RESEARCH ARTICLE

# The lived experiences of South African occupational therapists regarding the impact of COVID-19 pandemic on their wellness


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## ABSTRACT

**Introduction:** The Covid-19 pandemic impacted the wellness of health professionals around the world. In order to ensure that healthcare systems are sustainably able to provide services during times of emergency, the health and wellness of health professionals should be safeguarded. The researchers were interested in exploring the impact of the first wave of the pandemic on the holistic wellness of South African occupational therapists and to identify strategies therapists employed to facilitate their own wellness.

**Method:** The study followed a qualitative research design with phenomenological characteristics. Two asynchronous (text-based) online focus groups were conducted, each with eight participants. Participants providing occupational therapy services in different fields of practice and in different contexts were purposefully selected. Participants in both groups were asked a series of five questions in an online forum over a period of six days. Two researchers facilitated interaction within the groups to encourage in depth discussions.

**Results and Discussion:** The data were analysed by means of deductive thematic analysis, whereby the dimensions of holistic wellness were used to guide analysis. The results illustrate the pervasive influence the COVID-19 pandemic had on the wellness of South African occupational therapists.

**Conclusion:** Lessons learnt are discussed to facilitate the preparedness of South African occupational therapists for future pandemics.

**Implications for practice**

- Occupational therapists should endeavour to prioritise their own wellness to the best of their abilities.
- Occupational therapists should utilise familiar strategies to facilitate their own wellness during future highly stressful times, such as during future pandemics or states of emergency.
- Occupational therapists may be excellently positioned to facilitate the fostering of wellness of other HPs in the professional team.


## INTRODUCTION

'Wellness' is viewed as an umbrella term that encapsulates all dimensions of a person's life[1]. These dimensions as summarised by Miller & Foster[1] include physical; emotional/psychological; social; intellectual; spiritual; occupational; environmental; economic; cultural and climate wellness.

The WHO indicates that wellness includes not only the absence of illness, but that it refers to a state of overall wellbeing[2] The wellness of health professionals (HPs) is widely acknowledged as a necessity to service provision, as their state of wellness may directly affect their ability to provide quality service to clients[3]. Health professionals who are experiencing emotional exhaustion and burnout may have diminished professional engagement[4]. Medical errors may contribute to medical costs and client safety and satisfaction have been shown to increase when the wellness of HPs are ensured[3].

## Literature review

The first wave of the COVID-19 pandemic impacted on the wellness of HPs around the world [5,6]. Studies have focussed predominantly on the impact of the pandemic on the emotional and physical wellness of HPs. Various studies have highlighted the increased incidence of symptoms of, for example, anxiety, depression, workplace burnout, psychological trauma and sleep problems in HPs during COVID-19[5–8].

Various stressors impacted negatively on the wellness of HPs during the COVID-19 pandemic. Many HPs experienced an unusually high risk of being infected during the COVID-19 pandemic. This aligns with studies on previous viral outbreaks indicating that both frontline and non-frontline healthcare workers experienced an increased risk of infection[9,10]. In terms of emotional stressors, HPs may have experienced emotional contagion[11] where the negative emotions of clients could influence the emotions of the health professional (HP). Health professionals were prone to compassion fatigue[7], as their clients faced new and diverse challenges. Changes in methods of service delivery (e.g. telehealth) was common[12] during the pandemic. Uncertainty regarding the appropriateness and effectiveness of new and/or untried methods may contribute to feelings of self-doubt in HPs and may impact their confidence and could lead to burnout[6]. In addition to these stressors, HPs were faced with several ethical dilemmas and potential moral injury, that have been described as distress that arises from actions (or the absence of action) that violates a person's moral/ethical code[7,13].

It has been suggested that the impact of these stressors on HPs in low and middle income countries (such as South Africa) are particularly significant[6,14] due to added socio-economic pressures. Health professionals in these contexts provide services within systems that were over-burdened even prior to the pandemic. Appropriate management of the stressors experienced by HPs during pandemics is required to ensure that the wellness of HPs does not suffer the consequences. Safeguarding the health and wellness of HPs is vital in order to ensure that healthcare systems are sustainably able to provide services to the population[9]. With the added burden that the COVID-19 pandemic has placed on healthcare services, this is more important than ever.

Occupational therapists, who are part of the health professions team, provide services in various contexts in South Africa. These include services within the public and private healthcare systems, providing acute and long-term intervention. During the countrywide lockdown for the first wave of COVID-19 in South Africa, occupational therapy services were not deemed essential by the government[14]. Therefore, occupational therapy services were initially brought to a standstill when the movement of the population was restricted. After the first few weeks, services were gradually reintroduced.

It was within this context that the researchers were interested in exploring the lived experiences of the South African occupational therapists regarding the impact of COVID-19, with all the resulting infection control measures, on their holistic wellness[1]. Although the majority of international literature focuses on the impact of the pandemic on the emotional and physical wellness of HPs, the authors were interested in broader aspects related to wellness, as indicated by Miller and Foster[1]. as well as understanding whether the participants experienced COVID-19 as having a purely negative impact on their wellness.

This study was part of a larger project aimed at exploring the overall impact of COVID-19 on occupational therapy clinicians in South Africa. The broader project is reported elsewhere[14,15]. Thus, this article reports specifically on the lived experiences of occupational therapy clinicians in South Africa regarding the impact of the first wave of COVID-19 in 2020 on their wellness.

# METHODOLOGY

## Study Design

This study followed a qualitative research design with phenomenological characteristics. This design allowed for the understanding of the lived experiences of the participants[16] during the first wave of the COVID -19 pandemic and consequently its impact on their wellness. Two asynchronous (text-based) online focus groups were conducted in order to explore the lived experiences of South African occupational therapists during the first wave of the COVID-19 pandemic.

## Sampling

Postgraduate students and clinical supervisors from two universities in Gauteng, South Africa, were invited to participate in the study via email. The inclusion criteria for participants were 1) occupational therapists in private, public, education or non-governmental practice in South Africa and 2) being able to participate via the online platform.

Stratified purposive sampling was employed to ensure representation from different sectors e.g., public, and private health care in the fields of mental health, vocational rehabilitation, physical, and neuro rehabilitation with adults and the elderly. Occupational therapy services with children were represented by therapists employed in public and private sectors. A sample size of 16 participants was obtained, with eight participants per focus group. Participants were allocated by the researchers to one of the two focus groups to ensure maximum variation in experiences and representation of the different sectors within each focus group.

Participants were each allocated a code. The code consists of several digits that represent the setting where the participants provide services. This includes the following: 1) Digit one and two represent the participant number, 2) digit three represents the gender of the participant (male of female), 3) digit four and five show the field of practice (Pa: paediatrics; Sb: school-based; Ph: physical and/or neurological conditions; Dh: district hospital; Lp: long term psychiatry; Ap: acute psychiatry; Vr: vocational rehabilitation and Mx: a mix of conditions), 4) digit six and seven indicate whether the participant provides services in private (Pr) or public (Pu) settings. For additional demographic details of participants see Table I (below).

**Table I: Demographic details of participants (N=16)**

| Participant demographics | n | Percentage of total |
|---|---|---|
| Involved in frontline service delivery since lockdown due to COVID-19 | | |
| Yes | 10 | 62.50% |
| No | 6 | 37.50% |
| Gender of participant | | |
| Male | 2 | 12.50% |
| Female | 14 | 87.50% |
| Age of participants in years | | |
| 20 - 29 | 4 | 25.00% |
| 30 - 39 | 8 | 50.00% |
| 40 - 49 | 3 | 18.75% |
| 50 - 59 | 1 | 6.25% |
| Province of South Africa where service is provided | | |
| Free State | 1 | 6.25% |
| Gauteng | 13 | 81.25% |
| Mpumalanga | 1 | 6.25% |
| Northern Cape | 1 | 6.25% |
| Field of Occupational Therapy | | |
| Physical | 6 | 37.50% |
| Psychiatry | 6 | 37.50% |
| Paediatrics | 3 | 18.75% |
| Not specified | 1 | 6.25% |
| Current employment sector | | |
| Department of Health | 5 | 31.25% |
| Department of Education | 2 | 12.50% |
| Private practice | 9 | 56.25% |

## Data collection

Two asynchronous (text-based) online focus groups were conducted over six days. Data collection took place during June 2020. The two groups were conducted concurrently, and each group had its own facilitator. The facilitators were part of the research team that planned the study and were both experienced in collecting qualitative data. The Blackboard learning management system was used to host the focus groups and participants were provided secure access to the system through use of a unique password.

Several advantages of online focus groups over in-person focus groups have been identified. Participants have geographical independence and can access the focus groups from any location. This was an important consideration, as the data collection occurred when the movements of South African citizens were restricted due to COVID-19 regulations. Asynchronous (text-based) online focus groups have been reported to improve the experience for focus group participants[17]. It has been reported that participants in asynchronous online focus groups may feel more comfortable to provide diverse opinions due to the perceived anonymity of the online format[18]. It has also been mentioned as beneficial that participants can reflect and answer in their own time [19] and in the comfort of their home[17,20].

The Blackboard learning management system, where the focus groups were hosted, was available to the researchers and thus an affordable data collection tool. As participants type their own responses, transcriptions of the raw data were accurate (as participants type themselves) and available in real-time, which saved time and reduced costs. Disadvantages may have been technical difficulties such as an unstable internet connection, data costs and electricity interruptions. None of these were mentioned as challenges by any participants and were therefore not considered barriers in this study.

The facilitators of the groups posted one primary question every day for five days. The sixth day of the focus group was used for concluding remarks. The daily questions have been included in Table II (below).

**Table II: Focus group questions**

| Day | Focus group question |
|---|---|
| 1 | How has COVID-19 affected your practice as an occupational therapist? |
| 2 | What made things more difficult or more challenging in terms of your occupational therapy practice? |
| 3 | What made things easier for you in terms of your occupational therapy practice? |
| 4 | Considering your mental health: Describe any changes you have experienced. |
| 5 | How has the lockdown affected your ability to provide compassion and care to your clients? |

Participants shared their experiences on the impact of COVID-19 on their clinical practice and themselves. Two basic actions of phenomenology were used by the facilitators, namely bracketing and intuition[21]. The facilitators of the focus groups laid aside their preconceived ideas about the possible impacts of COVID-19 on occupational therapy practices. Their intuition followed when the facilitators probed for more examples of the participants' experiences to develop an awareness of the impact of COVID-19 on their wellness. The participants were continuously encouraged to respond to their fellow participants. As the focus groups continued over several days, the facilitators were able to continuously compare the data and were able to query responses from participants to obtain rich data for analysis.

## Data analysis

The responses from participants were extracted from Blackboard and collated for analysis. The transcriptions were imported into Atlas.ti for thematic analysis and coding of responses.

The steps of thematic analysis as described by Braun and Clark[22] were followed namely 1) familiarization with data by reading through the transcripts 2) Initial codes generated 3) codes sorted into themes and subthemes 4) refinement and review of themes and subthemes 5) themes and subthemes labelled in relation to the study question 6) findings reported through narrative descriptions supported by direct quotes. Deductive analysis was guided by the dimensions of wellness as described by Miller and Foster[1]. Three authors were continuously involved in the data analysis process and concluded on themes.

## Trustworthiness

In order to facilitate trustworthiness of the analysis, several strategies were employed[3]. Firstly, the three authors involved in the thematic analysis had prolonged engagement with the data to facilitate credibility. Peer debriefing was utilised by discussing the analysis with authors that were not primarily involved in the analysis. To facilitate transferability, the authors aimed at providing an in-depth description of the context in which the data were collected. This enables the reader to comprehend the transferability of the results to a different context. Dependability in this study is demonstrated by the detailed description of the research process that was followed. This was done to strengthen the conformability of the study, as suggested by Lincoln and Guba[24].

## Ethical clearance

The Research Ethics Committee of the Faculty of Health Sciences of the University of Pretoria gave permission for the study (clearance number: 436-2020). All ethical principles as specified by the Declaration of Helsinki[25] were followed. The potential benefit of conducting the study outweighed the perceived risk to participants. Participants provided informed consent to participate in the study. Confidentiality of the participants was maintained by using coded names during data analysis and reporting of the findings. All participants were informed that they could withdraw at any time.

## FINDINGS

The dimensions of wellness as described by Miller and Foster[1] were utilised as themes for the analysis. Analysis indicated that 8 of the 10 dimensions of wellness were represented in the data. These include 1) emotional; 2) environmental, 3) intellectual, 4) occupational, 5) physical, 6) economic, 7) social and 8) spiritual wellness. Wellness in terms of culture and climate were not referred to by the participants. Although the participants described the negative influence of COVID-19 on their wellness, the positive impact of the pandemic was also highlighted.

**Emotional wellness** focuses mainly on a person's attitudes and beliefs about themselves and about their life, including their sense of purpose. It includes someone's ability to develop a positive and realistic self-concept[1]. Participants expressed fear, stress, and anxiety in response to the COVID-19 pandemic. Many feared contacting the virus but at the same time, transmitting it to family members, clients and significant others. Th e pandemic protocols as well as regulations were also experienced as overwhelming. Furthermore, constant changes due to the pandemic were expressed by one participant as being on a *"rollercoaster"* (06FApPr) which often left her feeling anxious. One participant mentioned that when a client passes away or an employee tests positive, she tends to go into *"auto pilot mode"* (15FPhPr) and ensures that administrative aspects of practice are addressed. Participants noted that increased levels of stress and anxiety were further aggravated as they were restricted from engaging in their usual leisure pursuits.

Amidst the negative impact on emotional wellness, several participants referred to their own resilience, for example one participant noted: *"I feel I am quite resilient and adaptable..."* **(04FVrPr)**. Another participant described how her compassion towards self and others as well as her commitment to therapy was enhanced. *"I would like to venture and say this time has made me more compassionate and committed"* **(06FApPr).** Furthermore, they were hopeful that they would overcome this challenging time.

**Environmental wellness** as described by Miller and Foster "includes the individual's relationship with nature and community resources, i.e. involvement in a recycling or community clean-up effort, as well as the importance of safety of food and water supply and the impact of infectious diseases, violence, ultraviolet radiation, air and water pollution, and second-hand tobacco smoke"[1:6]. Furthermore, the balance between home and work life is included as an aspect of environmental wellness. This was impacted during COVID-19 restrictions as individuals were required to do tasks that they usually engaged in - such as work tasks - in a different environment, in this case the home environment. Participants mentioned their concern of contracting the virus and being responsible for passing it on to clients at their place of work or to family at home.

> *"I am also immensely worried of contracting it and being responsible for bringing it into the hospital I work at as many of our clients have comorbidities - I would hate to be the reason a client becomes ill."* **(06FApPr)**

> *"I could possibly one day bring the virus back home with me. I find myself constantly worried about that aspect."***(05FDhPu)**

Sanitisation procedures as well as sterilisation before and after contact therapy sessions were also experienced as challenging.

> *"Emotionally the patients and therapists are struggling as a lot of extra focus is placed on hygiene and cleaning before and after sessions."* **(07FPhPr)**

These feelings were compounded by concerns about the availability of PPE and the impact on the safety of clients and staff.

> *"We have had concerns about the availability of PPE in order to keep patients safe and staff safe too."* **(16FPhPu)**

The initial hard lockdown COVID-19 restrictions limited the participants' access to green spaces.

> *"I am currently unable to engage in most of my leisure activities due to all the restrictions put in place. It definitely has affected my ability to manage stress and just to relax after hours and over the weekend."* **(02MLpPu)**

Additionally, maintaining home and work life balance was expressed as a challenge. A participant highlighted that changes in routine and additional child care responsibilities exacerbated this difficulty.

*"I think what is having a huge impact on my energy and/or motivation levels, is to try and keep the atmosphere calm at home, despite all the scary news and changes in routine."* **(08FPaPr)**

Many also explored online platforms as opportunities for service delivery and social interaction.

**Intellectual wellness** is the "perception of, and motivation for, an individual's optimal level of stimulating intellectual activity by the continual acquisition, use, sharing, and application of knowledge in a creative and critical fashion. This is for both personal growth and the betterment of society"[1:6] .

Several participants highlighted that the pandemic created many challenges that they had to overcome by thinking differently. Two participants spoke of what they called a *"learning curve"* where they suddenly had to gain and master skills to be able to continue to provide services. Telehealth and the technological skills required to deploy this efficiently provided an intellectual challenge that several participants experienced.

Although participants mentioned that opportunities for traditional skill and knowledge acquisition were reduced due to restrictions, many referred to how the pandemic provided ample opportunity for growth. These opportunities included the shift and skill acquisition required to adapt to, for example telehealth. One participant reported that she found herself *"having to think outside the box"* (01FSbPu). Although the participants spoke of the challenges posed, they also detailed the positive aspects that the pandemic offered. One participant described it as a "good experience" to learn to use a new platform like telehealth and described herself as "finding creative ways of doings things differently" (04FVRPr).

*"I think a positive thing for myself is that I engaged in online learning and made use of extra time doing courses; especially during level 5 lock down as I was not at work during this time."* **(03FVrPr)**

Participants described utilising their knowledge of occupational therapy theory to understand the behaviour of clients and described implementing occupational therapy theory in their own lives by implementing the strategies that they would typically teach clients.

*"It really helped to 'sit myself down' and think of the tools I am teaching my clients and how I need to implement them practically in my own life."* **(06FApPr)**

Furthermore, participants described how their insight into and understanding of the context and needs of clients increased.

*"The lockdown has caused insight into what the families I work with might be experiencing, which, in a way, created a deeper understanding of their needs."* **(08FPaPr)**

*"I now have a far better understanding (I hope) of what my clients are feeling like"* **(06FApPr)**

Whilst one can hear the challenges experienced by the participants in terms of intellectual wellness, a strong sense of overcoming those challenges through adaptation and resilience was also present.

*"I was surprised at my own capacity and ability to adapt to unknown circumstances. I would be uncomfortable or unsure for a while but before I know it, I have formed a new routine, and am quite content with it"* **(10MApPr)**

Occupational wellness, as described by Miller and Foster refers to "the level of satisfaction and enrichment gained from one's work, whether paid or unpaid, and the extent one's occupation allows for the expression of one's values. Occupational wellness includes the contribution of one's unique skills, talents and services to the community and the level to which the individual views their work as rewarding and meaningful." [1:6]

Participants described various challenges they experienced with regards to their role as occupational therapists. Participants expressed that occupational therapy was not recognised or supported within the health care system. As occupational therapy was not deemed an essential service, service delivery was disrupted.

*"The nitty-gritty of navigating our role as health care professionals proved quite challenging when your role is not fully supported and recognized in the system."* **(05FDhPu)**

*"I have also had some experience of not per se our role not being recognised, but rather OT being deemed less important."* **(06FApPr)**

Furthermore, they found it challenging to maintain the level of care they provided pre-COVID-19 and expressed their uncertainty as to what best practice under these conditions was. Additionally, having to adapt their facilitation style due to the use of telehealth or to accommodate restrictions to face-to-face encounters as well as how they use activities was reported as challenging.

"Telehealth has been quite a daunting experience - for me firstly to master the technology, secondly to gather and grasp all the legalities and ethical considerations around using an online platform for therapy and lastly adjusting my facilitation style to ensure am still using activities as a therapeutic medium whilst ensuring it remains an engaging/satisfying experience for the client..." **(06FApPr)**

Participants referred to the limited resources available in a developing country such as South Africa as having a negative impact on their ability to continue to offer care and therefore experience occupational wellness.

*"The limited resources makes it harder to do all we wished we could do and the context our patients are from vary, so it all depends on the patients what we are able to do..."* **(16FPhPu)**

Participants described how much time the pandemic took from their day, reducing the hours they were able to experience satisfaction in their roles:

*"The time that COVID consumes is alarming, not only the protocols that need to be followed, but also the time that it takes to explain and comfort and convince clients and staff"* **(12FSbPu)**

The pandemic with the imposed restrictions also had an impact on the balance that participants experienced between work and their other occupations or commitments. One participant described her struggle to home school her own school going children while working and keeping her house clean:

*"[I] had to home-school my own two children at home, staying up to date and dealing with their emotions (and my own). Especially during the time when our cleaning lady could not come..."* **(08FPaPr)**

The participants described the consequences of the imbalance between work and other commitments as an increase in stress and anxiety:

*"Stress and anxiety levels have definitely increased as we are no longer able to follow a routine we are used to. It feels currently like I am leading a very unbalanced lifestyle as I am unable to engage in activities that use to help me to manage my stress levels."* **(02MLpPu)**

The positive impact on occupational wellness experienced by participants include a participant who described herself as more compassionate and committed to clients. Others mentioned that they could adapt within their role as occupational therapist. They felt that their ability to show resilience had made this a rewarding time.

**Physical wellness** is "particularly relevant where cardiovascular fitness, flexibility, and strength are concerned. Actions to improve physical wellness include maintaining a healthy exercise regime and diet and monitoring internal and external physical signs of the body's response to events, including stress"[1:5].

Several participants indicated the negative impact of the pandemic on their physical wellness including not sleeping well, leading to exhaustion. However, participants described how they addressed this by paying better attention to their routines, sleeping enough, eating well and exercising.

*"What really helped a lot when we could go hiking again, to get out of the house, and be active, and get some vitamin D and fresh air..."* **(08FPaPr)**

It was also reported that participants found that therapists experienced less physical illness in that they did not contract regular flu due to the infection protection measures.

*"Due to new health regulations (like regular handwashing, mask-wearing, social distancing etc.) the therapists are overall healthier. In previous years, colds and flu were highly prevalent during April-July months. Thus far, no therapist has contracted the flu or a cold this year."* **(10MApPr)**

**Economic wellness** has been defined as containing several components. These include (among others) financial stability, financial security, financial control and financial autonomy [26]. Moreover, it comprises the ability of individuals to consistently meet their basic needs (including food, housing, utilities etc.), and have control over their day-to-day finances. In addition to this, it encompasses the ability to make economic choices and feel a sense of satisfaction and personal fulfilment with one's finances.

Participants noted that it was costing them more money to offer therapy due to the costs associated with PPE and infection protection control protocols while they were able to reach less clients. Many also noted that they were seeing a reduced number of clients which resulted in a reduction in income.

*"It's costing more money, time and other resources to offer therapy yet we are reaching less clients and in the process we are becoming both physically and mentally drained"* **(06FApPr)**

**Social wellness** includes the "interaction of the individual with others, the community, and nature" [1:6]. Participants commented that they struggled with isolation and that they initially found it difficult to interact while wearing masks. Although the limitations of the virtual environment were highlighted, several participants mentioned the value of online support from colleagues and professional organisations. It was also discussed that workplace teams bonded as all shared common concerns, and a sense of universality emerged.

*"We got closer as an MDT [multi disciplinary team] - we all shared the same concerns, helped out where we could, and forgot about old baggage and issues"* **(15FPhPr)**

Spiritual wellness encompasses "purpose and meaning in life; the self in relation to others, the community, nature, the universe, and some higher power"1:6. Furthermore, it refers to an inner resource that may give someone a feeling of strength and may lead to finding significance in their life. Two of the participants described a feeling of loss of purpose in life.

*"One of the major stumbling blocks for me was the feeling of a loss of purpose, I couldn't do what I love and [what I] feel makes a difference."* **(12FSbPu)**

*"I have had the feeling of lack of purpose and boredom, due to the reduced numbers of therapy clients and lack of contact."* **(13FPaPr)**

Participants attempted to remedy this by adopting practices such as journaling, meditation, prayer and mindfulness. Virtual mindfulness groups amongst work teams were also used as a vehicle to facilitate spiritual wellness. Additionally, expressing gratitude daily for that which participants can be thankful for, facilitated spiritual wellness.

*"I believe that my faith trumps my fears and that's how my days are conquered."* **(05FDhPu)**

## DISCUSSION

From the data, one can appreciate that the first wave of COVID-19 had a pervasive influence on the wellness of the participants in this study. The data illustrates that participants

were affected in terms of their emotional, environmental, intellectual, occupational, physical, economic, social and spiritual wellness. The pandemic's toll on HPs' emotional, occupational and physical wellness aligns with international data [5,6,9,27]. Interestingly, participants framed their experiences not only as negative, but also highlighted the positive impact of the pandemic on their wellness. The occupational therapists demonstrated resilience and they overcame many of the unexpected challenges.

The essence of occupational therapy theory and training appeared to facilitate adaptation and resilience in the occupational therapists' own lives. A similar finding was reported by Tse et al[28] where Australian occupational therapists also experienced that their own coping with COVID-19 restrictions was directed by their theoretical approach to adaptation. Participants were able to identify the threats to wellness that they were experiencing and could implement strategies to overcome these. This reflects occupational therapists' focus on facilitating occupational balance[29], not only in the lives of their clients, but also in their own lives. Obtaining balance has been described as one of the best ways for HPs to practice self-care[30].

Participants did not mention any unfamiliar or novel strategies to facilitate wellness conceptualised specifically during COVID-19. Rather, occupational therapists focussed on implementing familiar strategies (such as meditation, establishing healthy routines etc.) that they would typically encourage clients to use, in their own lives. The practice of mindfulness is one such strategy that has been shown to have a mediating effect on the wellbeing of HPs[31]. A reduction in stress levels and increased self-reported mental health have been reported post mindfulness intervention[32]. It has been suggested that healthcare organisations introduce mindfulness practices at places of employment to encourage HPs to utilise this strategy[33]. Journaling has been described as a beneficial tool to facilitate reflection in HPs. Osteneck[34] describes journaling as serving several purposes, including documenting personal accounts, as well as a meditative tool for connecting with the inner self. Use of journals may be one way to facilitate awareness of difficulties experienced in balancing all aspects of life.

In facilitating their own physical wellness, participants described venturing outdoors. This practice is supported by literature that indicates that greenery supports mental health[35–37]. Furthermore, exercise is widely recognised as a strategy to facilitate wellness and has been highlighted during the COVID-19 pandemic[38,39]. Ensuring that one gets enough sleep and maintaining a healthy diet are vital strategies to ensure wellness. These strategies have been supported by literature highlighting the importance of maintaining a healthy lifestyle during COVID-19 [40,41]. Aspects related to exercise and nutrition have been identified as important starting points for intervention[42] when HPs experience signs of exhaustion, as supported by participants in this study.

In terms of occupational wellness, participants expressed the benefits of workplaces facilitating cohesion among HPs during highly stressful times to combat risks to occupational wellness. Establishing a positive and supportive workplace culture is required[7] to ensure that HPs are adequately supported. The issue pertaining to the inclusion of occupational therapy as part of essential services should be addressed[14] to provide occupational therapists with confirmation of the importance of the services that they provide.

### Implications

Attending to their own mental health is an ethical obligation [43] of HPs. This is essential, as HPs are aware that with diminished wellness, they may offer their clients less than optimal care. Therefore, occupational therapy practitioners should ensure that they do all within their ability to ensure their own wellness. With their focus on facilitating occupational balance, occupational therapists should utilise familiar strategies to facilitate their own wellness, during future highly stressful times, such as during future pandemics or states of emergency.

Due to their focus on facilitating wellness during intervention with clients, occupational therapists may be excellently positioned to facilitate the fostering of wellness of other HPs in the professional team. Online wellness/resilience programmes [44,45] may be a novel way of facilitating resilience and improving wellness – particularly when infection control measures are in place.

### Limitations

The findings of this study cannot be generalised. Although the State of Emergency in South Africa was only lifted in 2022, the data reported here were collected during June 2020. Therefore, the potential long-term implication of the COVID-19 pandemic on the wellness of occupational therapists in South Africa is not reflected by the data.

## CONCLUSION

The results of this study are relevant to the practice of occupational therapy in that it illustrates the strength of occupational therapists to firstly, become aware of challenges and secondly, to address challenges to their own wellness. Although COVID-19 was experienced as a stressor impacting negatively on the wellness of South African occupational therapists, the participants demonstrated their skill in facilitating occupational balance in their lives in order to promote their own wellness. This skill of cultivating balance in life may be utilised by the larger HP community to foster wellness in a highly stressful sector.

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### Author contributions

Kitty Uys and Daleen Casteleijn were responsible for the study design. Data collection was performed by Karin van Niekerk and Daleen Casteleijn. Data analysis and interpretation was performed by Karin van Niekerk, Raashmi Balbadur and Jenna D' Oliviera.

The manuscript was drafted by Karin van Niekerk, Raashmi Balbadur, Jenna D'Oliviera, Daleen Casteleijn and Henry Msimango. The manuscript was edited by Raashmi Balbadur, Karin van Niekerk and Kitty Uys. The submission and references were finalised by Karin van Niekerk. Funding was obtained by Kitty Uys.

## Conflicts of interest and bias declaration

The researchers declare no conflicts of interest. The views expressed in the article are the authors' own and not an official position of the University of Pretoria.

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