



The Experience of Nurses Worked at the COVID-19 Unit in Intermediate Hospital Oshakati, Oshana Region, Namibia



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Abstract

The Coronavirus Disease (COVID-19) is the world's most significant public health emergency. Nurses, essential members of the COVID-19 patient care team, are facing the majority of the problems brought on by the disease. To enhance the quality of care provided to COVID-19 patients, this study explored the experience of nurses who worked at the COVID-19 unit in Intermediate Hospital Oshakati, Oshana Region, Namibia. The study employed an exploratory and descriptive research design with a qualitative approach to the population of thirty-five nurses who worked at the COVID-19 unit in Intermediate Hospital Oshakati during the COVID-19 pandemic. Purposive sampling was used to select eight participants for data saturation. A semi-structured interview was used for data collection, and a tape recorder was utilized to capture the data. Thematic analysis was used for data analysis using the six steps proposed by Creswell (2014). Findings were presented in themes and subthemes for better comprehension. Ethical considerations were observed, such as approval, the principle of justice, confidentiality, privacy, beneficence, and non-maleficence. The analysis of the data revealed four themes and fourteen subthemes: A) positive experiences (learning, patient treatment and recovery, and patient management); B) negative experiences (worry and fear of death of patients, trauma development, and socialization experiences); C) lack of equipment, staff shortage, and challenges with communication with family; and D) psychological support, increase in supply of equipment, and increase in staff members. The study concludes that nurses who participated in this study had both negative and positive experiences and faced challenges. Recommendations include that health officials and hospital management should pay special attention to the challenges and needs of the nurses. They should act as advocates, ensuring that government and healthcare administrators provide nurses who provided care such as favorable working conditions, sufficient funding, and the motivation to carry out their duties skillfully and effectively.

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1 Introduction

Nurses, as frontline caregivers during the COVID-19 pandemic, gained valuable experiences that advanced the nursing field. However, few qualitative studies in Namibia have explored the challenges in caring for COVID-19 patients. This study investigated the experiences of nurses working at the COVID-19 Unit in Intermediate Hospital Oshakati, Oshana Region, Namibia.

The first case of COVID-19 was reported in November 2019, and by March 2020, the World Health Organization declared it a pandemic (Fang et al., 2021; WHO, 2020). By February 2022, there were 435 million confirmed cases globally, with 5.95 million fatalities (WHO, 2020). Namibia reported its first case in March 2020, leading to a state of emergency and lockdown restrictions (Ministry of Health and Social Services-Namibia). As of February 28, 2022, Namibia had 157,210 confirmed cases, 4,007 deaths, and 152,697 recoveries (Ministry of Health and Social Services-Namibia). Health workers, including nurses, were among the most affected groups, with 4.1% of healthcare workers testing positive for COVID-19, and 6 deaths reported among them (Moreno-Mulet et al., 2021; Xinhua, 2021).

In May 2021, Intermediate Hospital Oshakati faced significant pressure, with 54 COVID-19 patients in ICUs and 120 beds available, 40 of which were designated for COVID-19 patients (Nambadja, 2021; Dr Shangula, 2021). Nurses encountered challenges such as PPE shortages and increased demand for medical resources (Mahase, 2020). Nurses in ICUs are affected by the COVID-19 pandemic, leading to anxiety disorders, depression, and post-traumatic stress disorder. Rationalization methods are essential to ensure wellness and a healthy workforce.

Purpose of the study

The purpose of the study was to explore the experiences and coping mechanisms of nurses who worked at the COVID-19 Unit in Intermediate Hospital Oshakati, Oshana Region, Namibia.

Objectives of the Study

The objectives of the study were;

To explore the experiences of nurses working with COVID-19 patients in Intermediate Hospital Oshakati. To determine the coping mechanisms for the nurses' negative experience in caring for COVID-19 patients at Intermediate Hospital Oshakati

2 Materials and Methods

This study used a qualitative methodology, focusing on nurses' experiences of the COVID-19 pandemic from their perspective. This study was based on the phenomenology paradigm, which focuses on the reality of human experiences from the perspective of human sciences (Chetty, 2016). Semi-structured interviews were conducted using an interview guide in English, with open-ended questions to facilitate discussion. A pilot study pre-tested the questions, removing any ambiguous ones. Data collection took place over three days in June 2023, with participants interviewed at their convenience at the healthcare facility.

Data analysis

Collected data was analyzed using thematic analysis following [Creswell \(2014\)](#), six steps of qualitative data analysis. Only four key themes were obtained with twelve subthemes. The data quality in this study was determined according to the criteria for trustworthiness advocated by [Lincoln & Guba \(1988\)](#).

Research ethics

Clearance, approval, and permission for the study were obtained from the research committee of postgraduate studies at UNAM. MoHSS and administration of Intermediate Hospital Oshakati, Oshana Region Namibia. The selection of participants in this study was fair and was carried out according to the eligibility criteria based on the research design. No financial rewards were given for participating in this research, and no penalty or fine was charged for declining participation. Respect was potential and was enrolled in participants, no names of the participants were used for the completion of the research study, but they were given pseudonyms such as P1, P2, P3, ..., P8. The researcher explained the aims and objectives of the survey to all respondents, and they were allowed to ask for clarification. A written informed consent was obtained. The respondents were assured that no private information would be shared without their knowledge or against their will. The researcher assured respondents that they would not suffer any physical, psychological, financial, and/or emotional harm and ensured good practice throughout the study, making no false promises to participants.

Data Presentation

Collected data is presented thematically in themes and subthemes. Eight nurses who worked at the COVID-19 Unit in Intermediate Hospital Oshakati (IHO), Oshana Region, Namibia, during the COVID-19 pandemic participated in the study to achieve data saturation.

Demographic information of participants

The demographic information of participants included age, gender, and the number of people living with them. Eight participants participated in the study. The age of the participants ranged from 24 to 39 years, of which five are in their 30s and the remaining three are in their 20s. Five participants were females, and the remaining three were males, showing gender considerations in the study. Participants stayed with between one and six people at their homes. This is presented in Table 1 below.

Table 1
Demographic information of participants

Participant (P)	Age (years)	Gender	Number of people living with	Category of these nurses
P1	38	M	6	Enrolled nurses
P2	33	M	1	Registered nurses
P3	29	F	4	Registered nurses
P4	35	M	4	Registered nurses
P5	24	F	3	Enrolled nurses
P6	31	F	1	Registered nurses
P7	39	F	4	Enrolled nurses
P8	28	F	2	Registered nurses

Eight participants participated in the study. The participants ranged from 24 to 39 years, of which five are in their 30s, and the remaining three are in their 20s. Five participants were females, and the remaining three were males, showing gender considerations in the study. Participants stayed with between one and six people at their homes. Three of the participants were Registered nurses while the remaining 2 were Enrolled nurses

Experience working at COVID-19 unit

The verbatim transcription of the eight study participants' recorded interviews was completed, and meanings were formulated and determined for each theme. Through multiple readings of the transcripts, the researcher identified four significant or momentous themes of positive experiences, negative experiences, challenges, and coping mechanisms, which were then grouped into twelve subthemes (Table 2). These include learning, patient treatment, and recovery, patient management, worry and fear of death of patients, trauma development, disclination, lack of equipment, shortage of staff, challenges with communication with family, psychological support, increase in the supply of equipment, and increase in staff members. Each participant's quote is followed by a numerical suffix that points the reader to the data distribution.

Table 2
Thematic table

Themes	Subthemes
1. Positive experiences	4.2.1.1 Learning 4.2.1.2 Patient treatment and recovery 4.2.1.3 Patient management
2. Negative experiences	4.2.2.1 Worry and fear of death of patients 4.2.2.2 Trauma development 4.2.2.3 Discrimination
3. Challenges	4.2.3.1 Lack of equipment 4.2.3.2 Staff shortage 4.2.3.3 Challenges with communication with family
4. Coping mechanisms	4.2.4.1 Psychological support 4.2.4.2 Increase in supply of equipment 4.2.4.3 Increase in staff members

Theme 1: Positive experiences

The participants had positive experiences learning how to deal with COVID-19 patients, patient treatment and recovery, and patient management.

Learning

Many participants gained positive experiences from learning how to deal with COVID-19 patients. These participants indicated that they learned how to cope in a very difficult situation, manage ventilated patients, and care for COVID-19 patients. These are evidenced in the following narratives:

"I learned more about COVID-19 and how to cope in a very difficult situation" P1.

"I learned how to manage patients on ventilators" P3.

"I learned more on how to manage COVID-19 patients" P6.

This implies that they acquired knowledge on treating and managing COVID-19 patients. In support of those above, a participant described how she learned and understood that COVID-19 is not a fatal disease.

"I learned and gained more knowledge and understanding that COVID is not a killing disease; it only needs psychological support and faith" P4.

The above extracts show that participants learned to deal with COVID-19 patients when caring for or nursing them at the hospital.

Patient treatment and recovery

Participants had positive experiences with treating and recovering patients. They acknowledged making adjustments to better the health and well-being of their COVID-19 patients so they to live autonomous lives and realize their full potential.

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<https://doi.org/10.53730/ijhs.v9n1.14927>

"My wish was for the patients to recover quickly and for Covid-19 to end. I didn't want the patients to die every day, and I wanted life to return to normal again" P1.

"My wish was for all Covid patients to recover fully and get well" P4.

"I feel fulfilled when I see patients recovering" P8.

The above exemptions show that participants experienced patient treatment and recovery. They always wanted the patients to recover and get back to their everyday lifestyles.

Patient management

Participants acknowledged having gained positive insights into patient management, using their activities as healthcare providers to manage and meet the growing expectations of COVID-19 patients. They stated that, rather than just treating the illness, they emphasize building strong patient relationships. One of the participants was quoted narrating how she gained more knowledge about COVID protocols, burials, personal protective equipment (PPE), management of COVID-19, and how to prevent the infection from spreading quickly or at all. This is evidenced in the following narrative.

"I gained more experience on COVID protocols, burials, PPE, and management of COVID-19 and how to prevent the infection from spreading fast or not spreading at all" P4.

Theme 2: Negative experiences

Participants had negative experiences of worry and fear of death of patients, trauma development, and poor socialization experiences when working at the COVID-19 unit in Intermediate Hospital Oshakati, Oshana Region, Namibia.

Worry and fear of death of patients

The participants indicated that various things scared and worried them, both inside and outside of the workplace. This concern was so severe that in some cases, the participants became worried and feared when they heard that could extend the illness to their family members and family and witnessed patients passing away from COVID-19. The nurses' fear and worry were mainly derived from the risk of contracting the virus themselves, the potential for family members to become infected, the sudden deterioration of some patients' conditions, the increasing patient hospitalization and mortality rates, the possibility of not engaging enough to save patients, and their own knowledge and skill deficiencies to assist critically ill patients.

"I was worried COVID-19 would infect me, and I later counseled myself since I am a nurse, ...my biggest fear was to get infected with COVID-19, and if I get infected, will I make it, or am I going to die?" P1.

"I'm anxious about spreading the illness to my family, so every time my phone rings, I hear a heartbeat. I'm always afraid they'll call to let me know they have the disease's symptoms" P7.

In support, four participants talked about how they were fearful

"I was fearful; my biggest fear was to contract COVID-19 to the extent of severe illness" P2.

"I was scared of getting infected by COVID-19; my biggest fear was to die due to Covid 19" P4.

"I was shocked and scared at the same time. I was scared to get infected with COVID-19, and I had fear of infecting my family" P5.

"I was scared to get infected with COVID-19; yes, the terrible experience is when a lot of people were dying one after the other" P6.

The director general at the media briefing stated that nurses' fear of contracting the disease (COVID-19) is a stigma that causes sudden death for many nurses (2).

Participant 2 added that she was angry and her biggest fear was to test for COVID-19. She narrated as follows.

"I was so angry....my biggest fear was to get tested for COVID-19" P3.

The excerpt above demonstrates that participants' fears and worries about contracting the pandemic heightened because they interacted directly with COVID-19 patients.

Trauma development

The nurses claimed that their exposure to anxiety, fear, suffering, family rejection, and patients dying alone had caused them to develop trauma. They said,

"The nurse's worst experience can be the moment one of the patients takes your hand and says they are choking or suddenly starts shivering or screaming in pain in the chest. I was very disturbed and uneasy by the scenes" P7.

Another participant talked about how he experienced a terrible occurrence in the Ward and how it affected him. The participants agreed that they saw people dying like animals:

"Yes, death. It was so bad because people were dying like animals and so fast. Imagine you talk to a person now, then later, when you go back, the person is dead. "I was traumatized" P3.

"This was when I went to collect a body, and to my surprise, it was a person that I know very close to me. I was terrified and traumatized" P1.

The above extracts show how participants were traumatized after seeing patients they were nursing dying in the hospital

Discrimination

Most nurses claimed to have felt fear of rejection by others or their families, describing it as a painful experience. In some cases, family dissatisfaction with their work in the COVID-19 ward and the lack of empathy from coworkers in other wards were also viewed as unpleasant social experiences. One nurse shared,

"When I left the ward, everyone was running away from me; even my relatives were staying away from me" (P7).

Another participant said,

"My friends and family did not want to interact or socialize with me as they think I will give them Covid-19" (P4).

Other participants indicated that they experienced everyday life but were always avoiding interacting with them to prevent infecting their family members. She said,

"It has just been normal to them, but I have been avoiding them, like not hugging them" (P1).

"It was good but not much as it has been because most of them fear contracting COVID-19 from me since I work with COVID-19 patients" (P2).

Theme 3: Challenges

Participants indicated they faced challenges when working with COVID-19 patients. These challenges include a lack of equipment, staff shortage, and challenges with communication with family.

Lack of equipment

Participants indicated they faced challenges of lacking equipment to be used in the hospital while nursing COVID-19 patients. The participants in this study reported that among the most prevalent unmet professional needs were the following: lack of personal protection facilities and equipment, particularly at the beginning of the COVID-19 epidemic; lack of appropriate dressings for the treatment of pressure sores caused by constant mask wear; lack of nursing and service staff; lack of oxygen ventilators; and lack of proper ventilation in the ward.

The participants narrated as follows:

"Lack of consumables, such as oxygen, has caused the hospital to try and procure some and borrow from other facilities, wherever possible" P1.

"Poor oxygen supply and a lack of ventilators in the hospital has caused them to borrow more ventilators from district hospitals to equip the COVID-19 ICU" P2.

"The biggest challenge has been the lack of oxygen, a major problem" P3.

"When the hospital has run out of oxygen, the crisis has been resolved by the hospital building a compressed gas system" P5.

One participant talked about how the lack of equipment, such as face masks, gloves, and ventilators, created emotions in his work as a nurse. He narrated:

"I went through a range of emotions when I saw mostly youth dying, and there was a shortage of some equipment, such as face masks, gloves, and ventilators, due to the increasing number of patients" P4.

Staff shortage

The participants indicated a shortage of staff at the hospital that affected effective nursing care during the COVID-19 period. The study's participants mentioned the challenges of working in the COVID-19 unit (Blomberg et al., 2016). Some of the issues mentioned included an excessive workload and hard work due to limited staff. The participants claimed that these issues resulted in intense work pressure and fatigue. For instance, the participants said,

"We could not rest even for a moment once we entered the ward at the beginning of the shift. It wasn't very good. I thought I was fighting and taking part in a war" P7.

"Shortage of staff, it never gets resolved" P5.

Challenges with communication with family

Two of the participants indicated that they faced challenges communicating with the families of the COVID-19 patients who had died at their hands. One participant *"It was not easy to brief the family about the death of their beloved."* P5

Theme 4: Coping mechanisms

The participants in this study came up with three coping mechanisms to deal with the challenges of caring for COVID-19 patients. The tactics employed included seeking psychological support, increasing the supply of equipment, and increasing staff members.

Psychological support

The participants revealed that they had occasionally employed various techniques to lessen the effects of stress and emotions. These tactics included walking, reading, practicing relaxation techniques, and relying on God. They also noted that keeping negative thoughts at bay had been helpful. Additionally, they had developed a rational attitude toward their work in the COVID-19 ward. Participant 1 commented, *"I was extremely concerned that I might spread the illness to my family, but I put my trust in God and made an effort to block out those thoughts"* P1.

Each participant in the study sought out interpersonal and staff members' psychological support to give people in distress a sense of calm and support, enabling them to deal with their problems more effectively. This support helped the nurses manage their circumstances and come to wise decisions. The participants narrated.

"Psychological support for nurses working with COVID-19 patients" P1.

"The hospital management needs to assist with psychological support for health care workers working with COVID-19 patients" P4.

The above extracts indicate that the provision of psychological support was necessary as one of the coping mechanisms used by nurses during and after the period of nursing COVID-19 patients.

Increase in supply of equipment

All indicated a need to increase the supply of equipment used in nursing COVID-19 patients. The participants were most concerned with procuring more oxygen cylinders to be able to have enough oxygen to be given to patients who wanted it. The participants narrated as follows.

"To make sure Oxygen is available when possible" P1.

"The hospital could procure more cylinders to have sufficient oxygen supply in the ward" P2.

"To look on staff shortage and procure enough oxygen" P6.

The above extracts indicate that increasing the equipment supply was an important strategy for reducing the negative experiences faced by nurses while taking care of COVID-19 patients.

Increase in staff members

The study participants proposed increasing the nursing staff to meet the increasing demand for COVID-19 patients at the hospital to motivate them to work effectively. Participant 1 suggested that the staff should be given cash allowances to supplement their average salaries. Two of the participants added that the number of staff members needs to be increased. The participants narrated as follows:

"And to employ more staff to deliver quality patient care" P2.

"At least they should employ enough workers and be able to give risk allowance please for this kind of things as it was traumatizing" P3.

The above extracts showed that increasing nursing staff and motivating them is a compensatory mechanism for the negative experiences nurses face while nursing COVID-19 patients.

3 Results and Discussions

Positive experiences

Working under COVID-19 became a phenomenon with many different aspects and meanings. Under the themes of positive experiences, the various facets of nurses' experiences in the COVID-19 infection are covered: learning, patient treatment and recovery, and patient management.

Learning

The study's findings indicated that nurses working in the COVID-19 unit had positive experiences, learning how to manage a difficult situation, care for patients on ventilation, and treat COVID-19 patients. They gained new knowledge, particularly about using PPE and caring for a novel infection. These findings align with [Ahmadidarrehsima et al. \(2022\)](#), who reported that nurses gained valuable knowledge and experience in caring for COVID-19 patients. Similarly, [Zamanzadeh et al. \(2015\)](#), found that nurses in infection cases, like COVID-19, learned new skills, enhancing their nursing care and improving ways to protect themselves and their families from infection.

Patient treatment and recovery

The participants of this study viewed working in the COVID-19 unit while treating COVID-19 patients as an essential nursing function. They perceived themselves as being able to provide treatment to patients and see them recover. The nurses experience the treatment and recovery of patients as it is their role, alongside other healthcare professionals, to treat patients directly and on the front lines of the healthcare system ([Dr Shangula, 2021](#)). In the same vein, MoHSS believes that the most crucial role in treating patients during an outbreak of an infectious disease is always played by medical personnel, endangering their lives or putting their health at risk ([Dr Shangula, 2021](#)).

Patient management

Healthcare providers, including nurses, engage in various patient management activities. In managing patients, nurses treat illnesses and emphasize building strong patient relationships. This supports the fact that nurses had positive experiences managing patients while working at the COVID-19 unit at the IHO. According to Onodera and Sengoku, patient management entails maintaining electronic health records, organizing treatment options, assisting with self-management, and other responsibilities (Onodera & Sengoku, 2018). The duties of a nurse in the care of patients include giving medication, performing routine medical examinations, documenting thorough medical histories, monitoring blood pressure and heart rate, performing diagnostic tests, operating medical equipment, drawing blood, and admitting and releasing patients by doctor's orders.

Negative experiences

The negative experiences of nurses who worked at the COVID-19 unit in Intermediate Hospital Oshakati, Oshana region, Namibia were worry and fear of death of patients, trauma development, and socialization experiences.

Worry and fear of death of patients

Many participants experienced worry and fear about patient deaths after witnessing COVID-19 patients die. They felt trapped in a cycle of emotional distress, with concerns about death, fear, and confusion being prominent. Several authors have reported similar emotional disturbances (Liu et al., 2020; Taylor et al., 2020). Anxiety related to death was most frequently expressed, with nurses fearing that caring for COVID-19 patients put them at risk of contracting the virus, making them feel as if they had been "sentenced to death." These feelings were described as being "worry machines," starting after witnessing patient deaths. This is consistent with the World Health Organization's (2020) report, which identified fear of death and dying as primary stressors for COVID-19 unit employees. The study also found that fear was triggered by different factors in various individuals. For example, Participant 3 expressed, "I was so angry, my biggest fear was to get tested for COVID-19." These findings align with other studies (WHO, 2020; Liu et al., 2020), that reported similar outcome.

Trauma development

Emotional and psychological trauma is caused by unexpected or highly stressful life events that result in a loss of psychological security and stability, leaving the individual with feelings of extreme fear and helplessness (Onodera & Sengoku, 2018). Subjects who have experienced psychological trauma may feel emotionally numb, disconnected, and lose trust in others. For example, as their COVID-19 patients died in their care, the nurses experienced emotional and psychological trauma. Participants in this study experienced trauma after witnessing COVID-19 patients die, and their conditions deteriorate. Many people reported feeling fear, anxiety, depression, guilt, and symptoms of post-traumatic stress disorder (PTSD) in response to the situation. This highlights the wide range of nurse- and patient-specific traumas experienced by critical care nurses while treating patients during the pandemic.

Socialization experiences

The findings show that the participants lacked socialization opportunities, resulting in family dissatisfaction with the COVID-19 ward's nursing staff and a perceived lack of empathy from their coworkers in other wards. Previous research has suggested that nurses isolate themselves to prevent emotional distress by severing connections with others (Liu et al., 2020). This study lends credence to those conclusions, as the participants isolated themselves out of fear of rejection and to preserve their significant others from their emotional anguish. Furthermore, the study participants' sense of privacy and insecurity were found to play a role in hiding their COVID-19 status. Their fear of rejection, which impacted their socialization, was one of the main justifications offered for their need for self-defense.

Challenges

Nurses working at the COVID-19 unit in IHO experienced challenges of lack of equipment, staff shortage, and communication with family.

Lack of equipment

The participants reported that there was a lack of enough equipment available to care for the COVID-19 patients, raising concerns from nurses about the standard of care they delivered. According to nurses, the healthcare system was not ready for the pandemic, and the regulations were murky, lacking, and constantly changing. It was impossible to develop validated diagnostic protocols during a crisis such as COVID-19, so nurses' post-pandemic reflections may help manage crises in the future. These results are consistent with those of AACN, who discovered that treating COVID-19 patients posed difficulties that could cause them to feel depressed and exhausted, including long work hours and a heavy workload, exposure to the virus, frequent and close contact with infected patients, lack of personal protective equipment, limited oxygen cylinders, stigmatization as virus carriers, pressure from the media, and an increase in fatalities (AACN, 2021). These elements lower the quality and quantity of patient care and make nurses feel helpless and hopeless.

Staff shortage

When caring for COVID-19 patients, hospitals encountered various difficulties and challenging situations, including a nurse shortage that increased the nursing workload. This result is consistent with the findings of AACN (2021), which stated that nurses experience psychological distress and exhaustion as a result of their lengthy workdays and demanding workload due to their shortage. Thus, for nurses to effectively care for patients, they should be protected from an excessive workload.

Challenges with communication with family

It became clear that there was a lack of open communication between the participants and the members of their families, which is essential for fostering mutual understanding and reducing hostility caused by patients' fear, anxiety, and misconceptions. Interestingly, this was also not particularly noticeable in the case of patients, a population that is expanding due to Namibia's status as an international hub.

Poor communication contributed to Nurses' frustration and isolation due to their ignorance of the pandemic. Initiatives were taken to address this and raise the morale of healthcare workers. Nevertheless, some social groups still stigmatize healthcare professionals. Some studies suggest that the reactions of society made medical professionals feel guilty and yearn for a life of social isolation and little contact with the outside world (AACN, 2021). With no rules or guidelines, nurses had to get used to new routines and cope with the emotional toll of being away from their loved ones. They were left to manage their anxieties and apprehensions on their own.

Coping mechanisms

The nurses who participated in this study faced numerous challenges to survive. They employed various tactics to cope, such as increased staffing, equipment supply, and psychological support.

Psychological support

The study's participants admitted to using different strategies occasionally to lessen the effects of stress and emotions. These strategies included walking, reading, relaxing, and relying on God. Additionally, nurses observed that resisting pessimistic thoughts had been beneficial. They had also adopted a practical outlook on their work in the COVID-19 ward. They had been able to reduce their anxiety by doing so in a professional manner and feeling a sense of obligation to help address the pandemic crisis. Additionally, organizational coping mechanisms are required to deal with ethical problems in COVID-19 Units (Moreno-Mulet et al., 2021).

These include improving human resources policies, creating targeted psychological interventions, and having ethical guidelines for difficult decisions in ICUs.

Increase in supply of equipment

All study participants noticed increased equipment available to aid in providing healthcare to COVID-19 patients. The results clearly showed that nobody was exempted from the problem of having little equipment to work with when nursing COVID-19 patients, which impacted their preparations to fight the virus. Pandemic preparedness is crucial for disease control. Nurses should follow these policies when dealing with a global pandemic like COVID-19. In addition, PPE is an essential factor to take into account when battling infections like COVID-19. All healthcare facilities should provide personal protective equipment (PPE) following a clear policy ([Mahase, 2020](#)). This will guarantee sufficient PPE and security for all involved nurses. In addition, the national government should adopt PPE procurement policies for healthcare institutions ([Mahase, 2020](#)). This will ensure complete PPE during epidemics.

Our findings show that more must be done to ensure that PPE is available sufficiently to protect nurses and other healthcare workers from COVID-19 infection. To ensure that healthcare professionals and staff are prepared for any future pandemics, pandemic training should be provided at all healthcare institutions. To avoid a nursing shortage, nurse managers should also consider controlling nurses' work schedules and having adequate staff.

Increase in staff members

The results indicated that a small number of nurses caring for COVID-19 patients had increased their workload, and it was suggested that the number of nurses in the hospital, particularly at the COVID-19 unit, be increased. A pandemic's potential to reach a critical stage could affect nurse recruitment. When working long hours, coworkers should support one another by providing quick breaks ([Frawley et al., 2021](#)). As a result, healthcare facilities must be ready for the potential of insufficient medical personnel and have backup plans in place ([Frawley et al., 2021](#)).

4 Conclusion

In a nutshell, it is concluded that nurses had positive learning experiences, patient treatment and recovery, and patient management. They had negative experiences of worry and fear of death of patients, trauma development, and socialization experiences. In addition, nurses faced challenges of lack of equipment, staff shortage, and communication with family. They tried to deal with the difficulties by employing strategies of psychological support, increasing the supply of equipment, and increasing staff members.

Recommendations

The study found that nurses caring for COVID-19 patients faced a lack of personal protective equipment, an unstable working environment, and poor communication. It recommends that the Ministry of Health and healthcare managers collaborate to develop a coordinated strategy for handling future pandemics.

Nurses caring for COVID-19 patients showed resilience despite resource limitations and health risks. They need support from colleagues, supervisors, policymakers, and the community to manage pandemics effectively. The study's findings can inform nursing practice, education, and policy to improve responses to future global epidemics.

This study also suggests that nurse managers should act as advocates, ensuring that government and healthcare administrators provide nurses who provided care during the pandemic with favorable working conditions, sufficient funding, and the motivation to carry out their duties skillfully and effectively.

Recommendations for further study

This study aimed to look into the unique experiences of nurses who worked in the COVID-19 Unit. Due to the participants' heterogeneity, however, the data analysis did not allow the researcher to draw a firm conclusion. It is advised that researchers conduct studies on homogeneous groups to better understand the realities of the experiences of nurses who worked in the COVID-19 Unit and identify any associated constraints.


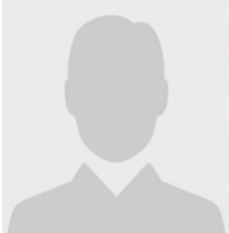
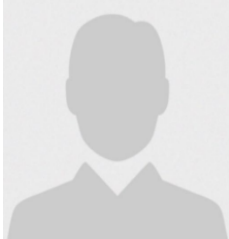
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