UNIVERSITY OF THE WESTERN CAPE

Faculty of Community and Health Sciences

# An exploratory study of the lived experiences of nurses who cared for patients with COVID-19 at a regional hospital in Mbombela local municipality, Mpumalanga province.

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A full thesis for the requirements of the degree of Master of Psychology in the Department of Psychology, University of the Western Cape.

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**Abstract**

Nurses played an important role in providing first aid care and serving as frontline workers during the COVID-19 pandemic. The study aimed to explore the lived experiences of nurses who cared for patients with COVID-19 at a rural South African hospital. It used a qualitative descriptive research design. Twenty research participants were selected to participate in the study. A semi-structured interview was used to collect data from the participants. Thematic analysis was used to analyze the data. Ethical approval was obtained from the Biomedical Research Ethics Committee of the University of the Western Cape. Each participant's written informed consent was obtained. Four keys themes emerged from the study. First, the nurses shared their journey into nursing, with most of them reporting that they pursued the career out of a desire to help others and due to limited career opportunities. Second, the study found that nurses had a fear of contracting COVID-19 and transmitting the virus to their loved ones; they also reported that they experienced fear of community ostracism. Third, the study delved into the impact of the work environment on nurses' well-being, with most of them reporting experiencing burnout, long working hours and poor working environment. Finally, the study also examined the coping mechanisms used by the nurses and identified collegial support, religious support and avoidant coping.

**Keywords**: COVID-19, nursing, healthcare, lived experience, nurses, patients, infection, well-being, coping mechanisms, WHO

## Declaration

I hereby declare that this thesis titled “An exploratory study of the lived experiences of nurses who cared for patients with COVID-19 at a regional hospital in Mbombela local municipality, Mpumalanga province.” has not been submitted before to any university or institution. If any text from books, journals, thesis papers or any peer reviewed sources have been presented as my own, I take full responsibility for my actions. All sources, as well as the written style of the paper have been cited and acknowledged according to the American Psychological (APA) referencing style.

M.K Ngobeni

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**Date: September 2024**

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## Dedication

To Rotshidzwa Liphadzi, this is as much your achievement as it is mine.

To my loving and supportive parents, Martha and Quicks Ngobeni I was fortunate enough to be your daughter and to be raised by the both of you. You set boundaries and discipline that has carried me this far. I appreciate the numerous of sacrifices that you have made to ensure that I become something in life and for teaching me the importance of education. *Ndza khensa.*

To all the nurses who provided care for COVID-19 patients during the pandemic, thank you so much, we won't forget you.

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# Chapter 1

## 1.1 Introduction

During the COVID-19 outbreak in 2020, South African nurses experienced high levels of psychological stress as a result of caring for patients with COVID-19. Due to the initial absence of vaccinations, limited access to personal protective equipment, lack of knowledge about the virus and increased risk of exposure in the work context, nurses experienced considerable psychological distress (Engelbrecht, et al., 2021). Studies have reported increased levels of anxiety, depression, and post-traumatic stress disorder among nurses globally (World Health Organization, 2019).

However, there has been limited research within Africa with regards to stress and coping mechanisms among nurses during the COVID-19 pandemic (Kim et.al. 2021). Nurses became stressed and overwhelmed due to the nature of the COVID-19 pandemic, insufficient testing, lack of treatment plans, prolonged working hours, inadequate personal protective equipment (PPE) and medical equipment as well as other work-related problems (Betty et al., 2020). With the responsibility of being COVID-19 pandemic frontliners, nurses were at greater risk of experiencing clinical depression, insomnia, anxiety and stress compared to other healthcare providers who were not front liners (Gupta & Sahoo, 2020).

The deaths of healthcare providers due to COVID-19 related complications did not only indicate the seriousness of infection but also made healthcare providers prone to burden and distress (Gates, 2020). The well-being and functioning of the healthcare providers were at risk by providing support to the people affected by COVID-19 (Huan et al., 2020). Based on the historical and current impact of the COVID-19 pandemic on nurses, research needs to focus on the coping mechanisms and well-being of nurses (De Kock et.al, 2021). Moreover, as suggested

by Kim et al., (2021), there was very little qualitative information about nurses' lived experiences and coping mechanisms and mental health during the COVID-19 pandemic. This study aims to explore the lived experiences and coping strategies of nurses during the COVID-19 pandemic.

### 1.2 Rationale of the study

During the COVID-19 pandemic, nurses were dealing with an increase in their workload that was physically and emotionally demanding, and if left unaddressed, could have led to negative psychological outcomes for mental health workers (Joshi & Sharma, 2020). Nurses were facing numerous challenges during this period at work and being concerned about their health and also the health of their families. Therefore, the study aimed to explore the experiences of nurses who cared for COVID-19 patients.

There are numerous COVID-19 related research that is solely focused on the mental health of the general population and frontline healthcare workers, specifically addressing doctors and nurses (Hacimusalar et al., 2020; Vindegaard & Benros, 2020). However, existing literature addressing the experiences of nurses who cared for COVID-19 patients and coping mechanisms they used during the pandemic an underdeveloped area of study. Literature and research done on the experiences of nurses who cared for patients with COVID-19 is limited especially in the South African context and for this reason, the study attempted to close this gap within literature and research.

## 1.3 Aims and objectives

The main aim of the study was to explore the lived experiences of nurses who cared for patients with COVID-19 at a regional rural hospital in South Africa and to explore the coping mechanisms they utilized during a time of societal crisis.

## 1.4 Delineation of Chapters

Chapter one provides an overview of the COVID-19 pandemic background in South Africa. The chapter offers a short description of the impact of the COVID-19 on nurses. Chapter two consists of a comprehensive review of literature review pertinent to the aims and objectives. Chapter three consists of the theoretical framework of the study. Chapter four focuses on the methodology of the study that includes the research design, participants, data collection, data analysis, trustworthiness of the study, reflexivity and ethics. Chapter five covers the results of study from the data analysis. Chapter six is the discussion of the results as set out in chapter five, the chapter includes discussion of the findings of the data analysis, identifying significant similar findings in support of the study. Chapter seven is the final chapter of the study which presents a conclusion to the study, discusses its strengths and limitations and provides recommendations for future research in terms of gaps identified in the study and also provides ways or solutions to improve nurses working conditions.

# Chapter 2: Literature review

This chapter focuses on reviewing the current literature on the lived experiences of nurses during the COVID-19 pandemic. The chapter starts with a historical overview of the South African health care sector and proceeds to outline the impact of COVID-19 on this sector, the impact of the COVID-19 pandemic on primary health care nurses, i.e., occupational stress and mental health, the lived experiences of nurses during the COVID-19 pandemic, and the coping strategies used by nurses during the COVID-19 pandemic.

## 2.1 The South African Public Health Care Sector

The history of the South African public health care system has been marred by significant dysfunctionality, a reality that has persisted across different eras and political regimes (Matela & Maaza, 2022). This dysfunction is rooted in a complex interplay of socio-political and economic factors that have long shaped the country's healthcare landscape. Key among these factors is the pervasive racial and gender discrimination that was institutionalized during apartheid, which created deep inequities in access to healthcare services and outcomes. The migrant labour system further compounded these issues, as it led to the disintegration of family units, disrupting social support structures that are crucial for health and well-being (Malakoane et al., 2020).

In addition to these systemic social injustices, South Africa has been plagued by severe income inequality, which has exacerbated disparities in health care access and quality. The country has also been characterized by extreme levels of violence, both in the public and private spheres, which has placed an additional burden on an already strained healthcare system. These factors have not only undermined the effectiveness of the healthcare system but have also made it more vulnerable to the numerous public health crises and epidemics, such as the HIV/AIDS pandemic, tuberculosis, and more recently, COVID-19 (Matela & Maaza, 2022).

The challenges faced by South Africa's healthcare system are further compounded by chronic failures in leadership and stewardship. The lack of effective governance has led to poor management at various levels of the healthcare system, contributing to inefficiencies, resource misallocation, and a general lack of accountability. These issues are not new but have been a recurring theme throughout the history of public healthcare in South Africa, reflecting broader societal problems that have been difficult to address (Adey et al., 2021).

Even with changes and progress made through the transition from apartheid to a democratic country, Mayosi and Benatar (2014) indicate that most South Africans are still plagued by the burden of infectious and noncommunicable diseases, persisting social disparities, and inadequate human resources. This is because there is an influx of refugees and economic migrants to the country and the general population growth; so, the health sector in South Africa is currently facing various challenges in terms of providing adequate services.

The study by Mayosi and Benatar (2014) highlights some challenges faced by the health sector in South Africa. They reported that a majority of South Africans were affected by poverty. Therefore, this poverty has resulted in majority of the population having limitations in accessing the basics of life such as clean water, adequate nutrition, effective sanitation, reasonable housing conditions, access to vaccinations, good schooling, and childhood and adolescent nurturing. This lack of access negatively affects health and the population's lifespan. Additionally, the health sector of South Africa is faced with the burden of curbing the spread of the HIV virus. Moreover, public health care is free in South Africa; this, therefore, exerts pressure on the sector since it must provide healthcare to over 40 million people. Due to the high unemployment rate (Maphumulo & Bhengu, 2019) most people in the country cannot afford private health care, so

they rely on public health care. Ngobeni et al, (2020) reiterated that 49 million people or 83 per cent of the entire population of 59 million rely on the public healthcare system in South Africa.

Malakoane et al., (2020) conducted a study on the state of the public health sector. In this study, challenges related to the public health sector included the of lack resources. First, the study highlighted service delivery deficiencies—characterised by fragmentation of health services, poor quality of service, infrastructure challenges, lack of institutional signage, poor security in institutions, poor referral systems, and dysfunctional emergency services (EMS). Second, echoing Mayosi and Benatar, many other studies such as Malakoane et al, (2020) indicated the healthcare workforce as a challenge. They indicated that this workforce is a challenge because there are healthcare staff shortages, poor human resources for health (HRH) management, high vacancy rates and Remunerative Work Outside of the Public Service (RWOPS) related challenges. Third, poor information management is said to be in the public health sector, since data capturers are also expected to do administrative work. Fourth, acquiring medical products, vaccines and technologies is also a challenge since there are non-functional information and communication technology (ICT) systems, shortage of equipment, pharmaceutical system challenges and supply chain problems. Fifth, there are financial challenges characterized by cash-flow challenges and occupation specific dispensation (OSD) implementation challenges. Lastly, leadership and governance are a challenge. This challenge is seen on the risk posed to patient care, poor leadership, poor priority seating, lack of governance structures, lack of policy implementation, and non-appointment of hospital board members.

Primary health care (PHC) is central in providing health care in communities. Mokoena (2017) describes PHC as a health service centred in providing accessible, affordable, scientifically advanced, and safe health services. These PHC services are mostly situated in rural

areas. They are mostly found lacking in terms of medical doctors as they are reluctant to work in PHC facilities. Also, due to dissatisfaction of professional healthcare workers with working in the public health sector, they migrate to other countries or to private institutions if they remain in the country (Ayalew et al, 2019). Medical doctors have been seen to migrate the most; therefore, nurses play a major role in keeping PHCs functional. Poor monitoring and management of skill have been stated as the reason for this migration (Daviaud & Chopra, 2008). There has been a 40% increase of registered nurses in all categories between the years 2003 and 2012 (Mayosi and Bentaar, 2014). The Daily Maverick on the 25th May 2021 reported that in South Africa, according to the 2030 Human Resources for Health Strategy, there were 71,707 professional nurses, 31,039 enrolled nurses and 33,821 nursing assistants by 2019. The combined density was 282 per 100,000. A South African Nursing Council report shows a slight decrease in the number of nurses in 2020 (Department of Health, 2020).

### 2.2 The impact of COVID-19 on the South African public health care sector

The coronavirus disease (COVID-19) pandemic emerged in late 2019. The World Health Organization declared it a global pandemic on 11th March 2020. The outbreak at the same time shook governments across the world resulting in many countries closing their borders and restricting people into lockdown (Adey et al., 2021). Since the beginning of the pandemic, nurses have been on the frontline caring for people with COVID-19. The COVID-19 virus has been faced by nurses daily causing a lot of stress, panic, and infections amongst many nurses (Adey et al., 2021).

The first known case of COVID-19 in South Africa was detected in 2020 March, with the first patient being a male citizen who tested positive (Maslo et al., 2022). After the outbreak, there were measures used by the government to contain the spread (Maslo et al., 2022).

The South African healthcare system was overwhelmed due to the severe acute respiratory syndrome corona virus (SARS-CoV-2) better known as COVID-19 (Al-Hanawi et.al, 2020). Lack of healthcare facilities, increased number of patients admitted at hospitals for different treatment, and understaffing resulted in high levels of stress amongst nurses. Furthermore, due to a lack of resources in hospitals and a shortage of workers, the COVID-19 pandemic continued to increase the pressure on already understaffed nurses (Betty et al., 2020). Nurses were overwhelmed because of the increased workload emanating from the overflow of patient admissions (Cruz et al., 2021). At the end of May 2020 after WHO declared the COVID-19 epidemic as a public health disaster of international concern, pressure began to rise among nurses as the number of patients flocking into hospitals increased drastically. South Africa was one of the countries that was severely affected by COVID-19 in the African region (WHO, 2019). According to Department of Statistics, the Republic of South Africa, reported its first COVID-19 case on the 5$^{th}$ of March 2020 but later the number of people infected with the virus increased to 3.3 million cases with 9488 deaths; both urban and rural places were affected but urban places had the most COVID-19 cases.

The number of patients admitted in hospitals overwhelmed healthcare facilities (Department of Statistics Republic of South Africa, 2021). In contrast, with the first wave which occurred March 2020 that affected the elderly, during the second wave in January 2021, it was young people, between the ages of 15–19 years, that were highly affected. This was caused by non-adherence to the preventative measures listed on the COVID-19 lockdown regulation

(Department of Health, 2020). The COVID-19 pandemic affected all nurses in South Africa as resources were limited because of the extremely high numbers of patients that were recorded during this period (Department of Health, 2020).

As reported in the media, within South Africa the deaths of nurses affected the delivery of healthcare services as more than 1300 nurses died due to COVID-19 during this period (World Health Organization, 2022). The virus that causes COVID-19 is SARS-CO V3, from the family of coronaviruses originating from virulent diseases in humans along with MERS (Middle East Respiratory Syndrome) and SARS (Severe Acute Respiratory Syndrome) (Singh et al., 2020). COVID-19 has been documented to have high risk of infection. This infection was documented to spread through contact and faster than what was anticipated (Contini et al., 2020).

The most common symptoms of COVID-19 are fever, dry cough, tiredness, loss of appetite, confusion, chest pains, and dyspnea (Cirullie et al., 2020). Complications that came with this disease can result in death which include respiratory failure, multiple organ failure, acute respiratory distress syndrome, and sepsis (Cirulli et al., 2020). To add, many people affected by COVID-19 continued to experience some long-term respiratory and neurological symptoms and fatigue (Lopez-Leon et al., 2021)

### 2.3 The impact of the COVID-19 pandemic on nurses: Occupational stress and mental health

During the COVID-19 pandemic, healthcare workers were forced to adapt to their new reality. This reality included adapting to the increased patient volume, high demands, changes in clinical roles, new technologies, and new ways of working (Agarwal et al., 2022) They also were overly exposed to the virus and therefore were infected in higher numbers. Additionally, they were provided with limited protective equipment, had to manage anxiety of patients, and keep

updated on the latest scientific information about the virus. This caused psychological distress, burnout, and mental illness among healthcare workers (Awana et al., 2022).

In a study conducted in mainland China, the anxiety and stress levels of nurses were higher than normal (Lui et al., 2020). Sehularo et al., (2021) suggested that in Ireland, the psychological impacts caused by COVID-19 amongst nurses included anxiety, stress, depression, post-traumatic stress syndrome, psychological distress as well as mental exhaustion. Many of these impacts were aggravated in cases where emotional support was lacking, especially in the working environment (Taveli et al., 2021).

On the other hand, other studies indicated that workload, overseeing family members, and work exhaustion increased nurses' risk of developing mental health problems (Sehularo et al., 2021). Having a negative coping style, underlying co-morbid conditions, and lack of PPE has been acknowledged as some of the factors aggravating mental health issues amongst nurses (Galanis et al., 2021). The main psychological impact of caring for patients with COVID-19 manifested by nurses was the fear of infecting family members (Taveli et al., 2021).

Nurses played a crucial role in providing care to infected people (Engelbrecht, et al., 2021). Working in such an unprecedented situation, usually beyond their capacities, and with a high risk of contracting COVID-19, placed nurses at an increased risk of mental health problems (Pappa et al., 2020). Literature suggests a high prevalence of mental health problems among nurses such as burnout, insomnia, anxiety, depression, and posttraumatic stress disorder (Pappa et al., 2020). The common causes of the mentioned mental health problems that nurses faced during the COVID-19 pandemic included working extra hours which meant that they had less time to rest. They did not receive enough support at work when working through a pandemic and

witnessed high rate of mortality, including death of their own colleagues due to COVID-19 (Shar et al., 2022).

Lack of protective clothing to use in the hospital, having to provide care for a larger number of admitted patients, and constantly worrying about their families' safety adversely affected their mental health (Engelbrecht, et al., 2021). The general working conditions allowed nurses to perform their duties require a good and conducive working environment (Davis et al., 2021). The employment and working conditions during COVID-19 were associated with poor physical and mental health because of improper management of health structure within the government sector. Some South African public hospitals lacked hospital equipment that were in a good condition such as beds, medical machines, and wards that are conducive for patients and nurses. By contrast, hospitals in the private sector have a good management plan, enough protective clothing, and manageable number of people being admitted, and good quality medical equipment (Pappa et al., 2020). In public health hospitals, nurses have experienced a higher level of depression, stress, and anxiety (De Kock et al.,2021) as well as burnout compared to nurses in private health hospitals, and this is because of the different health management and working environment between the two sectors.

Furthermore, excessive workload and work-related hazards during the COVID-19 pandemic were also identified as the leading causes of stress for nurses (Davis et al, 2021). Isolation by not staying in the same room with their families after work amongst nurses in both private and public sector as a way of reducing the spread of COVID-19 pandemic increased the high level of stress and anxiety, as the nurses found themselves lonely in many instances. The increasingly long working hours resulted in many nurses experiencing burnout and feeling unable to cope with the working conditions (Joo et al., 2021).

The effects of COVID-19 will still have been felt long after the pandemic has passed (Sehularo et al., 2021). The pressure, psychological effect, trauma, and sadness COVID-19 left on those worst affected can take years for many to recover from (Moyo et al., 2021). The loss of lives, changes in family structures and workplace created pervasive damage to the health of nurses as they were constantly  at both places every day (Shah et al., 2022).

Nurses within South Africa have always played an important role in saving lives (Department of Health, 2020).  The increase in population has influenced nurses' performance and coping mechanisms as the number of patients have overwhelmed nurses (International Council of Nursing, 2021). Shortage of nurses in hospitals and clinic has always caused problems on the quality of health service. Prior to the pandemic, nursing was a highly stressful profession, and nurses were at high risk of burnout and adverse psychological outcomes (Diehl, et al., 2021).

Furthermore, with the beginning of the COVID-19 outbreak in 2020, the pressure on nurses to provide service care to patients drastically increased, causing many nurses to work overtime. The COVID-19 pandemic impacted the performance of nurses as both anxiety and burnout affected them (WHO, 2019). The psycho-social impact of COVID-19 cannot be underestimated, and nurses were working under pressure, making them vulnerable to mental health problems (Kelly et al., 2021).

Nurses suffered from burnout and depression because of working pressure and witnessing many people losing their lives greatly contributed to their poor mental health. In Yogyakarta regional hospital, a study by De Kock et al., (2021) demonstrated nurses experienced burnout and anxiety because of poor working conditions, fear of being affected, and losing their colleagues due to COVID-19. Nurses needed comprehensive support to manage stress and

anxiety (Crowley et al., 2021). Millions of nurses have been infected with COVID – 19 since the beginning of the pandemic (International Council of Nursing, 2021).

In South Africa nurses were not prepared for the COVID-19 pandemic. According to a study in the Western Cape on the preparedness of nurses on COVID-19, 3.6% of the nurses indicated that they were not willing to provide care to the people with COVID-19, while 34.9 % indicated that they were comfortable with providing care to the people infected with COVID-19. More than half of the participants 59% indicated that it is important to provide care to people with COVID-19 and 49.4 % participants indicated that they were uncomfortable with providing care to people infected with COVID- 19 because they were worried about their families and 41.0 % participants indicated that they had fear of exposure (Crowley et al., 2021). Almost 60% of nurses needed support with coping and stress management, and only 14.5 % reported access to receiving mental health care assistance at their workplace. And other studies found that comprehensive assessment support and management of anxiety during the pandemic were needed (Kelly et al., 2021).

Challenges such as adequate training, infrastructure, the availability of personal protective equipment, COVID-19 testing of nurses, and management support were experienced. Nurses also experienced human resource challenges during the COVID- 19 pandemic worsen by the fact that vacant posts were frozen (Moyo et al., 2021). It also emerged that there was a shortage of material resources which affected patient care. Nurses also indicated that COVID-19 pandemic brought more administrative duties and additional patient care. Moyo et al, (2021) reported that nurses who had previously contracted COVID-19 experienced stigma and discrimination.

**2.4 The lived experiences of nurses during the COVID-19 pandemic**

Several studies have focused on the lived experiences of nurses during the pandemic. Robinson and Stinson (2021) explored the lived experience of nurses working conditions during COVID-19. The study focused on the outbreak of COVID-19 and how it impacted the lives of nurses within hospitals. Robinson and Stinson (2021) explained two themes based on the lived experiences of nurses during COVID-19. The first theme was human connection. This theme is concerned with changes in human connections between nurses and others as a result of working during COVID-19 pandemic. Six sub-themes were identified under the human connection theme. First, nurses identified experiencing the death of strangers as a major concern related to caring for patients diagnosed with COVID-19. Nurses also expressed sympathy for patients who were dying without their loved ones. Second, nurses also stated the increased teamwork that occurred as a result of working together during the pandemic and also indicated that they bonded through the pandemic (Robison & Stinson, 2021). Third, nurses explained that their relationships with family and friends changed during the pandemic because of fear of transmitting the virus to them, and some were related to the stress the nurses were experiencing both mental and physical. Some nurses shared their feelings with family and friends while others did not. Fourth, nurses had much that they wished to share with the public. In particular, they were concerned with the well-being of the public. They consistently encouraged people to adhere to the rules and regulations of COVID-19, washing their hands and getting vaccinated (Robison & Stinson, 2021). Fifth, nurses were concerned with the amount of personal protective equipment available, nurses felt that their employers were doing their best to provide appropriate equipment to protect them. Sixth, nurses felt they developed a deeper connection with their inner selves and their responses to situations, leading to a transformation in their outlook on life. Nurses explained that

the experience changed their outlook on life, and they are grateful for life and the little things (Robison & Stinson, 2021).

The second theme is the nursing burden. The theme focused on the heavy burden nurses felt as they worked through the pandemic. The theme had four sub-themes which focused on personal mental and physical burden (Robison & Stinson, 2021). First, burdens of working during this time involved an overwhelming amount of stress for some. Nurses explained that they were just going to work and were constantly in survival mode. Second, nurses were not only worried about the lack of availability of personal protective equipment (PPE) but also discussed the physical issues associated with PPE and barriers it presented when caring for patients. Nurses were concerned for their patients especially those who already had illnesses associated with confusion (Robison & Stinson, 2021). Third, nurses have been lauded as heroes for their work during the pandemic. Nurses expressed humility and thought themselves underserving of hero status. Nurses expressed a sense of thankfulness to the community but found being called a hero an uncomfortable experience. Fourth, some nurses compared their experience with those of nurses serving in war (Robison & Stinson, 2021).

Similarly, Moghaddam-Tabrizi and Sodeify (2021) explored the lived experiences of nurses in care for patients within COVID-19 and discussed themes based on the experiences of nurses caring for COVID-19 patients. The first theme was staying in an ethical dilemma; nurses indicated that they remained in an ethical dilemma of caring and not caring. Sub-themes included feelings of powerlessness, being confused and inadequate self-care. Nurses stated that in some cases due to the poor prognosis of the disease their care did not affect the patients' recovery which led them to experience powerlessness (Moghaddam-Tabrizi & Sodeify, 2021). Second, nurses said that COVID-19 was an emerging disease, which meant that the ways of transmission,

treatment and even prevention were not fully understood, and they were gradually learning about this disease and within few days the treatment and diagnostic protocols were changed. This confused the nurses as they did not have thorough information about the disease (Moghaddam-Tabrizi & Sodeify, 2021). Third, nurses stated that due to the heavy workload, cumbersome protective equipment, and high number of patients, they were unable to take care of themselves as they worked in long shifts. They considered this immoral. (Moghaddam-Tabrizi & Sodeify, 2021).

According to Moghaddam-Tabrizi and Sodeify (2021) theme number two was emotional turmoil, which included components of feeling victimized, risk of being rejected by others and risk of emotional separation from family. At the beginning of COVID-19, nurses felt victimized. They felt like they were on the edge of a precipice that had no way back or they were in a war with no weapons to fight, and since a number of healthcare workers had lost their lives they felt like they themselves were the victims of the disease (Moghaddam-Tabrizi & Sodeify, 2021). Another concern that nurses had was a risk of being rejected by others including friends, acquaintances and even colleagues in other wards. At the risk of emotional separation from family, nurses isolated themselves from their loved ones to prevent the transmission of the disease.(Moghaddam-Tabrizi and Sodeify, 2021)

Khanjarian, and Sadat-Hoseini, (2021) explored the lived experiences of nurses providing care to patients with COVID-19.. The study illustrated the a high turnover of nurses during the COVID-19 period due to high pressure  work environments and fear of contracting the virus and dying as many patients lost their lives. This negatively affected many of the nurses on the ground as a high turnover was recorded during this period. This was because of fear, stress, and

uncertainty as the pressure of work continuously increased over time. The reduction of nurses negatively affected the pressure on the health care institutions.

In a study by Ogolodomet et al. (2020) on the experiences of nurses during COVID-19, focus was given more on anxiety and mental distress. The study indicated that 88.5% of nurses were anxious about working on the frontline. The study also pointed out that the rate of psychological distress among nurses was high, ranging from 23.4% to 47.0%. Furthermore, similar studies were carried out by the World Health Organisation, (2021) on COVID-19 statistics and effects. The WHO estimated that approximately 115,500 healthcare workers experienced anxiety and mental destress during COVID-19. The study indicated that the daily distress have caused the development of posttraumatic stress disorder-like symptoms in nurses.

Similarly, an analysis done by International Council of Nurses, (2021) on the state of health care workers, the study indicated that nurses globally have risen to the daily challenges and demands of the pandemic. However, fear of self-infection and infecting family and friends, feelings of inadequacy, stigma, isolation, and inadequate support created anxiety and stress among nurses during the COVID-19 pandemic.

### 2.5 Coping strategies used by nurses during the COVID-19 pandemic

According to Darlas, (2015, p.13) “coping refers to a cognitive and behavioral efforts that are constantly changing to master, reduce or tolerate a specific stressor appraised as exceeding one’s available resources and abilities”. There is currently limited information on the coping strategies used by nurses in South Africa. Existing research indicates that nurses coped by using different coping strategies such as avoidance strategies, social support, faith-based practices, psychosocial support, and management support (Sehularo et al., 2021).

A common strategy used by nurses during the COVID-19 pandemic was venting, which meant talking to other nurses about how their work experience dealing with the pandemic in order to release the stress. This coping mechanism helped to release the feelings of distress and anxiety (Engelbrecht et al., 2021). Nurses in South Africa were provided support by Employee Health and Wellness Practitioner in hospitals to help them cope with the trauma caused by COVID-19(Engelbrecht et al, 2021).

Seeking professional help from professionals such as psychologists, registered counsellors, or social workers helped healthcare professions to cope with work distress and psychoeducation was provided to teach them how to cope with burnout, anxiety, and other psychological problems (Hoare et al, 2016). To avoid the social isolation and feelings of loneliness which can make an individual prone to poor mental health, nurses were involved in activities such as physical activities and learning new skills in their free time (Engelbrecht et al, 2021). The practice of adhering to COVID-19 regulations helped nurses feel at ease during the pandemic which meant wearing protective clothing to protect themselves from being infected by the virus (Engelrecht et al, 2021).

Social and family support was the most dominant coping mechanism used by nurses. Positive interpersonal relationships that nurses had with their families, friends, and colleagues allowed nurses to be more resilient during the COVID-19 pandemic. Nurses supported each other and they were appreciated by people around them for the work that they were doing caring for the COVID-19 infected patients. Receiving satisfaction and appreciation from other hospital staff and the whole country encouraged nurses to be more resilient and provide care for the infected patients (Mareh-Sarwan et al., 2022).

Actively learning about COVID-19 has been one of the coping mechanisms used by nurses to cope with the pandemic. Nurses indicated that after reading and acquiring more knowledge about the virus they felt at ease and they had hope that they can cope with the pandemic (Akkus et al., 2022). Adjusting attitude and facing COVID-19 pandemic positively was one of the coping mechanisms used by nurses to cope with the pandemic (Zhang et al., 2020). Nurses also indicated that they were being acknowledged and supported by the management who frequently checked if they were well and fit to work in COVID-19 wards (Thobene et al., 2022).

The use of humor has been recognized as a protective factor against depression and anxiety (Wu et al., 2020), as well as a protective function in adverse circumstances. Sense of humor is defined as habitual behavior pattern, ability, a temperamental trait, and an aesthetic response. It restores composure and a sense of belonging to one who would have lost hope and purpose in their activities. The use of humor increased nurses' individual well-being serving as a copying mechanism in transactional model (Zhou et al., 2021). During the COVID-19 period, use of humor created positive emotions which was very necessary and needed in times of pressure and uncertainties within the work environment (Akkus et al., 2022).

Although healthcare workers are taught to put everyone else in front of themselves; practicing self-care is also a strong coping strategy. Practicing self-care has been said to be imperative to coping with the obligations, workload, and demands of their profession, and it helps health professionals gain a better balance between their work and their spare time-as well as help protect their health, well-being, and satisfaction with both their work and overall life (Sovold et al, 2021). Moreover, Sovold et al, (2021) added that there were also acknowledgements of healthcare workers through adverts and prioritizing them in grocery store

queues and transport . This aided in them coping because it made them realise how much they are appreciated. It further highlighted the magnitude of people relying on and trusting them. This then helped since they saw the importance of their duties and therefore, saw their work as meaningful and of essence rather than a burden.

**2.6 Summary**

This chapter provided a detailed understanding of COVID-19 and its impact on various areas; it explored the South African Public Health Care Sector through its historical overview; also including the status of the health sector, the state of nurses in terms of numbers and highlighting the nurse's roles. Additionally, the chapter dealt with the impact of COVID-19 on the South African public health care sector; and the impact of the COVID-19 pandemic on primary health care nurses: Occupational stress and Mental Health, wherein the focus regarding the impact on nurses was illustrated in the international and local context. Furthermore, the lived experiences of nurses during the COVID-19 pandemic and coping strategies used by nurses during the COVID-19 pandemic were explored in this chapter.

## Chapter 3: Theoretical framework

The theoretical framework that was utilised for this study was interpretive phenomenology. Its roots are to be found in phenomenology or being-in-the world. Phenomenology is a philosophy of experience (De Vos et al., 2011). Phenomenology had two main platforms, the first being Edmund Husserl's transcendental phenomenology and, the second being hermeneutic or existential phenomenology developed by Martin Heidegger and Maurice Merleau-Ponty expanded on Husserl's phenomenology (Cresswell, 2013). Heidegger viewed people as being "inextricably involved in the world and in relationships with others" (Larkin & Thompson, 2012, p.102). He went beyond describing a phenomenon; Larkin and Thompson (2012, p. 102) state that "while phenomenology might be descriptive in its inclination, it can only be interpretive in its implementation". Heidegger's interpretative phenomenology searches to find "experiences and meanings that are embedded in everyday occurrences" (Reiners, 2012, p. 1).

Participants are chosen because they have significant experience or insight into a particular phenomenon. It is an appropriate framework to utilise for this study as "qualitative researchers are mainly concerned with meaning and experiences" (Pietkiewicz & Smith, 2014, p 7). The goal is to study the participant's experiences of a phenomenon in order for the researcher to gain a better understanding of it (Cresswell, 2013). This framework was appropriate as the researcher intended to explore the lived experiences of nurses who cared for patients with COVID-19 at a regional rural hospital in South Africa.

# Chapter 4: Methodology

## 4.1 Research design

This study used a qualitative descriptive research design. Qualitative descriptive research relies on data obtained by the researcher through first hand observation, interviews, questionnaires and focus group discussions (Busseto et al., 2020). Qualitative descriptive research strives to understand the lived experiences through first-hand information (De Vos et al., 2011). It seeks to understand the realities of individuals and their truth through interpretation of their lived experiences (Eakin, 2016). This made the approach appropriate for the aims of the study.

## 4.2 Participants

The study involved health care nurses ($n$ = 20) at a regional rural hospital in Mbombela Local Municipality, Mpumalanga Province. In relation to gender, 9 nurses were men and 11 were women. Nurses ranged in age from 27 to 60 years of age. The length of their service ranged from 4 to 37 years. Participants of the study were nurses that were caring for COVID -19 patients during the period 2020-2022. Nurses were recruited to participate in the study via convenience sampling. The nature and aims of the study were advertised at the hospital and nurses were invited to participate in the study. Assistance of the head nurse to identify and recruit participants was sought.

## 4.3 Data collection

Face-to-face- semi-structured interviews were used for data collection purposes. An interview guide (Appendix C) was used to guide the interview process. Interviews took place at a location that was convenient for the participants. The interviews were audio recorded and transcribed verbatim. They took approximately 60-90 minutes each. Data collection occurred in English.

**4.4 Data analysis**

The researcher analysed the data through thematic analysis (Green & Throgood, 2018). Thematic analysis involves analysing qualitative data that entails searching across a data set to identify, analyse, and report repeated patterns (Braun & Clarke, 2006). The steps of thematic analysis are as follows: first, familiarizing oneself with the data. Green and Throgood (2018) indicate that familiarizing with data involves repeated reading of the data in an active way searching for meanings and patterns. The researcher listened to the interview records, checking the notes and transcribed in order to be familiar with collected data from the nurses. Second, subsequent to gaining familiarity with the data, the research must proceed to code it. Data coding is a process of organising the data by text or image segment and writing a word representing a category in the margins (Green & Throgood, 2018). The researcher read all the transcription carefully and developed coded labelling to allow easy access to data. The researcher used this process to simplify and focus on specific characteristics of the data. The researcher also identified important sections of the interviews and attached labels according to the theme or issue they relate to in the data. Third, the researcher identified key themes, which involves sorting and collating all the potentially relevant coded data extracts into themes (Green & Throgood, 2018). All themes containing the data and discussion during this study were categorised. Recurring items of interest such as events or comments that are unusual, noteworthy or contradictory from the researcher's perspectives were highlighted. Data was summarised by category from each transcript. Finally, the researcher arranged the data, which is the process of summarizing and rearranging data according to codes and themes (Green & Throgood, 2018). The researcher arranged the data in alignment with the objectives of the study. The researcher also indicated the location of where the raw data came, and which theme it adhered to. This was done to ensure clear reference by the researcher.

### 4.5 Rigor: Trustworthiness in Qualitative Research

To improve the trustworthiness of this study, four criteria within qualitative research were applied (Lincoln & Guba, 1985). This includes credibility, transferability, dependability (reliable) as well as conformability (objectivity). This study used “thick descriptions” which involved the use of direct quotes from the nurses. Furthermore, the nurses were provided with transcripts of the interview to verify that the information within the transcript was exactly representative of their perspective (member check).

Credibility from the study was acquired through third party with adequate knowledge of qualitative research to examine the accuracy of the interview transcripts. Transferability was attained by conducting interviews to the extent of meeting categorical saturation. In a way, this study made sure there is transferability that is crucial in the development of a solid and trusted data. Dependability was based on the assumptions of reliability or repeatability. Documentation of data was provided by the researcher; methods and decisions about the research that can be laid open to external scrutiny. Confirmability was also part of the priority within this study so that the results might be confirmed or corroborated by other studies (Lincoln & Guba, 1985).

### 4.6 Reflexivity

Reflexivity is defined as the process of examining the researcher’s background, beliefs, perceptions, and thoughts on the interpretation and collection of data (Babbie, 2013). According to Cunliffe (2020), reflectivity refers to the method that enables the researcher to validate their research practice and is important to the truthfulness of the qualitative study. This is the technique that the researcher was committed to throughout the entire research process. The researcher was fully aware that she may have her own ideas on the experiences that nurses had

when caring for the patients with COVID-19. To ensure that findings are based on the participants voices and experiences, the researcher remained aware of bias.

### 4.7 Ethics

Ethical approval was obtained from the Biomedical Research Ethics Committee of the University of the Western Cape (UWC). With approval to conduct the study, permission for recruitment of nurses was obtained from the Mpumalanga Department of Health HOD and the regional rural hospital's CEO (Appendix C, D and F ). Participants were informed of the nature of the research. This was provided in an information sheet (Appendix A) which informed participants that their participation is completely voluntary. They had the right to withdraw from the study at any time without consequences and that there will be no harmful risks. However, should they feel emotional discomfort due to participation in the study, counselling services would be made available for debriefing. The researcher's details were provided should there be any concerns or assistance needed. Participants were ensured of their confidentiality and anonymity via an informed consent form (Appendix B) which they signed before participating in the study. The information was not disclosed to anyone other than the researcher and the supervisor, and no personal details such as name or personal identification was required. The data collected was stored in a safe space, by computer password or cabinet with lock and key that could only be accessed by the researcher. The research was performed in a manner where the principles of beneficence and non-maleficence were upheld throughout.

## Chapter 5: Results

This study aimed to explore the lived experiences of nurses who cared for patients with COVID-19 at a regional rural hospital in Mbombela local municipality, Mpumalanga province, South Africa. The results of the study are presented in this chapter. The findings revealed four over-arching themes namely: personal journey to nursing, fear of COVID-19, impact of under-resourced work environment on nurses' well-being, and coping mechanisms used during the pandemic. Within these overarching themes, sub-themes were identified and these are reflected in Table 1 below.

Lived Experiences of nurses who cared for patients with COVID-19

| Theme | Sub-theme |
|---|---|
| 1 Journey into Nursing | 1. Lifelong Desire to Help |
| | 2. Limited career opportunities |
| 2. Fear of COVID-19 | 1. Fear of contracting COVID-19 |
| | 2. Concerns about transmitting the virus to loved ones. |
| | 3. Fear of community ostracism |
| 3. Impact of the work environment on nurses' well-being | 1. Burnout |
| | 2. Long working hours |
| | 3. Poor working environment |

| | | |
|---|---|---|
| 4. | Coping mechanisms that nurses used in the pandemic | 5.4.1 Collegial support<br>5.4.2 Religious coping<br>5.4.3 Avoidant coping |

### 5.1 Theme 1: Personal Journey into Nursing

One central theme which emerged from participants' narratives were the motivations underlying their personal journey into the nursing profession. The sub-themes capture these motivations and are detailed below.

#### 5.1.1 "*I always want to help people feel better*": Lifelong Desire to Help

Several nurses reported that they pursued a career in nursing because they had a desire to help and provide healthcare services to people in need. Participant 1 reported that she chose nursing because she had a passion for people and always wanted to help people feel better and to also help them recover from their illnesses:

> "*I chose it because I have passion for people, and I always want to help people feel better and I believe in being kind towards each other so that is how I had the interest in nursing to work closely with people and help them to get relief from their pain*." (Participant 1)

Similar to participant 1, participant 3 reported that she chose to pursue a career in nursing because she wanted to help people who are vulnerable.:

> "*I really wanted to help people who are vulnerable because of sickness and being a nurse helps me do that to provide care for the sick people*." (Participant 3)

Others ascribed it to having exposure to formal and informal caregiving within their families and communities. Participant 13 indicated that he was raised in a family of traditional healers and he was exposed to how the traditional healers in his family were caring for people and expressed that he "loved it" and decided to choose the same journey of caring for people "but scientifically" and therefore decided to pursue a career in nursing:

> "*I grew up with people who were traditional healers, so I saw the way they were taking care of people and I loved it and that is why I chose this is what I want to do but scientifically so."* (Participant 13)

Participant 10 reported that her mother and sister were nurses and they used to call her home "nurses' home". The participant explained that she chose nursing because of her family's influence on her:

> "*My mother was a nurse and my sister was a nurse and we used to call home a 'nursing home', so I ended up doing nursing as well. We were daughters and we all become nurses."* (Participant 10)

### 5.1.2 "**My options were very few or limited": Limited career opportunities.**

For other participants their decision to pursue a career in nursing was due to limited alternatives and the availability of bursaries to pursue nursing. Despite this, participants appraised their career choice as one that was fulfilling and that afforded them an opportunity "to do something with their life".

Participant 4 reported that she did not have career opportunities available to her and that nursing was what was available at the time for her. The participant further explained that if there were other career opportunities available, she would not have chosen nursing but indicated that she loves helping and caring for people:

"*There were not enough career opportunities available at the time and nursing what was available for me. If I had enough opportunities and funds to fund my studies, I am sure that I would have chosen something else as a career. But all in all, I love what I do now for a living I love helping and caring for people. It gives me hope that at least I am being helpful to someone in need*." (Participant 4)

Similar to participant 4, participant 11 chose nursing because there were no other opportunities available and nursing what was available for him mainly because he was offered a bursary by the Mpumalanga Department of Health to study nursing:

"*I chose nursing because I didn't have other opportunities and nursing was what was available for me because I was funded by a bursary offered by the Mpumalanga Department of Health. I applied for it after seeing the opportunity for me to finally do something with my life, have a career, and help the people in need."* (Participant 11)

### 5.2 Theme 2: Fear of COVID-19

In discussions of their lived experiences of being nurses during the COVID-19 pandemic, a dominant theme which emerged was their experience of fear in relation to the pandemic. Participants feared contracting the virus and losing their lives and spreading the virus to their loved ones. Fears of COVID-19 within the community led to experiences of ostracism and loss of a sense of belonging.

#### 5.2.1 "*I feared for my life":* Fear of infection.

Fear of COVID-19 emerged as a dominant thread in the participants' narratives. This fear was in relation to contracting the virus and possibly losing their lives. Participant 2 reported that

she couldn't sleep at night and she experienced flashbacks of patients who had lost their lives due to the virus and worried about her own mortality:

> "*It affected me so much I couldn't sleep a peaceful sleep at night, and I had flashbacks of the day activities at work; bengi ngula (I wasn't okay), and I was scared and had anxiety about what was going to happen if I get infected by the virus and I kept thinking about the patients who lost their lives and the events that happen at work daily were terrifying*" (Participant 2)

Participant 12 expressed that she was worried about contracting COVID-19 and infecting her loved ones because it was a highly contagious environment, and she lived in fear:

> "*I was very much worried about contracting the virus and I was also worried about my family because it was very contagious so if I get the virus, I can easily affect my children, my spouse and my entire family in a short space of time. I lived in fear*." (Participant 12)

Participant 1 reported similar feelings of being afraid to infect their significant ones with COVID-19:

> "*Another thing that I was worried about during this period was infecting people or my family with the virus I visited. It was sad and devastating because I could feel the division that was now between us because we couldn't be close to each other as we used to be before COVID. We were all frustrated during this time*" (Participant 1)

Their fears were intensified by their repeated experiences of losing colleagues and patients. Participant 9 explained that many of his colleagues were infected by COVID-19 and some of them "didn't make it through" and this was very hard for him because he feared that he was going to die:

"*A lot of our colleagues were infected by the virus, and some lost their lives. This was hard and sometimes we wondered about our fate if we were going to die as well. I feared for my life*" (Participant 9)

Participant 17 reported that many of their patients died and due to the high mortality caused by COVID-19 they "were stressed" about their own wellbeing:

"*A lot of patients were dying; we were stressed because people were dying every day, and we were concerned about our own health too especially because we were too exposed. I felt frustrated and feared for my life*" (Participant 17)

### 5.2.2"I stayed in a backroom at home because I was trying to protect them": Protecting loved one.

To protect their family members from the risk of infection, participants reported that they chose to reside separately from their family, but this led to feelings of isolation and loneliness. Participant 7, for example, reported that he felt lonely during the pandemic because he chose to isolate himself to protect his family:

"*I lived a lonely life during the pandemic. I separated myself from people because I didn't want to infect people with COVID. I was isolated, and sometimes I wanted to share my feelings with someone but couldn't, and this had a negative effect on my mental health*" (Participant 7)

Similarly, Participant 5 reported living separately from her family during the pandemic to prevent infecting her family members with COVID-19 and the separation left her feeling alone:

"*During the pandemic because I feared to infect my family with COVID I moved from home to the nurse's home in the hospital to stay there. I felt alone and I missed my family so much and we*

*would only communicate though the phone, the separation and isolation were painful because I didn't even know how long I was going to stay in nurses' home for*." (Participant 5)

Participant 10 also reported similar experience:

> *"I was very much worried I thought I was going to infect my family and there was a time I stayed in a backroom at home because I was trying to protect them, and I felt lonely because I was used to being with them*" (Participant 10)

### 5.2.3 "*People feared me. I lost my sense of belonging*": Ostracism from the community

The fear of COVID-19 within their communities led to nurses experiencing ostracism from community members. Participant 6 expressed that she felt "unwanted" during COVID-19 because people feared her and didn't want to interact with her. She felt she didn't belong to the community anymore:

> "*I felt unwanted during the pandemic, people feared me, and even my neighbor was scared to greet me and I felt as if I was excluded from the society, and other people were saying that I will give them COVID, and it caused a lot of attention and made me feel bad*" (Participant 6)

Participant 11 expressed that nurses were often feared by the community members because they worked in hospitals and people were getting admitted there for COVID-19 and it was a high-risk environment and that was the reason why they didn't want to associate themselves with nurses and this made her to lose her sense of belonging to the community: "*The community feared people who worked in hospitals during that time and they couldn't even hide it that they don't want you close to them. I felt like I lost my sense of belonging during that time because I felt like I wasn't welcomed anywhere even in grocery shops*." (Participant 11)

Participant 15 reported being rejected by people and not being able to socialize with them as they feared that she would infect them with COVID-19. She further expressed that she didn't feel welcome when taking public transport:

"*People outside feared us. It was hard being feared and not being able to socialize. I felt like I didn't belong to the society anymore, and even when you get into a taxi, I could feel it that they don't want me there with them. I deeply felt rejected*" (Participant 15)

Participant 7 reported similar feelings of being rejected by the society:

"*Working as a COVID nurses had a big impact on me and my social life because people feared me and didn't want to socialize with me because they feared that I might have COVID-19 and infect them. And it was hard not being able to socialize like we did before. This was a really hard time in my life, and I think nurses who worked in COVID wards experienced this. I felt alone and rejected during that time*." (Participant 7)

### 5.3 Theme 3: Impact of under- resourced work environment on nurses' well-being

The third theme which emerged from the participants were the impact of working in under- resourced environment during the COVID-19 pandemic. The sub-themes capture these experiences and are detailed below.

#### 5.3.1 "*I felt like we overworked*": Burnout

Several participants in the study reported feeling overworked during COVID-19, which led to tiredness, exhaustion and feeling burnt-out. They appraised this as being related to the shortage of nurses. Shortage of resources had an effect on the kind of healthcare services to be

rendered to the patients. These sentiments are captured in the following reflections from the interview:

Participant 13 reported that they were overworking during the COVID-19 pandemic; they worked excessive hours than before. The participant additionally conveyed that they were tasked with a workload originally meant for two or more nurses. They further elaborated on how this heavy workload could potentially impact the quality of healthcare services provided to patients. Additionally, they expressed feelings of fatigue and being overwhelmed by the workload:
*"I felt like we overworked during the pandemic; we found ourselves working abnormal hours or doing the work that was supposed to be done by two nurses alone and this can also affected the quality of care you are providing and this challenge can also put your own health at risk because you are tired and can lose focus on what you are doing. I felt tired and overwhelmed. The workload was too much for us*" (Participant 3)

Participant 7 shared that they faced difficulties due to a lack of resources intended for treating COVID-19 patients in the hospital. This scarcity of resources led to patient fatalities, as there were insufficient means to adequately assist them. The participant indicated that shortage of resources caused them to experience frustration and confusion as there was nothing they could do for the patients infected by COVID-19:

> "*Another challenge we faced as nurses was the shortage of resources in the hospital to care for COVID patients and may result in patients losing their lives because the tools that are supposed to assist them are not available such as ventilators. This caused us a lot of frustration and confusion because there was nothing we could do but watch people*

*die. I remember at some point we were out of PPE and it was a great challenge because PPE are essentials."* (Participant 7)

Several participants also highlighted that shortage of nurses was one of their major challenges during COVID-19 pandemic as per the quotes below. Participant 8 reported that they experienced shortage of staff during the COVID-19 pandemic and indicated that sometimes he was the only professional nurse in the COVID-19 ward and being assisted by one staff nurse. It was a challenge because the COVID-19 ward had many patients. The participant described this experience as "exhausting":

"*We had a mass shortage of staff because at some point I was the only professional nurse at work with around sixteen COVID-19 patients and assisted by one staff nurse, so it was very difficult and there was a large flow of patients that were admitted in the COVID ward and it was a challenge because it was a few of us and there were a lot of patients to be taken care of. It was exhausting*" (Participant 8)

### 5.3.2"There was a little time to rest": Long working hours.

Participants reported that they worked longer working hours during the pandemic and didn't get enough time to rest. Participant 18 expressed that they were required to take extra shifts to care for the COVID-19 patients since they were understaffed and this resulted in them not having enough time to recover from work, causing burnout:

"*We experienced long working hours and sometimes we had to work extra shifts and this affected us because there was a little time to rest. We didn't have enough time to rest, and we sometimes suffered from burnout and exhaustion*" (Participant 18)

### 5.3.3"*We were being set up for failure*": Poor working environment.

Several participants reported that they didn't have a conducive working environment. Participant 15 reported that the space in the COVID-19 ward was not sufficient and it was not conducive to be used as an infectious disease ward. The participant further explained that they had water shortages in the hospital during the pandemic. It felt like their needs as caregivers of COVID-19 patients weren't prioritized because water was essential for hygiene, and thereby, for controlling the spread of the virus:

> "*We didn't have enough space in the COVID ward; the ward structure we were working in was not suitable for the COVID pandemic and it felt like we were being set up for failure because there was no water, and water was very essential during the pandemic, and they preached wash your hands but with what water?"* (Participant 15)

Participant 20 reported that they didn't have a proper place to throw away the contaminated PPE after caring for patients and further indicated that they lacked proper infection control which resulted in them fearing for their lives:

> "*There wasn't even a place to put away the contaminated PPE after caring for the patients. There was no proper infection control, and this made us to fear for our lives more because we knew that contaminated PPE is not well discarded which also increased the chances of infection"* (Participant 20)

**Theme 4: Coping mechanisms that nurses used to cope with the pandemic.**

The fourth theme which emerged from the participants were the coping mechanisms which they implemented to cope with the pandemic The sub-themes capture these motivations and are detailed below.

### 5.4.1"*We relied on each other for support":* Collegial support

Several participants reported that they received support from their colleagues in the COVID-19 wards. Participant 2 reported that as COVID-19 nurses they relied on each other for support and encouragement because other colleagues who didn't work in COVID-19 ward feared them.

> "*As COVID workers we supported each other because other people feared to be in direct contact with us, so we relied on each other for support and encouraged each other. Working together to fight COVID also created the spirit of togetherness although some colleagues were afraid. Colleagues responded positively even when you vented; positive words were important during the pandemic. They played a crucial role in helping me stay focused during the pandemic and continue caring for the sick."* (Participant 2)

Participant 4 also reported similar experiences that he relied on his colleagues' for support to cope with the COVID-19 pandemic.

> "*The colleagues that I worked with at the COVID wards with were positive and poured me with words of encouragement which is what I needed at the time as I was dreadful, exhausted, and helpless during COVID. Mutual support between us colleagues really helped us a lot and kept us going. Simple, kind words helped us to conquer a day of*

*working in COVID ward. We were all supporting and comforting each other during this time*." (Participant 4)

### 5.4.2 "*The strongest coping mechanism that I used was praying*": Religious coping

Several participants indicated that they used prayer as a coping mechanism to help them cope with the COVID-19 pandemic, as described by Participant 15 below:

"The strongest coping mechanism that I used was praying. Hoping and having faith that our lives would get back to normal also helped me. Reading the word of God assisted also in staying firm. I was trying to practice my faith. It was not easy but it's something that kept me going" (Participant 15)

Participant 11 reported that she used to attend prayer sessions at the hospital Chapel.

"*Participating in the prayers that my colleagues were hosting at the Chapel was my way of coping with the pandemic and we also motivated each other and helped each other to keep our heads up in those prayer services and that really helped us. I couldn't have done it alone. During those services we also shared ways to care for the COVID patients*". (Participant 11)

### 5.4.3 "When I was home, I used to watch television just to be distracted": Avoidant coping

Several nurses reported that they used entertainment from the television as a distraction to

help them cope with COVID-19.

Participant 12 reported that distraction helped her to cope with the pandemic and opted to not watch the News so as to avoid stumbling upon the constant COVID-19 updates that were broadcasted daily.

> "*Being distracted helped me to cope with the pandemic, I was avoiding the News because the COVID news were all over and I didn't want to be even more depressed because I already deal with it at work too*." (Participant 12)

Participant 20 shared the same experience.

> "*I tried to avoid watching the news or getting updates about COVID because I thought it would not do me any good except to give me more stress*." (Participant 20)

# Chapter 6: Discussion

The aim of this study was to explore the lived experiences of nurses who cared for patients with COVID-19 at a regional rural hospital. The purpose of the discussion chapter is to compare and contrast the findings with the existing literature. Four overarching themes emerged from the study: personal journey into nursing, fear of COVID-19, and the impact of under-resourced environment on nurses' well-being, and the coping mechanisms.

## 6.1 Journey into nursing

From the inception of psychology and across the ensuing century, constructs of motivation have played a critical role in explaining human behaviour (Hull,1943). Research has considered motivation as one of the most essential ingredients in our mind, addressing the fundamental question of why people initiate certain behaviours in the first place (Kanfer &,Chen 2016).

There are several prominent theories of motivation including Social Cognitive Theory and Herzberg's theory of motivation. Social Cognitive Theory suggests that human behaviour is learned and developed through interactions with other people and with the world around an individual. Bandura (2001) notes that an individual's behaviour choices are selected based on internal and external factors, such as the environment and past experiences while Brinkmann (2023) notes that an individual does not learn a behaviour out of conditioning but selects behaviours based on the desire to achieve a certain outcome. Contemporary cognitive theories of motivation postulate that individual's thoughts, beliefs, and emotions are central processes that underlie motivation (Dale, 2020). These cognitive perspectives stand in contrast both to early views that linked motivation with individual differences in instincts and traits, and to behavioural

theories that viewed motivation as an increased or continued level of responding to stimuli caused by reinforcements or rewards (Dale, 2020).

Herzberg's motivation theory suggests that satisfaction and dissatisfaction at work are influenced by two sets of factors: hygiene factors and motivators. Hygiene factors are basic necessities such as working conditions and salary, that, if not met, can cause dissatisfaction. Motivators such as recognition and achievement drive job satisfaction and motivation. The theory asserts that to improve job satisfaction and motivation, managers must not only provide adequate hygiene factors but also focus on motivators (Denis,2019)

There have been a range of studies on motivations for pursuing a career in nursing and these studies have reported both intrinsic and extrinsic factors. Career choice is influenced by both intrinsic and extrinsic motivators (Chantara, et al,.2023). Intrinsic factors / motivators are often fuelled by a desire to make a difference to the lives of others, (Rinat et al,2023). Nurses who are motivated by this factor find satisfaction in knowing that they have made a positive impact on their patient's lives. They may also be motivated by the sense of personal growth and development that comes from challenging themselves to improve their skills and knowledge. Nurses who are intrinsically motivated are passionate about their work and find fulfilment in helping others (Messinio et al.,2019) .

Extrinsic factors come from external factors such as rewards, recognition, and incentives (Rinat et al.,2023). Nurses who are extrinsically motivated may be driven by the desire to receive positive feedback from their supervisors, job security, and financial rewards for their work. Although extrinsic motivation can be effective in driving performance, it is often less sustainable than intrinsic motivation (Ben, 2010). Nurses who are primarily motivated by external factors may lose motivation if they do not receive expected rewards or recognition.

Other studies support the notion that intrinsic rather than extrinsic motives are the leading factors for choosing a nursing career and reveal additional extrinsic motives of career choice, for example, employment security, flexible hours, high salary, promotion, comfortable work conditions, and ability to work and study at the same time (Boughn,2001)

Studies on motivations for pursuing a career in nursing have been conducted in a range of diverse cultural settings including Western Australia, Canada, and the United State of America. According to Bartfay (2018), international studies have found that "wanting to make a difference in society" was topmost for overall motivation (intrinsic and extrinsic), as well as being the most important intrinsic motivation (Bartfay,2018). Similar results were reported by Haigh (2015) where 73% of the nurses in Western Australia chose the same intrinsic motivation factor. The "desire" to help people was ranked as the second highest intrinsic motivator for nurses. Reymond et al., (2018) reported similar findings, stating that nurses in the study selected "desire to help others" as their primary reason for choosing a career in nursing.

Twomey and Meadus (2016) reported that male nurses found nursing versatile, ranking it as their fourth most important career choice reason. The variety and challenges of the work were their third highest intrinsic motivation. Canadian nurses described nursing as a "challenging and responsible profession," also their third motivation.

Travel opportunities were the third most important extrinsic motivation. This aligns with Twomey and Meadus (2016) but is higher than Haigh (2015). Similarly, Kallio et al. (2022) found that nurses chose the profession for its humane and meaningful work. They cited working with people, helping them, and job security as key factors. Nurses appreciated the varied job descriptions and opportunities across different workplaces. Key reasons included working with people, helping patients, and job security. Nurses also appreciated the varied job descriptions and

opportunities in different workplaces. Similarly, Alkaya et al. (2018) highlighted that students chose nursing due to their family's economic status or having a healthcare professional in the family and wanting to follow a similar path.

Twomey and Meadus (2016) reported that male nurses found nursing to be very versatile and indicated this was their fourth most important reason for choosing nursing as a career. Variety and challenges of the work was ranked as the third highest motivation “intrinsic” with 80% agreement. Nurses in Canada described nursing as a “challenging and responsible profession” as their third motivation for choosing nursing, Twomey and Meadus (2016).

Being able to travel overseas was ranked third for extrinsic motivation with 81% agreement. This finding is similar to that reported by Twomey and Meadus (2016) but much higher than the 60.3% reported by Haigh, (2015). A study by Kallio et al. (2022) reported similar findings that nurses chose a nursing career because they considered it to be humane and meaningful work. The results from the study indicated that working with people, helping them and being a benefit to the patients are some of the reasons why students choose the profession of nursing. Furthermore, the study alluded that nurses also chose nursing for its security of work options. It indicated that nurses have good opportunities to choose from different workplaces and that nurses’ work description is more varied than that of many other professionals. Studies like the one conducted by Alkaya et al (2018) have highlighted that students choose nursing because of their economic status of their families while others choose nursing because of having a healthcare professional in the family and wanting to become a nurse.

In South Africa, local studies have highlighted the motivations for pursuing a career in nursing. Hoffman et al. (2020) reported that the main reasons were job security and helping others. Nursing offers better employment opportunities such as community services for graduates

(Nursing Act, 2005). Messinio et al. (2019) found that students chose nursing to help people, engage in meaningful activities, and seek job security and career opportunities. Family influence, personal experiences, and a positive image of nursing were additional motivations. Nibagwire (2019) identified passion for nursing, helping others, and job stability as top reasons.

The influence of family members or friends' personal experiences, such as hospitalization, illness of a family member were also identified as additional motivations for choosing nursing (Messinio et al., 2019). Nibagwire (2019) found that one of the most common reasons highlighted in the study includes passion for nursing which was also listed as the most common "first important reason", followed by "I like to help others"

In terms of the current study in the participants reported that they chose nursing because they had a lifelong desire to help people who are vulnerable because of illness, and they had limited career opportunities, and they didn't have other career alternatives. This is similar to the findings in the existing literature as detailed above.

**6.2 Fear of COVID-19**

Fear is defined as "a basic, intense emotion aroused by the detection of imminent threat, involving an immediate alarm reaction that mobilizes the organism by triggering a set of physiological changes" (American Psychological Association, 2020, p.184 ). In the current study, fear of COVID-19 was identified as the dominant part of the experience of nurses. The nurses in the study expressed fears of being infected with COVID-19, concerns about transmitting the virus to their loved ones, and fears of community ostracism stemming from their work during the pandemic. These fears are discussed below in relation to the existing literature.

### 6.2.1 Fear of contracting COVID-19

Local studies have reported that fear of contracting COVID-19 and losing their lives was one of the major concerns of nurses, especially those who cared for patients with COVID-19. Lancet (2021) reported that South Africa was the most affected country in Africa and had 4,076,463 confirmed cases, 102,595 deaths and 3,912,506 recovered cases of COVID-19. The fear of contracting the COVID-19 virus and accompanying mortality rates among nurses became a significant concern in South African healthcare settings. Ramlagan et al (2024) reported that in one district in the Gauteng province, the incidence of COVID-19 was reported as 2.7 cases per 1000 staff days for nursing staff and 1.1 cases per 1000 staff days for medical officers (Mdzinwa et al, 2021). Nationally it was reported that 3.8% of COVID-19 admissions in South Africa from March 2020 to April 2021 were nurses. It was evident that nurses were heavily burdened by the pandemic and feared contracting the COVID-19 infection (Pienaar et al, 2021)

Studies on the fear of COVID-19 among nurses have been conducted worldwide. These studies demonstrated that nurses working with COVID-19 patients were often at a greater risk of being infected with the virus as they were front line workers (Billings et al., 2021; Liu et al., 2020, & Villar et al., 2021). Ardebili et al., (2021) in an Iranian study highlighted that fear of contracting the virus and losing their lives was a common concern amongst nurses when caring for COVID-19 patients. Akkus et al. (2022) reported that in Pakistan, the fear of being infected with COVID 19 overwhelmed nurses which affected their work ethic and mental health resulting in many not being able to execute their duties according to their best capabilities. Similarly, Koontalay et al., (2021) reported that nurses in Brazil weren't able to do their nursing duties effectively because they didn't want to contract the virus.

### 6.2.2 Concerns about transmitting the virus to loved ones.

Fear of infecting loved ones and being responsible for a family member losing their life was another major concern for South African nurses. Ponela et al. (2022) reported that the fear of nurses infecting their families with COVID-19 was a universal concern. Nurses who worked in both urban and rural hospitals were scared that they would infect their loved ones with the virus (Sehularo et al, 2021). Nxumalo et al, (2021) reported that nurses in Gauteng province reported that they would feel guilty if they lost a family member because they infected them with COVID-19. They further expressed that this was the reason why some nurses decided to isolate themselves from their families.

Based on international studies, Souadka et al. (2020) reported that in China nurses reported that COVID-19 was frightening, new, and an unknown illness. Nurses experienced anxiety as they witnessed patients dying daily. The loss of patients and colleagues through death aggravated their fear of infecting their families and being responsible for their deaths. As patients died they were concerned about their loved ones. Similarly, Khanal et al. (2020) reported that the constant fear of infecting their loved ones with COVID-19 and being responsible for their deaths caused distress among nurses in New Zealand. Wang et al. (2020) reported that the main source of stress among nurses worldwide caring for COVID-19 patients came from the fear of being infected, the fear of family members being infected, and being responsible for the death of their family members.

### 6.2.3 Fears of community ostracism

The fear of COVID-19 within their communities led to nurses experiencing ostracism from community members. In South Africa and other parts of the world, nurses faced stigmatization

and exclusion from their communities owing to fears of infection. Gumede (2020) reported that this resulted in many nurses struggling to live within their communities. Isilow (2020) reported that during COVID-19, nurses in South Africa felt excluded from society because they were perceived as carriers of the virus. This perception led to nurses feeling alienated and no longer part of the community. Nurses expressed feeling unwanted during the pandemic because people feared them and avoided interaction (Pienaar et al., 2021).

A study in India highlighted the ostracism that was experienced by nurses and other healthcare workers (Sakib et al., 2023). This manifested through interruption of relationships with other community members, friends and colleagues. This was due to social distancing and because community members feared that they would get infected with COVID-19 (Billings et al., 2021). Arggyriadis et al., (2021) has documented that ostracism from community led to fear and anxiety amongst nurses working with patients with COVID 19.

### 6.3 Impact of the work environment on nurses' well-being

The COVID-19 pandemic posed significant challenges for nurses and other healthcare workers in the world. One of the most pressing issues that nurses faced during the COVID-19 pandemic was the impact of under-resourced work environments (Boudreau,2024). Nurses who were already stretched thin due to staffing shortages and high patient loads, had to navigate the added difficulties of limited personal protective equipment (PPE) and lack of resources to effectively manage the influx of COVID-19 patients. These challenges led to increased stress, burnout, long working hours, a deterioration of mental health, further exacerbating the already strained healthcare system (Boudreau,2024). This was evident among the nurses in the study who reported experiencing burnout, long working hours and working in a poor environment.

Burnout among nurses was a pressing problem even prior to the pandemic. The core symptoms of burnout are the following: emotional exhaustion, depersonalization, and reduced personal accomplishment (Kamali et al., 2022). Nursing, a noble and essential profession, has been plagued by the pervasive issue of burnout, a phenomenon that has only been exacerbated by the unprecedented challenges posed by the COVID-19 pandemic. Prior to the pandemic nurses were already experiencing alarmingly high levels of burnout, driven by a multitude of factors such as demanding workloads, poor staffing, lack of communication between healthcare providers, and insufficient organizational leadership (Galanis et al.,2021)

Studies have revealed that the prevalence of burnout syndrome among nurses during the pandemic was almost twice as high as the highest reported in previous meta-analyses (Serafin et al.,2022). Factors such as younger age and short professional experience have been identified as making newly graduated nurses particularly vulnerable to burnout (Serafin et al.,2022). The onset of the pandemic served to intensify these pre-existing risk factors, leading to a further increase in prevalence of burnout syndrome among nurses. High and moderate levels of emotional exhaustion, depersonalization, and low levels of personal accomplishment were already prevalent in the population of nurses in several countries before the pandemic (Gomez et al., 2017).

Nurses on the frontlines of COVID-19 response have been found to be deeply troubled by burnout, exhibiting symptoms such as insomnia, depression, anxiety, and even post-traumatic stress disorder (Chirico et al., 2021). During the pandemic a large percentage of frontline workers had high levels of burnout and a sense of personal dissatisfaction, also due to role changes from primary and community nurses to frontline workers dealing with patients suffering from COVID-19 (Chirico et al., 2021). A study by Dewi et al., (2023) found that nurses' burnout

in Asia during COVID-19 was influenced by various factors such as fear of being infected, infecting loved ones with the virus, mortality, and long working hours.

According to a study conducted in Mthatha Regional hospital in Eastern Cape, South Africa, the COVID-19 pandemic brought about a rapid change in the work environment of nurses who are the backbone of efficient healthcare services, thereby rendering them vulnerable to increased burnout risks. The normal wards were turned into COVID-19 wards and they were not conducive enough for both nurses and patients, and nurses were exposed to contracting the virus (Fathuse et al, 2022). Similarly, Alrawashde et al., (2023) reported that COVID-19 pandemic created conducive conditions for burnout to thrive among nurses given substantive changes in their usual practice and delivery of services to patients because of the high volume of patients that were admitted in the COVID-19 wards. These suffered from poor infection control, long working hours, and shortage of PPE.

Hofmeyer et al., (2020) reported that the sharp increase in COVID-19 morbidity and mortality put pressure on nurse's workload, who had to contend with the ethically and emotionally wrenching decisions of allocating scarce resources to patients in need (Robersons et al., 2020). The current evidence suggests that nurses in designated COVID-19 wards were exposed to extraordinary stress (Morgatin et al., 2020). Fathuse et al, (2022) reported that nurses who rendered services in Mthatha during COVID-19 pandemic experienced burnout which manifested as emotional strain, physical exhaustion, anxiety, fear, low sense of job accomplishment, emotional detachment, irritability, and dread of work but without neglecting their responsibility. High COVID-19 related mortality, increased work volume, staff shortage and constant feelings of grief affected nurses in COVID-19 wards

Alrawashdeh et al. (2020) reported that the main risk factors for burnout among nurses in Greece were: decreased social support, increased perceived threat of COVID-19, longer working time in quarantine areas, working in hospitals with inadequate and insufficient material and human resources, and lower level of specialized training regarding COVID-19. Andlib et al., (2022) reported that burnout and psychological distress in Pakistan were significantly higher in nurses who were working in public hospitals and did not receive training for COVID-10 prevention and were dealing with increased patient load. Murat et al., (2021) reported that in Turkey more burnout was detected in nurses who had a positive COVID-19 test and did not work voluntarily during the pandemic.

Nxumalo et al., (2021) reported that the pressure of working long hours can also negatively impact the quality of patient care and increase the likelihood of medical errors. Furstenburg et al., (2020) reported that the nurses' extensive work hours were not only due to the sheer volume of patients requiring care but also the intensity and complexity of the care needed for COVID-19 patients. In South Africa, the slow rollout of COVID-19 vaccinations and the resulting surge of infections during the third wave further exposed nurses to unsafe working environments, making their jobs even more challenging (Mulaudzi et al.,2021). Fathuse et al., (2022) reported that the rapid and unpredictable changes in the work environment, coupled with the emotional toll of witnessing the cumulative mortality of both patients and staff, contributed to heightened levels of stress and exhaustion among nurses. Nxumalo et al., (2021) highlighted that access to water is a key determinant for infectious disease control and prevention; thus, limited access creates a challenge for transmission. Many South African nurses were faced with a challenge of not having water during the COVID-19 pandemic and this presented a major

obstacle towards controlling the spread of COVID-19 and following the COVID-19 rules and regulations.

International studies reported that nurses were concerned about the poor working environment in hospitals during COVID-19 pandemic, poor infrastructure in the COVID-19 wards, risk of accidents and risk of contagion (Nagel et al., 2022). Davis et al., (2021) reported that nurses in Sweden described the wards as inadequate and unsafe. The wards lacked proper workspaces as well as lack of PPE which made caring for patients with COVID-19 more difficult. The work environment was most likely affected by the requirement to wear protective gear as well as keeping a social distance, thus affecting the nurse's ability to communicate with each other (Garcia,2007)). Girones et al. (2021) reported that nurses and other health care workers can only provide quality services if their work environment provides adequate conditions to support them. Sokmen, (2018) reported that nurses in India were already facing structural challenges: lack of energy, water supply, internet access, enough clean uniforms, appropriate space for breaks, lockers, changing rooms, laundry services and lack of safety, for instance, during night shifts in isolated areas. Poor work conditions can lead to increased mortality in hospitals (Lappin, 2020).

**6.4 Coping mechanisms that nurses used to cope with that pandemic.**

Nurses who cared for patients with COVID-19 faced immense challenges working under pressure and stress while confronting unfavourable conditions that have increased their risk of negative consequences, including psychological distress (Mousa et al.,2021). Nurses have navigated a myriad of daunting obstacles during the COVID-19 pandemic, including coping with elevated workloads, insufficient resources, and heightened concerns for their own safety as well

as their patients and families (Morley et al.,2023). In order to maintain their well-being during the COVID-19 pandemic, nurses had to implement various coping mechanisms to help them cope with the challenges they faced as frontlines nurses of COVID-19. These coping mechanisms are discussed below in relation to the existing literature.

### 6.4.1 Collegial support

Scheunemann et al. (2023) and Ndaba et al. (2023) reported that nurses in Gauteng Province relied heavily on collegial support. This included offering emotional support such as listening to their colleagues when they were venting, sharing with each other personal care strategies that they can use to prevent being infected by the virus such as clearing the nasal pathway of congestion, the use of traditional herbs, taking supplements to keep their immune system strong and ensuring that there was always PPE available. Collegial support was important for nurses during the pandemic because they felt like they had people that they could rely on at work. They listened to each other vent about the challenges they were encountering at work and exchanged tips which they could use to protect themselves from being infected. Kim et al., (2021) reported that nurses highlighted that communication between colleagues provided them with interpersonal connection and knowledge which increased their confidence when dealing with the pandemic. Similarly, Robertson et al., (2020) reported that collegial support was one of the most endorsed coping strategies to help nurses cope with COVID-19. It helped to decrease nurses' emotional exhaustion because it gave them a sense that they were not alone in the pandemic and they offered each other words of encouragement. Shared experiences fostered a sense of comraderie which decreased feelings of isolation, provided a place to debrief, and buffered against the stigma that some experienced because of work or illness (Scheunemann et al., 2021).

International studies highlighted that despite the challenges that nurses faced during the pandemic, they demonstrated remarkable resilience and adaptability, drawing upon a range of coping strategies to mitigate the negative emotional and psychological impacts of the COVID-19 pandemic (Jang et al., 2022). Balay- odao et al., (2021) reported that a key factor in nurses ability to cope has been the support and camaraderie they have found within their teams and among their colleagues. Jang et al. (2022) reported that literature has highlighted the profound positive impact that peer support and teamwork can have on nurses ability to navigate the emotional and psychological toll of the pandemic. Importantly, nurses have reported that the solidarity and understanding they shared with their fellow healthcare workers, as well as the encouragement and gratitude they received from them was vital in helping them endure the unimaginable difficulties. Similarly, Preisman et al., (2022) reported that nurses in the United States of America were regularly checking up on each other to offer support to each other and this helped them cope with the pandemic. Ali et al., (2020) reported that managerial support helped nurses to cope with the pandemic. Hospital managers focused on stimulating nurse's potential positive traits and encouraged them to adopt effective coping strategies and social support to reduce adverse psychological levels. Nursing managers implemented stress reduction strategies for nurses through providing consecutive rest days, rotating allocations of complex patients, arranging support services and being accessible to the nursing staff (Shahrour et al., 2020).

### 6.4.2 Religious support

Ndada et al., (2023) reported that nurses used prayer and religion as a major coping mechanism. They highlighted that it was comforting to have their religious beliefs for an example, "God is in control, life and death comes from God" amidst the uncertainty as a way to cope. Despite not being able to engage in religious practices in person at places of prayer and

worship, religious involvement for some nurses took place through hospital chapels, group chats and prayer videos. Mokhele et al., (2021) reported that nurses highlighted that the religious participation provided them with new insights and ways of navigating the pandemic and helped them use their faith to stay positive. Similarly, Sehularo et al., (2021) reported that faith-based practices were used as a coping strategy for nurses to cope with the COVID-19 pandemic. Because of their religion, nurses felt optimistic and hopeful that the pandemic will end. Ndada et al., (2023) reported that spiritual wellness groups were also established in some hospitals across South Africa to support nurses and other healthcare workers.

Recent studies have suggested religious and spiritual strategies as a tool to cope with psychological and physical challenges (Koenig, 2020). International studies have found that one of the key coping strategies that nurses used during the pandemic was religious and spiritual practices. Studies found that nurses turned to prayer, meditation, and other religious activities as a means of finding solace and meaning amidst the chaos and uncertainty of the pandemic (Mouss et al., 2021). The ability to draw upon their faith and belief systems provided nurses with a sense of inner peace and the strength to persevere in the face of adversity (Ozdemir et al., 2021). Similarly, Preisman et al., (2022) reported that engaging in religious and spiritual practices provided nurses with a sense of inner peace, emotional support, and courage to work through the pandemic. A study in Brazil showed a significant role of religiosity and spirituality in reducing fear, sadness and anxiety about the COVID-19 pandemic and consequently social isolation (Lucchetti et al., 2020).

Rias et al., (2021) reported that during the pandemic nurses who had low levels of spirituality had increased anxiety compared to those with higher levels of spirituality. Similarly, a study conducted in Philippines showed that praying had a significant effect on coping with

COVID-19 among nurses. (Del Castillo et al., 2021). A study in Turkey found that nurses preferred to pray to manage stress (Ozdemir et al., 2021).

### 6.4.3 Avoidant coping

Sehularo et al., (2021) reported that nurses used avoidance as a way to cope with the COVID-19 pandemic. Avoidance refers to an act or practice of withdrawing or avoiding something unwanted (Holahan et al., 2021, p.33). The study found that majority of nurses reported avoiding media coverage providing updates COVID-19 infections and mortality statistics. Similarly, Scheunemann et al., (2021) reported that nurses used distraction and refocused their attention through engagement with hobbies and watching movies to take a break from the stresses of work and the pandemic.

International studies have found that during the pandemic, nurses avoided negative information about COVID-19 when dealing with the situation. Avoiding negative information aids in maintaining mental confidence and enhancing work performance (Moustaq et al., 2023). Positive thinking helps enhance the quality of care by reducing stress. To stay mentally strong during the pandemic, nurses were also conscientious about avoiding pessimistic statements. Moustag et al., ( 2023) reported that avoiding negative occurrences could help reduce anxiety, sadness, tension and low-esteem which boosts mental confidence at work. When the patient mortality rate in the hospital was extremely high, nurses avoided checking the patient mortality rate to prevent anxiety related to COVID-19 infection.

A study in Dubai found out that avoidance coping mechanisms was commonly used by nurses. They used self-distraction as a way to cope with the pandemic, instead choosing to watch

television, listen to podcasts, sleep, work out, and engage in other recreational activities (Hamdan et al., 2019).

Avoidant coping mechanisms helped nurses to not be emotionally affected by the pandemic (Del Castillo et al., 2021). The study reported that nurses experienced challenges during COVID-19 pandemic including fear of transmitting the virus to their loved ones and fear of community ostracism. In the study nurses expressed that they experienced exclusion and stigmazation from the community. Nurses in the study further reported that they experienced challenges in their work environment which had an impact on their well-being. Nurses expressed that they experienced burnout because of emotional exhaustion, workload and poor staffing. They were working for long hours without rest which increased the prevalence of stress and exhaustion. The study also reported that they were working in a poor working environment which had poor infection control and prevention during COVID-19. Nurses reported that there was a shortage of water within the hospital which was a major challenge because they couldn't follow the rules and regulations of COVID-19. The study discovered that nurses were using coping mechanisms which helped them to cope with the pandemic such as, collegial support, religious support and avoidant coping mechanism.

### 6.5 Integration with theoretical framework

The theoretical framework guiding this study was interpretive phenomenology, which is deeply rooted in the broader philosophy of phenomenology. Phenomenology, as a philosophy of experience (De Vos et al., 2011), seeks to understand the essence of lived experiences. Interpretive phenomenology, specifically, aims to uncover the meanings embedded within everyday occurrences (Reiners, 2012, p.1). In this study, participants were selected based on

their significant experiences and insights into a particular phenomenon—specifically, nurses who had direct and substantial experiences with COVID-19. The choice of an interpretive phenomenological framework was particularly appropriate for this research, as the study aimed to explore the lived experiences of nurses who provided care for COVID-19 patients at a regional rural hospital in South Africa. This framework enabled the researcher to gather detailed, rich, and contextually relevant data by focusing solely on nurses with direct COVID-19 experiences. The phenomenological lens was instrumental in shaping both the data collection and analysis processes, emphasizing the interpretation of experiences by both the nurses and the researcher.

During the data collection phase, the nurses interpreted and shared their experiences, which the researcher then analyzed through a process of interpretation, organizing these experiences into themes that reflected the essence of the nurses' lived realities. The findings revealed that nurses experienced significant fear of contracting COVID-19, accompanied by concerns about transmitting the virus to their families and loved ones. These fears were exacerbated by negative perceptions and worries from community members, contributing to the nurses' experiences of stigmatization and exclusion, thus intensifying their sense of isolation. The study also highlighted the nurses' experiences of burnout, long working hours, and poor working conditions. Despite these challenges, the nurses employed various coping mechanisms, including collegial support, religious faith, and avoidant coping strategies. These findings underscored the relevance of interpretive phenomenology in understanding the profound impact of COVID-19 on nurses' professional and personal lives.

The interpretive phenomenological approach was crucial in uncovering the deeper meanings behind the nurses' experiences. For instance, many nurses interpreted the fear of

COVID-19 within their communities as leading to ostracism and stigmatization, further isolating them as perceived carriers of the virus. This societal exclusion created a void in their lives, which was explored through the phenomenological lens, providing insights that might have been overlooked through other theoretical approaches.

The study employed a double hermeneutic process in data interpretation, which involves two layers of interpretation. The first layer consisted of the nurses' interpretations of their own lived experiences, such as their fears, the impact of their work environment on their well-being, and the coping mechanisms they adopted during the pandemic. These interpretations were influenced by the nurses' personal histories, perceptions, and contextual realities. The second layer of interpretation was conducted by the researcher, who analyzed the nurses' accounts to uncover deeper meanings and essences. This involved identifying patterns, creating themes, and grouping these themes according to their significance. The use of double hermeneutics added a layer of reflexivity to the study, as the researcher remained cognizant of their own biases and perspectives, and how these might influence the interpretation of the data. This rigorous process ensured that the study captured the complex and nuanced experiences of the nurses, providing a rich understanding of their lived experiences during the COVID-19 pandemic.

# Chapter 7 : Conclusion

The current study aimed to explore the lived experiences of nurses who cared for patients with COVID-19 at a regional rural hospital in South Africa. Also, the two objectives of this study were addressed: exploring the lived experiences of nurses who cared for patients with COVID-19 in a rural hospital and exploring the coping mechanisms used by nurses during the COVID-19 pandemic. The study has sought to find out nurses' personal journey into nursing, as to why they chose nursing as a career. For majority of the nurses it was because they had a lifelong desire to help others and others indicated that they had limited career opportunities. Findings of the study also showed that nurses feared being infected by COVID-19 and were concerned about transmitting the disease to their loved one. They experienced exclusion from their community members. Moreover, it was found in the study that the nurses working environment had an impact on their well-being—they worked in under resourced working environments and experienced burnout because of long working hours. Furthermore, the study found that nurses used coping mechanisms to help them cope with the effects of COVID-19. Nurses emphasized that they relied on each other for support and used religious as well as avoidant coping strategies.

## 7.1 Limitations of the Study

In keeping with the topic, aims, and objectives, the study only included nurses although there were other healthcare professions who provided care for the COVID-19 patients. The study also only focused on nurses in one area, and this could impact on the transferability of the findings. The nurses who chose to participate in the study were those who were more willing to share their experiences with the researcher. The researcher was aware of this interpretative bias which occurs when the researcher interprets information according to their worldview and can colour the conclusions of their study.

### 7.2 Recommendations

The study recommends that the hospital management should implement ways to support nurses such as hosting debriefings, employee wellness campaigns, counselling, and also the provision of adequate PPE to support nurses and to enable them to be motivated at work. To foster a sense of community, establishing peer support networks or mentorship programs can offer additional emotional and professional support. Recognition and reward systems should be developed to acknowledge the contributions of nursing staff, boosting morale and motivation. Furthermore, enhancing communication and feedback mechanisms will ensure that nurses feel heard and valued, allowing management to address concerns promptly. Finally, supporting career development through training and continuing education opportunities will contribute to job satisfaction and retention, creating a more supportive and motivating work environment overall.

## References


Adey, P., Hannam, K., Sheller, M., & Tyfield, D. (2021). Pandemic (im) mobilities. Mobilities, 16(1), 1-19.https://doi.org/10.1080/17450101.2021.1872871

Afriyie, D. K., Asare, G. A., Amponsah, S. K., & Godman, B. (2020). COVID-19 pandemic in resource-poor countries: challenges, experiences and opportunities in Ghana. The Journal of Infection in Developing Countries, 14(08), 838-843.https://jidc.org/index.php/journal/article/view/32903226

Agarwal, P., Swami, S., & Malhotra, S. K. (2022). Artificial intelligence adoption in the post COVID-19 new-normal and role of smart technologies in transforming business: a review. Journal of Science and Technology Policy Management. https://www.emerald.com/insight/content/doi/10.1108/JSTPM-08-2021- 0122/full/html

Akkuş, Y., Karacan, Y., Güney, R., & Kurt, B. (2022). Experiences of nurses working with COVID-19 patients: A qualitative study. Journal of clinical nursing, 31(9-10), 1243-1257.

Alkaya, Sultan Ayaz, Şengül Yaman, and Joyce Simones. "Professional values and career choice of nursing students." Nursing ethics 25, no. 2 (2018): 243-252.

Alrawashdeh, H.M.; Al-Tammemi, A.A.B.; Alzawahreh, M.K.; Al-Tamimi, A.; Elkholy, M.; Al Sarireh, F.; Abusamak, M.; Elehamer, N.M.; Malkawi, A.; Al-Dolat, W. Occupational burnout and job satisfaction among physicians in times of COVID-19 crisis: A convergent parallel mixed-method study. BMC Public Health 2021, 21, 811

American Psychological Association. APA dictionary of psychology: fear. Am Psychol Assoc.https://dictionary.apa.org/fear

Argyriadis, A., Patelarou, A., Kitsona, V., Trivli, A., Patelarou, E. and Argyriadi, A., 2021. Social discrimination and stigma on the community of health professionals during the COVID-19 pandemic. An ethnographic approach. medRxiv, pp.7-10.

Awan, S., Diwan, M. N., Aamir, A., Allahuddin, Z., Irfan, M., Carano, A. & De Berardis, D. (2022). Suicide in healthcare workers: determinants, challenges, and the impact of COVID-19. Frontiers in psychiatry, 12, 792925. https://www.frontiersin.org/articles/10.3389/fpsyt.2021.792925/full

Ayalew, F., Kibwana, S., Shawula, S., Misganaw, E., Abosse, Z., Van Roosmalen, J., & Mariam, D. W. (2019). Understanding job satisfaction and motivation among nurses in public health facilities of Ethiopia: a cross-sectional study. BMC nursing, 18(1), 1-13. https://doi.org/10.1186/s12912-019-0373-8

Babbie, E, (2013). Sampling logic. The practice of social research. California: Wadsworth Cengage Learning.

Bandura, A.(2001). Social cognitive theory: An agentic perspective. Annual Review of Psychology, 52, 1-26

Baysal, E,. Selcuk, K,. Aktan, G,. Eric, F,. & Karakus, A,. (2022) An examination of the fear of COVID-19 and professional quality of life among nurses: A multicultural study. Journal of Nursing Management. 30 (4), 849-863

Begun, J. W., & Jiang, H. J. (2020). Health care management during COVID-19: Insights from complexity science. NEJM Catalyst Innovations in Care Delivery, 1(5). https://catalyst.nejm.org/doi/full/10.1056/CAT.20.0541

Ben Natan M, Becker F. Israelis' perceived motivation for choosing a nursing career. Nurse Educ Today. 2010;30(4):308–313. doi:10.1016/j.nedt.2009.08.006

Billings, J., Ching, B.C.F., Gkofa, V., Greene, T. and Bloomfield, M., 2021. Experiences of frontline healthcare workers and their views about support during COVID-19 and previous pandemics: a systematic review and qualitative meta-synthesis. BMC health services research, 21, pp.1-17.

Blaauw, D., Ditlopo, P., & Rispel, L. C. (2014). Nursing education reform in south africa – lessons from a policy analysis study. Global Health Action, 7(1). https://doi.org/10.3402/gha.v7.26401

Boudreu, C,.(2024). Impact of the work environment on nurses outcomes: a mediation analysis. PMC PubMed Central. 46 (3):210-218.

Boughn S. Why women and men choose nursing. Nurs Health Care Perspect. 2001;22(1):14–19. doi:10.1043/10942831

Braun, & Clarke, V. (2006). Using thematic analysis in Psychology. Qualitative research in Psychology,3(2), 77-101.

Busseto, L., Wolfgang.,W., & Christoph., G.(2020). How to use and assess qualitative research methods. Neurological research and practice, 2(1), 14 . https://neurorespract.biomedcentral.com/articles/10.1186/s42466-020-00059-z

Byon, H. D., Sagherian, K., Kim, Y., Lipscomb, J., Crandall, M., & Steege, L. (2022). Nurses' experience with type II workplace violence and underreporting during the COVID-19 pandemic. Workplace health & safety, 70(9), 412-420.https://doi.org/10.1177/21650799211031233

Chaboyer W, Harbeck E, Lee BO, Grealish L. Missed nursing care: an overview of reviews. Kaohsiung J Med Sci. 2020;37(2):82-91. doi:10.1002/kjm2.12308

Chantara S, Kaewkuekool S, Koul R. Self-determination theory and career aspirations: a review of literature. Paper presented at: International Conference on Social Science and Humanity; February 26-28, 2011. Accessed February 27, 2023. https://www.researchgate.net/profile/Soontornpathai-Chantara/publication/228517707_SelfDetermination_Theory_and_Career_aspirations_A_Review_of_literature/links/02e7e51eb25c9115df000000/Self-Determination-Theory-and-Career-aspirations-A-Review-of-literature.pdf

Chapman, A. (2017, November 29). Frederick Herzberg - Motivation Theory. Business Balls.

Chen, S., Chen, Q., Yang, W., Xue, L., Liu, Y., Yang, J., ... & Bärnighausen, T. (2020). Buying time for an effective epidemic response: the impact of a public holiday for outbreak control on COVID-19 epidemic spread. Engineering, 6(10), 1108-1114.

Choi, T. M. (2021). Fighting against COVID-19: What operations research can help and the sense-and-respond framework. Annals of Operations Research, 1-17.https://doi.org/0.1007/s10479-021-03973-w

Cirulli, E. T., Schiabor Barrett, K. M., Riffle, S., Bolze, A., Neveux, I., Dabe, S., ... & Washington, N. L. (2020). Long-term COVID-19 symptoms in a large unselected population. medrxiv, 2020-10.https://doi.org/10.1101/2020.10.07.20208702

Contini, C., Di Nuzzo, M., Barp, N., Bonazza, A., De Giorgio, R., Tognon, M., & Rubino, S. (2020). The novel zoonotic COVID-19 pandemic: An expected global health concern. The journal of infection in developing countries, 14(03), 254-264.

Cook L. J., Hassem T., Laher S., Variava T., & Schutte E. (2021). Mental health experiences of healthcare professionals during COVID-19. SA Journal of Industrial Psychology, 47(1), 1–10. http://dx.doi.org/10.4102/sajip.v47i0.1865

Coovadia, H., Jewkes, R., Barron, P., Sanders, D., & McIntyre, D. (2009). The health and health system of South Africa: historical roots of current public health challenges. The lancet, 374(9692), 817-834. https://doi.org/10.1016/S0140-6736(09)60951-X

Cruz, R.Z.D., & Cruz, R.A.O.D. (2021) Addressing facility management issues and challenges common among public health care institutions in a developing country. Int. J. Healthc.Manag. 14 (2) 107–113.https://www.tandfonline.com/doi/abs/10.1080/20479700.2019.1616387

Cunliff, A.L.(2020). Reflexivity in teaching and researching organizational studies. Revista de Administracao de Empresas, 60(1), 64-60.

Dale,H. (2020). Motivation and Social Cognitive Theory. Contemporary Educational Psychology. 30

Dangi, W.(2022) The perspectives of social cognitive career approach in current times. Frontiers in Psychology, 13. 10.3389/fpsyg.2022.1023994

Dardas,L.A., & Ahmad, M.M. (2015). Coping strategies ad mediators and moderators between stress and quality of life among parents of children with autistic disorder. Stress and Health. Stress health, 31 (1), 5-12. Http://doi.org/10.1002/smi.2513

Daviaud, E., & Chopra, M. (2008). How much is not enough? Human resources requirements for primary health care: a case study from South Africa. Bulletin of the World Health Organization, 86(1), 46-51.

Davis, M.A,. Cher, B,. & Friese, C.E. (2021). Association US nurse and physician occupation with risk of suicide. JAMA Psychiat.

Davis, M.A., Cher, B.Y., Friese C.R., & Bynum, J.P.W. (2021). Association of US nurse and physician occupation with risk of suicide. JAMA Psychiatry, 78 (6), 1-8. https://doi.org/10.1001/jamapsychiatry.2021.0154.

De Kock, J.H., Latham, H.A., Leslie, S.J., Grindle, M., Munoz, S.A., Ellis, L., & O'Malley, C.M. (2021). A rapid review of the impact of COVID-19 on the mental health of healthcare workers: implications for supporting well-being. BMC public health, 21(1), 1-18.https://bmcpublichealth.biomedcentral.com/articles/10.1186/s12889-020-10070-3

De Vos, A. S., Delport, C., Fouche, C., & Strydom, H. (2011). Research at grass roots: A primer for the social science and human professions. Van Schaik Publishers.

Del Castillo F, del Castillo CD, Corpuz JC. Dungaw: Re-imagined religious expression in response to the COVID-19 pandemic. Journal of Religion and Health. 2021;60(4):2285–2305. doi: 10.1007/s10943-021-01266-x.

Denis. (2019, November 7). Herzberg's Motivation Theory – Two Factor Theory. Expert Program Management.

Department of Health. (2020). Explainer: Dept. of Health's Plan to Fight COVID-19 in Eastern Cape. Available online: https://briefly.co.za/67441-explainer-dept-healths-plan-fight-COVID-19-eastern-cape.html(accessed on 27 December 2021).

Department of Statistics Republic of South Africa. (2021). COVID-19 Epidemic Reduces Life Expectancy in 2021. Department of Statistics South Africa: Pretoria, South Africa.

Diehl, E., Rieger, S., Letzel, S., Schablon, A., Nienhaus, A., Escobar Pinzon, L. C., & Dietz, P. (2021). The relationship between workload and burnout among nurses. The buffering role

of personal, social and organizational resources. PLoS one, 16 (1).https://pobmed.ncbi.nlm.nih.gov/33481918

Dubale, B.W.; Friedman, L.E.; Chemali, Z.; Denninger, J.W.; Mehta, D.H.; Alem, A.; Fricchione, G.L.; Dossett, M.L.; Gelaye, B. Systematic review of burnout among healthcare providers in sub-Saharan Africa. BMC Public Health 2019, 19, 1247

Eakin, M.J.(2015). Educating critical qualitative health researchers in the land of the randomized controlled trial. SAGE journal,22 (2),107-118. https://doi.org/10.1177%2F1077800415617207

Elliot, A. J., & Fryer, J. W. (2008). The goal construct in psychology. In Handbook of employing-more-nurses-can-slash-total-health-costs-study-suggests.

Engelbrecht, M.C., Heunis, J.C., & Kigozi, N.G. (2021). Post-Traumatic stress and coping strategies of South African nurses during the second wave of the COVID - 19 Pandemic. International Journal of Environmental Research and Public Health, 18 (15), 7919. https://pubmed.ncbi.nlm.nih.gov/34360211/

Fadana, F. P. & Vember, H. (2021). Experiences of undergraduate nursing students during clinical practice at health facilities in western cape, South Africa. Curationis, 44(1). https://doi.org/10.4102/curationis.v44i1.2127

Fathuse, N.,Hlongwana, K., & Ginindza, T.G.(2023). Why am I even here if I can't save the patients?: The frontline healthcare workers experience of burnout during COVID-19 pandemic in Mthatha, South Africa. International journal of environment research and public health 20 (8), 5451.

Filindassi, V., Pedrini, C., Sabadini, C., Duradoni, M. and Guazzini, A., 2022. Impact of COVID-19 first wave on psychological and psychosocial dimensions: a systematic review. Covid, 2(3), pp.273-340.https://www.mdpi.com/2673-8112/2/3/22#

Finstad, G.L, Giorgi, G., Lulli, L.G., Pandolfi, C., & Foti, G,. (2021). Resilience, coping strategies and posttrauamatic grown in the workplace following COVID-19: A narrative review on the positive aspects of trauma. International journal of environmental research and public health. 18 (18), 9453. https://doi.org/10.3390/ijerph18189453

Frazer, J. S., Shard, A., & Herdman, J. (2020). Involvement of the open-source community in combating the worldwide COVID-19 pandemic: a review. Journal of medical engineering & technology, 44(4), 169-176.https://doi.org/10.1080/03091902.2020.1757772

Friedman, C., & Rigby, M. (2021). Conceptualising and creating a global learning health system. International journal of medical informatics, 82(4), e63-e71.https://doi.org/10.1016/j.ijmedinf.2021.05.010

fundamental human motive? A review of the empirical literature.Psychological Bulletin, 141, 574–601. https://doi.org/10.1037/a0038781

Galanis, P., Vraka, I., Fragkou, D & Bilali, A. (2021). Nurses burnout and associated risk factors during the COVID-19 pandemic: a systematic review and meta- analysis. Journal of advanced nursing. 77, 8. P 3286-3302

GebreEyesus, F. A., Tarekegn, T. T., Amlak, B. T., Shiferaw, B. Z., Emeria, M. S., Geleta, O. T., & Chanie, E. S. (2021). Levels and predictors of anxiety, depression, and stress during COVID-19 pandemic among frontline healthcare providers in Gurage zonal public hospitals, Southwest Ethiopia, 2020: A multicenter cross-sectional study. PLoS One, 16(11), e0259906.https://doi.org/10.1371/journal.pone.0259906

Green, J. & Thorogood, N. (2018). Qualitative methods for health research. Sage.

Gumede, W.(2020). SA faces food riots and breakouts from lockdown. WITS; 2020 [accessed May 5,2020] http://.wits.ac.za/covid19/covid19news/latest/sa-faces-food-riots- and breakouts-from-the lockdown.html.

Haigh, M. (2015) Men in nursing: A quantitative study from the perspective of West Australian nursing students. PhD thesis. Perth: University of Western Australia.

Hamdan, A., Eastaugh, J., Snygg,J. & Naidu, J.(2019). Coping strategies used by healthcare professionals during COVID-19 pandemic in Dubai: A descriptive cross-sectional study.

Hoffman, J., Noordien, I., & Julie., H. (2020) Male students motivations to choose nursing as a career. http://dx.doi.org/10.7196/AJHPE.2020.V12I4.1371

Hofmeyer, A.; Taylor, R.; Kennedy, K. Fostering compassion and reducing burnout: How can health system leaders respond in the COVID-19 pandemic and beyond? Nurs. Educ. Today 2020, 94, 104502

Holahan C. J., & Moos R. H. (1987). Personal and contextual determinants of coping strategies. Journal of personality and social psychology, 52(5), 946–955.

Hull, C. L. (1943). Principles of behavior: An introduction to behavior theory. Oxford,

International Council of Nursing. (2021). COVID-19 Update: Mass trauma experienced by the global nursing workforce. Geneva.https://www.icn.ch/news/COVID-19-effect-worlds-nurses-facing-mass-trauma-immediate-danger-profession-and-future-our

Isilow, H. (2020) S. African health workers contract COVID-19:[accessed May 5, 2020] http://www.aa.com.tr/en/africa/over-500-s-african-health-workers-contract-covid-19/1831768.

Joo,J.Y., & Liu , M.F. (2021). Nurses barriers to caring for patients with COVID-19: Aqualitative systematic review. International Nursing Review, 68(2), 202-213. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8013562/

Kallio, H., Kangasniemi, M., & Hult, M. (2022). Registered nurses' perceptions of their career—An interview study. Journal of nursing management, 30(7), 3378-3385.

Kanfer, R., & Chen, G. (2016). Motivation in organizational behavior: History,

Karim,S,. (2020). The South African Response to the Pandemic. New Engl.J.Med.doi:10.1056/NEJMc2014960.

Kelly, J. F., Glinski, C. D., Laurenzi, C. A., Mangqalaza, H., Toska, E., Gittings, L. & Saliwe, B. (2021). Reflections of public healthcare nurses during the first wave of the COVID-19 pandemic in the Eastern Cape Province of South Africa. South African Health Review, (1), 63-70. https://www.researchgate.net/publication/361031954_Reflections_of_public_healthcare_nurses_during_the_first_wave_of_the_COVID-19_pandemic_in_the_Eastern_Cape_province_of_South_Africa#citations

Khanal, P,.Devkota, N., Dahal,. M,. Paudel, K,. & Joshi, D,. (2020). Mental health impacts among health workers during COVID-19 in a low resource setting: A cross-sectional survey from New Zealand. Glob. Health. 16:89 doi:10.1186/s12992-020-00621-z.

Khanjarian, F., & Sadat-Hoseini, A.S (2021). Lived experiences of nurses providing altruistic care to patients with COVID-19. Nursing Outlook, 69(5), 767-779.

Kim A. W., Burgess R., Chiwandire N., Kwinda Z., Tsai A. C., Norris S. A., et al. (2021a). Perceptions, risk and understandings of the COVID-19 pandemic in urban South

Africa. The South African journal of psychiatry: SAJP: the journal of the Society of Psychiatrists of South Africa, 27, 1580. https://doi.org/10.4102/sajpsychiatry.27i0.1580

Koenig HG. Maintaining health and well-being by putting faith into action during the COVID-19 pandemic. Journal of Religion and Health. 2020;59(5):2205–2214. doi: 10.1007/s10943-020-01035-2.

Kumar, A., Singh, R., Kaur, J., Pandey, S., Sharma, V., Thakur, L., ... & Kumar, N. (2021). Wuhan to world: the COVID-19 pandemic. Frontiers in cellular and infection microbiology, 242.https://doi.org/10.3389/fcimb.2021.596201

Lappin, K,. (2020). Frontline aged care workers warn WHO Western Pacific about horric consequence of privately run aged care.

Liberati, E., Richards, N., Willars, J., Scott, D., Boydell, N., Parker, J., & Jones, P. B. (2021). A qualitative study of experiences of NHS mental healthcare workers during the Covid-19 pandemic. BMC psychiatry, 21(1), 250.https://doi.org/10.1186/s12888-021-03261-8

Lincoln, Y.S., & Guba, E.G. (1985). Naturalistic inquiry. Sage. https://www.researchgate.net/publication/215788544_Naturalistic_inquiry

Lopez-Leon, S., Wegman-Ostrosky, T., Perelman, C., Sepulveda, R., Rebolledo, P. A., Cuapio, A., & Villapol, S. (2021). More than 50 long-term effects of COVID-19: a systematic review and meta-analysis. Scientific reports, 11(1), 16144.https://www.nature.com/articles/s41598-021-95565-8

Lucchetti G, Góes LG, Amaral SG, Ganadjian GT, Andrade I, de Araújo Almeida PO, Manso MEG. Spirituality, religiosity and the mental health consequences of social isolation during Covid-19 pandemic. The International Journal of Social Psychiatry. 2020 doi: 10.1177/0020764020970996.

Malakoane, B., Heunis, J. C., Chikobvu, P., Kigozi, N. G., & Kruger, W. H. (2020). Public health system challenges in the Free State, South Africa: a situation appraisal to inform health system strengthening. BMC Health Services Research, 20, 1-14 https://doi.org/10.1186/s12913-019-4862-y

Malik, S., Ullah., Ullah, I., & Kwasi, D. (2021). Fear of COVID-19 and workplace phobia among Pakistani doctors: A survey study. BMC Public Health.21,1-9.

Malviya, A. K., Mulchandani, M., Singh, J., Singh, A., & Gupta, A. (2022). Increasing Hospital Fires During the COVID-19 Pandemic in India: Are the Current Policies and Infrastructure Adequate?. Journal of Patient Safety, 18(5), e869-e870.https://doi.org/10.1097/PTS.0000000000000955

Mamun, F., Hose, I., Misti, JM., & Kagga, MM. (2021) Mental disorders of Bangladeshi students during the COVID-19 pandemic: a systematic review. Psychol Res Behav Manag. 14: 645-54. Doi:10.2147/PRBM.S315961

Manyaapelo T., Mokhele T., Sifunda S., Ndlovu P., Dukhi N., Sewpaul R., et al. (2021). Determinants of Confidence in Overall Knowledge About COVID-19 Among Healthcare Workers in South Africa: Results From an Online Survey. Frontiers in public health, 9, 614858. https://doi.org/10.3389/fpubh.2021.614858

Maphumulo, W. T., & Bhengu, B. R. (2019). Challenges of quality improvement in the healthcare of South Africa post-apartheid: A critical review. Curationis, 42(1), 1-9. https://hdl.handle.net/10520/EJC-170ff325f8

Marey-Sarwan, I., Hamama-Raz, Y., Asadi, A., Nakad, B., & Hamama, L. (2022). “It's like we're at war”: Nurses’ resilience and coping strategies during the COVID-19

pandemic. Nursing Inquiry, 29(3), 12472. https://onlinelibrary.wiley.com/doi/10.1111/nin.12472

Maslach, C.; Schaufeli, W.B.; Leiter, M.P. Job burnout. Annu. Rev. Psychol. 2001, 52, 397–422.

Maslo, Caroline, Richard Friedland, Mande Toubkin, Anchen Laubscher, Teshlin Akaloo, and Boniswa Kama. 2022. "Characteristics and outcomes of hospitalized patients in South Africa during the COVID-19 Omicron wave compared with previous waves." Jama 327, no. 6 (2022): 583-584.https://jamanetwork.com/journals/jama/article-abstract/2787776

Matela, M., & Maaza, A. (2022). Lockdown in a Dual Society: Exploring the Human Capability Implications of the Coronavirus (COVID-19) in South Africa. The Coronavirus Crisis and Challenges to Social Development: Global Perspectives, 87-96https://link.springer.com/chapter/10.1007/978-3-030-84678-7_8

Matshotyana, N., Rooyen, D. v., & Randt, S. D. (2015). Experiences of first-year nursing students at a public nursing college in South Africa. Africa Journal of Nursing and Midwifery, 17(3), 105-121. https://doi.org/10.25159/2520-5293/236

Mayosi, B. M., & Benatar, S. R. (2014). Health and health care in South Africa—20 years after Mandela. New England Journal of Medicine, 371(14), 1344-1353.https://DOI: 10.1056/NEJMsr1405012

Messineo, L., Allegra, M., & Seta, L. (2019). Self-reported motivation for choosing nursing studies: a self-determination theory perspective. BMC medical education, 19, 1-14.

Moghaddam- Tarbrizi, F., & Solideify, R. (2021). Lived experiences of nurses in the care of patients with COVID-19: A study of hermeneutic phenomenology, Iraniam journal of nursing and midwifery research, 26 (6), 537.

Möhring, K., Naumann, E., Reifenscheid, M., Wenz, A., Rettig, T., Krieger, U., ... & Blom, A. G. (2021). The COVID-19 pandemic and subjective well-being: longitudinal evidence on satisfaction with work and family. European Societies, 23(sup1), S601-S617.https://doi.org/10.1080/14616696.2020.1833066

Morgantini, L.A.; Naha, U.; Wang, H.; Francavilla, S.; Acar, Ö.; Flores, J.M.; Crivellaro, S.; Moreira, D.; Abern, M.; Eklund, M.; et al. Factors contributing to healthcare professional burnout during the COVID-19 pandemic: A rapid turnaround global survey. PLoS ONE 2020, 15.

motivation science. (pp. 235–250). New York, NY, US: Guilford Press.

Moustag, K., Rony, K., Muhammand., M., Rahman, M., & Alamgir, H.M. (2023). Coping strategies adopted by frontline nurses in dealing with COVID-19 patients in a developing country during the pandemic: a qualitative study. Nursing open. 10, (6). P 3646-3658Https://doi.org/10.1002/nop2.1614

Moyo, I., Mgolozeli, S. E., Risenga, P. R., Mboweni, S. H., Tshivhase, L., Mudau, T. S., & Mavhandu-Mudzusi, A. H. (2021, December). Experiences of Nurse Managers during the COVID-19 Outbreak in a Selected District Hospital in Limpopo Province, South Africa. In Healthcare, 10 (1), 76. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC8775488/

Muller A. E., Hafstad E. V., Himmels J., Smedslund G., Flottorp S., Stensland S. Ø., et al. (2020). The mental health impact of the covid-19 pandemic on healthcare workers, and interventions to help them: A rapid systematic review. Psychiatry research, 293, 113441

Murray, H. A. (1938). Explorations in personality. Oxford University Press.

Nakamura Y. M., & Orth U. (2020). Acceptance as a coping reaction: Adaptive or not?. Swiss Journal of Psychology, 64(4), 281–292. https://doi.org/10.1024/1421-0185.64.4.281

Ndaba,N., Ravalcaba, N.P., Andrew, W.K, Cele,L. & Moolla, A.(2023). Coping mechanisms during the COVID-19 pandemic and lockdown in Metropolitan Johannesburg, South Africa : A qualitative study. American Journal of human biology. 35, (12)

Ndou, N. P. & Moloko-Phiri, S. S. (2018). Four-year diploma male students' experiences in a profession traditionally perceived as a female domain at a selected public college of nursing in limpopo, south africa. Curationis, 41(1). https://doi.org/10.4102/curationis.v41i1.1932

Ngobeni, V., Breitenbach, M. C., & Aye, G. C. (2020). Technical efficiency of provincial public healthcare in South Africa. Cost Effectiveness and Resource Allocation, 18(1), 1-19. https://doi.org/10.1186/s12962-020-0199-

Nibagwire, J.(2019). Factors influencing first year nursing students career choice at a University in the Western Cape. (Master's dissertation, University of the Western Cape)

Nowroozpoor, A., Choo, E. K., & Faust, J. S. (2020). Why the United States failed to contain COVID-19. Journal of the American College of Emergency Physicians Open, 1(4), 686.https://doi.org/10.1002/emp2.12155

Nxumalo, C.T., & McHunu, G.G, (2021) A qualitative study to explore primary health care practitioners perceptions and understanding regarding the COVID-19 pandemic in KwaZulu-Natal, South Africa. Afr.J.Prim. Health Care Fam.Med. 13. e1-e11.

Pappa, S., Ntella ,V., Giannakas, T., Giannakoulis, V.G., Papoutsi, E. & Katsaounou.(2020). Prevalence of depression, anxiety, and insomnia among healthcare workers during the COVID-19 pandemic: a systematic review and meta-analysis. Brain Behav Immun. 88, 901–907.

Processes, 136, 6–19. https://doi.org/10.1016/j.obhdp.2016.06.002

Quadros, S,. Garg, S., Ranjan., R & Mamun., M,. (2021). Fear of COVID-19 Infection Across Different Cohorts: A Scoping Review. Public Mental Health. 12.

Ranney, M.L, Griffeth, V. & Jha, A.K.(2020). Critical supply shortages- the need for ventilators and personal protective equipment during the COVID-19 pandemic. N Engl J Med.

Raymond, A., James, A., Jacob, E., & Lyons, J. (2018). Influence of perceptions and stereotypes of the nursing role on career choice in secondary students: A regional perspective. Nurse Education Today, 62, 150-157.

Rias, Y.A, Rosyad YS, Chipojola, R, Wiratama,B.S, Safitri, C.I, Weng S.F, Yang C.Y, & Tsai, H.T. Effects of spirituality, knowledge, attitudes, and practices toward anxiety regarding COVID-19 among the general population in Indonesia: A cross-sectional study. Journal of Clinical Medicine. 2020;9(12):3798. doi: 10.3390/jcm9123798.

Robertson L. J., Maposa I., Somaroo H., & Johnson O. (2020). Mental health of healthcare workers during the COVID-19 outbreak: A rapid scoping review to inform provincial guidelines in South Africa. South African medical journal = Suid-Afrikaanse tydskrif vir geneeskunde, 110(10), 1010–1019.

Robison, R., & Stinson.C.K. (2021). The lived experiences of nurses working during the COVID-19 pandemic. Dimensions of critical care nursing, 40(3), 156.

Sakib, N., Akter, T., Zohra, F & Bhuivan,I,.(2023) Fear of COVID-19 and depression: a comparative study among the general population and healthcare professionals during COVID-19 pandemic crisis in Bangladesh. International Journal of Mental Health and Addiction. 21 (2), 976-992.

Scribante, J., Schmollgruber, S., & Nel, E. (2004). Perspectives on critical care nursing: south africa. Connect: The World of Critical Care Nursing, 3(4), 111-115. https://doi.org/10.1891/1748-6254.3.4.111

Sehularo, L., Molato, B., Mokgaola, I,.& Gauae, G,. (2021) Coping strategies used by nurses during COVID-19 pandemic: A narrative literature review. Health SA Gesondheid. 26:1652.

Shah, A. H., Becene, I. A., Nguyen, K. T. N. H., Stuart, J. J., West, M. G., Berrill, J. E., ... & Rich-Edwards, J. W. (2022). A qualitative analysis of psychosocial stressors and health impacts of the COVID-19 pandemic on frontline healthcare personnel in the United States. SSM-Qualitative Research in Health, 2, 100130. https://www.sciencedirect.com/science/article/pii/S2667321522000920

Singh, A., Shaikh, A., Singh, R., & Singh, A. K. (2020). COVID-19: From bench to bed side. Diabetes & Metabolic Syndrome: Clinical Research & Reviews, 14(4), 277-281https://doi.org/10.1016/j.dsx.2020.04.011

Sokmen, S,. (2018) Investigation of the working conditions of nurses in public hospitals on the basis of nurse-friendly hospital criteria. Int J Nurs Scie. 5:206-12.

Souadka, A., Essangri,H., Benkabbou, A., Amrani, L., & Majbar, M.A,.(2020) COVID-19 and Healthcare workers families: Behand the scenes of frontline response. eClinicalMedicine. 23:10037. doi:10.1016/j.eclinm.2020100373

Søvold, L. E., Naslund, J. A., Kousoulis, A. A., Saxena, S., Qoronfleh, M. W., Grobler, C., & Münter, L. (2021). Prioritizing the mental health and well-being of healthcare workers: an urgent global public health priority. Frontiers in public health, 9, 679397. https://doi: 10.3389/fpubh.2021.679397

Stiegler, N & Bouchard, J.P.(2020) South Africa: Challenges and success of the COVID-19 lockdown. Elsevier.

Surbhi, S. (2020, July 11). Difference Between Maslow and Herzberg's Theories of Motivation. Key Differences.

Suswati, R. and Malik, N.J., 2023. Gender equity in STEM in higher education: international perspectives on policy, institutional culture, and individual choice: edited by Hyun Kyoung Ro, Frank Fernandez and Elizabeth J. Ramon, New York, Routledge Publishing, 2021, 254.

Szałachowski, R., & Tuszyńska-Bogucka, W. (2021). "Dies Irae?" The role of religiosity in dealing with psychological problems caused by the COVID-19 pandemic—studies on a polish sample. Religions, 12(4), 267. https://www.mdpi.com/2077-1444/12/4/267.

Talevi, D., Socci, V., Carai, M., Carnaghi, G., Faleri, S., Trebbi, E., ... & Pacitti, F. (2020). Mental health outcomes of the CoViD-19 pandemic. Rivista di psichiatria, 55(3), 137-144.https://www.rivistadipsichiatria.it/archivio/3382/articoli/33569

Tam, C. W., Pang, E. P., Lam, L. C., & Chiu, H. F. (2021). Severe acute respiratory syndrome (SARS): stress and psychological impact among frontline healthcare workers. Psychological medicine, 34(7), 1197-1204.https://doi.org/10.1017/S0033291704002247

Taylor,S., Landry, CA,. Paluszek, MM & McKay, D,. (2020). COVID stress syndrome: concept,structure and correlates. Depress Anxiety. 37:706-714. Doi:10.1002/da.23071

The Daily Maverick (25/05/2021). South Africa take note: Employing more nurses can slash total health costs, study suggests. https://www.dailymaverick.co.za/article/2021-05-25-south-africa-take-note-

Thobane, K. F., Mulaudzi, F. M., & Moagi, M. M. (2022). Improvement of the psychosocial support for frontline nurses in public hospitals during covid-19 pandemic. Journal of Nursing Management, 1-9.https://onlinelibrary.wiley.com/doi/epdf/10.1111/jonm.13761

Tune, S.N.B.K., Islam, B.Z., Islam, M.R., Tasnim, Z. and Ahmed, S.M., 2022. Exploring the knowledge, attitudes, practices and lived experiences of frontline health workers in the times of COVID-19: a qualitative study from Bangladesh. BMJ open, 12(1), p.e051893.

Van Schalkwyk, F.B., van Lill, M.H., Cloete, N. and Bailey, T.G., 2022. Transformation impossible: policy, evidence and change in South African higher education. Higher Education, pp.1-18.https://link.springer.com/article/10.1007/s10734-021-00687-7

Wang, H., Liu ,Y, Hu K,. Zhang, M., Du, M, Huang., H and Yue, X,. (2020) Healthcare workers stress when caring for COVID-19 patients: An altruistic perspective. Nursing ethics. 27 (7), 1490-1500.

Wei H, Sewell KA, Woody G, Rose MA. The state of the science of nurse work environments in the United States: a systematic review. Int J Nurs Sci. 2018;5(3):287-300. doi:10.1016/j.ijnss.2018.04.010

World Health Organization. (2019). Corona Virus Disease (Covid -19): Situation report, 73, WHO: Geneva, Switzerlandhttps://www.who.int/emergencies/diseases/novel-coronavirus-2019?adgroupsurvey={adgroupsurvey}&gclid=Cj0KCQjwuuKXBhCRARIsAC-gM0gxDQ5VuGGE1OkNmrlfm5NNR9s5AyGAVvTf-RE-0G_rERWQD45eavcaAs1wEALw_wcB

Williamson,V., Murphy, D. & Greenberg, N,(2020) COVID-19 and experiences of moral injury in front-line key workers. Occup Med (Lond). 70 (5), 317-9 https://doi.org/10.1093/occmed/kqaa052.

World Health Organization. (2021). Neglected tropical diseases and one health: gearing up against antimicrobial resistance to secure the safety of future generations: meeting report, 24 November 2020.https://doi.org/10.1017/S1049023X20000424

World Health Organization. WHO and partners call for urgent investment in nurses (news release). Published April 7, 2020. Accessed June 27, 2023. https://www.who.int/news/item/07-04-2020-who-and-partners-call-for-urgen...

Wu, Y., Zhang, C., Liu, H., Duan, C., Li, C., Fan, J., ... & Huang, H. F. (2020). Perinatal depressive and anxiety symptoms of pregnant women during the coronavirus disease 2019 outbreak in China. American Journal of obstetrics and gynecology, 223(2), 240-e1.https://www.sciencedirect.com/science/article/pii/S0002937820305342

Wynne, R., Davidson, P. M., Duffield, C., Jackson, D., & Ferguson, C. (2021). Workforce management and patient outcomes in the intensive care unit during the COVID-19 pandemic and beyond: A discursive paper. Journal of clinical nursing.https://doi.org/10.1111/jocn.15916

Zhang, Y., Wang, C., Pan, W., Zheng, J., Gao, J., Huang, X., & Zhu, C. (2020). Stress, burnout, and coping strategies of frontline nurses during the COVID-19 epidemic in Wuhan and Shanghai, China. Frontiers in psychiatry, 11(1154).1-9. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC7649755/pdf/fpsyt-11-565520.pdf

Zhou, T., Guan, R., & Sun, L. (2021). Perceived organizational support and PTSD symptoms of frontline healthcare workers in the outbreak of COVID-19 in Wuhan: The mediating

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Appendix A: Informed Consent Form

INFORMATION SHEET

Project Title: An exploratory study of the lived experiences of nurses who cared for patients with COVID-19 at a regional hospital in Mbombela Local Municipality, Mpumalanga Province.

What is this study about?

This is a research study being conducted by Merron Kuhle Ngobeni at the University of the Western Cape. This study is for master degree purpose, I am inviting you to participate in this research project because you a nurse who cared for the COVID-19 patients during the COVID-19 pandemic. I am inviting you to participate in this study because your participation may provide a better understanding regarding the lived experiences of those who cared for patients with COVID-19 during the pandemic at a regional hospital. The purpose of this research project is to allow you to explain your experiences encountered when caring for COVID-19 patients. The research was approved by BMREC.

How will **the** participants be recruited ?

Nurses will be recruited to participate in the study via convenience sampling. The nature and aims of the study will be advertised at the hospital and nurses will be invited to participate in the study. Assistance of the head nurse to identify and recruit participants will be sought.

What will I be asked to do if I agree to participate?

Data will be collected by the researcher and you will be asked to participate in an individual, face-to-face semi-structured interview at a place convenient to you. You will provide information about your lived experience of caring for patients with COVID-19 and **the** coping mechanisms you used during the COVID-19 pandemic. You will be audio recorded during this process. The study will be conducted in Themba Hospital, Mpumalanga Province and the interview will take the minimum of 60-90 minutes.

Would my participation in this study be kept confidential?

The researcher undertakes to protect your identity and the nature of your contribution. To ensure your anonymity, the researcher will keep all personal information confidential. Names will not be included on the data collected and all personal information will be kept private. To ensure your confidentiality, only the researcher will have access to information for data collection and analysis purposes. Electronic information will be protected with a password and locked in the researcher's cabinet. If a report or article is written about this research study, your identity will be protected.

In accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others. In this event, we will inform you that we have to break confidentiality to fulfil our legal responsibility to report to the designated authorities.

What are the risks of this research?

There may be some risks from participating in this research study. All human interactions and talking about self or others carry some amount of risks. I will nevertheless minimise such risks and act promptly to assist you if you experience any discomfort, psychological or otherwise during the process of your participation in this study. Wherever necessary, an appropriate referral will be made to a suitable professional for further assistance or intervention. Details of counselling services are as follows: Life Line- Nelspruit, 013 755 2635. 8a Hope st, Mbombela, 1201 and South African Depression and Anxiety Group 011 023 4787.

What are the benefits of this research?

This research is not designed to help you personally, but the results may help the investigator learn more about experiences of nurses who cared for patients with COVID-19 and the Department of Health can understand nurses working conditions during a pandemic and try to implement strategies to better those working conditions in the future. I hope that, in the future, other people might benefit from this study through improved understanding of experiences of nurses who cared for patients with COVID-19.

Do I have to be in this research and may I stop participating at any time?

Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.

What type of personal information will be collected?

The personal information that will be collected is your name, age, gender, nationality, highest qualification, and years of nursing experience.

Who at UWC is responsible for collecting and storing my personal information?

The researcher will be responsible for collecting and storing your personal information.

Who will have access to my personal information outside of UWC?

Your personal information will not be disclosed or available to anyone outside UWC.

How long will my personal information be stored?

Your personal information will be stored for the period of 5 years.

How long will the data be kept?

Data will be kept for at least 5 years.

How will my personal information be processed?

Personal information that can link back to you such as your name will not be exposed. You will remain an anonymous in order to protect your identity and names such as “Participant A” will be used to protect your identity.

What if I have questions?

This research is being conducted by Merron Kuhle Ngobeni, a master student in Psychology under the department of Psychology at the University of the Western Cape. If you have any questions about the research study itself, please contact Merron Kuhle Ngobeni at: 078 1927 982, 4285424@myuwc.ac.za. This research study is being supervised by Prof. Anita Padmanabhanunni.

Should you have any questions regarding this study and your rights as a research participant, or if you wish to report any problems you have experienced related to the study, please contact:

Head of Department
Prof. Anita Padmanabhanunni
Psychology Department
University of the Western Cape
Robert Sobukwe Rd
Bellville 7535
apadmana@uwc.ac.za

Dean of the Faculty of Community and Health Sciences:
Prof. Anthea Rhoda
Community and Health Sciences
University of the Western Cape
Robert Sobukwe Rd
Bellville
7535
arhoda@uwc.ac.za

This research has been approved by the University of the Western Cape's Senate Research Committee and Ethics Committee.

Information Sheet/Privacy Notice

In terms of the requirements of the Protection of Personal Information Act (Act 4 of 2013), personal information will be collected and processed:

What type of personal information will be collected?
The personal information that will be collected is your name, age, gender, nationality, highest qualification and years of nursing experience.

Who at UWC is responsible for collecting and storing my personal information?
The researcher will be responsible for collecting and storing your personal information.

Who will have access to my personal information outside of UWC?
Your personal information will not be disclosed or available to anyone outside UWC.

How long will my personal information be stored?
Your personal information will be stored for the period of 5 years.

How will my personal information be processed?
Personal information that can link back to you such as your name will not be exposed. You will remain an anonymous in order to protect your identity and names such as "Participant A" will be used to protect your identity. Pseudonyms will be used to ensure POPIA.

☐ I hereby give consent for my personal information to be collected, stored, processed, and shared as described above

☐ I do not give consent for my personal information to be collected, stored, processed, and shared as described above.

Name:
Signature:
Date:

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Appendix B: Informed Consent Form

INFORMED CONSENT FORM

Title of Research Project: An exploratory study of the lived experiences of nurses who cared for patients with COVID-19 at a regional hospital in Mbombela Local Municipality, Mpumalanga Province.

The study has been described to me in a language that I understand. My questions about the study have been answered. I understand what my participation will involve and I agree to participate of my own choice and free will. I understand that my identity will not be disclosed to anyone. I understand that permission to audio-recorded the interview will be requsted. I understand that I may withdraw from the study at any time without giving a reason and without fear of negative consequences or loss of benefits.

Participant's name……..

Participant's signature…….

Date……

I understand what my participation will involve and I agree to participate of my own choice and free will

| YES | NO |
|---|---|

In terms of the requirements of the Protection of Personal Information Act (Act 4 of 2013), personal information will be collected and processed:

☐ I hereby give consent for my personal information to be collected, stored, processed, and shared as described in the information sheet.
☐ I do not give consent for my personal information to be collected, stored, processed, and shared as described in the information sheet.

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Appendix C: Letter to the Mpumalanga Department of Health HOD

Date: 20 September 2022

To whom it may concern,

Request to grant permission to conduct a research study

I am currently enrolled as a student of Masters in Psychology degree at the University of the Western Cape. As part of my degree requirements, I am undertaking a research project titled, **"A**n exploratory study of the lived experiences of nurses who cared for patients with COVID-19", at a regional hospital in Mbombela Local Municipality, Mpumalanga Province. The objective of the research project is to explore the lived experiences of nurses who cared for patients with COVID-19 at a rural hospital and to explore the coping mechanisms used by nurses during the COVID-19 pandemic.

I seek permission to recruit nurses who cared for patients with COVID-19 during the pandemic at Themba Regional Hospital. Informed consent and voluntary participation will be sought from the participants if permission is granted. An individual face-to -face semi- structured interview will be conducted in the hospital 's premises. The interview will take the minimum of 60-90 minutes.

I would be grateful if the opportunity to conduct the research project is granted.

For any queries I may be contacted via email: 4285424@myuwc.ac.za or my research supervisor Professor Anita Phadmanabanunni via email: apadmana@uwc.ac.za

Sincerely,

Merron Kuhle Ngobeni MA Psychology student

Department of Psychology

University of Western Cape

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Appendix D: Letter to the regional hospital CEO

Date: 20 September 2022

To whom it may concern,

Request to grant permission to conduct a research study

I am currently enrolled as a student of Masters in Psychology degree at the University of the Western Cape. As part of my degree requirements, I am undertaking a research project titled "An exploratory study of the lived experiences of nurses who cared for patients with COVID-19" at a regional hospital in Mbombela Local Municipality, Mpumalanga Province. The objective of the research project is to explore the lived experiences of nurses who cared for patients with COVID-19 at a rural hospital and to explore the coping mechanisms used by nurses during the COVID-19 pandemic.

I seek permission to recruit nurses who cared for patients with COVID-19 during the pandemic at Themba Regional Hospital. Informed consent and voluntary participation will be sought from the participants if permission is granted. The interview will take the minimum of 60-90 minutes.

I would be grateful if the opportunity to conduct the research project is granted. For any queries I may be contacted via email: 4285424@myuwc.ac.za or my research supervisor Professor Anita Phadmanabanunni via email: apadmana@uwc.ac.za

Sincerely,
Merron Kuhle Ngobeni
MA Psychology student
Department of Psychology
University of Western Cape

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Appendix E: Interview guide

Interview schedule

Section A: Demographic information

| Nurses demographic information | | |
|---|---|---|
| Age: | Gender: | Nationality: |
| Highest Qualification: | | |
| Years of nursing experience: | | |

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Section B: Interview guide (English)

1. Explain the challenges that you experienced when caring for the COVID-19 patients

2.What impact did caring for COVID-19 patients had in your life outside of work?

3. How did the COVID-19 pandemic affect your mental health?

4. Explain the coping mechanisms that you used during the COVID- 19 pandemic?

5. What kind of support did you receive from the hospital management/Department of Health during the COVID-19 pandemic?

6. What strategies should the Department of Health implement to improve the nurses' working conditions in the future when there is a pandemic?

Appendix F: Permission letter

health
MPUMALANGA PROVINCE
REPUBLIC OF SOUTH AFRICA

Indwe Building, Government Boulevard, Riverside Park, Ext. 2, Mbombela, 1200, Mpumalanga Province
Private Bag X11285, Mbombela, 1200, Mpumalanga Province
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Litiko Letemphilo | Departement van Gesondheid | UmNyango WezeMaphilo

Enq: 013 766 3766
Ref: MP_202212_003

**Research Permission Letter**

**MS M NGOBENI**
**PRINCIPAL INVESTIGATOR**
**MPUMALANGA COLLEGE OF NURSING 1005**
**KABOKWENI, 1245**

**Dear Ms Ngobeni**

***STUDY TITLE: AN EXPLORATORY STUDY OF THE LIVED EXPERIENCES OF NURSES WHO CARED FOR PATIENTS WITH COVID -19 AT A REGIONAL HOSPITAL IN MBOMBELA LOCAL MUNICIPALITY, MPUMALANGA PROVINCE***

The Mpumalanga Provincial Health Research and Ethics Committee (MPHREC) has approved your research proposal in the latest format you sent, and hereby grant you permission to conduct your research as detailed below.

- Approval Reference Number: **MP_202212_003**
- Data Collection Period: **10/02/2023 to 30/12/2023**
- Approved Data Collection Facilities:

*THEMBA HOSPITAL

Kindly ensure that conditions mentioned below are adhered to, and that the study is conducted with minimal disruption and impact on our staff, and also ensure that you provide us with a soft or hard copy of the report once your research project has been completed.

***Conditions:***
- *Researchers not allowed to make copies, take pictures of medical records or administer medicine to patients at the facility.*
- *Kindly notify the facility manager **a week BEFORE** you start with data collection to ensure that conditions are conducive in the facility.*
- *The FINAL RESEARCH FINDINGS must be uploaded on the NHRD website*

Kind regards

**DR C NELSON**
**MPHREC CHAIRPERSON**
**DATE:** 01/02/2023