

DURBAN UNIVERSITY OF TECHNOLOGY

**THE IMPACT OF COVID-19 ON THE WORK-LIFE BALANCE OF PORTERING STAFF
AT INKOSI ALBERT LUTHULI IN DURBAN**

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**THE IMPACT OF COVID-19 ON THE WORK-LIFE BALANCE OF PORTERING
STAFF AT INKOSI ALBERT LUTHULI IN DURBAN**

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ABSTRACT

This study used a qualitative research method to investigate the impact of the COVID-19 pandemic on the work-life balance of portering staff at the Inkosi Albert Luthuli Hospital in Durban, KwaZulu-Natal. A qualitative research design within the interpretative paradigm was employed to explore the lived experiences of portering staff. Data was collected through semi-structured interviews conducted in English and isiZulu with fifteen participants, selected using purposive sampling to ensure relevance to the research objectives. Thematic analysis was used to identify and interpret key themes emerging from the data systematically.

Healthcare practitioners in South Africa faced immense challenges during the peak of the COVID-19 pandemic (Robertson et al., 2020). The emergence of COVID-19 also brought about significant increases to the work scope of all healthcare workers, alongside an increased demand for the volume of staff needed and the precautionary sanitation measures needed (Singh & Subedi, 2020). As such, hospital staff, including Chief Albert Luthuli, had to adapt to a new working environment.

Healthcare workers were responsible for providing direct care to all incoming patients infected with COVID-19 while also giving attention to patients who had non-COVID-19-related illnesses (Hussain, 2021). Workers often had to work longer shifts to adequately attend to all patients (Iyengar et al., 2022). Responses from participants in this study highlighted the difficulties encountered by healthcare workers in maintaining a balance between home and work safety, resulting in emotional tension and the imminent risk of burnout.

Adaptive mechanisms surfaced as a vital aspect of the participants' accounts. These mechanisms encompassed strict adherence to safety protocols, active involvement in self-care routines, and acquiring emotional support from colleagues and family members. These insights imply that porters regard themselves as unacknowledged heroes, traversing the intricacies of their tasks with unwavering dedication and determination.

This research presented crucial learnings for hospital administrators and governance, alike. These involved: implementing flexible timetables to accommodate the demands of the porters' roles whilst allowing for essential personal time; providing consistent mental health aid services to prevent burnout; and initiating recognition schemes to enhance morale and job contentment. These proposals highlighted the necessity for proactive management plans to cultivate a supportive and harmonious workplace, addressing the pandemic's immediate

challenges and ensuring a sustainable working milieu for portering staff in the long term.

Keywords: Work-life balance, COVID-19, pandemic, porters, health care professionals

DECLARATION BY STUDENT

I declare that I conducted this thesis by following the guidelines provided by the Faculty of Management Sciences of the Durban University of Technology and further declare that the outcome of the entire study is the result of my independent investigation, except where otherwise stated. The references used have been duly acknowledged as in-text citations and have been referenced. Finally, I declare that no part of this dissertation has been submitted for the award of any other degree, or concurrently submitted in candidature for any other master's degree, in any other institution of higher education.

Name: Nompilo Benedictor Charmaine Mthembu

Signature:

Date: October 2024

DEDICATION

I want to thank the Most High God in particular for being trustworthy during the course of my studies.

This dissertation is dedicated to my children, Abulele and Hlelo Mthembu - thank you for your patience, encouragement, and support through this journey. Your understanding and presence have been vital in giving me the strength to see this project through. Your resilience, encouragement, and endless love provided me with the solace and motivation needed throughout my academic journey. This accomplishment is not mine alone, but a testament to the sacrifices we've endured together.

I also dedicate this work to the portering staff at Inkosi Albert Luthuli Hospital whose tireless efforts in the face of a global pandemic have inspired this research. You are the unsung heroes in our healthcare system, and it is my honour to advocate for your wellbeing through this study.

May this dissertation stand as a tribute to all those who balance all of their life responsibilities whilst contributing selflessly to the health sector - you are a beacon of hope and dedication. Thank you for enriching my life with purpose and perspective

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I would also like to extend my heartfelt thanks to Mr Langa Zama, the Porters Manager at Inkosi Albert Luthuli Hospital, for his cooperation and assistance during my research. His insights have played a crucial role in obtaining a comprehensive understanding of the unique challenges that portering staff faced amidst a global pandemic.

Lastly, I want to acknowledge all other individuals who have contributed to this study either directly or indirectly, including friends, colleagues, and the hardworking portering staff whose experiences formed the foundation of the collective knowledge for this study on the effects of COVID-19 on their work-life balance. Together, we strive to improve their working conditions so they can continue providing exceptional support within the healthcare industry.

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CHAPTER ONE: OVERVIEW OF THE STUDY

1.1 Introduction

The Coronavirus disease 2019 (COVID-19) pandemic was one of the most significant global public health crises in recent history. Its unprecedented impact reverberated across healthcare systems worldwide, causing enormous stress on the frontline workers tasked with maintaining healthcare services. The effects of this strain were felt not only by clinical healthcare professionals such as doctors and nurses, but also by workers in essential yet often overlooked medical roles such as hospital porters. These individuals, although frequently operating behind the scenes, were (and are) critical to the daily functioning of hospitals, performing essential tasks that ensured healthcare facilities ran smoothly.

Hospital porters are responsible for transporting patients, medical equipment, specimens, and supplies within hospitals. Their work is often demanding and physically taxing, requiring them to move swiftly between wards, operating rooms, and diagnostic facilities. During the COVID-19 pandemic, the workload for porters increased dramatically due to the surge in hospital admissions, the complexity of managing infectious patients, and the need to adhere to stringent infection control protocols. The pandemic also heightened the risk to the personal health and safety of the porters themselves as they worked in close contact with COVID-19 patients and were exposed to environments where the virus was prevalent. Despite these risks and responsibilities, hospital porters are historically underrepresented in discussions about the wellbeing of healthcare workers both before and after the COVID-19 pandemic.

Although burnout has always been a pervasive issue in the medical industry, it became a particularly increasing concern during the pandemic. The COVID-19 pandemic, with its relentless demand on healthcare services, exacerbated burnout among frontline workers. Porters, often working in demanding conditions with limited resources, were particularly vulnerable to burnout. Their work-life balance was severely disrupted by longer shifts, increased health risks, and the emotional toll of working in an environment where mortality rates were high, and the stakes were life and death on a daily basis.

Understanding the factors that influence work-life balance and contributed to burnout amongst hospital porters during the COVID-19 pandemic is crucial for several reasons. Firstly, it sheds light on the experiences of a group of workers who are often neglected in research on healthcare

worker wellbeing. Furthermore, by identifying the stressors that affect porters, healthcare institutions can develop targeted interventions to support these essential workers during times of crisis. Finally, recognising and addressing the challenges faced by porters would not only improved their wellbeing but also enhance hospital efficiency, as burnout and work-life imbalances negatively impacted job performance, staff retention, and ultimately patient care.

This study focused on the experiences of hospital porters at Inkosi Albert Luthuli Hospital during the peak of the COVID-19 pandemic. The study aimed to explore how increased work demands on porters (during the pandemic) affected their wellbeing, how they coped with the stress of their roles, and the extent to which organisational support helped to mitigate the risk of burnout.

1.2 Background of the study

The concept of work-life balance has gained increasing attention in recent decades, particularly in high-stress professions such as healthcare (Greenhaus and Beutell 1985; Guest 2002). Work-life balance refers to an individual's ability to allocate their time and energy between their professional responsibilities and personal life in a way that promotes wellbeing and satisfaction in both domains (Clark 2000). Achieving work-life balance is important because an imbalance can lead to negative outcomes such as decreased job satisfaction, increased stress, and in extreme cases, burnout (Kossek and Ozeki 1998; Maslach and Leiter 2016).

In organisational psychology, work-life balance is viewed as a key determinant of employee wellbeing and productivity. According to Greenhaus and Beutell (1985), work-life balance is influenced by several factors, including the demands of the job, the availability of organisational support, and personal coping mechanisms. An imbalance occurs when the demands of one domain, such as work, interfere with the individual's ability to fulfil their responsibilities in other areas of life, such as family, leisure, or self-care. The COVID-19 pandemic, with its unprecedented strain on healthcare workers, created significant challenges for many individuals in their pursuit to maintain a healthy work-life balance, particularly for those in high-demand roles like hospital porters.

Porters played an essential, yet often underappreciated role, in the healthcare system. They are responsible for transporting patients, moving medical equipment, delivering supplies, and ensuring that hospital operations ran smoothly. These tasks, though routine, are vital for the proper functioning of hospitals. This was especially evident during a pandemic, when the

volume of patients increased, and the need for efficiency became paramount. Despite the critical nature of their work, porters often received little recognition (during the pandemic), and their contributions were frequently overshadowed by those of doctors and nurses.

The COVID-19 pandemic drastically altered the nature of work for hospital porters. In addition to their usual responsibilities, porters had to navigate new challenges, including stricter infection control protocols, the need for personal protective equipment (PPE), and the emotional strain of working in a high-risk environment where many patients were severely ill or dying. These additional demands disrupted the work-life balance of porters, making it difficult for them to maintain a healthy separation between their professional and personal lives.

The concept of burnout is closely related to work-life balance, particularly in high-stress professions. Burnout, first defined by Maslach and Jackson (1981) and later refined by Maslach and Leiter (2016), is a state of emotional, physical, and mental exhaustion caused by prolonged exposure to stress. Burnout is characterised by three key dimensions: emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment. Emotional exhaustion refers to feelings of being drained and overwhelmed by work. Depersonalisation involves a sense of detachment from one's work or from the people one is serving, leading to cynicism or emotional withdrawal. Finally, a reduced sense of personal accomplishment is a feeling of inadequacy or ineffectiveness in one's role.

Healthcare workers, particularly those on the front lines, were at higher risk of burnout (during the COVID-19 pandemic) due to the demanding nature of their work. The pandemic amplified these risks by creating an environment of constant stress, uncertainty, and heightened exposure to traumatic events. For hospital porters, who often worked long hours in physically demanding conditions, the risk of burnout was particularly pronounced. The emotional strain of working in a high-stakes environment, combined with the physical demands of their job and the constant threat of contracting the virus, created a perfect storm for burnout among porters.

1.3 Statement of the problem

The COVID-19 pandemic placed enormous pressure on healthcare systems around the world, and hospital porters were among the frontline workers who bore the brunt of this strain. As critical members of the healthcare workforce, porters were responsible for ensuring the smooth functioning of hospitals by transporting patients, equipment, and medical supplies. However, despite their essential role, porters were often overlooked in studies of healthcare workers'

wellbeing during the COVID-19 pandemic. Most research on healthcare workers during the pandemic has primarily focused on doctors, nurses, and other medical professionals (e.g., Shaukat et al., 2020; Muller et al., 2020), with significantly less attention given to porters and other non-clinical hospital staff (Owen et al., 2021). Studies on healthcare worker burnout and stress have extensively examined the experiences of medical personnel, highlighting their increased workload and emotional distress (Gavin et al., 2020), yet there is a scarcity of empirical research on how these challenges affected portering staff.

The problem that this study sought to address was the lack of empirical research on the experiences of hospital porters during the COVID-19 pandemic, particularly in relation to work-life balance and the psychological and physical challenges they faced. Hospital porters experienced significant increases in workload as the number of patients surged during the pandemic. In addition to the physical demands of their job, porters were also exposed to a heightened risk of contracting COVID-19 as they worked in close proximity to infected patients and handled potentially contaminated equipment.

These increased demands had a profound impact on the work-life balance of porters, making it difficult for them to manage their professional responsibilities while maintaining a healthy personal life. The long hours, physical exhaustion, and emotional strain of working in a high-risk environment may have contributed to stress and emotional fatigue among porters, which could potentially lead to burnout (Salari et al., 2020; Wu et al., 2020). However, there is limited research exploring these experiences specifically within the context of hospital portering staff.

Burnout has been widely studied among healthcare professionals (e.g., Maslach & Leiter, 2016), but little is known about how it manifests among porters, whose roles, while non-clinical, are integral to hospital operations (Owen et al., 2021). Given the essential function of porters, understanding their experiences during the pandemic is necessary for developing institutional policies that promote their wellbeing and job sustainability.

This study sought to fill this gap in the literature by qualitatively exploring the lived experiences of hospital porters at Inkosi Albert Luthuli Hospital during the peak of the COVID-19 pandemic. Rather than assuming burnout as a predetermined outcome, this research aimed to uncover key stressors, coping mechanisms, and support structures available to porters, allowing themes to emerge organically from the data.

1.4 Aim and objectives

The overall aim of this study was to investigate the impact of the COVID-19 pandemic on the work-life balance and burnout of porters at Inkosi Albert Luthuli Hospital. While work-life balance and wellbeing are related, this study focused on work-life balance as a distinct concept, examining how increased workloads and emotional strain disrupted the equilibrium between work and personal life. Specifically, the study sought to explore the challenges that these workers faced during the pandemic, the strategies that they used to cope with these challenges, and the role of organisational support in mitigating burnout. Rather than assuming a direct buffering effect of organisational support, this study aimed to qualitatively assess porters' perceptions of the support available and whether they found it beneficial.

1.4.1 Objectives of the study

- To determine the working scope of porters at Inkosi Albert Luthuli Hospital during the COVID-19 peak.
- To determine the challenges encountered during the peak of the COVID-19 pandemic, which affected daily performance of porters at Inkosi Albert Luthuli Hospital.
- To identify the coping mechanisms employed by porters during the peak of the COVID-19 pandemic at Inkosi Albert Luthuli Hospital to subsist any prevalence of burnout symptoms.
- To examine how porters at Inkosi Albert Luthuli Hospital perceived the impact of work-life balance on their overall wellbeing and professional functioning during the COVID-19 pandemic.
- To explore porters' perspectives on existing organisational support structures and their effectiveness in addressing work-life balance and stress-related challenges.
- To provide qualitative insights and recommendations for the management at Inkosi Albert Luthuli Hospital on strategies to enhance work-life balance and reduce stress among portering staff.

1.5 Research questions

This study was guided by the following research questions:

- What was the working scope of porters at Inkosi Albert Luthuli Hospital during the COVID-19 peak?

- What challenges were encountered during the COVID-19 peak that affected porters' daily performance at Inkosi Albert Luthuli Hospital?
- What coping mechanisms were employed by porters at Inkosi Albert Luthuli Hospital during the peak periods of COVID-19 to subsist any prevalence of burnout symptoms?
- What was the relationship between burnout and work-life balance in porters at Inkosi Albert Luthuli Hospital during COVID-19?
- What recommendations can be adopted by management at Inkosi Albert Luthuli Hospital in Durban to address the impact of COVID-19 and improve work-life balance while reducing burnout among portering staff?

1.6 Significance of the study

This study is significant for several reasons. Firstly, it contributes to the growing body of literature on healthcare worker wellbeing, whilst focusing on a group that is often overlooked. By highlighting the experiences of porters during the COVID-19 pandemic, this research fills a gap in the existing literature and provides a more comprehensive understanding of the challenges faced by healthcare workers during times of crisis.

Hospital porters are essential to the smooth operation of healthcare systems, yet their wellbeing is rarely the focus of research. This study aimed to shine a light on the experiences of porters, recognising their critical role in healthcare and the unique challenges they faced. By examining the factors that contributed to work-life balance and burnout among porters, the study provides valuable insights into the broader challenges faced by healthcare workers, particularly those in support roles. These insights are important for understanding how to better support porters and other essential workers in times of crisis.

The findings of this study may also have practical implications for hospital management and policymakers. Understanding the factors that contributed to burnout and work-life imbalances among porters could inform the development of targeted interventions to support these workers, particularly during periods of high demand such as the COVID-19 pandemic. For example, the study offered insights into how organisational support—such as flexible working arrangements, mental health resources, or access to adequate PPE, could mitigate the negative effects of increased work demands and reduce burnout among porters.

Moreover, improving the wellbeing of hospital porters could have positive effects on healthcare institutions as a whole. Burnout among porters could lead to decreased job satisfaction, higher

turnover rates, and reduced efficiency, all of which could negatively impact patient care. By supporting porters and addressing the factors that contributed to burnout, healthcare institutions can improve staff retention, enhance job satisfaction, and ultimately provide better care to patients.

Finally, this study emphasised the importance of recognising and addressing the wellbeing of all healthcare workers, not just those in more visible roles such as doctors and nurses. Porters, like many other support staff, were essential to the functioning of hospitals during the pandemic, and their wellbeing was critical to the overall success of healthcare institutions.

1.7 Ethical considerations

This research adhered to strict ethical guidelines to ensure the protection and dignity of all participants. Ethical considerations were paramount in any research component involving human participants, and this study ensured that all participants were treated with respect and that their rights were protected throughout the research process.

One of the key ethical principles in this study was informed consent. All participants were fully informed about the nature of the study, including its aims, objectives, and methods. They were made aware of their right to withdraw from the study at any point without any negative consequences. Consent was obtained, ensuring that participants voluntarily agreed to take part in the research.

All data collected from participants was anonymised to protect their identities. Participants' personal information was not disclosed, and any identifying details were removed from the data before analysis. The anonymised data was securely stored, and only the researchers had access to it. Ethical clearance for the study was obtained from the relevant ethics committee (Ethical Clearance number IREC 293/22). The research was conducted in accordance with the ethical principles outlined in the Declaration of Helsinki, which provides guidelines for ethical medical research involving human subjects.

Overall, the ethical considerations in this study were designed to ensure that participants were treated with respect, that their rights were protected, and that the research was conducted in a manner that upheld the highest ethical standards.

1.8 Study scope and delimitations

The scope of this study was limited to the experiences of hospital porters working at Inkosi Albert Luthuli Hospital, Durban, KwaZulu-Natal during the COVID-19 pandemic. Furthermore, the research focused on the experiences of porters regarding work-life balance and burnout during the peak of the pandemic, when the demand for healthcare services was at its highest and the challenges faced by porters were most acute.

Whilst the findings of this study may provide insights into the experiences of porters in other hospitals or healthcare settings, the study did not aim to generalise its results beyond the specific context of Inkosi Albert Luthuli Hospital. Each healthcare institution may have its own unique challenges, organisational structures, and support systems, which can influence the experiences of porters. As such, the study's findings should be interpreted within the context of the hospital in which the research was conducted.

The study was also delimited to the experiences of porters during the peak of the COVID-19 pandemic. This period was chosen because it represented a time of heightened stress, increased workload, and greater risk of burnout for healthcare workers. Whilst the findings may be relevant to understanding the challenges faced by porters in other crises or high-demand periods, the study did not seek to explore the experiences of porters outside the context of the COVID-19 pandemic.

Finally, the study focused exclusively on porters and did not include other healthcare workers or hospital staff. Whilst other healthcare workers such as doctors, nurses, and administrative staff may have also experienced challenges related to work-life balance and burnout during the pandemic, the focus of this study was on porters because they are an underrepresented group in research on healthcare worker wellbeing. By focusing on porters, the study aimed to fill a gap in the literature and provide insights into the unique challenges faced by this essential group of workers.

1.9 Structure of the thesis

This thesis comprises five chapters, which are structured as follows:

Chapter One: Provides an overview of the study, including the background, problem statement, research objectives, and questions. This chapter also discusses the significance of the study, its ethical considerations, and the scope and delimitations of the research.

Chapter Two: Reviews relevant literature on work-life balance, burnout, and the experiences

of healthcare workers during the COVID-19 pandemic. This chapter also presents the theoretical framework that guides the study, drawing on concepts from organisational psychology, stress theory, and research on burnouts.

Chapter Three: Outlines the research methodology, including the research design, sampling methods, data collection techniques, and data analysis approach. This chapter also discusses the validity and reliability of the study and addresses any potential limitations of the research.

Chapter Four: Presents the findings of the study, detailing the experiences of porters at Inkosi Albert Luthuli Hospital during the peak of the COVID-19 pandemic. This chapter provides an in-depth analysis of the data, highlighting key themes and patterns that emerged from the research.

Chapter Five: Discusses the findings in relation to the existing literature, drawing connections between the study's results and the broader body of research on work-life balance, burnout, and the experiences of healthcare workers during crises. This chapter also explores the implications of the findings of this study for healthcare institutions and policymakers. Finally, this chapter concludes the study by summarising the key findings, offering recommendations for future practice, and suggesting areas for further research.

1.10 Conclusion

Chapter One has provided a robust introduction to the research topic, outlining the context in which the study was situated, the problem it sought to address, and the objectives that guided the investigation. The significance of the study, as well as its ethical considerations, scope, and delimitations, have been discussed, setting the stage for the literature review and empirical investigation that will follow in the subsequent chapters. In the next chapter, a review of relevant literature on work-life balance, burnout, and the experiences of healthcare workers during the COVID-19 pandemic will be conducted to establish a theoretical foundation for the study.

CHAPTER 2: LITERATURE REVIEW AND THEORETICAL FRAMEWORK

2.1 Introduction

In today's fast-paced and highly demanding work environment, the concepts of work-life balance and burnout have become increasingly significant, particularly for healthcare workers. Hospital porters, who played an essential yet often overlooked role during the COVID-19 pandemic, faced immense challenges in balancing their professional and personal lives. Their responsibilities increased drastically, including the heightened risk of exposure to COVID-19, emotional exhaustion, and the mental strain of working in a high-risk environment. Despite their crucial contributions to hospital operations, research on their experiences remains limited, making this study particularly valuable in addressing this gap.

Work-life balance refers to the equilibrium between professional responsibilities and personal life, ensuring that neither aspect dominates to the detriment of the other. A healthy work-life balance is essential for maintaining wellbeing, job satisfaction, and productivity. However, the pressures of modern work culture, characterised by long hours, high expectations, and the blurring of boundaries between work and personal life pose unique challenges, especially for essential workers in high-stress environments like hospitals (Greenhaus & Beutell, 1985; Kalliath & Brough, 2008).

On the other hand, burnout, first introduced by Freudenberger (1974) and later refined by Maslach & Leiter (2016), is a state of physical, emotional, and mental exhaustion caused by prolonged exposure to stress, particularly in the workplace. It is often a response to chronic work-related stressors that have not been successfully managed, leading to cynicism, detachment from work, and a sense of reduced accomplishment. For hospital porters, the long hours, the emotionally distressing nature of transporting critically ill or deceased patients, and limited organisational support may have heightened their risk of burnout (Bakker & Demerouti, 2017).

The Job Demand-Resources (JD-R) model serves as the theoretical framework guiding this study, providing a robust structure for analysing how job demands (such as workload and emotional stress) and job resources (such as social support and job control) interact to influence

employee wellbeing. Unlike quantitative applications of the JD-R model that focus on measuring stressors and coping mechanisms numerically, this study employs the model qualitatively to interpret the lived experiences of porters. The model is valuable in examining how imbalances between demands and resources may have shaped porters' work-life balance during the pandemic, offering a lens through which their narratives can be understood (Bakker & Demerouti, 2017; Xanthopoulou et al., 2007).

2.2 Job demand-resources model

2.2.1 Job demands

Job demands are elements of the work's physical, psychological, social, or organisational components that call for prolonged effort or skills in the physical and psychological (cognitive and emotional) domains and are consequently linked to specific physiological and psychological costs. Some instances include excessive workloads, unfavourable physical settings, and variable work schedules. Demands placed on employees by their jobs can be unreasonable, and may become stressful if they require much work – the individual can only partially recover from these demands before being assigned another set of unreasonable demands, as per Sander *et al.* (2018). Demands set off a chain reaction of health impairments marked by fatigue and stress that culminates in burnout and other detrimental work outcomes. Resources encourage involvement at work, which raises motivation and produces other beneficial effects. Therefore, minimising demands whilst optimising resources presents a challenge for those in charge of work and workflow design. Demerouti *et al.* (2019) have found that the applicability of this approach is consistent across various professional situations, owing to its broadness and generalisability. The model's power is found in its capacity to see past superficial distinctions and pinpoint the traits that all work outcomes have in common. According to Mayer and Monga (2020), this model assumes that risk and facilitating factors are categorised under job demands and job resources in every occupation. A person's resources may be depleted by the demands of their job, which can result in low energy and health issues (Henry 2016).

2.2.2 Job resources

On the other hand, job resources can promote personal development, work-life balance, and progress (Wolniak and Szromek 2020). According to Wolniak and Szromek (2020), this model contains two distinct underlying psychological processes that could result in the emergence of motivation and job strain. When analysing job strain or an increase in motivation, it is crucial

to consider the interplay between the two categories of job demands and job resources (Bjornberg 2017). Therefore, employment demands influence one's capacity to balance work and personal life. On the other hand, job resources support employee engagement at work and safeguard against the negative consequences of job expectations, such as burnout (Bjornberg 2017). In various working situations, diverse job resources may mitigate the effects of job demands (Bjornberg 2017). As a result, the JD-R model can be applied in a wide range of organisational contexts, demonstrating its versatility and adaptability. Although different occupations have different job demands and resources, all occupations will ultimately result in either burnout or a healthy work-life balance. Bakker *et al.* (2010) highlight that the research around stress and motivation are generally two relatively distinct research traditions that attempt to integrate into the JD–R paradigm.

Furthermore, the model details how resources and demands interplay, predicting significant organisational effects. Earlier studies have demonstrated that the model's presumptions apply not only to self-reports but also to impartial information, as per Bakker *et al.* (2010). Organisations can utilise the JD-R model to enhance employee motivation and wellbeing whilst enhancing several organisational outcomes. Furthermore, Baker and Demerouti (2014) have demonstrated that the JD-R model can predict the experiences of burnout and work engagement. Xantopoulou *et al.* (2007) talk about the components that provide an overall model that can be applied to various occupational situations, regardless of the specific needs and resources involved, because they can be divided into two general categories (that is, job demands and job resources). The development of job-related stress and motivation is influenced by two distinct underlying psychological processes, according to the second premise of the JD-R model. The first is a health impairment process. Sander *et al.* (2018) argue that physically and mentally taxing jobs or employment with ongoing demands (such as, work overload and emotional demands) wear down the energy reserves of workers, leading to a myriad of health issues.

2.3 Two-way process

Based on Figure 2.1., Satish *et al.* (2012) talk about the second phase that the JD-R model suggests is motivational. It is predicated on the premise that job resources possess the capacity to motivate and result in high levels of work engagement, low levels of cynicism, and good performance. According to this definition, job resources can either play an extrinsic motivating role when they help employees achieve their goals or an intrinsic motivational role when they

support employee learning, development, and growth. In the former scenario, employment resources meet fundamental human needs. These authors further mentioned that job resources may also have an extrinsic motivating effect - using the effort-recovery concept, workplaces with abundant resources encourage employees to commit their full potential to their work tasks. In this circumstance, the task will be effectively finished, and the work goal will be reached; one's chances of succeeding in reaching one's professional objectives are increased (for example, by encouraging coworkers and receiving constructive criticism from a superior). The existence of employment resources encourages engagement, whilst their absence engenders a pessimistic attitude toward work, whether through fulfilling fundamental needs or accomplishing professional objectives.

2.3.1 The relationship between resources and work demand

The JD-R model suggests that the interaction between job demands, and job resources are significant in developing either job strain or job motivation in addition to the stated main effects of job demands and resources illustrated by Jamrozik *et al.* (2019). The concept of job resources is predicated on the idea that these resources could mitigate the effects of job demands on job strain, including burnout, as Halbesleben (2019) illustrates. According to Xantopoulou *et al.* (2007), the resources stand out the most in stressful situations. He further explains that, in other words, job resources can only be transformed into task enjoyment and work engagement with a challenge or a demanding circumstance. This is consistent with the view that resource acquisition has only a minor impact on its own and becomes significant when resources are lost. This suggests that workplace resources become incredibly motivating when workers face challenging job requirements. Put otherwise, the coping hypothesis proposes that when people experience stress, they will be more likely to employ resources as a coping strategy or a way to decompress.

2.3.2 Health worker's connection to job demand resource model

According to recent research conducted by Alarcon (2011), burnout raises the possibility of future hospitalisation for mental and cardiovascular diseases. Past studies examining results within the JD-R model framework concentrated on relationships, attitudes, and organisations. However, over the last ten years, accumulating data has indicated that consequences such as burnout also harm one's health. Evidence that was uncovered by Bakker and Demerouti (2014) is presented by the authors to support several potential mechanisms that may link burnout to poor health, including metabolic syndrome, dysregulation of the hypothalamic-pituitary-

adrenal axis in conjunction with activation of the sympathetic nervous system, sleep disorders, systemic inflammation, compromised immune function, and unhealthy lifestyle choices. More precisely, a comparison group of "burned out" outpatients from a psychotherapeutic treatment centre that specialised in work-related issues were compared to a group of "non-burned out" outpatients receiving treatment for conditions other than burnout (such as panic disorders and obsessive-compulsive disorder). Clinically validated empirical cut-off points could be determined based on the burned-out group's scores. Clinically confirmed empirical cut-off points for the Dutch version of the MBI instrument could be established based on the scores of the burned-out group.

2.4 Obstacles Facing Job Demand Resource

2.4.1 Workplace expectations as a barrier and challenge sources of stress

The term "job demands" refers to components of work that need to be done and consequently come with expenses. Weziak-Bialowolska *et al.* 2020 state that demands play a significant role in health deterioration within the JD-R model, even if this description does not necessarily indicate that demands are opposing. Workplace demands or conditions that include excessive or unpleasant restrictions that prevent someone from achieving essential goals are called hindrance job stressors. The definition and description of the job needs of the JD-R model are similar to those of Alarcon (2011). Role ambiguity, role overload, and role conflict are a few examples of employment requirements that cause obstacles (Alarcon 2011). According to Halbesleben (2010), these work-related pressures are viewed as "bad." Stressors are considered challenging when they regress an employee's personal development and success. Challenge stresses include a heavy workload, deadline pressure, responsibility, and instances of the JD-R model's job requirements.

These requirements are fulfilling professional experiences that are well worth the associated discomfort. As a result, they are regarded as "good" stresses and incorporate the JD-R model's distinction between job obstacles and challenges. Confirmatory factor analysis results by Halbesleben (2010) of two samples (N1 = 261 and N2 = 441) confirmed the distinction between the demands and job resources categories. Roskams and Haynes 2020 discussed that work obstacles positively correlate with fatigue and negatively correlate with vigour, further supported by structural equation modelling. The pattern of relationships for job resources was inverted. Job difficulties positively correlated with vigour and had nothing to do with tiredness. More empirical data is needed to determine whether the distinction between challenge and

hindrance needs is legitimate. Furthermore, it still needs to be determined if it makes sense to distinguish between these two types of needs for every position. For example, it is feasible that a high cognitive load is challenging for a designer but inspiring for an academic position. Further study is therefore required to elucidate the function of the demands within the JD-R.

2.4.2 Work establishing

Research on the JD-R model has consistently demonstrated that workers perform best in demanding, resource-rich work contexts because these conditions encourage employee engagement (Bakker and Bal 2010; Demerouti and Cropanzano 2010). This suggests employers should provide their staff with enough employment resources, such as skill diversity, social support, and feedback. Research indicates that managers can affect the resources and demands placed on staff and might indirectly affect worker performance and engagement. Nonetheless, workers must organise their workplace assets. Supervisors might not always be accessible for input, and businesses dealing with financial difficulties could have different priorities. It can be especially crucial for staff members to mobilise their resources and act proactively under these circumstances. By selecting tasks, negotiating different job content, and giving their occupations or tasks meaning, employees can actively alter the design of their jobs. Bakker and Bal (2010) elaborate on job crafting as the process whereby employees design their jobs. The adjustments people make to their task or relationship boundaries on a physical and cognitive level are known as "task creation." Changes in the kind, extent, or quantity of work duties are called physical changes, while shifts in perspective are called cognitive changes. Three distinct behaviours can be associated with job crafting, according to Bakker and Bal (2010): raising job resources (structural or social), raising job demands or challenges, and lowering job demands. They maintained that the most engaged workers make the most out of their workplace. However, Halbesleben (2010) indicates that integrating job crafting in the JD-R model is fascinating because one theory suggests that job crafting is the missing piece in the causal chain that reverses the relationship between work engagement and upcoming job demands and resources. One theory is that job crafting needs a more reverse causal relationship between work engagement, future employment requirements, and employment resources.

2.4.3 Relationship to human flourishing

Based on Demerouti (2014), the degree of "alignment" between an employee and their workplace is determined by the availability of resources and demands specific to each individual's unique requirements and preferences. Therefore, workplaces that align with human

flourishing will benefit people more (Christian *et al.* 2011). Essentially, thriving is a fulfilled state that results from satisfying basic human needs. In particular, human flourishing is viewed as a broad construct with five different but connected elements: character qualities, meaning and purpose, physical and mental health, and intimate social interactions. A more favourable atmosphere to flourish is created by methodically identifying, reducing, and optimising demands, whilst boosting resources, as mentioned by Bakker and Bal (2010). They further mentioned that essential components foster flourishing since they are the resources or assets workers require to lessen demands. Thus far, the information supports the JD-R model's central tenet: specific work arrangements are critical for promoting overall life flourishing and job performance.

2.5 Work-life balance

Work-life balance and imbalance have been found to have both sound and adverse effects in recent research on various occupations. Employee job happiness, dedication to the organisation, employee retention, family functioning, and general life satisfaction are all linked to a favourable work-life balance. Employee stress, decreased commitment to the organisation, job discontent, turnovers, poor life satisfaction, and burnout are all linked to the unfavourable work-life balance. Modern life comes with an adaptation of the balance between jobs, recreation, family, and rejuvenation (Brough *et al.* 2020). Work-life balance refers to the complex interaction between off-duty and work-related domains. It is the amount of control between work and available hours to commit to personal life. As such, this dynamic begs for sufficient time and resources to ensure that every aspect is sufficiently accommodated.

However, organisational psychologists describe this interplay as incompatible or conflicting (Bough *et al.* 2020). Furthermore, the two aspects have a bi-directional relationship in which work interferes with life and vice-versa, but with work having the upper hand (Keeney *et al.* 2013). While this concept of work-life balance has progressively gained dominance and research attention, the theoretical paradigms underpinning it have been much slower (Xu 2019). Employees who work on Sundays, such as healthcare workers, may encounter health issues and a poor work-life balance (Abe *et al.* 2018). This becomes inherently noticeable since social and recreational activities are more prevalent on weekends, particularly Sundays. Working on weekends disrupts an individual's social rhythms and deprives them of time to recover from work on weekends (Gagnano *et al.* 2020). Longer working hours, on the other hand, disrupt an employee's work-life balance and contribute to burnout (Gagnano *et al.* 2020). When an

employee has the freedom to select how to split his or her time between work and personal obligations, he or she is said to have flexible working hours (Henry 2016). This can improve a worker's capacity to balance work and life by allowing them to coordinate better their obligations and their many demands (Skinner and Chapman 2016). This will lessen their stress levels, allowing them to focus on their personal development instead of worrying about falling behind on their work obligations (Aamir *et al.* 2016). According to Aamir *et al.* (2016), healthcare workers who work long hours experience more conflict between work and personal obligations, contributing to exhaustion and burnout. Employees who can work part-time schedules are more satisfied with their jobs and lives (Aamir *et al.* 2016). Khamisa *et al.* (2016) mainly explored the relationship between personal stress, work stress, and burnout through a causal relationship lens. They sought to uncover how significant personal and work stress are in perpetuating burnout. From a sample of N = 895, results revealed that personal stress could predict burnout, implying a strong correlation between the two factors.

This discovery sheds light on the interplay between the events affecting individuals outside their professional space and burnout. The predicaments that individuals experience impact how easily they can experience burnout. From these results, the more problems one experiences on a personal level, the more likely one will burn out. Finally, the results reveal how the two factors can be inseparable and may have a reciprocal causal relationship. Furthermore, in the study, Khamisa *et al.* (2016) found that work stress can better predict job satisfaction, implying a solid relation between how one appraises their job and the stress level they undergo at their workplace. According to Khamisa *et al.* (2016), the more frustrating their job or work environment is, the more likely they are to be unfulfilled with their job.

2.6 Burnout

2.6.1 What is Burnout?

Henry (2016: 212) defines burnout as an emotional and physical state of mind in normal individuals primarily caused by exhaustion, which is accompanied by distress, a lack of effectiveness, demotivated employees, and the development of negative attitudes and behaviours at work. However, stress should not be confused with burnout. According to Henry (2015), burnout can be considered a particular kind of prolonged job stress. According to Abe *et al.* (2018), employees experience job stress as the workload escalates beyond their adaptive response. Thus, burnout is viewed by Blank *et al.* (2015:199) as the last stage in a progression

of several failed efforts through which one has tried to cope with job stress. The healthcare sector plays a pivotal role in enhancing the general health of South Africans (Berkhout *et al.* 2023). Under the sector, porters are one of the key members to ensure that hospitals operate efficiently and provide the best service to their patients. It is essential to understand how their capacity to do their work is affected to secure ongoing productivity. Therefore, what affects the porters by default affects those who need health care. One of the factors that serves as a handicap for hospital porters is the experience of burnout (Kola *et al.* 2021).

Burnout is prolonged distress that develops over time due to the ongoing effect of organisational over-exhaustion, which ultimately takes away one's work efficacy (Bouskill *et al.* 2022). Freudenberger (1974) is acknowledged as the first to coin the term “burnout,” and he describes those who experience it as workers who are over-committed to their work (Bridgeman *et al.* 2018). Freudenberger outlines three critical dimensions of burnout, further elaborated by Maslach: emotional exhaustion, depersonalisation, and low personal achievement (Dugan and McGranaghan 2012). Excessive rigidity, frustration, and paranoia are some burnout symptoms (Henry 2016). It is imperative to understand burnout as the build-up of intensive work strain instead of a sudden ailment (Bridgeman *et al.* 2018). Burnout is an overt response to the body's incapacity to do more work. This understanding can also inform how workers can prevent experiencing burnout. Burnout has been found prevalent in the social services sector, including healthcare. This speaks to the work overload that porters undergo, which leads to their burnout (Kola *et al.* 2021)

Dugan and McGranaghan (2012) conducted a systematic review exploring the prevalence of burnout and the multiple attributes that contribute to it among frontline primary healthcare providers. It was discovered that South African nurses serving on the frontline experienced the highest emotional exhaustion and depersonalisation. Moreover, it was discovered that higher burnout rates amongst healthcare workers were associated with higher workloads, higher work pressure, and a lack of organisational support. These findings are alarming as they speak of the importance of developing and implementing work policies that foster job satisfaction and a work-life balance. Among healthcare practitioners, burnout is strongly associated with a variety of mental problems, including depression, anxiety, drug misuse, and suicidal inclinations.

Burnout is linked to higher allostatic load and self-reported health effects (Bauer 2019). Individuals with occupational burnout have been found to have abnormalities in their brains, including a loss in grey matter volume in the anterior cingulate, caudate, and putamen (Bauer

2019). Healthcare providers continue to be identified as a high-risk group for burnout, and the prevalence of burnout amongst healthcare workers has risen in recent years (Henry 2016). In Spring 2021, burnout rates were more than 60% among Canadian healthcare workers (De Hert 2020). Burnout among healthcare providers during the COVID-19 pandemic was documented at similar levels in other high-income nations (Bauer 2019). More work should be done to unpack occupational burnout to inform possible effective solutions, especially for hospital porters and other non-clinical staff.

2.6.2 Components of Burnout

2.6.2.1 Emotional exhaustion

According to Maslach and Leiter (2008), the exhaustion component reflects the fundamental individual tension feature of burnout. It describes feeling exhausted of one's physical and emotional energies (Maslach and Leiter 2008). Work stress and interpersonal friction at work are the leading causes of this tiredness, which leaves individuals feeling depleted and "used up" with no way to refuel (Dolan *et al.* 2016). The individual feels exhausted and drained and may become hypersensitive in such situations (Schilling *et al.* 2018). The main feature of burnout syndrome is an increasing sense of emotional exhaustion.

2.6.2.2 Depersonalisation

Depersonalisation is "marked by a chronic or recurrent sense of being separated from one's mental processes or body and is accompanied by intact reality testing," according to Seppala and King (2019). Depersonalisation is a typical clinical symptom linked to abjection, the peculiarity of the surroundings, and emotional numbness in medical practice (Seppala and King 2019). This element embodies "the interpersonal context feature of burnout and relates to a negative, callous, or excessively detached reaction to many parts of the job" (Maslach and Leiter 2008). According to Albritton (2020), depersonalisation initially serves as a self-protective emotional cushion of "detached concern" and typically develops in reaction to emotional exhaustion's overload. However, there is a chance that alienation will progress to dehumanisation. The depersonalisation factor represents the interpersonal component of burnout (Leiter and Maslach 2016).

2.6.2.3 Personal accomplishment

Negative self-evaluation of an individual's work, or feelings of inadequacy and failure about the job performance, can be characterised as components of personal achievement or accomplishment (Schilling *et al.* 2018). This negative perception of personal accomplishment can reduce production and competence in work-related tasks (Nazari *et al.* 2016). The person believes he/she cannot advance in his/her abilities and professional endeavours. Employees with less personal success believe they cannot function as well at work as they formerly could (Schilling *et al.* 2018).

2.7 The porter's life before and during COVID-19

The portering department is segmented into shift patterns in order to cater to the hospital's needs. This department carries out the entire hospital's needs by ensuring the delivery of patients and other important medical needs. This department adheres to a specific time frame to deliver and save patients' lives on time. The Department of Health had a contractual agreement with Umongi Facilities Services to provide additional porters during the pandemic. A Service Level Agreement was put in place, with corresponding penalties for any inability to meet the agreed upon services and deliverables. Everything was done timeously, and all departments were running smoothly. The peak of COVID-19 was challenging, which subsequently affected the expected deliverables of every employee. Like all employees, porters were not immune to the profound impacts of the COVID-19 pandemic. The unprecedented challenges and pressures brought about by the crisis significantly affected their wellness, leading to increased burnout. As essential workers, porters faced heightened risks and demands, often working long hours in stressful conditions, which exacerbated their physical and mental health struggles. It is crucial to recognise and address these challenges to support their wellbeing and ensure their continued ability to perform their vital roles.

2.7.2 The working scope of Portering staff during the COVID-19 peak

With the emergence of COVID-19 also came compelling changes in the working scope of healthcare workers. The pandemic increased the demands of more staff, working with extra precautions against the virus and more (Singh and Subedi 2020). As such, hospital staff, including those at Inkosi Albert Luthuli, had to adapt to a new working environment. Medical doctors had an added responsibility to ensure sufficient service to all patients. They were responsible for providing direct care to the incoming patients infected with COVID-19, whilst giving attention to patients who had already been admitted to hospitals (Hussain 2021). This

meant that they had to work extra shifts (Iyengar *et al.* 2022). Depending on the severity of the patients, doctors and nurses were responsible for monitoring the infected patients, ensuring their condition did not get worse (Iyengar *et al.* 2022).

This was an important responsibility because it required nurses and doctors to take fewer lunch breaks and constantly observe the patients to ensure their safety and recovery (Hussain 2021). Responses to the arising concerns of the patients required doctors and nurses to provide oxygen and antiviral supplements to those who needed them the most (Iyengar 2022). To ensure more stringent preventative measures, the nurses also used PPE and high-level sanitation and isolation measures (quarantine) (Lemetti *et al.* 2015). These measures taken by doctors and nurses collectively ensured that the spread of COVID-19 was manageable. The working scope of mental health professionals also had a slight change in demand during the COVID-19 pandemic. Mental health professionals were on the frontline in helping to combat the various challenges caused by the pandemic.

The COVID-19 pandemic was primarily a physical health crisis but had diverse health consequences. Mental health decline was one of the leading problems experienced by victims of the pandemic, whether affected directly or indirectly by the pandemic (Rizzi *et al.* 2022). Mental health professionals provided counselling, mental health resources, wellness programs, and community outreaches. They were also mandated to do consistent follow-ups with those affected until they were satisfied and comfortable with terminating the engagement (Geoffroy *et al.* 2020). These services were provided virtually and designated to the internal staff in hospitals and clinics and those affected by the pandemic in various ways. Critical mental health problems included loss and grief, anxiety, and depression (Lazzari *et al.* 2020)

Paramedics were also on the frontline of the response to the pandemic. Emergency medical practitioners were responsible for providing immediate attendance to those reported to be infected with the pandemic and experiencing concerning symptoms (Roberts *et al.* 2021). They were required to provide the first assessment of the patients and stabilise them until they reached the hospital whilst also transporting them (Buick *et al.* 2020). Where necessary, they were required to provide respiratory support (Roberts *et al.* 2021).

During the pandemic, there was a heightened need for early detection. This is where radiologists played a significant role. They utilised numerous tests to check for the severity of the infected patients and provide relevant recommendations. (Bai *et al.* 2020). People who

already had illnesses and diseases were the most vulnerable to COVID-19. Therefore, radiologists were responsible for monitoring the virus's progression (Mossa-Basha *et al.* 2020).

One of the objectives of the study was to determine the working scope of portering staff at Inkosi Albert Luthuli Hospital in Durban during the peak of the COVID-19 pandemic. The working scope of porters during the pandemic was fundamentally the same across hospitals in South Africa (Jones 2021). Their role was to support the hospital in logistical effectiveness and efficiency. Given the required need for hygienic control during the pandemic, porters were responsible for making sure that the hospital facilities were clean and sanitised at all times; the equipment and tools that were used were also consistently cleaned and sanitised to ensure safety and minimisation of the spread of the virus (Clark 2021). Porters also assisted with transporting patients within the hospital to different departments and areas of the hospital for different purposes (Clark 2021). While doing so, they were always mandated to wear covering masks and gloves to ensure patient safety. Additionally, porters were expected to transport corpses with dignity to the mortuary. (Jones 2021).

At the height of the COVID-19 pandemic, the work scope for hospital portering personnel became more complex and demanding, showcasing their essential part in upholding the operational effectiveness of healthcare institutions (Moloi and Graaf 2021). Porters actively conveyed patients within the hospital grounds, ensuring the rapid and safe transfer of individuals, particularly those infected by the virus (Ogunbanjo and Clarkson 2022). This vital task was crucial in optimising the internal logistics of healthcare organisations during the pandemic's increased demands, emphasising the irreplaceable nature of portering workers in patient care. During emergencies, porters would assist in transferring patients from the ambulances to the designated department. (Jones 2021). Porters also transported the required equipment from the storage to the doctors and nurses. All these duties required porters to be highly vigilant and able to work under pressure.

Simultaneously, portering employees played an indispensable part in ensuring the timely and secure delivery of medical equipment and provisions, contributing notably to the overall functionality of hospitals during the pandemic (Ivanov and Rossi 2023). The logistical difficulties brought about by COVID-19, such as the heightened demand for essential medical resources, put extra strain on porters as they dealt with intricate operational duties (Hall *et al.* 2021). Their ability to effectively handle this aspect of their obligations became vital to the

healthcare system's ability to offer sufficient and prompt care to COVID-19 patients (Ivanov and Rossi 2023).

The diverse responsibilities carried out by porters at the pinnacle of the pandemic demonstrated their devotion and resilience when faced with challenges, positioning them as unrecognised champions in combating the virus (Ivanov and Rossi 2023). Their dedication extended past traditional roles, embodying a sense of responsibility that became progressively vital amid a worldwide health crisis (Hall *et al.* 2021). During the peak of COVID-19, hospital porters played a crucial role by combining patient transport and logistical support. This highlighted their essential contribution to keeping the healthcare system running. Recognising and supporting the portering workforce is essential, as they play a vital role in maintaining the healthcare system's strength during challenging times.

2.6 Balancing Work-life and Burnout of Porters during Covid 19.

2.6.1 Overview

The repercussions of the COVID-19 pandemic on the work-life balance and burnout of porters and healthcare workers, in general, were immense, posing distinct obstacles that substantially influenced the welfare of these vital healthcare employees. Academics have observed a considerable disturbance in work-life harmony owing to the escalated requirements put on healthcare staff during the pandemic (Song *et al.* 2021). The increased workload and the pressing nature of the situation resulted in an imbalance, affecting the personal lives of porters (Song *et al.* 2021). The demands brought about by the pandemic played a significant role in causing burnout among healthcare professionals, such as porters. Zhang and Wang (2023) emphasised the strain on mental and emotional wellbeing stemming from the relentless pressure and augmented responsibilities of the pandemic, leading to burnout indications among porters. The emotional burden of grappling with the pandemic's challenges was a crucial factor in the burnout faced by these frontline workers (Zhang and Wang 2023).

The impact of COVID-19 manifested in different ways on healthcare workers, including hospital porters. Clinically, porters became more susceptible to anxiety, post-traumatic stress disorder (PTSD), and fear (Berkhout *et al.* 2023). With their safety endangered, they developed incomparable fear for their health and their families as they were at the frontline and exposed to the virus. The virus was not only a health threat but a life threat (De Hert 2020). Porters witnessed the passing of patients with COVID-19 and, as such, developed trauma, particularly

PTSD (Leo *et al.* 2021). COVID-19 affected the overall wellbeing of porters, especially their mental and psychological health. With vulnerable psychological health, porters found it extremely difficult to stabilise the balance between their work and personal life (Dekel and Abrahams 2021). The distress caused by the pandemic permeated their lives, making it difficult for them to maintain personal activity and contentment.

The necessity for stringent infection prevention measures introduced an added complexity to health practitioners' tasks, affecting their work-life balance (Dekel and Abrahams 2021). The continual emphasis on safety procedures, including wearing PPE, further amplified stress and contributed to burnout among porters (Wang *et al.* 2020). The careful adherence to safety guidelines left porters with minimal time for personal and family pursuits (Dekel and Abrahams 2021). As workers were highly susceptible to getting infected with the virus, porters' comfort around their loved ones decreased; at times, distancing themselves was a strategy to keep them safe, thus creating a barrier to spending more time with them. COVID-19 compelled all healthcare workers to reconsider their regular schedules to meet the demands of the pandemic. As frontline workers, porters were expected to commit to more working hours (Wang *et al.* 2020). The additional hours consequently led to a shortage of sleeping hours and compromised their rest. Thus, insomnia became another driving factor in the experience of porters' burnout (Berkhout *et al.* 2023).

The pandemic also led to the absenteeism of some frontline workers (Maunder *et al.* 2021). As a result of proximity to the virus, some were infected and had to quarantine. This prevented them from being present at work. Whilst in quarantine, there is little to nothing that an individual can do to satisfy their personal life. (Maunder *et al.* 2021). The disturbance in work-life balance and the heightened exhaustion among porters carried wider consequences for the general effectiveness of healthcare services. Wang *et al.* (2020) stressed the interdependence of personnel welfare and organisational performance, accentuating the necessity for supportive actions to tackle these issues and preserve a fit workforce (Wang *et al.* 2020).

In summary, the effect of the COVID-19 pandemic on the work-life harmony and weariness of porters globally was significant, with COVID-19 affecting the mental, physical, and emotional wellbeing of porters. Their workload intensified, their health and safety were at constant risk, and balancing workload and private life became challenging. However, Wang *et al.* (2020) highlighted a crucial interdependent relationship between employees and organisations, thus showing the need for better collaboration systematically to eradicate such challenges.

2.6.2 Balancing work and home life

Work-life balance depends on an individual's situational factors, including occupation, position level, responsibilities, financial standing, family size, commitments, and more. Therefore, work-life is highly subjective (Hooja and Sen 2018). Given this co-dependence between the organisations and personal life, maintaining balance is a shared responsibility. Over the years, across different industries, work hours have had to increase due to growing pressure; in certain circumstances, employees are compelled to work overtime and on weekends (Hooja and Sen 2018). Sirgy and Lee (2018) say that a work-life balance is necessary to foster a supportive and positive work environment where individuals may balance their professional and personal obligations. Employee productivity and loyalty increase as a result of this. Along with his or her job, the modern employee balances other responsibilities, including those of a parent, spouse, child, and a responsible citizen. His/her devotion, attention, and productive energy are heavily invested in these duties.

Work-life balance is an all-encompassing concept considering "family, community, leisure, and personal time" (Grady *et al.* 2008). Brough *et al.* (2020) suggest that a practical work-life balance approach increases productivity and lowers healthcare expenses for the employer while reducing stress levels and enhancing employee job satisfaction. It also contributes toward a supportive culture that increases the perception that an organisation values its employees. Flexible scheduling and supportive supervisors directly impact workers' perceptions of control over their professional and personal lives (Brough *et al.* 2020). A survey by Welford (2008) found that many respondents suggested that health is one of the fundamental causes of stress. They claimed that work reduces the chances of exercising, compromising productivity (Lakshmi and Prasanth 2018). Therefore, implementing work schedules that cater to activities that improve health is imperative.

2.7 Challenges encountered by porters during COVID-19

2.7.1 Overview

The COVID-19 pandemic brought forth unparalleled challenges that greatly affected the efficiency of porters and healthcare workers. The influx of COVID-19 cases put immense pressure on the healthcare system and caused porters to carry out their daily tasks with difficulty (Müller and Williams 2022). These challenges arose from an increased need for moving patients within hospitals, leading to logistical intricacies (Müller and Williams 2022). With the

high patient volume increasing during the pandemic, porters were expected to respond to increased tasks and emergencies. As the entry point of the hospital, the porters were supposed to ensure a smooth operation between the transfer of patients and the entry of the patients to the relevant department (Hussain 2021). The high volume of patients strained porters' capacity and energy levels, mainly because they were expected to be increasingly cautious when considering the virus. Porters were also expected to multi-task by simultaneously responding to every emergency and required task (Adams *et al.* 2020). Essentially, their workload rapidly increased and became much more stressful. More incoming patients meant more cleaning requirements for the porters. Every person coming to the hospital had to use clean facilities, putting porters under more pressure to actively clean and sanitise the environment at all times (World Health Organisation 2020).

The most high-risk challenge experienced by porters during the peak of COVID-19 was exposure to COVID-19 and highly close contact with the virus. Despite the PPE, it was still risky and possible for porters to be infected with COVID-19 because they were constantly near infected persons (Hussain 2020). Furthermore, hospitals would experience a shortage of PPE, including covering gowns, gloves, and masks (World Health Organisation 2020). This posed a threat to the safety of the porters and increased their already existing anxiety and concerns. As a result of exposure to the virus, some porters did get infected with the virus, which required them to quarantine. Subsequently, the hospitals would experience a staff shortage, adding to the fatigue, pressure, and time constraints that the remaining porters had to deal with. (Wu *et al.* 2020). With little to no rest, porters were highly strained. The integration of these challenges gave rise to another, which is psychological distress. Porters experienced high levels of distress and fear. They had to commit to their duties and responsibilities while being at risk themselves and possibly placing their families (Hussain 2020), as they feared transmitting the virus. They were burdened to take care of themselves and others during the most life-threatening period for the entire world. The task of transporting the deceased also added to the emotional distress that porters were experiencing (Li *et al.* 2020). With the crisis of COVID-19, access to helpful mental healthcare services was often limited, given that patients were the most likely to be prioritised (Li *et al.* 2020). The COVID-19 pandemic presented many challenges for the Inkosi Albert Luthuli Hospital porters in Durban. It affected their everyday work and wellbeing. The significant obstacles they faced were the increased workload, higher risk of infection, emotional stress, logistical issues, and the constant need to adapt to new protocols. Overcoming these challenges required organisational support and resources and acknowledgment of the

porters' vital role in keeping the hospital running and ensuring patient care during the crisis. Their strength and commitment were crucial to the hospital's response to the pandemic.

The escalated workload and demand for swift action during the pandemic created obstacles for porters to safely relocate patients inside healthcare facilities (Bernard *et al.* 2021). The logistical requirements and urgency of patient transfers strained portering staff resource and capabilities, impacting their performance and productivity. Furthermore, the limited supply and heightened demand for PPE throughout the pandemic generated challenges for porters to maintain their safety while performing their duties (Kumar and Okocha 2022). Guaranteeing the proper utilisation and accessibility of PPE became a critical aspect of their responsibilities, adding another layer of complexity to their tasks (Kumar and Okocha 2022). The emotional burden brought on by the rising mortality rates and the overall demanding atmosphere in healthcare facilities took a toll on porters' mental wellbeing, further influencing their work performance. The distinctive challenges presented by the pandemic highlighted the requirement for psychological assistance and mental health provisions for porters, acknowledging the strain of their vital yet often disregarded roles (Krendl and Perry 2021). Conclusively, the obstacles introduced by the COVID-19 pandemic substantially impacted the adequate performance of porters and healthcare workers. The pressure on resources, growing workload, and emotional burden emphasised the significance of recognising and addressing the distinctive challenges porter staff encountered in the global health crisis.

2.7.2 Challenges of balancing work and personal life

Many men and women are forced to discover new methods of balancing their professional and personal lives due to the new combination of gender fairness, evolving role expectations, and limited family time (Bailyn and Harrington 2004). Couples have started to delay and restrict procreation, which has led to an increase in the average first-childbearing age and a significant decline in fertility. Those demographic trends indicate that people are less likely to have traditional family support, such as one spouse taking care of the home, less likely to have a family focused on children (Children serving as a distraction from work), and more likely to place a high value on their jobs, especially among career professionals with advanced degrees. Due to the separation of couples, novel family structures, including mixed and mono-parental households (in which two single parents jointly raise their children from prior marriages) are becoming more and more common. Work-family conflict is becoming more prevalent in these homes for both working men and women (Lewis and Cooper 2005).

2.7.3 Relationships with friends and relatives

Verma *et al.* (2021) focus on unpacking life during COVID-19, where they mentioned that regular virtual interactions with family and friends were identified as a crucial coping technique that enabled participants in their study to endure the lockdown and pandemic. Through these exchanges, individuals could stay in touch and vent to each other. A woman who was taking part in the discussion said, "My sisters and I are constantly on our family chat groups. In addition, we have many groups. The four of us have a looking group, our newsgroup, and one reserved for chats with family only." One of the participants mentioned that "maintaining frequent planned video calls with my family and friends has also been beneficial," as quoted by Verma *et al.* (2021). Participants saw the lockdown as a chance to strengthen their bonds with friends and family because they made more effort to engage with one another. Several attendees stated that this would not have been feasible if the lockdown had not happened. Individuals who had regular contact with their family and friends reported that toward the start of the lockdown, they made more deliberate efforts to communicate with others constantly, but that as the lockdown went on, these efforts decreased. "Check-ins used to be every day, then it went to three times a week, and now it's twice a week, and everyone calls in to see other people's faces," said one participant.

In the same way, another participant said her relatives in another country began to get in touch more than usual during the pandemic's early stages, but later, as time went on, they stopped talking to her. Individuals did not give any justifications for why the exchanges decreased. According to data collected by Verma *et al.* (2021), in certain cases, participants who were required to live alone or without family members could maintain regular contact with others via phone conversations, virtual social media, chat rooms, or meetings. One participant serves as an example of this; while in isolation, he could cope because of his robust social support system - for instance, he spoke with his friends, family, and coworkers through video calls. This was beneficial because he never felt really alone in his bedroom when he was by himself. He said, "Since we couldn't see each other during the lockdown, we had constant contact, video calls, and Zoom calls with family throughout the time, in addition to conversations with friends and my girlfriend, who was supportive throughout most of it."

2.8 Copying mechanism porters used during Covid-19

2.8.1 Overview

Cai *et al.* (2020) unpacked that the survival strategies adopted during epidemic outbreaks can be diverse and differ across age groups, genders, professions, characteristics, levels of education, and income. Most of the literature during epidemics focused on coping with psychological stress. Woolliscroft (2020) considered using calming strategies like deep breathing in a quiet space - humanising sanguinity, gentleness meditation, time management, self-care, good sleep and good sleep, and good food in stressful situations; behaviour changes, including spirituality to find expressive strength, such as praying and practicing appreciation. It may include actions as simple as spending quality time with nature or searching for hobbies like gardening, writing poetry and listening to music.

2.8.2 Coping mechanisms employed by porters at the peak of COVID-19

During the peak of the COVID-19 pandemic porters encountered unparalleled challenges that raised the risks of burnout (Bernard *et al.* 2021). Porter employed various strategies to endure burnout symptoms and deal with the heightened stress and demanding work environments (Hall *et al.* 2021). Engaging in self-care became a prominent coping strategy, with porters prioritising moments of relaxation and revitalisation to counterbalance the emotional strain in their roles (Ogunbanjo and Clarkson 2022). Regular breaks became essential, enabling porters to distance themselves from the intense environment and replenish physically and mentally (Kumar and Okocha 2022). The most practical, effective, and assuring mechanism that porters used to cope under adverse circumstances was the stringent use of PPE, ensuring that they were safe and always protected (Salopek-Žiha *et al.* 2020). To calm themselves, they had to take measures to secure their health and that of their families. This included wearing masks, gloves and gowns, and sanitisers for their hands and regularly sanitising surfaces (Zhong *et al.* 2020). Furthermore, cleaning their environment helped them relieve the fear of getting infected with the virus. This helped porters feel safer and better able to cope with the anxiety brought on by the pandemic and their jobs (Mbamba *et al.* 2021). Therefore, organisational support served as a coping mechanism.

To manage the emotional and psychological impact that COVID-19 had, porters reached out to the mental and emotional support available at their respective workplaces, such as counselling and support groups, which was a safe space for them to fully express themselves

and their experiences. Virtual support groups also allowed healthcare workers, including porters, to share different strategies to enhance their wellbeing amidst the COVID-19 crisis. Furthermore, porters used counselling facilities to grapple with the psychological troubles caused by the pandemic (Bernard *et al.* 2021). Ogunbanjo and Clarkson (2022) spotlighted the availability of counselling provisions as an element of the more comprehensive care system for healthcare labourers. Pursuing expert advice presented porters with an organised plan for managing the emotional impact of their duties and for averting burnout (Kumar and Okocha 2022). Some individuals engaged in stress management techniques such as yoga, exercise, and meditation to better manage their anxiety and reduce the stress they were undergoing. Some mechanisms worked effectively, and some did not.

Moreover, different coping mechanisms worked for different people. Emotional backing from coworkers and loved ones proved vital in lessening signs of strain amongst porters. Hall *et al.* (2021) underscored the importance of a caring circle in the work setting, giving weight to the affirmative outcome of joint encounters and shared empathy among portering personnel. Such sentimental support functioned as a cushion against the stressors accompanying the pandemic (Ogunbanjo and Clarkson 2022). Team collaboration among porters played a significant role in helping them manage their fatigue. Porters adapted a well-structured and flexible shift rotation roster that allowed them to balance between presenting to work and resting. (Zhong *et al.* 2020). Through this, porters were able to give themselves the chance to lessen their fatigue and spend time with their families (Mbamba *et al.* 2021). This effective team effort enabled porters to relax and restore their energy levels until they went to work again. Similarly, they could work together and strategise on delegating tasks, reducing pressure and anxiety (Zhong *et al.* 2020). Most importantly, this level of teamwork reduced the risk of experiencing burnout. Through team collaboration, porters could also emotionally support one another by constantly discussing their challenges and exchanging ideas to mitigate them. (Mbamba *et al.* 2021).

Regular debriefings also increased confidence among porters by providing updated information regarding COVID-19 protocols. These briefings also served as a platform for the staff to raise their concerns about the changes they sought to see (White 2021). This made it easy for them to engage with management and build an integrative communication channel. Porters at Inkosi Albert Luthuli Hospital in Durban employed various coping mechanisms to manage the unprecedented challenges of the COVID-19 pandemic. Organisational support, mental health resources, stress management techniques, professional development, logistical adjustments,

effective communication, and community support were all crucial in mitigating burnout symptoms. These strategies not only helped porters sustain their performance during the pandemic's peak but also underscored the importance of holistic support systems in maintaining the wellbeing of healthcare workers. The coping methods porters used during COVID-19's peak period were fundamental in sustaining any incidence of burnout symptoms. The amalgamation of self-care deeds, seeking emotional reinforcement, implementing tension-relief approaches, and utilising counselling facilities composed a wide-ranging scheme that permitted porters to navigate the challenges intrinsic to their roles, effectively.

2.8.3 Religion and prayer

On the other hand, Engelbrecht *et al.* (2021) looked at the significant coping strategy cited by participants, especially women, who participated in religion and prayer at churches. Some participants found that having their religious belief, that is, that God is in control and that life and death originate from God, as a coping mechanism in the face of uncertainty. One of the participants in the study shared that she found solace in her faith through Bible reading and prayer. "I like reading the Bible and listening to pastors," said another participant, 41. "I convince myself it will all work out in the end. My mind is powerful. I am reminded that God exists" (Engelbrecht *et al.* 2021). Simultaneously, a study by Fluharty *et al.* (2021) in South Korea, highlighted the significance of faith as a coping technique, reminding participants that despite their challenging circumstances, they could rely on their faith. Other people found comfort in their faith when facing the prospect of death. This is seen in an interview with a sixty-year-old woman who said, "Life and death come from God," in response to a question concerning the future. Furthermore, some participants stated that their religious views influenced their daily decisions to deal with the demands and challenges posed by the pandemic and lockdown (Fluharty *et al.* 2021). This is demonstrated in the interview when a 46-year-old family physician states that God guides her in making the best choice in every circumstance. As one participant, a female, noted, "Faith gave some of the participants the ability to remain hopeful" (Fluharty *et al.* 2021).

2.8.4 Maintaining an active lifestyle

For many, maintaining an active lifestyle and creating a routine was a helpful coping mechanism for dealing with the challenges of the pandemic (Fukase *et al.* 2021). The participants conveyed that they occupied themselves with various activities (such as reading

and exercising) during the downtime. Many participants also said that, in order to cope with the COVID lockdown, they began to participate in new activities. Several examples of these tasks were reading, baking, gardening, and working out, as mentioned by Gittings *et al.* (2021). This is demonstrated in a participant's interview: "I accepted painting. I never had time for the last several years because I was working and studying so much. ... It distracted me from my problems and gave me a sense of greatly improved reading. I enjoy reading, so I read many books." Another participant had a similar comment, saying, "I baked a lot and got really into our baking as well. We also like to cook. We have done it quite a bit, along with just cooking. Yes, that is what has kept me the most sane." Exercise was another popular activity that many participants noted, citing it as a way to help them relax (Gittings *et al.* 2021).

2.8.5 Rethinking mental state

Malik *et al.* (2020) dived deep into some participants' coping mechanism strategies for the pandemic and lockdown, which was the capacity to change or reframe their ideas. Among the endeavours highlighted by the participants were: attempting to express gratitude, maintaining optimism, and staying in touch with loved ones. One of the participants of the study revealed: "I started meditating perhaps more towards the conclusion of my isolation." Likewise, another participant shares, "Mindfulness turned into something that I had a lot more work to do for myself, and ever since then, I have undoubtedly had to rely on this practice for much more of my self-care." Additionally, the significance of participants reframing their ideas and keeping an open mind to the novel circumstances they were encountering was further demonstrated by an additional participant response, "It is more of an adaptive, coping mindset, at a point where I had to step back and realise that nobody else would assist me in solving this problem if I didn't." Some participants also said that learning to live with COVID-19 was beneficial rather than dwelling too much on the pandemic or the future (Malik *et al.* 2020).

2.9 Conclusion

This chapter investigates the impact of the Covid-19 pandemic on the work-life balance and burnout levels of hospital porters, utilising the JD-R model to frame the analysis. The pandemic created unprecedented job demands for porters, including increased physical workloads, heightened exposure to health risks, and emotional strain due to the fear of infection and the constant pressure to meet urgent hospital needs. These demands disrupted their work-life balance and contributed to high levels of stress and burnout. Using the JD-R model, the chapter

identified key job demands, such as long working hours, emotional exhaustion, and the pressure to ensure patient safety. It simultaneously highlights the lack of adequate resources—both physical (PPE and manpower) and psychological (emotional support and mental health services)—which contributed to the porters' vulnerability to burnout. The analysis reveals that the mismatch between job demands, and available resources negatively affected the porters' ability to balance work and personal life. However, instances where sufficient resources were available, such as emotional support from colleagues or access to mental health services, showed a potential to mitigate burnout and improve coping strategies. The chapter concludes by emphasising the importance of balancing demands with sufficient resources to protect the wellbeing of hospital workers, particularly during crisis situations like the COVID-19 pandemic.

CHAPTER THREE: RESEARCH DESIGN AND METHODOLOGY

3.1 Introduction

To address the research questions outlined in Chapter One, this study adopted a qualitative research approach to explore the impact of COVID-19 on the work-life balance of portering staff at Inkosi Albert Luthuli Hospital in Durban. The qualitative approach was selected because it allows for a rich, in-depth exploration of participants' experiences, perspectives, and behaviours. The primary focus of this methodology is to gather rich, detailed data through subjective interpretation rather than numerical analysis, providing a nuanced understanding of the research problem. This study employed interviews and focus groups as the primary data collection methods. These approaches allow for an in-depth examination of participants' experiences and viewpoints. This research aimed to uncover underlying meanings, patterns, and themes related to work-life balance and burnout. Data was analysed using thematic analysis, ensuring that recurring themes and patterns were systematically identified and interpreted. By utilising this qualitative framework, the study sought to offer a well- rounded perspective on work-life balance, drawing directly from the lived experiences of porters.

3.2 Research paradigm

This study was located in the interpretative paradigm. The interpretivist philosophy is particularly suitable for research that aims to capture individual meaning-making processes, emphasising that knowledge is constructed rather than objectively discovered. In this study, the interpretivist approach was essential in uncovering how porters perceived, experienced, and responded to the challenges of balancing work and personal life during the COVID-19 crisis (Smith 2015). This was particularly relevant in the pandemic, where the psychological and emotional toll on healthcare workers was not easily quantifiable, making a qualitative, interpretative approach more suited to capturing the depth of the health workers' experiences. While the interpretative paradigm offers rich insights into the subjective realities of individuals, it is not without limitations. The reliance on the researcher's interpretation of the data can introduce bias, which could influence the findings (Denzin and Lincoln 2011). However, this study employed rigorous coding and theme development processes to accurately reflect the participants' voices. Additionally, the interpretative paradigm does not aim for generalisability; the findings are context-specific and

may not apply to other settings. Despite this, the depth of understanding gained from this approach is a significant strength, offering a comprehensive exploration of porters' experiences during a time of immense stress, which can inform more targeted support interventions for similar healthcare roles.

3.3 Research design

This study employed a qualitative research design, which provided a detailed, context-specific examination of porters' experiences during the pandemic. It was well-suited for investigating the multifaceted experiences of porters during the COVID-19 pandemic. As Creswell (2014) noted, qualitative research is particularly effective for studying human phenomena that cannot be easily measured or quantified, as it allows for an in-depth exploration of participants' subjective realities. This approach provided the necessary flexibility to capture the emotional and psychological dimensions of the porters' experiences, offering a rich and holistic understanding of their work-life balance and the challenges they encountered during this unprecedented period. The qualitative approach also enabled the researcher to explore the personal and contextual factors influencing the porters' wellbeing, making it appropriate for this study. By focusing on the participants' lived experiences, the qualitative design facilitated a more holistic interpretation of their emotional responses, coping strategies, and the broader impact of the pandemic on their roles.

3.4 Research site

The study was conducted at Inkosi Albert Luthuli Hospital. This hospital, located in Durban, KwaZulu-Natal, is a major referral and specialised healthcare facility, making it an ideal research site given its high patient volume and frontline role in managing COVID-19 cases. As a central hub for managing the COVID-19 crisis, this hospital was an ideal site for exploring the experiences of healthcare workers during the pandemic. As a referral hospital, it managed a high volume of critical cases, significantly increasing the workload for all staff, including porters. The hospital's prominence provided a valuable context for examining how staff, particularly porters, coped with the extraordinary challenges posed by the pandemic. Conducting the study at this specific site allowed for a detailed exploration of how these often underappreciated workers managed their duties under such unprecedented conditions. The hospital's management granted permission to conduct the research, ensuring adherence to ethical guidelines and operational constraints. The research design accounted for the heavy demands placed on porters during the pandemic, and efforts were made to minimise disruption

to their work schedules. This approach respected the participants' time whilst enhancing the study's credibility by balancing research needs with workplace realities.

3.5 Sampling and sampling strategies

The study utilised a non-probability purposive sampling technique, which was appropriate for selecting participants who could provide relevant and in-depth information about the phenomenon under investigation. In contrast to random selection methods, non-probability sampling allows researchers to deliberately focus on individuals most likely to offer meaningful insights, making it particularly suitable for this qualitative research. In this case, purposive sampling aligned the selection process with the study's objectives. The sample comprised of portering staff from Inkosi Albert Luthuli Hospital, selected according to specific inclusion and exclusion criteria. To be included in the study, participants had to have been employed at the hospital since the onset of the COVID-19 pandemic in 2020, ensuring that they had firsthand experience with the challenges posed by the pandemic. The inclusion criteria did not restrict participants based on gender, race, disability, or ethnicity, acknowledging the value of various perspectives. This approach ensured that the study captured the experiences of a diverse group of porters who had worked at the hospital throughout the pandemic's most critical phases.

Conversely, individuals who were not employed as porters or those who joined the hospital after the lockdown period were excluded from the study. This exclusion ensured that the research focused specifically on those porters who had experienced the full impact of the pandemic in their roles rather than those whose employment began after the most intense periods of the crisis. Participants were selected based on their direct involvement in portering activities during the height of the pandemic. Porters at the hospital took on critical responsibilities, such as transporting patients, moving medical equipment, and assisting in transporting the bodies of deceased patients. These tasks placed them in high-pressure environments, particularly during the pandemic's peak, and made their experiences central to understanding the broader impact of the crisis on hospital staff. By focusing on porters with substantial experience in their roles, the study captured the immediate effects of the pandemic and how long-term employment in these roles shaped their overall work-life balance, emotional wellbeing, and coping strategies. The final sample consisted of fifteen portering staff members who had been employed at the hospital since the onset of the COVID-19 pandemic in 2020. This ensured that all participants had firsthand experience with the unique challenges posed by the pandemic in their professional roles. The participants were diverse in terms of age,

gender, and years of experience, allowing for a comprehensive exploration of different perspectives. The sample size of 15 participants was determined based on the principle of data saturation, a widely accepted criterion in qualitative research. Data saturation occurs when additional interviews no longer yield new information or themes, indicating that further data collection would be redundant (Guest, Bunce & Johnson, 2006). The age range of participants was 30 to 55 years, with both male and female porters represented in the sample. The majority of participants were isiZulu-speaking, reflecting the demographic composition of healthcare workers in the region. This purposive sampling approach, grounded in the principles of non-probability sampling, allowed the study to focus on participants deeply embedded in the daily demands of the pandemic. Their unique position within the hospital's operations provided valuable insights into the cumulative emotional and psychological toll experienced by healthcare workers in critical support roles.

3.6 Data collection methods

In this study, semi-structured interviews were chosen as the primary data collection method, with questions developed in English and isiZulu to ensure participants could comfortably express themselves in their mother tongue (Appendix A). This approach allowed for a more authentic and culturally relevant exploration of the porters' experiences. The interview questions were designed systematically, ensuring that they aligned closely with the study's objectives and addressed the key research questions. According to Gray (2018), interview questions must be constructed to meet the study's purpose and provide solutions to the problem under investigation. Several steps were followed to develop the interview guide. Firstly, broad questions were drafted to reflect the core areas of the research, specifically focusing on work-life balance, emotional wellbeing, and the life satisfaction of the portering staff. Thereafter sub-questions were created to explore these themes in greater depth, whilst probing questions were added to encourage detailed responses. The questions were then organised logically, ensuring a smooth interview flow. Subsequently, the researcher carefully reviewed the questions, filtering out any contradictions or confusing elements to maintain clarity. The final set of questions was segmented into participant background, work-life balance, and the relationship between work-life balance and life satisfaction. This structured approach ensured that the interviews could elicit rich, in-depth data relevant to the research aims.

The semi-structured interview format was particularly well-suited for this study because it struck a balance between guided questioning and open dialogue, allowing participants to share

their experiences in their own words whilst also enabling the researcher to focus on the key themes relevant to the research. This method was highly appropriate for the interpretivist paradigm of the study, as it facilitated a deep exploration of subjective experiences and offered participants the freedom to elaborate on their thoughts without being constrained by fixed questions (Kvale 2008). Furthermore, the semi-structured nature of the interviews allowed the researcher to probe further into specific areas of interest, offering a richer, more nuanced understanding of the porters' challenges during the pandemic. Although the translation process may have posed some challenges, the decision to conduct interviews in both English and isiZulu ultimately enhanced the study by ensuring that the voices of the participants were fully captured and accurately represented.

3.7 Procedure

The recruitment process followed a convenience sampling technique. Ethical approval was first sought and obtained from the hospital's ethical committee to ensure all ethical considerations, including informed consent and confidentiality, were followed. Once approval was granted, portering staff were approached directly within their respective units. An information letter outlining the study's purpose and expectations and a consent form were provided to each potential participant (Appendix B). Participation in the study was voluntary, and only those who signed the consent form were included in the interviews (Appendix C). Participants included males and females, aged between 30 and 45 years, all of whom were African, Zulu-speaking individuals employed in the portering department at the hospital. They had varying levels of education, ensuring a diverse range of perspectives. Interviews were conducted using English as the primary language of communication. However, all interview questions were translated into isiZulu, the participants' mother tongue, to accommodate participants more comfortably. This ensured that the participants fully understood the questions and could express themselves in the language they were most comfortable with. Upon completion of the interviews, the responses in isiZulu were translated back into English for consistency and accuracy during the analysis phase. Each interview was scheduled to last approximately twenty minutes, allowing participants enough time to share their experiences in a focused and concise manner. The interviews were conducted in a private and quiet environment within the hospital to maintain confidentiality and minimise distractions. All COVID-19 safety protocols were strictly followed throughout the interview process.

3.8 Ethical considerations

Ethical considerations were carefully adhered to throughout the study to ensure that the rights and wellbeing of participants were protected. Before any data was collected, permission to conduct the study was sought from the designated authority at the Inkosi Albert Luthuli Hospital (Appendix D). This step was essential to ensure that the research complied with institutional regulations and that participants were approached in an ethical manner. Once approval was granted (Appendix E), the researcher proceeded with obtaining written consent from each participant. No interviews were conducted without explicit agreement of the participants, thereby ensuring that their participation was fully informed and voluntary. Confidentiality was a priority throughout the study. Ethical clearance was also obtained prior to the research being collected (Appendix F). To protect the privacy of participants, no personal identifying details, such as names or contact information, were collected. The responses provided during the semi-structured interviews remained confidential, and no information was shared with third parties. The researcher respected all non-disclosure agreements and took careful measures to safeguard the privacy of the participants at every stage of the study. Participants were also protected from harm, both physical and psychological. The interviews were conducted within the hospital premises to provide a secure and familiar environment for participants.

Additionally, the questions were carefully crafted to avoid sensitive or potentially distressing topics. This approach ensured that participants did not experience undue emotional or psychological discomfort during the interview process. Anonymity was maintained throughout the research. No personal questions regarding participants' names, surnames, or specific ages were asked, further ensuring that their identities remained protected. This commitment to anonymity allowed participants to share their experiences openly without concerns about being personally identified. Participation in the study was entirely voluntary. Participants were informed that they could withdraw from the study at any time, without facing any negative consequences. This provision empowered participants to make decisions about their involvement, ensuring they felt comfortable and in control of their participation. To maintain data security, all interview recordings and transcripts were stored in encrypted cloud storage, accessible only to the researcher. This ensured that the data's confidentiality was preserved and the information gathered handled securely.

3.9 Data analysis

The collected data from the semi-structured interviews was analysed using thematic analysis, a

qualitative method that allows for identifying, analysing, and interpreting patterns or themes within the data (Dane 2016). Thematic analysis goes beyond simply describing the data; it requires the researcher to interpret the meaning behind the participants' responses, enabling a deeper understanding of their experiences. This approach was beneficial for exploring the complex and nuanced challenges faced by portering staff during the COVID-19 pandemic, as it allowed for developing themes that reflected individual and shared experiences. The analysis process began with the researcher familiarising themselves with the data, which involved transcribing the interviews in full. Transcriptions were carefully reviewed to ensure accuracy, and notes were jotted down to highlight key points and initial observations. This step provided the researcher with an opportunity to immerse themselves in the data and to begin recognising recurring ideas or significant moments in the participants' accounts. Following this initial familiarisation, the data was coded. Coding involved identifying specific words, phrases, or ideas that were relevant to the research questions. These codes were derived directly from the participants' responses, ensuring that the analysis remained grounded in the data. The coding process was not purely descriptive but required the researcher to interpret the significance of certain responses in relation to the broader context of the participants' work and emotional experiences during the pandemic.

From these codes, themes were constructed by identifying patterns and connections across the data. The process of developing themes involved grouping similar codes together and exploring how they related to each other. Themes represented overarching concepts that encapsulated the core experiences shared by the participants, such as their struggles with maintaining work-life balance, the emotional toll of their roles, and the coping mechanisms they employed during the height of the pandemic. The emergence of these themes was central to understanding the broader implications of the portering staff's experiences and how these aligned with the research objectives. As the themes began to take shape, they were reviewed and refined. This process ensured that each theme accurately captured the participants' experiences and was distinct from other themes. The researcher continuously revisited the codes and themes, refining them to ensure that the final set provided a comprehensive and coherent picture of the data.

This analysis stage also involved defining the relationships between themes and sub-themes, allowing for a more detailed understanding of the interplay between different aspects of the participants' experiences. Finally, each theme was named and clearly defined, ensuring that the interpretation of the data was both precise and meaningful. The themes were named to reflect the essence of the participants' narratives, using language that resonated with the responses

given during the interviews. Defining and naming the themes provided clarity and ensured that the analysis was rigorous and reflective of the participants' lived experiences. The study addressed its objectives by identifying key patterns and insights within the data through thematic analysis. This approach led to the development of clear themes that helped in understanding the work-life balance, emotional strain, and coping strategies used by the portering staff during the COVID-19 pandemic. The data-driven and iterative nature of the analysis allowed for a thorough exploration of the participants' experiences, providing a deeper understanding of how these factors impacted their wellbeing and professional roles during this challenging period.

3.10 Reliability and validity

In line with Apuke's (2019) guidance, the study took several steps to ensure trustworthiness, focusing on the findings' credibility, dependability, confirmability, and transferability. Credibility was ensured by engaging participants in verifying their responses through member checking. Once the interviews were transcribed and preliminary findings were drafted, respondents were allowed to review the draft copies of the data collected from them. This process allowed participants to confirm the accuracy of their statements and verify that the findings truly reflected their personal experiences, ensuring that the study's outcomes were grounded in the realities of those involved. To guarantee dependability, an inquiry audit was conducted by an external party. This audit involved a detailed examination of the research process, including data collection and analysis procedures. By involving a third party to assess the stability and consistency of the findings, the study accounted for any changes or adaptations made during the research process, ensuring that these adjustments were well-documented and justified.

Transferability was addressed by providing rich and detailed descriptions of the study's context, participants, and data collection techniques. These abounding descriptions, as outlined by Salmons (2019), ensured that sufficient context was provided to allow others to determine whether the findings of this study could be applied to other similar settings. This level of detail offered insight into how the results may be relevant or transferable to other environments or studies with comparable conditions. Finally, confirmability was established through consultation with the hospital ethics committee, which reviewed the data collected. This step ensured that the information accurately reflected the participants' narratives, confirming that the findings were based on their authentic experiences rather than the researcher's

interpretations or biases. This external validation contributed to the study's objectivity, reinforcing that the conclusions drawn were genuinely rooted in the data provided by the participants. These measures ensured the study's adherence to rigorous standards of trustworthiness, contributing to the overall reliability and validity of the research findings.

Additionally, this paper was subjected to academic editing (Appendix G) and rigorous plagiarism checks (Appendix H).

3.11 Limitations

Despite the strengths of the study, several limitations should be acknowledged. The small sample size of 15 participants may limit the generalisability of the findings to other hospital settings or porters in different regions. However, qualitative research aims not to generalise but to provide a deep understanding of specific experiences. The study's findings offer valuable insights into the challenges faced by porters at Inkosi Albert Luthuli Hospital during the COVID-19 pandemic, but they may not be directly transferable to other contexts. Another limitation was the reliance on self-reported data, which may be subject to recall or social desirability bias. Participants may have underreported or exaggerated certain aspects of their experiences to align with perceived expectations. To mitigate this limitation, the researcher employed probing questions during the interviews to clarify and verify participants' responses.

3.12 Conclusion

This chapter outlined the research design and methodology employed in this study, which investigated the impact of the COVID-19 pandemic on the work-life balance of portering staff at Inkosi Albert Luthuli Hospital. The study utilised a qualitative approach within the interpretative paradigm, employing semi-structured interviews and document analysis to collect data. Ethical considerations were carefully followed, and strategies to ensure validity and reliability were employed throughout the research process. Although the study was limited by its small sample size and reliance on self-reported data, the findings provide valuable contributions to the understanding of the impact of crises on frontline healthcare workers and offer recommendations for improving employee wellbeing in future crises. The findings of this study will be presented and discussed in detail in Chapter Four.

CHAPTER 4: DATA ANALYSIS

4.1 Introduction

The COVID-19 pandemic brought unprecedented challenges to healthcare systems worldwide, placing immense pressure on frontline workers, including portering staff. Porters play a crucial role in ensuring the seamless operation of hospitals. Despite the essential nature of their work, porters are often overlooked in discussions on the resilience of the healthcare system and staff welfare. This chapter delves into the experiences of porters at Inkosi Albert Luthuli Hospital in Durban during the peak of the pandemic, exploring the expanded scope of their work, the challenges they faced, the coping mechanisms they employed, the impact of this crisis on their work-life balance, and finally, their recommendations for improving their working conditions. The discussion is structured around five core themes, each addressing a specific objective of the study.

The first theme examines how the scope of work for porters expanded during the pandemic, requiring them to take on additional responsibilities such as heightened sanitation duties and the transportation of COVID-19 patients. The second theme investigates the challenges porters encountered during this time, including staff shortages, emotional strain, and heightened exposure to the virus. The third theme focuses on the coping mechanisms employed by the porters to manage the increased workload and the mental toll of the pandemic, highlighting the importance of teamwork and self-care practices. The fourth theme addresses the impact of COVID-19 on porters' work-life balance and the prevalence of burnout symptoms, with many struggling to balance long working hours with family commitments. Finally, the fifth theme presents the recommendations made by porters to hospital management, suggesting strategies to mitigate burnout and improve work-life balance, including enhanced mental health support, recognition programs, and better staffing solutions.

Each theme is discussed in detail, integrating insights from academic literature and participant interviews, offering a comprehensive understanding of the porters' experiences during this challenging period. The chapter provides an in-depth analysis of the intersection between the demands of healthcare work during a global crisis and the personal and professional lives of porters, drawing on their lived experiences to inform recommendations for future preparedness. The study had five objectives, that is: to determine the scope of work for porters during the peak of COVID-19; to determine the challenges porters encountered during the COVID-19; to

determine the coping mechanism employed by porters during the COVID-19; to determine the impact of COVID-19 on the work-life balance and burnout of porters; and provide recommendations that might be used in future should unforeseen pandemics prevail in the country drawing from the experience of COVID-19. These objectives are fulfilled in the grouped themes, below.

4.2 Theme one - scope of work for porters during the peak of COVID-19

The first theme explores the ways in which the responsibilities of porters evolved in response to the heightened demands of the pandemic. The COVID-19 pandemic brought about unprecedented changes in the healthcare sector, significantly altering the scope of work for various healthcare workers, including porters. Porter staff, who play a critical role in the day-to-day operations of hospitals, found their responsibilities greatly expanded due to the demands of the pandemic. According to Robertson *et al.* (2020), the heightened need for infection control, patient transport, and general hospital hygiene placed porters at the frontline of the pandemic response. Their roles, which traditionally involved the movement of patients and materials within the hospital, were expanded to include more intensive sanitisation efforts and the handling of COVID-19 patients, often under highly stressful conditions. The World Health Organisation (2020) emphasised that non-clinical staff, such as porters, were vital in ensuring the smooth operation of healthcare facilities during the pandemic. Their duties extended beyond their traditional roles, requiring them to adapt to new protocols designed to curb the spread of the virus. This included frequent sanitisation of hospital spaces, managing the logistics of increased patient flow, and supporting clinical staff in maintaining a safe environment for both patients and healthcare workers. Participants in this study described a significant expansion in their responsibilities during the peak of the COVID-19 pandemic. The increased demands on portering staff required them to adapt to new roles and responsibilities that were critical to the hospital's pandemic response:

Given the high need for hygienic control during the pandemic, I was responsible for making sure that the hospital facilities were clean and sanitised at all times. The equipment and tools used were also consistently cleaned and sanitised to ensure safety and minimise the spread of the virus (Participant 3).

After the new normal was established during the pandemic, my typical day as a porter involved several key tasks and safety measures. I would start by donning [the] appropriate PPE, including masks, gloves, and gowns. Throughout the day, I would

transport patients to different areas of the hospital, ensuring [that] they received the care they needed (Participant 3).

I actively conveyed patients within the hospital grounds, ensuring the rapid and safe transfer of individuals, particularly those infected by the virus (Participant 4).

At the height of the COVID-19 pandemic, my work scope became more complex and demanding, showcasing my essential part in upholding the operational effectiveness of healthcare institutions (Participant 7).

The scope of work for porters at Inkosi Albert Luthuli Hospital during the peak of the COVID-19 pandemic was notably broader and more complex than in normal circumstances. As the participants highlighted, the expansion of their duties included not only the traditional tasks of patient transport but also significant responsibilities in maintaining hospital hygiene and ensuring compliance with infection control measures. Participant 3 described the increased emphasis on sanitisation and hygiene as a direct response to the need to prevent the spread of COVID-19 within the hospital. This required porters to be constantly vigilant in their cleaning duties, ensuring that all surfaces, equipment, and spaces were sanitised regularly. This added responsibility made the role of porters even more critical, as the cleanliness of the hospital directly impacted the safety of both patients and staff. The changes in daily routines, as described by Participants 3 and 4, illustrates how the pandemic necessitated the adoption of new practices, such as the regular use of PPE and the careful management of patient transport. These changes were crucial in minimising the risk of infection and ensuring that the hospital could continue to operate effectively under the constraints imposed by the pandemic. The porters' role in managing patient flow, particularly those infected with COVID-19, was essential to ensure that patients received timely care. As Participant 7 highlighted, the complexity and demand of the porters' expanded role underscore the importance of these workers in maintaining the operational effectiveness of healthcare institutions during the pandemic.

Their ability to adapt to new responsibilities and maintain high standards of performance under pressure was vital in the hospital's overall response to the crisis. The expansion of role of porters during the COVID-19 pandemic is reflective of broader trends observed in healthcare systems globally. Several studies have documented the need for non-clinical staff to take on more responsibilities during a crisis. For instance, a study by Santarone *et al.* (2020) found that non-

clinical healthcare workers, including porters, were crucial in maintaining hospital operations during the pandemic, often stepping into roles that extended beyond their traditional duties. The additional responsibilities taken on by porters during the pandemic also align with the findings of Spoorthy *et al.*, (2020), who noted that the pandemic created a need for all healthcare workers to adapt to new and more challenging roles. The increased focus on hygiene and infection control meant that porters were not only responsible for their usual tasks but also played a key role in preventing the spread of the virus within healthcare facilities. Moreover, the emotional and physical toll of these expanded responsibilities cannot be understated.

The constant exposure to a highly infectious virus, combined with the pressure to maintain high standards of hygiene and patient care, placed a significant strain on porters. This aligns with the findings of Pappa *et al.* (2020), who reported high levels of stress and burnout among healthcare workers during the pandemic, particularly among those in roles that required constant contact with patients and high-risk environments. The necessity for porters to adapt to these new roles highlights the importance of flexibility and resilience in healthcare settings. Maslach and Leiter (2016) note that the ability to adapt to changing circumstances is a key factor in preventing burnout and ensuring that healthcare workers can continue to perform their duties effectively under pressure. For porters at Inkosi Albert Luthuli Hospital, their ability to manage the increased scope of work was crucial in maintaining the hospital's operations during one of the most challenging periods in recent history. The experiences of porters during the pandemic underscores the critical role that non-clinical staff play in healthcare settings, particularly during times of crisis. The porters' ability to adapt to new responsibilities and maintain high-performance standards was vital in the hospital's response to the pandemic. However, the increased demands also placed significant physical and emotional strain on these workers, highlighting the need for adequate support and resources to help them manage the challenges associated with their expanded roles.

4.3 Theme two - challenges encountered by porters during COVID-19

The second theme examines the key difficulties that porters faced while fulfilling their expanded roles. The COVID-19 pandemic presented significant challenges to healthcare systems worldwide, with frontline workers bearing the brunt of these difficulties. For healthcare staff, including porters, the pandemic created an environment characterised by high stress levels, increased workloads, and heightened exposure to the virus. According to Müller and Williams (2022), the unprecedented influx of patients during the pandemic strained healthcare

systems globally, forcing workers to operate under extreme conditions. These challenges were compounded by the need for stringent infection control measures, which added to the already demanding nature of their roles.

Hussain (2021) highlighted that porters played a crucial role in the functioning of healthcare facilities, particularly during the pandemic. Their responsibilities included the safe transportation of patients, including those infected with COVID-19, and the sanitation of hospital environments. These tasks, while essential, were made more complex by the heightened risks and the emotional toll associated with working during such a crisis. The increased demands placed on porters during the pandemic significantly affected their ability to perform their duties effectively, leading to various challenges impacting their daily work. Participants in this study detailed the challenges they faced during the peak of the COVID-19 pandemic, which significantly affected their daily performance. These challenges ranged from physical exhaustion and increased workloads to emotional stress and safety concerns.

The hospital was overwhelmed with COVID-19 patients and a staff shortage. I managed by prioritising tasks, working extra hours when needed, and relying on the support and teamwork of my colleagues (Participant 4).

I was responsible for making sure that the hospital facilities were clean and sanitised at all times. The equipment and tools that were used were also consistently cleaned and sanitised to ensure safety and minimisation of the spread of the virus (Participant 3).

Transporting deceased bodies was really tough. It hit me hard emotionally. It was a stark reminder of the severity of the situation and the devastating impact of the virus (Participant 5).

Burnout was a real struggle during this time, and honestly, I'm still dealing with it. To cope, I sought support from my colleagues and family (Participant 5).

The challenges faced by porters during the peak of the COVID-19 pandemic at Inkosi Albert Luthuli Hospital were multifaceted, encompassing physical, emotional, and psychological stressors. The increased workload, as described by Participant 4, was a direct result of the overwhelming number of patients needing care during the pandemic. This surge in patient numbers not only required porters to work longer hours but also intensified the physical demands of their roles. The necessity to prioritise tasks and work extra hours reflects the pressure to ensure that all patients received timely care despite the limited resources and

staffing shortages. As Participant 3 mentioned, the responsibility for maintaining hygiene and sanitation added another layer of complexity to the porters' duties. The heightened focus on preventing the spread of COVID-19 within the hospital meant that porters had to adhere to strict sanitation protocols, which significantly increased their workload. The need for constant vigilance in maintaining cleanliness also added to the stress and anxiety of the job, as any lapse in protocol would have had serious consequences for both patient and staff safety.

Emotional challenges, such as those described by Participant 5, were also prevalent. The task of transporting deceased bodies, particularly those who had succumbed to COVID-19, was a stark reminder of the pandemic's human toll. This responsibility placed a heavy emotional burden on porters, who were constantly confronted with the reality of the virus's impact. The frequent exposure to death and the knowledge that they were dealing with a highly contagious and deadly virus added to the psychological strain of their work. Burnout, as highlighted by Participant 5, was an inevitable outcome of the sustained pressure and emotional toll associated with working during the pandemic. The combination of physical exhaustion, emotional stress, and the constant risk of infection created an environment where burnout was almost unavoidable. The reliance on social support from colleagues and family members was crucial in helping porters cope with these challenges, but it was not always sufficient to mitigate the effects of prolonged stress and exhaustion.

The pandemic exposed vulnerabilities in healthcare systems, particularly in terms of staffing shortages and resource availability. The increased workload and the need for stringent infection control measures placed unprecedented demands on healthcare workers, leading to widespread burnout and mental health issues (Santarone *et al.* 2020). The emotional toll of working during the pandemic, particularly the frequent exposure to death, has been documented in various studies. Healthcare workers who were regularly involved in the care of COVID-19 patients, especially those in critical care settings, reported higher levels of stress, anxiety, and depression (Spoorthy *et al.* 2020). The psychological impact of the pandemic was not limited to those on the frontlines of patient care; porters and other support staff also experienced significant emotional distress due to their close proximity to the virus and their role in managing the aftermath of patient deaths. Burnout, a significant issue among healthcare workers during the pandemic, has been linked to both individual and organisational factors. While personal coping strategies, such as seeking social support, can help mitigate the effects of burnout, the root causes often lie in the work environment itself. High workloads, lack of resources, and inadequate support from management are all contributing factors to burnout (Maslach and

Leiter 2016). The prolonged nature of the pandemic also exacerbated these challenges. Unlike other crises, which may have a clear endpoint, the COVID-19 pandemic has been characterised by its persistence and the ongoing uncertainty surrounding its resolution. This prolonged exposure to high-stress conditions has made it difficult for healthcare workers to recover and has increased the risk of long-term mental health issues (Pappa *et al.* 2020).

For porters at Inkosi Albert Luthuli Hospital, the ongoing demands of their work, combined with the emotional and physical toll of the pandemic, have likely contributed to a sustained level of burnout and stress. The challenges encountered by porters at Inkosi Albert Luthuli Hospital during the peak of the COVID-19 pandemic were significant and multifaceted. The increased workload, heightened responsibility for maintaining hygiene, and the emotional toll of dealing with the consequences of the virus all contributed to a highly stressful work environment. These challenges not only affected the porters' ability to perform their duties effectively but also had a lasting impact on their mental and physical health. The combination of physical exhaustion, emotional stress, and the risk of infection created an environment where burnout was a common outcome. While individual coping strategies, such as seeking social support and adhering to hygiene protocols, provided some relief, the root causes of these challenges lie in the structural and organisational factors of the healthcare system. Addressing these challenges requires a comprehensive approach including individual and organisational interventions. Providing adequate resources, reducing workloads, and offering mental health support are essential steps in mitigating the impact of such crises on healthcare workers. By understanding the challenges faced by porters and other support staff during the pandemic, healthcare organisations can develop strategies to support their employees in future crises better, ultimately leading to improved worker and patient outcomes.

4.4 Theme three - coping mechanisms employed by porters during the peak of COVID-19

The third theme explores the strategies that porters used to manage the challenges they encountered. The COVID-19 pandemic placed extraordinary pressure on healthcare systems worldwide, creating unprecedented demand for frontline workers. This demand increased workloads, heightened stress levels, and significant emotional strain, particularly for healthcare workers like porters, often at the forefront of patient care. Burnout, a state of emotional, physical, and mental exhaustion caused by excessive and prolonged stress, became a common issue among healthcare workers during the pandemic (Maslach and Leiter 2016). Coping

mechanisms, therefore, became essential strategies for these workers to manage stress and prevent burnout. Coping strategies are broadly categorised into problem-focused and emotion-focused (Lazarus and Folkman 1984). Problem-focused coping involves taking direct actions to change the stressful situation, such as seeking social support or developing time-management strategies. Emotion-focused coping, on the other hand, involves managing emotions that arise from stressful situations, such as through relaxation techniques or cognitive reappraisal.

The effectiveness of these strategies can vary depending on the individual and the specific stressors they face. During the COVID-19 pandemic, healthcare workers employed various coping mechanisms to manage their intense pressures. Studies have shown that healthcare workers who actively engaged in self-care, sought social support, and practiced mindfulness were better-able to manage the stresses of their work environment (Shanafelt *et al.* 2020). However, the effectiveness of these strategies also depended on the availability of organisational support, such as access to mental health resources and the provision of adequate PPE. Participants in this study described various coping mechanisms they employed during the peak of the COVID-19 pandemic to manage stress and prevent burnout. These strategies included problem-focused and emotion-focused coping mechanisms, reflecting the complex and multifaceted nature of their experiences during this challenging period.

To survive, I took breaks whenever I could. I tried to engage in self-care activities like exercising and pursuing my hobbies. Finding moments of relaxation and recharge was important to keep going (Participant 6).

I followed strict hygiene practices at home and work to ensure safety and minimise stress (Participant 7).

Burnout was a real struggle during this time, and honestly, I'm still dealing with it. To cope, I sought support from my colleagues and family. We created a sense of solidarity that helped us get through the toughest days (Participant 5).

Having a positive mentality helped me survive burnout. I tried to focus on the importance of my work and the difference I was making, which kept me motivated (Participant 10).

The coping mechanisms employed by porters at Inkosi Albert Luthuli Hospital during the peak of the COVID-19 pandemic highlight the adaptive strategies these workers used to manage the intense pressures they faced. The participants' reliance on both problem-focused and emotion-

focused coping strategies reflects the dual nature of their challenges: they had to manage the immediate, tangible risks associated with their work while also addressing the emotional and psychological toll of prolonged exposure to stress.

As evidenced by Participant 7's adherence to strict hygiene practices, problem-focused coping was critical in managing the concrete risks associated with COVID-19. This strategy reduced the likelihood of infection and provided a sense of control in an otherwise uncertain environment. The ability to control certain aspects of their environment likely helped participants manage anxiety and maintain a sense of safety, both of which are crucial in preventing burnout. Emotion-focused coping strategies, such as those described by Participants 6 and 10, played a key role in managing the emotional and psychological impacts of the pandemic. Self-care activities, like exercise and engaging in hobbies, provided necessary breaks from the stressors of work and helped participants recharge. These activities likely contributed to their overall wellbeing by promoting physical health, reducing stress hormones, and providing opportunities for emotional expression. The importance of social support, as highlighted by Participant 5, cannot be overstated. Social connections have been shown to be one of the most effective buffers against stress and burnout (Thoits 2011). The sense of solidarity and shared experience among colleagues provided emotional support and practical assistance, which is essential in high-stress environments. This support helped participants feel less isolated and more resilient in the face of challenges.

Cognitive reappraisal, as described by Participant 10, is another critical emotion-focused coping strategy. By reframing their experiences positively, participants maintained motivation and reduced feelings of burnout. This strategy is particularly effective in situations where the stressors cannot be easily changed or avoided, as it allows individuals to alter their perception of the situation rather than the situation itself (Gross and John 2003). In exploring the coping mechanisms used by porters during the pandemic, it is important to consider the broader context in which these strategies were employed. The availability of organisational support, the severity of the pandemic, and individual differences in resilience and coping capacity all played a role in determining how effective these strategies were. Organisational support is a critical factor in the effectiveness of coping strategies. During the pandemic, healthcare workers who had access to mental health resources, adequate PPE, and supportive management were better able to cope with the stresses of their work (Shanafelt *et al.* 2020). However, the participants' experiences suggest that such support was not always available or sufficient. For example, Participant 5's ongoing struggle with burnout indicates that, despite using effective coping strategies, the level

of support they received may not have been enough to fully mitigate the effects of prolonged stress. The severity of the pandemic also influenced the effectiveness of coping strategies. The high levels of stress and uncertainty, combined with the constant risk of exposure to the virus, created an environment where even the most effective coping strategies were tested. The need for constant vigilance, as described by Participant 7, meant that problem-focused coping strategies were critical but also exhausting. The prolonged nature of the pandemic likely exacerbated feelings of burnout, as the usual coping mechanisms may have become less effective over time due to the relentless nature of the stressors. Individual differences in resilience and coping capacity also affected how participants managed stress.

Resilience, defined as the ability to adapt to adversity, is influenced by a range of factors, including personality traits, social support, and previous experiences with stress (Tugade and Fredrickson 2004). Participants who had strong social support networks, a positive outlook, or previous experience with stressful situations may have been better equipped to handle the challenges of the pandemic. However, even those with high resilience faced significant challenges, as the pandemic presented unprecedented stress that tested their coping capacity. The coping mechanisms employed by porters at Inkosi Albert Luthuli Hospital during the peak of the COVID-19 pandemic were diverse and multifaceted, reflecting the complex nature of the challenges they faced. Participants used a combination of problem-focused and emotion-focused coping strategies to manage the stress and prevent burnout. These strategies included strict adherence to hygiene protocols, engaging in self-care activities, seeking social support, and using cognitive reappraisal to maintain motivation. The effectiveness of these coping mechanisms was influenced by a range of factors, including the availability of organisational support, the severity of the pandemic, and individual differences in resilience. While these strategies helped participants manage the immediate pressures of their work, the prolonged nature of the pandemic and the high levels of stress involved meant that burnout remained a significant issue for many.

Ensuring access to mental health resources, fostering supportive work environments, and promoting resilience through training and education are all critical components of an effective response to the challenges that were posed by the pandemic.

4.5 Theme four - impact of COVID-19 on work-life and burnout of porters

The fourth theme focuses on how the pandemic affected porters' ability to balance work and personal life, as well as the long-term consequences of burnout. Greenhaus and Allen (2011), define work-life balance as the degree to which an individual can equally prioritise the demands of their work and personal life. For healthcare workers, maintaining this balance has always been challenging due to the demanding nature of their work. However, the pandemic introduced unprecedented stressors that further strained this balance. As described by Maslach and Leiter (2016), burnout is a state of chronic workplace stress that has not been successfully managed. It manifests in three dimensions: emotional exhaustion, depersonalisation, and a reduced sense of personal accomplishment. During the pandemic, healthcare workers, including porters, faced extreme workloads, high levels of emotional labour, and the constant fear of exposure to the virus, all of which contributed to heightened burnout levels. In the context of the South African healthcare system, these challenges were particularly acute. South Africa has long struggled with staff shortages, high patient-to-staff ratios, and limited resources (George *et al.* 2021). The pandemic intensified these issues, placing additional pressure on healthcare workers already under significant strain. Porters, often on the front lines of patient care and hospital operations, found their roles expanding in ways that further blurred the lines between their professional responsibilities and personal lives. Participants in this study provided compelling insights into how the pandemic impacted their work-life balance and contributed to burnout. Their experiences reflect the broader trends observed in the literature, offering a detailed look at the personal and professional toll of the pandemic on portering staff.

Balancing safety at home and work was challenging, especially since I was exposed to the virus daily at my workplace as a porter. I followed strict hygiene practices at home and worked to ensure safety, wearing personal protective equipment (PPE), practicing good personal hygiene, and maintaining distance from others. At home, I took extra precautions like changing clothes and showering immediately after work to minimise the risk of transmission to my family (Participant 7).

During the pandemic's peak, I experienced work overload and did not manage well, as I was always tired (Participant 11).

Burnout was a real struggle during this time, and honestly, I'm still dealing with it. To survive, I made sure to take breaks whenever I could. I tried to engage in self-care activities like exercising and pursuing my hobbies. It was important to find moments of relaxation and recharge to keep going. And of course, the support of my family and

colleagues played a huge role in helping me cope (Participant 6).

There were definitely moments when I felt unsafe and overwhelmed, but resigning from my job was never an option for me. I understood the importance of my role in providing care and support to the patients. I wanted to contribute in any way I could during the crisis, so I stayed committed to my job despite the challenges (Participant 5).

The testimonies of the participants highlight the profound impact that the COVID-19 pandemic had on their work-life balance and levels of burnout. The challenges they faced are consistent with broader findings in the literature, where healthcare workers reported increased stress, exhaustion, and a blurring of boundaries between their professional and personal lives. The struggle to maintain work-life balance during the pandemic was a common theme among participants. The need to implement strict hygiene protocols at home, as described by Participant 7, illustrates the way in which the pandemic infiltrated every aspect of their lives. The constant fear of bringing the virus home to loved ones added an additional layer of stress, making it difficult for porters to disconnect from their work even when off-duty. Greenhaus and Allen (2011) state that this phenomenon, known as "spillover," occurs when stress from one domain (in this case, work) negatively affects another domain (in this context, personal life). The pandemic intensified spillover effects, leading to increased tension and decreased quality of life for many healthcare workers. Burnout, as evidenced by the experiences of Participants 6 and 11, became a significant issue during the pandemic. The overwhelming workload and constant exposure to stressful situations led to high levels of emotional exhaustion. The inability to effectively manage these stressors, as described by Participant 11, is a classic symptom of burnout. This aligns with the findings of Maslach and Leiter (2016), who noted that burnout is often the result of prolonged exposure to high levels of stress without adequate support or relief.

However, some participants also highlighted the importance of coping mechanisms in managing burnout. Participant 6's focus on self-care and social support reflects the recommendations of burnout prevention literature, which emphasises the importance of taking breaks, engaging in activities that bring joy, and maintaining strong social connections (Brough *et al.* 2020). These strategies, while helpful, may not have been sufficient to fully mitigate the effects of burnout, particularly given the intensity and duration of the pandemic. The sense of duty expressed by Participant 5, despite the challenges faced, is another important theme. This aligns with the concept of "professional identity," which refers to the way individuals perceive their roles and responsibilities within their profession. For many healthcare workers, their

identity is closely tied to their work, which can drive them to continue working even when faced with significant personal and professional challenges (West *et al.* 2018). However, this strong identification with their professional role can also contribute to burnout, as it may lead individuals to prioritise their work over their personal wellbeing.

To further explore the impact of COVID-19 on work-life balance and burnout, it is important to consider the broader organisational and systemic factors that contributed to these issues. The healthcare system in South Africa, like many others around the world, was already under strain before the pandemic due to resource constraints, staff shortages, and high patient volumes (George *et al.* 2021). The pandemic exacerbated these existing issues, and made it nearly impossible for healthcare workers to maintain a healthy work-life balance. The concept of "compassion fatigue," which refers to the emotional and physical exhaustion that can result from prolonged exposure to the suffering of others, is also relevant here. Healthcare workers, including porters, were exposed to high levels of suffering and death during the pandemic, which likely contributed to the emotional exhaustion and burnout reported by the participants (Figley 2013). Compassion fatigue can lead to a sense of detachment and a decreased ability to provide empathetic care, further compounding the challenges faced by healthcare workers. In addition, the role of organisational support in mitigating burnout and promoting work-life balance cannot be overstated. Studies have shown that supportive work environments, clear communication from management, and access to mental health resources are critical in reducing the risk of burnout (Shanafelt *et al.* 2020). However, the participants' experiences suggest that such support was insufficient or inconsistently applied during the pandemic. This lack of support likely contributed to the high levels of burnout and the difficulties in maintaining work-life balance reported by the participants. The COVID-19 pandemic profoundly impacted the work-life balance and levels of burnout among portering staff at Inkosi Albert Luthuli Hospital. The participants' experiences reflect the broader challenges healthcare workers face worldwide, as documented in the literature.

4.6 Theme five - strategies to address future pandemics should they prevail

The fifth theme presents recommendations from porters on how hospital management can better support them in future crises. The COVID-19 pandemic has highlighted the importance of addressing healthcare workers' work-life balance and potential burnout. As emphasised in previous studies, hospitals that implemented proactive strategies to support their healthcare workers experienced lower rates of burnout and improved job satisfaction (Shanafelt *et al.*

2017). According to Dolan *et al.* (2019), fostering a supportive work environment through effective communication, mental health resources, and recognition can significantly reduce burnout levels among hospital staff. This theme focuses on the recommendations that the porters gave regarding management strategies that could mitigate burnout and improve their work-life balance at Inkosi Albert Luthuli Hospital. Participants provided specific suggestions on how the hospital's management could alleviate the effects of COVID-19 on porters, with many emphasising the need for improved mental health support, recognition, better staffing, and increased communication. Drawing from their experiences during the pandemic, their recommendations offer insights into how management can create a more supportive and effective work environment.

We need more mental health support, not just when things get terrible. Regular check-ins or counselling sessions would greatly help (Participant 5).

Management could do more to help us balance our work and home lives. Many of us struggled with not being able to see our families as much because of the long hours. If they had better shifts or allowed for more flexible work hours, I think it would make a difference (Participant 6).

They should keep some of the extra staff we got during the pandemic to help with the workload. It was easier when we had more people on shift, and the work was shared out more equally (Participant 9).

Recognising our work more often would motivate us. Sometimes, it felt like no one saw what we were doing. Some reward or appreciation would help morale (Participant 3).

The suggestions from the porters at Inkosi Albert Luthuli Hospital align with global findings on reducing burnout and improving the wellbeing of healthcare workers. Implementing these recommendations can be instrumental in alleviating the psychological and emotional pressures faced by porters, which were exacerbated during the pandemic.

4.7 Conclusion

The COVID-19 pandemic brought unprecedented challenges, particularly for essential workers like porters in healthcare facilities. This study has highlighted the factors that affected porters during the pandemic's peak, including increased workload, exposure to the virus, and emotional strain. These challenges significantly impacted their work-life balance, often leading to burnout

and mental health issues. However, despite these difficulties, porters demonstrated resilience through various coping strategies, such as peer support, developing personal routines, and accessing mental health programs. It is evident that addressing work-life balance and emotional wellbeing is crucial for sustaining employee performance during crises. Burnout has long-term implications on both personal health and professional output. Moving forward, healthcare institutions must implement comprehensive support systems that prioritise the mental health and wellbeing of porters. This includes regular in-service training focused on stress management, creating flexible work schedules to improve work-life balance, and providing access to counselling services. By fostering a supportive work environment, institutions can mitigate the negative impacts of burnout and ensure that porters are better equipped to manage future crises. Ultimately, the lessons learned during the pandemic must serve as a blueprint for improving the conditions of healthcare workers, ensuring their wellbeing, and enhancing overall service delivery.

CHAPTER 5: DISCUSSION

5.1 Introduction

This chapter presents the study's core outcomes, along with its theoretical and practical contributions, limitations, and implications for scholars and practitioners. The findings derived from the data analysis are discussed, considering the research objectives and offering critical insights into the key themes that emerged. A side-by-side analysis with existing literature further explores the study's results, highlighting the consistencies and deviations from prior studies. Additionally, this chapter acknowledges the limitations encountered during the research process, emphasising areas where caution should be exercised in interpreting the findings. These limitations open avenues for future research, and suggestions are made for improving the scope and methodology of similar studies. Furthermore, the study's contributions to theory, practice, and policy are outlined. Recommendations are proposed to enhance relevant practices and address identified challenges by the portering staff at Inkosi Albert Luthuli Hospital. By identifying the key takeaways from the findings, this chapter provides a comprehensive understanding of the study's impact and broader implications for the industry, stakeholders, and academia.

5.2 Summary of findings

The study revealed that porters experienced a significant expansion in their scope of work during the COVID-19 pandemic, taking on additional responsibilities such as increased sanitation and the handling of COVID-19 patients. This aligns with the broader literature on healthcare workers during the pandemic. Santarone *et al.* (2020) and other studies have highlighted the substantial increase in workload for healthcare workers, particularly those involved in direct patient care. However, much of the literature focuses on clinical staff, with limited attention to non-clinical workers. This study addresses that gap by highlighting how porters played an essential role in ensuring hospital operations continued during the pandemic despite being outside the clinical sphere. In comparison, while clinical staff were frequently recognised as frontline workers and received institutional support and public acknowledgment, porters were often overlooked. This discrepancy is critical because it points to the unequal recognition of healthcare staff during crises. In studies focusing on doctors and nurses, such as Shanafelt *et al.* (2020), formal recognition programs were found to mitigate some of the

burnout experienced by clinical workers. In contrast, the lack of recognition for porters, as reported by participants in this study, highlights a broader issue of inequality within healthcare systems, where non-clinical staff are often excluded from such programs despite facing similarly high job demands. The JD-R model provides a useful framework for understanding this disparity. According to Demerouti *et al.* (2019), increased job demands lead to burnout when not met with adequate resources. Whilst clinical staff may have had some additional resources provided, such as counselling or peer support programs, porters reported a lack of formal and consistent support structures. This imbalance exacerbated their stress and highlighted the systemic underestimation of the contributions of non-clinical workers.

Porters faced various physical and emotional challenges during the pandemic, exacerbated by the lack of institutional support. Physical exhaustion from long hours of physically demanding work was a common theme among participants, aligning with findings from Spoorthy *et al.* (2020), who documented the psychological and physical toll of the pandemic on healthcare workers globally. However, the nature of their work differentiates the experiences of porters from those of clinical staff. Whilst clinical staff often had periods of rest between patient care, porters were engaged in constant physical activity, such as moving patients and equipment, with little time for breaks. This finding suggests that porters faced a unique set of physical challenges that have not been adequately captured in existing literature. Emotionally, the strain of handling deceased patients, particularly those who had died from COVID-19, was a significant source of distress for porters. Whilst clinical staff also faced emotional challenges, such as witnessing patient deaths, porters had the additional burden of physically transporting these patients, which brought them into close contact with death daily.

This aspect of their work was compounded by the fear of contracting the virus, particularly in the early stages of the pandemic when PPE was in short supply. This finding contrasts with studies of clinical staff, where the focus was often on the emotional toll of patient care rather than the logistics of dealing with deceased patients. Moreover, the fear of infection was particularly heightened for porters because they were often near COVID-19 patients without adequate PPE. This fear is highlighted in studies such as Lai *et al.* (2020), where healthcare workers reported anxiety over the risk of contracting COVID-19. In many reported instances, doctors and nurses received priority in the distribution of PPE, porters were often overlooked, reflecting broader inequalities within the healthcare system. This highlights a critical gap in the

pandemic response, where non-clinical staff were not adequately protected despite their direct exposure to the virus.

The coping mechanisms employed by porters during the pandemic were primarily informal, relying on social support from colleagues and family members. This aligns with Lazarus and Folkman's (1984) model of stress and coping, which emphasises the role of social and emotional support in managing stress. Teamwork was a key coping strategy for porters, who relied on one another to manage the increased workload and emotional strain. This finding is consistent with Shreffler *et al.* (2020), who found that healthcare workers with strong social support networks were better able to cope with the challenges of the pandemic. While helpful in the short term, the reliance on informal coping mechanisms was insufficient to address the underlying emotional and psychological strain caused by the pandemic. This finding aligns with research by Shanafelt *et al.* (2020), which suggests that informal support mechanisms, whilst beneficial, must be supplemented by formal organisational support to mitigate burnout effectively. The lack of consistent formal support for porters during the pandemic highlights the need for healthcare organisations to adopt a more inclusive approach to mental health, ensuring that all staff, regardless of their role, can access the resources they need when needed.

The disruption to porters' work-life balance during the pandemic was significant, with many participants reporting that the increased demands of their jobs made it difficult to maintain a healthy balance between work and personal life. This is consistent with the broader literature on healthcare workers during the pandemic, where work-life balance was a major concern (Greenhaus and Allen 2011). However, whilst studies of clinical staff often focused on the emotional toll of patient care, this study reveals that non-clinical workers, such as porters, faced similar challenges in maintaining their work-life balance despite their less visible roles. Burnout was a common theme among porters; many reported feeling emotionally and physically drained by the end of each shift. This finding aligns with the JD-R model (Demerouti *et al.* 2019). The lack of recognition for porters' efforts further exacerbated their feelings of burnout, as many of the participants reported feeling invisible within the healthcare system. This contrasts with findings from Shanafelt *et al.* (2020), where formal recognition programs were found to reduce burnout among clinical staff. The absence of such programs for porters suggests that healthcare organisations failed to adequately acknowledge the contributions of non-clinical staff during the pandemic, further contributing to their burnout.

5.3 Contributions, limitations and implications of the study

This study makes several important contributions to the literature on healthcare workers during the COVID-19 pandemic. It highlights the critical (yet often overlooked role) of non-clinical workers in maintaining hospital operations during a crisis, such as porters. By focusing on the experiences of porters, this study addresses a gap in the literature, which has primarily focused on clinical staff. The findings suggest that healthcare organisations need to adopt a more inclusive approach to support, recognising the contributions of all workers, regardless of their roles. However, the study had several limitations that must be acknowledged. The study's methodology presented certain limitations that may have impacted the findings. Not all participants who agreed to be interviewed could share their experiences about their roles during the pandemic. This means that the voices of porters with more moderate or neutral experiences may have been underrepresented in the data. Secondly, whilst providing rich qualitative data, semi-structured interviews rely heavily on the participants' ability to recall and articulate their experiences. This reliance on retrospective reporting can lead to recall bias, where participants may forget or unintentionally misreport events. The emotional intensity of the pandemic may also have influenced how participants interpreted their experiences. Finally, the study's qualitative nature means that the findings are context-dependent and may not be easily generalisable. Whilst qualitative methods are valuable for exploring complex social phenomena in-depth, they do not allow broad generalisations across populations or settings. The insights from this study provide essential information about porters' experiences at a specific hospital in Durban but may not reflect the experiences of porters in other hospitals or regions. Despite its limitations, this study offers several important implications for healthcare management, policy, and theory.

The experiences of porters during the COVID-19 pandemic highlights the critical yet often overlooked role of non-clinical workers in maintaining hospital operations during a crisis. This insight suggests the need for healthcare organisations to adopt a more inclusive approach to support systems, ensuring that all workers, regardless of their role, have access to the resources required to cope with the challenges of crises. One of the most significant practical implications of the study is the need for a more inclusive approach to mental health and wellbeing. Traditionally, healthcare organisations have focused their mental health interventions and support systems on clinical staff, assuming those directly involved in patient care face the most stress. However, this study reveals that non-clinical staff, such as porters, experience significant

emotional strain and burnout, particularly during crises like the COVID-19 pandemic. Expanding consistent access to mental health resources is critical for addressing the mental health needs of non-clinical workers. Proactive mental health assessments, such as regular wellness check-ins, can help identify early signs of stress or burnout among porters, allowing healthcare organisations to intervene before emotional distress escalates. Another important implication is the recognition of non-clinical staff's contributions in reducing burnout. The findings showed that, whilst doctors and nurses were frequently celebrated during the pandemic, non-clinical workers like porters received far less recognition despite their essential roles. This lack of acknowledgment contributed to feelings of invisibility, exacerbating emotional strain. Healthcare organisations should develop formal recognition programs that acknowledge the contributions of all staff, not just clinical workers. These programs can take the form of public acknowledgments, awards, or even financial incentives, ensuring that non-clinical staff feel valued for their contributions. Recognition is essential for improving staff morale and reducing burnout, and organisations must ensure that such programs are inclusive and institutionalised.

The study also highlights the need for better training and resources for non-clinical staff, particularly preparing for crises. Many porters felt ill-prepared for their expanded responsibilities during the pandemic, such as handling COVID-19 patients and increased sanitation duties. Healthcare organisations must ensure that non-clinical staff receive appropriate training to equip them with the skills to handle these roles effectively. Crisis preparedness training, including infection control, proper use of PPE, and emotional management during high-risk tasks, can help build the confidence of non-clinical staff and reduce their stress levels during crises. Moreover, ensuring equitable access to resources such as PPE is crucial. Many porters in the study expressed concerns about the lack of PPE, which heightened their anxiety about contracting the virus. Healthcare organisations must prioritise resource distribution, recognising that non-clinical workers are just as vulnerable to exposure as clinical staff during a pandemic. Ensuring all employees are adequately protected is vital for their physical and emotional wellbeing. Another significant implication relates to work-life balance and burnout. The findings suggest that the pandemic severely disrupted porters' work-life balance, leading to significant burnout. Healthcare organisations should consider implementing policies that support better work-life balance, such as offering flexible working arrangements, ensuring adequate rest breaks, and providing mental health days or paid time off for recovery after periods of intense work. Such policies can help alleviate the physical and

emotional toll of demanding work schedules, particularly for non-clinical staff engaged in physically intensive roles like porters.

The study also has important theoretical implications. The findings expand on the JD-R model. Whilst the JD-R model has traditionally been applied to clinical workers, this study demonstrates its relevance to non-clinical staff. The high emotional and physical demands placed on porters during the pandemic and the lack of recognition and mental health support align with the JD-R model's predictions about the consequences of insufficient resources. By applying the JD-R framework to non-clinical workers, this study extends the model's applicability, encouraging healthcare organisations to consider the resource needs of all staff members. Additionally, the findings contribute to the coping theory by showing that whilst individual coping strategies, such as teamwork and seeking social support, were important for porters, these informal mechanisms were not enough to mitigate their overall emotional strain. This supports Lazarus and Folkman's (1984) assertion that individual coping mechanisms must be supplemented by formal organisational support to manage long-term stress effectively. Healthcare organisations should adopt a dual coping approach, promoting individual strategies like peer support and formal institutional resources such as counselling and stress management programs. From a policy perspective, this study underscores the necessity for policymakers to formally recognise the critical contributions of non-clinical staff, such as porters, and to implement guidelines that prioritise their wellbeing and protection, particularly in times of crisis.

Traditionally, policy frameworks within healthcare have centred predominantly on clinical staff, assuming that the emotional and physical burdens of crisis management fall most heavily on those providing direct patient care. However, the findings of this study illustrate that non-clinical staff, who play essential roles in maintaining hospital operations, are equally exposed to both physical risks and emotional strain. To address these gaps, policymakers should consider mandating comprehensive support measures that extend to all healthcare workers, regardless of their specific roles. For instance, ensuring that all healthcare workers, clinical and non-clinical, have access to mental health services is critical in safeguarding their wellbeing. In terms of healthcare management, the recommendations provided by the participants in this study offer valuable insights into how organisations can improve support for non-clinical staff. One key recommendation was the provision of continuous mental health support. This goes beyond offering temporary or crisis-related services and suggests a need for ongoing mental

health care that acknowledges the cumulative emotional toll that non-clinical workers endure. In conclusion, this study highlights the urgent need for healthcare organisations to adopt a more inclusive approach to supporting non-clinical staff. By implementing the practical recommendations outlined by participants, such as continuous mental health support, recognition programs, flexible schedules, and greater inclusion in decision-making, healthcare management can help mitigate the negative effects of burnout and ensure that porters and other non-clinical workers are better equipped to handle the pressures of future crises. From a policy perspective, mandating that all healthcare workers receive access to mental health services, crisis training, and protective equipment would help safeguard the wellbeing of non-clinical staff and enable them to continue performing their critical roles in emergencies. By addressing these needs, policymakers and healthcare organisations can create more resilient and equitable healthcare systems where the contributions of all staff are recognised and supported.

5.4 Recommendations

One of the most significant issues highlighted by the participants was the lack of adequate mental health support. According to Chen *et al.* (2020), continuous mental health support, including counselling services, is crucial for healthcare workers, especially in high-pressure environments like hospitals during a pandemic. Management should consider instituting regular mental health check-ins for all staff, not just in times of crisis but as a standard practice. This could include access to professional counselling services, stress management workshops, or wellness programs to help porters manage their emotional and psychological burdens. Furthermore, establishing peer support groups within the hospital, where porters can share their experiences and coping strategies with each other, could foster a stronger sense of community and provide emotional relief.

Participants expressed the need for better staffing and workload distribution to manage the physical and emotional tolls of their jobs. Overworking staff leads to physical exhaustion and increases the likelihood of burnout (West *et al.* 2018). Many porters indicated that the temporary staff hired during the pandemic helped alleviate some of the pressure but that this extra workforce was phased out once the immediate crisis was over. To maintain a manageable workload and reduce stress, management must continue to invest in staffing solutions, including the potential retention of temporary workers. Management should also explore more flexible scheduling arrangements, such as rotating shifts, that would give porters more control over their work hours and allow them to balance their personal and professional lives more

effectively. As some participants suggested, flexible shifts could play a critical role in reducing the cumulative stress that many porters face.

Participants emphasised the importance of feeling recognised and appreciated for their efforts. Employee recognition is closely linked to job satisfaction and can serve as a buffer against burnout (Dolan *et al.* 2019). Porters often felt their contributions were overlooked compared to other healthcare workers during the pandemic. Management could address this by implementing a recognition program that highlights the efforts of support staff like porters. This could include monthly awards, certificates of appreciation, or public acknowledgment of their work during team meetings. Regular recognition would not only improve morale but also instil a sense of value among porters, motivating them to continue their crucial work with renewed energy.

Effective communication is essential in any organisation, but more especially in high-stress environments such as hospitals during a pandemic (West *et al.* 2018). Participants highlighted a lack of direct communication between porters and management during the pandemic's peak. Many felt their concerns were not being heard, and there was a disconnect from the decision-making process. To address this, management should create regular platforms for communication between porters and supervisors. Regular staff meetings, where porters can voice their concerns and receive feedback, would also help to bridge the communication gap. Additionally, management should ensure that any changes in hospital policy or procedures are clearly communicated to porters to prevent confusion and ensure alignment across all teams.

Participants emphasised their challenges in maintaining a healthy work-life balance during the pandemic. Long working hours, combined with the emotional strain of the job, made it difficult for porters to spend quality time with their families or attend to personal matters. As noted by Shanafelt *et al.* (2017), maintaining a work-life balance is essential for the overall wellbeing of healthcare workers.

Management should explore strategies that promote work-life balance, such as allowing for more personal time off, creating flexible shift schedules, and providing resources for managing work-life stress. Additionally, organising social events or relaxation sessions for porters could help alleviate some of the stress associated with their roles and foster a sense of camaraderie within the team. Implementing these strategies allows the hospital to create a more supportive environment where porters feel valued and empowered. These changes are essential for

promoting the porters' wellbeing and ensuring their continued ability to contribute effectively to the hospital's operations, especially in the face of future challenges.

5.5 Conclusion

The COVID-19 pandemic was an unprecedented global crisis that had far-reaching implications for healthcare systems worldwide, including the critical role played by portering staff at Inkosi Albert Luthuli Hospital in Durban. The themes explored in this study provide a comprehensive understanding of the various dimensions of porters' work during the peak of the pandemic, highlighting the expanded scope of their duties, the challenges they faced, the coping mechanisms they employed, the impact on their work-life balance, and the recommendations for mitigating the effects of such crises in the future.

The first theme highlighted how the pandemic necessitated a significant expansion in the scope of work for portering staff. Traditionally responsible for patient transport and logistics within the hospital, porters found their roles extended to include intensive sanitisation procedures, handling COVID-19 patients, and implementing strict infection control protocols. These expanded responsibilities were critical in maintaining the hospital's operational effectiveness during the unprecedented strain on the healthcare system. The academic literature and participant testimonies demonstrated that porters were at the frontline of the pandemic response, ensuring that the hospital environment remained safe for patients and staff. This expansion of duties, however, came with increased physical and emotional demands, highlighting the need for greater recognition and support for non-clinical staff in healthcare settings.

The second theme focused on the myriad of challenges that porters encountered during the pandemic. These included the overwhelming workload due to the influx of COVID-19 patients, the constant risk of exposure to the virus, and the psychological toll of working in such a high-pressure environment. Porters were required to adapt quickly to new safety protocols, manage the logistics of increased patient flow, and cope with the emotional burden of handling deceased patients. The challenges were compounded by resource constraints, such as shortages of PPE, and understaffing, which exacerbated the stress and fatigue experienced by portering staff. The study highlighted how these challenges impacted their daily performance, leading to concerns about burnout and job satisfaction. Addressing these challenges requires a multifaceted

approach, including better resource allocation, improved training, and ongoing psychological support for healthcare workers.

In response to the immense pressures of their expanded roles and the challenges they faced, porters employed a range of coping mechanisms to manage their stress and avoid burnout. The third theme explored these strategies, which included taking regular breaks, engaging in self-care activities, seeking support from colleagues and supervisors, and adhering strictly to safety protocols to minimise the risk of infection. The study revealed that while these coping mechanisms were effective to some extent, they also highlighted the limitations of individual strategies in addressing systemic issues. The need for institutional support was evident, as porters relied heavily on the camaraderie and solidarity within their teams to navigate the difficulties of their work. The importance of fostering a supportive work environment, where staff feel valued and have access to the resources they need, was a key takeaway from this theme.

The fourth theme delved into the impact of the pandemic on the work-life balance and overall wellbeing of portering staff. The increased workload and the emotional toll of working in a high-risk environment disrupted the balance between their professional responsibilities and personal lives. Many porters reported feeling overwhelmed and exhausted, with little time or energy left for their families and personal interests. The pandemic blurred the boundaries between work and home life, as the fear of transmitting the virus to loved ones added to the stress experienced by healthcare workers. This theme highlighted the critical importance of addressing work-life balance in the context of healthcare, especially during times of crisis. Ensuring that staff have adequate rest, time off, and access to mental health resources is essential in preventing burnout and maintaining the overall health and wellbeing of the workforce.

Finally, the fifth theme focused on the recommendations provided by participants for addressing the challenges they faced and improving the resilience of portering staff in future crises. These recommendations included increasing staffing levels, improving access to PPE and other essential resources, providing ongoing training and support, and fostering a culture of appreciation and recognition for non-clinical staff. The study emphasised that the lessons learned from the COVID-19 pandemic should inform future preparedness strategies, ensuring that healthcare systems are better equipped to handle similar crises. By implementing these

recommendations, hospitals can enhance the capacity and resilience of their staff, ultimately improving patient care and outcomes during times of emergency.

In integrating these themes, it becomes clear that the role of porters at Inkosi Albert Luthuli Hospital, and by extension, non-clinical staff in healthcare settings, was critical in the hospital's response to the COVID-19 pandemic. While necessary, the expanded scope of their work placed significant demands on their physical and emotional wellbeing. The challenges they faced were multifaceted, involving the logistical and safety concerns of working in a pandemic and the psychological and emotional burdens associated with their roles. The coping mechanisms employed by porters, though effective in the short term, underscored the need for more robust institutional support to ensure their long-term wellbeing.

The pandemic also profoundly impacted porters' work-life balance, highlighting the importance of addressing this aspect of employee wellbeing in healthcare settings. The study's findings suggest that maintaining a healthy work-life balance is crucial not only for the wellbeing of healthcare workers but also for the overall functioning of healthcare institutions, particularly during crises.

The participants' recommendations provide valuable insights into how healthcare systems can better support their staff in future emergencies. Hospitals can create a more resilient workforce capable of meeting the challenges of future pandemics or similar crises by focusing on adequate staffing, resource allocation, training, and recognition. Conclusively, the COVID-19 pandemic was a pivotal moment that reshaped the roles and responsibilities of portering staff at Inkosi Albert Luthuli Hospital. The expanded scope of work, the challenges faced, the coping mechanisms employed, and the impact on work-life balance all point to the critical role that these workers play in the healthcare system. Moving forward, it is essential that the lessons learned from this experience are used to inform strategies that enhance the resilience and wellbeing of healthcare workers, ensuring that they are better prepared for future challenges. The findings of this study contribute to a broader understanding of the importance of non-clinical staff in healthcare and the need for a more holistic approach to healthcare management, particularly in times of crisis.

This study provides valuable insights into the experiences of non-clinical healthcare staff, such as porters, during the COVID-19 pandemic. However, there are several areas where future research could expand on these findings to deepen the understanding of the challenges and

needs of non-clinical workers in healthcare settings, particularly during crises. Future research could benefit from adopting a longitudinal design to explore how the experiences of non-clinical workers evolve. This would provide a clearer understanding of how stress, burnout, and coping mechanisms shift at different stages of a crisis and during recovery periods. Longitudinal studies would also help determine the long-term psychological effects of crises on non-clinical staff, offering insights into how prolonged exposure to high-stress environments impacts their mental health and wellbeing.

Another area of future research could involve comparative studies across different healthcare settings. Whilst this study focused on a single hospital in Durban, the experiences of porters and other non-clinical staff could vary significantly depending on whether the hospital is public or private, its geographical location, and its resource availability. Exploring these differences could help identify specific organisational factors that mitigate or exacerbate stress and burnout in non-clinical workers. Such findings would allow healthcare management to tailor their interventions based on the unique characteristics of different healthcare environments. Incorporating a mixed-methods approach would also add value to future studies. While qualitative research provides rich, in-depth insights into the personal experiences of non-clinical staff, integrating quantitative measures (such as surveys on burnout, anxiety, or depression) would allow for statistical analysis that complements the qualitative findings. This would provide a more comprehensive picture of the psychological impact of crises on non-clinical workers and help quantify the extent of burnout or distress. Mixed-methods research could also explore correlations between job demands, available resources, coping mechanisms, and mental health outcomes, offering a broader understanding of the factors that influence wellbeing.

Evaluating the effectiveness of interventions designed to support non-clinical workers is another key area for future exploration. As highlighted in this study, participants expressed the need for continuous mental health support, recognition programs, and flexible schedules. Future research could examine how implementing these interventions affects job satisfaction, burnout reduction, and overall wellbeing among non-clinical staff. Controlled trials or quasi-experimental designs could offer evidence-based recommendations on the most effective strategies for supporting non-clinical workers during crises and routine operations. Additionally, exploring differences within the non-clinical workforce, such as gender-based or role-specific experiences, could add depth to understanding how stress and burnout manifest

differently across various demographic groups. For instance, it would be valuable to investigate whether male and female porters experience similar levels of stress or burnout or if their coping mechanisms differ.

Similarly, examining other non-clinical roles, such as administrative or cleaning staff, may reveal distinct challenges that require tailored interventions to better address their specific needs. Finally, future research could investigate the role of organisational culture in supporting non-clinical staff during crises. Understanding how organisational values, leadership, and team dynamics influence the availability and effectiveness of support for non-clinical workers could lead to more nuanced interventions. For example, organisations that prioritise inclusion and foster a culture of mutual support may be better equipped to ensure that non-clinical workers feel recognised and valued during challenging times. Investigating how different organisational cultures respond to crises could help inform policy and management practices that promote resilience and wellbeing across all levels of healthcare staff.

In conclusion, this study contributes to both theory and practice by providing new insights into the experiences of non-clinical healthcare workers during the COVID-19 pandemic. It highlights the importance of adopting inclusive support strategies that recognise and address the needs of all staff, not just those in clinical roles. By implementing more inclusive mental health programs, recognition efforts, and crisis training, healthcare organisations can create a more resilient and motivated workforce capable of handling the demands of crises.

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APPENDICES

Appendix A: Data Collection Tool

Overview of the variable key variables

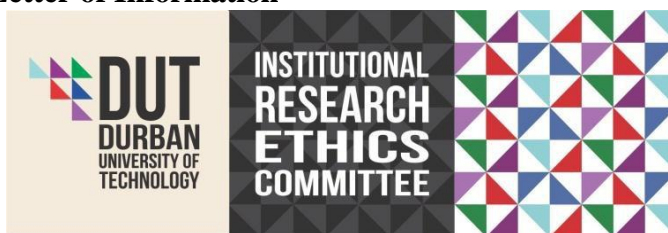
1. What is burnout in your point of view?
2. What is the cause of burnout in the workplace?
3. What is work-life balance in your point of view?
4. What contributes to work-life balance?
5. Do you feel there is a correlation between work-life balance and burnout?

Working during COVID-19 a look into work-life balance and burnout

1. What was your scope of work and duties during COVID-19?
2. Take me through your normal day after the new normal?
3. Was the death rate higher since the emergence of COVID-19 and how did this outcome impact your working scope or schedule?
4. What were the disadvantages faced in productivity on a normal day?
5. Do you feel you were understaffed during the peak of COVID-19 and how did this outcome affect you?
6. Did you get enough breaks during work, and did you get enough time to rest after work? And how did impact your general well-being?
7. Were you able to spend quality time with your family during the peak COVID-19?
8. Did work duties affect you from focusing on your personal livelihood during the peak of COVID-19?
9. Did you experience increased level of stress during the peak of COVID-19? And if yes, what were the main contributors?
10. Porters are generally responsible of transporting deceased bodies to the mortuary, what was your reaction during that call?
11. Did you experience any work overload at the peak of the pandemic, and how did you manage?
12. Did the workload and possible lack of work-life balance lead burnout?
13. If, yes what did you do to cope with burnout and manage to balance work and personal life?

14. What do you think the hospital can do to mitigate any prevalence of burnout amongst porters?
15. What do you think the hospital can do to ensure there is a prevalence of work-life balance amongst hospital porters?

Appendix B: Letter of Information



LETTER OF INFORMATION

Title of the Research Study : The impact of work-life balances amongst Porter Staff in Inkosi Albert Luthuli Central Hospital in Durban

Principal Investigator/s/researcher: Nompilo Benedictor Charmaine Mthembu; B-Tech Degree in HRM

Co-Investigator/s/supervisor/s:

Brief Introduction and Purpose of the Study:

This study aims to probe on the impact of work-life balance on burnout amongst Porters at Inkosi Albert Luthuli Central Hospital. Available literature suggests that most healthcare assistant workers are badly burned out and lack work-life balance which affects their life satisfaction.

Introduce yourself to the participant I am a 4th year student at DUT doing research for my Masters Management Sciences in Human Resources Management

Invitation to the potential participant :Porter Staff at Inkosi Albert Central Hospital

What is Research :Research is the creative and systematic work undertaken to increase the stock of knowledge". It involves the collection, organization and analysis of information to increase understanding of a topic or issue.

Potential Participants in the study will be both males and females, between the ages of 30-45 years, Africans who are Zulu speaking with any level of education within the Porter department at Inkosi Albert Luthuli Central Hospital.

Outline of the Procedures:

Research Aim

Work-life balance and imbalance have been found to have both good and negative effects in recent research from a variety of occupations. Employee job happiness, dedication to the organization, retention, family functioning, and general life satisfaction are all linked to a favourable work-life balance result. Employees' stress, lesser commitment to organisation, job discontent, turnovers, poor life satisfaction, and burnout are all linked to the unfavourable work-life balance.

Research Aim

The aim of this study is to probe on the impact of work-life balance on burnout amongst Porter Staff at Inkosi Albert Luthuli Central Hospital.

Research Objectives

- What were the challenges experienced daily by Porter Staff at Inkosi Albert Luthuli Central Hospital?
- What were the coping measures employed to strike a balance at home and work during COVID-19 peak in the Porter department at Inkosi Albert Luthuli Hospital?
- Advise on strategies that were used to ensure consistency in operations due to patients reflux in the Inkosi Albert Luthuli Central Hospital in early stages of COVID-19?

- Were there any benefits encountered by Porters during the pandemic at Inkosi Albert Luthuli Central Hospital?
- Which recommendations that can be adopted by management at Inkosi Albert Luthuli Central Hospital on measures to improve work-life balance and reduce burnout amongst Porter Staff?

Method for the procedure

Qualitative research method will be used however the qualitative method consists of varying strategies that a researcher can employ to collect data from the participant with focus groups and interviews as the popular strategies. This current study will collect data through the use of semi-structured interview. All questions will be translated to IsiZulu in order to suit participants mother tongue language but once the data is gathered another translation will be done into English.

Participant set up and duration

Semi-structured interview enables the researcher to probe for certain information which he/she did not anticipate, as the respondent are able to guide the direction of the interview. The intended interview guide will have 15 questions. The interview will be conducted using the English as the medium language of communication. Interviews will approximately 20 minutes to complete per participant.

Risks or Discomforts to the Participant: No risks since the study will be conducted through interviews

Explain to the participant the reasons he/she may be withdraw from the Study:

Potential participants will be provided with an opportunity to participate out of freedom while advising on the full process that will take place as well as the duration of their participation. Confidentiality clause will be signed by both parties in order to provide comfort to the participant. Withdrawal clause will be explained upon inception of the study whereby they can withdraw at any time however information provided will not be used for the study after withdrawal but a replacement within the same department who will match exactly the withdrawn participant will be organized in order to complete the process.

Benefits: Employees who will be participating in the study will assist the companies in introducing mechanism that can be employed in ensuring that necessary measures are put in place in order to address healthy and reliable methods to use in order to address burnout subsequently find a balance at work and at home.

Addressing problems that have been encountered during the high peak of the COVID-19 by finding viable solutions that can be sustained and be able to have a work-life that is balanced.

Remuneration: No form of remuneration will be provided for the participants

Costs of the Study: No financial cost are anticipated for the collection of data process.

Confidentiality: In order to help protect the confidentiality and privacy of research participants: physical safeguards, administrative safeguards, technical safeguards, and research design safeguards.

Physical safeguards are measures that secure the location of private and sensitive information from unauthorized personnel for example an HR Office will host this process and it has a very strict rule on confidentiality and the researcher is the only person who has access key and access card to the HR Office.

Administrative safeguards are the measures that protect privacy of participants information by clearly explaining and who will have access to participants information in what ways.

All participants will be protected because all information shared will be stored and recorded for

the duration of not more than 60 days and once it disseminated it will be destroyed. The confidentiality clause that will be signed in the beginning of the study will cover the statement that speaks to privacy and how information will be disseminated thereafter. Participants will be advised also be advised that their names will not be used in the study in compliance of confidentiality

Results: Information will be shared in a concise and understandable manner by summarizing the findings in simpler terms which will be understood by non-academic audience however findings can be shared with only those participants who feel that they will benefit from them. This may promote trust in the research process and encourage strong and long-lasting collaboration between researchers and the participants.

Research-related Injury: This study does not involve any risk/threat that might harm participants because it will perform in a safe environment which is inside the hospital and pen and paper will be the only equipment used.

Storage of all electronic and hard copies including tape recordings: All participants will be protected because all information shared will be stored and recorded for the duration of not more than 60 days and once it disseminated it will be destroyed inclusive of all the electric storage. Only the researcher who is the only one working in the HR Office will have access to such information alone.

Persons to contact in the Event of Any Problems or Queries:(Supervisor: Dr N Khumalo) Please contact the researcher (Tel no:0782795850), my supervisor (tel no: 0745704941) or the Institutional Research Ethics Administrator on 031 373 2375. Complaints can be reported to the Director: Research and Postgraduate Support Dr L Linganiso on 031 373 2577 or researchdirector@dut.ac.za.

General:

A copy of the information letter should be issued to participants. The information letter and consent form must be translated and provided in the primary spoken language of the research population e.g. isiZulu.

Appendix C: Letter of Consent



CONSENT

Full Title of the Study:

Examining the impact of burnout on work-life balance: A case study of Portering Staff in Inkosi Albert Luthuli Central Hospital in Durban

Names of Researcher/s: Nompilo B.C. Mthembu

Statement of Agreement to Participate in the Research Study:

- I hereby confirm that I have been informed by the researcher, Nompilo Benedictor Charmaine Mthembu, about the nature, conduct, benefits and risks of this study - Research Ethics Clearance Number.
- I have also received, read and understood the above written information (Participant Letter of Information) regarding the study.
- I am aware that the results of the study, including personal details regarding my sex, age, date of birth, initials and diagnosis will be anonymously processed into a study report.
- In view of the requirements of research, I agree that the data collected during this study can be processed in a computerised system by the researcher.
- I may, at any stage, without prejudice, withdraw my consent and participation in the study.
- I have had sufficient opportunity to ask questions and (of my own free will) declare myself prepared to participate in the study.
- I understand that significant new findings developed during the course of this research which may relate to my participation will be made available to me.

NOMPILO MTHEMBU

01/08/2022

7:09

NBC MTHEMBU

**Full Name of Participant
Thumbprint**

Date

Time

Signature

/

Right

I, Nompilo B.C. Mthembu herewith confirm that the above participant has been fully informed about the nature, conduct and risks of the above study.

Full Name of Researcher

Date

Signature

Full Name of Witness (If applicable)

Date

Signature

Full Name of Legal Guardian (If applicable) Date

Date

Signature

Appendix D: Request for Gatekeeper Permission

The Office of the Gatekeeper
Inkosi Albert Luthuli Central Hospital
800 Vusi Mzimela Road
Congella, Durban, 4013

Subject: Request for Research Study Permission

Dear Gatekeeper,

I am writing to seek permission to conduct a research study titled "The Impact of Work-Life Balances Amongst Porter Staff at Inkosi Albert Luthuli Central Hospital in Durban" as part of my master's degree in management sciences in Human Resources Management from the Durban University of Technology.

This study aims to explore the crucial balance between professional duties and personal life that porter staff face and the implications it has on their overall well-being. The intent is to provide comprehensive insights that may contribute to enhanced support systems within the healthcare environment.

As a Principal Investigator with a B-Tech Degree in Human Resource Management, I am committed to upholding the highest ethical standards during my research process. Ensuring confidentiality and anonymity is paramount for me, and I guarantee that all gathered information will be utilized solely for academic purposes.

I respectfully request your assistance in authorizing access to conduct surveys and interviews with the porter staff at Inkosi Albert Luthuli Central Hospital. Your support would be invaluable in facilitating meaningful dialogue and feedback contribution for this significant study.

Please let me know if further details are required or if there exists a formal review process I should follow. I am prepared to present my research proposal and address any concerns you may have regarding this study.

Thank you for considering this request. I look forward to your affirmative response and suggestions on proceeding further.

Yours sincerely,

Nompilo Benedictor Charmaine Mthembu

Principal Investigator / Researcher B-Tech Degree in HRM

Master's Candidate – Management Sciences in Human Resources Management

Durban University of Technology

063 688 7979

Appendix E: Permission to conduct research (Gatekeeper Letter)



Umongi Facilities Services (Pty) Ltd

800 Vusi
Mzimela
Cato Manor
4091
P.O. Box 30349
Mayville
4058
Tel: (031) 240 1096
Fax: (031) 240 1097

PRIVATE AND CONFIDENTIAL

08 March 2023

PERMISSION TO CONDUCT RESEARCH (GATE-KEEPER LETTER)

This letter serves to confirm that Miss NBC Mthembu has been granted permission to conduct research within Umongi Facilities Services (PTY) LTD in the Portering Department at Inkosi Albert Luthuli Hospital. Umongi Facilities Services is providing a service to Inkosi Albert Luthuli Hospital in various soft services portfolios.

Umongi Facilities Services promotes employees who are studying and also research initiative therefore the researcher will be provided with necessary resources required for her study to be a success.

The company has given full access to Miss Mthembu to gain information for her study full-time working hours and on weekends.

Kindly contact me should you require further assistance.

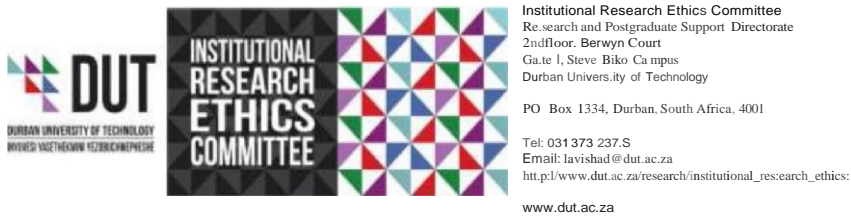
UMONGI FACILITIES SERVICES (PTY) LTD

REG NO: 20011009678/07
P.O. BOX 30420
MAYVILLE, 4058

angca zama
Porters Manager
031-2402260
031-240 1096

Directors: Dr. J. Dlamini A.V.S. Mgudlwa N.B. Sithole N.R. Mhlubulwana H. Gabela
Company Registration Number: 2001/009678/07
Vat Reg. No: 4000148355

Appendix F: Ethical Clearance Letter



30 May 2023

Ms NBC Mthembu
15 Sandhurst Avenue
New Germany
Pinetown
3610

Dear Ms Mthembu

The impact of Covid-19 on the work life balance of Portering staff at Inkosi Albert Luthuli in Durban

Ethical Clearance number **IREC 293/22**

The OUT-Institutional Research Ethics Committee acknowledges receipt of your gatekeeper permission letter.

Please note that FULL APPROVAL is granted to your research proposal. You may proceed with data collection.

Any adverse events [serious or minor] which occur in connection with this study and/or which may alter its ethical consideration must be reported to the DUT-IREC according to the DUT-IREC Standard Operating Procedures (SOP's).

Please note that any deviations from the approved proposal require the approval of the DUT-IREC as outlined in the DUT-IREC SOP's.

It is compulsory for a student or researcher to apply for recertification on an annual basis, The failure to do so will result in withdrawal of ethics clearance. It is the responsibility of the researcher and the supervisor to apply for recertification.


Please note that you are required to submit a Notification of Completion of Study form together with an abstract to the DUT-IREC office on completion of your study.


Yours Sincerely


Prof J K Adam
Chairperson: DUT-IREC

Appendix G: Editor's Letter

TRACY KHUZWAYO

 (+27)78 208 4552

 tracykhuzwayo126@gmail.com

 14 Wynnford Place
Windermere
Durban
4001

October 2024

To whom it may concern,

This letter serves as formal confirmation of my services as editor for masters student Nompilo Mthembu (student number 20102276) from the Faculty of Management Sciences at the Durban University of Technology (DUT).

I was responsible for editing Ms Mthembu's thesis as an approved editor on the DUT Supplier Database.

I submitted my final edit to the student on the 30th of October, 2024.

If any further information is required, please feel free to contact me using the contact details listed above.

Yours sincerely,

Tracy Khuzwayo
Freelance Academic Editor

Appendix H: Turnitin Report

The impact of Covid-19 on the work life balance of Porterling staff at Inkosi Albert Luthuli in Durban

ORIGINALITY REPORT

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