Nursing is a profession unlike any other in South Africa: female-dominated and notoriously stressful, yet offering secure employment, in contrast to many other types of increasingly casualised work in Africa and elsewhere. Nurses are securely employed in the sense that the work is formal and contracted, they are unionised, and are in short supply relative to the demand for health care. Given these labour market conditions, nurses should enjoy a measure of bargaining power to secure good working conditions. The reality is that they continue to confront a number of challenges which are explored in this issue of HIV Nursing Matters centred on the theme of occupational health.

During the past year, I conducted in-depth interviews with about 70 professional, staff and auxiliary nurses in a public hospital in Gauteng. The interviews focused on challenges encountered in their daily lives, which often connect their work lives with their lives at home. I was struck by the intensity of nurses’ emotions as they described the strain that they are under on a daily basis. There were single mothers who struggle to pay for childcare, nurses who support more than 20 family members on their earnings, and those who are ill or who care for family members with mental illnesses, HIV or physical disabilities. These were often the same nurses who thrive on the work itself; who love helping patients get well and are often pleased with the autonomy that income from nursing offers.

Some of the nurses were emotionally exhausted, having poured all of their work into caring for others, seemingly without being cared for themselves. As one nurse put it in our interview: “Who will care for the carers?”

This important question has a number of possible answers, some of these are noted in Venter’s article in this issue (p. 8). The article documents a wide range of interrelated occupational health hazards, from chronic and infectious diseases, to risk of physical injury.

In terms of biological hazards, occupational exposure to HIV and TB are key concerns. Crowley, Klopper and Moorhouse (p. 27) provide an update on the post-exposure prophylaxis (PEP) guidelines for HIV in the health sector. The piece clarifies the correct steps to take in case of exposure to HIV, and notes that PEP services need to be scaled up in order for health care workers to care more effectively for themselves and each other. Mramba and Garcia-Prats (p. 32) offer a rich discussion of TB transmission from an infection prevention and control perspective, specifically with respect to paediatric settings.

Sleep disorders, anxiety and depression are likely under-diagnosed among nurses, in part because nursing is known to have a relatively high degree of occupational stress. Occupational stress can enhance performance up to a point, but can contribute to excessive strain beyond that. Many nurses are under considerable stress from their lives outside of paid work as well. In our interview-based study in Gauteng, nurses felt ‘overworked’. This is also explored in greater detail in this issue (p. 12).

Another cause of mental strain for nurses is moral distress - the sense that one’s moral integrity is threatened by a mismatch between one’s values and perceptions or actions. Many of the nurses I interviewed believed that young girls are having ‘babies for bling’ and experienced frustration over providing care that they perceive to be contributing to a social problem. Hodes, Toska and Gittings (p. 20) look at the question of whether teenage girls are having children in order to access the Child Support Grant using data from the Mzantsi Wakho study, and find that the grant may instead make girls less vulnerable and less likely to engage in risky behaviours.

Each article contributes to a better understanding of the ways in which nursing is a stressful profession, even though the work is secure. An answer to the nurse’s question, ‘Who will care for the carers?’ is complex. Some of these challenges can simply be addressed individually or institutionally, while others require structural changes to the profession. Still other challenges that nurses confront in their work lives extend beyond the workplace, into nurses’ own households and into those of family and friends, and relate to child- and elder-care, financial dependency, and complicated familial relationships.

One certainty is that nurses must care for themselves and for each other and that nursing organisations and unions must advocate for improved working environments. A conclusion drawn from the interviews that I conducted in Gauteng is that other nurses are often a nurse’s best resource: each nurse has expertise and skills learned through experiences in their daily lives that are valuable to those they work with. Actively trying to create a more supportive and collaborative working environment would facilitate sharing expertise and could help enhance occupational health for nurses.