

South African health professionals' state of wellbeing during the emergence of COVID-19

To the Editor: Given the rapid emergence of COVID-19 in South Africa (SA), little is known about the wellbeing of our health professionals. The mortality rate from COVID-19 among our health workforce was 0.9% as at 13 August 2020, with most infections among nurses (52%; $n=27\ 360$).^[1] In this letter we present selected findings from an online survey conducted from 11 April 2020 to 7 May 2020, entitled 'Front line talk'. It describes the experiences of healthcare professionals as the epidemic unfolded in SA. The study methodology has been reported elsewhere through the Human Sciences Research Council web portal.^[2] Here we summarise key findings on the general health, wellbeing and psychological distress of our health workforce.

In total, 7 607 healthcare professionals participated. General health and wellbeing were measured using three levels, namely low, moderate and high. The majority (78.2%) were female (95% confidence interval (CI) 77.0 - 79.4) and aged 18 - 49 years (72.3%, 95% CI 70.7 - 73.9). Nurse practitioners comprised 36.7% of the sample (95% CI 35.0 - 38.4), other healthcare professionals 34.7% (95% CI 33.1 - 36.3) and medical practitioners 28.7% (95% CI 27.2 - 30.2). Psychological distress was measured using the Kessler psychological distress scale.^[3]

Overall, about one-quarter reported poor general health and wellbeing (23.7%, 95% CI 22.0 - 25.5). There was a significant difference in the levels of general health and wellbeing among the professional categories ($p<0.001$). Nurses fared the worst with regard to health, wellbeing and psychological distress.

Nurses' general health and wellbeing were poorest (44.4%, 95% CI 40.5 - 48.4) compared with medical practitioners (31.1%, 95% CI 27.7 - 34.7) and other health professionals (24.5%, 95% CI 21.46 - 27.83). Moreover, a total of 19.4% (95% CI 17.8 - 21.1) were severely psychologically distressed, while just over half reported low distress levels (53.6%, 95% CI 51.6 - 55.7). Psychological distress was significantly higher among nurses than other health professionals ($p<0.001$) (Fig. 1). Furthermore, 23.9% (95% CI 21.3 - 26.6) of public sector employees were severely distressed compared with 15.3% (95% CI 13.3 - 17.5) of those working in the private sector. Among females, >20% (95% CI 19.7 - 23.8) were severely distressed. High psychological distress levels were associated with low levels of general health and wellbeing among participants (70.8%, 95% CI 66.3 - 75.0).

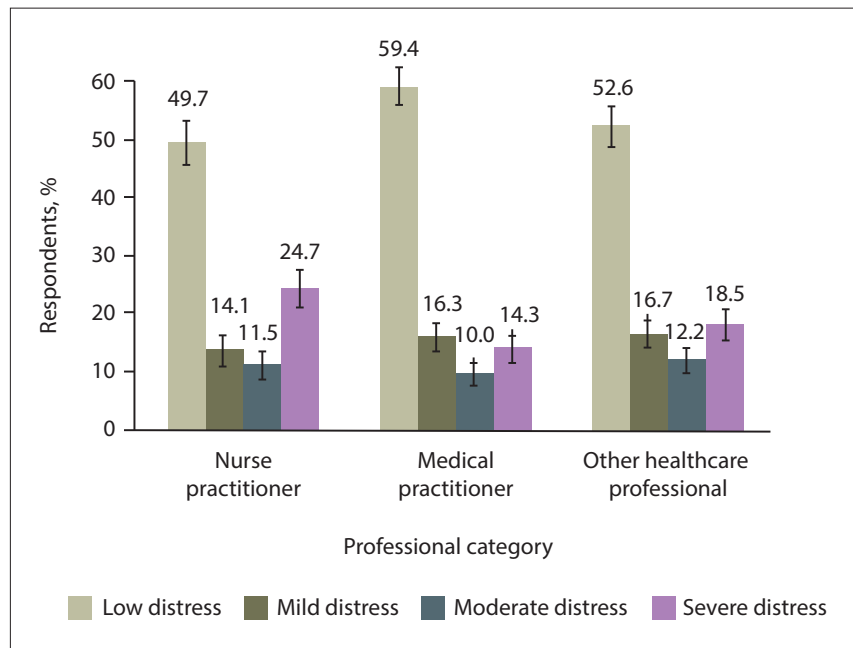


Fig. 1. COVID-19-related levels of psychological distress among South African health professionals from an online healthcare worker survey, 2020.

These generalisable survey findings suggest that indicators of distress were already heightened among health professionals at the start of the epidemic in SA. Our findings for SA are consistent with two other surveys among health professionals, set in New York, USA^[4] ($N=657$), and China, including Wuhan, Hubei and outer regions^[5] ($N=1\ 257$), which highlighted that highest distress levels were found among nurses. Additionally, females carried a higher burden of distress compared with males.

Shanafelt *et al.*^[6] summarised five needs expressed by healthcare professionals during the pandemic as follows: 'Hear me, protect me, prepare me, support me, and care for me.' There is a need for psychological support for our healthcare professionals in dealing with the pandemic on multiple levels, with nurses being particularly vulnerable. These interventions need to be carefully tailored if they are to be effective.

Inbarani Naidoo

Centre for Community-Based Research, Human and Social Capabilities Division, Human Sciences Research Council, Durban, South Africa
inaidoo@hsrc.ac.za

Musawenkosi Mabaso

Health and Wellbeing, Human and Social Capabilities Division, Human Sciences Research Council, Durban, South Africa

Mosa Moshabela

School of Nursing and Public Health Medicine, College of Health Sciences, University of KwaZulu-Natal, Durban, South Africa

Ronel Sewpaul

Health and Wellbeing, Human and Social Capabilities Division, Human Sciences Research Council, Cape Town, South Africa

Sasiragha Priscilla Reddy

Health and Wellbeing, Human and Social Capabilities Division, Human Sciences Research Council, Cape Town, South Africa; and Faculty of Health Sciences, Nelson Mandela University, Port Elizabeth, South Africa

- National Department of Health, South Africa. Statement on health care workers that have acquired COVID-19. <https://sacoronavirus.co.za/2020/08/13/minister-zweli-mkhize-on-healthcare-workers-that-have-acquired-coronavirus-covid-19/> 13th August 2020 (accessed 13 August 2020).
- Human Sciences Research Council. Front line talk – South African health care workers' response to the COVID-19 pandemic (survey conducted 11 April - 7 May 2020). <http://www.hsrc.ac.za/uploads/pageContent/12151/FULL%20DECK%20OF%20SLIDES%20for%20WEBINAR%206%20AUGUST%202020%20FINAL.pdf> (accessed 21 August 2020).
- Kessler RC, Barker PR, Colpe LJ, et al. Screening for serious mental illness in the general population. *Arch Gen Psychiatry* 2003;60(2):184-189. <https://doi.org/10.1001/archpsyc.60.2.184>
- Shechter A, Diaz F, Moise N, et al. Psychological distress, coping behaviors, and preferences for support among New York healthcare workers during the COVID-19 pandemic. *Gen Hosp Psychiatry* 2020;66:1-8. <https://doi.org/10.1016/j.genhosppsych.2020.06.007>
- Lai J, Ma S, Wang Y, et al. Factors associated with mental health outcomes among health care workers exposed to coronavirus disease 2019. *JAMA Netw Open* 2020;3(3):e203976. <https://doi.org/10.1001/jamanetworkopen.2020.3976>
- Shanafelt T, Ripp J, Trockel M. Understanding and addressing sources of anxiety among health care professionals during the COVID-19 pandemic. *JAMA* 2020;323(21):2133-2134. <https://doi.org/10.1001/jama.2020.5893>

S Afr Med J 2020;110(10):956. <https://doi.org/10.7196/SAMJ.2020.v110i10.15250>