


HEALTH-CARE WORKERS

– THE RELUCTANT HEROES?

During the COVID-19 lockdown, for a few minutes each evening, a cacophony of buzzing from vuvuzelas, clinking from spoons beating on pots and pans, whistling, and even the whine of violins and bleating of bagpipes rose from porches and balconies in some South African suburbs to honour health-care and other essential workers. They were feted as heroes, but this may have been a fraught narrative if one considers the significant trauma some of them suffered while facing a novel virus on the frontlines in a challenging health-care system. Based on an HSRC lockdown survey among health-care workers, *Inbarani Naidoo, Musawenkosi Mabaso, Ronel Sewpaul, Saahier Parker and Priscilla Reddy* report on health-care workers' concerns about transmitting the virus to their families.

A photograph of a female nurse in teal scrubs sitting on the floor of a hospital hallway. She is wearing a white N95-style respirator mask around her neck and has a blue hairnet. She is looking upwards and to the left with a weary expression. The hallway has white walls and a tiled floor.

A tired nurse rests in a Moscow hospital.
Photo: *Vladimir Fedotov, Unsplash*

During the COVID-19 lockdown, health-care workers were feted as heroes for continuing to work despite their fears and fatigue. .

Photo: Hush Naidoo, Unsplash



The traditional media, society, social media and governments the world over have lauded the courage, resilience and dedication of the health-care fraternity. The most popular word associated with frontline health-care workers (HCWs) globally has been 'hero.' Everything from official campaigns to street art expressing gratitude to those who risk their lives daily to ensure that people remain safe and cared for during the pandemic have mushroomed across the world.

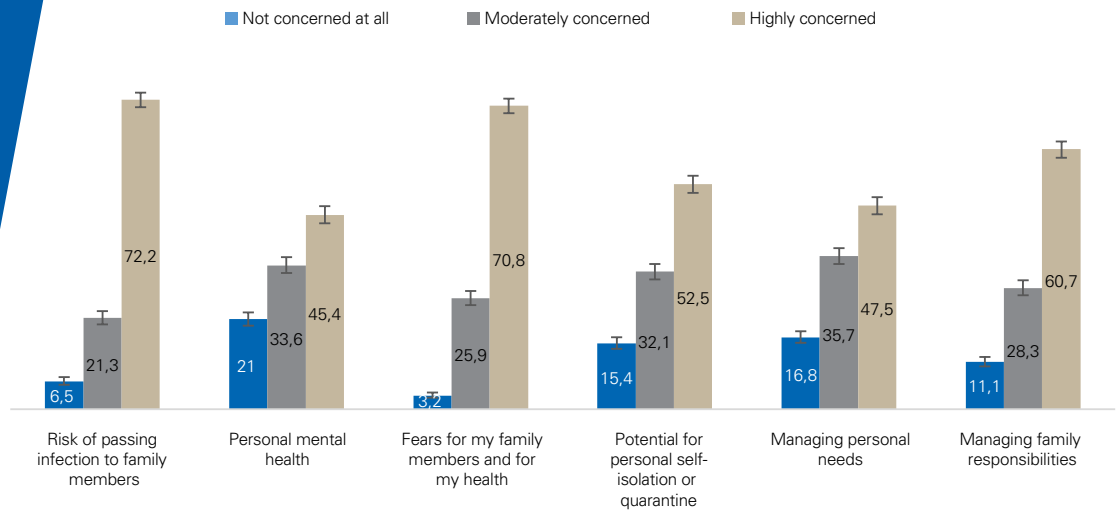
However, while the rest of their fellow citizens stayed home, most HCWs continued to work despite their own fears and fatigue. In many cases, insufficient clinical training or experience in handling the new virus as well as accessing personal protection worsened their fears. These fears and concerns around having to risk their lives and possibly endanger their families contradicted the image many have of the undaunted 'hero'. In August 2020, Jessica Stokes-Parish and her colleagues [warned](#) in the *Journal of Nursing Scholarship* of the unintended consequences of portraying nurses as 'angels and heroes' – that it may be dangerous, for example, if 'providing a safe working environment is unconsciously less of a priority for people who have this super power to overcome adversity'.

As the pandemic spread rapidly in Asia, Europe and the United States, we sought to understand the levels of concern of HCWs towards themselves and their families during these unprecedented times in South Africa. Between 11 April and 7 May 2020, the HSRC and the University of KwaZulu-Natal Faculty of Health Sciences conducted a [survey](#) to understand the concerns, fears and needs of as well as threats to HCWs during the early months of the pandemic. A total of 7 607 health-care professionals participated in the Health-care Workers survey.

Fearing for their families

The results on [the state of wellbeing of HCWs](#) during the early days of COVID-19 in South Africa showed that psychological distress was significantly higher among nurses than other health professionals. This was associated with low levels of perceived general health and wellbeing. We also found that HCWs' level of concern for personal and family wellbeing and for passing COVID-19 infection to family members was significantly higher than for other possible areas of concern (Figure 1).

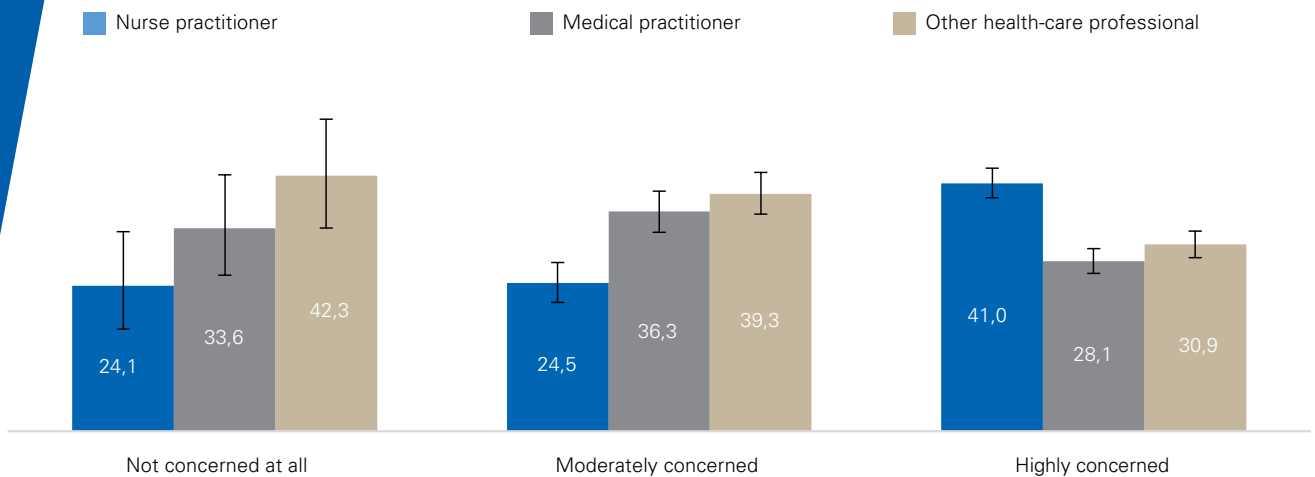
Figure 1: Level of concern for personal and family wellbeing



In the online survey questionnaire, participants had the option to respond about their level of concern with 'not concerned at all', 'moderately concerned' or 'highly concerned'. Of those who responded, 72.2% were 'highly concerned' about passing the virus onto their family members. Similarly, 70.1% of HCWs feared for their own and their family's health. In addition, 60.7% reported a high level of concern for 'managing family responsibilities'.

We then examined the level of concern for family members and personal health by professional category. The level of concern differed significantly by profession. Of all HCW categories, a higher proportion of nurses (41.0%) were 'highly concerned' about their personal and family members' health (Figure 2).

Figure 2: Level of concern for family members and personal health, by professional category



Our findings are consistent with the concerns of [HCWs](#) globally who worry about their personal safety and transmitting the virus to their families. In the June edition of *Family Process*, Jay Lebow, in his [essay](#) entitled 'Family in the Age of COVID-19', mentioned that life during COVID-19 had been intense for families, particularly for those who might already have had various challenges. This is in line with our findings that the level of concern for personal and family wellbeing was high during the early months of the pandemic in South Africa. These levels of concern point to a need for a proactive and practical approach to workplace health and the wellbeing of HCWs, as well as the need to support all professional categories of HCWs so that they are better able to address and cope with their concerns as we continue to adapt to the 'new normal'. A [Lancet editorial](#) in March called for providing food, rest, family and psychological support to HCWs.

The concern among HCWs for personal and family wellbeing could have effects that spill over into the workplace, such as lack of capacity due to HCWs' being afraid to go to work. Other [authors](#) have found that concern for personal and family health contributed to absenteeism among HCWs during disasters. Moreover, in a [2006 study](#) in Germany, Boris Ehrenstein and his colleagues [found](#) that 28% of 644 HCWs at a university hospital regarded it as professionally acceptable to abandon their workplace during a pandemic.

There is a need to collect data and understand the impact of the pandemic on the families of HCWs, specifically in South Africa. In May Dioscoridi Lorenzo and Chiara Carrisi conducted such a study, collecting data on the families of 38 HCWs in Italy. They [found](#) that 32 of them self-isolated from their families. Also, HCWs were not the primary sources of infection to their family members, as they had tested negative while the family members had tested positive.

As the pandemic seems to be under control in South Africa and lockdown restrictions have been lowered, the HSRC will continue its work within the health sector. The HSRC, its partners in the health fraternity and its organising bodies are preparing for the second wave of the Healthcare Workers survey. This second survey will continue to explore the narrative of HCWs in South Africa, including their concerns and vulnerabilities around knowledge and training, resources, infrastructure and personal protective equipment, as well as their health and wellbeing. The future work of the HSRC and its collaborators will seek to document HCW narratives and give a platform for the voices of frontline HCWs with the aim to ensure a lasting systemwide impact.

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A health-care worker testing a patient's blood pressure.
Photo: Hush Naidoo, Unsplash