

Perceptions and Experiences of Stress, Coping, and Resilience in Public Health Nurses in the Context of the COVID-19 pandemic in Gauteng

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Background

Public health nurses in South Africa experienced mental health challenges before the COVID-19 pandemic

The COVID-19 pandemic and government lockdown exacerbated stressors nurses experienced

Poor mental health negatively impacts individual nurses and patient care

Understanding stress, coping, and resilience pathways in nursing should be prioritized, for individual and community wellbeing



Methods - Participants

- Hospitals = 2
- Age: 23 – 62
- Male: 7

Department	n = 54
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Clinic	11
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Maternity	4
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Medical	13
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Pediatric	5
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Psychiatry	10
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Surgery	11
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Nursing Category	n = 54
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Student Nurse	1
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Assistant Nurse	20
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Enrolled Nurse	11
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Professional Nurse	20
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Operational Manager	2
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Methods – Data collection & analysis

- Semi-structured interviews (30 – 90 minutes)
- 3 independent coders
- Nvivo





Results -
Stress

Stress

- Differences between departments
- COVID limited coping
 - “I managed my stress by talking to my siblings or my friends... We didn’t get to do much of the outings during COVID, but now I make sure, I make sure now, since the, the restrictions have been lifted, to go out, see my friends, go out with my colleagues when we are off. So that I get, you know, my mind off the work-related stress.” *(EN, Medical, Male, 31 years old,)*
- Stressors exacerbated one another
 - “Here you stress because one minute you speak to the patient, the next he’s dead. Others are still coming. Sometimes there’s no oxygen points to help them. You see this patient is suffering from difficulty in breathing but you can’t help her because there’s no oxygen point inside the ward. So people were dying like that. “ *(ENA, Medical, Female, 39 years old)*



Results -
Coping

Coping

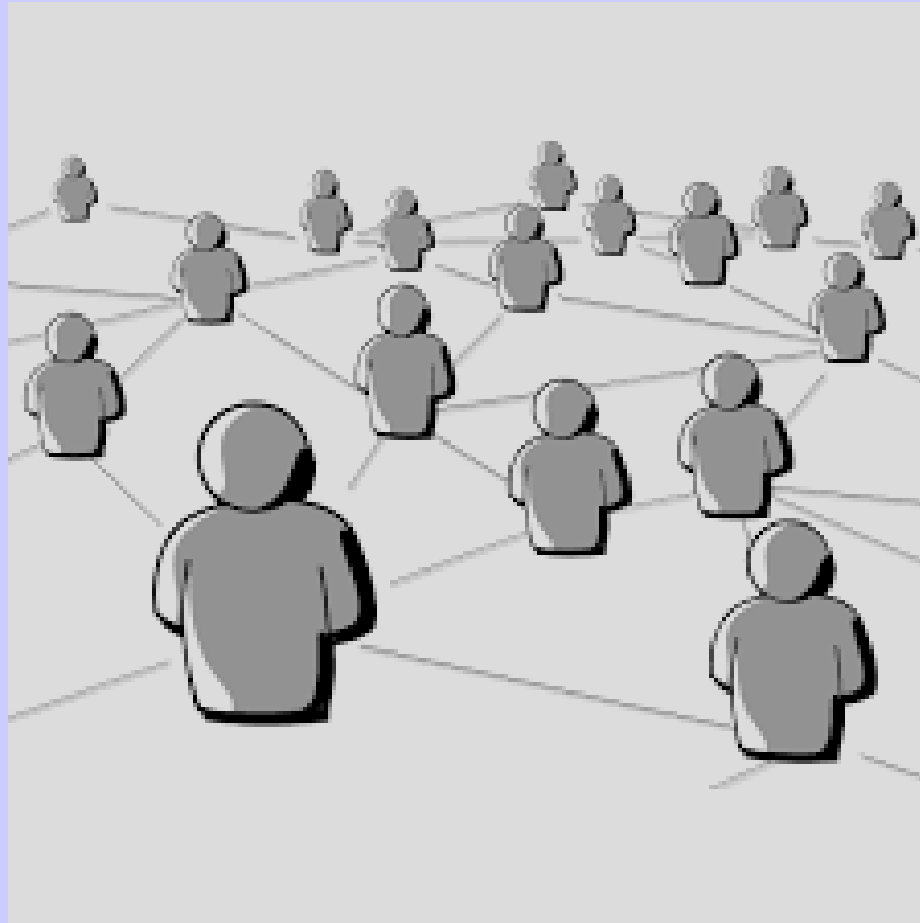
- Individual

- “When I nurse people I nurse with my whole heart. And I nurse them with my love also. So when I nurse people I know he can be my mother, my father, my brother – that love that I give them can, can maybe, my mother be given or myself be given the same treatment that I gave to others.” *(PN, Psychiatry, Female, 52 years old)*
- “It’s a fulfillment. It feels real well with me. I have achieved something. And that joy in my heart, I say, “Okay, I’ve done it. This is it. So, but if that one patient would say, “Thank you. You’ve helped me,” then there’s that thing to say, “At least I’ve done something good,” and then it over, rolls, puts everything that was negative that was happening then out.” *(PN, Surgery, Female, 52 years old)*

- Interpersonal

- “So I’m not sure what is, how to describe a hard-working person, because if you hold this side, I hold that side, another one is holding there, we, we – at the end of the day we’ll be, if your effort to remove that from where it was, it’s not you. It’s because of my input and the other one’s input to be able to remove this to that point. You alone, it was going to be heavy for you.” *(PN, Clinic, Female, 53 years old)*

Results - Interactions



Interactions

“There were times when you wake up, you say, ‘No, I don’t know – should I go or shouldn’t I go to work because now I don’t know.’ But then you say, ‘Okay, I’ll do what I can.’ It’s much better if you are there than not being there, you see? At least you will help where you can.

I: Yeah. And you said it’s much better to be there?

“To be at work than just to stay at home and say, ‘No, I’m not going to work.’ At least you, you are providing help, although the manpower is short and light, but at least you are doing something.”

(PN, Surgery, Female, 55 years old)

Recommendations

- Psychological support
- Increased recognition

