

# ACT 1 Africa Conference on **TRANSDISCIPLINARITY**

Transdisciplinary responses  
to grand challenges in the  
**COVID-19** pandemic and  
beyond.



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## 1. Keynote address

- Prof Frederick Marais & Prof Meredith Minkler  
**Together for change: Transdisciplinary CBPR partnerships for health.**  
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[Contact the Community Integrated Research Office at CIR@nwu.ac.za for more information.](#)

## 2. Panel discussion

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[Contact the Community Integrated Research Office at CIR@nwu.ac.za for more information.](#)

### 3. Oral Presentation

- N Taliep, G Ismail, L Swart, A van Niekerk  
**Predictors of solidarity and prosociality in South Africa during Covid-19.**  
[Please click here for presentation](#)

#### **Purpose of the presentation:**

The aim of this study was to explore the predictors of solidarity and prosociality among South Africans during the first and second wave of Covid-19.

#### **Rationale/theoretical framework:**

The novel virus SARS-CoV-2, broadly referred to as COVID-19 pandemic, has been indiscriminate in its severity and effect on vulnerable populations across the globe. As the pandemic continued to spread rapidly and universally, we witnessed the incredible display of human compassion, solidarity, social cohesion, and prosociality emerging in a multitude of ways within, and across local communities.

#### **Method:**

Using a quantitative cross-sectional survey research design, the questionnaire was administered to a randomly selected national sample (n=2619). To maximise response rates, 2 144 (81.9%) were administered through Computer-Aided Telephonic Interviews (CATI) and 475 (18.1%) via self-completion. We expected fear of contracting COVID-19, lack of trust in government, and unemployment, to be negatively associated with solidarity and prosocial behaviour, and being female and responsive to Covid-19 preventative measures, to be positively associated with solidarity and prosocial behaviour.

#### **Results:**

Preliminary results indicate that that people were more likely to engage in acts of solidarity if they had a higher level of education, supported Covid-19 mitigation measures and restrictions on movement, had less trust in government's approach, had more negative emotions, engaged in copying behaviours, and had lost income.

#### **Conclusion:**

A lack of trust in government's ability to deal with the psychosocial and economic outcomes of Covid-19, led people to develop a shared responsibility for each other and made them more inclined to help others, even if they suffered the economic impact from Covid-19 themselves.

### **Purpose:**

To present the unique profile and academic career trajectory of transdisciplinary health researchers within the context of South African higher education

### **Rationale:**

Transdisciplinary research is a complex process. It necessitates the fusion between theory and practice and collaborating with multiple stakeholders and communities. Compared to the traditional research process, transdisciplinary research requires extreme effort involving relationship building and systems development on various levels and over a long time before outputs can be declared. Also, transdisciplinary research cannot always be translated and disseminated in the traditional, scientific journal format but measured in output and sustainable interventions.

The transdisciplinary researcher, who presents with a unique personal and research profile, will follow a different career trajectory than the traditional researcher. This presentation outlines the unique profile and career trajectory of a transdisciplinary researcher. It is essential for both researchers entering this field as well as managers of such researchers to be cognizant of the challenges faced by transdisciplinary researchers and to be able to provide the necessary support.

### **Method:**

Integrated literature study, conducted in 2019.

### **Major considerations:**

- Transdisciplinary research is essential to address complex health challenges.
- It requires the contribution of transdisciplinary researchers, who possess a unique personal and research profile.
- Transdisciplinary researchers will follow a different career trajectory than traditional researchers.

### **Conclusion:**

Transdisciplinary health researchers have a unique profile and career trajectory that, if understood and embraced, can contribute meaningfully to the higher education institution and the researcher.



- L-A Swart  
**The influence of socioeconomic and psychosocial factors on South African's responsiveness to the Covid-19 pandemic.**

[Please click here for presentation](#)

This study assessed the influence of socioeconomic and psychosocial factors on South African's responsiveness (adoption of mitigation measures and adherence to restrictions on movement) to the Covid-19 pandemic. Although the government responded quickly to manage the pandemic, the impact of the strict lockdown placed a significant burden on South Africans, economically and psychosocially. Understanding the socioeconomic and psychosocial factors influencing South Africans' responsiveness is important for supporting individuals and communities during the pandemic. Using data collected from a national telephonic survey (Dec 2020 - Mar 2021) we assessed whether socioeconomic status, support for mitigation measures, views on government's handling of the pandemic, and the psychosocial and financial impact of Covid-19 lockdown were related to 1) adoption Covid-19 mitigation measures (hand hygiene, wearing of face masks, and physical distancing) and 2) adherence to restrictions movement. The preliminary results showed people were more likely to adopt the mitigation measures if they were older, had a higher education, lived in uncrowded households, supported the mitigation measures, perceived government measures as fair and fairly enforced by police, and engaged in positive coping behaviours. People were more likely to adhere to the restrictions if they were female, had a lower education, lived in uncrowded households, feared contracting Covid-19, trusted government, and were less likely to experience poverty and financial hardship. The results suggest that strengthening South African's responsiveness to the pandemic requires trust and confidence in government's handling of the pandemic and strategies to support those living in crowded conditions and experiencing economic hardship.

- FM Mulaudzi, JM Sebaeng, SS Moloko-Phiri, RS Mogale  
**Transdisciplinary as an approach to co-construct indigenous model of care on COVID 19 pandemic in communities.**

[Please click here for presentation](#)

### **Statement of the purpose :**

The purpose is to co-construct, pilot and implement indigenous model of care on COVID 19 pandemic in communities

### **Rationale:**

Human behaviour are complex and the complexity becomes a challenge particularly in this era of COVID 19 pandemic where specific behaviours are imposed on communities in an attempt to curb the spread of the virus. The presentation aims at facilitating knowledge and societal transformation.

COVID 19 pandemic has brought into light that medical science alone cannot solve societal health problems. The problems that arise do not come from the researchers but from communities and practice. However, a transdisciplinary approach therefore demands inclusion of other disciplines such as educational, spiritual, economy and social sectors. The pandemic called for a new vision which will create an interactive collaborative effort in order to address the health problems of people.

### **Research method:**

This was a blended, multiple research design methods. The participants were purposively selected. Webinars with nurses and patients as well as the guest lectures were used to collect data. Data was analysed through thematic analysis.

## Conclusion:

Transdisciplinary promotes mutual learning on health problems of people with the people themselves and serves as an essential tenets of Ubuntu.

## Summary of the results:

The findings revealed that the co-construction of proposed model need to encompass three pillars on practical, systems and transformative knowledge for the indigenous model.

- KM Chu, EO Owolabi, M Smith, TC Hardcastle, S Maswime, H Geduld, PD Gopalan, J Marco, M Mendelson, BM Biccald, L Cairncross  
**Establishing a South African national framework for COVID-19 surgical prioritization.**

[Please click here for presentation](#)

## Background:

Since the start of COVID-19 pandemic, surgical operations have been drastically reduced in South Africa (SA). Published guidelines on surgical prioritisation during COVID-19 are specific to high-income countries. There is a need for context-specific guidelines and validated tool for prioritising surgical cases. In March 2020, the South African National Surgical Obstetric Anaesthesia Plan Task Team was asked by the National Department of Health to establish a national framework for COVID-19 surgical prioritisation.

## Objectives:

To develop a national framework for COVID-19 surgical prioritisation, including a set of recommendations and a risk calculator for operative care.

## Methods:

The surgical prioritisation framework was developed in three stages: (i) a literature review of international, national and local recommendations on COVID-19 and surgical care was conducted; (ii) a set of recommendations was drawn up based on the available literature and through consensus of the COVID-19 Task Team; and (iii) a COVID-19 surgical risk calculator was developed and evaluated.

## Results:

A total of 30 documents were identified from which recommendations around prioritisation of surgical care were used to draw up six recommendations for preoperative COVID-19 screening and testing and the use of appropriate personal protective equipment. Ninety-nine perioperative practitioners from eight SA provinces evaluated the COVID-19 surgical risk calculator, which had high acceptability and a high level of concordance (81%) with current clinical practice.

## Conclusions:

This national framework on COVID-19 surgical prioritisation can help hospital teams make ethical, equitable and personalised decisions whether to proceed with or delay surgical operations during this unprecedented epidemic.



- A Klette, P Bester, IM Kruger  
**Barriers and enablers for implementation of Trauma Society Accreditation in Western Cape Private Hospitals**

[Please click here for presentation](#)

## ABSTRACT

In 2011 the Trauma Society of South Africa (TSSA) published recommendations for accrediting hospitals with emergency departments (EDs) in the South African Medical Journal (SAMJ). These guidelines were drafted for South Africa following international evidence that an improvement was seen in patient outcomes following the implementation of accreditation. Emergency medical services (EMS) personnel have little to help them decide where to take a patient, other than “the closest, most appropriate facility”. TSSA accreditation is intended to provide an objective grading of expertise and resource availability at a specific facility that would assist the EMS community in making informed decisions. However, few facilities have subsequently sought or achieved TSSA accreditation.

This research aimed to explore the rationale behind the lack of implementation of accreditation in private hospitals in the Western Cape, despite ample international evidence relating trauma accreditation with better patient outcomes. The research details the barriers and enablers for the implementation of the TSSA accreditation in the Western Cape private hospitals. The Western Cape has the highest trauma prevalence in South Africa, yet only two private hospitals and no public hospitals in the province have been accredited according to the TSSA accreditation tool. The research was qualitative, interpretive descriptive, and contextual in nature. All five private hospital groups in the Western Cape were invited to participate after ethical approval and permissions were obtained. Through purposive quota sampling and predetermined inclusion criteria, three different categories of participants were recruited from each hospital group, namely emergency department unit managers, hospital general managers, and doctors from the emergency department practice. Sixteen semi-structured, individual interviews were conducted with an equal distribution between all three categories. Data collection continued until data saturation was reached (n=16). A first-order thematic analysis followed by a second-order interpretive analysis was concluded with a consensus discussion with a co-coder.

### **Field notes were kept.**

Five themes, twenty-one categories and sixty-nine sub-categories emanated from the data analysis. The themes highlighted the contextual realities of EDs within the private health system and that TSSA accreditation cannot be seamlessly applied to this system, without transformation by overcoming identified barriers and implementation of effective enablers. EDs need to be affiliated with tertiary training institutions and should be actively involved in the research. Participants held different understandings of TSSA accreditation, presented different rationales for accreditation, and suggested how accreditation could be facilitated. Enablers were based on organisational strengths whilst barriers highlighted private health system realities and the geographical determinants of trauma care. It was recommended to contextualise the TSSA accreditation tool, and process, to the private hospital environment within the Western Cape. A collaborative approach to tool contextualisation can be used to obtain buy-in. Effective communication informing hospitals that the TSSA has no conflict of interest, may address perceptions about the TSSA accreditation being associated with only a specific hospital group. Whereas implementing a TSSA accreditation roadshow, presenting the propositional value thereof, with evidence of positive patient outcomes associated with the TSSA accreditation process would promote buy-in. Promoting the fact that TSSA accreditation could strengthen public-private collaborations within the eminent National Health Insurance (NHI) system, including enhanced trauma training opportunities to ensure continuous professional development which is a critical component of the TSSA accreditation process.

- L Olifant, J Baruwa, IM Kruger  
**Using mobile phone survey in collecting health information in a prospective urban rural epidemiology study.**  
Contact the Community Integrated Research Office at [CIR@nwu.ac.za](mailto:CIR@nwu.ac.za) for more information
- L Olifant, P Bester, IM Kruger  
**Perceptions of patients with hypertension on salt reduction initiatives: Application of the Fogg behaviour model**  
Contact the Community Integrated Research Office at [CIR@nwu.ac.za](mailto:CIR@nwu.ac.za) for more information.
- Baruwa, IM Kruger, P Bester, C Ricci  
**Determinants of hypertension among 35 to 70 years population in North West, South Africa.**  
[Please click here for presentation](#)

Understanding the factors associated with hypertension within the context of the at-risk population is essential for developing regional and perhaps national strategies to better prevent and control hypertension through collaborative national and international efforts. Therefore, this study aimed to examine the determinants of hypertension amongst 35-70 years old enrolled in the PURE study in North West province.

This study's analysis is based on the South Africa arm of the Prospective Urban Rural Epidemiology (PURE) Study data of 2015. The data is based on the health transition in urban and rural people in the North West Province of South Africa. A total number of 923 respondents participated in the 2015 PURE study from the initial 2010 recruited for the baseline in 2005. The bivariate analysis was used to generate the prevalence of hypertension according to the participants' sociodemographic characteristics while a multivariate logistic regression analysis was employed to estimate risk of hypertension, with 95% confidence interval.

Result shows that the prevalence of hypertension was higher among male, those who are 60 years and above, not employed, not educated, HIV negative, and overweight and obese. Further, the multivariate analysis showed the risk of hypertension is significantly lower among HIV-positive participants (OR: 0.51, CI: 0.36-0.72) and higher among overweight participants (OR: 2.32, CI: 1.46-3.70). This study's findings suggest that interventions should be directed at the identified factors found to be associated with hypertension. In addition, more emphases should be placed on sensitizing people on major lifestyles that may increase the risk of hypertension.

- IM Kruger  
**Leave no one behind: Are we true to this principle during the COVID-19 era?**

For the past 20 months, the world has witnessed the profound impact of the global COVID-19 pandemic. The far-reaching social and economic hardships penetrated all levels of society only to be enfeebled by the wide scale of death and suffering. Across the globe, the pandemic has changed the landscape of healthcare – how it is delivered and prioritized. Health resources are distributed to address the acute response to the pandemic crisis, reducing the healthcare capacity for “mundane” health conditions. As the world is pouring its efforts into containing the spread of the virus, the focus has momentarily shifted away from other life-threatening chronic conditions, such as hypertension, which continues to wreak havoc. Hypertensive diseases continue to cause a significant burden of disease, especially in resource-limited populations. COVID-19 has been unforgiving to those living with chronic hypertension, limiting their access to essential healthcare services. Implementing COVID-19 prevention strategies has significantly disrupted “routine” healthcare, exacerbating existing inequalities and adding new challenges to managing and controlling hypertension. Without access to life-saving medicine and treatment, people living

with chronic hypertension face an amplified risk of developing complications from their condition. This could result in a surge of morbidity and mortality in the long term if not managed appropriately. The world is at a critical juncture. We need to execute a transdisciplinary plan to ensure that we are fulfilling our commitment by “leaving no one behind”.

- R Appiah, A Wilson-Fadiji, L Schutte, MP Wissing  
**Development and evaluation of a positive psychology intervention for rural poor adults in Ghana: A quasi-randomised controlled trial.**

[Please click here for presentation](#)

### **Introduction:**

People living in rural poor communities may have higher frequencies of psychological distress and low productivity in the midst of life's difficulties and uncertainties, yet existing interventions have focused on the provision of a granular and material support. Although positive psychology interventions (PPIs) have been found to promote mental health and well-being of individuals in other settings, few practical interventions have been tested to bolster mental health of the rural poor in sub-Saharan Africa.

### **Aim:**

We sought to design and test the effectiveness of a novel, 10-session multicomponent PPI, the Inspired Life Programme, aimed to teach participants to pursue a meaningful and purposeful life, self-acceptance, and personal growth; identify and challenge unhelpful thoughts and replace with positive thinking patterns; and self-regulate through acquisition of skills of goal setting, time management, problem solving, assertiveness, self-esteem, and conflict resolution.

### **Method:**

Using a quasi-randomised controlled trial approach, four rural poor communities in the middle-belt of Ghana were randomly selected to intervention and control conditions, with 42 consenting participants each. Programme participants were assigned to groups of 10 individuals, and taken through 2-hour sessions, once per week, for 10 weeks. The sessions were led by two trained facilitators with bachelor degrees in Psychology, under the supervision of a clinical psychologist. Data on mental health and well-being and psychosocial skills were collected at baseline, immediately, and three months post-intervention.

### **Results and Discussion:**

Programme participants showed a greater improvement in positive mental health, with a marked reduction in symptoms of depression compared to the control group, immediately and three months post-intervention. There were also larger increases in the proportion of flourishers in the intervention group compared to the control group, immediately and three months post-intervention. We conclude that psychological interventions delivered by bachelor-degree facilitators can promote mental health and well-being of people living in low-income communities in sub-Saharan Africa.

- RS Mogale, MM Rasweswe, V Bhana-Pema  
**The patient is the CEO of health and wellbeing: The transdisciplinary voices of the Health Professionals in Tshwane District**

[Please click here for presentation](#)

### **Introduction:**

Understanding the transdisciplinary perspectives of holistic healing is essential to improve the



health and well-being provided to diverse groups in South Africa. The purpose of this study was to explore and describe the transdisciplinary perspectives of holistic healing from an Afro-sensed perspective in South Africa especially during this COVID 19 pandemic.

#### **Methods:**

This was a qualitative study that involved participants who were invited as guest lecturers in a class for a specific module. The participants were purposively selected as: traditional health practitioner, medical doctor and complementary and alternative medicine practitioners: homeopath, chiropractor and naturopath. The data was collected from the class presentations and online interactions with the students and analysis yielded three storylines as: the power of belief system of an individual, the body has an ability to naturally heal itself and ethic of self-denial for the purpose of healing by health care providers, patients, family and community.

#### **Conclusion:**

The participants recognised that holistic healing practices depend on selflessness of practitioners, who consider the ethical principles of healthcare to ensure the total healing of the individual. As such there is a need for transdisciplinary care.

## **4. Rapid fire session**

- D Kruger & CM Niesing  
**Survivalist entrepreneurs a safety net for communities during economic downturn through the recession push theory.**

[Please click here for presentation](#)

The purpose of this study is to examine the survivalist entrepreneur in South Africa as a safety net for communities during economic downturn through the recession push theory.

The rationale; there are two types of disasters, namely, natural and man-made. Throughout history, it is indicated that an economic disaster gives rise to entrepreneurial activity. A downturn in the economy results in a surge of unemployment and a need for survival. The ongoing Covid-19 pandemic worsens the effects on citizens' economic and social lives, threatening the employment, long-term livelihoods and well-being of millions across the globe. From the literature review, survivalist entrepreneurs are more adaptable to environmental changes during an economic downturn due to their size, the informality of the business and the low barriers to enter the market. The method and data collection were guided by the seven steps of the comprehensive literature review. The research topic steered literature data collection. An initial search using keyword and narrowed down using Boolean operators "AND", "OR", and "NOT", and analysed using codes and themes on Atlas.ti.

The results the review identify characteristics such as flexibility to adapt to a crisis, bonding social capital, resilience and positive deviance assisting survivalist entrepreneurs to adapt to a crisis.

#### **Conclusion**

The recession push theory indicated that individuals are pushed into survivalist entrepreneurship in times of high unemployment. This is aligned with findings that the survivalist entrepreneur serves as a safety net during an economic downturn due to its bonding social capital networks and flexibility to adapt to market demand and move from one product to another. Reflecting on existing literature highlighted the critical but poorly understood means by which survivalist entrepreneurs in the informal sector can support their community during the economic downturn.

- S Cornelius, CM Niesing, FP Retief  
**Planning for the unplanned: making the unheard voices of “squatters” heard.**

[Please click here for presentation](#)

- A van der Merwe, JL du Plessis, SJL Linde, CM Niesing  
**Subsistence and smallholder farmers’ pesticide use and exposure for future interventions**

[Please click here for presentation](#)

N Taliep, G Ismail, L Swart, A van Niekerk  
**Predictors of solidarity and prosociality in South Africa during Covid-19.**

#### **Purpose of the presentation:**

This study aimed to explore the predictors of solidarity and prosociality among South Africans during the first and second waves of Covid-19.

#### **Rationale:**

The novel virus SARS-CoV-2 broadly referred to as the COVID-19 pandemic, has been indiscriminate in its severity and effect on vulnerable populations across the globe. As the pandemic continued to spread rapidly and universally, we witnessed the incredible display of human compassion, solidarity, social cohesion, and prosociality emerging in a multitude of ways within, and across local communities.

#### **Method:**

Using a quantitative cross-sectional survey research design, the questionnaire was administered to a randomly selected national sample (n=2619). To maximise response rates, 2 144 (81.9%) were administered through Computer-Aided Telephonic Interviews (CATI) and 475(18.1%) via self-completion. We expected fear of contracting COVID-19, lack of trust in government, and unemployment, to be negatively associated with solidarity and prosocial behaviour, and being female and responsive to Covid-19 preventative measures, to be positively associated with solidarity and prosocial behaviour.

#### **Results:**

Preliminary results indicate that people were more likely to engage in acts of solidarity if they had a higher level of education, supported Covid-19 mitigation measures and restrictions on movement, had less trust in the government’s approach, had more negative emotions, engaged in copying behaviours, and had lost income.

#### **Conclusion:**

A lack of trust in the government’s ability to deal with the psychosocial and economic outcomes of Covid-19 led people to develop a shared responsibility for each other and made them more inclined to help others, even if they suffered the economic impact from Covid-19 themselves.

M Greeff & P Bester

**The unique profile and career trajectory of a transdisciplinary health researcher.**

#### **Purpose:**

To present the unique profile and academic career trajectory of transdisciplinary health researchers within the context of South African higher education



### **Rationale:**

Transdisciplinary research is a complex process. It necessitates the fusion between theory and practice and collaborating with multiple stakeholders and communities. Compared to the traditional research process, transdisciplinary research requires extreme effort involving relationship building and systems development on various levels and over a long time before outputs can be declared. Also, transdisciplinary research cannot always be translated and disseminated in the traditional, scientific journal format but measured in output and sustainable interventions.

The transdisciplinary researcher, who presents with a uniquely personal and research profile, will follow a different career trajectory than the traditional researcher. This presentation outlines the unique profile and career trajectory of a transdisciplinary researcher. It is essential for both researchers entering this field as well as managers of such researchers to be cognizant of the challenges faced by transdisciplinary researchers and to be able to provide the necessary support.

### **Method:**

Integrated literature study, conducted in 2019.

### **Major considerations:**

- Transdisciplinary research is essential to address complex health challenges.
- It requires the contribution of transdisciplinary researchers, who possess a uniquely personal and research profile.
- Transdisciplinary researchers will follow a different career trajectory than traditional researchers.

### **Conclusion:**

Transdisciplinary health researchers have a unique profile and career trajectory that, if understood and embraced, can contribute meaningfully to the higher education institution and the researcher.

L-A Swart

## **The influence of socioeconomic and psychosocial factors on South African's responsiveness to the Covid-19 pandemic.**

### **Purpose:**

This study assessed the influence of socioeconomic and psychosocial factors on South African's responsiveness (adoption of mitigation measures and adherence to restrictions on movement) to the Covid-19 pandemic. Although the government responded quickly to manage the pandemic, the impact of the strict lockdown placed a significant burden on South Africans, economically and psychosocially.

### **Rationale:**

Understanding the socioeconomic and psychosocial factors influencing South Africans' responsiveness is important for supporting individuals and communities during the pandemic.

### **Method:**

Using data collected from a national telephonic survey (Dec 2020 - Mar 2021) we assessed whether socioeconomic status, support for mitigation measures, views on the government's handling of the pandemic, and the psychosocial and financial impact of Covid-19 lockdown were related to 1) adoption Covid-19 mitigation measures (hand hygiene, wearing of face masks, and physical distancing) and 2) adherence to restrictions movement.

### **Results:**

The preliminary results showed people were more likely to adopt the mitigation measures if they were older, had a higher education, lived in uncrowded households, supported the mitigation measures, perceived government measures as fair and fairly enforced by police, and engaged

in positive coping behaviours. People were more likely to adhere to the restrictions if they were female, had lower education, lived in uncrowded households, feared contracting Covid-19, trusted government, and were less likely to experience poverty and financial hardship.

### **Conclusion:**

The results suggest that strengthening South African's responsiveness to the pandemic requires trust and confidence in the government's handling of the pandemic and strategies to support those living in crowded conditions and experiencing economic hardship.

FM Mulaudzi, JM Sebaeng, SS Moloko-Phiri, RS Mogale  
**Transdisciplinary as an approach to co-construct indigenous model of care on COVID 19 pandemic in communities.**

### **Purpose:**

The purpose is to co-construct, pilot, and implement the indigenous model of care on the COVID-19 pandemic in communities.

### **Rationale:**

Human behaviours are complex and the complexity becomes a challenge particularly in this era of the COVID-19 pandemic where specific behaviours are imposed on communities in an attempt to curb the spread of the virus. The presentation aims at facilitating knowledge and societal transformation.

The COVID-19 pandemic has brought into light that medical science alone cannot solve societal health problems. The problems that arise do not come from the researchers but communities and practice. However, a transdisciplinary approach, therefore, demands the inclusion of other disciplines such as educational, spiritual, economic, and social sectors. The pandemic called for a new vision that will create an interactive collaborative effort to address the health problems of people.

### **Research method:**

This was a blended, multiple research design method. The participants were purposively selected. Webinars with nurses and patients as well as guest lectures were used to collect data. Data was analysed through thematic analysis.

### **Conclusion:**

Transdisciplinary promotes mutual learning on health problems of people with the people themselves and serves as an essential tenet of Ubuntu. The findings revealed that the co-construction of the proposed model needs to encompass three pillars on practical, systems, and transformative knowledge for the indigenous model.

KM Chu, EO Owolabi, M Smith, TC Hardcastle, S Maswime, H Geduld, PD Gopalan, J Marco, M Mendelson, BM Biccard, L Cairncross

**Establishing a South African national framework for COVID-19 surgical prioritization**

### **Purpose:**

Since the start of the COVID-19 pandemic, surgical operations have been drastically reduced in South Africa (SA). Published guidelines on surgical prioritisation during COVID-19 are specific to high-income countries. There is a need for context-specific guidelines and validated tools for prioritising surgical cases. In March 2020, the South African National Surgical Obstetric Anaesthesia Plan Task Team was asked by the National Department of Health to establish a national framework for COVID-19 surgical prioritisation.

**Rationale:**

To develop a national framework for COVID-19 surgical prioritisation, including a set of recommendations and a risk calculator for operative care.

**Methods:**

The surgical prioritisation framework was developed in three stages:

- (i). a literature review of international, national, and local recommendations on COVID-19 and surgical care was conducted;
- (ii). a set of recommendations was drawn up based on the available literature and through
- (iii). a consensus of the COVID-19 Task Team; and
- (iv). a COVID-19 surgical risk calculator was developed and evaluated.

**Results:**

A total of 30 documents were identified from which recommendations around prioritisation of surgical care were used to draw up six recommendations for preoperative COVID-19 screening and testing and the use of appropriate personal protective equipment. Ninety-nine perioperative practitioners from eight SA provinces evaluated the COVID-19 surgical risk calculator, which had high acceptability and a high level of concordance (81%) with current clinical practice.

**Conclusions:**

This national framework on COVID-19 surgical prioritisation can help hospital teams make ethical, equitable, and personalised decisions on whether to proceed with or delay surgical operations during this unprecedented epidemic.

A Klette, P Bester, IM Kruger

**Barriers and enablers for implementation of Trauma Society Accreditation in Western Cape Private Hospitals****Purpose:**

In 2011 the Trauma Society of South Africa (TSSA) published recommendations for accrediting hospitals with emergency departments (EDs) in the South African Medical Journal (SAMJ). These guidelines were drafted for South Africa following international evidence that an improvement was seen in patient outcomes following the implementation of accreditation. Emergency medical services (EMS) personnel have little to help them decide where to take a patient, other than “the closest, most appropriate facility”. TSSA accreditation is intended to provide an objective grading of expertise and resource availability at a specific facility that would assist the EMS community in making informed decisions. However, few facilities have subsequently sought or achieved TSSA accreditation.

**Rationale:**

This research aimed to explore the rationale behind the lack of implementation of accreditation in private hospitals in the Western Cape, despite ample international evidence relating trauma accreditation with better patient outcomes. The research details the barriers and enablers for the implementation of the TSSA accreditation in the Western Cape private hospitals. The Western Cape has the highest trauma prevalence in South Africa, yet only two private hospitals and no public hospitals in the province have been accredited according to the TSSA accreditation tool.

Method: The research was qualitative, interpretive descriptive, and contextual. All five private hospital groups in the Western Cape were invited to participate after ethical approval and permissions were obtained. Through purposive quota sampling and predetermined inclusion criteria, three different categories of participants were recruited from each hospital group, namely emergency department unit managers, hospital general managers, and doctors from the emergency department practice. Sixteen semi-structured, individual interviews were conducted with an equal distribution between all three categories. Data collection continued until data saturation was reached (n=16). A



first-order thematic analysis followed by a second-order interpretive analysis was concluded with a consensus discussion with a co-coder.

**Field notes were kept.**

### **Conclusion:**

Five themes, twenty-one categories, and sixty-nine sub-categories emanated from the data analysis. The themes highlighted the contextual realities of EDs within the private health system and that TSSA accreditation cannot be seamlessly applied to this system, without transformation by overcoming identified barriers and implementation of effective enablers. EDs need to be affiliated with tertiary training institutions and should be actively involved in the research.

Participants held different understandings of TSSA accreditation, presented different rationales for accreditation, and suggested how accreditation could be facilitated. Enablers were based on organisational strengths whilst barriers highlighted private health system realities and the geographical determinants of trauma care. It was recommended to contextualise the TSSA accreditation tool, and process, to the private hospital environment within the Western Cape.

A collaborative approach to tool contextualisation can be used to obtain buy-in. Effective communication informing hospitals that the TSSA has no conflict of interest may address perceptions about the TSSA accreditation being associated with only a specific hospital group. Whereas implementing a TSSA accreditation roadshow, presenting the propositional value thereof, with evidence of positive patient outcomes associated with the TSSA accreditation process would promote buy-in. Promoting the fact that TSSA accreditation could strengthen public-private collaborations within the eminent National Health Insurance (NHI) system, including enhanced trauma training opportunities to ensure continuous professional development which is a critical component of the TSSA accreditation process.

Baruwa, IM Kruger, P Bester, C Ricci

### **Determinants of hypertension among 35 to 70 years population in North West, South Africa.**

#### **Purpose:**

Understanding the factors associated with hypertension within the context of the at-risk population is essential for developing regional and perhaps national strategies to better prevent and control hypertension through collaborative national and international efforts.

#### **Rationale:**

This study aimed to examine the determinants of hypertension amongst 35-70 years old enrolled in the PURE study in North West province.

#### **Method:**

This study's analysis is based on the South Africa arm of the Prospective Urban Rural Epidemiology (PURE) Study data of 2015. The data is based on the health transition in urban and rural people in the North West Province of South Africa. A total number of 923 respondents participated in the 2015 PURE study from the initial 2010 recruited for the baseline in 2005.

The bivariate analysis was used to generate the prevalence of hypertension according to the participants' sociodemographic characteristics while multivariate logistic regression analysis was employed to estimate the risk of hypertension, with a 95% confidence interval.

#### **Results:**

The results show that the prevalence of hypertension was higher among males, those who are 60 years and above, not employed, not educated, HIV negative, and overweight and obese.

## **Conclusion:**

Further, the multivariate analysis showed the risk of hypertension is significantly lower among HIV-positive participants (OR: 0.51, CI: 0.36-0.72) and higher among overweight participants (OR: 2.32, CI: 1.46-3.70). This study's findings suggest that interventions should be directed at the identified factors found to be associated with hypertension. In addition, more emphasis should be placed on sensitising people to major lifestyles that may increase the risk of hypertension.

IM Kruger

**Leave no one behind: Are we true to this principle during the COVID-19 era?**

## **Purpose:**

For the past 20 months, the world has witnessed the profound impact of the global COVID-19 pandemic. The far-reaching social and economic hardships penetrated all levels of society only to be enfeebled by the wide scale of death and suffering. Across the globe, the pandemic has changed the landscape of healthcare – how it is delivered and prioritized. Health resources are distributed to address the acute response to the pandemic crisis, reducing the healthcare capacity for “mundane” health conditions. As the world is pouring its efforts into containing the spread of the virus, the focus has momentarily shifted away from other life-threatening chronic conditions, such as hypertension, which continues to wreak havoc. Hypertensive diseases continue to cause a significant burden of disease, especially in resource-limited populations. COVID-19 has been unforgiving to those living with chronic hypertension, limiting their access to essential healthcare services. Implementing COVID-19 prevention strategies has significantly disrupted “routine” healthcare, exacerbating existing inequalities and adding new challenges to managing and controlling hypertension. Without access to life-saving medicine and treatment, people living with chronic hypertension face an amplified risk of developing complications from their condition. This could result in a surge of morbidity and mortality in the long term if not managed appropriately. The world is at a critical juncture. We need to execute a transdisciplinary plan to ensure that we are fulfilling our commitment by “leaving no one behind”.

R Appiah, A Wilson-Fadiji, L Schutte, MP Wissing

**Development and evaluation of a positive psychology intervention for rural poor adults in Ghana: A quasi-randomised controlled trial.**

## **Purpose:**

People living in rural poor communities may have higher frequencies of psychological distress and low productivity amid life's difficulties and uncertainties, yet existing interventions have focused on the provision of agrarian and material support. Although positive psychology interventions (PPIs) have been found to promote the mental health and well-being of individuals in other settings, few practical interventions have been tested to bolster the mental health of the rural poor in sub-Saharan Africa.

## **Rationale:**

We sought to design and test the effectiveness of a novel, 10-session multicomponent PPI, the Inspired Life Programme, aimed to teach participants to pursue a meaningful and purposeful life, self-acceptance, and personal growth; identify and challenge unhelpful thoughts and replace with positive thinking patterns; and self-regulate through the acquisition of skills of goal setting, time management, problem-solving, assertiveness, self-esteem, and conflict resolution.

Method: Using a quasi-randomised controlled trial approach, for rural poor communities in the middle-belt of Ghana was randomly selected to intervention and control conditions, with 42 consenting participants each. Programme participants were assigned to groups of 10 individuals, and taken through 2-hour sessions, once per week, for 10 weeks. The sessions were led by two trained facilitators with bachelor degrees in Psychology, under the supervision of a clinical psychologist. Data



on mental health and well-being and psychosocial skills were collected at baseline, immediately, and three months post-intervention.

### **Results:**

Programme participants showed a greater improvement in positive mental health, with a marked reduction in symptoms of depression compared to the control group, immediately and three months post-intervention. There were also larger increases in the proportion of flourishers in the intervention group compared to the control group, immediately and three months post-intervention.

### **Conclusion:**

We conclude that psychological interventions delivered by bachelor-degree facilitators can promote the mental health and well-being of people living in low-income communities in sub-Saharan Africa.

RS Mogale, MM Rasweswe, V Bhana-Pema

## **The patient is the CEO of health and wellbeing: The transdisciplinary voices of the Health Professionals in Tshwane District**

### **Introduction:**

Understanding the transdisciplinary perspectives of holistic healing is essential to improve the health and well-being provided to diverse groups in South Africa. The purpose of this study was to explore and describe the transdisciplinary perspectives of holistic healing from an Afro-sensed perspective in South Africa especially during the COVID-19 pandemic.

### **Methods:**

This was a qualitative study that involved participants who were invited as guest lecturers in a class for a specific module. The participants were purposively selected as traditional health practitioner, medical doctors, and complementary and alternative medicine practitioners: homeopath, chiropractor, and naturopath. The data was collected from the class presentations and online interactions with the students and the analysis yielded three storylines as the power of belief system of an individual, the body can naturally heal itself, and ethic of self-denial for healing by health care providers, patients, family, and community.

### **Conclusion:**

The participants recognised that holistic healing practices depend on the selflessness of practitioners, who consider the ethical principles of healthcare to ensure the total healing of the individual. As such, there is a need for transdisciplinary care.

**The purpose** of this study is to examine the survivalist entrepreneur in South Africa as a safety net for communities during economic downturn through the recession push theory.

The rationale there are two types of disasters, namely, natural and man-made. Throughout history, it is indicated that an economic disaster gives rise to entrepreneurial activity. A downturn in the economy results in a surge of unemployment and a need for survival. The ongoing Covid-19 pandemic worsens the effects on citizens' economic and social lives, threatening the employment, long-term livelihoods, and well-being of millions across the globe. From the literature review, survivalist entrepreneurs are more adaptable to environmental changes during an economic downturn due to their size, the informality of the business, and the low barriers to entering the market.

The method and data collection were guided by the seven steps of the comprehensive literature review. The research topic steered literature data collection. An initial search using keyword and narrowed down using Boolean operators "AND", "OR", and "NOT", and analysed using codes and themes on Atlas. ti.

The results of the review identify characteristics such as flexibility to adapt to a crisis, bonding so-

cial capital, resilience, and positive deviance assisting survivalist entrepreneurs to adapt to a crisis.

### **Conclusion:**

The recession push theory indicated that individuals are pushed into survivalist entrepreneurship in times of high unemployment. This is aligned with findings that the survivalist entrepreneur serves as a safety net during an economic downturn due to its bonding social capital networks and flexibility to adapt to market demand and move from one product to another. Reflecting on existing literature highlighted the critical but poorly understood means by which survivalist entrepreneurs in the informal sector can support their community during the economic downturn.

L-A Swart

## **The influence of socioeconomic and psychosocial factors on South African's responsiveness to the Covid-19 pandemic**

### **Background:**

This study assessed the influence of socioeconomic and psychosocial factors on South African's responsiveness (adoption of mitigation measures and adherence to restrictions on movement) to the Covid-19 pandemic. Although the government responded quickly to manage the pandemic, the impact of the strict lockdown placed a significant burden on South Africans, economically and psychosocially.

### **Objectives:**

Understanding the socioeconomic and psychosocial factors influencing South Africans' responsiveness is important for supporting individuals and communities during the pandemic.

### **Method:**

Using data collected from a national telephonic survey (Dec 2020 - Mar 2021) we assessed whether socioeconomic status, support for mitigation measures, views on government's handling of the pandemic, and the psychosocial and financial impact of Covid-19 lockdown were related to 1) adoption Covid-19 mitigation measures (hand hygiene, wearing of face masks, and physical distancing) and 2) adherence to restrictions movement.

### **Results:**

The preliminary results showed people were more likely to adopt the mitigation measures if they were older, had a higher education, lived in uncrowded households, supported the mitigation measures, perceived government measures as fair and fairly enforced by police, and engaged in positive coping behaviours. People were more likely to adhere to the restrictions if they were female, had a lower education, lived in uncrowded households, feared contracting Covid-19, trusted government, and were less likely to experience poverty and financial hardship.

### **Conclusion:**

The results suggest that strengthening South African's responsiveness to the pandemic requires trust and confidence in government's handling of the pandemic and strategies to support those living in crowded conditions and experiencing economic hardship.

### **Background:**

In 2011 the Trauma Society of South Africa (TSSA) published recommendations for accrediting hospitals with emergency departments (EDs) in the South African Medical Journal (SAMJ). These guidelines were drafted for South Africa following international evidence that an improvement was seen in patient outcomes following the implementation of accreditation. Emergency medical services (EMS) personnel have little to help them decide where to take a patient, other than “the closest, most appropriate facility”.

### **Rationale:**

TSSA accreditation is intended to provide an objective grading of expertise and resource availability at a specific facility that would assist the EMS community in making informed decisions. However, few facilities have subsequently sought or achieved TSSA accreditation.

### **Objectives:**

This research aimed to explore the rationale behind the lack of implementation of accreditation in private hospitals in the Western Cape, despite ample international evidence relating trauma accreditation with better patient outcomes. The research details the barriers and enablers for the implementation of the TSSA accreditation in the Western Cape private hospitals. The Western Cape has the highest trauma prevalence in South Africa, yet only two private hospitals and no public hospitals in the province have been accredited according to the TSSA accreditation tool.

### **Method:**

The research was qualitative, interpretive descriptive, and contextual in nature. All five private hospital groups in the Western Cape were invited to participate after ethical approval and permissions were obtained. Through purposive quota sampling and predetermined inclusion criteria, three different categories of participants were recruited from each hospital group, namely emergency department unit managers, hospital general managers, and doctors from the emergency department practice. Sixteen semi-structured, individual interviews were conducted with an equal distribution between all three categories. Data collection continued until data saturation was reached (n=16). A first-order thematic analysis followed by a second-order interpretive analysis was concluded with a consensus discussion with a co-coder. **Field notes were kept.**

### **Results:**

Five themes, twenty-one categories and sixty-nine sub-categories emanated from the data analysis. The themes highlighted the contextual realities of EDs within the private health system and that TSSA accreditation cannot be seamlessly applied to this system, without transformation by overcoming identified barriers and implementation of effective enablers. EDs need to be affiliated with tertiary training institutions and should be actively involved in the research. Participants held different understandings of TSSA accreditation, presented different rationales for accreditation, and suggested how accreditation could be facilitated. Enablers were based on organisational strengths whilst barriers highlighted private health system realities and the geographical determinants of trauma care. It was recommended to contextualise the TSSA accreditation tool, and process, to the private hospital environment within the Western Cape.

### **Conclusion:**

A collaborative approach to tool contextualisation can be used to obtain buy-in. Effective communication informing hospitals that the TSSA has no conflict of interest, may address perceptions about the TSSA accreditation being associated with only a specific hospital group.

Whereas implementing a TSSA accreditation roadshow, presenting the propositional value thereof, with evidence of positive patient outcomes associated with the TSSA accreditation process would promote buy-in. Promoting the fact that TSSA accreditation could strengthen public-private collaborations within the eminent National Health Insurance (NHI) system, including enhanced trauma training opportunities to ensure continuous professional development which is a critical component of the TSSA accreditation process.

Baruwa, IM Kruger, P Bester, C Ricci

## **Determinants of hypertension among 35 to 70 years population in North West, South Africa.**

### **Background:**

Understanding the factors associated with hypertension within the context of the at-risk population is essential for developing regional and perhaps national strategies to better prevent and control hypertension through collaborative national and international efforts.

### **Objectives:**

Therefore, this study aimed to examine the determinants of hypertension amongst 35-70 years old enrolled in the PURE study in North West province.

### **Methods:**

This study's analysis is based on the South Africa arm of the Prospective Urban Rural Epidemiology (PURE) Study data of 2015. The data is based on the health transition in urban and rural people in the North West Province of South Africa. A total number of 923 respondents participated in the 2015 PURE study from the initial 2010 recruited for the baseline in 2005. The bivariate analysis was used to generate the prevalence of hypertension according to the participants' sociodemographic characteristics while a multivariate logistic regression analysis was employed to estimate risk of hypertension, with 95% confidence interval.

### **Results:**

Result shows that the prevalence of hypertension was higher among male, those who are 60 years and above, not employed, not educated, HIV negative, and overweight and obese. Further, the multivariate analysis showed the risk of hypertension is significantly lower among HIV-positive participants (OR: 0.51, CI: 0.36-0.72) and higher among overweight participants (OR: 2.32, CI: 1.46-3.70).

### **Conclusion:**

This study's findings suggest that interventions should be directed at the identified factors found to be associated with hypertension. In addition, more emphases should be placed on sensitizing people on major lifestyles that may increase the risk of hypertension.



**Background and problem statement:**

For the past 20 months, the world has witnessed the profound impact of the global COVID-19 pandemic. The far-reaching social and economic hardships penetrated all levels of society only to be enfeebled by the wide scale of death and suffering. Across the globe, the pandemic has changed the landscape of healthcare – how it is delivered and prioritized. Health resources are distributed to address the acute response to the pandemic crisis, reducing the healthcare capacity for “mundane” health conditions. As the world is pouring its efforts into containing the spread of the virus, the focus has momentarily shifted away from other life-threatening chronic conditions, such as hypertension, which continues to wreak havoc. Hypertensive diseases continue to cause a significant burden of disease, especially in resource-limited populations. COVID-19 has been unforgiving to those living with chronic hypertension, limiting their access to essential healthcare services. Implementing COVID-19 prevention strategies has significantly disrupted “routine” healthcare, exacerbating existing inequalities and adding new challenges to managing and controlling hypertension. Without access to life-saving medicine and treatment, people living with chronic hypertension face an amplified risk of developing complications from their condition. This could result in a surge of morbidity and mortality in the long term if not managed appropriately. The world is at a critical juncture. We need to execute a transdisciplinary plan to ensure that we are fulfilling our commitment by “leaving no one behind”.

D Kruger &amp; CM Niesing

**Survivalist entrepreneurs a safety net for communities during economic downturn through the recession push theory.****Purpose of the presentation:**

The purpose of this study is to examine the survivalist entrepreneur in South Africa as a safety net for communities during economic downturn through the recession push theory.

The rationale; there are two types of disasters, namely, natural and man-made.

**Rationale:**

Throughout history, it is indicated that an economic disaster gives rise to entrepreneurial activity. A downturn in the economy results in a surge of unemployment and a need for survival. The ongoing Covid-19 pandemic worsens the effects on citizens' economic and social lives, threatening the employment, long-term livelihoods and well-being of millions across the globe. From the literature review, survivalist entrepreneurs are more adaptable to environmental changes during an economic downturn due to their size, the informality of the business and the low barriers to enter the market.

**Method:**

The method and data collection were guided by the seven steps of the comprehensive literature review. The research topic steered literature data collection. An initial search using keyword and narrowed down using Boolean operators “AND”, “OR”, and “NOT”, and analysed using codes and themes on Atlas.ti.

**Results:**

The results the review identify characteristics such as flexibility to adapt to a crisis, bonding social capital, resilience and positive deviance assisting survivalist entrepreneurs to adapt to a crisis.

**Conclusion:**

The recession push theory indicated that individuals are pushed into survivalist entrepreneurship in times of high unemployment. This is aligned with findings that the survivalist entrepreneur serves as a safety net during an economic downturn due to its bonding social capital



networks and flexibility to adapt to market demand and move from one product to another. Reflecting on existing literature highlighted the critical but poorly understood means by which survivalist entrepreneurs in the informal sector can support their community during the economic downturn.

S Cornelius, CM Niesing, FP Retief

## Planning for the unplanned: making the unheard voices of “squatters” heard.

### **Purpose of the presentation:**

This presentation purposes to provide an overview of novel participatory planning methods applied in co-producing solutions addressing the needs of unplanned settlement communities. The conundrum of planning for unplanned settlements, mushrooming around Africa’s towns and cities, recently gained increasing attention from practitioners and academics. Historically, “community participation” and “participatory planning” were presented as solutions to formalise unplanned settlements with the purpose to engage these squatter communities in “taking ownership” of the provided solutions.

### **Rationale:**

In South Africa, participatory planning has exceedingly evolved into “spectator politics”, a process where, especially squatter communities, have become victims of “administrative manipulation” and “endorsees of pre-designed planning programmes”.

### **Method:**

Participatory planning has essentially been reduced to a cumbersome ritual, an obligatory addendum required by the policy and legislative framework on local government level. Involving final year planning students as part of a “Scholarship of Teaching and Learning” project, this research investigates the employment of novel participatory planning methods in a case study area (Matlwangtlwang, Steynsrus). These methods support the ultimate development of an extensive social network analysis endeavouring to gain an understanding of the squatter community, especially aiming to identify inherent planning solutions that they already offer, mostly unknowingly. In many instances, these residents have proven themselves to be active agents in constructing liveable circumstances rather than simply being passive victims of relentless structural processes beyond their control.

### **Results**

The anticipated final output of this research is to produce a novel participatory planning framework as an instrument in attaining community-based planning, making the unheard voices of “squatters” heard.





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