Work 73 (2022) 787–798
DOI:10.3233/WOR-211143
IOS Press

Healthcare professionals' perceptions and experiences of the influence of the COVID-19 pandemic on their personal and work performance

Mogammad Shaheed Soeker*
Occupational Therapy Department, University of the Western Cape, Cape Town, South Africa

Received 29 August 2021
Accepted 22 June 2022

Abstract.
BACKGROUND: Healthcare workers are known to experience higher stress levels compared to other industry workers due to challenges presented in their work environment. The global pandemic of COVID-19 has seen many countries' healthcare systems struggle to meet the demands of healthcare seekers.
OBJECTIVE: The aim of the article is to explore healthcare professionals' perceptions and experiences of the influence of the COVID-19 pandemic on their personal and work performance.
METHODS: Twelve individuals working in the health sector participated in this study. The researchers used a qualitative exploratory and descriptive research design. Semi-structured interviews were used to collect data.
RESULTS: Theme one "A feeling of ambivalence", describes the positive and negative influence that the COVID-19 pandemic has had on HCWs. **Theme two "**Unfortunately, the support from the government is not as much as it's said to be in the news", describes the support required from government services during the pandemic. **Theme three** "Changes experienced by the individual related to his or her personal and work routine", describes the changes experienced by healthcare professionals in their daily tasks during the pandemic.
CONCLUSION: The study found that the work environment contributed to experiences of burnout and anxiety due to staff shortages, lack of personal protective equipment (PPE) and an increase in work pressure. More research needs to be conducted to inform policies and organizations on how to best support healthcare workers to prevent burnout and anxiety.

Keywords: Open labor market, barriers and facilitators to the worker role, coping skills and strategies, workplace reintegration

1. Introduction

Well-being is described as the synergy of one's physical, mental, spiritual, economic and personal health that contributes to contentment in one's sense of self [1]. It is recognized by Bakker and Demerouti [2] that the inability to maintain health and well-being negatively impacts people's occupational performance. Occupational therapy recognizes that occupational dysfunction may result from working in stressful environments and lead to burnout [3]. Experiencing burnout can have a direct impact on job performance and job satisfaction. According to Bakker and Demerouti [2], understanding occupational well-being could be viewed as the basis to protect occupational beings in their work place against work-related stress. Healthcare workers are known to experience higher stress levels compared to other industry workers due to the challenges presented in their work environment [4]. The global

*Address for correspondence: Mogammad Shaheed Soeker, Private Bag X17, Bellville 7535, South Africa. E-mail: msoeker@uwc.ac.za.

coronavirus 2019 (COVID-19) pandemic has seen many countries' healthcare systems struggle to meet the demands of healthcare seekers. Subsequently, healthcare workers experience high levels of stress because of the increased demand of their presence in hospitals due to the COVID-19 pandemic. WHO [5], acknowledges that healthcare workers, globally, are experiencing extreme mental health issues due to the increased workload as a result of COVID-19. The current study therefore explored the experiences and perceptions of health professionals in adapting to their worker roles during the COVID-19 pandemic in South Africa.

2. Literature review

2.1. Health professionals and stress

The outbreak of the COVID-19 virus was first detected in December 2019 and has consequently been declared a pandemic by the World Health Organization (WHO) [6]. Most of the global population are under increased psychological pressure, impacting their overall mental health. Mental health is defined as a state of well-being in which individuals recognize their abilities, can cope with life's normal stressors, can work productively and are able to contribute to their community [7]. It includes an individual's emotional, psychological and social well-being [8]. Professions that involve human contact and rapid decision-making skills, such as professions in healthcare, are among the most stressful and therefore these professionals are placed at a high risk of developing poor mental well-being [9]. During this time of the COVID-19 pandemic, the president of South Africa (SA) announced that all individuals whose jobs are considered an essential service will remain at work whereas the rest of the country's population are encouraged to work from home [10]. On level five, the highest lockdown level, these essential services include pharmacies, supermarkets, medical supplies production and healthcare providers amongst others [10]. As the levels drop, more services can return to work. The stress placed on HCWs during a time of outbreak is drastically increased due to longer work hours, increased pressure, limited equipment and increased exposure to the virus [11]. These are all risk factors currently experienced by HCWs and can affect their overall mental health.

2.2. Shortage of health professionals in South Africa and internationally

Compounding this increased workload in South Africa is the shortage of healthcare workers as a result of ongoing attrition of personnel in this sector. Another issue is the high unemployment rate due to the South African government's inability to secure employment to healthcare workers. In 2017, medical interns reached out to the United Nations (UN) and the WHO to help address the unemployment rates among healthcare workers in South Africa [12]. Dr. Basson, who addressed the UN and WHO, noted that he and his unemployed colleagues feared that the government did not have the financial means to employ the number of health professionals leaving South African universities [12]. The latter therefore magnifying the unemployment crisis among health professionals.

2.3. Barriers related to the work environment of health professionals

Although the shortage of healthcare workers in South Africa has been prevalent for many years little to no change has occurred to improve their working conditions [13]. Behrens [14] noted that there are norms that have existed in South Africa's healthcare systems that are only being addressed during the COVID-19 pandemic. Many developed countries question their healthcare systems' ability to maintain resilience during the pandemic [15]. The current pressure placed on healthcare systems, many health professionals experience occupational imbalance and are unable to alleviate their stress levels due to their stressful work environment. Mental health issues have become a concern as healthcare workers are said to feel isolated from their families as they fear putting their families at risk of contracting the COVID-19 virus [16]. In the United States of America, there has been an upsurge in a need to understand and manage the healthcare needs of HCWs. Rose, Hartnett and Pillai [17] argued that the pandemic has caused fear among HCWs particularly when have to treat patients during the COVID-19 pandemic. In particular there has been an increase in HCWs requiring mental health support as well as having to be reasonably accommodated in the workplace. However, while the shortage of healthcare workers still remains, research needs to be done on how to best support and improve the working conditions in the healthcare system [14]. There

is a direct relationship between work-related stress and job dissatisfaction, especially among healthcare workers [18]. Wagner [18] further notes that healthcare workers are more likely to continue going to work despite struggling with mental health issues and fatigue. From the literature we can deduce that there is a need to understand how health workers participated in their worker role during the COVID-19 pandemic.

2.3.1. Experiences of healthcare workers about adapting to their worker roles during the pandemic

Research conducted by Rose, Hartnett and Pillai [17] revealed that HCWs in the United States of America, felt anxious about contracting the COVID-19 virus and that they had to develop adaptative strategies to continue working in high risk environments. Individuals felt that the use of PPE, having financial resources and having empathetic workplace managers would enable them to work in the second wave of the pandemic. Similarly, in a study conducted in the United Kingdom, HCWs reported that limited or poor fitting PPE, a lack of routine testing, poorly trained deployed HCW were deemed as barriers to engaging in work related task [19]. In addition, HCWs from Africa emphasize a need to utilize HIV health counsellors, community rehabilitation workers as key resources in communities to support the work of HCWs working hospital environments by means of encouraging social distancing, supporting COVID-19 testing and dispelling myths related to COVID-19. HCWs also supported the use of risk allowances and compensation for HCWs working in high risks areas [20]. The above information highlights the challenges that HCW experienced while working during the pandemic.

3. Objective

The aim of the study was to explore healthcare workers (HCWs) perceptions and experiences of the influence of the COVID-19 pandemic on their personal and work performance. In particular, the aims were: (1) To explore the HCWs' experiences of the barriers related to participation in their personal and professional roles; (2) To explore the HCWs' experiences of the facilitators related to participation in their personal and professional roles.

4. Research paradigm and research design

In the current study, the researchers utilized a qualitative exploratory research design. Qualitative researchers study topics in their natural settings, interpreting social phenomena, in terms of the significance people bring to them [21]. Research that is exploratory in nature could be identified as the exploration of new phenomena, in order to develop an understanding of people or events. A qualitative exploratory approach enabled the researcher to obtain detailed information on the perceptions of healthcare workers, regarding the influence of the COVID-19 pandemic on their personal and work performance.

5. Population and sampling

Twelve participants were purposively sampled from public and private sector organizations throughout South Africa. Purposive sampling is defined as a sampling strategy, employed to select participants, based on their specific experience, related to the objective/s of the study [21]. Purposive sampling was used as the researcher aimed to explore the specific experiences of healthcare providers, who were working in the open labor market.

Inclusion criteria: (1) Participants must be an HCW, employed in a hospital in SA; (2) Participants must be either currently working with COVID-19 patients or have the possibility of working with COVID-19 patients in the near future.

Exclusion criteria: (1) Participants who are working more remotely (e.g. providing case management online).

6. Data collection

The researchers emailed a semi-structured interview guide to the participants in the study. Some participants were contacted telephonically and were invited to attend an online interview via Google Meets, or they were given the option of providing their response to the interview questions via email. The researchers felt that the latter was the best manner for collecting data as the South African population was under lockdown at the time of data collection. Data was collected from May- July 2020. One, 60-minute semi-structured interview was conducted with each of the participants (See Table 1 of demographics). The interviews were conducted with

Table 1
Demographics of the participants

Participants	Gender	Work	Age	Location	Type of facility	Work with COVID cases
P1	Female	Professional nurse and midwife	55	Cape Town	Private	Work with COVID clients
P2	Female	Medical doctor	28	Cape Town	Public	Work with COVID clients
P3	Female	Medical doctor	25	Orange Free State	Public	Work with COVID clients
P4	Female	Occupational therapist	23	Cape Town	Public	Work with COVID clients
P5	Male	Medical doctor	29	Cape Town	Public	Work with COVID clients
P6	Female	Medical doctor	27	KwaZulu Natal	Public	Work with COVID clients
P7	Female	Medical doctor	27	KwaZulu Natal	Public	Work with COVID clients
P8	Male	Medical doctor	28	KwaZulu Natal	Public	Work with COVID clients
P9	Female	Medical doctor	29	Cape Town	Public	Work with COVID clients
P10	Female	Professional nurse	40	Gauteng	Public	Work with COVID clients
P11	Female	Professional nurse	35	Cape Town	Public	Work with COVID clients
P12	Female	Professional nurse	45	Cape Town	Public	Work with COVID clients
P13	Male	Medical doctor	35	Cape Town	Public	Work with COVID clients
P14	Male	Medical doctor	40	Cape Town	Public	Work with COVID clients

Table 2
Names of themes and categories

Themes	Categories
Theme 1: A feeling of ambivalence: 'I feel ambivalent'	Feeling stressed and fearful Feeling frustrated Feeling grateful
Theme 2: Unfortunately, the support from the government is not as much as it's said to be in the news	Staff shortages Personal protective equipment and social distancing
Theme 3: Changes experienced by the individual related to his or her personal and work routine.	Job modifications Leisure time and social participation has been negatively affected Steps needed to enhance one's mental health Additional work roles and tasks obtained

ten healthcare service providers until data saturation was reached. Data saturation occurred when no new information was obtained from the semi structured interviews, after the interview with the tenth participant no new information emerged from the data. These healthcare service providers were selected as they were knowledgeable about adapting to work during the COVID-19 pandemic. It was anticipated that the information obtained would be of relevance particularly when developing employee assistance programs. The researchers had no prior contact with the participants, as the names of the participants were obtained from the HR records from various organizations. During the data collection phase, the participants were given the opportunity to contact the researchers themselves. After indicating their interest in participating in this current study, the prospective participants were contacted by the researchers, who proceeded to describe the aim and requirements of the study in more detail to them. The study participants received no financial compensation for participating in the study. During the interviews, the researchers used an interview guide to steer the dialogue, which involved asking questions that were relevant to the study (Appendix).

7. Data analysis and trustworthiness

The researchers used a data analysis method described by Braun and Clark [23], which suggest six steps to be followed for an effective data analysis process. Firstly, after the data collected from all the participants were transcribed verbatim, the researchers had to familiarize themselves with the data by reading all the transcripts carefully, while recording their thoughts, in writing, in the margins. Step two involved coding interesting highlights of the information on individual transcripts, in a methodical manner. In step three, these topics were grouped into columns that were identified as themes. Step four involved inspecting the themes in connection with the coded extracts and producing a thematic guide of the examination. Step five comprised the

refining of the themes, as well as the general story linked to the themes. Finally, Step six involved producing a report of the findings of the study. The researchers used strategies such as credibility, transferability, dependability and confirmability to ensure the trustworthiness of the data [24]. Credibility was ensured by the dense description of the lived experiences of the research participants. Transferability was ensured by the detailed description of the research methods, contexts, and the lived experiences of the participants. Dependability was ensured by means of dense descriptions, peer examination, and triangulation. The study was documented in such a manner that the readers could follow an audit trail. Field notes relating to the individual researcher's observations of the setting during data collection, including notes about the context of data collection, were kept in electronic folders. Confirmability was ensured by the process of reflexivity, during which the researcher's own biases or assumptions were revealed through the maintenance of a reflexive journal.

8. Results

In the following section the researchers discuss the findings of this current study. The data analysis revealed three themes related to the personal and work performance of health service providers. The following themes are discussed:

Theme one: A feeling of ambivalence: "I feel ambivalent."

Theme two: The support given by government is not as much: "Unfortunately, the support from the government is not as much as it's said to be in the news."

Theme three: Changes experienced by the individual related to his or her personal and work routine. Effects of the lockdown on health services.

8.1. Theme 1: "I feel ambivalent"

This theme focuses on the experienced emotions of the HCWs with regards to COVID-19 in general, their obligation to work during this time as well as the impact the virus has had on various other aspects of their lives. This theme consists of three categories namely, 'Feeling stressed and fearful', 'Frustrated' and 'Grateful', which explain the participants current feelings. All of the HCWs have discussed encountering mixed and contradictory emotions regarding various experiences they have been facing.

8.1.1. Category: Feeling stressed and fearful

The first category explains the different stressors the HCWs experienced due to the pandemic. The majority of the participants have fears surrounding the available personal protective equipment (PPE) and important hospital equipment needed for their patients. Many hospitals in SA are already under resourced for general treatments. One participant stated that they only have one ventilator at their hospital, equipment that will become a necessity once the number of sick patients increase. They feel they also don't have enough PPE and that once they run out, they will most likely contract the virus.

> "*Our PPE is definitely not sufficient, so when the day comes where our infection rate increases healthcare workers will not be protected.*"- *(Participant 3)*

Eight of the participants feared for the lives of their families, patients and colleagues rather than themselves. Since the HCWs will work with COVID-19 patients directly, often with minimal PPE, they are at a high risk of contracting the virus. They therefore stated that they are worried about contracting the virus but more fearful that they won't know they have the virus and will then pass it on to others who are vulnerable and who they care about.

> "*The stressors are more linked to the lives of others than to my own. I think the biggest concern would be if I were to bring COVID to my family or pass it along to other patients.*"- *(Participant 4)*

8.1.2. Category: Feeling frustrated

This category discusses the various frustrations that the HCWs are experiencing during this time. Some expressed frustration with the current lockdown rules as they felt that the rules were impeding their ability to cope. Those HCWs who still had access to alcohol or cigarettes explained how it helped them relax after work. One participant recognized that his frustration was linked directly to his mental health.

> "*If I could just smoke my cigarettes my mental health would be fine.*"*(Participant 8)*

A few of the participants stated that they were frustrated by other professionals not implementing

the public health protocols or expecting higher pay to work during this time even though it is what is required of their job. One participant mentioned how the policies and plans created are often not well executed. Due to the workers increased risk of contracting the virus, some believe that they should receive danger pay and refuse to do the necessary work tasks if they don't receive this extra pay. However, others get frustrated by this as they believe that this is just part of the duties they signed up for when deciding to become a HCW.

> "*It irritates me when other health professionals expect to be paid more for working during this time or refuse to do their duties because of the risks involved (not specifically happening at my hospital).*"*(Participant 7)*

8.1.3. Category: Feeling grateful

Despite the HCWs feeling stressed and frustrated, this category explains their feelings of gratefulness. Four of the participants' stated that they were grateful to be able to work and earn a salary as they realize many other South Africans currently aren't able to.

> "*I am also pleased that I am able to bring home a salary every month as I am currently the only breadwinner.*"- *Participant 1*

Keeping a working routine has given the HCWs a sense of normality. COVID-19 has also taken over the topic of conversations and, according to the HCWs, everyone expects them to know more about the virus and so is constantly asking them for advice. Therefore, going into work, gives them a break from constantly speaking and hearing about the virus.

> "*I suppose I'm grateful my routine and life has changed but there is still some level of "normal".*"- *(Participant 5)*

> "*Working in a hospital is great because people don't always talk about COVID (surprise, surprise) and it's really nice not to hear about Corona all the time.*"- *(Participant 4)*

8.2. Theme 2: "Unfortunately, the support from the government is not as much as it's said to be in the news"

In this theme participants describe how the lack of support from the government influences the daily challenges experienced in the healthcare sector. Participants felt that staff shortages and finances constraints impeded their ability to function as an adequate healthcare system that met the demands of the country.

8.2.1. Category: Staff shortages

In this category the lack of support from government is elicited. Participants described the long history of South Africa's healthcare worker staff shortages and how those few who are employed have had to carry the encumbrances of a system that cannot meet the demands of the country. In addition, participants expressed the importance of hiring more staff to avoid the healthcare system from crashing due to the loss of an already compromised working force.

> "*Uhm, people are complaining about numbers, we've always been short of numbers. We're working hours that are not humane, because we don't have people, it's not something that's new. It's my first year's working, and I've been doing this for five years, and it's, it's now, just the way it is, you know?*" *(Participant 1)*

> "*So, we're actually short of staff there at the clinic also. So, it is a lot of work that we have to do. Sometimes people stay home also because they get sick or their children get sick, stuff like that, and we just have to carry on with the work load.*" *(Participant 5)*

8.2.2. Category: Personal protective equipment and social distancing

This category was formulated as all of the participants noted that the main precaution taken to protect them from the virus included the use of (PPE) and the implementation of social distancing. All of the participants noted that it was very important to make use of PPE and to implement social distancing to protect themselves and others from the virus. Below are quotes from participants 1, 2 and 3 about the precautions taken at work to ensure protection from COVID-19:

> "*Masks have become an important part of daily life.*" *(Participant 1)*

> "*Socially distancing, wearing masks, sanitizing and washing hands.*" *(Participant 2)*

> "*People are advised to adhere to the 1.5 m social distancing rule inside and outside the building. All people are wearing masks and using hand sanitizers.*" *(Participant 3)*

All the companies involved in this research study have taken measures to protect their staff as best as possible and below are quotes from participants 2, 3 and 4 explaining what their company has put in place:

> "*All employees are screened on entry to the buildings for symptoms related to COVID-19. Everyone's temperature is taken twice a day. If they do show symptoms, we do a risk assessment on them in our designated sick room and make recommendations about getting tested and self-isolating." (Participant 2)*

8.3. Theme 3: Changes experienced by the individual related to his or her personal and work routine

This theme represents the various changes that have had to be made to the HCWs' routines during the pandemic and the impact these changes have had on their mental health. The theme is described by the following categories, namely, 'Job modifications', 'My leisure time and social participation has been affected', and 'I am talking to ensure my mental health'.

8.3.1. Category: Job modifications

This category looks at all the changes and adaptations that have had to be made within the participants' work environments. The HCWs state that there are less trauma patients and that they have moved follow-up appointments if possible. This has led to a quieter hospital.

> "*Our outpatient clinic has become quieter. We have tried to reduce the numbers of people following up by extending their follow-up dates if they are stable*."*(Participant 7)*

All the HCWs are having to follow new protocols, guidelines and safety procedures. A few of them have had to go through training sessions and the majority have had to take on new duties/roles in the hospital. Putting on all of the PPE, also takes a while. As a result, even though there are less patients in the hospital, the HCWs are constantly busy with paperwork and new protocols.

> "*Almost all patients coming in to casualty are suspects and get swabbed. Filling in the forms take extremely long; it is a lot of admin.*"- *Participant 3*

8.3.2. Category: Leisure time and social participation has been negatively affected

This category looks at the changes made within the participants' other daily routines. According to the HCWs, it has been really difficult for them not to be able to go out with friends after work or have social gatherings on the weekends due to the lock-down rules, as this is their method of debriefing. A few participants stated that they still socialize with friends; however, it is always in a phone call or over video chat. One participant said:

> "*And social participation is nonexistent*."- *Participant 8*

Even though they miss going out with friends, some HCWs have mentioned how they are glad they get to go into work as see their colleagues.

> "*Most of my friends here are also doctors at the hospital so I see them daily. It is at work, however, and we miss socializing after work and on weekends.*"- *Participant 7*

8.3.3. Category: Steps needed to enhance one's mental health

This category explains new coping mechanisms the HCWs have included into their daily routines in order to maintain their mental health. According to the HCWs, phoning and speaking to family have helped them cope during this time. One participant said:

> "*I phone my family and hear how they are.*"- *Participant 5*

Exercising at home or in the mornings, as well as eating healthily seem to be common daily activities that the HCWs have added to their routines. One participant stated that she does exercise classes online with other individuals which helps her feel less alone. The participants stated that keeping active and healthy helps them remain positive during this time.

8.3.4. Category: Additional roles and tasks obtained

As a result of less clients being referred to OT especially in the hospital/clinic setting, participants working in these settings have noted that the work pace has slowed down, leaving time during the day to engage in tasks that are related or unrelated to their roles as OTs. One individual reported:

> "*The other responsibilities that we now have as the Allied team is assisting with the screening of*

COVID-19 patients which is a three-hour slot and this can range from screening staff or screening patients coming in to the hospital from the outside or from other hospitals that is the one major change that we have seen in our department." *(Participant 4)*

Another participant reported that she had to take on the additional tasks of other staff members because they were not able to attend work during this time. She reported:

"*I now have more work to do as some of the clinical staff cannot work due to the lockdown regulations affecting family responsibilities, as such the OT has to cover for any gaps created due to that.*" *(Participant 3)*

9. Discussion

9.1. Barriers related to participation in personal and professional roles

9.1.1. A feeling of ambivalence

The participants in this study mentioned several barriers related to participation in their personal and professional roles. South African HCWs are considered an essential service through all the levels of lockdown and therefore have a responsibility to work even when the majority of the rest of the population can stay at home [10]. The participants in this study mentioned in theme 1 category 1, how they were experiencing fear and frustration during the initial period of the lock down regulation in South Africa, they were uncertain about engaging in work tasks while fearing the possibility of contracting COVID-19. One fear mentioned in this category was not having enough PPE or hospital equipment. Research conducted on the willingness of HCWs to work during a pandemic, indicates that a lack of PPE is a common barrier to work participation for these workers [24]. HCWs will be in direct contact with COVID-19 positive patients with minimal PPE and so their risk of being infected is high. The virus is most contagious in the first week of infection before symptoms are present [25]. This is also worrying for the HCWs as they fear they will be infected without knowing and then take it home to their family. Concern regarding family was a large finding within this research study and has been backed up by research conducted globally during various health pandemics [26]. The participants also mentioned a fear for the community that they are working in. SA is a highly unequal society and even though the COVID-19 virus infects all races and socioeconomic backgrounds, it could pose a high risk to lower income communities [27]. Lastly, participants mentioned feeling frustrated as other HCWs expect to be paid more for upholding their obligations to work during this time. Hazard or danger allowance is an incentive for essential workers working in dangerous working conditions [28]. This has been a common request during the pandemic by essential workers, specifically HCWs, from various part of the world [16]. Furthermore, HCWs working in healthcare environments in the United States of America, United Kingdom and other countries in Africa has also highlighted the need to be compensated financially by employers [17, 19, 20].

9.1.2. Staff shortages and the use of personal protective equipment

While hundreds of health professionals are left unemployed, the few that remain employed are forced to work under stressful conditions with minimum relief between shifts, therefore compounding feelings of a lack of job satisfaction [13]. Behrens [14] said that the disproportionate ratio of healthcare professionals to healthcare users will continue to put pressure on the healthcare workers as more people become infected with COVID-19, further affecting their health and well-being and job dissatisfaction. It could therefore be argued that a lack of PPEs provided to healthcare workers is a cause of concern as it contributed to work-related stress and a depleting workforce as more healthcare workers lose their lives [28]. The latter authors are supported by Swartz et al. [11] by noting that healthcare workers are experiencing an overwhelming amount of anxiety due to lack of support and PPEs. Furthermore, they supported the finding that some healthcare workers were opting not to go to work as they fear losing their lives and infecting their family members. This endorses the research finding that some healthcare workers are reluctant to engage with their patients due to the lack of protection provided to them by the government as more people become infected and seek medical support.

9.2. Facilitators related to participation in personal and professional roles

9.2.1. HCWs perceptions on adaptations made within their work environments

The South African constitution states that citizens have the right to an environment that is not harmful

to their health and well-being [29]. Working conditions and design can have an impact on an individual's mental health and can cause burnout, stress and even depression amongst HCWs [30]. The risk of exposure to hazards is evident and is exacerbated by working conditions such as overcrowding, bad ventilation, inadequate supply and use of personal protective equipment (PPE) and staff shortages. The participants in this study commented on some changes that were made to the physical work environments of the HCWs in this study.

9.2.2. Social participation

Participation in social activities has been associated with better mental health [31]. Being able to socially connect has shown to be important for physical, psychological and emotional well-being [30]. Not being able to engage in meaningful socialization results in occupational alienation, which may cause prolonged isolation, disconnectedness and a sense of meaningless that increases the risk of mental illness [1, 32]. Some participants, however, did mention that they are still able to socialize with colleagues at work, maintaining some form of social participation. The latter was seen as an facilitatory mechanism that aided participants in adapting to their worker roles during the pandemic.

9.2.3. Coping mechanisms

Coping strategies refer to the thoughts and behaviors used in order to manage the internal and external demands of stressful situations. Active coping strategies are behavioral or psychological responses designed to change the nature of the stressor itself or how one thinks about it and are said to be good ways of dealing with stress [33]. The majority of participants in this study mentioned that they incorporated healthy coping mechanisms into their routines in order to maintain their mental health during the pandemic, which acted as an enabler to their mental health. This was mainly discussed in theme 3 under the category 'Steps needed to enhance one's mental health'. The participants discussed phoning and speaking to their family during this time as well as receiving support from family and friends. Social support is considered a factor that reduces psychological distress and provides psychological advantages to those facing stressful situations [33]. It could therefore be argued that the latter simple strategies enhanced the mental health of HCW.

9.2.4. Workload and work duties

In the category 'Job modifications' under theme 3, participants mention how their workload has actually decreased during this time and hospitals have been a bit quieter. However, a few participants mentioned that they will most probably have an increase in workload and work hours as the coronavirus cases increase. Many countries around the world have warned of 'the calm before the storm' meaning although it is quiet now, the influx of patients is on its way [34]. As previously stated, burnout is a syndrome resulting from chronic work stress and it can have lifelong effects on an individual's well-being [35]. The increase in workload as well as the unique circumstances surrounding the pandemic may result in increased stress possibly leading to burnout or increased risk of developing depression and anxiety [36]. Psychologists state that having a routine, both in the work place and at home, helps individuals cope with change by creating healthy habits to reduce stress levels [37]. A sudden change in routine therefore may cause some individuals to experience increased stress. The participants have stated various ways in which their work demands have changed during this time, commonly mentioning precautions. Chersich et al. [20] mention that by having managers or employers simply show empathy and support to HCWs also contributed to HCWs adapting to their worker roles. These precautions varied between hospitals but the common ones included wearing PPE and increased hand sanitizing. Most of these participants stated that even though the precautions were annoying at times they were happy with these changes as they protected themselves and their colleagues. No increased stress levels due to the changing of work demands were recorded.

10. Limitations of the study

The findings of the current study cannot be generalized to a larger population due to the inherent limitations of qualitative research. However, the findings provide information related to the perspectives of HCWs specifically from a South African context that could be related to the experiences of HCWs in other countries. It is suggested that the findings of the current study be used in order to design a survey that could be distributed to a larger sample of research participants, the findings could then possibly be generalized to other research settings. The researchers could not conduct a focus group discussion, due to

the lack of available research participants; therefore, only individual semi-structured interviews could be conducted.

11. Conclusion

The study identified the barriers and facilitators that HCW experienced when working during the COVID-19 pandemic. Theme 1 "I feel ambivalent" and theme 2 "Unfortunately, the support from the government is not as much as it's said to be in the news" represented the barriers that negatively influenced HCWs ability to return to work. The barriers such as feelings of anxiety and fear of working in a high- risk environment was seen as problematic. Furthermore, staff shortages and the shortage of PPE were seen as negatively influencing the ability of HCWs to adapt to their worker roles. Theme 3 "Changes experienced by the individual related to his or her personal and work routine" were seen as a facilitator that helped the HCW in adapting to their worker role. Facilitators such as Job modifications, having a balanced lifestyle and enhancing one's mental health was seen as strategies that aid individuals in engaging in their worker roles. The HCWs in this study expressed a concern that an increase in COVID-19 infections will drastically increase their workload and work hours that will negatively affect their ability to maintain their mental health. This may result in burnout or other mental health problems such as depression and anxiety. Therefore, there is a need for appropriate support to be given to these HCWs before it is too late.

Ethics statement

The participants of this study were informed about the requirements of the study verbally and written information were provided. The participants voluntarily consented verbally and in writing before they participated in the study. The study was approved by the Institutional Review Board of the University of the Western Cape (Ethics number: BM20/9/3).

Conflict of interest

The author has no conflict of interest related to this work.

Acknowledgments

The author would like to thank the final year occupational therapy students, especially Ms. Precious Mapule Mwanza for her contribution in collecting data linked to the project.

Funding

No funding was received for this work.

References

[1] Hammell KRW, Iwama M. Well-being and occupational rights: An imperative for critical occupational therapy. Scand J Occup Ther. 2012;19(5):385-94.
[2] Bakker AB, Demerouti E. Multiple levels in job demands-resources theory: Implications for employee well-being and performance. In: Diener E, Oishi S, Tay L, editors. Handbook of wellbeing. Salt Lake City, UT: DEF Publishers; 2018.
[3] San-Martín M, Delgado-Bolton R, Vivanco L. Professionalism and occupational well-being: Similarities and differences among Latin American health professionals. Front Psychol. 2017;448(63):1-10. doi:10.3389/fpsyg.2017.00063
[4] Wagner MN. Experiences of balance among novice occupational therapists. Online theses and dissertations. 2018. Available from: https://encompass.eku.edu/etd/587
[5] WHO. Mental health and psychosocial considerations during the COVID-19 outbreak. Geneva: World Health Organisation; 2020.
[6] Tsamakis K, Tsiptsios D, Ouranidis A, Mueller C, Schizas D, Terniotis C, et al. COVID-19 and its consequences on mental health (Review). Exp Ther Med. 2021;21(3):244. doi:10.3892/etm.2021.9675
[7] Surya M, Jaff D, Stilwell B, Schubert J. The importance of mental well-being for health professionals during complex emergencies: It is time we take it seriously. Glob Health Sci Pract. 2017;5(2):188-96. doi:10.9745/GHSP-D-17-00017.
[8] Galderisi S, Heinz A, Kastrup M, Beezhold J, Sartorius N. Toward a new definition of mental health. World Psychiatry. 2015;14(2):231-3. doi:10.1002/wps.20231
[9] Koinis A, Giannou V, Drantaki V, Angelaina S, Stratou E, Sarid IM. The impact of healthcare workers job environment on their mental-emotional health. Coping strategies: The case of a local general hospital. Health Psychol Res. 2015;3(1):1984. doi:10.4081/hpr.2015.1984
[10] Winde A. Covid-19 response, 2020, Western Cape. Available online: https://coronavirus.westerncape.gov.za/news
[11] Schwartz J, King CC, Yen MY. Protecting healthcare workers during the coronavirus disease 2019 (COVID-19) outbreak: Lessons from Taiwan's severe acute respiratory syndrome response. Clin Infect Dis. 2020;71(15):858-60. doi:10.1093/cid/ciaa255
[12] Unemployed SA medical interns look to the UN and WHO for relief. Sunday Tribune report. 2017, n.d. Retrieved from: https://www.medicalbrief.co.za/archives/unemployed-samedical-interns-look-un-relief/

[13] Bateman C. Doctor shortages: Unpacking the 'Cuban solution'. S Afr Med J. 2013;103(9):603-5. doi:10520/EJC141407

[14] Behrens KG. Clinical ethical challenges in the Covid-19 crisis in South Africa. Wits J Clin Med. 2020;2(1)A:29-32.

[15] Quigley HL, Asgari N, Teo YY, Leung GM, Oshitani H, Fukuda K, et al. Are high-performing health systems resilient against the COVID-19 epidemic? Lancet. 2020; 395(10227):848-50. doi:10.1016/S0140-6736(20)30551-1

[16] Chen Q, Liang M, Li Y, Guo J, Fei D, Wang L, et al. Mental health care for medical staff in China during the COVID-19 outbreak. Lancet. 2020;7(4):e15-6. doi:10.1016/S2215-0366(20)30078-

[17] Rose S, Hartnett J, Pillai S. Healthcare worker's emotions, perceived stressors and coping mechanisms during the COVID-19 pandemic. PLoS ONE. 2021;16(7):e0254252. https://doi. org/10.1371/journal.pone.0254252

[18] Wagner MN. Experiences of balance among novice occupational therapists. Online theses and dissertations. 2018;587. Available online: https://encompass.eku.edu/etd/587

[19] Vindrola- Padros C, Andrews L, Dowrick A, Djellouli N, Fillmore H, et al. Perceptions and experiences of healthcare workers during the COVID-19 pandemic in the UK. BMJ Open. 2020;10:e040503. doi:10.1136/ bmjopen-2020-040503

[20] Chersich MF, Gray G, Fairlie L, Eichbaum Q, Mayhew S, et al. COVID-19 in Africa: Care and protection for frontline healthcare workers. Globalization and Health. 2020;16:46. https://doi.org/10.1186/s12992-020-00574-3

[21] Ardalan K. Ideology: A multiple paradigmatic approach. J Interdiscip Econ. 2018;31(2):124-42.

[22] Palinkas LA, Horwitz SM, Green CA, Wisdom JP, Duan N, Hoagwood K. Purposeful sampling for qualitative data collection and analysis in mixed method implementation research. Adm Policy Ment Health. 2015;42(5):533-44. doi:10.1007 /s10488-013-0528-y

[23] Braun V, Clarke V. Using thematic analysis in psychology. Qual Res Psychol. 2006;3(77):77-101.

[24] Krefting L. Rigour in qualitative research: The assessment of trustworthiness. Am J Occup Ther. 1991;45(3):214-22.

[25] Tamene A, Afework A, Mebratu L. A qualitative study of barriers to personal protective equipment use among laundry workers in government hospitals, Hawassa, Ethiopia. J Environ Public Health. 2020. doi:10.1155/2020/5146786

[26] Baghchechi M, Jaipaul N, Jacob SE. The rise and evolution of COVID-19. Int J Women's Dermatology. 2020;6(4):248-54. doi:10.1016/j.ijwd.2020.06.006.

[27] Ives J, Greenfield S, Parry JM, Draper H, Gratus C, Petts JI, et al. Healthcare workers' attitudes to working during pandemic influenza: A qualitative study. BMC Public Health. 2009;9:56. doi:10.1186/1471-2458-9-56

[28] Nwosu CO, Oyenubi A. Income-related health inequalities associated with the coronavirus pandemic in South Africa: A decomposition analysis. Int J Equity Health. 2020;20:21. doi:10.1186/s12939-020-01361-7

[29] Mattila E, Peltokoski J, Neva MH, Kaunonen M, Helminen M, Parkkila AK. COVID-19: Anxiety among hospital staff and associated factors. Ann Med. 2021;53:1, 237-46. doi:10.1080/07853890.2020.1862905

[30] Hassim A, Heywood M, Berger J. Health & democracy: A guide to human rights, health law and policy in post-apartheid South Africa. Cape Town: SiberInk; 2007.

[31] Veitch JA. Workplace design contributions to mental health and well-being. Healthcare Papers. 2020;11. doi:10.12927/hcpap.2011.22409

[32] Santini Z, Jose P, York Cornwell E, Koyanagi A, Nielsen L, Hinrichsen C, et al. Social disconnectedness, perceived isolation, and symptoms of depression and anxiety among older Americans (NSHAP): A longitudinal mediation analysis. Lancet Public Health. 2020;5(1):e62-e70. doi:10.1016/s2468-2667(19)30230-0

[33] Heffer T, Willoughby T. A count of coping strategies: A longitudinal study investigating an alternative method to understanding coping and adjustment. PloS One. 2017;12(10):e0186057. doi:10.1371/journal.pone.0186057

[34] Talmazan Y. Irish PM warns of 'calm before the storm, before the surge'. NBC News. 2020. Retrieved from https://www.nbcnews.com/health/health-news/live-blog/2020-03-18-coronavirus-news-n1162561/ncrd1162606#blogHeader

[35] Danesh MK, Garosi E, Mazloumi A, Najaf S. Identifying factors influencing cardiac care nurses' work ability within the framework of system engineering initiative for patient safety. Work. 2020;66(3):569-77. doi:10.3233/WOR-203199

[36] Crannage A. How does stress impact our mental health? 2018. Retrieved May 28th, 2020, from https://www.mqmentalhealth.org/posts/stress-and-mental-health

[37] Xiao Y, Becerik-Gerber B, Lucas G, Roll SC. Impacts of working from home during COVID-19 pandemic on physical and mental well-being of office workstation users. J Occup Environ. 2021;63(3):181-90. doi:10.1097/JOM.0000000000002097

Appendix: Interview guide for participants (semi-structured)

1. What is your profession and explain what it entails?
2. Where do you work? Is it a private or public facility?
3. Describe how your work demands/duties have changed or will possibly change due to COVID-19?
4. Describe some of the stressors you face with regards to the current COVID-19 pandemic? If you feel you don't have any, explain why.
5. Describe your feelings and attitudes toward your obligation to work during the COVID-19 pandemic?
6. Can you explain some factors which are motivating you or making it easier for you to go into work during this pandemic? (For example, less traffic or support from family etc.)
7. Can you explain some factors which are making you feel reluctant or making it harder for you to go into work during this pandemic? (For example, the rest of your family are staying at home or difficulty getting transport etc.)
8. Describe some of your experiences and feelings with regards to coming into contact with COVID-19 patients or potential COVID-19 patients?
9. What are some of the adaptations you have had to make within your work environment since COVID-19? (For example, wearing more protective equipment, longer working hours, training more workers etc.)
10. Describe your feelings toward these adaptations you have/have not had to make?
11. Describe any affects COVID-19 has had on your sleep, leisure time and social participation?
12. Describe some adaptations to your living routine you have made in order to maintain your mental health during this pandemic? If you have not made any, explain why.