

NURSING STUDENTS' LIVED EXPERIENCES OF ATTENDING A PSYCHO-EDUCATIONAL STRESS MANAGEMENT PROGRAMME

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ABSTRACT

Nursing is a stressful profession. Research indicates that nursing students, who may be inexperienced and still developing professional skills, may be particularly vulnerable to secondary stress. Psycho-educational stress management programmes could assist nursing students to address the challenges associated with secondary stress. This article reports on a qualitative study that explored 13 nursing students' (female = 11, mean age = 19.38, range 18-22) lived experiences of attending a psycho-educational stress management programme. Data were collected by means of in-depth interviews and narrative sketches. A central theme emerged following the qualitative analysis, namely: a journey of personal development. The central theme is presented in terms of three subthemes, namely: (1) roadblocks and opportunities: Distressing and satisfying experiences, (2) the choice: disengagement of meaning, and (3) embracing resilience. Overall the findings indicate that the psycho-educational stress management programme served as a valuable approach to address secondary stress among nursing students. Limitations and avenues for further research are discussed.

Keywords: burnout, compassion fatigue, compassion satisfaction, nursing students, qualitative research, secondary stress.

The nursing profession is in crisis (Joint Learning Initiative, 2004). Despite nursing's substantial contribution to health care, challenges such as staff shortages, low nurse-

UNISA 
university
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New Voices in Psychology
Volume 11 | Number 2 | 2015
pp. 39–53

Print ISSN 1812-6731
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to-patient ratios, poor working conditions, inadequate compensation and an aging workforce are contributing to escalating levels of secondary stress among nurses (Minnaar & Selebi, 2009; World Health Organization, 2008). African countries, where low nurse-to-patient ratios and high levels of secondary stress are normative, appear to be hardest hit by the aforementioned challenges (Sun & Larson, 2015).

National health systems in Africa tend to be understaffed and under-resourced and often lack expertise and funding to deal with health-related challenges (World Health Organization, 2007). The noted challenges are further exacerbated by systemic constraints such as lack of funding, bureaucracy and political inertia (International Labour Organization, 2015). The South African nursing profession is also confronted by similar challenges (Van der Colff & Rothmann, 2014).

Secondary stress appears to be endemic within the South African nursing environment (Elkonin & Van der Vyver, 2011; Nel, Jonker & Rabie, 2013). As such, there is an urgent need for nursing students to graduate, enter the workforce and play active roles in assisting registered nurses to address the challenges within the South African nursing and health care systems (Minnaar & Selebi, 2009; Watkins, Roos & Van der Walt, 2011). However, due to nursing students' inexperience, assumed young age and still developing professional skills they may be particularly vulnerable to secondary stress (Janse van Rensburg, Poggenpoel & Myburgh, 2012; Mason & Nel, 2012; Van der Colff & Rothmann, 2014). Hence, it is important that nursing students be assisted in dealing effectively with secondary stress.

Psychologists working in a university context, such as student counsellors, can play a significant role in assisting nursing students in managing secondary stress through the development and evaluation of psycho-educational stress management programmes (Mason & Nel, 2012; Ribeiro, 2004). To date, researchers have reported on different aspects of the development and evaluation of psycho-educational stress management programmes (Baranowsky, 2012; Mason & Nel, in press; Ribeiro, 2004). However, few studies have reported on the lived experiences of nursing students who attended such programmes. Developing a better understanding of nursing students' lived experiences can offer insight into their unique perceptions, motivations and needs.

This article reports on a qualitative study that explored nursing students' lived experiences of attending a psycho-educational stress management programme. The findings could contribute to further development, refinement and presentation of well-informed psycho-educational stress management programmes offered to nursing students.

In the next section a theoretical conceptualisation is provided. Then, the goal of the study is described. This is followed by a section reporting on three qualitative themes. In conclusion, the limitations are pointed out, avenues for further research are discussed and the main findings are summarised.

THEORETICAL CONCEPTUALISATION

The nursing environment is particularly demanding and stressful (Nel et al., 2013; Van der Colff & Rothmann, 2014). Not only are nurses expected to remain empathetic and compassionate while interacting with ill and traumatised patients, but they do so in contexts that are often under-resourced, over-utilised and characterised by time pressure and life and death decisions (Elkonin & Van der Vyver, 2011; Minnaar & Selebi, 2009). Consequently, secondary stress has come to be closely associated with nursing practice (Nel et al., 2013; Van der Colff & Rothmann, 2014).

Secondary stress refers to work-related, secondary exposure to traumatic and/or stressful events (Baranowsky, 2012). Deleterious effects related to secondary stress, such as compassion fatigue and burnout, have become prominent foci of discourse in the nursing profession (Elkonin & Van der Vyver, 2011; Minnaar & Selebi, 2009; Van der Colff & Rothmann, 2014).

Compassion fatigue refers to a state of tension and preoccupation with traumatised patients that gives rise to intrusive, avoidant and/or hyper-arousal symptomology (Stamm, 2005). Whereas compassion fatigue emerges as a reaction to the traumatic patient-related content that helping professionals such as nurses encounter, burnout is regarded as a stress-related reaction to environmental demands and is characterised by emotional exhaustion, depersonalisation, and reduced personal accomplishment (Nel et al., 2013). In contrast to compassion fatigue, nurses can also experience compassion satisfaction.

Compassion satisfaction refers to pleasure that people derive from being able to do their work (Stamm, 2005). The concept of meaning has also been associated with compassion satisfaction and is regarded as an important contributing factor to well-being among nurses (Janse van Rensburg et al., 2012; Watkins et al., 2011). Meaning can be defined as the capacity to recognise order, coherence and purpose in life, as well as to set, pursue and attain goals that could result in a sense of fulfilment (Steger, 2009).

Koen, Van Eeden and Wissing (2011) indicate that nurses should develop a sense of resilience in order to cope effectively with secondary stress (Koen et al., 2011). Resilience refers to a dynamic process that facilitates positive adaptation following an adverse event (Bonnano, 2012). Because resilience is not regarded as an innate and fixed characteristic, it can potentially be developed by means of appropriate intervention programmes (Beddoe, Adamson & Davys, 2013).

To date, literature on research into the development and efficacy of psycho-educational stress management programmes for nursing students in South Africa has been limited (Mason & Nel, in press; Ribeiro, 2004). Notwithstanding the scarcity of empirical data, some authors contend that psycho-educational stress management programmes can be effective at helping, *inter alia*, nursing students to develop the necessary self-care skills that are required to effectively manage secondary stress (Baranowsky, 2012; Chen, 2011; Mason & Nel, in press; Ribeiro, 2004).

Self-care refers to the production of actions that are directed to the self and/or the environment in order to regulate one's functioning and maintain a sense of integrated functioning and well-being (White, Peters & Schim, 2011). Engaging in appropriate self-care can serve as a protective mechanism against the negative sequelae associated with secondary stress (Baranowsky, 2012). Given the importance that nurses play in the health care context, it seems necessary that nursing students be assisted to develop the skills required to manage secondary stress (Janse van Rensburg et al., 2012; Mason & Nel, 2012; Watkins et al., 2011; World Health Organization, 2008).

GOAL OF THE STUDY

This study explored nursing students' lived experiences of attending a psycho-educational stress management programme. The specific research questions were:

- What are nursing students' thoughts, feelings and perceptions about the psycho-educational self-care programme?
- What psychological meanings did participants attach to their experiences during the psycho-educational self-care programme?

METHOD

Qualitative research reflects an in-depth study of, amongst others, participants' thoughts, feelings and perceptions related to the topic of study. Subsequently, qualitative researchers regard knowledge as socially constructed (ontology) and therefore adopt the role of empathetic and subjectively involved co-constructors of knowledge (epistemology) who draw on social interaction, such as interviews (methodology), to collect data (Henning, Van Rensburg & Smit, 2011).

This study, which explored nursing students' lived experiences of attending a psycho-educational stress management programme, was conducted within a qualitative paradigm. Hence, the researcher's perspective was that participants' socially constructed knowledge could be best investigated by means of qualitative methods, namely in-depth interviews and narrative sketches. In order to ensure the trustworthiness of the data analysis and interpretation, certain measures such as prolonged engagement and member checks were put in place. Thematic analysis served as research design (Henning et al., 2011).

Participants and setting

A total of 42 nursing students who attended an extra-curricular and non-credit bearing psycho-educational stress management programme offered at a South African university were selected to participate in the study. The psycho-educational

stress management programme was presented over a period of eight weeks with one two-hour contact session per week. The aims of the mentioned programme were to help nursing students to identify, address and manage the conditions and symptoms related to compassion fatigue and burnout, and to enhance their sense of compassion satisfaction and meaning in life. Participants were assisted in assimilating the programme content by means of case studies, group discussions where they designed posters around certain topics, weekly writing activities in self-reflection journals and homework assignments. Lastly, participants developed personalised self-care plans.

Purposive sampling was used to select participants for this study. The inclusion criteria were that participants must (1) be 18 years of age or older, (2) have been enrolled for a degree in Nursing Science at the specific university, and (3) have attended all eight of the psycho-education programme contact sessions. A total of 13 nursing students (female = 11, mean age = 19.38, range = 18-22) who met all of the inclusion criteria agreed to participate in the study.

Data collection

Data were primarily collected by means of in-depth individual interviews. The interviews were approximately 45 to 60 minutes in duration. All interviews were audio-recorded and transcribed verbatim. The specific questions that guided the interviews were: *Tell me about your experiences of the psycho-educational stress management programme that you attended? What meaning or value do your experiences of the psycho-educational stress management programme hold for you during your training?* Additional probing questions were posed to elucidate participants' responses.

Participants were also requested to bring their self-reflection journals and personal notes taken during participation in the psycho-educational stress management programme with them to the interview. The purpose of these documents was to serve as a narrative of participants' experiences and it could help them to recall important details and experiences that they had during participation in the programme.

Following the interviews participants were requested to write narrative sketches portraying their experiences. Narrative sketches are documents written by participants to depict their stories and perspectives about the theme in question (Giorgi, 1985). The instruction to the narrative sketch read as follows: *In the space provided, share your experiences, insights and personal meanings regarding the psycho-educational programme and the interview that you attended.* The 13 narrative sketches varied in length from one to seven hand-written pages.

Data analysis

Interview transcriptions and participants' narrative sketches were analysed. Thematic analysis, which includes five steps, namely (1) familiarisation and immersion in

the data, (2) coding, (3) inducing themes, (4) elaboration, and (5) interpretation and checking, was used to analyse the data (Henning et al., 2011). The qualitative research software programme, Atlas.ti Version 7, was utilised to manage the data analysis procedure.

Trustworthiness

Trustworthiness was assured by prolonged exposure and keeping a reflexive journal, member checking and peer review. First, the researcher engaged with the data for a prolonged period via the interview and transcription processes and subsequent analysis. During this period of prolonged engagement the researcher kept a reflexive journal where notes about specific aspects and insights during the data collection and the analysis process were recorded. Next, all participants were requested to verify the accuracy and credibility of the transcribed documents.

Research ethics

The Research Ethics Committee of the university where the sample was drawn granted permission to conduct the study. Additionally, the Department of Psychology at the University of South Africa approved the study. Participants' confidentiality was protected by requesting them not to include personal identifying information such as surnames, names or student numbers. All participants provided individual written informed consent and were reminded that they could withdraw their participation at any point without any repercussion. Participants did not receive any financial payment or course credit for participation.

Findings and discussion

A central theme emerged from the qualitative analysis, namely *a journey of personal development*. This theme is presented and discussed in terms of three subthemes, namely (1) roadblocks and opportunities: distressing and satisfying experiences, (2) the choice: disengagement or meaning, and (3) embracing resilience. Lastly, an integration of the subthemes is presented. Figure 1 serves as a graphical representation of the main and sub-themes. The referencing system used after verbatim quotes indicates participant number, gender, age, and data source in parenthesis.

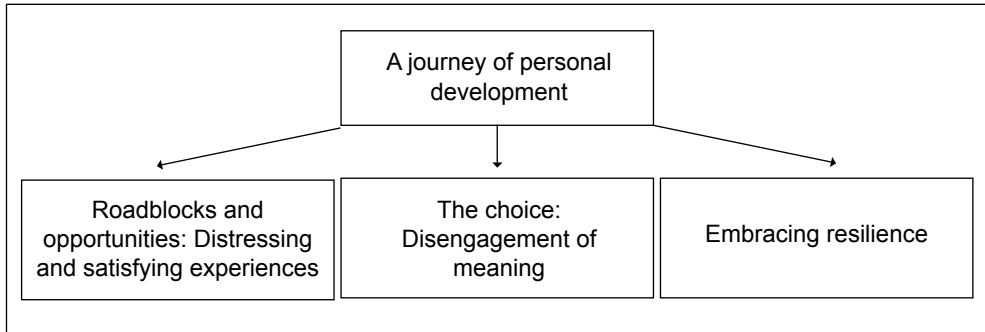


Figure 1: Relationship between the themes

Roadblocks and opportunities: Distressing and satisfying experiences

Participants referred to the negative impact of secondary stress that they experienced during their practical training:

At times I am just fed-up ... tired and overwhelmed ... (Participant#6, female, 22, interview).

Sometimes you hear about a patient who died and you can't stop thinking about her ... affects my school work negatively ... (Participant#8, female, 19, interview).

I have seen some awful things ... it stays with you ... (Participant#13, male, 18, interview).

Participants' qualitative responses are consistent with quantitative data that point to high levels of secondary stress, with specific reference to compassion fatigue and burnout, among nursing students (Mason & Nel, 2012). However, the qualitative data added a personal dimension by painting a picture of participants' unique perceptions of compassion fatigue and burnout:

... the worst is that you really can't concentrate ... we had a practical exam the next day and I couldn't study at all ... (Participant#3, female, 18, interview).

... it is like a dark cloud hanging over me ... like being afraid of the thunderstorm, but you cannot escape ... (Participant#7, female, 20, interview).

... the stress is like an obstacle in your way ... an obstacle that you cannot avoid ... (Participant#13, male, 18, interview).

In spite of references to compassion fatigue and burnout, participants also indicated that they found their training to be a satisfying experience:

... there is nothing more satisfying than being able to help another person ... (Participant#5, female, 19, interview).

I can smile because I know I am making a difference in the lives of others ... (Participant#9, female, 19, interview).

From participants' responses it became apparent that they acknowledged a paradoxical truism of the helping professions, namely that distressing (compassion fatigue and burnout) and satisfying (compassion satisfaction) experiences are not necessarily contradictory, but rather two sides to the same coin (Bonnano, 2012; Stamm, 2005). The following quotes substantiate the mentioned interpretation:

... have to support each other on the bad days ... celebrate the good days together ... (Participant#8, female, 19, interview).

... for every good experience there is also a negative one ... (Participant#10, female, 19, interview).

The experience of both distressing and satisfying experiences made participants aware of an important choice that they had to make: disengage or focus on meaning.

The choice: disengagement or meaning

Participants expressed contrasting feelings about their experiences as nursing students. More specifically, participants referred to both positive and negative experiences. Stamm (2005) suggests that those engaged in the helping professions are exposed to both positive and negative experiences. Participants indicated that negative experiences were predominantly related to stressful events and self-doubts as the following quotes highlight:

Sometimes I am not sure whether I will be able to cope with the pressures in the clinic ... I ask myself, 'Am I good enough to do this job?' ... (Participant#2, female, 19, interview).

My whole life is entrenched in my studies ... so afraid that I will mess it up ... (Participant#9, female, 19, narrative sketch).

During the individual interview participant 4 shared a diary entry that she wrote following one of the programme contact sessions:

I am very concerned about my academic training to be a nurse. I keep on questioning myself on whether I have what it takes ... what if I fail? Where will I go and what will I do with my life? (Participant#4, female, 19, interview).

From the aforementioned quotes participants appeared to portray an image of uncertainty and vulnerability with regard to their academic training. Research has indicated that nursing students could experience stress, uncertainty and feelings of under-preparedness within the practical training context (Janse van Rensburg et al., 2012; Watkins et al., 2011). Participants expressed a need for additional assistance beyond the scope of just focussing on secondary stress:

... important to learn how different cultures work ... (Participant#4, female, 19, narrative sketch).

... the programme was good, but we need help to adapt to the university environment ... (Participant#7, 20, female, interview).

... additional help with study strategies and time management ... (Participant#12, male, 22, interview).

Aspects such as managing cultural diversity, adapting to university and study skills training, could be addressed through the provision of generic psycho-educational programmes (Lewin & Mawoyo, 2014). Psychologists working in university context, such as student counsellors, could play an important role in developing and presenting such generic psycho-educational programmes.

In apparent contrast to participants' negative experiences, they also referred to positive experiences:

... it's normal to be fearful about being a nurse ... have people's lives in your hands ... more reason to be brave and not let challenges get the best of you ... (Participant#2, 19, narrative sketch).

Nurses are important if we want South Africans to be healthy ... I can make a meaningful difference as a nurse ... (Participant#7, female, 20, interview).

... important to have courage and do the difficult things to make a positive contribution ... (Participant#12, male, 22, interview)

According to Janse van Rensburg et al. (2012), nursing students may be confronted with making a choice between engagement, or meaning, and disengagement when exposed to the stressful training context. Participants' responses suggest that their participation in the psycho-educational stress management programme assisted them in choosing engagement and meaning:

... this programme was a godsend ... helped me develop the skills to cope with my academic stressors ... (Participant#1, female, 18, interview).

To me this programme was like a lifejacket that kept me afloat in an ocean of stress ... (Participant#3, female, 18, narrative sketch).

... life can be meaningful and stressful at the same time ... an important life lesson ... (Participant 12, male, 22, interview).

Participants viewed the emphasis on self-care as a prominent strength of the psycho-educational stress management programme:

Understanding that I have a role to play in my well-being was enlightening ... (Participant#1, female, 18, interview).

... taking care of myself allows me to be there for patients ... (Participant#3, female, 18, narrative sketch).

... our responsibility is the health of all ... our health and the health of patients are important ... (Participant#13, male, 18, interview).

Participants' focus on a meaning-orientation, versus disengagement, and increased awareness of the relevance of self-care, appeared to strengthen their sense of resilience.

Embracing resilience

Participants indicated that their participation in the psycho-educational stress management programme helped to cultivate a greater sense of, *inter alia*, intrapersonal awareness:

... don't feel that I need to run away from stress anymore ... know how to use my strengths to deal with stress ... (Participant 1, female, 18, narrative sketch).

Getting to know myself was the number one thing that I could have done to deal better with stress ... (Participant#3, female, 18, narrative sketch).

... most important lesson that I learned was to understand myself better ... have a firmer grasp on my emotions ... (Participant#5, female, 19, interview).

A positive intrapersonal relationship could serve as a protective factor against the experience of secondary stress (Baranowsky, 2012; Stamm, 2005). In addition to greater intrapersonal awareness, participants also indicated that interpersonal relationships played an enabling role in enhancing a sense of resilience:

... learned so much from the other students in this programme ... everyone has a story that is filled with life lessons ... (Participant#3, female, 18, narrative sketch).

Personally I think that to work in groups helps one to cope better with life's stressors ... we are all experiencing the same thing ... we can support each other ... (Participant#4, female, 19, interview).

... it was very good to share thoughts with the other students ... we connected very well ... this would not have happened if we didn't attend this class ... (Participant#6, female, 22, interview).

Fostering positive interpersonal relationships could enhance social support, which is regarded as an important factor in mitigating the harmful effects of secondary stress (Stamm, 2005). Psychologists, such as student counsellors, could do well to focus on both intra- and interpersonal factors as avenues to facilitate the development of resilience among nursing students (Nelson & Low, 2003). One participant explained it as follows:

As a nurse you work with a patient as an individual ... you also have a responsibility to the hospital, other nurses and doctors ... I am one, but I am also part of a team ... I support myself and the team supports me ... (Participant#3, female, 18, narrative sketch).

Participants summarised the emergence of their resilient natures as follows:

... learned that I can bounce back ... there will always be stress ... stressors don't need to be overwhelming ... (Participant#9, female, 19, narrative sketch).

... I now feel like that tennis ball ... can keep bouncing back from setbacks ... (Participant#12, male, 22, interview).

Integration

Nursing students' participation in the psycho-educational stress management programme took them on a journey of personal development. The following quotes capture the essence of these journeys:

... a better person for having attended this course ... (Participant#3, female, 19, narrative sketch).

... I am a different person from the one who attended the first session [of the psycho-educational stress management programme] ... a stronger person (Participant#7, female, 20, narrative sketch).

Participant 6 shared a drawing (see Figure 2) during the interview. The drawing is meant to illustrate her journey towards personal growth and becoming her best self:

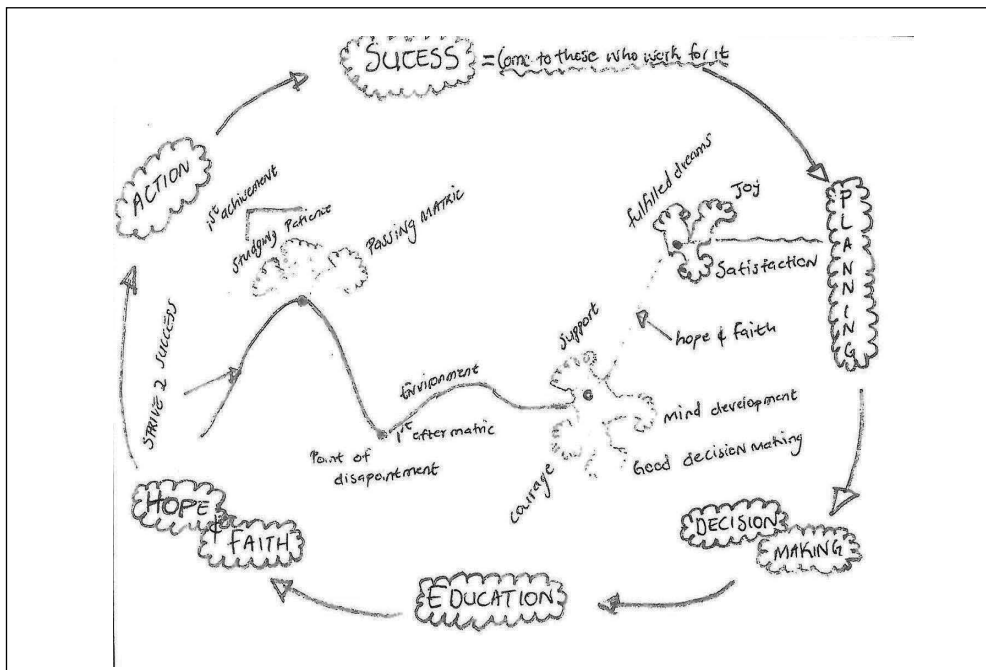


Figure 2: Participant's drawing of her experiences

She explained the drawing as follows:

... never realised it, but values were always driving my life ... when I live according to my values, I become the best person that I can be ... [the psycho-educational stress management] programme helped me to grow ... (Participant#6, female, 22, interview).

Participants' journeys were characterised by, primarily, an acknowledgement of a central truism of nursing practice, namely that distressing and positive experiences are paradoxical. More specifically, they understood that one truth (training to be a nurse is stressful) does not eradicate another truth (training to be a nurse can be meaningful and satisfying). As such, participants had to make a decision between engagement and the pursuit of meaning, versus disengagement. Participants' qualitative responses indicated that they chose meaning over disengagement. The aforementioned culminated in embracing a sense of resilience through greater understanding of intrapersonal strengths and recognising the value of interpersonal support.

CONCLUSION

This article reported on nursing students' lived experiences of attending a psycho-educational stress management programme. The literature suggests that nursing students are not immune to the deleterious effects associated with secondary stress (Mason & Nel, 2012; Ribeiro, 2004; Van der Colff & Rothmann, 2014; Watkins et al., 2011). However, this study moved beyond reporting on the quantitative prevalence of secondary stress among nursing students by offering qualitative insight into their lived experiences. Additionally, the findings reported here suggest that the use of a psycho-educational stress management programme can serve as an effective approach in assisting nursing students to strengthen a sense of resilience in the face of ubiquitous stressors.

The qualitative findings are limited in the following ways: Firstly, only participants who attended all eight of the psycho-educational stress management programme sessions were requested to participate in the study. It could be inferred that these were 13 highly motivated participants. In contrast, participants who did not attend all of the sessions could possibly have been less motivated. Alternatively, the extra-curricular nature of this programme may have made participation too onerous. A third alternative is that participants in this study may have experienced significant levels of secondary stress and therefore viewed participation as important. Regardless of the reasons for non-participation, data from the mentioned non-participants may have painted a different picture compared to the one presented in this article.

Secondly, the findings report predominantly on the experiences of female nursing students. Even though nursing is regarded as a feminised profession (Mason & Nel, 2012), future research should consider seeking out male nurses as participants. Giving voice to the experiences of male nurses appears to be an overlooked area of research.

Thirdly, the findings only offer a glimpse of participants' experiences at one specific moment in time. Future studies could utilise a longitudinal approach to investigate nursing students' experiences over the course of an extended period of time. Such an approach may help researchers to become aware of trends among nursing students. This could help psychologists, such as student counsellors, to identify critical moments when interventions may be particularly important to nursing students.

In terms of practical applications the findings indicate that psychologists, and others, should emphasise the significance of meaning, and focus on both intrapersonal reflection and interpersonal/social support when developing and offering psycho-educational stress management programmes to nursing students – collectively, such an approach can concretise a sense of resilience among nursing students. In addition to addressing secondary stress, the study also points to other academic-specific challenges, such as managing cultural diversity and study skills training that nursing students may experience – this finding sets the stage for further research.

The current study highlights the importance of delivering psycho-educational support to nursing students. By focussing on the needs of students, researchers and psychologists can play a small, yet meaningful, part in addressing the global crisis in the nursing profession.

BIOGRAPHICAL NOTE



Dr Henry Mason obtained his Doctorate in Psychology at Unisa in 2015. He has published numerous scientific articles in conjunction with his postgraduate supervisor, Prof Juan Nel. Henry is employed as Higher Education Development and Support Researcher at the Tshwane University of Technology. His research interests include qualitative and mixed methods research; professional quality of life; positive and existential psychology with a particular emphasis on meaning in life and eudaimonic

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