The Effects of COVID-19 Pandemic on South African Frontline Healthcare Workers' Mental Health



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Coronavirus disease (COVID-2019) was first reported in Wuhan, China, in 2019, which then quickly spread throughout the world to become the fifth pandemic since the 1918 flu pandemic. Just two years after COVID-19 was discovered, there had been nearly 200 million confirmed cases by September 2021, and had claimed over 4.6 million lives worldwide.

On the 5th of March 2020, former minister of health Zweli Mkhize, confirmed that the virus has spread to South Africa. This prompted South African President Cyril Ramaphosa to declare a national state of disaster on the 15th of March 2020, and on 23 March 2020, he announced that South Africa will go into a 21- day lockdown from 27 March - 30 April 2020, to curb the spread of the virus.

The most recent COVID-19 statistics in South Africa, from 3 January 2020 to 02 August 2023, is 4,076,463 confirmed positive cases, with 102,595 deaths.

While the country was on national lockdown, healthcare workers (HCWs) bore a heavy burden during the COVID-19 crisis and directly experienced its consequences in the fight to contain the virus. Mahlangu et al. (2023) conducted qualitative research on 44 frontline healthcare workers providing health care services to COVID-19 patients during the first wave of the pandemic (7 June - 22 August 2020) in seven South African hospitals and clinics to further investigate the mental health impacts of COVID-19. Based on their availability and willingness to participate, the study was conducted among HCWs in two provinces: Gauteng (two hospitals and two clinics) and Eastern Cape (two hospitals and one clinic). The majority of the 44 FLHCWs recruited were female (35), 30 were nurses, and 33 were based in hospitals.

## What the study found

The study found that frontline healthcare workers (FHCWs) reported having poor mental health during the initial COVID-19 South Africa wave. Some lamented, for instance, how stressful and mentally draining it was to care for and see the passing of so many patients—young and old—in such a short period of time. Due to exposure to a significant number of patients' and colleagues' fatalities during the COVID-19 outbreak, they were worried not only about their own lives but also the lives of their families. Some mentioned that they had to isolate from family and friends

		Professsion				Gender	
	Overall N = 44	Doctors	Nurses	* Care Services	COVID Ward Managers	Male	Female
		N = 8 (18%)	N = 30 (68%)	N = 3 (7%)	N = 3 (7%)	N = 9 (20%)	N = 35 (80%)
Province							
Gauteng	25 (57%)	6 (75%)	16 (53%)	2 (67%)	1 (33%)	5 (56%)	20 (57%)
Eastern Cape	19 (43%)	2 (25%)	14 (47%)	1 (33%)	2 (67%)	4 (44%)	15 (43%)
Facility							
Hospital	33 (75%)	6 (86%)	22 (73%)	2 (67%)	3 (100%)	9 (100%)	24 (69%)
Clinic	11 (25%)	1 (14%)	8 (27%)	1 (33%)	0 (0%)	0 (0%)	11 (31%)

Table 1. Health care workers demographic characteristics (N = 44).

\* Care services includes non-medical HCWs such as cleaners, those who were bathing patients and changing linen, and kitchen staff providing food all of whom had direct contact with COVID-19 patients while rendering the service.

to protect and minimize risk of exposure to COVID-19, in case they are infected with the virus, while some said they had small children and would often wonder what would happen to them if they died, which added to their stress.

Similar studies have been made in other countries revealing greater levels of stress, anxiety, and depression among FHCWs during the COVID19 epidemic. These stress levels were further heightened by working long hours in a setting with insufficient personal protective equipment (PPE), occasionally with limited staff, treating a complex virus that was rapidly altering patient conditions, and constantly changing treatment protocols that added uncertainty. Some said that there wasn't enough ICU staff and that patients died not from the virus, but from a lack of care. Because they were understaffed, they couldn't care for everyone, which made them feel like they weren't doing enough for the patients.

## Conclusion

The study showed that many FHCWs in South Africa perceived the first wave of the COVID-19 outbreak as stressful and traumatic, and that it had a negative impact on their physical and emotional well-being. In their conclusion, the authors emphasize the importance of protecting HCWs' mental health and providing assistance as needed. Poor mental health can impair day-to-day functionality and have a negative impact on patient care if it is not prioritized.

## **Reference:**

"I Carry the Trauma and Can Vividly Remember": Mental Health Impacts of the COVID-19 Pandemic on Frontline Health Care Workers in South Africa.

Pinky Mahlangu<sup>1,2</sup>, Yandisa Sikweyiya<sup>1,2</sup>, Andrew Gibbs<sup>1,3,4,5</sup>, Nwabisa Shai<sup>1,2</sup> and Mercilene Machisa<sup>1,2</sup>

## Affiliations

- <sup>1</sup> Gender and Health Research Unit, South African Medical Research Council, Pretoria 0001, South Africa.
- <sup>2</sup> Faculty of Health Sciences, School of Public Health, University of Witwatersrand, Johannesburg 2193, South
- <sup>3</sup> Department of Psychology, Faculty of Health and Life Sciences, University of Exeter, Exeter EX2 4QG, UK.
- <sup>4</sup> Institute of Global Health, University College London, London WC1E 6BT, UK.
- <sup>5</sup> Centre for Rural Health, University of KwaZulu-Natal, Durban 4041, South Africa.

Corresponding author email: pinky.mahlangu@gmail.com





1st Floor, School of Public Health, University of the Witwatersrand York Road, Parktown, Johannesburg 2193, South Africa

Director: Prof Shane Norris

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