

Title

COVID-19 psychological adjustment distress: the case study of professional health workers in Manicaland Province in Zimbabwe

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Abstract

In the absence of functional mental health work policy, coronavirus disease (COVID-19) can have severe and detrimental mental health effects among professional health workers. Lack of professionally coordinated, consistent and systematic mental health programmes and policies can worsen psychological distress among professional health workers. It was in the interest of this paper to find out the psychological impact of Covid-19 pandemic among professional health workers in Africa particularly in Zimbabwe. Possible interventions were also considered in the article. In this research article, the qualitative paradigm was used. The participants were drawn across the hospitals in Manicaland province in Zimbabwe. The sample size was determined by the saturation level which occurred when the participants were repeatedly giving related responses. Semi structured interviews were used to collect extensive data from the health professionals. The study found out that the use of online counselling platforms comprising of multidisciplinary mental health teams can assist professional health workers to deal with COVID-19 psychological distress. The sharing of ideas, workloads and collective resolving of perceived challenges can lessen the psychological distress among the professional health workers. The study also concluded that healthy life styles such as embarking of daily physical exercises can go a long way in alleviating the psychological distress. Relaxation, resting and engagement on daily physical exercises can contribute to psychological well-being. It was also found that the use of role models such as prominent national celebrities appreciating the rendered health services can assist professional health workers to build mental health resilience.

Key words

anxiety, detrimental, distress, coronavirus disease (COVID-19), impact, pandemic, Manicaland, Zimbabwe

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Introduction

The onset of coronavirus disease (COVID-19) sent a wave of unrepresented fear, stigma and worry especially among the professional health workers. The anxiety was worsened by the excessive work load as the professional health workers struggled to cope with the ever-increasing COVID-19 pandemic cases. In the absence of functional mental health work policy to cater for distressed professional health workers, the pandemic can have some severe and detrimental mental health effects. Losing lives in hospital wards was like losing a battle while being on the frontline which degenerated into psychological distress. This can lead to emotional burnout, disillusionment and fatigue among the professional health workers. It was the interest of this paper to find out the distress experienced by the professional health workers in Zimbabwe and possible intervention measures. In this research article, the qualitative paradigm was used. The participants were drawn across the hospitals in Manicaland province in Zimbabwe. Semi structured interviews were used to collect extensive data from the health professionals. The article respectively covers the background, Covid-19 related concepts, aims and objectives, methodology, discussion, recommendations and conclusion.

Background

The normal ways of thinking and behaviour patterns was abruptly disrupted by the advent of life threatening COVID-19 pandemic. During the onset of COVID-19 pandemic, the health professionals were ill-prepared to handle the sudden increasing cases of COVID-19 patients. Dzirutwe (2020) put across that hospitals in Africa especially in Zimbabwe, were already struggling to deal with other pandemics such as HIV and AIDS. The limited health infrastructure for COVID-19 patients remarkably in Africa generated pandemonium among the health professionals. Most of the health professionals in Zimbabwe felt in-secured as they did not have life insurance policies (Marsh, 2020). The widespread nature of the novel corona virus brought in fear and adjustment problems among the professional health workers especially in Africa. A sense of security was lost which degenerated into hopelessness and loss of self-esteem. There were spontaneous psychological reactions as the professional health workers tried to deal with the distress. The health workers were however overwhelmed and found it insurmountable to manoeuvre and attend to ever-rising COVID-19 cases. This triggered depression, acute stress, insomnia and emotional exhaustion (Dzinamarira, Dzobo, Chitungo, 2020). Regardless of the

preventative measures such as lockdowns implemented by different countries, the health workers had no choice but to be in direct contact with the COVID-19 patients. Lives were lost in line of duty as some were exposed to the virus. This made the health professionals emotionally unstable, exhausted and fragile.

Covid-19 psychological distress related concepts

Psychological distress encompass, unpleasant feelings or emotions that affect human beings' general functioning and could induce negative feelings of the self, others and the environment (Cassim, 2020). The health professionals are also at risk of acquiring the pandemic and can even spread it to their respective family members. WHO (2020), reiterates that the pervasive spread of COVID-19 across the world had adversely affected the health delivery system across the globe. This implies that the professional health workers are not spared from depression and anxiety as they make direct contact with COVID-19 patients. Chigevenga (2020) posits that COVID-19 threatened the psychological sense of security among professional health workers. The perceived high level of frustration due to emotional exhaustion disrupts the family harmony and tranquillity. The health professional workers take extra precautions as they adjust to meet the new risk demands of work. Chingono (2020) postulates that health professional workers need psychological interventions to assist them to deal with COVID-19 related grief, anxiety, depression, trauma and burnout. Pavari (2020) state that indirect exposure and witnessing of sad events resulting from the pandemic or being informed about traumatic events of significant others resulted in irritation, poor concentration, difficulty sleeping and extreme burnout. It is, therefore, essential for the professional health workers to have access to mental health services. This can assist them to mentally prepare, adjust and face the demands of COVID-19 related psychological distress. Due to COVID-19, health providers have had their elective work reduced.

Muchetu, (2020), opine that lockdowns confine residents to limited outdoor leisure activities. This exacerbates uncertainty and subsequent psychological distress among the professional health workers. It is, however, essential to note that outdoor leisure activities may be regarded as less indispensable especially by the elderly as compared to the young people. Spoorthy, Pratapa, and Mahantc (2020), posit that elderly professional health workers are susceptible to emotional exhaustion as they find it difficult to endure long working hours. Irrespective of different sociodemographic factors, the professional health workers had to bear the burden of dealing with COVID-19 psychological distress. In the absence of functional mental health work policy to cater for

them, the pandemic distress can be fatal and detrimental. WHO (2020), asserts that health workers are particularly at risk of stigma and discrimination due the wrongful perceptions that they have become vectors of COVID-19. This article can be of help in formulating intervention strategies to assist professional health workers to deal with psychological distress.

The lethal nature of the novel coronavirus, limited knowledge on the nature of virus and excessive work load fortify the psychological distress among the professional health workers. According to Makurumidze (2020), an increased workload due to COVID-19 pandemic has resulted in emotional exhaustion, medical errors, low productivity, high turnover rates and lack of empathy towards patients. During the onset of the pandemic, greater attention was given to the procurement of personal protective equipment as compared to mental health enhancing programs. The towering transmission rate of the virus increased the risks of adjustment disorders among the professional health workers. This compromised the psychological sense of safety which degenerates into anxiety among the professional health workers.

Aim and objectives

The study sought to find out the psychological distress experienced by the professional health workers in Africa especially in Zimbabwe in the face of COVID-19 pandemic. It sought to identify how the professional health workers are dealing with the distress. The study also sought to come out with possible intervention strategies of dealing with the perceived distress. The study findings can be of great help to the professional health workers in the understanding and management of experienced distress. The findings can be used in the formulation and implementation of functional mental health work policy for the professional health workers. The study forms the platform for meaningful and relevant intervention strategies suitable in the Zimbabwean context. In other words, the study findings serve as a strong foundation for building contextual psycho-social support for the distressed professional health workers in Africa especially in Zimbabwe.

Methodology

In this research article, the qualitative paradigm was used. According to Chereni (2014), descriptive design allows the researcher to do the study in a contextual natural setting to obtain high quality and honest data. It is useful when much is unknown about the problem. A descriptive case study was used to cast light on the COVID-19 situation among

health professionals in Manicaland province in Zimbabwe. The case study allowed the researchers to explore key characteristics and meanings of the situation by putting all relevant aspects to give a full picture of the situation. The participants were drawn across the hospitals in Manicaland province in Zimbabwe. The participants were purposively selected. A purposive sample is when a researcher chooses specific people within a population (Chitiyo, Hughes, Chitiyo, Changara, Phiri, Haihambo, Taukeni & Dzenga, 2019). In this study, the sample comprised of 13 health professionals at management level who have vast life and work experiences and command respect. Semi structured interviews were used to collect extensive data from the professional health workers. The data was based on the psychological distress experienced by the health professionals and how the distress is managed. The semi structured interview questions were used to collect data on 3 domains namely perceived distress, causes of the distress and the possible mitigatory measures to deal with the distress. Semi-structured interviews are characterised by broad and open ended non-evaluative questions. The data needs to be intensively analysed by the researcher to get a close understanding and related meaning (Sibanda, 2016). This type of interview allows the researcher to examine speech details of the interviewee with relevant experiences. In this study, the semi structured interviews were open-ended. Each semi structured interview sessions took an average of 30 minutes. Open-ended and non-judgemental questions were used. Where necessary, the participants were probed to clarify responses. Some ethical considerations of informed consent, confidentiality and voluntary participation were taken into consideration. Thematic analysis was used to extract data. Thematic analysis is whereby the researcher closely examines the data to identify common themes, such as patterns of meaning that come up repeatedly, ideas and topics (Chinyakata, Raselekoane & Gwatimba, 2018). This method of data analysis allows the researcher to approach the data more easily by sorting it out into broad themes. In this study, the researcher analysed the explicit content of the data reflectively to overcome subjectivity. The extracted data was transcribed into themes, categories and subcategories as shown on table 1 below.

Findings

Table 1: Themes, categories and subcategories

Themes	Categories	Subcategories
Perceived psychological distress	Anxiety	Persistent worries Future uncertainties
	Emotional exhaustion	Irritability Burnout Disillusionment
Stigmatisation	Negative stereotypes	Labelling Discrimination Self-defeating thoughts
Dealing with distress strategies	Social support	Interpersonal relationships Social connectedness Encouragement Story telling
	Engagement in recreational activities	Relaxation Indoor minor games
	Engagement in physical activities	Walking Jogging Swimming
	Online professional mental health services	Online counselling

Three themes namely perceived psychological distress, stigmatisation and dealing with distress strategies were identified as shown on Table 1.

Perceived psychological distress

The participants gave an account of the felt psychological distress. The described distress was in the form of anxiety and emotional exhaustion. Lack of adequate personal protective equipment against novel coronavirus made them more vulnerable. They became anxious as they felt uncertain about their safety. Conti, Fontanesi, Bizri, Kassir and Tamim (2021), concur that health professionals reported higher levels of somatization, depression, anxiety and post-traumatic stress disorder. The anxiety was so pronounced that they became emotionally exhausted. They were no longer enjoying work due to burnout. The participants felt irritable as they continued to work in the midst of COVID-19 pandemic hospital wards. The work load proved to be insurmountable as they had to deal with ever rising cases of COVID-19 pandemic in hospitals. The sense of hopelessness, low self-esteem and frustration grappled the professional health workers. As the level of frustration increased,

they ran out of patience to work without adequate resources. Some had to embark on industrial actions in the form of strikes. The psychological sense of insecurity spilt even into their respective families. The family members felt in-secured as they had direct contact with their own members who practise in different hospitals (Nhapi & Dhemba, 2020). They were afraid of spreading the virus to own family members.

Stigmatisation

The health professionals were stigmatised to continue working in the midst of COVID-19 pandemic patients without adequate personal protective equipment. The stigma compromised the quality of services they rendered during the discharge of their respective duties. They struggled to deal with intrusive negative thoughts of insecurity. They experienced irrational behaviour and thinking patterns as they continued to be discriminated against by some members of the local community. According to Dongo (2020), some health professionals were shunned, discriminated against and segregated by their own relatives and friends. They remained segregated as they were regarded as the most possible carriers of the coronavirus. The prognosis of the pandemic was uncertain which prompted some emotional reactions and responses.

Dealing with distress

As a way of dealing with the distress, the participants put across various mitigatory measures. Social support was regarded as essential in resolving psychological distress. The building and maintaining of interpersonal relationships facilitate social connectedness. Social support in the form of encouragement and story-telling also helped to give a sigh of relief. Makoni (2020) put across that contextual psychosocial support provides continuous care, encouragement, motivation and protection. They valued interpersonal relationships as essential in facilitating the psychological sense of belonging. They did not feel isolated and dejected but accepted and valued. Participation in some online recreational activities was viewed as a way of refreshing the mind and reducing boredom. Some physical activities such as jogging, swimming and taking a walk but maintaining social distance facilitated relaxation and promoted peace of mind. The provision of online counselling services was beneficial as most of them reported to have regained sound psychological wellbeing.

Discussion

The advent of COVID-19 promulgated a wave of fear among the frontline professional health workers across the globe. The perceived distress included anxiety, depression, stigma, burnout among the list. The uncertainty on the fate of those infected by the virus stirred unrepresented trepidation. The anxiety was also exacerbated by the lack of medication for the virus. Not only were the professional health workers anxious about themselves, but also the safety of their families whom they had direct contact with. They anticipated the relevant stakeholders and responsible authorities to rescue the dreadful situation but in vain. This worsened the uncertainty accompanied by fear and sense of personal, family and career insecurity. Makoni (2020) posits that health professionals are also engulfed by uncertainties as sometimes their own parents, relatives and friends capitulate to COVID-19. It is also important to note that, these health professionals held some social obligations such as fending for their families as bread winners. The failure to provide for the family as a result of contracting COVID-19 and being uncertain of the possible outcome perpetuated the psychological distress. The distress was even felt and shared by their respective family members as they had to look after the sick but sometimes without the necessary competence and personal protective equipment. In contrast, WHO (2020) posits that, to mitigate income losses precipitated by COVID-19, some countries are incentivising e-health. Other countries provide non-health specific COVID-19 related compensation.

The distress culminated into low self-esteem, hopelessness and frustration among the professional health workers. The unpleasant experiences gave rise to some night mares, flashbacks and disillusionment. Some of the health professionals were so traumatised that they intended to avoid the work environment. The intrusive automatic negative frightening thoughts disturbed the professional health workers. In contrast, WHO (2020) states that due to COVID-19 pandemic, health professionals have seen patients preferring online health services which reduced the workload. It can, however, be argued that the success of online health services was difficult to attain in African countries especially in rural areas where network connections are poor.

In order to curb the spread of the virus, some lockdowns and curfews were put across by most of the countries. Mokwetsi (2020), however, argued that lockdowns and curfews are not effective in controlling the spread of COVID-19 unless strict hygiene rules are adhered to. COVID-19 restrictions

made it difficult for the professional health workers to engage in outdoor mental health enhancing activities. This contributed to boredom and continuous isolation which prompted suicide ideation. Even though social media played a critical role on COVID-19 information dissemination, some of the information was not factual and misleading and this worsened the distress. The experienced anxiety, however, increased vigilance which enhanced the need to adhere to the stipulated guidelines of preventing the spread of COVID-19.

The perceived fear of COVID-19 pandemic sometimes became out of the expected proportion as it led to emotional breakdown, exhaustion and burnout. The professional health workers struggled to bear the tremendous workload as they endeavoured to deal with the ever-rising cases of COVID-19. Losing lives in hospital wards was like losing a battle while being on the frontline. Not only lives of non-staff members were lost but also from within the medical staff themselves. Nhapi and Dhembha (2020) indicated that emotional exhaustion due to work overload may lead to medical errors, low productivity, lack of empathy towards patients and higher turnover rates. The witnessing of own colleagues succumbing to the pandemic worsened the psychological distress.

Those who contracted the virus were stigmatised as they were subjected to discrimination, labelling and segregation even by their own community members. They felt dejected and withdrew from the social fabric even after recovering. Dzinamarira et al, (2020) concurred with the findings that due to stigma, professional health workers were discriminated against by some of the community members as they were perceived to be contaminated by the virus. This perpetuated the psychological distress which was gradually perceived as unresolved. The experienced intrusive negative thoughts of the self, others and the environment intensified the severity of the distress. The psychological sense of belonging diminished among the health professionals. The effort to build the much-needed trust to enhance social support was thwarted. In the context of self-isolation as a stipulated measure to prevent the spread of COVID-19, it was however, ideal to maintain social isolation rather than being surrounded by relatives and friends. Moments of self-isolation, sometimes provided an opportunity for self-introspection and subsequent regaining of the lost self-esteem. Chimbwanda (2020) had similar findings that self-isolation promotes and invigorates mental strengths and resilience. Social support should nevertheless, not be under-estimated as a protective factor, it builds a psychological sense of belonging, confidence and hope among the professional health workers. It is essential to note that relatives and

friends may not have enough counselling skills and competence. Lack of these skills may cause more psychological damage among the distressed health professionals.

Even after recovering from COVID-19, health professionals continued to endure labelling from other members of the community. They were viewed without supportive evidence as carriers of the virus which scared and prompted other members of the community to avoid them. Some derogatory labelling terms and remarks were sometimes used which lowered the self-esteem and social cohesion. Similarly, WHO, (2020) and Mugarisi and Matabvu (2020) concur that health workers are at particularly high risk of stigma and discrimination related to the COVID-19 pandemic due to wrongful perceptions that they have become vectors of the contagious disease in their communities. In some extreme cases of stigmatisation, those who were tenants were thrown out of the rented compartments by the anxious proprietors.

The provision of protective equipment contributed to psychological sense of safety among the professional health workers. In under-resourced developing countries, especially in Africa, it has increasingly becoming difficult to provide adequate personal protective equipment for all the health workers. The health professionals were exposed to life threatening novel coronavirus as they worked without adequate personal protective equipment. Makoni (2020) had related findings that there was a critical shortage of personal protective equipment which prompted some of the health workers especially in developing countries to reuse face masks. This made them more vulnerable to the virus. The responsible authorities in charge of the respective health institutions were sometimes perceived as insensitive to the needs of the health professionals. Lack of professionally coordinated, consistency and systematic mental health programmes for the professional health workers worsened the distress. The failure to redress the status quo was viewed as lack of competence to plan and execute intervention strategies on part of the respective governments and responsible authorities. It is however, essential to note that, the severity of the pandemic was not uniform across the globe. The citizenry's obligation to consistently observe and seriously practise the laid out preventive guide lines differed from one country to another. In an endeavour to express the felt disgruntlement, some of the health professionals especially in Africa had protested by embarking on demonstrations.

The pervasive spread of COVID-19 across the world had overwhelmed and compromised the health delivery services (WHO, 2020; Bizri, Kassir & Tamim, 2021). In a bid to help the professional health workers to deal with distress, social support

plays an important role. The use of prominent national celebrities saluting the good work being done by the professional health workers served as strong and positive role models essential for mental health resilience among the professional health workers. Akyurt (2020) had related findings that national celebrities can influence and facilitate positive thinking and behaviour patterns among professional health workers. In Kenya for example, the professional health workers were engaged in a local prominent dance called Zumba led by frontline worker Cheruto. The professional health workers needed to be appreciated and acknowledged for the great work they do especially by the celebrities and neighbourhood communities. The appreciation in the form of round of applause by the nearby neighbourhood can be emotionally healing especially for those experiencing work related emotional exhaustion. The ovation served as extrinsic motivation for the professional health workers to soldier on irrespective of the unfriendly environment where they operate on.

Conceptually linked to Maslow, (1943) hierarchy of needs, countries such as Zimbabwe and Egypt, considered the provision of physiological needs such as daily living necessities to professional health workers. This helped them to easily access basic needs and instead, redirected their mental competence towards saving lives. The provision of basic needs however, was not sustainable in developing countries due to resources constraints. In some reported incidents, the little available resources were looted before getting on to the intended beneficiaries. This left the professional health workers in a desperate, helplessness and vulnerable situation.

The use of online platforms comprising of multidisciplinary mental health teams interacting with professional health workers can be of great use. The online platforms provided opportunities to share experiences, successes, challenges and possible solutions (Egwu, 2020). This can help to build confidence, self-esteem and restore the lost psychological sense of safety. The expression of painful emotional feelings culminates to tranquillity. Through the help of online counselling services, professional health workers found it important to evaluate, monitor and regularise own emotions. The emotional expression had a calming effect but had to be done with caution to promote emotional growth. The health professional workers showed compassionate behaviour as they sympathised and empathised with each other without arousing previous painful emotional moments. Appropriate expression of emotions assists to ameliorate painful felt distress.

The health professionals valued social interactions as an essential aspect of dealing with distress. They

worked as a team ready to support each other to avoid emotional exhaustion. The team work built on two strong pillars namely communication and encouragement. The sharing of ideas, workloads and collective resolving of challenges lessened the psychological distress. Similarly, Dzinamarira, Mukwenha, Eghtessadi, Cuadros, Mhlanga and Musuka, (2020) put across that social isolation of health workers can lead to acute stress disorder because of direct exposure and witnessing patients succumbing to COVID-19 pandemic. This resulted to irritation, poor concentration, difficulty sleeping and excessive burnout.

They encouraged each other as they shared daily work-related challenges. The already existing family ties which they held stimulated sense of belonging, ideal thinking and behaviour patterns. The close ties among the family members led to positive psychological well-being. Family members acted as pillars of psycho-social support. Makurumidze (2020) concurred with the findings that social support restores sense of belonging and confidence among the health workers. Moments of laughter and joy were possible as they shared jokes after work. They had friends and family members to interact with outside the work environment. It is however, important to note that, not all the health professionals had strong and operational interpersonal relationships. Some health professionals had dysfunctional family ties. Cases of domestic violence were on the increase during the lockdown and the health professional workers were not immune from such nasty incidents. Family ties, however, still constitute an important foundation of encouragement essential for the health professionals to persevere and regain the lost hope.

Some of the health professionals resorted to religion and spirituality seeking solace. Religion was regarded as a linking channel to the revered Supreme-being believed to have absolute powers to protect them against the pandemic. Some of the health professionals revealed that they have gained mental strength and confidence. They reported to have experienced mental health calmness as they sought protection and intervention of the Supreme-being.

The need to exercise positive thinking, imagination and being optimistic helped the professional health workers to reduce the severity of the distress. Hope for a pending vaccination for COVID-19 drove the health professionals to keep on offering the essential expected services. It is important to realise that positive thinking, imagination and optimism, however, may fail to come to reality.

Engagement in recreational activities was regarded as an essential aspect among the health professionals. Some physical activities such as

walking, jogging and gymnastics improve the psychological well-being among the professional health workers. WHO (2016) and Dzinamarira, Dzobo and Chitungo (2020) assert that physical exercises boost self-confidence, emotional stability, cognitive functioning and social networking. Participation in physical exercises however, needed to be done following some guidelines and recommendations given by the specialists. Safety measures such as maintaining social distance when engaging in physical exercises needed to be observed.

From this discussion, these conclusions were made:

- Lack of professionally coordinated, consistent and systematic mental health programmes can worsen COVID-19 psychological distress among professional health workers.
- The work load should also be clearly structured showing for example resting time and duty shift schedules.
- The use of online counselling platforms comprising of multidisciplinary mental health teams can assist professional health workers to deal with COVID-19 psychological distress.
- The sharing of ideas, workloads and collective resolving of perceived challenges can lessen the psychological distress among the professional health workers.
- Healthy life styles such as embarking of daily physical exercises can go a long way in alleviating the psychological distress.
- Relaxation, resting and engagement on daily physical exercises can contribute to psychological well-being.
- The use of role models such as prominent national celebrities appreciating the rendered health services can assist professional health workers to build mental health resilience.

Recommendations

It is essential to establish mental health policies and programmes to assist professional mental health workers to deal with COVID-19 psychological distress. The professional health workers need resting period to minimise emotional exhaustion. The use of incentives can help to motivate the professional health workers. Health services should

be fully funded and given first priority on budget allocations especially during the COVID-19 pandemic. There is need to provide adequate personal protective equipment to build a psychological sense of security and safety among the professional health workers.

In consideration of foregoing recommendations, the future studies should look at:

- The psychological impact of social media in the dissemination of COVID-19 information.
- The psychological effects of national lockdowns and curfews in the midst of COVID-19.
- Investigating the stigma and discrimination experienced by the COVID-19 survivors.

Conclusion

Limited attention has been paid to mental health needs of the professional health workers in the midst of Covid-19 outbreak. Continuous depression, stress, frustration, insomnia and anxiety lead to persistent absenteeism from work. This can compromise in the quality of duty discharge and worsening the dire situation. Some mental health intervention strategies can help the professional health workers to discharge their duties effectively and confidently. A mental health support system should be put in place to assist the professional health workers to deal with distress. The psychological distress experienced by professional health workers should be a concern of all stakeholders and appropriate intervention strategies should be instituted.

We declare that the work reported is our own work. The work shall not be submitted to another publication unless rejected or withdrawn.

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