

What it's like being a nurse during a pandemic

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"It is always hectic in the trauma ward, but what happened during the peak of the pandemic will always stick with me ... We kept getting patients who were already dead," says Thandekile Ndika, a nurse at Gugulethu Community Health Centre's trauma ward.

Ndika was one of five nurses we spoke to at a public and private facility in Cape Town, about their work and lives during the Covid-19 pandemic. The other nurses are Tandiswa Kami also from the Gugulethu Community Health Centre, and Maxine MacNamara, Clare Wepener, and Nicky Krynauw, who work at Life Healthcare's Vincent Pallotti Hospital in Pinelands.



Nurses Thandekile Ndika (left) and Tandiswa Kami at the vaccination site at the Gugulethu Community Health Centre. Photo: Mary-Anne Gontsana

A 2020 study of 7,607 healthcare professionals by the Human Sciences Research Council (HSRC) found that 24% nurses were experiencing severe levels of psychological distress, greater than that experienced by other health professionals. Nurses in the public sector were slightly more likely to experience severe distress than colleagues in the private sector.

The study also found that 72% of nurses were 'highly concerned' about passing on Covid-19 to their family, and 71% were highly concerned for their family's and their own health.

Wave one

Ndika said that before Covid-19, she dealt with patients who had been stabbed, shot, involved in car accidents or suffered burns. She started seeing the seriousness of the pandemic during the first wave when many patients were dead on arrival at the trauma ward.

"We kept getting patients who were already dead, and after swabbing we found out that they had Covid. Most of them had complained to their families or friends about shortness of breath," said Ndika.

At Vincent Pallotti, the pandemic meant adaptation, with wards being converted rapidly and new patient protocols. "It was tough at the beginning, because we weren't used to this way of nursing," said Sister MacNamara, unit manager of the Acacia ward which specialised in Covid-19 cases.

"Having to wear personal protective equipment, being scared to touch your patient because at the beginning you didn't know if it was safe," she said.

Sister Krynauw works in the surgical intensive care unit and has been a nurse since 1984. She said that the necessary protocols to protect against Covid-19 made for "a different type of nursing altogether".

"You had so many layers between you and the patient, and all our daily activities are about touch and care," she said. "Nursing is all about that caring, touching behaviour towards your patient and their loved ones."

Sister Wepener is the unit manager for the medical intensive care unit (ICU) and orthopaedic high care in addition to being a nurse educator. She said that during the pandemic, patients were much sicker than any she had cared for before.

"My memories of June/July last year are all dark and very confined, because we were in that enclosed space. It was just horrible. And I think that's PTSD [post-traumatic stress disorder]. It is rough for all of us to recall," said Wepener.

MacNamara said that caring for Covid-19 patients was a huge challenge. "They normally get Covid-pneumonia. Many of us, especially the ICU-trained nurses who saw the severe Covid patients, had to read up on the latest developments and research on how to treat these patients and how to ventilate these patients. I was mostly in the ICU. Those patients kept us on our toes."

With so many patients in respiratory distress, the nurses had to acquire specialised techniques of ventilation and helping patients to lie face down, or prone, so that they could get more oxygen into their lungs. As a nurse educator, Wepener helped to train her more junior colleagues.

“We’ve known about prone ventilation before with patients with severe respiratory distress ... We didn’t think we would need to be proning everybody in the unit,” she said. “It was hard, physically. We actually employed a turning team, two men to help us turn patients, because a lot of the patients were overweight.

“What we didn’t realise is that when we deproned patients, how swollen their faces would be. They would develop sores from the endotracheal tube. I’ve still got visions of their faces,” she said.

Krynauw said nursing colleagues from other hospitals and clinics would phone each other to share ideas and coping skills.

Wave two

Recalling the case of a patient with a gunshot wound that is etched in her mind, Ndika said, “We had to resuscitate the patient. We only found out after the patient was referred to Groote Schuur that he had Covid-19. With the pandemic, we always have to be extra cautious. You have to treat each patient as if they are Covid positive.”

At Vincent Pallotti, the second surge of infections proved to be more life threatening. “A patient who was admitted on Christmas Eve wanted to prepare her meals for the family first. She never went home [because she died], but she knew she was sick and wanted to make sure that her family was taken care of.” Krynauw said people were scared to be admitted to hospital, often not realising the seriousness of their illness.

“We had a lot of tragic cases in the second wave,” said Wepener. “I think the worst was a pregnant woman who came in for a Caesarean. She was ventilated pre-Caesarean. She had the baby, but she was never extubated. She was with us for about six weeks before she died. And we were all just broken by that. We got a photo of the baby the other day and it’s just gorgeous. But, no mum.”

The aftermath of fighting Covid

“Last year was the worst year of my life by far,” said Wepener. “I ended up in therapy to deal with a bit of PTSD. Both my parents had Covid-19, and my dad died. I was torn between nursing the patients at work, and nursing my parents. I don’t think I did either at 100%.”

Kami said, “The worst thing about all of this is that precautions were always taken, but our staff were testing positive. Our work was heavily affected because there were now staff shortages and it’s not as if the influx of clients had gone down. So we still had to deal with the day-to-day running of the clinic while also battling with Covid-19.”

Kami told GroundUp that she felt trapped. “Covid did not only affect the community, it affected us as well. We also lost loved ones. We’ve seen our colleagues being wheeled out of hospitals. You’d ask yourself, ‘Am I next?’”

Importance of self care

Of all the nurses that we spoke to, only Krynauw had not had Covid-19 (as far as she is aware). Kami is asthmatic and had a particularly bad Covid-19 infection which she said “felt like someone kicked me on the chest”.

“I became scared of sleeping, thinking that I might not wake up,” she said.

The physical toll was matched by psychological trauma. Fortunately, both healthcare centres offered their staff debriefing sessions, as a form of support.

All five of the nurses have been vaccinated. Gugulethu’s vaccination site is doing very well, according to Ndika. She says the vaccine “brought some sort of relief, but it does not mean that we must relax, because it is not a cure. Covid-19 is here to stay, we just need to encourage people to vaccinate.”

Kami said, "People should not be complacent ... People must avoid large gatherings, sanitise, and wear a mask."

"Facing the third wave, everyone is tired, they haven't recovered," said Wepener. "But we know we can do it. We know we've got the skill. And that takes away a lot of the anxiety."

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