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Improvement of the psychosocial support for frontline nurses in public hospitals during COVID-19 pandemic

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Abstract

Aim: The aim of this study was to explore and describe the psychosocial support for frontline nurses during the COVID-19 pandemic in the Tshwane district, Gauteng Province, South Africa.

Background: The COVID-19 pandemic has brought a lot of psychosocial distress for frontline nurses taking care of COVID-19 patients. The frontline nurses were scared of being infected with COVID-19, or exposing their families and loved ones to the risk of infection. A high number of nurses were infected with COVID-19, and some died due to the virus.

Evaluation: This study followed a qualitative, explorative, and descriptive research design. Data were collected using semi-structured interviews and individual interviews were conducted. Seventeen participants, who consisted of all categories of nurses taking care of COVID-19 patients, were interviewed until data saturation was reached. Non-probability sampling method was used as a technique to select the participants. Data were analysed using Tesch's method of open coding.

Key issues: The following five themes are identified: (1) acknowledgement, appreciation, and recognition of frontline nurses, (2) conducive managerial practices, (3) debriefing and training of frontline nurses, (4) human resources support, and (5) psychological and social support for frontline nurses and their families.

Conclusion: The implementation of the psychosocial support for frontline nurses taking care of COVID-19 patients is critical in improving patient care.

Implications for nursing management: The findings of this study should alert nurse managers to plan the best way to support frontline nurses caring for COVID-19 patients.

KEYWORDS
COVID-19, nurses, personal protective equipment, psychosocial support

1 | INTRODUCTION

Nurses are at the centre of the fight against Corona Virus Disease 2019 (COVID-19) pandemic, and they are also scared for their lives and those of their loved ones. As frontline workers, nurses are some of the important people in any health system to fight against the COVID-19 and their psychosocial well-being is vital. As such, health care workers (HCWs), including nurses, have experienced significant occupational stressors and challenges associated with the risk of exposure to COVID-19 when rendering services (Buselli et al., 2021). Psychosocial problems manifest in different ways and among others, include stress, anxiety, fear, post-traumatic stress disorder, while related social problems, include poor family relations, isolation, stigma, and lack of family support. A study conducted in Wuhan, China, revealed that nurses are facing the fight of COVID-19 head on and are at risk of contracting COVID-19 infection that exposes them to significant stress, which, in turn, causes them to have psychosocial problems (Lai et al., 2020). Lai et al. (2020) revealed that health care workers present with symptoms of depression anxiety (insomnia and distress). This shows that the nurses and other HCWs are seriously affected by the COVID-19 pandemic.

The study conducted by Van Bortel et al. (2016) also reported negative psychological effects on HCWs after the 2013–2016 Ebola outbreak in Guinea, Liberia, and Sierra Leone due to the traumatic course of the infection, fear of death, and the experience of witnessing others dying. In Africa, the psychosocial problems of nurses are related to lack of resources and equipment, poor support from government and hospital management, and lack or unavailability of counselling programmes for frontline nurses (Shah et al., 2021).

The above is also applicable to South African nurses. Studies have revealed that many African countries are struggling with the increasing cases of COVID-19 due to lack of, or limited, medical resources and infrastructure, inadequate health care workers, and minimal intensive care unit (ICU) beds. Psychosocial support is necessary to provide coping mechanisms for people during difficult times and for maintaining good physical and mental health of affected individuals (ICRC, 2017). It is imperative to explore the importance of psychosocial support for nurses taking care of COVID-19 patients so that strategies can be developed to support them.

One of the stressors that nurses face is to treat COVID-19 patients with shortage and/or unavailability of personal protective equipment (PPE), which exposes them to the possibility of personal or family infection (Akkuş et al., 2021). The existing global supply of PPEs has not been enough to satisfy the global demand (WHO, 2020) and that has contributed to the nurses' psychosocial problems. Shortage of the PPEs is often experienced in low- and middle-income countries (LMICs) like South Africa, where it is projected that the pandemic's impact will be high (Risko et al., 2020).

Another stressor is spending a long time wearing PPEs, such as masks, which causes them to experience excessive sweating and some breathing difficulties (Loibner et al., 2019). Other stressors include the lack of an approved treatment for COVID-19 and the inability to tell how long the pandemic will last (Wu et al., 2020).

Furthermore, the shortage of staff as a result of quarantining or the isolation of COVID-19 positive nurses has added an additional burden to the nurses on duty (Gavin et al., 2020). The increased workload has led to work-related burnout and stress, which, in turn, compromises the quality of patient care.

It is evident that psychosocial support is important for the physical and mental well-being of the COVID-19 frontline nurses. This is essential because when the support is not offered, this may affect how nurses render services to the patients and their willingness and commitment to their work. COVID-19 is a new infectious disease globally and to South African nurses and other HCWs. Therefore, there is less or no knowledge about its psychological impact on nurses in South African context; therefore, the new knowledge will assist South Africa and other low- and middle-income countries to plan better for the future pandemics like COVID-19.

The Provincial Government in Gauteng has always been providing psychological support services for employees' inclusive of nursing staff through the Employee Health and Wellness Programme (EHWP) and Employee Value Proposition (EVP) programme. The EHWP services ranged from psychological counselling, substance abuse programmes, work related stress, and financial problems while EVP programme is meant to improve health care staff morale while creating an environment where employees feel valued. It is however not evident whether the nurses working with COVID-19 patients did receive the psychological services or the EVP programme.

Therefore, the overall aim of this study was to explore and describe the psychosocial support for frontline nurses during the COVID-19 pandemic in the Tshwane district of the Gauteng Province, South Africa.

2 | METHODS

2.1 | Research design

A qualitative, explorative, and descriptive research design was used for this study. This design strategy was adopted in order to gain an in-depth understanding of the psychosocial support for frontline nurses during the COVID-19 pandemic in the Tshwane district of the Gauteng Province. The advantage of qualitative methods is that qualitative research approach produces the thick (detailed) description of participants' feelings, opinions, and experiences and interprets the meanings of their actions (Rahman, 2020).

However, above the advantages, there are some limitations. According to Rahman (2020), it is argued that qualitative research approaches sometimes leave out contextual sensitivities, and focus more on meanings and experiences rather than any other imperative issues in the context. Additionally, the disadvantage of qualitative methods is that the researcher's subjectivity and biasness based on the strong prior believes can be a serious problem in the analysis of the information (Ehrlich & Joubert, 2017). In order to mitigate the disadvantages above, an independent coder was used during data analysis to compare, merge and agree on the independently analysed data.

2.2 | Setting and sample of the study

The study was conducted in South Africa, Gauteng Province, Tshwane district. South Africa has nine provinces and Gauteng is one of these provinces and the most populous. Gauteng is divided into five districts and Tshwane is one of the districts. The district has 11 public hospitals, which include two mental health hospitals, and nine general hospitals. The study was conducted in one of the general hospitals that is taking care of the COVID-19 patients. The COVID-19 wards and the accident and emergency department of the general hospital in Tshwane District was used for the interviews. The rationale for choosing this one hospital was because when Covid-19 started in South Africa in 2020, this particular hospital was repurposed as a field hospital for COVID-19 patients. Therefore, majority of the nurses working in the hospital would be familiar with the subject study.

In this study, the target population was all nurses (professional nurses, staff nurses, and auxiliary nurses) working with COVID-19 patients. Professional nurses are nurses who have been trained for a 4-year diploma, training done in nursing colleges or a bachelor of nursing degree done at universities. Staff nurses have completed a 2-year diploma in nursing, while auxiliary nurses have completed a 1-year certificate. Non-probability sampling was used in the study. The technique that was used to select the participants was convenience sampling (Polit & Beck, 2017). The professional nurses, staff nurses, and auxiliary nurses who are working in other units, such as the accident and emergency unit and are taking care of patients with COVID-19 and willing to participate, were included in the study.

2.2.1 | Sample size

During the time of the study, there were 26 professional nurses, 7 enrolled nurses, and 18 enrolled auxiliary nurses working with COVID-19 patients, and only 17 agreed to participate in the study. The size of the sample was also determined by the saturation after 14 participants were interviewed. After reaching saturation, the researcher interviewed three additional participants to determine that indeed there was no new information emerging (Creswell & Poth, 2016).

2.3 | Participants

A total of 17 COVID-19 frontline nurses participated in the study as depicted in Table 1. The participants' ages ranged from under 40 to over 50 years. Under 40 years (n = 6), between the ages of 41 years and 50 years (n = 7) while over 50 years (n = 4). All participants were black females. All different categories of nurses taking care of COVID-19 patients participated in the study. Enrolled auxiliary nurses (n = 4), enrolled nurses (n = 3), and professional nurses (n = 10) were interviewed.

TABLE 1 Demographic profile

Criterion	Characteristics	Frequency	Percentage
Age	<40 years	6	35%
	41–50 years	7	41%
	>50 years	4	24%
Gender	Males	-	-
	Females	17	100%
Race	Black	17	100%
	Coloured	-	-
	White	-	-
Category of nursing	Enrolled auxiliary nurse	4	24%
	Enrolled nurse	3	18%
	Professional nurse	10	58%
Type of employment (current status)	Permanent	13	76%
	Contract	4	24%
Work experience	<5 years	1	6%
	6–10 years	5	29%
	11–20 years	6	36%
	21–30 years	5	29%
	>31 years	0	0%

2.4 | Data collection

In this study, an individual in-depth, or unstructured interviews, were used as a method of data collection. Data collection or interviews of all participants were conducted by telephonically—while the participants were off duty and at their respective homes to ensure privacy and observe COVID-19 regulations. The following guiding question was used during the interviews: *What are the psychosocial support services that you are receiving from the Department of Health or hospital management? If you could make any suggestions or recommendations to improve the psychosocial support for nurses working with COVID-19 patients, what would it be?* Probing questions, seeking more clarity, were also included in the interviews. The duration of the interviews varied between 40 and 60 min. A tape recorder was used with the consent of participants during the telephone interviews and the data were transcribed verbatim.

3 | ETHICAL ASPECTS OF THE STUDY

The study was approved by the Faculty of Health Sciences Ethics Committee of the University of Pretoria with the ethics reference number 586/2020. The second approval was sought from the Tshwane Research Committee with the reference number GP_202010_020. The researcher also requested permission to carry out the study from the Chief Executive Officer (CEO) of the facility where the study was conducted. All COVID-19 protocols were observed.

4 | TRUSTWORTHINESS

Measures to ensure trustworthiness were adhered to by applying the five framework described by Denzin and Lincoln (2005). These criteria are as follows: credibility, transferability, dependability, confirmability, and authenticity (Polit & Beck, 2017). Credibility was ensured through prolonged engagements with participants during data collection. Transferability was ensured, as the researcher used purposive sampling to ensure that participants provided rich descriptions and gave dense descriptions of the demographics and dense descriptions of the results. The researcher used step-wise-replication code recoding of data and a dependability audit to ensure dependability. The researcher used a dependability audit, field notes, observation, and transcripts of the whole research process as the evidence chain to ensure confirmability. Authenticity was ensured, as the researcher ensured quality of balance by reflecting the views, perspectives, claims, concerns, and voices of all participants in the study.

5 | DATA ANALYSIS

Data were thematically analysed. The process of data analysis, that is reading of transcripts, in-depth individual interviews and field notes, was done by the researcher. Participants explained their own views about what resources can be put in place for them to cope with the stress related to COVID-19 pandemic. The steps of data analysis were followed as described by Tesch's method of open coding (Creswell, 2014). Themes were identified and controlled with literature. An independent coder was used to enhance trustworthiness.

6 | RESEARCH FINDINGS

Five themes emerged from the data analysis: acknowledgement, appreciation and recognition of frontline nurses, conducive managerial practices, debriefing and training for frontline nurses, human resources support, psychological and social support for frontline nurses and their families, as depicted in Table 2.

6.1 | Theme 1: Acknowledgement, appreciation, and recognition of frontline nurses

Some COVID-19 frontline nurses feel that they are not being appreciated, acknowledged, and recognized by government, hospital, and

TABLE 2 Themes that emerged

Themes
Acknowledgement, appreciation, and recognition of frontline nurses
Conducive managerial practices (planning and organization)
Debriefing and training of frontline nurses
Human resources support
Psychological and social support for frontline nurses and their families

nursing management for their work in the fight against COVID-19. They mentioned that they are not supported physically. Physical support means that the nursing and/or hospital management should regularly visit the COVID-19 units to support the nurses and assess the following: how are the nurses doing, are they having any challenges, are the nurses experiencing any family challenges? However some COVID-19 frontline nurses mentioned that they are being acknowledged and supported by management who frequently check if they are well and fit to work inside COVID-19 ward.

In this study, psychosocial problems refers to the psychological and social problems experienced by nurses due to caring for COVID-19 patients. COVID-19 frontline nurses proposed the following should be implemented to show acknowledgement, appreciation, and recognition of frontline nurses:

The participants verbalized that they need to be compensated for risking their lives by working in COVID-19 wards. They further gave options on how the government can implement the compensation for COVID-19 frontline nurses, the options are as follows: option 1, the government should allow the COVID-19 frontline nurses not to pay tax for at least a few months; or option 2, the government should implement the danger allowance for COVID-19 frontline nurses; or option 3, the government should at least compensate the family should the COVID-19 frontline nurses die from COVID-19 complications. This is supported by the comments from the participants who said:

> We need something like a compensation. There must be something for nurses who were working with COVID-19 patients who were dying. The Government must say "thank you." We are not in the hunt for money, but the Government must do something. The Government can allow us not to pay tax for at least five months. The Government can also increase the salaries of the COVID-19 front line nurses who risked their lives since last year March (2020) when COVID-19 was first traced in South Africa. That will make us feel happy. If government is taking care of us, we will feel that we are recognised, and we will become happy. If there is another pandemic, we will be free to go the frontline again (P5).

> The Government can pay danger allowance and maybe just a bit of recognition for frontline nurses. The work that COVID-19 frontline nurses do and the pay that we get is very, very unfair. Another thing is that maybe if a frontline nurse contracts COVID-19 and dies from it or becomes chronically ill, the Government should pay a compensation (P9).

Other participants mentioned that they need the hospital and nursing management to provide motivation and support to COVID-19 frontline nurses to encourage them to continue with the good work. They also requested the nursing management to offer study opportunities. The following is what was said:

Hospital and nursing management should also come to the wards to encourage us and motivate us to work harder (P10).

The frustration of being on the same post for many years. So, I wish that we can be given the opportunity to further our studies (P9).

However, some participants mentioned that they are being acknowledged and supported by management who frequently check if they are well and fit to work inside COVID-19 ward. This is supported by the comments from the participants who said:

The support from the nursing and operational managers who phoned me was appreciated. The Provincial and National Department of Health also phoned after i have received the results of having diagnosed COVID-19 positive (P8).

Another thing is that management is supportive (P3).

6.2 | Theme 2: Conducive managerial practices (planning and organization)

COVID-19 frontline nurses verbalized that they are stressed by working in the inconducive or unfavourable work environment. The hospital and nursing management should provide good managerial practices and offer effective psychosocial support to nurses working in the frontline during the COVID-19 pandemic. There are several suggestions that the participants have presented to achieve conducive management practices for COVID-19 patients.

One participant strongly suggested that a separate ward to manage mental health care users with COVID-19 infection should be created because it is difficult for nurses to manage such patients and critically ill patients, and the following participant was said:

The hospital is mixing patients, medical and psychiatry. Therefore, I wish the Department of Health could make a provision or create a ward for mental health patients who are COVID-19 positive. The COVID-19 frontline nurses will continue to provide care and treatment to them because as nurses we are trained in general nursing, psychiatry, and midwifery. But they need to be separated from the medical patients (P2).

Nurses are always confronted by families when their family member has passed on that they were never given a chance to say their goodbyes. This causes the frontline nurses to experience the stress of having to explain to the aggrieved family members about COVID-19

protocols and hospital policy which is outside their scope of practice. The following participant verbalized that:

The hospital and nursing management should give families chance to say their goodbyes to loved ones. It can be one visitor per patient who will be provided with full PPE. This is important because if the patient dies, the families always raise complains to nurses that they should have at least been given a chance to see their family member before dying. The complaint is raised with nurses and who unfortunately do not have the authority to allow families inside COVID-19 wards. Therefore, the hospital and nursing management are the ones who can change hospital policies. At least one family member must be allowed to come in the COVID-19 ward, wear PPE and say their goodbyes … (P3).

The participants suggested that the hospital and nursing management should reduce the times that staff spends inside the COVID-19 ward. They mentioned that if they spent longer times in full PPE, it becomes hot and this is unbearable. The following participant verbalized that:

I wish that the hospital and nursing management can reduce the number of hours that we work inside COVID-19 ward. Currently we are working inside COVID-19 ward uninterrupted for four hours and the PPE is not comfortable. PPE makes you feel hot, and when you get out of there, you do not want anything. The hot PPEs make you to become tired and exhausted. The four hours working inside COVID-19 is too long. At least if the hospital and nursing management can reduce the time to three hours. It is also difficult to go to the bathroom when you are pressed … If you are already inside the COVID-19 ward and in full PPE, should you go to the bathroom, when you come back, you need to wear another PPE, which is a waste. So, four hours is too long for us (P3).

A suggestion box to be created for the staff to raise their suggestions and/or inputs for hospital and nursing managements. The COVID-19 frontline nurses feel that their opinions or suggestions are never taken into consideration when decisions are made. The participant said:

The hospital and nursing management should create suggestion box or complaint or something for the employees to raise issues, so that the ideas of nurses and other HCWs are taken into account when planning at a higher level. There will be issues that are

frequently raised that will assist management in decision making and policy development (P6).

6.3 | Theme 3: Debriefing and training for frontline nurses

The COVID-19 frontline nurses' stress was related to insufficient information about the novel corona virus and they are expected to nurse the COVID-19 patients without any training.

Most participants expressed the need for continuous training on COVID-19, to be able to give the best care possible to COVID-19 patients. There is a lot of new information coming in, continuous training and updating is necessary. The participants said the following:

> Nurses need more education about COVID-19. The other thing before we started to work in COVID-19 wards, the government, hospital, and nursing management were supposed to prepare us psychologically by training us on what to expect. When we started to work in COVID-19 wards, we did not know anything. We were only taught about the wearing of the PPE and how to protect ourselves (P12).

> Training on COVID-19 should be provided every week or every month, because new information is coming regularly as COVID-19 is new (P7).

The participants expressed the need for debriefing sessions on a regular basis since they are dealing with a new virus that is life threatening. They also feel that sharing experiences and ideas will be helpful and ease their stress. The following was said:

> Nursing teams from all shifts should find time where they can meet and discuss what is it that we experienced from the beginning of the month until to the end? What are the issues that we have encountered that made our daily tasks difficult? How best can we tackle certain issues (P6).

6.4 | Theme 4: Human resource support

COVID-19 frontline nurses verbalized that they are stressed by problems relating to human resources and staffing. The human resource challenges ranges from shortage of staff and temporary contract nurses' contracts not being renewed. COVID-19 frontline nurses suggested that the following can be done to improve human resource challenges.

Effective human resource management and support is key to win the battle against the virus. Adequate or enough staff with the required skills needs to be available. One participant mentioned that

the DoH needs to improve staff shortages, which they did, however, the people were not skilled.

> The Department of Health, hospital and nursing management should hire properly skilled people as the temporary contract workers. Not people that will hang around and not do anything because that cost a burden on permanent employees (P15).

The COVID-19 temporary contract nurses recommended that the DoH should extend their contracts and/or employ them permanently.

> I wish that the department can appoint us on a permanent basis because we have offered ourselves to work with COVID-19 patients. The least they can do is to employ us permanently (P11).

> The government must give us the permanent jobs or extend our contract (P10).

6.5 | Theme 5: Psychological and social support for frontline nurses and their families

The majority of participants suggested that hospital and nursing management should organize psychologists to assist them and their families to deal with the psychological challenges they are facing as frontline nurses during COVID-19 pandemic. Participants said:

> The hospital and nursing management should arrange the psychologist to talk to us. When you talk to someone about some problems or challenges that you are experiencing, you feel better and relieved, and you feel like there is someone who values what you are doing … (P16).

Most participants mentioned that the support should also be extended to their families. The following comments were made:

> Yes, we need psychological assistance. … because I do not know. … about me only? What about my family? … I can do that with them (P8).

> I think for the family, if I am infected with COVID-19, the family will also be affected. They must also get in touch with the families to give them support (P17).

In addition to the support from the psychologists most participants expressed that the hospital and nursing management should arrange the social workers to give the COVID-19 frontline nurses and their family the support. Participants indicated that:

The hospital and nursing management can call the social workers to come and talk to us including our family members (P14).

I suggest maybe the social worker or psychologist can come to give us support (P10).

Most participants expressed the need for counselling and support for the nurses who come back from sick leave due to COVID-19 infections. The following participants indicated that:

Like when you tested positive, when you come back to work, at least you should be referred to counselling (P7).

Another participant said that after coming back from COVID-19 sick leave, nurses should not be allocated in the COVID-19 ward again and said:

So actually, my wish is that maybe after being diagnosed with COVID-19, the hospital must not let us work in the COVID-19 area again. Maybe they must allocate us to other departments like the Outpatients Department (OPD) or in the antiretrovirals (ARVs) clinic whereby we are not going to work with people with COVID-19 again (P8).

Some participants suggested that a support group should be formed for nurses who came back from COVID-19 sick leave and those that were infected. The following participant said:

I think they should call us those who have been infected with COVID-19 to establish a support group. I think the staff clinic and the occupational nurse should organise a support group for us (P8).

7 | DISCUSSION

Our study aimed to explore and describe the psychosocial support for frontline nurses during the COVID-19 pandemic. Participants during data collection, felt that the South African Government, and the hospital management are not doing enough to recognise and appreciate their work as frontline nurses during COVID-19 pandemic. Furthermore, the frontline nurses indicated that they did not have regular visits from hospital management to provide psychosocial support. Psychosocial support in the form of one-to-one or group support can be provided to frontline nurses (Chen et al., 2021), in order for them to feel acknowledged and appreciated. Furthermore, the frontline nurses emphasised that the acknowledgement and appreciation that they wish to receive from the Government and hospital management should to be in the form of compensation.

Additionally, these frontline nurses, wished the compensation to be in form of care for their families, reduction in tax, risk allowance and appreciation. Maben and Bridges (2020) support the above expressions by participants and mentioned, "when nurses' occupational stress levels are high, supporting them practically and psychologically is very important in preserving their health in both short and long term." Jiang et al. (2020) support the above finding where they recommended that it is important for the COVID-19 frontline nurses to be compensated for their role in the fight against corona virus. Chersich et al. (2020) said that it is important for the nursing management, hospital management, the DoH, politicians, and other public figures to visit the frontline nurses, acknowledge their commitment and sacrifices, and deal with any challenges or negative perceptions towards nurses.

Most of the participants, who were temporary contract nurses, raised the concern that their contracts were coming to an end, and they were not sure if their contracts were going to be renewed. The COVID-19 temporary contract nurses requested that at least the DoH should consider extending their contracts and/or employing them on a permanent basis. COVID-19 frontline nurses also advised that the nursing and hospital management should at least listen to their views. This finding discloses that the COVID-19 temporary contract nurses feel that they deserve to be employed permanently by the Department of Health or their contracts be extended because they have risked their lives and responded to the call from the DoH.

The study by Jackson et al. (2020) revealed "authorities in both Australia and United Kingdom (UK), are considering several mechanisms such as accelerating the return to registration of qualified nurses who may have recently retired to return to practice." "Adequate staffing is needed to ensure that nurses are able to relieve each other during breaks, take leave when they are ill and provide appropriate skill mix" (Fernandez et al., 2020).

Another strong point is the lack of conducive environment for both patients and the nurses. The participants have provided some suggestions to create a conducive managerial/work practices/environment to improve COVID-19 patients' outcomes. Among those are the following: a separate ward be created to manage mental health care users with COVID-19 infection; one family member wearing full PPE should be allowed to visit their loved one during the patient's last days to say their goodbyes; a suggestion box be created for the staff to raise their suggestions or inputs; and review the time that the frontline nurses spend inside the COVID-19 ward.

The findings reveal that nurses want to improve the care of COVID-19 patients, which will, in turn, improve the nurse's psychosocial well-being through the suggestions that they put forward to the nursing management, hospital management and the DoH. The above expressions by participants are supported by Shanafelt et al. (2020), who stated that tangible actions must be taken to address the nurses' concerns, for example, nurses desire the support of their managers during this turbulent time. In their article, they suggested that hospital executives, and nursing managers, need to consider innovative ways to be present and connect with their nursing teams, given the constraints of social distancing. The authors emphasized that it is critical

that leaders understand the sources of concerns, assure nurses that their concerns are recognized, and work to develop approaches that mitigate their concerns.

The participants expressed that they need to be trained on COVID-19 for them to be able to give the best care possible for patients. The participants also advised that training on the COVID-19 vaccine should be conducted for frontline nurses because some are not sure about the information they have about the vaccines and as such, cannot make informed decisions about being vaccinated. This finding illustrates that frontline nurses need to be empowered with information for them to carry out their work with diligence and pride; since COVID-19 is new and more research is done continuously, updating nurses on a regular basis will be beneficial for all. The above expressions by participants are supported by Shanafelt et al. (2020) when they recommended that "the hospital management and the DoH must provide COVID-19 frontline nurses with rapid training to support them with a basic, critical knowledge base of COVID-19." In the study by Jiang et al. (2020), it is revealed that, "it is very importance to conduct COVID-19 training programs for nurses." The results of their study showed that 97.9% of nurses wish to be trained on COVID-19, to improve care and treatment for patients.

The participants expressed that they need to be counselled and supported when they come back from COVID-19 sick leave. They requested that the nursing and hospital management should arrange the psychologists and social workers for them and their families. This finding shows that the frontline nurses request the nursing management, hospital management and the DoH to extend the support to their families. Jiang et al. (2020) support the above expressions by recommending that it is important for the DoH and hospital management to provide credible support to frontline nurses' families. According to the study by He et al. (2021), "the hospital in Wuhan provided an isolation ward for the nurses who were infected with COVID-19, and participants in their study said that they felt safe with doctors and nurses close by and avoided exposing their family members." The authors further mentioned, "the nursing managers in Wuhan provided appropriate screening, care, treatment and psychological counselling to the COVID-19 infected nurses to ensure that they maintain their emotional stability."

8 | CONCLUSION

The aim of this study was to explore and describe the psychosocial support for frontline nurses during the COVID-19 pandemic in the Tshwane district of the Gauteng Province. The activity of this study was to propose recommendations to improve the psychosocial support for nurses working in the frontline during COVID-19 pandemic. The qualitative, explorative, and descriptive research design and five themes were identified. Recommendations were developed, based on the participants' inputs.

The implementations for psychosocial support for frontline nurses will assist in improving the care for COVID-19 patients. Most of the frontline nurses were experiencing psychosocial stress, which was related to directly taking care of COVID-19 patients. The frontline nurses are experiencing psychological problems because of witnessing the high number of people dying on a daily basis. Some frontline nurses and their families were infected with the COVID-19 virus and they are experiencing stigma from both colleagues and the community; people think that they are carrying the virus. The findings of this study have significant implications for the DoH, hospital, and nursing management to improve the psychosocial support for the frontline nurses and extend the support to their families.

9 | IMPLICATIONS FOR NURSING MANAGEMENT

The nurse managers should organize the psychologists and social workers to offer psychosocial services for the COVID-19 frontline nurses and their families. Employee Health and Wellness Programmes, through the support of nursing management and hospital management, should start support groups for the frontline nurses, especially those who have been infected with COVID-19. The nursing or hospital management should create a suggestion box for the staff, where they can write down their suggestions on how to improve the service. The DoH should communicate their plans about the temporary contracts well in advance to reduce the stress levels of temporary contracted nurses to enhance their productivity.

Nursing and hospital management should enhance their support to the nurses by discovering innovative methods of always being by their side, while at the same time, maintaining social distancing. The mental health nurses should provide training to nurses and student nurses on the mental health topics, including, dealing with anxiety, insomnia, self-care, and peer support. It is recommended that more qualitative research be conducted to explore and describe the psychosocial support for COVID-19 frontline nurses and that the study be conducted in other parts of South Africa.

10 | STRENGTH AND LIMITATIONS

All research participants were African; other race groups were not represented. However, the researchers assume that findings would have been similar since the conditions of employment are the same. Telephone interviews had some limitations as the non-verbal communications cues would not be observed; however, the emotions surrounding a particular topic could be sensed in the tone of voice.

CONFLICT OF INTEREST
The authors declare that they have no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

ETHICS STATEMENT

CONSENT TO PARTICIPATE

Not applicable.

CONSENT FOR PUBLICATION

Not applicable.

DATA AVAILABILITY STATEMENT

The data used to support the findings of the study are available upon request.

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