

Research Article

Nurses Experiences of Resilience in the Windhoek Central Hospital Khomas Region, Namibia

Joseph Galukeni Kadhila* and Suama Nelao Shileka

General nursing department, University of Namibia, Windhoek, Namibia.

Corresponding Author: Joseph Galukeni Kadhila, General nursing department, University of Namibia, Windhoek, Namibia.

Received: 📅 2025 Apr 12

Accepted: 📅 2025 May 01

Published: 📅 2025 May 10

Abstract

Introduction: This abstract provides an overview of a study examining nurses experiences of resilience at Windhoek Central Hospital.

Aims: The research aimed at exploring on how nurses coped with challenges they faced in their professional environment and the strategies they used to maintain resilience amidst workplace stressors.

Methods: Random sampling method was employed to select participants from a population of five hundred and fifty (550) Registered nurses at the Windhoek Central Hospital. A qualitative research design, through a descriptive research method was used to collect data using an interview guide. Ten (10) registered nurses formed part of the study sample that was determined by data saturation. Results: The study found that registered nurses had experienced challenges that made it difficult for them to stay resilient. It further identified coping mechanisms used by nurses in order to stay resilient.

Conclusion: This study concluded that the management of Windhoek Central Hospital should employ resilience support training. Furthermore, the study also concluded that more studies should be conducted on nurses experience with resilience.

Implication for Nursing Management: More research related to nurses experiences with resilience in the workplace, focusing on the challenges and coping mechanisms associated with staying resilient should be conducted nationwide.

Keywords: Resilience, Nurses Experience, Registered Nurses

1. Introduction

Resilience is the constructive idea that empowers nurses to effectively navigate challenging circumstances, leading to the preservation of their mental wellbeing and psychological health [1]. Nurses make up about 59% of the global healthcare workforce in the world and therefore, play a significant role in patient care [2]. Healthcare services worldwide play a fundamental role in insuring that communities a free from any illness or disease. According to a study conducted in 2019, 74% of nurses reported suffering from acute and chronic stress as a contributing factor to nurse burnout [3]. Thus, having an adverse effect on their mental health such as stress and burnout can affect job performance, change how nurses view their roles, and even put patients in danger. According to research conducted in Canada, there are about five domains that determine quality of life. These include physical health, psychological health, level of independence, social relationships, environment and religion or personal belief [4]. A study conducted in Canada showed that about 92% of the nurses experienced moderate to high levels of burnout. Nurses working in a better practice environment and with higher resilience were more likely to have lower

levels of burnout compared to those with moderate to high burnout levels [4].

A study conducted on nurses in Lebanon on their resilience during the Covid-19 pandemic showed that nurses who reported the intention to quit their jobs had a lower resilience score [5]. Furthermore, a study conducted in 2019 on maximizing the resilience of health care workers in the 2014-2015 Ebola response in Africa, shows the effectiveness of a proactive approach using a model with three components (anticipation, plan and deter) as a way of increasing resilience amongst nurses [6]. There has not been specific research on resilience amongst nursing in the Khomas region. Resilience helps nurses effectively cope with work-related stress or workplace adversity situations. It is the ability to recover over time and, though it is natural, it can be nurtured through experience and education [7]. In recent years, there has been a noticeable decrease in nurse job satisfaction, and nurses have been harboring unfavorable attitudes towards their profession (Kim and Chang). The researcher has noticed that more and more nurses continue to quit their jobs at state and go to Private hospitals. When

comparing private hospitals to public hospitals, it was evident that private hospitals exhibited superior performance in the areas of environmental control and have better relationships between other health professionals and nurses [8]. Understanding nurses experiences with being resilient would help improve overall resilience within the workplace by coming up possible solutions that might counter low levels of resilience and thus improving health care provision and reducing resignation amounts state hospital nurses.

1.1. Aims of the Study

The aim of the study was to understand nurses experiences of resilience in the Windhoek Central hospital, Khomas Region Namibia.

2. Methodology

A phenomenological approach in order to explore and describe the experiences of resilience amongst state hospital nursing staff was affected. The method was deemed optimal for conducting this study as it assisted the researcher gain more profound insight on the topic at hand. This was also because qualitative research was a highly subjective research discipline, designed to look beyond the percentages to gain an understanding of feelings, impressions and viewpoints and this aligned with the objectives of this study.

2.1. Population

Approximately 550 nurses registered at Nursing Council working at Windhoek Central hospital in Khomas region were included in this study.

- Inclusive criteria nurses of any specialization, with at least (1) years working experience were included in the study.
- Exclusive criteria nurses that are on leave at the time of the study or lack sufficient experiences were excluded from the study.

2.2. Sample and Sampling

The study sample size was determined by data saturation. researcher employed simple random sampling which is a probability sampling method where individuals were included in the sample by means of drawing names from a hat with the possible participants in a particular ward.

2.3. Research Instruments

Data was collected by making use of an interview guide with semi structured questions. A semi-structured interview guide included a central question: Tell me about your experiences regarding resilience in your work place? The

central question was then followed by probing questions, such as Tell me more...

2.4. Data Collection Procedures

Data collection commenced as soon as the University of Namibia, School of Nursing and Public Health had given the researcher permission to continue with the research. Permission to conduct the study was then obtained from Ministry of Health and Social Services. Upon receiving permission from the Ministry of Health and Social Service, the researcher had to hand in the formal letter seeking permission from the superintendent in order to conduct research on the nurses employed at Windhoek Central Hospital. Once the researcher had received permission to conduct research from the superintendent, the researcher approached nurses working at Central Hospital during their free time making a clear identification and description of herself and explain the aims of the study. Upon agreeing to take part in the interview, informed written consent was then signed and the researcher interviewed each nurse in a private, comfortable space for 20-45 minutes, whilst recording the interview with a recording device and taking field notes using pen and note pad, the researcher collected data for maximum of 4 days. The recordings and field notes were kept in safe place only accessed by the researcher and supervisor.

2.5. Data Analysis

Thematic analysis was applied, this is a useful and accessible tool for qualitative research, comprising of a commonly used six-step framework developed by Virginia Braun and Victoria Clarke [9].

2.6. Trustworthiness

Trustworthiness most commonly accepted view is that of credibility, dependability, confirmability and transferability.

3. Results

3.1. Demographic Data

In total, the data saturation of the study was achieved at ten (10) participants who were all registered nurses at Windhoek Central Hospital. According to the findings, of the 10 participants, two (2) participants were male and eight (8) were females. This may suggest that the nursing career is dominated by female nurses. Of the 10 respondents eight (8) of the participants were ages 23-30 years old. The results also showed that two (2) of the participants were aged 30-35 years old.

Gender	Qualification	Age
Female	BA in clinical nursing science (Degree)	28
Female	BA in clinical nursing science (Degree)	26
Female	BA in clinical nursing science (Degree)	25
Female	BA in clinical nursing science (Degree)	24
Female	BA in clinical nursing science (Degree)	32
Female	BA in clinical nursing science (Degree)	25
Male	BA in clinical nursing science (Degree)	31

Female	BA in clinical nursing science (Degree)	26
Female	BA in clinical nursing science (Degree)	25
Male	BA in clinical nursing science (Degree)	27

Table 1: Demographic Information of the Participants

Themes	Sub-themes
Challenges experienced	<ul style="list-style-type: none"> • Lack of resources • Shortage of staff • Poor teamwork • Burnout
Coping mechanisms	<ul style="list-style-type: none"> • Positive interpersonal relations • Personal development • Resilience through purpose and commitment

Table 2: Tabulated Themes and Sub-Themes of the Results**3.1.1. Subtheme: Lack of Resources**

In an attempt to understand nurses experience of resilience at Windhoek Central Hospital, Khomas region, respondents were asked what were some of the factors that challenged their resilience in the workplace. The findings indicated that the majority of participants believed insufficient workplace resources hindered their ability to remain resilient. This is what some of the participants had to say:

- **P3:** "the challenges of having functional equipment, you know. So that also tests your resilience in the workplace, because it affects the way you deliver your services to your patients".
- **P9:** "Well, lack of equipment, mostly. Oh yeah, lack of medication sometimes, which makes it hard to carry out my work the way I should".
- **P10:** "It was a bit of a major case, and the doctor was also chaos, and the doctor was a bit shouting like they needed equipment, and I needed some extra equipment that were not in the bag".

3.1.2. Subtheme: Shortage of Staff

Upon being asked what are some of the factors that challenged their resilience in the workplace. Most of the nurses at WCH mentioned that a shortage of staff played a huge role in affecting their resilience. This was evidence by the following quotes:

- **P1:** "because we are understaffed, we experience a lot of admissions and our patients require a little bit more attention than other patients".
- **P4:** "we are supposed to be 9/8, nine in the morning and eight in the evening during admission months, but I feel like it is not enough. We are still understaffed. So that's one fact that hinders my resilience".
- **P10:** "Than the most thing that I encountered, are sometimes also shortage of workers, of colleagues in the work environment, you find yourself sometimes you don't have someone to floor for you".

3.1.3. Subtheme: Poor Teamwork

Additionally, results showed that poor teamwork was repeatedly mentioned by nurses from Windhoek Central Hospital upon being asked what some of the factors were that challenged their resilience in the work place as well as

to describe a specific situation where their resilience was tested. The following quotes are evident:

- **P2:** "The other thing is that you find colleagues being on their phone during work hours or listening to loud music or to loud audios or videos, whatever reels, whatever they are watching on their phones, not considering the next person or the patients".
- **P7:** "I worked at a place that I thought I was bullied. My colleagues got me bullied. I tried to get to inquire or to ask how things get done or how things work. They started withholding some information, and they started to basically prejudice me".

3.1.4. Subtheme: Burnout

The explore nurses experiences of resilience at WCH, respondents were asked about the factors that challenged their resilience in the workplace. The findings revealed that most participants felt burnout negatively impacted their ability to remain resilient. This is what they had to say:

- **P1:** "Well, working in my workplace is mentally demanding, and it is quite easy to experience burnout".
- **P8:** "Then sometimes when you go home, you'll be too tired".

3.2. Theme: Coping Mechanisms**3.2.1. Subtheme: Positive Interpersonal Relations**

In a further attempt to understand nurses experience with resilience in the workplace. Participants were asked what are some of the coping mechanisms they made use of in order to stay resilient. Results showed that most of the respondents made use of positive interpersonal relationships in order to remain resilient. The below quotes are evident:

- **P1:** "I also do talk to some of my coworkers, just, you know to figure out maybe I'm overreacting or I'm overthinking...".
- **P6:** "I see a psychologist, just where I can be able to keep my mental health in check as well".

3.2.2. Subtheme: Personal Development

Additionally, upon asking participants what were some of the coping mechanisms they made use of in order to stay resilient, majority of the participants mentioned personal development and self-care activities as a coping mechanism. The bellow quotes are evident:

- **P8:** "In order to get rid of stress, I watch TV, like movies, I read books. Sometimes I do go for a jog".
- **P10:** "I always often exercise...I like reading books, reading books, and maybe watch a movie, but mostly I cope with exercising".

3.2.3. Subtheme: Resilience Through Purpose and Commitment

In an attempt to understand nurses experiences of resilience at Windhoek Central Hospital, respondents were asked what were some of the coping mechanisms they made use of in order to stay resilient. The findings showed that participants made use of internal resilience through purpose and commitment.

- **P2:** "When you took the oath it must remind you every time, when you took the oath you it meant you were ready to keep the light burning, it means you're going to face challenges, and you have to learn how to overcome them".
- **P9:** "I try and put in effort, and I try to remember why I'm here in the first place, which is to take care of the patients, to give to render comprehensive and holistic care".

4. Discussion of the Findings

4.1. Demographic Data

In this study the demographic profile of the participants determined their age and gender. According to the collection of demographic data allows for the determination of whether participants partaking in a particular study are a representative sample of the population [10]. A total of ten (10) participants took part in the study. 20% of participants were males and 80% of participants were females. The results indicated that nursing continues to be a female dominated profession. According to the male to female ratio of nurses in developed countries like Canada and the United States is 1:19 [11]. This ratio represents the whole world. The age of the participants was included as part of the demographic characteristics. The results showed that all participants in the study were between aged 23-32 years old.

4.1.1. Theme: Challenges Experienced

Respondents were asked what is their experience with resilience in the workplace and the theme of 'Challenges experienced' emerged from the findings. This theme comprised of factors that challenged the participants resilience in the work place. From this theme, four (4) subthemes derived; Lack of resources, shortage of staff, poor teamwork, and burnout. These factors add to workplace stress and make it difficult for nurses to bounce back from difficult situations in the workplace. More than half of the participants mentioned that a shortage of staff made it difficult to stay resilient. According to one of the main challenges faced today is the shortage of nursing workforce, which causes severe compromise on the quality of healthcare services [12]. A shortage of staff can overwhelm the remaining employees with excessive workloads, increasing stress, burnout and fatigue. This constant pressure leaves little time for recovery or self-care, reducing their ability to bounce back from challenges.

Additionally, the second subtheme derived from the findings was a lack of resources which challenged participants ability to remain resilient. This finding is coherent with the study by that indicated that access to adequate healthcare equipment is a challenge in Nigeria and other low- or middle-income countries; this was evident during 2020 COVID-19 pandemic, lack of adequate equipment for healthcare resulting into an extreme physical or mental pain or agony of patients which forced most nurses to improvise [13]. A lack of resources forces nurses to find workarounds or make do with suboptimal tools. The constant need to compensate for missing or faulty equipment drains their mental and physical energy and overtime, this chronic strain weakens their resilience.

Furthermore, as provided in the subtheme of 'Poor teamwork' under the theme 'Challenges experienced' emerged. This finding suggest that poor teamwork causes an increase in stress and workload, leading to emotional strain and burnout. It also compromises patient safety and job satisfaction, erodes trust and support, and decreases morale. These factors make it harder for nurses to cope with workplace pressures and recover from challenges. This is in line with the study conducted by and the findings showed that team members in two out of the five teams engaged in specific reflection and action mechanisms—self-reflective practices, regulation of emotional expression, and engagement in concrete actions promoting team inclusion—that in turn helped these teams become more robust and prepared to face new adversities [14]. The final subtheme that emerged from the finding was 'Burnout'. This suggest that being burnt out weakens nurses resilience by draining their emotional and physical energy, reducing their ability to cope with stress and increasing detachment from work. It also impairs decision making and decreases job satisfaction, making it harder for nurses to recover from challenges. This is in coincidence to a study conducted by with the final concluding of the study showing that workplace resilience has an inverse correlation to emotional exhaustion (burnout) [15].

4.1.2. Theme: Coping Mechanism

In order to understand nurses experience of resilience in the workplace, participants were asked what are some of the coping mechanisms they make use of in order to stay resilient. The theme of 'Coping mechanism' emerged from the findings with subthemes of Positive interpersonal relations, Personal development and Resilience through purpose and commitment. Majority of the participants brought up positive interpersonal relationships as a way of coping with workplace stressors and maintaining resilience. These relationships off encouragement during difficult times, help with problem-solving, and create a supportive environment where individuals feel understood and valued. This support network enables nurses to better manage stress and recover from challenges. According to in an investigation where two studies were conducted in China, two studies in Turkey, one study in Haiti, and one study in Taiwan [16]. All studies found a positive relationship between social support and resilience among nurses. This study found that social support improves

resilience among nurses. It is necessary to make systematic efforts to support nurses especially in the workplace [16].

Secondly, 'Personal development' as a subtheme was derived from the finding, as evident by Personal development and self-care tactics help maintain resilience by enhancing emotional wellbeing, preventing burnout, increasing self-awareness and boosting self-awareness, thus in turn managing stress and overcoming challenges. This aligns with a study conducted in 2024 that investigated Relationships between perceived social support, mindful self-care, and resilience among a group of nurses across three provinces in China. The results showed that resilience was positively correlated with mindful self-care [17].

Another study also suggested that performing such Self-care activity such as time management can help to promote psychological resilience of the employees regardless of profession [18]. Lastly, the final subtheme that emerged from the findings was 'Resilience through purpose and commitment' as a coping mechanism in order to stay resilient. This is evident by a study conducted in 2022 which showed awakening to purpose emerged as a positive predictor of resilience [19]. Resilience through purpose and commitment is essential because it provides meaning and fuels motivation, in turn, this helps individuals persevere and adapt during challenging times making it easier to overcome adversity. This was further backed up by a journal article that identified commitment as the first pillar of Mental Resilience [20].

5. Conclusion

The key findings for this study were concluded according to the study objectives as follows:

In an effort to achieve the first objective, nurses were interviewed and asked about their experience with resilience. The study concluded that Registered nurses employed at Windhoek Central Hospital experienced challenges with resilience, namely a lack of resources, shortage of staff, poor teamwork and burnout. This factor experienced made it difficult for nurses to stay resilient in the workplace. In an attempt to explore nurses experiences of resilience in WCH, participants were asked to describe a specific situation where their resilience was tested. Participants were also asked what some of the coping mechanisms they made use of in order to stay resilient. Finding from the study indicated that majority of participants made use of coping mechanisms such as personal development, resilience through purpose and commitment and positive interpersonal relations.

5.1. Implication for Nursing Management

More research related to nurses experiences with resilience in the workplace, focusing on the challenges and coping mechanisms associated with staying resilient should be conducted. In addition, the use of quantitative design throughout other regions to further explore nurses experience with resilience in the workplace should be conducted.

5.2. Ethical Considerations

In order to maintain Ethical considerations, the researcher obtained ethical clearance from the University of Namibia (SoNEC 85), then obtained permission from the Ministry of Health and Social Service as well as the Windhoek Central Hospital management and the written informed consent from participants. The following principles were adhered to principle of respect for person, beneficence, non-maleficence and justice.

Data Availability Statement

The datasets generated during and/or analyzed during the present study are available from the corresponding author on reasonable request.

Funding

There has been no funding received for this study.

Acknowledgments

The authors extend their heartfelt gratitude to all the participants who generously contributed their time and insights to this study.

References

1. Akpor, O. A., Akingbade, T. O., & Olorunfemi, O. (2023). Lack of adequate equipment for healthcare—The agony of patients and nurses: A review. *Indian Journal of Continuing Nursing Education*, 24(1), 7-10.
2. Alameddine, M., Clinton, M., Bou-Karroum, K., Richa, N., & Doumit, M. A. (2021). *Factors associated with the resilience of nurses during the COVID-19 pandemic. Worldviews on Evidence-Based Nursing*, 18(6), 320-331.
3. Jayapal, S. K., & Arulappan, J. (2020). Historical trajectory of men in nursing in India. *SAGE Open Nursing*, 6, 2377960820920128.
4. Bundzena-Ervika, A., Mārtinsone, K., Perepjolkina, V., Ruža, A., Koļesņikova, J., & Rancāns, E. (2021, May). Relationship between psychological resilience and self-care strategies of healthcare professionals during Covid-19 pandemic in Latvia. In Society. Integration. Education. *Proceedings of the International Scientific Conference* (Vol. 7, pp. 24-38).
5. Dabrowski, J., (2021). Mental Resilience – Commitment or Consistent Failure??
6. Degbey, W. Y., & Einola, K. (2020). Resilience in virtual teams: Developing the capacity to bounce back. *Applied Psychology*, 69(4), 1301-1337.
7. Dordunoo, D., An, M., Chu, M. S., Yeun, E. J., Hwang, Y. Y., Kim, M., & Lee, Y. (2021). The impact of practice environment and resilience on burnout among clinical nurses in a tertiary hospital setting. *International Journal of Environmental Research and Public Health*, 18(5), 2500.
8. Galanis, P., Katsiroumpa, A., Vraka, I., Siskou, O., Konstantakopoulou, O., Katsoulas, T., & Kaitelidou, D. (2022). *Relationship between social support and resilience among nurses: A systematic review. medRxiv*, 2022-09.
9. Kim, E. Y., & Chang, S. O. (2022). Exploring nurse perceptions and experiences of resilience: a meta-

- synthesis study. *BMC nursing*, 21(1), 26.
10. Li, M., Wei, J., Yang, S., Tian, Y., Han, S., Jia, G., ... & Wei, B. (2024). Relationships among perceived social support, mindful self-care, and resilience among a sample of nurses in three provinces in China: a cross-sectional study. *Frontiers in Public Health*, 12, 1334699.
 11. Pires, B. S. M., Oliveira, L. Z. F. D., Siqueira, C. L., Feldman, L. B., Oliveira, R. A., & Gasparino, R. C. (2018). Nurse work environment: comparison between private and public hospitals. *Einstein (Sao Paulo)*, 16(4), eAO4322.
 12. Ray, R., & Fellow, D. M. R. (2020). The importance of collecting demographic data. The Brookings Institute.
 13. Schreiber, M., Cates, D. S., Formanski, S., & King, M. (2019). Maximizing the resilience of healthcare workers in multi-hazard events: lessons from the 2014–2015 Ebola response in Africa. *Military medicine*, 184(Supplement_1), 114-120.
 14. Sharma, G., & Yukhymenko-Lescroart, M. A. (2024). Life purpose as a predictor of resilience and persistence in college students during the COVID-19 pandemic. *Journal of College Student Retention: Research, Theory & Practice*, 26(2), 334-354.
 15. Tamata, A. T., & Mohammadnezhad, M. (2023). A systematic review study on the factors affecting shortage of nursing workforce in the hospitals. *Nursing open*, 10(3), 1247-1257.
 16. Thomas, C. M., Bantz, D. L., & McIntosh, C. E. (2019). Nurse faculty burnout and strategies to avoid it. *Teaching and Learning in Nursing*, 14(2), 111-116.
 17. Kiger, M. E., & Varpio, L. (2020). Thematic analysis of qualitative data: AMEE Guide No. 131. *Medical teacher*, 42(8), 846-854.
 18. Vieira, L. S., Machado, W. D. L., Dal Pai, D., Magnago, T. S. B. D. S., Azzolin, K. D. O., & Tavares, J. P. (2022). Burnout and resilience in intensive care Nursing professionals in the face of COVID-19: A multicenter study. *Revista latino-americana de enfermagem*, 30, e3589.
 19. Woods, A.D, (2020). WHO: state of worlds nursing 2020. Retrieved from NursingCentre.
 20. Wulfovich, S., Buur, J., & Wac, K. (2022). Unfolding the quantification of quality of life. In *Quantifying Quality of Life: Incorporating Daily Life into Medicine* (pp. 3-24). Cham: Springer International Publishing.