Challenges in Nursing: The Psychological Needs of Rural Area Nurses in Mpumalanga, South Africa

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Abstract

Primary health care nurses play an important role as the first and often the only contact providing primary health care services in rural disadvantaged communities. However, in spite of high levels of stress, physical exhaustion and traumatic experiences, there is a lack of support services for nurses. This is especially true in rural areas where, in comparison with their counterparts in urban areas, little attention has been given to the working conditions of these nurses. The purpose of the research was to explore the challenges and psychological needs of nurses working in a rural community hospital in South Africa and to identify support services available to them. Three focus group discussions were held with a sample of 30 nurses who work with patients in a rural hospital that provides tertiary care as well as primary health care at clinics located at the hospital. Thematic analysis revealed five themes that negatively influence their psychological wellbeing: lack of workplace resources, high workload, traumatic experiences, limited support from management and no access to psychological support services. The results of the study can contribute to the development of psychological support services for alleviating emotional distress in the rural nursing community. It is recommended that psychological services such as trauma counseling, individual therapy and group support be provided in rural hospitals to enhance the psychological wellbeing of nurses and the quality of services they provide to patients.

Keywords: Primary health care; Rural nurses; psychological wellbeing; Workplace psychological services

Introduction

A shortage of nursing staff is currently one of the major challenges facing the health care system in South Africa [1,2]. As a consequence of staff shortages, nurses often experience high levels of stress, physical exhaustion, burnout and illness-related absenteeism [3]. Nurses often work in environments that are characterized by excessive workloads, poor remuneration; health risks posed by patients, exposure to traumatic situations and impaired communication with management [4]. These factors can compromise the psychological wellbeing of nurses and affect the quality of care they provide to patients [1,5,6]. As a consequence, many nurses end up leaving the profession [3,7].

These issues impacting the workplace are experienced exponentially by nurses working in PHC in rural areas - with debilitating consequences. With the prevalent scarcity of doctors, nurses in isolated rural PHC settings often bear the sole responsibility for patients [8,9]. In addition, they have to deal with professional isolation, limited inter professional support, inadequate managerial support and lack of career development opportunities [2,8]. The high workload, multiple roles and responsibilities combined with limited hospital equipment and resources compound the stress experienced by these nurses. Rural area nurses have specifically stated that long-term care of HIV/AIDS patients is traumatizing, affecting both their personal and family life [1]. The lengthy admissions and individual counseling procedures for HIV/AIDS patients also increase the workload to such an extent that the nurses feel demoralized and express feelings of emotional distress [1].

Because of the demanding emotional and physical nature of their work, nurses are susceptible to psychological problems such as lowered self-esteem, post-traumatic stress disorder, anxiety, depression and burnout [10,11]. If not addressed appropriately such disorders may lead nurses to distance themselves emotionally and cognitively from their work which can result in the nurses not attending to the needs of their patients [6,12]. It is known that the quality of life and psychological wellbeing of nurses are major indicators of quality patient care. Promoting psychological wellbeing among nurses can therefore contribute to a healthy work environment which will

enhance nurse retention and improved quality of care [13]. In South Africa, psychological support services, especially in poor and rural communities are not readily accessible [14]. This has implications for the nurses working in these settings. To date, there has been limited research on the psychological needs of nurses in rural communities (of South Africa) and the availability of psychological services in these areas.

The objectives of this study are 1) to understand the work demands experienced by rural nurses, 2) to explore the psychological consequences of these demands and 3) what strategies they use to cope with these demands.

Methodology

A qualitative research design was used to explore the experiences of rural nurses. The research was located within the interpretive paradigm with the assumption that the only way to understand social reality is from the perspective of those involved in it [15].

Context of the research

The research was done in a public hospital situated in a rural community in the Mpumalanga Province of South Africa with a population estimated at 14,000. The hospital provides free health services to members of the community who are of low socio-economic status. Unemployment, low levels of formal education and poverty characterize this community. The nurses are men and women in various age groups and they have varying levels of nursing qualifications. They reside in and around the hospital.

Sample

Purposive sampling was employed. The following criteria were used to recruit appropriate participants: 1) Participants had to be nurses at the hospital, 2) had to have two or more years' experience in the nursing profession and 3) had to provide direct patient care. Nurses who dealt with administrative work only, were excluded as their experiences were likely to differ from nurses who dealt with patients on a daily basis. The sample consisted of 30 nurses - 27 female and 3 male - who were employed at the hospital and were registered with the South African Nursing Council. Participants' nursing experience ranged from 2 to 18 years, with the majority of the nurses (90%) having more than 4 years' experience. Fifty percent of the nurses worked in the surgical ward, where patients who had surgery as well as patients with wounds and burns are treated. The others worked in the maternity and children's wards, the medical adult male ward and the female ward and prenatal and HIV clinics.

Data collection

Focus group discussions were used to collect data. Although some participants may be shy in a group, or seek social desirability when talking in front of others, focus group discussions were used since social interaction could nonetheless contribute to the exploration of the nurses' experiences [16]. A focus group discussion is defined as a methodology which involves recruiting a small group of people who share a particular characteristic(s) pertinent to the topic of discussion [17]. The sample consisted of 30 nurses, 27 female and 3 male, organized into three focus groups with 10 nurses each, based on their availability at specific times. The focus group discussions were held during three morning sessions at the hospital. The first group was females only, the second one had one male and the last group had two males. Nurses providing different services at the hospital were randomly assigned to each group. A discussion guide with

open-ended questions was used to guide the discussions and to allow for in-depth exploration of issues [18]. The socio-ecological theory of Bronfenbrenner [19] was used to explore demands and support on different levels. The discussion guide included the following questions:

• What kind of experiences do you encounter at work, which in your opinion threaten your psychological wellbeing?

• What are the psychological needs of nurses who are working in this hospital, and how are these needs currently addressed?

• What can be done to improve the availability and accessibility of support services to nurses in this hospital?

The focus group discussions were conducted in the participants' vernacular, siSwati. Speaking in their vernacular made it easier for the participants to engage in the discussion. The discussions were audio recorded with the written permission of the participants, while a research assistant took notes. At the end of the group discussion the researcher reflected on the interpretation of the participant's statements in order to validate her interpretation.

Data analysis

The focus group discussions were transcribed and translated into English. Thematic analysis [20] was employed to identify meaningful themes and related subthemes from large volumes of data. As in all qualitative studies, the interpretation of qualitative data was affected by the researcher's interpretation and interaction with the participants [21]. To limit subjectivity and to enhance the trustworthiness of the data, participants were engaged in their vernacular; researcher reflexivity was emphasized and the researcher checked her interpretation (member checking). Additionally, a co-researcher was asked to interpret the data independently [21]. These processes allowed the researcher, to accurately represent the meaning that nurses attached to their experiences, and to enhance the validity of the findings [22].

Ethical considerations

The study was approved at the University of Pretoria by the Ethics Committee in the Faculty of Humanities. Permission to conduct the study was granted by the Mpumalanga Department of Health as well as the CEO of the hospital. Nurses who volunteered signed informed consent forms. The confidentiality of data was ensured by assigning a code to each participant's responses. No identifying information was thus associated with their opinions.

Results

The themes and sub-themes generated from the data are outlined in Table 1. Each theme will be discussed briefly and illuminated with exemplifying quotes from the focus group discussions.

Work environment

Nurses stated that their work environment was characterized by a lack of resources such as hospital equipment and basic hospital services. The quotes below illustrate how the lack of equipment can cause traumatic and frustrating experiences which in turn have psychological implications:

"We can't help patients because we do not have resources. Sometimes you find that a patient may be in need of oxygen for example, and it is not available in your ward. You have to wheel that patient to a different ward. In the process, a patient may die because

Table 1: Themes from the data.

Work environment	• Lack of hospital equipment • Lack of basic hospital services
High workload	• Shortage of nurses • Shortage of doctors • Multi-tasking • Psychological and social implications of staff shortages
Emotionally taxing situations	• Death of patients • Informing families about deaths • Dealing with severe poverty • Emotionally taxing situations affecting a nurses' psychological well-being
Discontentment with management	• Dissatisfaction with financial reward • Lack of acknowledgement
Psychological support services available to nurses	• Lack of support services • Alternative sources of community support

the time it takes us to move them can be too long. In this situation you need to be quick, you need to run to try and save a life. When you get to the other ward, you may need to remove the oxygen machine from another patient so that you can give it to the critical one you have brought. The truth is, we just don't have proper working equipment." (Group 1, participant 2). The lack of resources creates barriers between patients and nurses those results in feelings of inadequacy among nurses, as illustrated the quote below: "Patients feel that when there is no medication, it's the nurse's fault. When there is no food it's the nurse's fault. We always get the blame. Even in the media, they will say the "nurses" are giving patients soft porridge every day. Those people don't know that nurses are not even the ones responsible for cooking!" (Group 1, participant 1).

The responses above depict how nurses are often blamed for situations which are out of their control. When a patient dies because there is no oxygen available, it can leave the nurse with a debilitating feeling of guilt that she has contributed to the loss of life, even though it was beyond her control. A work environment characterized by insufficient resources can thus be a source of stress for nurses.

Many of the participants expressed that patient complaints about nurses are often linked to the unavailability of hospital resources. Some patients think that nurses withhold certain services from them, which places the nurses in a compromised position. For example, when medication is unavailable in the hospital, patients may assume that the nurses keep the medication for themselves. In previous research [2] nurses reported being insulted and mistrusted by the public due to shortages of medicines in hospitals. Nurses in the current study stated that a work environment where they are continuously attacked and insulted by patients creates frustration and a diminished sense of pride in their profession. Despite the unavailability of workplace resources nurses are still expected to solve problems and assume responsibility that goes beyond their roles. One of the nurses mentioned that: "by the end of the day, you go home feeling worthless and undervalued" (Group 1, participant 3). This leads to the experience of compromised psychological wellbeing.

High workload

This theme captures how nurses often have to do work beyond their formal job description. According to the nurses they have to be at work all the time and are not given sufficient time to rest because their leave requests are often rejected due to staff shortages. This situation results in exhaustion which makes them susceptible to making mistakes while on duty. The limited availability of doctors in rural areas increases the nurses' responsibility for patients beyond their capacity. The nurses stated that the demands placed on them were too much and this affected their relationship with their families as well as their social life. Nurses in the study felt that they were not

respected as human beings and were just required to do their work like machines:

"We are just overworked. You find that sometimes you only have 4 sisters in a ward with 23 patients. The work becomes too much, it is very heavy on us. We have to take care of these patients and give them the best care possible under these circumstances. At the end of the day we are exhausted and drained." (Group 2, participant 10)

"They don't take nurses as humans; we don't even have lives outside. It's as if we are machines. Our needs are not being met. It's all about [the] patients, we are not recognized. Because of this staff shortage, even when you are meant to knock off, sometimes there is no one to relieve you. You just wait and pray that someone comes so you can go home. No one cares about the fact that we are tired" (Group 3, participant 1).

According to the nurses, patients blame them if the doctor is not available and this creates frustration among the nurses: "We are forced into situations we cannot handle. When you call doctors to attend to critical patients, they don't arrive and the patients pass away. This is extremely traumatic for us. I don't think private hospital nurses experience what we experience." (Group 1, participant 6)

As a result of staff shortages, the nurses in the study felt that their psychological wellbeing was being compromised. They pointed out that they go to work even if they are sick because they know that there is no one else to replace them. The high workload negatively affected their relationship with their children and their spouses. They were unable to spend quality time with their families because they were either at work or too exhausted when they were at home.

Nurses reported that they often have to do work that is beyond their professional boundaries, which leads to stressful situations for them. They have to assume the role of a teacher, guardian, counselor, technician and coordinator which not only increases their responsibilities but exceeds their available resources. Likewise increased responsibilities and overstretching of professional boundaries gives rise to personal strain and occupational stress among the nurses [23].

Emotionally taxing situations

The nurses identified emotionally taxing situations where they have to invest more than what is required of them due to the unpredictable and sensitive nature of their work. Examples cited were: the death of a patient; having to inform a family about the death of a patient; and having to care for a patient who cannot afford to attend to basic needs such as food. "You've been taking care of this person day in, day out and ultimately they die. You're the one who has to close their eyes, close their mouth, wrap them up and put them into a plastic bag. Do you understand what that feels like?"

(Group 1, participant 4). "You know as nurses, we are the ones who deal directly with patients, even when they pass away we have to tell their families" (Group 3, participant 2). The effect of severe poverty results in nurses having to overstep professional boundaries: "I once came across a patient who had just found out he was HIV positive and needed to start his treatment. This was an elderly patient, who stayed alone and did not even receive pension money. As I was explaining to the patient about the healthy diet, he stopped me and said 'even at this very moment I haven't eaten, I am hungry'. I made him the free government porridge but that small meal was not enough and I ended up sharing my food with this man" (Group 1, participant 6). "We always get blamed when things go wrong in the wards. We experience trauma every day. Sometimes when you get home you can't even sleep. This is a difficult job" (Group 3, participant 7). The responses above illustrate the emotionally demanding nature of a nurse's work. Nurses in the study stated that the difficult situations they face on a daily basis, have desensitized them to some of the emotions involved. Many of the nurses were aware of how psychologically damaging their experiences were, however they perceived it as a normal part of their work. These experiences make nurses susceptible to negative psychological conditions such as burnout.

Discontentment with management

The nurses stated that they felt let down by management, especially when it came to their wellbeing. Insufficient financial reward, which refers to salary and overtime payment, was a prominent theme in all the groups. The nurses often linked their challenges and psychological wellbeing to not being sufficiently rewarded and acknowledged for their input: "We are not being paid the money that we work for, this is very discouraging to us. It is unfair because we are working hard and sometimes we do things outside of our scope and we don't get the deserved remuneration. We understand that nursing is a calling but at the end of the day we have our needs too" (Group 2, participant 9). "The way they treat us is not fair. When I am expected to work overtime I do, but at the end of the day I will not get paid the money I deserve. This is really frustrating" (Group 1, participant 6).

The nurses reported that they did not feel appreciated, to the extent that they were not motivated to come to work. They felt the hospital management could do more to boost their self-esteem and encourage them to stay in the rural hospital. Most of the participants felt that any form of reward, whether verbal or in the form of a certificate of achievement could play a crucial role in motivating them. This sentiment is illustrated in the quotes below: "Something that affects us psychologically is the absence of appreciation. We work so hard but our efforts are not appreciated. I think if we were appreciated that would encourage us in the midst of all these challenges" (Group 3, participant 3). "There are no incentives for us here, which is why we will end up going to private hospitals. Maybe there we will be recognized" (Group 1, participant 5).

The responses above illustrate the discontent nurses experience as a result of what they view as unfair treatment from management. Most of the nurses stressed the importance to be recognized because they felt their work often goes unnoticed. They would appreciate any form of incentive that would reassure them that the hospital management took note of their work. It is evident that high effort and low reward conditions elicit a sustained stressful experience at work [12]. Nurses in the study reported that their psychological wellbeing was compromised because they dealt with terminally ill patients who require intensive care on a daily basis while they have to contend with

insufficient organisational support.

Psychological support services for nurses

The nurses stated that they did not have access to any support services to help them deal with the challenges and traumatic events which they experience at work: "We don't know of any psychological services. When you are not feeling well, the only thing they want to know is when you will be coming back to work. No one cares about our mental health" (Group 1, participant 2). "The lack of psychological support increases absenteeism, because if I am not feeling well, I will not come to work. At the end of the day people end up resigning" (Group 3, participant 1). "The reality is you can't take care of patients while you are also not well. I can liken this to a taxi situation. You can't take care of the passengers while you as a driver are not well. No one bothers to come to a nurse and ask them about their challenges at work. The only thing management is bothered about is patients first, patients first! But who is supposed to take care of that patient!!" (Group 3, participant 1).

Respondents were asked what alternative sources of support were available to them outside the hospital. Responses related to alternative sources of support were vague and limited. Many of the nurses stated that they either go to their families or their respective churches or their colleagues for support: "Personally when I am depressed or facing a challenge I just go to my mother. I will just offload my frustrations which gives me a sense of relief" (Group 2, participant 3). "We also go to church. I find that this helps me a lot" (Group 3, participant 1). "Sometimes it helps to talk to each other as colleagues on the same level. In this way it becomes easier to find solutions to our problems and ease the strain" (Group 2, participant 9).

According to the nurses issues such as absenteeism, staff morale, team work and confidence in management among nurses would improve if the hospital provided psychological support services for nurses to assist them to deal with difficult situations such as trauma, stress and personal problems. The introduction of support services for nurses could be one way in which the hospital could enhance the psychological wellbeing of nurses.

Discussion

Nurses are known to work in stressful environments which may affect their psychological wellbeing [24]. Increased workload emanating from increased patient demands and poor staff retention seems to be a common problem in nursing internationally [7,25-27]. Staff shortages result in longer working hours and more responsibilities in those nurses have to assume the duties of fellow health workers who are not available due to either frequent resignations or extended sick leave periods. This contributes to an escalating cycle of high staff turnover. Working in rural hospitals additionally forces nurses to adopt multiple roles (such as replacing the doctor or counsellor) and to take increased responsibility for patient care [9,28]. Nurses in this study felt that the additional work pressure without adequate time to rest threatened their work performance and psychological wellbeing. The increased workload also results in limited time to spend with their families. When nurses invest the major portion of their time at work, they feel exhausted when they get home and are unable to spend quality time with their families. This also means that nurses are unable to engage in recreational activities which could potentially reduce or alleviate chronic stress [23]. This affects their relationships and psychological wellbeing.

In order to ensure a healthy nursing workforce in rural areas,

hospitals in conjunction with the Department of Health need to look closely at the psychological issues which are preventing nurses from rendering quality care to patients. Several studies explored variables related to nurses' job commitment and well-being that can be used as guidelines [7,27,29].

The results of this study suggest that the lack of hospital resources and inadequate support from management have psychological implications for the nurses. This is supported by Tshitangano [2] who found that the majority of nurses in the public sector were not satisfied with the availability of workplace resources in hospitals. Nurses feel frustrated and powerless when they lack resources to manage daily activities in the workplace and even get blamed for these shortages. The provision of sufficient resources could alleviate workplace challenges, improve the relationships with patients and sustain the rural nursing workforce [8]. In addition, nurses need acknowledgement and incentives for their efforts. The nurses experienced the lack of rewards as demoralizing and stressful. It is generally found that where there is high effort and commitment and low reward, it can be detrimental to psychological wellbeing [12]. Improved organisational leadership [29], supervisor-nurse relationships [27] and non-financial incentives such as acknowledgement and appreciation may be effective in improving health workers' motivation and well-being [1].

Working in rural communities often means that nurses have to provide services beyond their professional boundaries, such as providing food to needy patients or counseling patients and their families. In small communities nurses sometimes know their patients personally due to interaction in the community, which makes it difficult to ignore the social challenges that these patients face. This familiarity compels nurses to do more than what is required of them. High levels of prolonged emotional involvement can result in burnout which is accompanied by a sense of reduced effectiveness, decreased motivation and the development of dysfunctional attitudes and behaviors at work [12].

Despite the challenging situations encountered in rural hospitals, the nurses do not have access to any kind of support services aimed at promoting their mental health. In the absence of support from hospital management, nurses make use of informal support systems such as their families, churches or colleagues [30]. The nurses in the study felt that if they did not take care of themselves, no one else would. Nurses suggested that the provision of services to promote their wellbeing would ease the stress and place them in a better position to render quality care to patients [7].

Limitations

Findings of the study must be critically evaluated due to the limitations intrinsic to qualitative research. The researcher's interpretation plays a role in the findings, despite various measures to assure trustworthiness of the results [31]. Participants in the study were aware that the group discussions were audiotaped for research purposes. Nurses could have censored their responses because of fear of possible consequences or alternatively they could have exaggerated their challenges. The current study included a small number of nurses who work in one rural hospital. It is likely that the perceptions of these nurses may differ from that of other nurses in different rural areas. Purposive sampling does not guarantee a fair representation of the population of nurses, hence limiting generalization of the findings [32]. Despite these limitations, the findings reflect the outcomes of previous research and contribute to the limited knowledge about

rural area nurses in South Africa. Furthermore, the study highlights the need to conduct further research in poor rural communities where literature about rural nurses and their psychological wellbeing is limited.

Recommendations

Nurses could benefit from formal psychological support services, which include debriefing sessions, trauma counseling, individual therapy, support groups and psycho-education. Such platforms could address issues such as stress management, conflict resolution, burnout, personal growth as well as various psychological disorders which could affect nursing. The successful integration of psychological services into the primary health care system could address the psychological needs of nurses and help them cope with the stressful nature of their work [33]. This could empower nurses, reduce absenteeism and lessen the intentions to quit or leave the profession, whilst at the same time improving patient satisfaction [23,30]. Future research could look into preventative measures such as interventions aimed at preparing nurses for the emotional demanding nature of their work. This could include the development of emotional competency and building resilience [34] and skill training in dealing with emotional situations such as discussing death with patients and families. Empowerment and advocacy skills for themselves and their patients could also improve the work context of nurses.

Conclusion

The study delved into challenges that undoubtedly play a crucial role in the psychological well-being of nurses who work in rural communities. The psychological implications of challenges such as staff shortages, lack of hospital equipment, multi-tasking, role uncertainty, inadequate managerial support and high emotional commitment to care for patients with terminal illnesses are undeniable. The recommendations of the study could be useful in framing broader conversations around mental health care for nurses as part of primary health care in developing countries. Building resilience of nurses [34], promotion of teamwork [27] and improvement of organizational support [29] may be key to mental health and a positive workplace culture. Given the pivotal and indispensable role that nurses play in providing quality health care services to large populations, it is critical that their psychological needs be explored, understood and addressed.

References

1. Delobelle P, Rawlinson JL, Ntuli S, Malatsi I, Decock R, Depoorter AM. HIV/AIDS knowledge, attitudes, practices and perceptions of rural nurses in South Africa. Journal of Advanced Nursing. 2009; 65: 1061-1073.

2. Tshitangano TG. Factors that contribute to public sector nurses' turnover in Limpopo province of South Africa. African Journal of Primary Health Care & Family Medicine. 2013; 5: 1-7.

3. Oosthuizen MJ. The portrayal of nursing in South African newspapers: A qualitative content analysis. Africa Journal of Nursing and Midwifery. 2012; 14: 49-62.

4. Van der Colff JJ, Rothmann S. Occupational stress, sense of coherence, coping, burnout and work engagement of registered nurses in South Africa. South African Journal of Industrial Psychology. 2009; 35: 1-10.

5. Mokgotla KN. The emotional well-being of palliative care nurses working in a referral hospital in Johannesburg. 2011; Unpublished master's thesis, University of the Witwatersrand, Johannesburg.

6. Nabirye RC, Brown KC, Pryor ER, Maples EH. Occupational stress, job satisfaction and job performance among hospital nurses in Kampala, Uganda. Journal of Nursing Management. 2011; 19: 760-768.

7. Burtson PL, Stichler JF. Nursing work environment and nurse caring: relationship among motivational factors. Journal of Advanced Nursing. 2010; 66: 1819-1831.

8. Hunsberger M, Baumann A, Blythe J, Crea M. Sustaining the rural workforce: Nursing perspectives on work life challenges. The Journal of Rural Health. 2009; 25: 17-25.

9. Mohale MP, Mulaudzi FM. Experiences of nurses working in a rural primary health-care setting in Mopani district, Limpopo Province. Curationis. 2008; 31: 60-66.

10. Galdikiene N, Asikainen, P, Balciunas S, Suominen T. Do nurses feel stressed? A perspective from primary health care. Nurs Health Sci. 2013; 16: 327-334.

11. Mealer M, Jones J, Newman J, Mcfann KK, Rothbaum B, Moss M. The presence of resilience is associated with a healthier psychological profile in intensive care unit (ICU) nurses: Results of a national survey. International Journal of Nursing Studies. 2011; 49: 292-299.

12. Pienaar JW, Bester CL. The impact of burnout on the intention to quit among professional nurses in the Free State region- a national crisis. South African Journal of Psychology. 2011; 41: 113-122.

13. Brunault P, Fouquereau E, Colombat P, Gillet N, El-Hage W, Camus V, et al. Do transactive memory and participative teamwork improve nurses' quality of work life? Western Journal of Nursing Research. 2013; 36: 329-345.

14. Peterson I. Primary level psychological services in South Africa: Can a new psychological professional fill the gap. Health Policy and Planning. 2004; 19: 33-40.

15. Hesse-Biber SN, Leavy P. The practice of qualitative research. (2nd Ed.). Thousand Oaks, CA: SAGE Publications; 2011.

16. Shaha M, Wenzel J, Hill EE. Planning and conducting focus group research with nurses. Nurse Researcher. 2011; 18: 77-87.

17. Silverman D. Interpreting qualitative data (4th Ed.). London: SAGE Publications Ltd; 2011.

18. Krueger RA, Casey M. Focus groups: a practical guide for applied research (4th Ed.). California: SAGE Publications; 2009.

19. Bronfenbrenner U (Ed). Making human beings human. Bioecological perspectives on human development. London: SAGE Publications, Inc; 2005.

20. Braun V, Clark V. Using thematic analysis in psychology. Qualitative Research in Psychology. 2006; 3: 77-101.

21. Morrow SL. Quality and trustworthiness in qualitative research in counselling psychology. Journal of Counselling Psychology. 2005; 52: 250-260.

22. Creswell JW, Miller DL. Determining validity in qualitative inquiry. Theory into Practice. 2000; 39: 124-130.

23. Wu H, Chi T-S, Chen L, Wang L, Jin Y-P. Occupational stress among hospital nurses: cross-sectional survey. Journal of Advanced Nursing. 2010; 66: 627-634.

24. Gao Y-Q, Pan B-C, Sun W, Wu H, Wang J-N, Wang L. Anxiety symptoms among Chinese nurses and the associated factors: a cross sectional study. BMC Psychiatry. 2012; 12: 1-9.

25. Meiring A. The image of nurses as perceived by the South African public. 2011; Unpublished master's thesis, University of Pretoria, Pretoria.

26. Opie T, Dollard M, Lenthall S, Wakerman J, Dunn S, Knight S, et al. Levels of occupational stress in the remote area nursing workforce. Australian Journal of Rural Health. 2010; 18: 235-241.

27. Brunetto Y, Shriberg A, Farr-Wharton R, Shacklock K, Newman S, Dienger J. The importance of supervisor-nurse relationships, teamwork, wellbeing, affective commitment and retention of North American nurses. Journal of Nursing Management. 2013; 21:827-837.

28. Le Sergent C M, Haney CJ. Rural hospital nurses stressors and coping strategies: A survey. International Journal of Nursing Studies. 2004: 42: 315-324.

29. Laschinger HKS, Fida R. New nurses burnout and workplace wellbeing: The influence of authentic leadership and psychological capital. Burnout research. 2014; 1: 19-28.

30. Van der Heijden BIJM, Kummerling A, Van Dam K, Van der Schoot E, Estryn-Behar M, Hasselhorn HM. The impact of social support upon intention to leave among female nurses in Europe: Secondary analysis of data from the NEXT survey. International Journal of Nursing Studies. 2010; 47: 434-445.

31. Creswell JW. Research design (4th Ed.). California: SAGE Publications; 2014.

32. Babbie E, Mouton J, Vorster P, Prozesky B. The practice of social research. Cape Town: Oxford University Press; 2005.

33. Swarts B. A community (dis) service: reflections of a community service clinical psychologist. South African Journal of Psychology. 2012; 43: 105-115.

34. Sergeant J, Law-Chapman C. Creating a positive workplace culture. Nursing Management. 2012; 18: 14-19.