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Accessibility of Employee Assistance Programme Services to Healthcare Workers in a South African Public Hospital during the COVID-19 Pandemic: A Qualitative Study

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Abstract: The onset of the Coronavirus (COVID-19) pandemic affected almost every facet of human life. This exerted a lot of pressure on healthcare workers, who became overwhelmed while having to protect themselves and their families from contracting the virus. In addition to protective clothing and other services, Employee Assistance Programs (EAPs) became crucial for healthcare workers as they faced psychosocial problems related to work. This study sought to explore the accessibility of EAP services to healthcare workers in a public hospital in the North West Province of South Africa, during the COVID-19 pandemic. The study was qualitative in nature, with semi-structured face-to-face interviews used to collect data from a sample of 9 nurses, 2 doctors and 3 social workers. The data was analysed thematically. The participants had varied responses on the accessibility of the EAP services. The study noted that healthcare workers had difficulties accessing the services or might not have accessed them at all. Additionally, the study found that employees who could have fully accessed services were those who tested positive for COVID-19, and as soon as they recovered, the services were discontinued. The research recommends that EAP policies be revisited to prepare them for the demands of future pandemics. Debriefing sessions for healthcare professionals and EAP practitioners should be normalised during instances of pandemics. In the event of future pandemics, new forms of communication and online services should be prioritised to host virtual sessions with healthcare workers.

Keywords: COVID-19; Employee Assistance Programs; accessibility; South Africa; pandemic; healthcare workers, public hospital

Introduction

The novel coronavirus and its long-term consequences have left the global community shaken and concerned about its health and safety. The pandemic negatively affected Africa's ability to meet Sustainable Goal 3 (good health and well-being) (Mangwanya & Uwizeyimana, 2023). Since the declaration of the coronavirus pandemic in 2020, people had to change their ways of life. The virus introduced a new normal worldwide, as infected individuals were placed in isolation, lockdowns were introduced, and each individual was expected to wear a face mask. Since the coronavirus outbreak, healthcare workers have had the greatest responsibility of caring for the infected. This has put a serious strain on their well-being and mental health because they had to work under pressure to ensure that patients recover, while also having to protect themselves from contracting the virus. Healthcare workers caring for COVID-19 patients were faced with a lot of pressure and fear of being infected, losing their family members and colleagues, losing patience and stress, and physical exhaustion (Jianbo et al., 2020). Chersich et al. (2020) add that regardless of the measures taken to protect

healthcare workers from contracting the virus, their well-being has been compromised. Furthermore, they were alienated from their social lives and families because of fear of infecting their loved ones. Some healthcare workers also lost colleagues, and the healthcare system had been short of staff, leaving them working under pressure. In addition, feared contracting the virus, leaving them under great stress and the possibility of anxiety, depression burnout, or loss of lives. Therefore, this study sought to explore the accessibility of employee assistance programs to government healthcare workers in a public hospital in the North West province of South Africa.

COVID-19 emerged in December 2019 as a flu-like illness in Wuhan, Hubei Province, China (Shah et al., 2020). The initial cases were associated with a seafood market that also sold live animals. The seafood market was shut down and disinfected to contain what was believed to be a zoonotic infection transmitted from animals to humans. Common symptoms of COVID-19 included severe acute respiratory syndrome coronavirus, which presents with fever, difficulty breathing, diarrhoea, tight chest, and cough. In January 2020, this flu-like disease was identified as a new coronavirus known as SARS-CoV-2 (Shah et al., 2020). By May 22, 2020, more than 50 million confirmed cases of COVID-19 had been reported in 15 countries. Of the 50 million cases reported, 1,5 million were in the United States (COVID-19 map). A total number of 333, 000 deaths had been reported worldwide, and of that number, 94,000 had been reported in the United States alone (COVID-19 map). On 23 October 2020, there were 41,104,946 confirmed cases, with 1,128,325 deaths reported around the world. Fever was the most common symptom and had been reported in 98.6 % of cases (Wang et al., 2020). Patients admitted for COVID-19 required constant care and monitoring. Between 20% and 25% of the admitted patients were in the intensive care unit (Huang et al., 2020). The quarantine period of COVID-19 ranged from 10 to 14 days and the diagnosis was based on tests. Care and support remained the cornerstone of COVID-19, since many were physically and psychologically affected by the virus. Approaches to curbing COVID-19 included early diagnosis and identification, prevention of spreading, and management of complications (WHO, 2020). The exact mode of transmission had not been established. It appeared that most of the transmission occurred by droplet spread, which was generated when a patient coughed or sneezed.

South Africa reported the first case of COVID-19 on 5 March 2020. Since the first case report, different measures were implemented to mitigate COVID-19 (SA coronavirus, 2020). The government, together with other arms of the state, had ongoing discussions on ways to contain the spread of the virus with the primary aim of protecting South African residents (SAcoronavirus, 2020). Several strategies, suggestions, guidelines, and protocols were made to try to curb the spread of the virus. These strategies were divided into a phased approach, including preparation, containment, mitigation, and recovery. These phases were developed with a sound consideration of the South African population (Neto et al., 2020).

The state president declared a disaster on 15 March 2020 where several strategies were implemented (SAcoronavirus, 2020). A national lockdown was implemented, and only essential workers were allowed to provide services, and nonessential workers were to work from home. All social activities, tobacco, and alcohol were also brought to a standstill (Jackson et al., 2021). This approach drastically reduced the level of infections and the overflow in healthcare facilities was also reduced (Sambala, Manderson & Cooper, 2020). This helped healthcare workers reduce their work and the pressure to work with a large number of patients. Other measures implemented as ways to decrease infection included sanitizing, social distancing, constant surface disinfection, and constant hand washing (WHO, 2020). Contact tracing was also introduced since it helped to trace people who may have been in contact with patients. This was done to allow early detection and treatment. Since the declaration of the first case of COVID-19, 4,016,081 patients tested positive with 3 909 265 recoveries and 102,169 deaths (SAcoronavirus, 2022).

The availability of personal protective equipment (PPE) allowed healthcare workers to protect themselves while working with infected patients (Chersich 2020). Healthcare personnel spend long hours in a pressure-packed environment that had the potential to put a strain on their well-being. According to Melnyk et al. (2014), if healthcare personnel are subject to medical errors and burnout because they neglected themselves only to focus on the pressure that comes with their job descriptions. COVID-19 also left EAP practitioners under the pressure of developing advanced strategies to assist healthcare workers in how to deal with the adverse effects that resulted from working under pressure, losing families and colleagues, and fear of contracting COVID-19 (Giannis et al., 2021).

A study by the Human Science Research Council (2020) found that 80% of healthcare professionals felt at risk of contracting COVID-19. The Department of Health (2020) states that in August 2020, approximately 27000 healthcare workers tested positive for COVID-19 and 240 had already died. This left healthcare professionals in great fear for their lives and careers. Many healthcare professionals ended up on leave for longer and others were already not working due to isolation. This affected productivity on the job, leading to overcrowding in the hospital. The mental health and well-being of healthcare workers had been put under much strain, and this has led to high levels of forgetfulness and an inability to function properly in the workplace (Rees et al., 2021).

EAP practitioners play a very vital role in the well-being, functioning, and capacity of healthcare workers. Above all, they ensure that the needs, grievances, and mental health of healthcare workers are well cared for and attended to. This is to ensure that there is proper service delivery and productivity in healthcare facilities. EAP practitioners have important knowledge, skills, and techniques to assist healthcare workers (Chauke, 2018). EAP services are designed to address the overall wellness of employees and their immediate families. They offer counselling and emergency assistance to healthcare workers (Manganyi, 2015). The services identify and resolve personal, social and work-related matters that pose a threat to the well-being of healthcare professionals. These services not only benefit the employee, but also the employer, and productivity is improved (Joubert, 2015). Employee assistance programs offer services that address mental health issues, financial advice, grief counselling, work-related issues, and drug addiction. Mental health issues dealt with include anxiety, depression, and burnout (Chauke, 2018). EAP services were crucial during the COVID-19 pandemic, as front-line workers experienced psychosocial problems ranging from depression, fear, and anxiety. The EAP service providers had the mandate to provide services to healthcare workers, especially during the COVID-19 outbreak, as healthcare workers needed support and constant counselling (Jianbo et al., 2020). Other health care workers lost family members and EAP providers were crucial in providing grief counselling to healthcare workers before they resume service. Misinformation from unconfirmed internet sources, social networks (Zano & Charamba, 2021), and cultural beliefs worsened the psychosocial well-being of many people, including health care workers.

Methodology

The study adopted a qualitative approach. The study sought to understand how accessible EAP services were to healthcare workers during the COVID-19 pandemic. Some of the questions that were asked to the participants are: What EAP services were available to you during the COVID-19 pandemic? What challenges did you face in accessing EAP services? The qualitative approach thus allowed researchers to explore different points of view and experiences of participants during the COVID-19 pandemic (Pathak et al., 2013). Data were collected using semi structured face-to-face interviews. An interview schedule was created to guide the interview sessions. The study targeted healthcare workers in a public hospital in the North West province of South Africa. Participants were selected using a purposive sampling technique. The selection of participants for this study entailed a set of inclusion and exclusion criteria, and the sample comprised 14 participants (9 nurses, 2 doctors, and 3 social workers). All selected participants voluntarily agreed to participate in the study. Thematic analysis was used to analyse the collected data. The data was analysed following the Blandford, Furniss, and Makri (2016) steps. The steps include familiarization, generating initial codes, reviewing themes, defining and naming themes, and finally, producing the report. The study obtained ethics clearance from the North-West University Health Research Ethics Committee. Participants' privacy and anonymity were respected throughout the study. Participants were assigned pseudonyms to protect their identities.

The Findings and Discussion

The findings of the study are presented thematically as follows:

1. EAP Services Available at The Public Hospital during the COVID-19 Pandemic

An EAP practitioner offers a wide range of services in healthcare facilities. The services aim to improve the well-being of healthcare workers and other professionals in healthcare centres. Services offered by EAP

professionals include financial advice, mental health assistance, workplace conflicts, absenteeism, and domestic problems related to work (Manganyi, 2015). It emerged that the services offered by the EAP practitioners in the hospital included counselling, debriefing sessions, awareness of COVID-19, and follow-ups in patients. The participants had different views on EAP services at the hospital, as other participants could not explain the service they received from EAP professionals during the COVID-19 pandemic. Some participants were unable to explain the services provided by EAP practitioners, and others had little to no knowledge about EAP services. Other participants stated that they had never had an encounter with EAP practitioners. This might suggest that they did not know about EAP services during COVID-19. The following are the services offered by EAP practitioners at the provincial hospital.

Counselling

Counselling is one of the core services offered by EAP practitioners, and the services can be offered in a group setting or in one-on-one sessions (Xu et al., 2021). EAP practitioners must assist in client-specific ways by tailoring all techniques to suit their needs. The participants had varied responses to the counselling offered by the hospital practitioners. Some stated that they received the service, while others mentioned that they never received it from the practitioners. Furthermore, some participants perceived EAP practitioners and social workers as two different professions. Below is a response of one of the participants about the counselling offered by EAP practitioners in the hospital:

“Social workers came after a long time to offer counselling to nurses in the hospital. They also helped to deal with personal problems” (Nurse 4)

The researchers noticed that not much was said about counselling, and some participants repeatedly mentioned that they did not receive services from practitioners, while others stated that they never received counselling from EAP practitioners. One of the participants stated:

“It was never announced, but we knew that there were new social workers employed to help hospital employees” (Social worker 3)

Counselling is a common strategy in the healthcare fraternity and other professional settings. It is offered either telephonically or face-to-face. Counselling addresses different categories such as educational, advice, and psychological matters (Xu et al., 2021). Practitioners working during the COVID-19 pandemic had the duty to address these categories to improve the well-being of healthcare workers. Research states that the need for counselling by healthcare workers was also caused by increased levels of stress that were caused by having the greatest obligation to care for infected patients (Xu et al., 2021).

Debriefing Sessions

Debriefing sessions are part of the services that EAP professionals offer in the hospital. Healthcare workers may have experienced distress because they could not assist patients the way they would have wanted to and ethically appropriately (Lee de Bie et al., 2023). This distress may lead to a lack of productivity and desired outcomes. The participants had different opinions on the debriefing sessions offered by the practitioners. Below are the responses from the participants on debriefing as one of the services offered by the EAP practitioners:

“Social workers would give us moral and emotional support for healthcare workers” (Nurse 11)

“Social workers would hold sessions where they would provide more information on how to treat patients” (Doctor 2)

The responses of the participants suggested that debriefing sessions were held, but not to the satisfaction of the healthcare worker. Responses were limited and the explanations for the briefing sessions were very short. Briefing sessions are important, and it is the responsibility of EAP practitioners to ensure that

they host periodic briefing sessions with healthcare workers so that they can understand their needs, feelings, and strategies on how to overcome the ordeal they are faced with and if they have enough resources to take good care of patients (Lee de Bie et al., 2023).). Debriefing is paramount since it allows healthcare workers to come in place to discuss matters affecting their productivity or tips on ensuring that patients are well cared for (Lekate, 2021).

Follow-up on COVID-19 Positive Patients

Follow-ups are of paramount importance since they monitor the results of intervention strategies offered to clients during client-practitioner sessions (Lekate, 2021). EAP practitioners informed healthcare workers and patients who tested positive for COVID-19. Practitioners also recorded statistics of individuals, as well as prevalent symptoms. Furthermore, practitioners traced contact persons from patients or healthcare workers. This was done as soon as the results were received from the hospital laboratory. Patients and healthcare workers who tested negative were also notified of their negative results and are sometimes called to the hospital to collect a hard copy of their results. This was commonly done by patients traveling outside the country. A follow-up was then conducted for patients who were positive. This was done to check if they are coping and if they need more help or are admitted to the hospital. Participants had varied responses about follow-up during the COVID-19 pandemic. Some were able to receive the services after testing positive, while some stated that they did not receive the service. Below are the comments made by the participants:

“Local social workers would check on me when I was home. They followed up when I was home” (Nurse 1)

“But there is a social worker who once called me when I tested positive” (Nurse 5)

The researchers noticed that very few participants spoke of having received this service. Some mentioned that there were services offered, but they never received any of the services. The availability of such services to other healthcare workers is then questionable. Practitioners mentioned that they have a lot to do in the hospital and sometimes did not follow up on patients. They explained that they had to perform administration duties, collect statistics and do follow-ups and rounds on the COVID-19 ward. Below are the remarks made by the participants regarding follow-ups:

“It was not helpful because you could only access it after COVID” (Nurse 1)

“Social workers at the hospital did not call, no follow-up was done, and no communication” (Nurse 2)

Follow-ups are very vital in EAP services. They determine the progress of healthcare workers and whether further intervention is needed. A follow-up session also prevents relapse in situations where the client’s well-being is threatened (Manganyi, 2015). Follow-up services are vital, and EAP practitioners should ensure that the service is provided to improve the well-being of healthcare workers. Follow-up sessions confirm whether the interventions set have helped healthcare workers. In addition, follow-up sessions help prevent relapse, thus achieving a successful intervention. EAP practitioners use follow-ups to assess factors that may have been possible triggers for the problem presented by the clients and discover ways to prevent them. They also help determine whether healthcare workers need additional assistance or not.

COVID-19 Awareness

Participants expressed different views on COVID-19 awareness campaigns offered by EAP practitioners. Awareness was informative; however, it could not cover all healthcare workers since some had to remain in the hospital wards to care for patients. The comments made by the participants explain the extent of the availability of awareness campaigns of practitioners:

“There was a COVID-19 awareness campaign on the job” (Doctor 2)

“We received brochures that informed us about COVID-19 at work” (Doctor 2)

“Regular training to provide knowledge and information on how to deal with COVID-19” (Doctor 2)

During the analysis, the researchers observed that doctors received more attention than other healthcare workers. They appeared to have received more COVID-19 awareness than other healthcare professionals. Argun et al. (2022) state that effective awareness of COVID-19 improves the knowledge base of healthcare workers and helps develop a positive attitude. Awareness campaigns were intensified to reduce stigma, discrimination, misinformation, anxiety, and fear among healthcare workers and communities (Mbunge, 2020). Social media platforms, brochures, videos, and seminars were held to educate and equip healthcare workers on protective measures and adapting to the new normal. The campaigns also highlighted the importance of seeking assistance when not dealing with the pressure and expectations that came with the COVID-19 pandemic.

Accessibility of EAP Services at the Hospital during the COVID-19 Pandemic

Access to EAP services during COVID-19 was very important, given the amount of work, pressure, and expectations on healthcare workers. Most healthcare workers abandoned themselves and their families to ensure that patients were well taken care of and always were around critical patients (Loscalzo, 2022). Healthcare workers had to keep up with beeping machines and patients calling out their names occasionally. Therefore, it was paramount to ensure that their well-being was maintained and that they were in a good state to continue practicing. Participants had varying views on the accessibility of EAP services at the hospital. Below are the comments they made about accessibility during the COVID-19 pandemic:

“I am not satisfied with how the EAP practitioners failed to provide services to us and would recommend that the hospital looks into ensuring that the well-being of the employees is taken care of so that good results are produced” (Social worker 2)

“I cannot say that they helped me... The hospital did not take care of my needs’. (Social worker 3). “I think they do, but I don’t think our hospital fully provides such a service” (Nurse 5)

“We worked for more than 12 hours, with many expectations of the hospital while it did not care about our well-being. The hospital manager did not do any follow-ups” (Nurse 2)

Despite the negative responses of the participants about the accessibility of EAP services in the hospital, some were able to access the services. This might suggest that the EAP services were partially available to healthcare workers. Below are the statements made by some participants on the accessibility of EAP services:

“Yes, they do because when I tested positive, they did follow-ups and checked on me” (Social worker 1)

“Yes, they helped with the workload. We had a lot of work and felt like we did not have enough time to rest. We worked for over 12 hours, with many expectations from the hospital that did not care about our well-being” (Nurse 2)

A nurse expressed her dissatisfaction with the hospital and the accessibility of EAP services in the hospital and said:

“However, there is no form of EAP services in the hospital. The hospital does not care for our well-being” (Nurse 3)

This could suggest that the accessibility of EAP services in the hospital is very questionable. The above responses on the accessibility of EAP services in the hospital suggest that EAP services were not fully accessible to all healthcare workers. Services were provided to healthcare workers who tested positive, and the main objective of the contact was to trace contact persons and inform the healthcare worker about their positive status, as well as to follow up with the healthcare worker. The Canadian Centre for Occupational

Health and Safety (2020) states that providing EAP services improves the productivity and efficiency of employees. Therefore, it is important that the services are made available to employees to provide good services to clients, the organization, and patients. The hospital admitted a large number of COVID-19 positive patients to the point where the private ward was also cancelled so that the space could be used to accommodate COVID-19 patients. In addition, a marquee was later installed to accommodate other patients. It is quite clear that there was an overflow of patients and that healthcare workers worked under great pressure because they were expected to ensure that every patient was well taken care of.

2. Perceived Challenges in Accessing EAP Services during The COVID-19 Pandemic

The participants had different views on the challenges in accessing EAP services. It should be noted that EAP services were of paramount importance during the peak times of COVID-19, since healthcare workers were under great pressure since they lost patients and their loved ones and did not have time for themselves either. Some challenges in accessing EAP services include a lack of information, the inaccessibility of EAP practitioners, and a lack of resources.

Lack of Information

The lack of information on EAP services was a challenge that the participants mentioned. The following statements attest to this.

“I don't know much about them” (Doctor 1)

“I have never had a conversation with EAP practitioners” (Nurse 4)

“We only knew that there were social workers hired for COVID-19” (Social Worker 2)

“It was never announced, but we knew that new social workers were employed to assist hospital employees” (Social worker 3)

The researchers observed an insufficient marketing of the EAP services in the hospital because most of the participants did not know about the services. Researchers also noted that the hospital EAP service providers did not value the importance of the program for employees. The hospital's EAP practitioners did not plan their marketing strategies in time. In other cases, they would have advertised their services or held workshops, but did not consider aligning the workshop dates with the healthcare provider's working schedule, leading to fewer attendance. However, it is important to note that EAP practitioners were also at risk of contracting COVID-19 and sometimes limited the number of their consultations. It was possible that the EAP service providers could be infected and unable to support healthcare workers. The researchers observed that the EAP practitioners in the hospital did not have any electronic devices that would help them to conduct counselling or therapy sessions virtually. The practitioners provided face-to-face counselling sessions that left them at the risk of being infected.

Unavailability of EAP Practitioners

The growing negative impacts of COVID-19 on healthcare workers emphasized the need for EAP and sustainable interventions for healthcare workers. EAPs were key to addressing the personal, social, and work-related fears caused by the pandemic. Their availability was vital because they played an important role in ensuring that healthcare workers were psychologically and physically fit to assist patients. Participants had different responses to the lack of availability of EAP practitioners. The following are the responses of the participants:

“EAP practitioners were not available during my recovery from COVID-19; I only spoke to them once” (Nurse 9)

“There was no help from EAP practitioners” (Nurse 2)

Practitioners of EAP play an important role in the workplace, especially in situations that challenge employee well-being (Wills, 2018). Practitioners were needed the most during COVID-19. The services they offered were important as they helped improve the productivity of healthcare workers. According to the views of the participants, EAP practitioners were unavailable during the pandemic. The inaccessibility of practitioners during COVID-19 is also supported by Veldsman and van Aarde (2021), who mentioned that practitioners feared contracting the virus, while some did not even have protective equipment. Furthermore, there was a shortage of doctors in healthcare facilities, making it difficult for available physicians to see all employees and ensure they are coping. EAP practitioners were also affected by the pandemic, but they still tried new ways to help healthcare workers without putting themselves at risk of infection.

Lack Of Resources

A shortage of resources has been reported in most healthcare facilities worldwide. Protective equipment during this time was very important and self-protection was vital before helping others. Having seen the adverse effects of COVID-19, it was paramount that physicians stay protected. The participants had various responses regarding the lack of resources as a challenge in accessing EAP services. Below are the responses of the participants to the lack of resources:

“We did not have enough PPE” (Social Worker 2)

Countries across the continent have been stuck by a shortage of resources such as ventilators and personal protective equipment during the COVID-19 pandemic (Livingston et al., 2020). The lack of sufficient PPE made it difficult for practitioners to provide adequate services to healthcare workers. They were unable to protect themselves from contracting the virus, leaving them at risk of infection. Although EAP services were important, practitioners could risk consultations without being adequately protected from the virus. The transition to virtual sessions was somewhat difficult since the practitioners did not have the proper devices to conduct the sessions. Additionally, they would also require training and induction on how to use the devices, which may also be strenuous for EAP practitioners (Chang, 2020).

Conclusion

EAP services were crucial for healthcare workers during the deadly COVID-19 pandemic. However, not all healthcare workers easily accessed EAP services during the pandemic. Priority was given to those who tested positive, and services became limited as soon as they recovered. The engagement they received began when they tested positive when contact persons were needed and how they were coping and recovering. The lack of information, the unavailability of EAP practitioners, and limited resources affected the access of healthcare workers to EAP services. This study could help the South African Department of Health design intervention strategies for its employees during pandemics. The findings of the study may also be used by workers' unions for healthcare professionals to lobby for improved services during future pandemics. During future pandemics, health care workers should have more priority as they should be physically and emotionally stable to be able to help the generality of the society. We recommend that EAP practitioners develop new strategies to ensure that all employees in their work environments can easily reach them. Virtual services should be prioritised when physical contact is limited. Feedback and suggestions from healthcare workers should also be sought to ensure that services are tailored to improve their well-being.

Informed Consent Statement: Informed consent was obtained from all subjects involved in the study.

Conflicts of Interest: The authors declare that they have no conflict of interest.

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