

# Contextualising workplace mental health in post-pandemic South Africa: A systematic review



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**Orientation:** Post-pandemic, mental health issues remain prevalent, highlighting the need for promoting workplace mental health. This study emphasises the importance of contextualising these issues to understand the workplace mental health landscape in post-pandemic South Africa.

**Research purpose:** This study aims to contextualise workplace mental health through a systematic review spanning 2020 to 2024, encompassing both the pandemic and post-pandemic periods.

**Motivation for the study:** The study was driven by the urgent need to address workplace mental health in the post-pandemic era, particularly in South Africa, where unique challenges persist. As part of the SIOPSA 2024 Conference Edition's focus on cultivating a mental health culture, the study aims to contribute to a broader understanding of the workplace mental health landscape.

**Research approach/design and method:** A systematic review approach, guided by PRISMA guidelines, was undertaken to assess research on workplace mental health in South Africa. A structured literature search was conducted in April 2024 and May 2024.

**Main findings:** The review of 14 studies included qualitative (2), quantitative (11) and mixed-methods (1) and offers significant insights into the conceptualisation, prevalence and management of mental health issues in South African workplaces. Findings highlight common challenges such as depression, anxiety and burnout, highlighting the need for targeted interventions across professions.

**Practical/managerial implications:** The study provides insights into workplace mental health, serving as a foundation for future research and offering guidance to South African industrial psychologists.

**Contribution/value-add:** This study adds to the growing body of research on workplace mental health from an organisational perspective.

**Keywords:** mental health; well-being; wellness; workplace; depression; anxiety.

## Introduction

There has been a growing concern for promoting workplace mental health (Chinyamurindi et al., 2023; Leka & Nicholson, 2019). Because of its concerning prevalence in the workplace, scholars continue to dedicate efforts to investigating and understanding the impact of mental health on employees and organisations (Cooke et al., 2020; McHugh et al., 2024). Organisations, on the other hand, are propelled to gain a better understanding of mental health, mitigate its negative effects and promote employee well-being (Cvenkel, 2020; Gorgenyi-Hegyes et al., 2021). Furthermore, advocating for employee mental health is essential for organisational success (Davies et al., 2022) and optimising mental health can enhance overall well-being (Slemp & Vella-Brodrick, 2014). Unsurprisingly, there is a need for work and organisational psychologists to champion organisational-level workplace mental health interventions (Gray et al., 2019; Greiner et al., 2022).

Researchers increasingly recognise the challenges that affect the health of employees (Chinyamurindi, 2019; de Oliveira et al., 2023; Wainberg et al., 2017). Research by Sorsdahl et al. (2023) indicates the high prevalence of mental health conditions in South Africa. According to the World Health Organization (WHO, 2022), global statistics indicate that an estimated one in eight people live with

**Note:** The manuscript is a contribution to the SIOPSA Conference collection titled 'Mindful Organizations, Productive People, Cultivating a Culture of Mental Health,' under the expert guidance of guest editors Prof. Willie Chinyamurindi and Prof. Nasima Carrim.

mental health conditions, with anxiety and depressive disorders being particularly prevalent. A report by the South African College of Applied Psychology (2019) suggests that one in six South Africans suffer from anxiety, depression or substance use problems, as reported by the South African Depression and Anxiety Group (SADAG). A study conducted by Craig et al. (2022) confirms the widespread prevalence of mental health issues across the South African adult population. Their study established that more than a quarter of South African respondents reported moderate to severe symptoms of probable depression. Moreover, data in sub-Saharan Africa suggests that a relationship exists between occupation and mental health (Atilola, 2012; Oladele et al., 2024). Considering the data reported globally and nationally, it is imperative to note that a strong parallel exists between mental health and the work environment (Cvenkel, 2020; De Oliveira et al., 2022), which directly links the effects of working conditions on the mental health of employees. These conditions exacerbate outcomes or trigger health issues and have become a growing concern (Camacho-Rubio et al., 2022) such as anxiety (Cheng & McCarthy, 2018), job stress (Cooper et al., 2018), depression (Camacho-Rubio et al., 2022) and burnout (Cosgrove et al., 2024).

With the onset of the coronavirus disease 2019 (COVID-19) pandemic in 2020, several studies have indicated the rise and increase of mental health issues and the significant impact of the COVID-19 pandemic (Dhanpat et al., 2022, 2023; Kim et al., 2022; Pillay & Barnes, 2020). The study sets out to explore the mental health landscape from a workplace perspective, reviewing quantitative and qualitative research on workplace mental health within the South African context during the pandemic (2020) through to the post-pandemic (2024) period. The study is driven by the significance of addressing workplace mental health, a priority highlighted by the SIOPSA 2024 Conference Edition's theme of 'Mindful Organisations, Productive People, Cultivating a Culture of Mental Health'. In the post-pandemic context, workplaces face distinct challenges that require tailored strategies for promoting mental well-being (Ohadomere & Ogamba, 2021; Waddell et al., 2023). By conducting a systematic review, this research aims to consolidate existing knowledge and explore trends in workplace mental health. The findings will offer valuable insights for psychologists, human resource (HR) practitioners and business leaders seeking to enhance the psychological well-being of employees. Workplace mental health primarily focusses on employee health and can significantly influence work and individual outcomes, including job satisfaction, employee performance and dedication to organisational goals. Poor mental health in the workplace can lead to decreased performance, burnout and increased mental illness (Sarkar et al., 2024).

The study aims to understand workplace and mental health, and provide an overview of the landscape of workplace mental health. Subsequently, insight into the types of mental health research, the context of the mental health research, trends and strategies for managing mental health will be

addressed. As such, the review will assist in determining the future direction for the research on workplace mental health and assist in guiding work and organisational psychologists. The literature review is intended to (1) provide a summary of workplace mental health in terms of theory and prevalence of such challenges and (2) provide insight into trends and current research in this context.

## Literature review

### Mental health in the workplace

For employees, poor mental health or mental health problems are associated with undesirable psychological states such as stress (Coppens et al., 2023; Pfeffer & Williams, 2020; Strudwick et al., 2023). Stress, brought on by several work-related and non-work-related factors such as family problems, heavy workloads and poor work-life balance, refers to a harmful state in which emotional strain or excessive pressures and demands exceed one's ability to cope (Bhui et al., 2016; Davies, 2022).

Stress can be acute and in response to a devastating event or it can be chronic where one experiences prolonged pressure over a long period (Davies, 2022). When stress is not managed well, it can lead to several clinical health problems such as burnout and depression (Coppens et al., 2023; Rose et al., 2017). Burnout is a negative work-related phenomenon emanating from prolonged stress and is characterised by exhaustion, cynicism and a decreased sense of personal accomplishments (Maslach & Leiter, 2016). Depression, on the other hand, is a mood disorder and refers to persistent feelings of sadness and a decline in energy or interest, interfering with daily responsibilities (Li et al., 2021).

Stress, depression and burnout together with other negative psychological states or experiences such as anxiety, fatigue and emotional exhaustion can reduce the quality of life, increase vulnerability to physical illnesses such as colds, high blood pressure and heart problems, reduce optimal functioning and make it difficult to effectively partake in daily responsibilities (Bhui et al., 2016; Colodro-Conde et al., 2018). These can also diminish motivation to work, reduce efforts towards developmental activities and decrease job satisfaction for employees (Rose et al., 2017; Skaalvik & Skaalvik, 2020). Relying on the optimal functioning of employees, organisations are inevitably impacted by their mental health challenges. According to Magalhães et al. (2022) and Coppens et al. (2023), stress, burnout and depression compromise smooth organisational operations as they tend to decrease employee concentration at work and lead to presenteeism, the practice of being physically present at work but failing to carry out activities effectively. This results in lower employee efficacy and productivity (Coppens et al., 2023). These negative emotional states can also compromise positive and healthy interactions at work. Burnout, in particular, can result in employees engaging less with colleagues or being a source of workplace conflict (Rose et al., 2017). Poor mental health is also associated with

increased employee absenteeism where employees are unable to report to work because of mental ill-health (McHugh et al., 2024).

According to Davies (2022), more than half of all working days are lost because of employee stress, depression and anxiety, interrupting organisational activities. In worse circumstances, organisations find themselves faced with the permanent absence of employees as turnover escalates and more deaths associated with mental health are reported (Pfeffer & Williams, 2020). More detrimental to the sustainability of organisations is the cost implications of mental health problems (Pfeffer & Williams, 2020). These problems indirectly and significantly reduce organisational profits. For instance, depression is estimated to cost one trillion dollars a year globally because of decreased productivity and absenteeism (Camacho-Rubio et al., 2022). Healthcare costs are also increasing as mental health conditions such as depression and anxiety become the leading cause of illness in the workforce (Strudwick et al., 2023).

Organisations find themselves continuously confronted with increased investments in employee health care because of psychological disability claims and increased costs of implementing mental health interventions to prevent or mitigate various consequences associated with these problems (Deloitte, 2019). However, investing in these interventions remains crucial as the prevalence of mental health ailments is costly for organisations and such investments improve employee health, productivity and loyalty (Deloitte, 2019; McHugh et al., 2024).

### Workplace mental health and employee well-being models

Common mental health issues in the workplace include burnout, depression, anxiety and stress. These mental health issues are interrelated and form part of the landscape of employee well-being. Several models have focussed on workplace characteristics that are commonly known, studied and shown to lead to employee well-being issues.

Earlier models of employee well-being were developed to understand the complexities of job stress and motivation. One of the first models was the two-factor theory by Herzberg (1966). In this theory, it is argued that job satisfaction is promoted by motivational factors such as recognition and advancement opportunities, while job dissatisfaction is prevented by hygiene factors such as salary and working conditions. The next model, still widely used, is the Job Characteristics Model by Oldham et al. (1976). It suggests that motivation and performance are influenced by job characteristics such as skill variety, task identity, task significance, autonomy and feedback, which work through critical psychological states: experienced meaningfulness, experienced responsibility for outcomes and knowledge of actual results. The Job Demands-Control model by Karasek (1976) focusses on how job control helps employees manage job demands. When job control is low, employees experience

higher levels of stress. The Effort-Reward Imbalance Model by Siegrist (1996) also focusses on the reciprocal relationship between high effort (costs) and low rewards (gains). A deficit in this reciprocal relationship leads to employee strain and poorer health (van Vegchel et al., 2005). Another important well-being model is the conservation of resources theory by Hobfoll et al. (2018), which posits that people strive to protect and build resources and can be threatened by potential or actual resource loss.

The Job Demands-Resources theory (JD-R theory) was developed from the knowledge of these various models (Demerouti et al., 2001). This theory is flexible as it accounts for various job characteristics (Bakker et al., 2023). The JD-R theory has been used extensively in employee well-being research and interventions. One of the basic premises of this model is that all types of work have job demands and job resources. Job demands refer to (Demerouti et al., 2001):

[...]hose physical, social, psychological, or organisational aspects of a job that require sustained physical and/or psychological (i.e. cognitive and emotional) effort on the part of the employee and are therefore associated with certain physiological and/or psychological costs. (p. 501).

Examples of job demands include mental load, emotional demands and work pressure. Job resources, on the other hand, are (Demerouti et al., 2001):

[...]hose physical, psychological, social or organisational aspects of a job that either/or (1) reduce job demands and the associated physiological and psychological costs; (2) are functional in achieving work goals; and (3) stimulate personal growth, learning and development. (p. 501)

Examples of job resources include organisational support, opportunities for growth and task variety.

A second premise of the JD-R model is that it supports the understanding of two psychological processes: health impairment and motivation. Job demands can drive the health impairment process, leading to increased effort and depleting employees' physical, emotional and cognitive resources, which may lead to mental health issues such as burnout, anxiety and stress (Demerouti et al., 2001). Job demands are associated with mental health (Britt et al., 2021; Hagen et al., 2022; Herr et al., 2022). On the other hand, job resources generally play a motivational role by helping employees on a physical, psychological, social and organisational level. Job resources are associated with work engagement (Hagen et al., 2022; Herr et al., 2022). Job resources regulate the impact of job demands (Demerouti et al., 2001). This premise supports the buffer and boost hypotheses of the JD-R model. The buffer hypothesis indicates that job resources help to buffer the impact of job demands and strain as employees alter their perceptions of job demands, leading them to appraise job demands differently (Bakker et al., 2005). The boost hypothesis in the JD-R theory is that job resources boost work engagement when job demands are very high (Bakker et al., 2007).

Another important concept associated with the JD-R model is personal resources. Personal resources are aspects of the self that are generally linked to resiliency (Hobfoll et al., 2003) and help individuals control and impact their environments successfully (Hobfoll et al., 2003). Personal resources have a reciprocal relationship with job resources and help to moderate the impact of job demands on employee well-being (Bakker et al., 2023). For example, hardiness, a personal resource, was shown to reduce burnout (Corso-de-Zúñiga et al., 2020). Other personal resources include optimism, self-efficacy and resilience (Bakker et al., 2023).

The JD-R model has been used to promote well-being interventions within organisations. Mental health workplace interventions include individual employee assistance programmes (EAPs), stress management and organisational change initiatives such as work redesign (Fleming, 2024). Organisations encourage work redesign initiatives from a bottom-up employee perspective, using job crafting. Job crafting involves changes that individuals make in their work by either increasing social job resources such as coaching, increasing structural job resources such as developing oneself at work, increasing challenging job demands or decreasing hindering job demands such as reducing the mental load (Tims et al., 2013). Job crafting interventions have significantly increased self-efficacy and job performance, as shown in a study by van Wingerden et al. (2016).

### **Mental health landscape: Pre- and post the COVID-19 pandemic**

Mental health has long plagued the workplace with prevailing psychological and behavioural problems threatening the well-being of employees (Pfeffer & Williams, 2020). Before the COVID-19 pandemic, mental health issues such as stress and burnout were already on the rise and acknowledged to be taking a toll on employees and organisations (Camacho-Rubio et al., 2022; Coppens et al., 2023). Pfeffer and Williams (2020) argue that anxiety, stress and burnout were widespread and the dominant cause of diminished employee well-being. The onset of the COVID-19 pandemic exacerbated these problems (Hammerback et al., 2024). Because of the uncertainty, social order change and high mortality rates caused by outbreaks, epidemics and pandemics, society becomes challenged with a variety of psychological reactions and mental disorders (Dhindayal et al., 2022; Heitzman, 2020). Unsurprisingly, a rise in panic, anxiety, stress, obsessive-compulsive disorders, chronic fatigue and depression, among others were seen as COVID-19 progressed to be declared as a pandemic (Heitzman, 2020; McHugh et al., 2024). With burnout being at an all-time high and stress and burnout ranked as the top mental health issues among employees in 2021, McHugh et al. (2024) reports that mental health issues in organisations more than tripled during the COVID-19 pandemic. This was not only attributed to concerns with safety and the looming deaths but also the dramatic changes in the workplace landscape bringing about changed work methods and new rules for interactions with other colleagues (Li et al., 2021; Mustajab et al., 2020).

Depending on the extent of government regulations on services they provide, organisations introduced a variety of measures including the wearing of masks and social distancing in work premises (Hamouche, 2021; Li et al., 2021). However, negative outcomes such as anxiety and psychological distress emanating from restricted freedom of movement, highly controlled behaviour and the psychological burden of being calculative about interactions rather than naturally and spontaneously engaging with others prevailed (Dhindayal et al., 2022; Hamouche, 2021). For organisations that were subjected to stricter lockdown rules, remote and hybrid working became an option for continuing operations (Dhindayal et al., 2022). Although advantages such as lower risk of infection, reduced time and costs in commuting and more time to spend with family were embraced, there were overriding negative consequences experienced (Hamouche, 2021; Li et al., 2021). Remote work, for example, increased isolation, job demands, decreased work engagement and created a work-life imbalance, all of which led to loneliness, emotional exhaustion, stress and anxiety among employees (Delfino & Van der Kolk, 2021; Dhindayal et al., 2022).

Although mental health was already an organisational concern and a significant part of scholarly discourse, the COVID-19 pandemic drew more attention to the severe impact of and subsequently a sharper focus on mental health in organisations. Hence, the goal of the study is to establish the landscape of employee mental health in the South African context.

### **Method**

The study used a systematic review to analyse and review the most relevant research articles relating to workplace mental health. The systematic review followed a rigorous research design and methodology, adhering to PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) 2020 guidelines to ensure transparency and replicability (Sarkis-Onofre et al., 2021). A comprehensive search of relevant databases was conducted to identify studies addressing mental health in South African workplaces. Systematic reviews provide an opportunity for researchers to gather, review, evaluate and analyse documented research. The use of systematic reviews is widely accepted (Kable et al., 2012; Schachtebeck & Thabane, 2017). Systematic Literature Reviews (SLRs) are designed to encapsulate the state of a particular field at a given moment, while also serving as a foundation for guiding future research directions (Denyer & Tranfield, 2009). According to Denyer and Tranfield (2009), these reviews play a crucial role in helping researchers draw clear conclusions about what is already understood and what remains unexplored.

### **Research approach**

The SLR in this study adhered to systematic review guidelines (Wong et al., 2013). Systematic reviews follow a protocol-based review and synthesis of a specific research topic (Page et al., 2021), and in the case of this study focussed on workplace

mental health. The research approach in this study draws from the methodologies outlined by Tranfield et al. (2003) and further refined by Al-Tabbaa et al. (2019). This approach is structured into three key phases: (1) planning the review, (2) carrying out the review and (3) reporting and sharing the findings.

The first phase included establishing the review question, which entailed 'What is the landscape of workplace mental health research in South Africa?' A review protocol was developed to enhance the trustworthiness of the findings (Riley et al., 2023). Subsequently, the inclusion and exclusion criteria were established. Following this, a search strategy was designed to identify and analyse relevant data, with search terms derived from the objectives of the study. The review protocol includes detailed criteria for inclusion, exclusion, data extraction and analysis, ensuring consistency and clarity in data interpretation.

The second phase entailed carrying out the review and providing insight into the sources of extracting the data and the string search used. Titles and abstracts were reviewed to establish the relevance of the article and to fit the purpose of the study. If there was no linkage, the study was excluded. A systematic search was conducted in April 2024 and May 2024 on workplace mental health by the first author. The second and third authors validated the search findings by re-running the search and obtaining the same results. The PRISMA principle of transparency was applied by documenting the search strategy and validation process to ensure reproducibility. The systematic review was guided by the question, 'What is the landscape of workplace mental health research in South Africa?'

Based on the nature of the study on mental health and its relevance to the workplace, it was necessary for the search strategy to include journals that published studies on mental health in South Africa. Four AOSIS journals were selected: the *South African Journal of Human Resource Management* (SAJHRM), the *South African Journal of Industrial Psychology* (SAJIP), the *South African Journal of Psychiatry* (SAJP) and *Health SA Gesondheid*. EBSCOhost, an international database, was also selected. The sample for the systematic review comprised 14 studies that met the inclusion criteria. These studies collectively explored mental health issues in South African workplaces, including diverse populations such as teachers, healthcare workers and public service employees. The sample encompassed various occupational settings and addressed a broad spectrum of mental health issues, providing a comprehensive view of the landscape. The review synthesised data from these studies to identify common mental health challenges, determinants and effective strategies for workplace mental health management. The PRISMA principle of structured search is evident in the selection of specific databases and journals that are most relevant to the topic.

## Ethical considerations

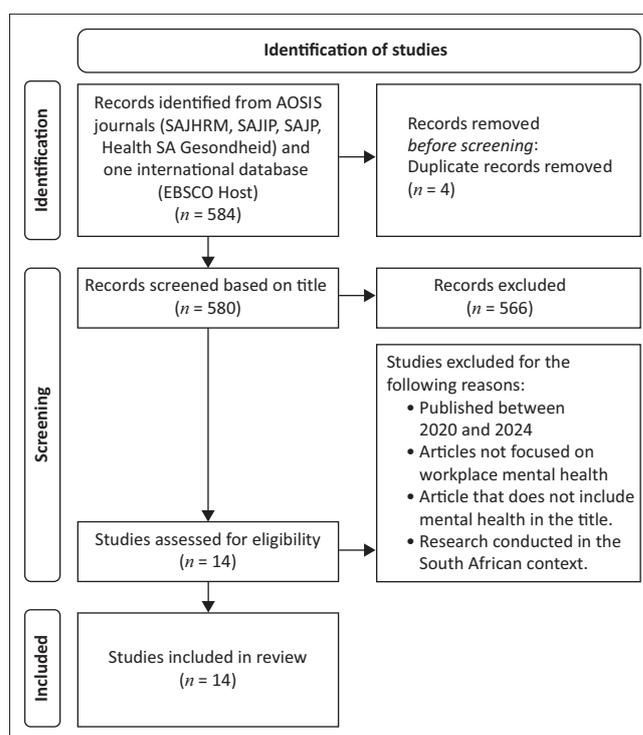
Ethical approval for this systematic review was obtained from the Department of Industrial Psychology and People

Management at the University of Johannesburg. The ethical clearance number for this study is IPPM-2024-874. This approval ensured that the review adhered to ethical standards in conducting research, including the responsible handling of data and adherence to academic integrity. The clearance confirms that the review was conducted in accordance with ethical guidelines and research standards.

## Eligibility criteria

Articles considered in the systematic review needed to meet the following inclusion criteria: (1) articles needed to be full-text and in English; (2) the term 'mental health' needed to be included in the title; (3) the study needed to be conducted among a South African population and (4) articles had to focus on workplace mental health issues and concerns. The PRISMA eligibility principle guided the selection and screening of articles, ensuring that only relevant studies were included in the review. Based on the exclusion criteria, dissertations, theses and conference proceedings were excluded from consideration. Furthermore, studies that did not include 'mental health' in the title were also omitted.

Based on the eligibility criteria, keywords were chosen to focus on mental health within South African workplaces. A total of 584 articles were initially retrieved (87 from SAJIP, 98 from SAJHRM, 219 from SAJP, 155 from Health SA Gesondheid and 25 from EBSCOhost). After removing four duplicates from EBSCOhost, a total of 584 unique articles remained. A suitability assessment was conducted based on predefined eligibility criteria, resulting in 14 articles deemed appropriate for inclusion in the systematic review (see Figure 1).



SAJHRM, South African Journal of Human Resource Management; SAJIP, South African Journal of Industrial Psychology; SAJP, South African Journal of Psychiatry.

FIGURE 1: PRISMA flow diagram of the systematic review process.

## Data extraction

To understand the landscape of workplace mental health research, the following data were extracted from each article: mental health conceptualisation, mental health issues covered based on findings, research method, sample size, population studied, key findings and recommendations for future research. The data were captured in table format in a Word document (see Table 1). The data extraction process was carefully carried out to ensure the accuracy and integrity of the information captured. The data were systematically captured in a table format in a Word document. In the first iteration, the first author read through each article, systematically capturing all pertinent information required (Aguboshim, 2021). This process served as the basis for the subsequent review process by the second and third authors. This strategy aligns with the iterative nature of systematic reviews (Bakkalbasioglu, 2020). In line with PRISMA principles, the data extraction process was conducted systematically, with clear documentation of all steps taken to ensure consistency and transparency. Subsequently, the second and third authors reviewed and verified the entries. This entailed cross-referencing the extracted data with the original articles and reaching a consensus on any updates or corrections suggested. The involvement of multiple reviewers during data extraction, as emphasised by PRISMA, is crucial for enhancing the reliability and validity of the review (Moher et al., 2009).

The approach followed in the study aligns with best practices when conducting systematic reviews, which emphasise the significance of multiple reviewers, as seen with the second and third authors, in the data extraction process to improve the trustworthiness of the review findings (Liberati et al., 2009). By involving all authors in the data extraction and review process, we were able to maintain high standards of data quality and ensure that the systematic review provides a reliable synthesis of the existing literature on workplace mental health.

## Discussion of findings

The systematic review provides significant insights into the conceptualisation and contextualisation of mental health issues across various occupational settings in South Africa. The current review consisted of 14 studies, employing qualitative (two studies), quantitative methodologies (11 studies) and one mixed methodology study, which provides a view of workplace mental health.

Among the reviewed studies, the sample populations across these studies included managers, teachers, public service employees, nurses, healthcare workers, pharmacists and school heads. Among these, teachers and healthcare professionals were the most common. Across the studies, the following mental health issues were identified: depression, anxiety, stress, burnout, restlessness and feelings of being overwhelmed. For instance, De Jesus and O'Neil (2024) reported high levels of anxiety and depression among

managers, while Dawood et al. (2022) highlighted significant levels of depression, anxiety and traumatic stress among healthcare workers. This highlights the prevalence of mental health issues. The WHO (2022) indicates that mental health conditions are prevalent in all countries and reports that one in eight people in the world live with a mental disorder. The frequency of different mental disorders differs with gender and age, and anxiety and depressive disorders are the most common among men and women.

In terms of mental health conceptualisation, the studies varied in their approaches. Based on the findings, the conceptualisation of mental health varied across the studies. Human et al. (2023) conceptualised mental health through trauma and post-traumatic stress symptoms (PTSS) of mental healthcare workers. Van Niekerk and Van Gent (2021) employed the two-continua model of mental health, incorporating both illness and wellness perspectives. De Jesus and O'Neil (2024) and Dawood et al. (2022) broadly defined mental health to include several diagnosable conditions such as depression, anxiety and bipolar disorder. Others, such as Shava and Chinyamurindi (2021) and Barnard et al. (2023), framed mental health within the broader context of employee well-being and encompassed mental, psychological and social dimensions. Studies have positioned mental health to encapsulate these dimensions (see Kun & Gadanez, 2022; Visser & Law-Van Wyk, 2021). There is a diversity of conceptualisations presented, linking mental health to employee health (see Shava & Chinyamurindi, 2021) and mental illness (De Jesus & O'Neil, 2024). Several scholars have indicated that an obstacle exists in integrating mental health initiatives because of a lack of consensus on the definition of mental health (Manwell et al., 2015; Whiteford et al., 2013; Patel et al., 2018). However, there is a need to better present, compare and generalise findings across different contexts in terms of workplace mental health.

There were common mental health issues identified across the studies, including depression, anxiety, stress, burnout and restlessness. For instance, De Jesus and O'Neil (2024) found high levels of anxiety and depression among managers, while Dawood et al. (2022) reported significant levels of depression, anxiety and traumatic stress among healthcare workers. These findings highlight the prevalence of these issues, reinforcing the importance of addressing mental health in the workplace.

The systematic review findings revealed a predominant reliance on quantitative methods, with 11 out of the 14 studies employing standardised pre-established scales and measures to assess mental health outcomes. Quantitative measures used in the research included the Mental Toughness Questionnaire-Short Form (MTQ-10), Depression Anxiety and Stress Scale-21 item, GAD-7 (Generalised Anxiety Disorder-7), PHQ-9 (Patient Health Questionnaire-9), PSS-10 (Perceived Stress Scale-10), WRQoL (Work-Related Quality of Life), Kessler Psychological Distress Scale (K6), Hospital Anxiety and Depression Scale (HADS), Copenhagen Psychosocial Questionnaire (COPSOQ) and the Mental

**TABLE 1:** Contextualising mental health research.

Study	Mental health conceptualisation	Mental health issues covered based on findings	Research method	Sample size	Population studied	Key findings	Recommendations for future research
Barnard et al. (2023)	Based on the conceptualisation of Keyes (2007), Rautenbach and Rothmann (2017)	Mental well-being, Psychological well-being, Social well-being, Mental toughness	Quantitative, Mental Toughness Questionnaire-Short Form (Clough et al. 2002)	204	Nurses	Precarious work conditions, salary, and professional development negatively impact emergency nurses' capabilities. Mental toughness offsets the negative effects of poor salary	Include diverse samples from other provinces and sectors to enhance generalisability. Explore unique work values specific to the South African context
Chinyamurindi and Shava (2021)	Conceptualised upon employee health	Depression, Stress	Quantitative, The Physical Health Scale (Cleeland & Ryan, 1994) and the Mental Health Scale (Wu et al., 1984)	214	Teachers	There is a relationship between workplace attachment and employee health. No evidence to support that career adaptability moderates this relationship	Measure workplace attachment and career adaptability over time. Conduct qualitative studies to explore subjective employee experiences
Chinyamurindi et al. (2023)	Psychology of Work Theory (PWT)	Nervousness, Restlessness, Depression, Feeling overwhelmed	Quantitative, Kessler Psychological Distress Scale (K6)	289	Government employees	Decent work fully mediated the relationship between organisational citizenship behaviour and mental health	Include perspectives from different tiers of management. Explore public service entities' strategies promoting decent work
Cook et al. (2021)	Not clearly indicated in the article	Anxiety, Depression, Coping, Burnout	Mixed method, Hospital Anxiety and Depression Scale (HADS) (Zigmond & Snaith, 1983); Burnout Measure (Malach-Pines, 2005); Brief Cope Inventory; The Connor-Davidson Resilience Scale	31 Time 1, 15 Time 2	Healthcare workers	The mental health of healthcare workers is severely impacted by the pandemic. Support systems and coping strategies need to be enhanced	Explore in-depth qualitative studies with diverse healthcare populations. Investigate the effectiveness of coping strategies during and after pandemics
Dawood et al. (2022)	Lack of clear conceptualisation	Depression, Anxiety, Traumatic stress symptoms	Quantitative, Depression Anxiety and Stress Scale-21 item, Impact of Event Scale – Revised (IES-R)	312	Public sector doctors and nurses	Significant presence of depression, anxiety, stress, and traumatic stress, coupled with inadequate perceptions of employer support	Prioritise the mental well-being and support of HCWs, with more research on post-pandemic mental health effects
De Jesus and O'Neil (2024)	Mental health linked to mental illness and conceptualised broadly	Depression, Anxiety, Bipolar disorder	Qualitative, semi-structured interviews	26	Junior, middle, and senior managers (white-collar workers)	South African organisations may be ill-equipped to handle mental illness in the workplace	Validate vignettes before study implementation to reflect workplace scenarios accurately
Dhindayal et al. (2022)	Mental health framed within COVID-19 repercussions	Anxiety, Depression, Stress, Low quality of work life (QoWL)	Quantitative, GAD-7, PHQ-9, PSS-10, WRQoL	953	Pharmacists	Risk factors for anxiety, depression, and stress included gender, changes to pharmacy practice, and low QoWL	Routine mental health awareness programmes, including stress management, motivational interviewing and cognitive behavioural therapy. Conduct longitudinal studies on pharmacists' mental health
Human et al. (2023)	Mental health through trauma and post-traumatic stress symptoms (PTSS)	PTSS, Resilience	Quantitative; Cross-sectional; PCL-5; Brief Resilient Coping Scale	120	Mental healthcare workers (MHCWs)	11.7% prevalence of PTSS, with nurses being most affected	Enhance wellness programmes for MHCWs, including mental health workshops and resilience training
Mathibe and Chinyamurindi (2021)	Mental health conceptualised based on Furukawa et al. (2003)	Anxiety, Despair, Restlessness, Sadness, Low energy, Diminished self-worth	Quantitative, Kessler Psychological Distress Scale (K6)	289	Public service employees	Organisational citizenship behaviour positively influences employee mental health.	Incorporate multiple perspectives, including longitudinal studies. Conduct qualitative inquiry to explore complexities of employee health
Payne et al. (2020)	Burnout as a mental health issue	Burnout	Quantitative, Copenhagen Burnout Inventory (CBI)	127	Nurses in Psychiatry	High personal burnout despite job satisfaction. Burnout was linked to lower job satisfaction	Investigate the rationale for job satisfaction despite burnout qualitatively. Explore burnout and job rank, tenure, and gender using larger samples
Ruzungunde et al. (2023)	Organisational Climate Theory, Psychology of Working Theory (PWT)	Nervousness, Restlessness, Depression	Quantitative, Kessler Psychological Distress Scale (Kessler & Mroczek, 1992)	289	Public service employees	Decent work mediates the relationship between organisational climate and mental health	Use qualitative methods to gain deeper insights into decent work and organisational environments
Shava and Chinyamurindi (2021)	Cooper and Williams' (1994) framing of employee health	Does not explicitly discuss mental health disorders; workplace spirituality and career adaptability	Quantitative, Mental Health measure (Wu, 1984)	214	Teachers	Moderate positive correlation between workplace spirituality and employee mental health	Investigate workplace spirituality in various industries and capture career adaptability as a process
Van Niekerk and Van Gent (2021)	Two-continua model of mental health	Psychological distress, psychological and emotional well-being (PWB, EWB), Social well-being (SWB)	Quantitative, Kessler Psychological Distress Scale, Mental Health Continuum-Short Form	278	University staff	Psychological distress is negatively correlated with mental well-being. Older staff had lower distress and higher well-being	Develop models and programmes for increasing mental well-being among university staff
Watermeyer et al. (2023)	Mental health not explicitly focussed on, but acknowledges anxiety, depression, PTSD and resilience	Burnout, Depression, Anxiety, Resilience, Coping strategies	Qualitative Online survey over three waves	621	Healthcare workers	Stress, workload, adjustment to new working conditions, and the lack of support were major concerns	More research on underrepresented healthcare professions and gender orientations in mental health studies

Note: Please see full reference list of this article: <https://doi.org/10.4102/sajip.v50i0.2225> for more information.

PHQ, Patient Health Questionnaire; PSS, Perceived Stress Scale; HCWs, healthcare workers; PTSD, Post-Traumatic Stress Disorder; WRQoL, Work-Related Quality of Life.

Health Continuum. The most frequently used quantitative measure in the research was the Kessler Psychological Distress Scale (K6), used in four studies. While quantitative measures allow for broad generalisations through robust statistical analysis, qualitative studies allow for more nuanced experiences, as outlined by De Jesus and O'Neil (2024), providing deeper insights into personal experiences and organisational contexts that quantitative data might overlook. The qualitative method included semi-structured interviews and thematic analysis, allowing researchers to explore subjective experiences and organisational dynamics related to mental health. The mixed-methods approach used by Cook et al. (2021) demonstrates the benefit of combining qualitative and quantitative data to provide a more detailed understanding of mental health issues, while also looking at data at two points in time.

In terms of the sample sizes and populations, the studies varied significantly, ranging from 15 to 953 participants. Larger sample sizes, such as those in Dhindayal et al. (2022), provided robust data for statistical analysis, while the smaller qualitative sample, such as those in De Jesus and O'Neil (2024), offered context-specific insights. The populations studied included a diverse range of professions, such as teachers, nurses, public service employees, healthcare workers, pharmacists and school heads. It is evident that the diversity of the samples presented highlights the prevalence and widespread impact of mental health issues across various occupational settings.

Additionally, the systematic review further highlighted several critical findings relating to the antecedents, impact and mitigators of mental health. Payne et al. (2020) highlighted the significant impact of personal burnout, largely driven by family demands, among other factors, on work experiences, and found no differences in job burnout when considering gender, tenure or job rank. However, studies such as Dhindayal et al. (2022) and Watermeyer et al. (2023) identified specific risk factors for mental health issues, including gender, a history of mental health conditions and changes in workload and work practices because of COVID-19. Studies by Ruzungunde et al. (2023) and Barnard et al. (2023) identified a direct relationship between organisational factors (like climate and work conditions) and employee mental health. For example, decent work was found to mediate the relationship between organisational climate and mental health, suggesting that improving work conditions could significantly enhance employee well-being. Watermeyer et al. (2023) also draw attention to the impact of employee programmes and the role of colleagues, management and individuals or organisations outside the employer, such as family members and churches, in alleviating mental health challenges and promoting well-being.

Moreover, studies such as Dhindayal et al. (2022) identified specific risk factors for mental health issues, such as gender, history of mental health conditions and changes in work practices because of COVID-19. These findings highlight the need for targeted interventions to support vulnerable groups.

## Limitations and recommendations for future research

Every research endeavour inherently comes with its own set of limitations. The present study used a review period spanning January 2020 and May 2024 to encapsulate pandemic and post-pandemic workplace mental health concerns and excluded any other research. We acknowledge that research within this time frame could have also excluded pandemic concerns for workplace mental health because of the timing of data collection, which may have been collected outside of the parameters of being considered the pandemic. Future research could focus on the timing of data collection whereby the systematic review could be designed to include studies that specifically captured data during peak pandemic periods, as well as during periods of significant change, such as the easing or tightening of restrictions. This would allow for the full impact of the pandemic on workplace mental health to be presented.

Four South African journals and one international database were selected as data sources for this study, as this satisfied the requirements for searching articles on mental health with a workplace focus. Future researchers should extend this systematic review by making use of various databases, such as Google Scholar. The search for the study included the words 'mental' and 'mental health' in the title; perhaps future researchers could extend this to the abstract to increase the articles extracted. Empirical studies presented through conference proceedings or dissertations were excluded and could be included in future research to warrant additional findings.

The studies presented as part of the systematic review collectively highlight the diverse mental health challenges faced by various occupational groups and highlight the importance of tailored interventions. While they generally align with existing theories and literature, they also point to areas needing further exploration. Future research should explore underexamined areas highlighted by the systematic review, such as the role of workplace spirituality, the impact of organisational climate and the long-term effects of pandemic-related stressors. Additionally, there is a need to further investigate the effectiveness of mental health and EAPs in addressing diverse workplace challenges across occupational settings. Future research should adopt longitudinal designs and qualitative methods, such as daily and weekly diaries, to capture detailed narratives of employee experiences and the evolving nature of workplace mental health. Additionally, there is a need for more research integrating mental health with employee well-being to provide a more comprehensive understanding of workplace mental health concerns.

## Implications for work and organisational psychologists

The current research on mental health, in the context of the workplace, should serve as an impetus for employers, industrial psychologists and future researchers to assist in

integrating mental health into workplace policies. For work and organisational psychologists, the rising focus and concerns surrounding mental health in the workplace present crucial implications. Despite increasing awareness of mental health (Ruzungunde et al., 2023; Taubman et al., 2023), the stigma associated with mental health prevails and is likely to lead to untoward behaviours and attitudes (Fernández-Jiménez et al., 2024), causing emotional distress and strained social relationships (WHO, 2022). The prevalence of stigma among individuals with mental health issues is widespread and is considered a barrier to improved mental health services (Lanfredi et al., 2013). Hence, there is a need for the effective promotion of mental health in the workplace. As such, intervention studies become paramount and the role of industrial and organisational psychologists.

## Conclusion

Overall, this systematic review provides a comprehensive overview of the current state of research on mental health in South African workplaces. The findings suggest the widespread prevalence of mental health issues and the critical role of organisational factors in influencing employee well-being. Future research should focus on addressing the identified gaps, employing diverse methodologies and validating instruments to better understand and mitigate mental health challenges in the workplace.

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N.D., B.M. and R.D.B. contributed equally to the design and implementation of the research, the analysis of the results and the writing of the article.

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