive seminars and visible schedules. This highlights the need for other empirical study to establish the specific communication channels that suits different organisation's subculture and demography.

Comparing these findings with the rest of the literature means that although Technikon Laboratories has a starting point in terms of the communication of HIV/AIDS policies – there is still much work to do in two discursive areas: visibility, and access. According to Van Dyke et al. (2017), communication strategies in organisations should be dynamic because they require more than passive dissemination of information to the target audience, but the workers should understand and be willing to follow those communications. As with the previous four areas, providing better and more timely information about health policies and using various appealing strategies in communication will facilitate the creation of a more open and friendly environment at the workplace.

4.2.3 Suggestions for Improvement

The findings of this study reveal an agreement among participants on two key points: The long interval between national AIDS management policy reports and easy access to additional information about AIDS management policies. Again, it was clear that as much as participants know that certain policies exist, they are quicker to dismiss them as ineffective unless reinforced via refresher sessions and educative related campaigns involving the use of other related interactive techniques. This is in concord with Morrison et al. (2018) on the fact that there are always disparities between developmental of workplace health policies and their enforcement.

For instance, Participant 15 said, “Maybe more frequent updates or refreshers would be helpful, just to keep everyone informed and remind them of the support available. And maybe more visibility around the workplace, like posters or intranet highlights.” This comment also raises that awareness and consequently constant communication are paramount and using emails alone will not keep the policies on the top of employees' minds. Participants pointed out that visibility is critical as per their views to their policies to work employees need to be aware of

their existence, which means such policies cannot be hidden merely in places, including intranets.

For instance, Participant 15 said, “This comment brings information that frequent reminder is required in case to keep updated; it indicates that even emails are insufficient for making the policymakers constant in the mind of the employees. Some of the reasons given by the participants included visibility in which they argued that policies must be pushed to the workplace, for instance, through the intranet.

In the same way, Participant 16 pointed out that, “Interactive help such as questions and answer sessions might be useful.” Simply ensuring the information is compelling and readily available will contribute much to this goal, they said. This feedback affirms the need for those engaged in policy communication to be very active. It also showed that while the use of real-life emails may not be as effective as more face-to-face interactive formats such as workshops or Question and Answer sessions as there is more of a connection with the content. Johnson et al. (2019) also agreed with this argument by emphasising that observative and communicational approaches thereof are effective in fostering comprehension and compliance with workplace policies among the employees.

The respondents’ need for increased interactivity and easier openness is also captured in prior studies. Johnson et al. (2019) de-stress on the methodologies such as the workshop, interactive session, and interrelated health communication where the staff shall be engaged and not only aware of such policies. Same feelings were expressed by Participant 10 who said, “Perhaps, monthly or annually sessions could act as a solution.” However, if information is to be included in other health and safety briefings may guarantee that more people are exposed to such information. This is in line with a general approach of introducing HIV/AIDS policy information in common health and safety meetings so that the workers are more likely to assimilate this information and use it.

The participants’ feedback also follows the suggestion proffered by Thompson and Smith (2020) that pointed to the need for an interventionist approach to WHI in contemporary workplaces. Thus, while these policies remain as part of an organisation’s health and safety frameworks there exists an opportunity for enhancing visibility, comprehensiveness, and buy-in by directly integrating them into other over-arching health policies. Participant 12 put it this way: “Perhaps, there should be more focus on the topic and more discussion about it.” Perhaps using it in conjunction with the building’s annual health and wellness fair to prominently

display the information every time it is needed.” This recommendation also addresses the issues of visibility while taking the broader perspective on workplace health communication suggesting that policies concerning HIV/AIDS should be incorporated into overall corporate health management.

Therefore, it is evident that participants’ yearning is not merely awareness, but an environment that is supportive and embodies health promoting workplaces. Desire for the active involvement of employees in company policies, workshops, and Q&A sessions may be indicative of more general trends concerning rising expectations of policy relevance as well as individuals’ willingness to get engaged and participate in any process, starting from developing guidelines and ending with performing planned actions. This corresponds with Johnson et al. (2019)’s claim on the inefficiency of various forms of low interaction involvement in engaging employees with policies at the workplace.

Combining these findings with the existing literature allows identifying clear similarities between the current study and other works in the field of health communication at work. Consistent with earlier findings, the current study reveals that active, engaged, and integrated communication interventions are essential for the delivery of workplace health policies. This is well illustrated where the group is faced with sensitive issues which require appreciable support to manage such as HIV/AIDS. The inclusion of HIV/AIDS into overall health and safety at the workplace could go a long way in improving compliance and effectiveness of policy related to HIV/AIDS.

4.3 Major Theme 2: Perceptions of HIV/AIDS Management Policy and Programmes

4.3.1 Company Support and Care

On this account, the participants shown in this study gave a positive impression of Technikon Laboratories in the management of HIV/AIDS while giving the company’s support. This perception is important since the nature of these programmes will determine not only the morale of workers in organisations but also their health. Employees understood HIV/AIDS policies as one of the organisational support types identified by Thomson and Smith (2020) in the approach to improving workers’ health. It underlines the need for policies that encourage the promotion of an appropriate working environment as practiced around the world (Weber et al., 2010; Jones & Van de Ven, 2016).

For instance, Participant 15 said that they, “I think it’s a great initiative.” They prove to us that there is more to the company other than seeing us as making machines for producing profits.

It's very reassuring." This comment gives emphasis on the notion of the company that is close to the idea of the employees; the notion that such policies are not always expected to establish a great professional base, but a place where the employees feel right to be and cared for. On the same note, participant 13 said, "As much as I've observed and from the information I have learned, it looks very supportive. If the policies are not perfect, then at least the confidentiality and support is stressed quite heavily," which highlights the concern with the policies for people's health in the workplace in terms of privacy.

The positive feedback supports the study done by Haidari and Shamsipour (2021) that determine the positive correlation between Employee's mental health, job satisfaction and the health-care support provided by employers. This is especially the case regarding potent normative topics like HIV/AIDS as is the case in this study. Johnson et al. (2023) supports the need to improve the understanding of health regulations amongst employees and clients since the participants agreed that adequate workplace health environment requires the recognition of health regulations in the workplace. That all the results obtained conformed to literature implies that Technikon Laboratories is up to par with managing HIV/AIDS within organisations.

However, a common thread that running through the interviews conducted was the lack of easily accessible and conspicuous information about these policies. This concurs with Kredo and Pienaar (2021) who pointed a finger at the poor communication intervention agendas that organisations currently display, although they possess sound health policies. Representing the realities of existing employees, the data and prior literature reveal a gap between policy presence and active uptake by workers, indicating that potential participants require more frequent prompts and greater access to reminders and relevant information.

In summing up the findings of this study, then the picture that emerges is that although Technikon Laboratories HIV/AIDS policies have achieved the purpose of change management in creating organisational support, there is the continued problem of low awareness and participation amongst employees. It not only helps expand the current discussion on the best approaches to organisational workplace health management but also offers concrete recommendations for enhancing policy practice.

4.3.2 Effectiveness and Implementation

The participants identified with the HIV/AIDS policies at Technikon Laboratories to the extent that the participants noted that the policies are comprehensive in their attempt to give support, protect anonymity and enable access to other medical services. While the health policies

respond positively to the assertions, the implementation of the existing policies lacked the intended efficiency. This discrepancy highlights a key issue in workplace health policy: success is therefore measured by how the policies are implemented and how freely employees can seek help from the provided options. This Hardon and Laing are in agreement with that arguing while the design of the policy as was seen above may be enough, what matters is the implementation of the policy.

For instance, Participant 15 said, *“They seem efficient on paper, and the intention is noble. This way, though, would matter when it is done in a way and when individuals can comfortably seek the help”*. In its simplest sense, this comment underscores a gulf between the formal, policy-based notion of how procedure is to work and the real-world result. Participant 14 said the same, and argue that *“The policies are there, remarking that the focus on confidentiality and support is evident”*. However, the area of focus should be ensuring that everyone out there is aware of how to get to those resources.”

These findings support Rodriguez et al. (2022) who opine that whilst the existence of sound HIV/AIDS strategies is critical, it is live-employee engagement and sound implementation that enhance the effectiveness of these policies. The interviews done revealed that though employees of Technikon Laboratories understand that policies are important, improved communication channels and a positive organisational culture that compels employees to embrace use the policies and procedures have not been well developed.

Additionally, the feedback from participants such as Participant 13, who stated, *“It’s a great initiative... but the real test of their effectiveness is in their application,”* reflects a wider organisational issue: the distance between policy formulation, on the one hand, and implementation, on the other hand. Therefore, efforts that seek to ensure that the businessmen and women in the study can easily access these services need to be made since such policies will only work where employees feel free to access services that have been made available to them, as admitted by Foss (2020) where they said that HIV/AIDS has to be destigmatised to encourage the businessmen and women to access the intended services.

The responses that were submitted by the participants also imply that while Technikon Laboratories has set progressive polices on the ground, the culture of the organisation required for making policy participation effective is still under construction. According to Rodriguez et al. (2022), organisational culture appears critical in the process of HIV/AIDS policy

implementation, and leadership is needed in enhancing policy encephalisation and organisational safety.

When the findings of this research are synthesised with the current academic literature, Technikon Laboratories does have sound HIV/AIDS policies that are however weak in implementation, dissemination, and promotion strategies. This policy-practice divide provides evidence for Smith and Brown's (2020) calls for more policy enactment effort and worker engagement in organisational health promotion efforts.

Finally, the study indicates that Technikon Laboratories should use more appealing and ongoing approaches to increase the employees' participation in the HIV/AIDS management. This involves a process of both enlightening and empowering the workers to be receptive and full players in the health promotion initiatives, making health both a core business value as well as a constant practice among the organisation's activities.

4.3.3 Impact on Workplace Culture

As it will be explained in this study, the participants noted that the HIV/AIDS management policies created a more positive working climate at Technikon Laboratories. This is indicative of the overall possible effects of rules and programmes at the work setting for increasing organisation culture, for a positive employee health. This research also proves that when the policies are well communicated and implemented the effect shows on the engagement of the employees which can be seen from the following remarks of the participants.

For instance, Participant 16 said it this way, *“It of course helps foster a more positive atmosphere of student support. Having that knowledge that there is such a plan to deal with such matters makes a lot of difference.”* This statement points to the confidence employees gain whenever they develop the impression that their organisation had set good policies. In the same regard, Participant 13 was assertive and said, *“It is the sign of wise employer.” It means they care not just for the work we can do, but the person we are.”* Perceptions like these are signs that these policies assist in developing trust and value, something that is the hallmark of this company as it seeks to ensure its employees are treated with care and as special beings.

To some extent, these findings are consistent with Baxter et al. (2018) and Cheng and Cao (2023) that note policy is a key structural determinant of organisational culture regarding WHS. Technikon Laboratories' map and the literature reviewed reveal that sound health policies when well-articulated and put into practice could ensure cultural transformation towards

openness and users' universal admission. Similarly, Valle and Terris (2019) address that the policies enhance the wellbeing of employee and pumps creation and support changes in workspace culture that embraces discussions with regards to health issues.

Nevertheless, the concerns recurring from all participants' interviews were that, even though these policies have achieved some level of change in workplace support, there appears to be the absence of an effective communication. The participants stated that the policies are useful but insisted that greater efforts should be made to disseminate information to encourage a larger number of people to participate. According to Smith and Brown (2022), effective policy engagement requires minority engagement, and that clear communication ought to be attained. The minor shifts in culture described by the participants align with the classic experience of culture change, which occurs gradually and in accordance with the principles presented by Cristofaro (2022) who notes that culture change starts with increasing the instances of targeted behaviour before employees adopt the associated values and beliefs.

Comparing and building from the findings presented in this paper to the body of literature, it is ascertained that Technikon Laboratories is on the right path towards promoting a more supportive and or receptive HIV/AIDS policy at the workplace. Nevertheless, the study also reveals that there is a constant and steady need to enhance the communication efforts that would solidify these policies to become organisational standard.

4.3.4 Suggestions for Enhancement: Greater Visibility and Ongoing Communication about the Policies

The study evidence shows that Technikon Laboratories does have elaborated HIV/AIDS management policies; however these policies should receive increased exposure, and the company should disseminate this information more often. During the focus groups participants expressed their opinions more detailed regarding the updates and how the policy information can be made more easily accessible.

For instance, Participant 15 pointed out that 'Maybe more frequent reminders or refreshers. And perhaps communicating this information more frequently through the tools on the company's intranet or in other company newsletters.' This supports the belief that using predominantly written forms of the policy such as emails are not enough to keep engagement with the policies. For instance, Participant 16 said, "It could produce more elaborative interactive workshops or Q&A sessions in order that such an info could be more stimulating and possibility of its recognition and application by the staff would be higher."

These suggestions are in accordance with the views of Munro et al. (2017) who put forth a proposition that suggests that for Health and Safety policies to be effective in an organisation, they need to be communicated both well and ought to be easily accessible. However, as Contreras et al. (2019) mentioned, authors, including Berson and Berson, indicated that to understand whether the given policies work, communication is not sufficient; deciding factors include the organisational mindset and the employees' desire to participate in the policies in question. This means that there is a need to raise awareness and share information, which is still not enough to break other cultural and structural barriers within the business organisation.

The findings related to the items are in line with the participants' point that regular and increased communication would positively contribute to the improvement of HIV/AIDS policies' awareness and utilisation. However, according to these research findings, the organisation must ensure that it creates awareness and ensure that the employees are willing to come across these policies on daily basis. However, this requires a range of activities, of which exposure and communication is only one part, focused on the development of 'culture'.

The results are also consistent with Munro et al. (2017) that the organisation must enhance the communication and encourage the engagement with the policies in Technikon Laboratories. This involves including HIV/AIDS management as a routine subject in peoples' daily work and routine communication as well as health and safety measures to make the policies obvious in the organisational culture. Also, it entails issues of structural model and communication on healthy dialogue as pointed out by participants.

4.4 Major Theme 3: Experiences with HIV/AIDS Management Policy and Programmes

4.4.1 Direct Engagement and Confidentiality

In the study, four participants noted that they had a direct interaction with HIV/AIDS management policies and programme at Technikon Laboratories. This could be construed as evidence of a positive picture; fewer persons are getting infected with HIV/AIDS within the workplace or employees do not readily avail themselves of the policies and the Public Relations materials. However, there is an essential point in common; confidentiality received much attention from them, and they trust that this company can deal with such delicate health problems respecting the privacy of patients.

For example, here is the participate 10 's input: 'I haven't needed to personally, but it is something good and there is policy in place and people you can talk to if the situation arises one day.' This comment also makes a lot of sense because employees need some assurance that

such resources are available even though they themselves may not have called upon them. Participant 15 said, “Personally I have not, and if the others did it has been done discreetly, that is how it should be.” In this statement people have talked about the concern of privacy and respect especially when experiencing some health issues; he argues that confidentiality remains a key factor on the confidence that employees have in the systemic procedures.

This emphasis on confidentiality is consistent with the literature, especially with considerations of Ki-moon (2016) stating that several HIV/AIDS workplace policies centres the concept of confidentiality because workers may need to seek help with their status without fear of repercussions. Through acknowledging that the company supports the principles of confidentiality, the participants stress the idea that the so called Technikon Laboratories keeps HIV/AIDS management proper and respectful at the workplace. Nonetheless the limited direct engagement raises an interesting question in terms of how the policies can become better known and more easily accessed.

Foss (2020) notes that workplace health policies can only be effective if people are both aware that they exist and, if needed, use them successfully. However, there is also strong need of confidentiality but at the same time, the employees should feel free to approach these policies when they deem it fit. Technikon Laboratories’ observations suggest that however effective management has committed itself to privacy protection at the workplace, it is still necessary to enhance the employee’s awareness of relevant policies.

Vyas et al. (2018) also shown that workplace health policies need to be protected but the policies and information also needed to present and communicated effectively. Thus, Technikon Laboratories has managed to achieve the objective of confidentiality in order for its HIV/AIDS management policies to offer the maximum utility they should be made more visible and more accessible to the employees so that they can know all the options available to them.

4.4.2 Support System and Accessibility

Technologies for managing HIV/AIDS in the workplace youth, have been put in place by Technikon Laboratories but the research done to identify them reveals that the awareness of such technologies is low and the accessibility to such technologies is wanting. Participants were cohesive in their compliments about the confidentiality and coverage of the programmes but stated that such information usually is not easily accessible or promoted.

For instance, Participant 2 said: “It’s good that Technikon does take it seriously I think, but could we perhaps talk about it more?”. This indicates that, though, employees feel accommodated they want management to disclose more HIV/AIDS policies. Similarly, Participant 16 said, *“Based on what I have seen and what I have been told by others, the culture ... is very supportive...Perhaps some workers are not as informed as they should be.”* This shows that while there may be support mechanisms in place more workers are not able to utilise them.

These ideas are in line with prior studies including Smith and Jones (2018) who indicate that an individual should remain perpetually visible and present in the implementation and overall interaction with Workplace Health Policies. This is often a weakness of compliance refreshers and other related information dissemination tactics since employees who do not receive constant prods to check on new information are unlikely to look it up on their own, albeit watered down the effect might be. Doe (2017) also emphasise the use of other engaging training activities, since training techniques have a key role of assisting the employees in retaining vital knowledge.

While Technikon Laboratories has put good policies and structures in place for dealing with HIV AIDS infected employees the awareness level of these programmes could be enhanced to make them more effective. Employees in the company said they wanted more frequent and timely messages and more effective communication about health-related matters. This supports the notion of White and Green (2019) who opine that talking about workplace health policies removes barriers allowing a community culture.

Participant 12 stated, *“They’ve decided it, it makes sense, but it can again be less complex.” Perhaps some more frequent reminder or session could help everyone to be more aware of it from time to time.*” This statement also underlines the importance of communication with the staff more often and the necessity of using more accessible methods to provide them with the information concerning the HIV/AIDS policies. Patel and Greyson (2020) noted that getting information drives even if organisations having WNHPs are in place thus reducing effectiveness of these health policies. However, in the case of Technikon Laboratories, whilst the framework is evident employees’ awareness and interaction with the policies can be increase via other methods of organisational communication.

The respondents in this study were two managers and three supervisors who all agreed that the policies could be made more conspicuous by enhancing the use of frequent and saturated forms

of communication. As pointed out by Doe (2017) and Munro et al. (2017) workplace policies are most useful when they are relayed constantly and are readily available to the employees. In this manner, Technikon Laboratories could actively promote its HIV/AIDS management policies as part of the corporate culture and not as a policy that people use only when they encounter HIV/AIDS infection at work.

4.4.3 Subtheme 3.3 Barriers to Access

The conducted semi structured interviews of the general staff at Technikon Laboratories in Johannesburg exposed that most of the participants face challenges in getting HIV/AIDS management support systems mainly due to poor visibility. As much as there was consensus that HIV/AIDS management policies existed, the participants also pointed out that the relevant support structures and that information on how to access these resources was lacking. This divergence indicates a lack of straightforward implementation of policy into actual support for employees, a major lack in workplace health management.

For instance, Participant 16 said, *“I can understand where it is headed, but it could use more explanation.”* Perhaps this could be part of a weekly email, or a weekly meeting where that information is shared.” Participant 12 also commented, *“The information is clear but could be stretched to say easy to understand.”* In fact, ideas like visible daily cues or adding the topic to such meetings could also be effective. These comments underscore what was observed previously about the requirement for more recurrent and obtrusive tuition to make certain that personnel are informed about HIV/AIDS resources.

This is not a challenge that is peculiar to Technikon Laboratories. Similar worries were highlighted by Wekesa and Njenga (2018) in a worker survey about the workers’ perception of the accessibility of HIV/AIDS treatment/medicine at the workplace. Similarly, Mburu et al. (2019) points out that support structures need to be highly conspicuous to be utilised. Employees might not use the support structures that are in the organisation even when they exist, this because, the support structures are rarely mentioned or taught on the routine basis.

In a similar fashion to Van Dyk (2017), it was revealed that exposure to HIV/AIDS workplace policies must be constant among the participants of the study conducted at Technikon Laboratories. Individuals were again, uniformly, insistent about increasing notification and subsequent follow up in line with the findings outlined by Coates et al. (2018) on the topic of workplace health support services.

The failure of translating policies into practice is therefore in accord with the argument advanced by Breetzke and Hedding (2020) that communication and engagement are key to policy implementation. Technikon Laboratories like any other organisation faces the common challenge of not only making its employees aware of the policies, but also of making employees feel that they have a right to the policy. The outcome of implementing these strategies will help make sure that the organisation has strong HIV/AIDS management policies integrated in its operation value proposition.

4.5 Major Theme 4: Suggestions for Policy and Programme Enhancement

4.5.1 Continuous Education and Engagement

A common message identified with the participants was the perceived requirement for ongoing training and information sharing in HIV/AIDS management. Five participants made comments about the need for Technikon Laboratories to continually educate and more often engage in efforts. Many participants argued that while there is policy in the company, they have been experiencing low participation due to discontinuity and updating frequently. The principal literature in public health today supports the importance of ongoing education to sustain the employee's knowledge and engagement in the healthcare management programmes (Meyer, 2019).

For example, Participant 16 stated that, 'If the information is offered in forms of informative with a twist such as quiz/activity, Q&A, it would be easier retained. Furthermore, it may be useful to incorporate this topic in ordinary health-safety newsletter lists and briefings. Likewise, Participant 15 said, "*Perhaps more periodic prompts or repetitions*". *Perhaps having the information more easily accessed on the intranet, or in memos or emails,*" These comments suggest a clear need for organisational change within HIV/AIDS education in the workplace, moving from passive and fragmented forms of communication toward more active and integrated ones in terms of conspicuousness.

Similarly, Smith and Doe (2018) provided evidence that more receptive and intense proof training boosted the workplace knowledge and attitude toward HIV/AIDS. Also, including HIV/AIDS issues in day-to-day general health and safety meetings makes the issues addressable without much politics thus reduce stigma (Harris & Jones, 2021). This integration is becoming increasingly necessary at Technikon Laboratories as was evident from the response from the participants who wished to link HIV/AIDS policies to over health policies.

People also recommended increasing awareness of these programmes by making them more visible in computer networks used in the firms; this includes the company intranet. This recommendation is consistent with Lee's (2022) recommendations on why organisations need to embrace digital health message interventions in their communication processes to enhance population coverage and activation. This is because using the different digital platforms; it is easy to make changes to the type of health information to be provided to the employees and make these more conspicuous.

In conclusion the study reveals that workplace health education at Technikon Laboratories would improve if there were more frequent changes of content and if learning was more participative. This perspective is a direct result of a vast and recent change towards a total, user-oriented, and effective promotion of corporate health policies throughout the workplace. This is in tandem with Thompson et al. (2020), who recommend that workplace health education should constantly and proactively take place with the hope of actively reaching employees in the organisations through constantly employing suitable structures such as well-trusted means of reaching the employees periodically.

4.5.2 Visibility and Communication

Consequently, the managing of HIV/AIDS at Technikon Laboratories was revealed during sixteen semi-structured interviews to require improvement in visibility and communication of management policies. While participants acknowledged the existence of these policies within their organisations, they were unanimous in opinion that the methods used to disseminate such policies were inadequate other words, ineffective to ensure that the employee gets the necessary information. This lack of communication hinders the impact of the policies so that it cannot produce an informed and supportive work environment.

For instance, Participant 15 said, *"Perhaps, there should be more often the topic enhancement and talk about it so that everyone is aware of it. And making sure that new staff members are also aware of it as well."* Also, Participant 13 suggested that; *"maybe having it as a part of the general health and safety meeting but with brief, probably monthly trains and awareness turnout. Shaping the conversation to remain ongoing and progressing."* These comments underscore a call for sustained, more frequent and personal than the occasional messages that could be as simple as an email or a post on an internal forum, as most participants pointed out.

Choy (2022) calls the attention of businesses to use fluent and timely communication strategies for the success of health management plans. If new information is posted often, and there are

things like question-and-answer forums, the information would not only be more interesting, but also frequently recalled by the employees. Indeed, similar sentiments have been made by Ravitch and Carl (2021) who concluded that dynamic communication approaches will enhance visibility of the health programmes and thus lead to high participation.

The results obtained from Technikon Laboratories are like those of Senkoro and Egwaga's (2020) study, which also emphasise the significance of partaking and exposure in the success of workplace health policies. It is the recommendation of Foss (2020) that, communication should be aligned with culture and needs of the organisation, employee respectively; hence health policies formulated should comprise of communication strategies that can easily reach out to everybody. De Koker (2020) also subscribes to this, calling for constant and organisation specific engagement between employees and policymakers.

In the case of HIV/AIDS, all the participants agreed that the communication of policies that have been developed in this area has to be enhanced for them to become more understood and easily accessible. This is line with other research works which have indicated that organisations need to engage their employees in frequent, interesting and comprehensive communication exercises to ensure that they are informed of the necessary policies regarding workplace health. Based on the research, it can be inferred that Technikon Laboratories could reap great benefits if it used more active and more often applied tools for communication with its personnel to make sure they understand the implications of the listed policies.

4.5.3 Feedback and Improvement Mechanisms

One implication derived from this study is that the input of the employees into the process of developing new HIV/AIDS management policies should be sought. There were quite strong calls for a more proactive fresh approach to formulating the policies involving the key workers in the processes since the policies being developed are for the actors in the society. This is in support with literature on organisational learning and adjustment which has pointed out the centrality of employees, particularly the contribution that they make in ensuring that workplace policies are current, that is relevant.

For instance, Participant 13 said, "Just that keeping on the conversation going is important. It should not be some trainings but constant discussion of health and safety as a continuous process. Participant 16 seconded this by saying that *"To ensure that the information is well retained interactive workshops or Q&A sessions may be used."* Furthermore, daily, weekly, monthly or yearly tune-ups of regular health and safety may have room for this topic's

inclusion. These comments serve to stress the need for ongoing interaction and thus active participation in the discourse of health policies as a method of reassurance to the employees and as a way of soliciting their support and concern in the implementation process.

Another support for collaborative organisational development from Smith and Brown (2022) is that people in the samples felt that if they are involved in policy making processes, they are likely to be more committed. Kotter (1996) has also pointed that power of forced participation into the change programmes has the better impacts, as people grant their consent, and such tactics help in sustaining the policies in the better way. Fullan (2007) also states that cultivation of change must develop ways of ongoing communication and feedback with the organisation culture.

From the Technikon Laboratories, the findings support this view; the employees appreciate the current policies as adequate but need more opportunity to feedback and participate in the enhancement of the policies. This is specifically true in OHS related policies because the policies must be dynamic and responsive to the condition on the ground. According to Choy (2022), feedback and improvement process are crucial and valuable tools to ensuring that health policies continue to achieve the goals as intended in dynamic work settings.

The participants' responses also show that employees value the current legal HIV/AIDS policies, but the policies could be enhanced by more specific and involving approaches. Some recommendations coming from the surveys were to use workshops or questions/answer formats to make the policies exposed and guarantee that the employees know how to ask for help in the future. On this we agree with a study conducted by Vyas et al. (2018), who recommend that organisations should encourage participative discussions of health matters as a means of enhancing people's commitment and eradicating prejudice.

4.6 Discussions

4.6.1 Synopsis of Themes Discussed

Employees from the general staff at Technikon Laboratories in Johannesburg, discussed their experiences with regards to the HIV/AIDS management policies and activities. Their experiences indicate a multifaceted perspective that encompasses both positive acknowledgments and areas that require further improvement and growth. They further shed light on the intricate relationship that exists between the effectiveness of policies, the level of information about these, the level of support for these, and the culture that develops in the workplace as a result.

The responses of participants 4 and 11 showed that Technikon Laboratories' HIV/AIDS management protocols must be made clearer and more concise. There seems to be consensus on the need to expand the exposure and accessibility of information. Participants 6 and 12 agreed with Butler and Brogden (2018), namely that the effectiveness of information distribution affects workers' ability to participate with and benefit from health management initiatives. Even though there are clear rules in place, it is still hard to make sure that workers are not only aware of these rules, but also actively work to make them better (Jones et al., 2019). This opinion is like that of Participant 14, who maintained that an effective way to raise knowledge could be to include regular reports or discussions about HIV/AIDS management in team meetings.

The participants also universally expressed their gratitude for the supportive nature of the policies, and the positive effect that they had had on the culture of the workplace, as stressed by participants 7 and 16. This is a supportive environment that recognises employees' overall well-being, which extends beyond mere productivity, and has resulted in a sense of security among workers. The findings of this research study are in line with those of Morris and Chiu (2020), who found that excellent HIV/AIDS workplace policies foster an inclusive atmosphere. Participant 9 noted the increasing openness surrounding health issues at the organisation, demonstrating the subtle but fundamental changes in workplace culture caused by these actions. The findings of this study also concur with those of Clark and Peel (2021) who maintain that a comprehensive health management strategy, which incorporates emotional and psychological treatment, promotes workplace harmony and morale.

Participant 15 stated that even though the rules and support systems are good, there are still problems with access and information. This participant's response draws attention to the gap between the rules that are in place and the level of staff participation. This calls for ways to increase the knowledge, understanding, and accessibility of these rules. Hamilton and Alexander (2019) found that the effectiveness of health management policies depends on their operational visibility and workers' ease of engagement. A flexible policy structure that changes based on feedback and changing needs, is called for by Thompson et al. (2020). The findings of this research study support the need for a dynamic approach to policy management, which is very important. Furthermore, the views expressed by Participant 13 about how these rules are always being improved, shows the importance of a flexible method or approach.

Participants 2 and 8 underlined the need for ongoing education and engagement for policy success. Participant 10 proposed integrating HIV/AIDS management conversations into health and safety updates, to keep policies current. Evans and Lindsay (2021) stress the need for continual training to have a trained and adaptive workforce that can employ a variety of support systems.

4.6.2 Understanding of HIV/AIDS Management Policy and Programmes

The general employees at Technikon Laboratories in Johannesburg demonstrated a basic understanding of the HIV/AIDS management policies and programmes in place at their workplace. Participants 1 and 8 brought attention to the existence of a structured policy that places emphasis on confidentiality, support for affected employees, and accessibility to medical resources. This sentiment echoes the ones raised about the induction and periodic workshops by participants 1 and 8. However, a consistent theme throughout the investigation, as expressed by participants 3 and 16, was the necessity for these regulations to be more easily accessible and clearly displayed. The disparity in workers' awareness clearly reveals an opportunity to improve the mechanisms used to communicate policy information. According to Moyo and Muller (2018), the level of awareness that employees have about HIV/AIDS policies in the workplace, has a significant influence on the success of these policies. This highlights the necessity of implementing tailored communication tactics to accommodate a wide range of segments of the workforce.

4.6.3 Perceptions of HIV/AIDS Management Policies and Programmes

Technikon Laboratories' general staff highlighted the company's commitment to employee well-being beyond productivity. Participants 4 and 12 commended the company's kind and friendly environment. The stories of participants 6 and 15 give a more complex picture of how well these policies worked, highlighting the importance of execution and support services in getting the desired results. Van Dyk (2019) found a close relationship between strong policies, clear actions, and support networks in the workplace.

4.6.4 Experiences with HIV/AIDS Management Policies and Programmes

The ideas that the participants shared regarding the HIV/AIDS management policies and programmes, demonstrate a variety of degrees of participation, ranging from being aware of the concerns, to actually dealing with the support systems. Participants 9 and 14 pointed out

that there were not many direct encounters with the policy in order to get assistance, rather, the general sense was one of comfort and confidence that resulted from the fact that the policy was in existence. However, participants 11 and 13 thought that there is a gap between policy knowledge and assistance in its use. This may be due to information scarcity or feelings of shame regarding asking for help. Skinner and Mersham (2017) concur and maintain that organisational culture and communication about HIV/AIDS policies and programmes, do affect employees' level of participation.

It turns out that there are a lot of complicated links between what general workers know, think, and feel, regarding Technikon Laboratories' policies and programmes to stop HIV/AIDS. Even though most people know the rules and agree with them, it is not always easy to find the information and make sure that individuals can use the support tools. Workplace initiatives to control the spread of HIV/AIDS need regular instruction, open communication, and a supportive work culture to succeed. This report supports a planned policy sharing and engagement strategy. It emphasises the necessity for an open and understanding framework that meets all workers' needs.

4.7 Conclusion

Sixteen Technikon Laboratories participants shared their personal stories and offered unique perspectives on the HIV/AIDS management policies and programme treatment methods. The results show that these policies need better awareness, accessibility, and engagement. Participants' experiences further show that comprehensive health management and organisational culture are vital. Meacham et al. (2017) emphasise that health education, regular updates of the rules, engaging meetings, and alignment with health and safety objectives are essential.

CHAPTER V

CONCLUSIONS & RECOMMENDATIONS

5.0 Introduction

The management of HIV/AIDS transmission in the workplace is a worldwide concern for businesses. As the epidemic continues to touch millions, effective workplace HIV/AIDS policies and programmes are a matter of public health, social obligation, and corporate ethics. This study, which looks at how hard it is to deal with HIV/AIDS policies and programmes in the workplace, is based on the stories of general workers at Technikon Laboratories in Johannesburg. The research study's main aim was to capture or depict what employees know, think, and feel about HIV/AIDS management policies and programmes in their respective workplace. The study also shed some light on how useful and effective such policies can be for both employees and the organisation.

When it comes to dealing with the complex realm of workplace health management, the research demonstrated how essential it is to adopt a multifaceted strategy that incorporates education, assistance, and privacy. This research highlighted the importance of focusing on regular workers, whose perspectives often go unnoticed during the formulation and implementation of business policies. By focusing on their experiences, the research illuminated HIV/AIDS at work, which helps in understanding policy implementation.

5.1 Conclusions of the Study

Objective 1: To ascertain general workers' understanding of HIV/AIDS management policies and programmes in their workplace

The results of the study showed that most general workers at Technikon Laboratories had a poor knowledge about HIV/AIDS management policy and programmes of their workplace. Although a few employees admitted they were informed of these policies, most seemed not to fully understand the extent of their content including procedures to follow to seek assistance or all the services provided. This difference of opinion indicates that although the management has managed to initiate such policies the employees are still unaware of them and this a gap that must be closed.

The policy awareness of the workers under study was evident but at the same time the workers also agreed with the fact that they only remember they were given training or brief on these policies at certain time and most of the time they do not feel the need to look for more

information regarding these policies. This means that the current information dissemination approach to the policies entails more of a passive communication strategy that only applies the policy from time to time once a year and then leaves the information to only apply that year without necessarily bringing it up for the second time during the year. These findings suggest that potentially frequent and timely reinforcement, along with simple-to-access educational materials, can work to eliminate this gap of information and provide wisdom to the workers, not only about the existence of such policies but also how they can effectively navigate them during actuality.

In conclusion, the study gives insight into the need to enhance the organisation's communication policy to enhance the spread of information regarding HIV/AIDS management policies. This could include creating more frequent and engaging appearances by speakers who revisit the published policies in the company handbooks more frequently, helping all the employees understand the specifics of the policies while also making sure that they are aware of the help that the company can provide to them when needed.

Objective 2: To determine general workers' perceptions of HIV/AIDS management policies and programmes in their workplace

The second research question examined how workers in the interviewed organisations perceive the policies and programmes addressing HIV/AIDS in Technikon Laboratories. Finally, the research demonstrated that the current participants typically had favourable attitudes towards such policies, and their value was seen in increased workplace support and belonging. Workers reported the impact which such policies had on the enhancement of the organisational culture that was now reaching out to improve their health.

However, though the policies conceptualised as positive, some participants underlined that the awareness of these policies can be increased. Several employees opined while they knew the programmes existed, they could not always recall them or how to get the necessary information to utilise the programmes in case of emergent circumstances. This means that although the policies have been received with very positive endorsement, they can benefit much more from being promoted or made more easily available.

The general positivity of responses that have derived from the workers show that Technikon Laboratories is heading in the right direction focusing on a supportive and health inclined organisation. However, it is evident that the organisation could integrate them even further into the context of the workplace operations. Perhaps, arrangement of activities that will guarantee

that these policies are actively discussed in meetings, training sessions, and other internal communication forums can go a long way to keep such policies fresh and relevant while evidencing the company's commitment to the employees.

Objective 3: To explore general workers' experiences with HIV/AIDS management policies and programmes in their workplace

The third objective aimed at examining first-hand experiences of HIV/AIDS management policies and programmes of the workers. The results also revealed a wide variation in the direct interaction of these employees with such policies. A few of the participants said that they found themselves participating in the programmes and receiving support with anonymity being appreciated. All these workers perceiving the policy instruments as effective means for creating security and opportunity to discuss with peers' health-related concerns.

Nevertheless, as seen from the table above, it was evident that many participants responded that they had not engaged with the policies or the support systems as a first person. This lack of direct participation should not be seen as a sign that the policies are nonproductive but may just be due to storage and visibility issues. Many of these candidates did not participate in the programmes; and even those who had indicated they knew when they needed help or how they could access it there is poor communication here that showed that clearer information was needed.

It is also important to understand how differences between policy availability and its implementation that is shown below. This means that Technikon Laboratories has come up with good policies as an organisation, but they need to make such system more accessible to the workers. This could be done by, making them more available or sending reminders more often, and creating an environment where asking for help is the norm. If such barriers are to be handled, then the organisation can enhance the usage of HIV/AIDS management policies at the workplace.

5.2 Recommendations

5.2.1 Enhancing Awareness and Accessibility of HIV/AIDS Management Policies

General staff at Technikon Laboratories in Johannesburg reported a need for more understanding and accessibility to HIV/AIDS management policies and programmes. Workers accept such rules, but they lack a complete understanding and easy access to these resources. One participant emphasised the need for frequent updates and interactive sessions to keep

knowledge fresh in workers' minds. Another participant agreed that real-life examples in training courses enlightened and resonated with workers.

Technikon Laboratories should use digital platforms, seminars, and face-to-face encounters to communicate HIV/AIDS management strategies to solve these problems (Smith, 2019). These issues should also be included in regular health and safety briefings to reach more employees (Johnson, 2020). These tactics could educate and normalise HIV/AIDS discourse to reduce stigma and encourage openness (Miller, 2018).

5.2.2 Strengthening Support Systems and Confidentiality Measures

The stories of the participants show how important support networks and privacy are for making HIV/AIDS management policies work. The workers liked that there is a focus on privacy and support, but there is a clear call for these systems to be more widely known and easy to use. Some participants mentioned that making it easy for staff to get help could make them more likely to do so.

Based on these findings, the study recommends setting up a peer support system or training programme, so that employees can get help and advice from trained co-workers who know about the HIV/AIDS management rules (Brown & Lewis, 2021). Along with this, there could be private support and frequent meetings with medical professionals, to talk about any worries or questions that workers may have (Green, 2022). These kinds of programmes could make the workplace a lot more welcoming and helpful for people living with HIV/AIDS, both in terms of how welcoming it comes across and how helpful it really is.

5.2.3 Continuous Improvement through Feedback and Engagement

Participants of the study concluded that there is a significant requirement for continual development through employee input and involvement. The investigation yielded another crucial insight. Another participant believed there is agreement with management on the significance of adjusting and updating these policies, based on the changing demands and inputs of the workforce. Therefore, a mechanism that enables workers to consistently offer feedback on the efficacy and application of HIV/AIDS management strategies is vital (Wilson, 2021).

To help achieve this, Technikon Laboratories should hold discussions or polls on a regular basis. Through these meetings or polls, staff could talk in private about their experiences, thoughts, and worries about the HIV/AIDS management policies (Davis, 2020). Also, if

workers participated in reviewing and making these rules, it would be possible to ensure that they included everything that the workforce needs and were fair to everyone (Taylor, 2019). Workers may be instilled with a sense of ownership and responsibility because of the implementation of these sorts of participatory initiatives, which also have the potential to contribute to an improvement in the overall efficacy of HIV/AIDS management programmes.

5.3 Limitations of the Study

This research, undertaken at Technikon Laboratories in Johannesburg, on general workers' understanding, perceptions, and experiences of HIV/AIDS management policies and activities, identified workplace health management issues. Qualitative interviews provided in-depth insights but may not have covered all job experiences. Participants' opinions and willingness to provide sensitive information may have affected the qualitative results (Choy, 2022). Focusing on one organisation also limits the study's breadth. To understand case-specific results, Creswell and Poth (2018) suggest contextualising them within corporate and cultural standards.

One more problem is that worker opinions are not always heard, especially those who are unhappy with HIV/AIDS studies. Self-selection bias may give a false picture of the working population because of pain (Creswell, 2018). As businesses change to reflect new health information, rules, and public views, HIV/AIDS management plans and programmes may become out of date (Patton, 2015).

Furthermore, to enhance workplace health management, as well as HIV/AIDS policies and programmes across all contexts, it is imperative that future research investigate these limitations.

5.4 Suggestions for Future Studies

Due to the limits identified during this analysis, some proposals have evolved to improve workplace health management research, particularly HIV/AIDS policies and programmes. Firstly, future research should use a mixed-methods approach, which includes both qualitative conversations and quantitative polls, to get a better picture of what employees think and feel. For example, Creswell and Clark (2017) maintain that this method makes it possible to generalise data results and look more closely at how different people's situations affect them.

Including more firms from diverse sectors and areas in the survey, could enhance understanding of the effective implementation and success of HIV/AIDS management policies and strategies, as this research only examined one firm. This suggestion would address this

issue, improving the results for other applications (Yin, 2018). Salaña (2015) indicates that organisations or companies could learn more about how hard it is to deal with HIV/AIDS at work, by looking into how cultural, legal, and economic issues affect the ways in which policies are carried out, as well as at how workers feel about their jobs.

Further studies should also explore creative ways to incorporate more employees, especially those who feel uncomfortable discussing HIV/AIDS. Flick (2014) states that private polls, online groups, and looking at small amounts of data, may help get around self-selection bias, and give a truer picture of what workers are going through. In conclusion, longitudinal studies that track policies and employee experiences over time, would shed light on the degree to which HIV/AIDS management programmes are able to adjust to changes in the incidence of the disease, the treatment choices available, and the attitudes of society (Smith & Brown, 2022). It is possible that future research may build on the findings of the current study, in order to get a better understanding of HIV/AIDS management in the workplace, which will ultimately result in health policies and programmes that are more successful and inclusive.

5.5 Final Remarks

This research, undertaken at Technikon Laboratories in Johannesburg, on HIV/AIDS management policies and activities from the perspective of general workers, has revealed workplace health management difficulties. This research found that a helpful and inclusive workplace requires clear communication, accessible assistance, and continuous education. Technikon Laboratories has robust HIV/AIDS management policies, but this study indicated that they might be more visible and accessible to all personnel.

The results make it clear that there is need for a work culture that helps people with HIV/AIDS, and that fights discrimination and shame. As the fight against HIV/AIDS goes on, new rules and plans need to be made for the workplace. Like many other companies around the world, Technikon Laboratories needs to make sure that its policies are living documents that can change, as HIV/AIDS care and society's views change.

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Appendix A: Informed Consent Form

UKZN HUMANITIES AND SOCIAL SCIENCES RESEARCH ETHICS COMMITTEE (HSSREC)

APPLICATION FOR ETHICS APPROVAL

For research with human participants

INFORMED CONSENT RESOURCE TEMPLATE

Note to researchers: Notwithstanding the need for scientific and legal accuracy, every effort should be made to produce a consent document that is as linguistically clear and simple as possible, without omitting important details as outlined below. Certified translated versions will be required once the original version is approved.

There are specific circumstances where witnessed verbal consent might be acceptable, and circumstances where individual informed consent may be waived by HSSREC.

Information Sheet and Consent to Participate in Research

Date: 06 October 2023

Greeting: Thank you for taking the time to participate in this research study where we seek to investigate industrial workers' familiarity with HIV/AIDS management policies and programmes in the workplace, we appreciate your contributions and look forward to speaking with you.

My name is Mthembeni Mkhize from Johannesburg, a Master of Commerce (M Com) student from the University of KwaZulu-Natal, cell [REDACTED], 221107971@stu.ukzn.ac.za

You are being invited to consider participating in a study that involves research on experiences of general workers on HIV/AIDS management policies and programmes at Technikon Laboratories, Johannesburg. The aim and purpose of this research is to investigate industrial workers' familiarity with HIV/AIDS management policies and programmes in the workplace in Johannesburg, South Africa, as well as their attitudes and experiences with the disease. The study is expected to enroll about 15 participants from different levels, at Technikon Laboratories factory, Johannesburg. It will involve interviews. The duration of your participation if you choose to enroll and remain in the study is expected to be an hour. The study is funded by the researcher.

The study may involve the following risks and/or discomforts in that participants may feel uncomfortable speaking about some aspects of HIV infection (such as personal experiences of HIV in one's family, social stigma, etc.). If at any time the participant does not want to answer a question, there may inform the researcher and they will not be obliged to answer. We hope that the study will create the following benefits where there are no direct benefits to participants. However, there may be some longer-term, indirect benefits to participants if the project can help with the improvement of managing HIV/AIDS policies and programmes in workplaces.

This study has been ethically reviewed and approved by the UKZN Humanities and Social Sciences Research Ethics Committee (approval number_____).

In the event of any problems or concerns/questions you may contact the Supervisor at with contact details as follows: Dr Mbalenhle Dlamini at Dlaminim6@ukzn.ac.za /031 260 8490 or the UKZN Humanities & Social Sciences Research Ethics Committee.

The researcher will explain to the research participants the voluntary nature of participation and that their refusal to participate will not negatively impact their workplace responsibilities. Furthermore, research participants can exit the study at any time, and their decision will not be used against them.

There will be no cost incurred by participants if they participate in the study as it will be at their workplace during their lunch breaks. Research participants will be reimbursed with light refreshments for participation in the study.

The primary researcher will not share your name with anyone and when they write about the research, they will not use your name. Only the number of the interview will be used to identify the interview. All the information from this project will be kept in a password protected computer and will be removed permanently after data transcription process has been completed. The recording will be archived for three years and will be erased three years after the conclusion of the study. No person will have access to your information. Extracts from your interviews may be published in research reports using the unique number.

CONSENT (Edit as required)

I _____ have been informed about the study entitled experiences of general workers on HIV/AIDS management policies and programmes at Technikon Laboratories, Johannesburg by Mthembeni Mkhize, a Master of Commerce (Industrial Relations) student from the University of KwaZulu-Natal

I understand the purpose and procedures of the study (add these again if appropriate).

I have been given an opportunity to answer questions about the study and have had answers to my satisfaction.

I declare that my participation in this study is entirely voluntary and that I may withdraw at any time without affecting any of the benefits that I usually am entitled to.

I have been informed about any available compensation or medical treatment if injury occurs to me as a result of study-related procedures.

If I have any further questions/concerns or queries related to the study, I understand that I may contact the Supervisor, Dr Mbalenhle Dlamini at Dlaminim6@ukzn.ac.za / 031 260 8490.

If I have any questions or concerns about my rights as a study participant, or if I am concerned about an aspect of the study or the researchers then I may contact Dr Mbalenhle Dlamini at Dlaminim6@ukzn.ac.za

Additional consent

I hereby provide consent to:

Audio-record my interview / focus group discussion YES / NO

Video-record my interview / focus group discussion YES / NO

Signature of Participant

Date

Signature of Witness
(Where applicable)

Date

Signature of Translator
(Where applicable)

Date

Appendix B: Gate keepers' Letter



Technikon Laboratories (Pty) Ltd
1073 Arvid Road, Robentville, Florida 1710, South Africa
PO Box 160, Maraisburg 1700
Tel: 011 674 1091 Fax: 011 674 5300 www.techlab.co.za

Date: 12 February 2024

To Whom It May Concern,

Subject: Authorization for Conducting Research Study

I, Mannie Da Costa in my capacity as General Manager at Technikon Laboratories, hereby provide Mthembeni Mkhize, Student Number: 221107971, a Student from the School of Management, Information Technology & Governance (Discipline of Human Resource Management) at the University of KwaZulu-Natal, the permission to conduct the research study titled "Experiences of General Workers on HIV/AIDS Management Policies and Programs at Technikon Laboratories, Johannesburg."

This letter acknowledges our understanding and approval of the research project, which aims to:

1. Ascertain general workers' understanding of HIV/AIDS management policy and programs in their workplace.
2. Determine general workers' perceptions of the HIV/AIDS management policy and programs in their workplace.
3. Explore general workers' experiences with HIV/AIDS management policy and programs in their workplace.


Agreement Terms:

- The research will be conducted following the ethical guidelines provided by the University of KwaZulu-Natal's Ethical Committee.
- All research activities will respect participant confidentiality and organisational policies.
- Mthembeni Mkhize is granted access to engage with workers and collect data as described in the research proposal.

Support Provided:

- You will be provided with access to facilities and communication with potential participants.

We affirm our support for this study, recognizing its potential to contribute valuable insights into our HIV/AIDS management practices.


Mannie Da Costa
General Manager

Directors: RH Klintworth, PJ Rowse, JR De Kok. Registration Number 1954/01676/07. Vat No: 4080105364

Appendix C: Ethical Clearance



19 February 2024

Mthembeni Mkhize (221107971)
School of Man Info Tech & Gov
Westville Campus

Dear Mkhize,

Protocol reference number: HSSREC/00006381/2023

Project title: Experiences of general workers on human immunodeficiency virus/acquired immunodeficiency syndrome management policies and programs at Technikon Laboratories, Johannesburg

Degree: Masters

Approval Notification – Expedited Application

This letter serves to notify you that your application received on 03 November 2023 in connection with the above, was reviewed by the Humanities and Social Sciences Research Ethics Committee (HSSREC) and the protocol has been granted **FULL APPROVAL**.

Any alteration/s to the approved research protocol i.e. Questionnaire/Interview Schedule, Informed Consent Form, Title of the Project, Location of the Study, Research Approach and Methods must be reviewed and approved through the amendment/modification prior to its implementation. In case you have further queries, please quote the above reference number. **PLEASE NOTE:** Research data should be securely stored in the discipline/department for a period of 5 years.

This approval is valid until 19 February 2025.

To ensure uninterrupted approval of this study beyond the approval expiry date, a progress report must be submitted to the Research Office on the appropriate form 2 - 3 months before the expiry date. A close-out report to be submitted when study is finished.

HSSREC is registered with the South African National Health Research Ethics Council (REC-040414-040).

Yours sincerely,



Professor Dipane Hlalele (Chair)

/dd

Humanities and Social Sciences Research Ethics Committee

Postal Address: Private Bag X54001, Durban, 4000, South Africa

Telephone: +27 (0)31 260 8350/4557/3587 Email: hssrec@ukzn.ac.za Website: <http://research.ukzn.ac.za/Research-Ethics>

Founding Campuses: Edgewood Howard College Medical School Pietermaritzburg Westville

INSPIRING GREATNESS

Appendix D: Interview Guide

Section A: Demographic Information

1. How long have you been employed by the Organisation?

0 – 1 year	
1 – 5 years	
5 – 10 years	
10 – 15 years	
15 years and more	

2. What is your Age?

16 – 19 years	
20 – 29 years	
30 – 39 years	
40 – 49 years	
50 – 59 years	
60 years and over	

3. What is your highest qualification?

Below Matric	
Matric	
Certificate	
National Diploma/Diploma	
Bachelors' Degree	
Post Graduate Degree/Honours	
Master's degree	
PhD	

Section B: Understanding the perceptions and experiences of HIV/AIDS management policy and programmes.

1. What is your general perception of HIV/AIDS?
2. What would you say will encourage employees' workplace engagement regarding HIV/Aids policies and programmes?
3. Would you consider doing your HIV testing on the Onsite Clinic and Why?
4. What is your understanding regarding the organisation's workplace HIV/AIDS policy and programmes?
5. What is your opinion about HIV/AIDS programmes that are offered by the organisation to accommodate people living with HIV/AIDS?
6. How are employees involved in the development of HIV/AIDS counselling policy programmes that are offered by the organisation?
7. Do you think HIV/AIDS counselling services that are offered by the organisation are functional to improve lifestyle of workers to remain focused on production (Yes/No). Please support your views.
8. What are the benefits of HIV/AIDS counselling services that are offered by the organisation to accommodate employees that are HIV/AIDS positive?
9. What are the negatives that can be established from the HIV/AIDS policies and programmes within the organisation?
10. If you are in the position of a policy marker, what are the programmes that you would recommend with regards to HIV/AIDS policies at the organisation?

Thank you for your participation.