



NATIONAL INSTITUTE FOR  
OCCUPATIONAL HEALTH

Division of the National Health Laboratory Service

Occupational  
Health

# Mental illness

## IN THE WORKPLACE ISSUE

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# Vuyo Sabani

## MESSAGE FROM THE EDITOR

**M**ost of us, at one point in our working lives, have either witnessed or been victims of bullying in the workplace. Bullying is a scourge whose outcomes have long-term effects for both the victim and the workplace. Effects of bullying include a deterioration in productivity, a drop in morale and increased absenteeism. In this “mental illness in the workplace” issue, we discuss some of the causes of mental illness in the workplace and interventions. Prof. Colleen Bernstein, whose article “Is workplace bullying and harassment the new ‘common cold stressor’ in employees’ everyday lives and how do we manage its’ health impact” (see page 15), says workplace bullying and harassment has become an epidemic in South African workplaces. It is estimated that 78% of employees in South Africa have experienced bullying at one time if not multiple times in their working lives.

Prof. Amanda Kirby explains what neurodiversity is and why it is important for neuro inclusive workplaces. She argues that to attract and retain neurodivergent talent, organisations need to design an employment lifecycle that works for all employees. This involves rethinking recruitment, onboarding, and ongoing support processes (See page 13.) Dr Kerry Wilson discusses mental illness/ conditions and reasonable work accommodation (see page 9).

In the research focus, Prof. Nisha Naicker curates some of the research output from the National Institute for Occupational Health (NIOH), which focuses on formal and informal economies.

Prof. Naicker cites excessive workloads or work pace, understaffing, and long, unsocial or inflexible hours amongst the causes of mental ill-health.

In the publication section, we share summaries of the research articles that the NIOH researchers were part of in Quarter 1 (April, May and June). One of these studies is “Exploring the feasibility of occupational allergy surveillance using routine public-health data: A retrospective analysis” conducted by the Immunology and Microbiology Section team. This study investigated the results of allergens recommended by the South African

Allergic Rhinitis Working Group and other allergens of relevance in occupational settings. Of the allergens tested, house dust mites and grass pollens were the predominant allergens. While occupational allergens analysed from the data, latex, alpha-amylase and chlorhexidine, were notable contributors to sensitisation, shedding light on potential workplace hazards.

South Africa has recorded several mpox cases since May, and even though workplaces are not high-risk areas, we all need to be vigilant and guard against the spread of the disease (see mpox posters for more information). For more information on mpox, visit: [www.nicd.ac.za](http://www.nicd.ac.za).

On behalf of the editorial team, I wish to thank all the contributors, and if you want to contribute to our upcoming issue, please drop us an email.

*Until the next issue, Cheers!*

**Mental  
illness in the  
workplace.**





# Prof. Nisha Naicker

## RESEARCH FOCUS

**T**he NIOH has been strengthening its research focus in the area of mental ill-health in the workplace. In 2019, the World Health Organization estimated that 15% of working adults experienced a mental disorder.<sup>1</sup> Worldwide, approximately 12 billion work days are lost annually because of depression and anxiety, resulting in a significant negative effect on the economy.<sup>1</sup> Work can protect mental health or increase the risk for mental ill health. There are multiple reasons for mental ill-health in the workplace and can include:

- under-use of skills or being under-skilled for work;
- excessive workloads or work pace, understaffing;
- long, unsocial or inflexible hours;
- lack of control over job design or workload;
- unsafe or poor physical working conditions;
- organisational culture that enables negative behaviours;
- limited support from colleagues or management supervision;
- violence, harassment or bullying;
- discrimination and exclusion;
- unclear job role;
- under- or over-promotion;
- job insecurity, inadequate pay, or poor investment in career development; and
- conflicting home/work demands.”<sup>1</sup>

Mental ill-health affects the informal and formal economy. In the informal economy, the effects are amplified since there is minimal social and regulatory protection for these workers. Their work environment may be unsafe and they often face discrimination and may have reduced access to health care, all of which may increase the risk of mental ill-health. Formal economy workers with mental ill-health may be excluded from employment

or face inequality and discrimination at work.

The NIOH has published several peer-reviewed papers in international journals. These studies have highlighted the high prevalence of mental ill-health in various industries often exceeding the prevalence of the general population.

■ Common mental health disorders (CMD) among informal waste pickers in Johannesburg, South Africa 2018 a cross-sectional study.<sup>2</sup> This study aimed to determine the prevalence and factors associated with CMD among waste pickers in Johannesburg. A cross-sectional study analysed secondary data for 365 waste pickers. A validated Self-Reporting Questionnaire (SRQ-20) was used to assess CMD. Multivariable logistic regression was fitted to identify factors associated with CMD. The overall prevalence of CMD among waste pickers was 37.3%. The high prevalence of CMD among waste pickers was significantly associated with cigarette smoking, being female, not enjoying life, and a perception of having a poor quality of life.

■ Workplace-Based Organizational Interventions Promoting Mental Health and Happiness among Healthcare Workers: A Realist Review.<sup>3</sup> This review was undertaken to synthesise the evidence on workplace-based interventions at the organisational level promoting mental health and wellbeing among healthcare workers, to identify what has been receiving attention in this area and why, especially considering how such positive effects are produced. Most of the studies included in the review were conducted in high-income countries, and the types of organisational-level interventions studied included skills and knowledge development, leadership development, communication and team building, stress management as well as workload and time management. Common themes from the realist review highlight the importance of employee



engagement in the intervention development and implementation process. The literature review also supports the need for more research on mental health and happiness in low- and middle-income countries, and for studies evaluating the longer-term effects of workplace mental health promotion.

■ **Psychological Distress in South African Healthcare Workers Early in the COVID-19 Pandemic: An Analysis of Associations and Mitigating Factors.**<sup>4</sup> In this cross-sectional study, the aim was to assess workplace contextual factors associated with how psychological distress was experienced in a South African setting where a severe first wave was being experienced with the objective of identifying factors that can protect against healthcare workers (HCWs) experiencing negative impacts. The study found a high degree of psychological distress (57.4% above the General Health Questionnaire cut-off value) and a strong association between perceived risks associated with the presence of COVID-19 in the healthcare workplace and psychological distress. Both training and the reported presence of supportive workplace relationships were associated with positive outcomes.

The evidence that workplace resilience can be reinforced to better prepare for the onset of similar outbreaks in the future suggests that the pursuit of further research into specific interventions to improve resilience is well merited.

The NIOH aims to create awareness regarding mental ill-health in the workplace and focus its research on prevalence and interventions in various industries in South Africa.

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# RESEARCH PUBLICATIONS



## Exploring the feasibility of occupational allergy surveillance using routine public-health data: A retrospective analysis

**Author(s):** Ratshikhopha, E., Muvhali, M., Naicker, N., Singh, T.

**Source:** Current Allergy & Clinical Immunology. 2024; Vol 37, No 2.

**Summary:** This study looked at previous allergy sensitisation test results among adult patients of working age (18 – 65 years) from the National Health Laboratory Service (NHLS) laboratories across nine provinces in South Africa. The study mainly focussed on finding out which allergens were the most common. The study compared the NHLS results to those from workers who were tested at the National Institute for Occupational Health (NIOH). Results from January 2012 to December 2021 were analysed. The main goal was to determine whether there was value in looking at routine public health allergy test results in order to determine whether they can be used as another source of obtaining occupational allergy data (OA).

The study analysed results of allergens recommended by the South African Allergic Rhinitis Working Group and other allergens of relevance in occupational settings. The results provided a good foundation for the need to look at sensitisation patterns. Of the 31 913 NHLS laboratory records, 48.48% of adults tested positive for the atopy test, which indicates that these patients have a hereditary susceptibility to allergies. Of the allergens tested, house-dust mites and grass pollens were the predominant allergens. Of the occupational allergens analysed from the

data, latex, alpha-amylase and chlorhexidine, were notable contributors to sensitisation, shedding light on potential workplace hazards. Dermatophagoides pteronyssinus (a house dust mite) dominated in five provinces, suggesting that there are geographical differences in allergen occurrence. Comparison of allergen results between the NHLS and NIOH, revealed significantly higher sensitisation rates in NHLS patients for specific allergens, which suggests potential differences in testing methods and patient selection between the two institutions.

The study concluded that routine NHLS results are of critical importance in analysing the national allergy trends and in allergy prevention planning. The high occurrence of sensitisation to common allergens emphasizes the need for targeted preventive measures. This study helps bridge the gap in occupational asthma data, and lays the groundwork for future research exploring the complex associations between routine allergen sensitisation testing and occupational asthma surveillance.

**Keywords:** allergic sensitisation, respiratory allergy, public-health data, occupational allergy surveillance





### Occupational health barriers in South Africa: A call for ubuntu

**Author(s):** Zungu, M., Spiegel, J., Yassi, A., Moyo, D., Voyi, K.

**Source:** Annals of Global Health. 2024; 90(1):35, 1–6. DOI: <https://doi.org/10.5334/aogh.4424>

**Summary:** Many low- and middle-income countries (LMICs) grapple with shortages of health workers, a crucial component of robust health systems. The COVID-19 pandemic underscored the imperative for appropriate staffing of health systems and the occupational health (OH) threats to health workers. Issues related to accessibility, coverage, and utilization of OH services in public sector health facilities within LMICs were particularly accentuated during the pandemic. This paper draws on the observations and experiences of researchers engaged in an international collaboration to consider how the South African concept of Ubuntu provides a promising way to understand and address the challenges encountered in establishing and sustaining OH services in public sector health facilities. Throughout the COVID-19 pandemic, the collaborators actively participated in implementing and studying OH and infection prevention and control measures for health workers in South Africa and internationally as part of the World Health Organizations' Collaborating Centres for Occupational Health. The study identified obstacles in establishing, providing, maintaining and sustaining such measures during the pandemic. These challenges were attributed to lack of leadership/stewardship, inadequate use of intelligence systems for decision-making, ineffective health and safety committees, inactive trade unions, and the strain on occupational health professionals who were incapacitated and overworked. These shortcomings are, in part, linked to the absence of the Ubuntu philosophy in implementation and sustenance of OH services in LMICs.



### The prevalence and distribution of domiciliary cockroaches in rural areas: A cross-sectional study design in Limpopo Province

**Author(s):** Molewa, M.L., Barnard, T.G., Naicker, N.

**Source:** J Epidemiol Public Health. 09(02): 145-155. <https://doi.org/10.26911/jepublichealth.2024.09.02.02>

**Summary:** Cockroach infestation raises health concerns in the communities. The study aimed to identify the type of cockroach species found in the rural parts and assess the distribution of cockroach species in the area. A descriptive cross-sectional study was conducted in the households found in two villages in Limpopo Province. A total of 120 households were selected and structured interviews were conducted to gather information about cockroach infestation in the households. A total of 1,186 cockroaches were trapped using a size 21×15 cm<sup>2</sup> sticky paper sheet. Approximately 751 (64%) of cockroaches were trapped in the indoor environment and 427 (36%) in the outdoor environment. Three species of cockroaches were identified as *B. germanica*, *B. orientalis* and *P. americana* cockroach. Sixty-nine (66%) of the households extensively used spray or aerosol as a control strategy to reduce the cockroach population. Effective control strategies are required to reduce the likelihood of pesticide resistance as well as decrease the exposure of humans to pesticide residues.

# HELP STOP THE SPREAD OF MPOX

To help stop the spread of mpox, report any symptoms immediately to your healthcare provider.  
Follow these **guidelines for 21 days to keep yourself, your family, and others safe.**

## What to do if you have been in contact with a person who has mpox?

- Inform your doctor or local clinic.
- Avoid sex or any close contact that involves skin-to-skin contact with another person.
- Do not travel outside of your home, town, or country during this time.
- Self-isolate at home and avoid contact with other people.
- Do not share cutlery, glasses, or dishes.
- Wash your clothes regularly.

## What to do if you have mpox?

- Report any symptoms immediately to your healthcare provider.
- If you test positive and present with mild mpox self-isolate at home.
- Do not share bedding, towels, washcloths, toothbrushes, or razors.
- Do not share food, drinks, cups, cutlery, or dishes.
- Avoid contact with other people – this includes friends and family.
- You should only go out of your home for urgent medical or health appointments.

## Mpox symptoms

The most common symptom of mpox is the rash. The rash consists of lesions, which develop and resolve over the course of 2-4 weeks. There may be few or many lesions present. These lesions are blister-like and may feel firm or even rubbery.



## Other mpox symptoms



Other symptoms include fever, headache, muscle aches, back pain, low energy, and swollen lymph nodes.



**If you develop a rash or other signs or symptoms of mpox, see a doctor or visit your nearest healthcare centre.**



<https://www.nicd.ac.za/mpox-updates>

**NATIONAL HELPLINE: 0800 012 322**



# FEATURES AND NEWS

## Mental illness/conditions and reasonable work accommodation

By Dr Kerry Wilson



**I**ncreasingly the value of diverse workforces has been recognised, along with the right to work. Diversity is moving past visible differences to invisible differences such as mental illness and neurodiversity. The increasing attention and awareness of these conditions has placed a spotlight on the need for solutions that allow for more diverse but productive workplaces.

### Mental illness

Mental illnesses or conditions that fall under mental health are only one part of the whole picture. Mental illness is accepted as any mental, behavioural or emotional disorder that is diagnosable, although there is no consensus definition of mental illness<sup>1</sup>. Mental illnesses are recognised as disabilities in the workplace. With approximately 18% of working age adults suffering mental illness globally, workplaces will not be exempt<sup>2</sup>. The World Health Organization (WHO) has estimated that depression and anxiety are the two most common disorders that cost the global economy about 1 trillion US\$. Mental conditions often affect daily activities through changes in thinking, emotions and behaviours<sup>1</sup>. Conversely, those who live with a mental illness may have good mental health if they follow treatment plans and avoid triggers. Thus excluding those whose conditions are under control from the workplace is a form of discrimination and may reduce capacity at work.

### Neurodiversity

Neurodiversity refers to the entire population in a similar manner to biodiversity, where the population consists of neurotypical and neurodivergent individuals. The psychological description of the

terms is often based on the results of an individual's cognitive ability tests. The cognitive test consists of tests of the main areas of executive functioning and visual, verbal and processing skills. Those that have large, significant differences in scores between individual test areas suggesting a combination of above-normal skills and below-normal skills are considered neurodivergent. While a neurotypical is someone whose test scores remain within a range of one to two standard deviations, giving a relatively flat graph of results that can be above or below average or just average<sup>3</sup>. It is anticipated that 15-20% of the global population have some form and level of neurodiversity and may require work accommodation<sup>4</sup>.

It is important for employers to understand the valuable skills and contributions provided by qualified workers with mental disabilities (a better term may be different abilities). Often these workers approach problems from a different point of view. These workers are often able to add value to the workplace and be productive with the support of reasonable accommodations. These adjustments help retain employees and increase opportunities for workers with neurodevelopmental and mental health conditions to enter the workforce. The benefits of accommodations in a workplace have been demonstrated to the company and employees<sup>5</sup>.

### Work accommodation

Workplace accommodations are adjustments or modifications made to a job or work environment that enables individuals with disabilities or other limitations to have equal opportunity to perform their job duties productively<sup>6</sup>.



These may be permanent adjustments or for a period of graded return to work. The Employment Equity Act, which covers the employment of people with disabilities, only provides a general guide.

#### **Reasonable accommodation programmes**

Reasonable accommodations need to be tailored to the individual in an interactive manner, but available accommodations fall into common groups <sup>6, 7, 8, 9</sup>.

**Training and awareness programmes:** These educate co-workers and management about mental health issues and needs. This can reduce isolation and misinformed opinions of employees as well as provide information on the accommodations the employee uses. This can improve acceptance, communication and productivity in the workplace. A company-wide accepted accommodations reduces the need for individual managers to understand and approve reasonable accommodations.

**Support person/mentor:** A workplace support person can support self-efficacy, support the disclosure of the disability and help identify reasonable accommodations. Mentors can provide insights and advice on adjusting to the workplace and help communicate needs to the employer. Supportive managers and workplace policy are also required, as well as liaisons with mental health professionals and occupational medicine practitioners.

**Modifications of the work environment:** These do not always include complete overhauls of the workspace, but quieter and less stimulating environments support many workers' productivity. There are also modern tools available, such as noise-cancelling headphones that provide a quieter environment or timers to help time-blind employees. Supportive colleagues and supervisors and encouragement are also important in the work environment. Cognitive aids such as spelling and grammar editing software may support the work of the employee where there is a specific limitation.

Allowing flexible start and end times or reduced hours along with work-from-home options allows the employee to work at their best times or create their best work environment with appropriate remuneration. Allowing the employee flexibility and variability in their work schedule can reduce stress and allow for regular mental health follow-up. Job share can be a reasonable option to accommodate workers who cannot work a full week or work day yet still allow for good productivity in the role.

**Job redesign:** Focusing on the core deliverables of the position and re-assigning less important activities that may be weaker or cause stress in the individual to others. Jobs can be redesigned or matched to the skills of the employee within the business requirements.



Providing clearer job descriptions and providing written or verbal instructions, depending on the best method of communication for the individual, helps to accommodate disabilities. Clear prior communication of changes in deliverables or work supports mental health. Less work burden, less complex work and extension of deadlines are also accommodations that can be used and pay adapted. Modified break schedules from fewer longer breaks to shorter, more frequent breaks may suit some individual's concentration spans.

**More complex adaptations:** These may include well-trained support animals, quiet rest areas, and identification and reduction of specific triggers in the workplace, and the provision of adapted equipment. Some of the reasonable accommodations for employees with mental disabilities may improve engagement and productivity if applied to the entire workforce. The WHO unequivocally states that decent work is good for mental health, but recognises there are also risks to mental health at work. The WHO and the International Labour Organisation produced "WHO Guidelines on mental health at work and a derivative WHO/ILO policy brief" to tackle some of this<sup>4</sup>.

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# PREVENT MPOX BY AVOIDING RISKY ACTIVITIES

Mpox is spread from person-to-person through direct contact. While the risk of catching mpox is very low, you could still get infected if you have been in contact with someone who has the virus.

## MPOX RISK EXPOSURES

### High-risk exposure

- **Intimate or close contact, including direct skin-to-skin contact with mpox** rash, scabs, or body fluids (such as saliva, snot, or mucus).
- **Wearing a condom may not protect you against mpox** because direct contact can still occur during oral, anal, or vaginal sex or through the touching of the genitals (penis, testicles, labia, vagina, or anus) of a person with mpox.

### Mild-risk exposure

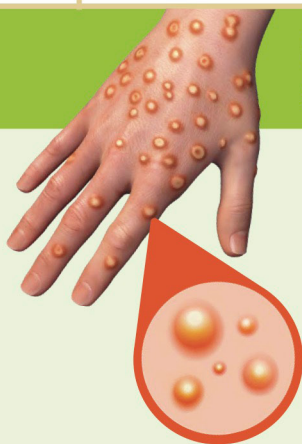
- Sharing a bed, towels, washcloths, utensils, cups, food, and drinks.
- Face-to-face kissing.
- Talking, breathing, and singing.
- Sharing a space with a non-fully clothed person.

### Unlikely-risk exposure

- Sharing public transport (such as taxi ranks, airports, e-hailing services, bus terminals, or train stations)
- Being in public spaces (such as malls, grocery stores, gyms, or restaurants).
- Using public restrooms and touching commonly used surfaces (such as doorknobs and elevator buttons).

## Mpox symptoms

The most common symptom of mpox is the rash. The rash consists of lesions, which develop and resolve over the course of 2-4 weeks. There may be few or many lesions present. These lesions are blister-like and may feel firm or even rubbery.



## Other mpox symptoms



Other symptoms include fever, headache, muscle aches, back pain, low energy, and swollen lymph nodes.



**If you develop a rash or other signs or symptoms of mpox, see a doctor or visit your nearest healthcare centre.**



<https://www.nicd.ac.za/mpox-updates>

**NATIONAL HELPLINE: 0800 012 322**



# What is neurodiversity and why is it important for neuroinclusive workplaces?

By Prof Amanda Kirby



**N**eurodiversity refers to the different ways we think, move, process information, and communicate. It is an umbrella term that includes all variations in human brain function and behaviour. While everyone is neurodiverse, not everyone is neurodivergent. Neurodivergent individuals have neurological differences such as Attention-Deficit/Hyperactivity-Disorder (ADHD), autism spectrum conditions, dyslexia, dyspraxia, and dyscalculia. Understanding neurodiversity is crucial for creating neuroinclusive workplaces, which can significantly enhance the attraction and retention of diverse talent in any organisation.

## Understanding neurodivergence

Neurodivergence encompasses a range of neurological differences that affect how individuals perceive and interact with the world. These differences are not deficits but variations in the human brain that bring unique strengths and challenges. For instance, individuals with ADHD might exhibit exceptional creativity and problem-solving skills but may struggle with sustained attention and organisational tasks. Similarly, someone with dyslexia might have strong visual-spatial abilities yet find reading challenging.

Recognising these differences is the first step towards fostering an inclusive work environment. It is important to note that not all neurodivergent individuals have a formal diagnosis. Some may be unaware of their neurodivergence, while others might choose not to disclose it due to stigma or fear of discrimination. Hence, neuroinclusion efforts must consider both diagnosed and undiagnosed neurodivergent individuals.

The importance of neuroinclusive workplaces  
Creating neuroinclusive workplaces is essential for

## several reasons:

**1. Diverse talent pool:** Neurodivergent individuals bring unique perspectives and skills that can drive innovation and creativity. By embracing neurodiversity, organisations can tap into a broader talent pool and benefit from the diverse strengths that neurodivergent employees offer.

**2. Employee retention:** Neuroinclusive practices can enhance job satisfaction and reduce turnover rates among neurodivergent employees. When employees feel understood and supported, they are more likely to remain loyal and committed to the organisation.

**3. Legal and ethical considerations:** Ensuring equal opportunities for neurodivergent individuals aligns with anti-discrimination laws and promotes ethical business practices. It reflects a commitment to diversity, equity, and inclusion.

## Designing the employment lifecycle for neuro inclusion

To attract and retain neurodivergent talent, organisations need to design an employment lifecycle that works for all employees. This involves rethinking recruitment, onboarding, and ongoing support processes.

## Recruitment

**1. Inclusive job descriptions:** Write clear and concise job descriptions that focus on essential skills and avoid unnecessary jargon. Highlight the organisation's commitment to diversity and inclusion.

**2. Transparent interview process:** Provide interview questions in advance to all candidates. This allows neurodivergent individuals, who might need extra

time to process and formulate responses, to perform at their best.

**3. Bias awareness:** Train hiring managers to recognise and mitigate unconscious biases during the recruitment process. Focus on assessing candidates based on their abilities and potential rather than fitting a preconceived notion of the “ideal” candidate.

### Onboarding

**1. Comprehensive orientation:** Provide detailed onboarding materials that outline both written and unwritten workplace rules. This can help neurodivergent employees understand the organisational culture and expectations.

**2. Mentorship programmes:** Pair new hires with mentors who can offer guidance and support as they acclimate to the workplace. Mentors can help neurodivergent employees navigate any challenges they might face.

### Ongoing support

**1. Flexible work arrangements:** Offer flexible working hours and remote work options to accommodate different working styles and needs.

**2. Reasonable adjustments:** Make reasonable adjustments to the work environment, such as providing noise-cancelling headphones, adjusting lighting, or allowing for breaks as needed.

**3. Regular check-ins:** Schedule regular check-ins between managers and employees to discuss any challenges and provide ongoing support. These conversations can help identify areas where additional adjustments might be needed.

### Effective communication

Communication is key to creating a neuroinclusive workplace. Managers do not need to be experts in neurodiversity but should be mindful of the

different ways people might approach tasks and communicate. Here are some strategies to enhance communication:

**1. Clear instructions:** Provide clear and detailed instructions for tasks, avoiding ambiguity. Written instructions can be particularly helpful for neurodivergent employees.

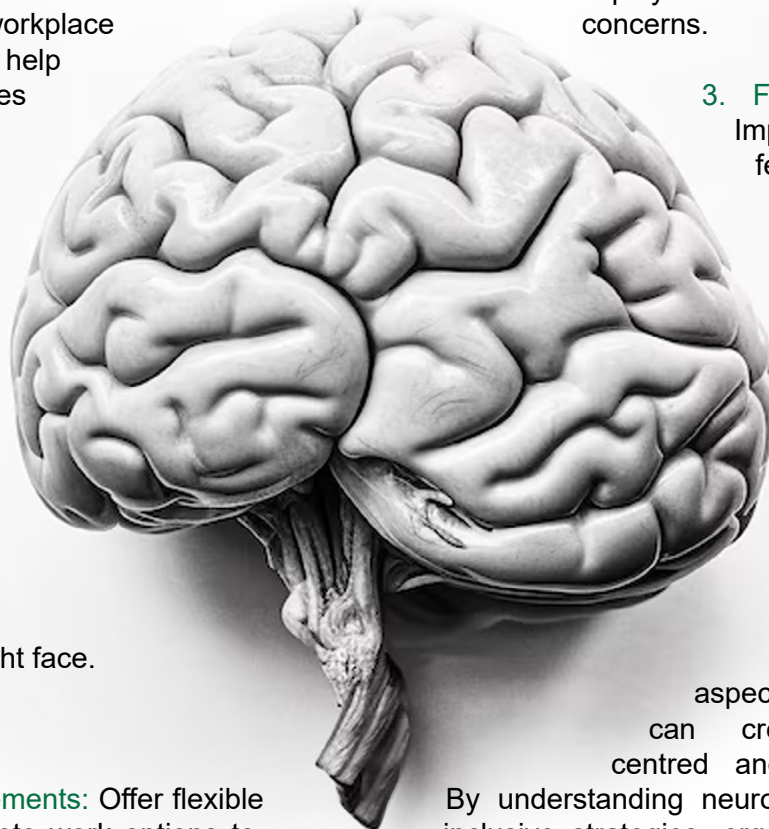
**2. Active listening:** Practice active listening to ensure that all employees feel heard and understood. Encourage open dialogue and create a safe space for employees to express their needs and concerns.

**3. Feedback mechanisms:** Implement regular feedback mechanisms to gather input from employees on what is working well and where improvements can be made. This can help identify areas for further support and adjustment.

### Conclusion

Baking neuro inclusion into all aspects of the workplace can create more person-centred and equitable practices.

By understanding neurodiversity and adopting inclusive strategies, organisations can harness the full potential of their workforce. This not only benefits neurodivergent employees but also enhances overall organisational performance and innovation. Embracing neurodiversity is not just a moral imperative but a strategic advantage in today's diverse and dynamic business environment.



**Prof Kirby is CEO at Do-IT Solutions for more information on her work visit [www.doitprofiler.com](http://www.doitprofiler.com)**



# Toxic Workplaces and Spaces: Is workplace bullying and harassment the new 'common cold stressor' in employees' everyday lives, and how do we manage its' health impact?



By Prof. Colleen Bernstein

**W**orkplace Bullying and Harassment (WPBH) has become an epidemic in the lives of South African employees. An estimated 78% of employees in South Africa have experienced bullying at one time, if not multiple times in their working lives (Taylor, 2023).

WPBH typically manifests when a perpetrator or group of perpetrators covertly targets and victimises an individual by undermining their work, gossiping with others about them behind their back, spreading denigrating rumours about them, overloading them with unreasonable work demands or timelines, making them do demeaning work, and/or withholding important information from them that detracts from their ability to do their jobs optimally. WPBH can also take on more overt forms whereby the perpetrator/s publicly humiliates the victim by shouting and screaming at them, laughing at or mocking them and/or isolating them through exclusion from group interactions. WPBH can also take place online via email and on social media platforms and, in these instances, is referred to as cyberbullying (Cilliers & Chinyamurindi, 2020; Van der Brande et al., 2018, 2020; Sambo & Govender, 2023).

WPBH is enabled by power disparities. Superiors can bully and harass subordinates, a group of employees can "gang up" and target a victim on the same job level, or (in rare cases) a group of subordinates can "gang up" and bully a superior (Bernstein & Trimm, 2016; Busby et al., 2022; Christensen et al., 2021).

Environmental conditions can also lead to the flourishing of bullying. In the current socio-political-economic context, individuals are exposed to pervasive stressors in the form of economic and job insecurity, excessive workloads, extremely high levels of violent crime and unemployment, and deprivations in relation to electricity and water insecurity. In this context, perpetrators often displace their stress onto 'easy' victims. (Batchelor & Bernstein, 2023; Moodley, 2024). Such displacement and scapegoating tend to relieve perpetrators from the anxieties that these everyday stressors arouse in them (Kruglanski et al., 2023). While perpetrators may feel some relief, the outcomes for victims are far more deleterious, impacting mental and physical health, and manifesting in depression and anxiety disorders and a decline in physical health indicators (Bernstein & Batchelor, 2023; Goodboy et al., 2017; Moodley, 2024; Nielsen, et al., 2020; Said et al., 2021).

Outcomes may also impact organisations, as morale and productivity deteriorate, victims engage in increased absenteeism and may even resign, incurring recruitment and training costs for the organisation as new employees are brought in as replacements (Bernstein & Batchelor, 2023; Finchilescu et al., 2019; Goodboy et al., 2017; Moodley, 2024; Nielsen, et al., 2020; Said et al., 2021).



Given that such environmental stressors are widespread and entrenched and are thus unlikely to simply 'go away', how do we break the perpetrator/s-victim dyads that they seem to provoke? South African labour law has recently prescribed certain protections as seen in the Code of Good Practice on the Prevention and Elimination of Harassment in the Workplace (Government Gazette, Vol 681), which took effect in South Africa on 18 March 2022. The Code describes bullying and harassment behaviours as "unwanted conduct which impairs dignity and which creates a hostile or intimidating work environment for one or more employees" (p.9). Organisations are duty-bound to absorb these prescriptions into their organisational policies and procedures, providing interventions that ensure that bullying is rooted out at its source. Interventions may be directed at both perpetrators and victims (Bernstein & Batchelor, 2023; Bernstein & Trimm, 2016; Moodley, 2024). To manage existing WPBH, organisations need to have formal mechanisms in place to assist victims in laying complaints, and to ensure that these complaints are tested and mediated fairly. From a palliative perspective, organisations need to provide stress management and resilience building workshops for victims, and counselling through EAPs (Cooper-Thomas et al., 2013; Hyatt et al., 2020; Law et al., 2011; Li et al., 2023).

From a preventative perspective, establishing a zero-tolerance policy that treats any form of harassment by perpetrators as conduct punishable through disciplinary processes is required. Leadership

within organisations also have to model appropriate behaviours to all levels of management and staff to ensure that toxic WPBH behaviours are not endorsed by the organisation as an acceptable part of the organisational culture (Cooper-Thomas et al., 2013; Hyatt et al., 2020; Law et al., 2011; Li et al., 2023). In addition, stress management and resilience training can be offered to all staff to help them cope better with environmental stressors (Tsuno, 2022), and to also assist potential perpetrators in managing their stress by means other than that of displacement and WPBH of others. By adopting such measures and interventions, organisations may be able to stem the tide of WPBH, providing some amelioration and antidote to the current epidemic of abuse that many workers are exposed to.

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# SERVICE DELIVERY

By Zandile Hoyi



## OCCUPATIONAL HYGIENE SECTION

**T**he NIOH fields a multidisciplinary team of experts dedicated to promoting healthy and safe working environments in the workplace in South Africa, the African region and globally. With specialities ranging from occupational medicine and epidemiology to workplace policies and programmes. The NIOH's staff provide a comprehensive suite of services to employers, workers, government agencies and other stakeholders. In this issue, **Zandile Hoyi** puts the spotlight on the Occupational Hygiene Section.

The NIOH's Occupational Hygiene Section provides specialised, cost-effective occupational hygiene services to national and provincial government departments as well as various industries, including the private sector.

The Occupational Hygiene Section conducts qualitative risk assessment and quantitative

exposure assessment at various workplaces such as laboratories, office environments and manufacturing or production facilities. The focus is to assess risk and quantify occupational exposure to health hazards associated with production activities, routine tasks and maintenance activities. This service also includes results interpretation, recommending controls and reporting for compliance purposes. The NIOH Occupational Hygiene Section is registered with the Department of Employment and Labour (DoEL) as an Approved Inspection Authority (AIA) for Occupational Health and Hygiene (AIA Certificate No. OH0079 – CI 042) and accredited by SANAS in accordance with ISO/IEC 17020. Our clients are the NHLS, government departments as well as private industries.

The Occupational Hygiene Section manages two laboratories, the Asbestos Laboratory and the XRD/FTIR Laboratory. These laboratories analyse non-medical samples which aim to estimate potential exposure to asbestos fibres and respirable crystalline



Image 1 & 2: Conducting exposure assessments.



silica (RCS) in workplace air. They provide critical analytical support to both internal and external clients for asbestos and RCS air monitoring as included under the SANAS Scope of Accreditation for AIAs. These laboratories also support the NIOH and university research studies.

The Section promotes and responds to requests for respirator fit testing to improve the use of respirators in workplaces. Respirator fit testing is currently regarded as best practice in South Africa because it is not yet a legal requirement, however its role remains vital in guiding users in selecting a respirator that will best protect them.



Image 3, 4 & 5: Occupational Hygiene Analytical Services.

The primary role of the Section is to capacitate respirator users in conducting respirator fit testing to ensure that the service is provided in-house. Only smaller companies that cannot afford to procure fit testing equipment can request respirator fit testing service at a cost.

The Occupational Hygiene Section provides training and research to align its functions with the NIOH's deliverables. The Section conducts research that

form part of academic studies or collaboration with other NIOH sections or external stakeholders. The Section is an approved training provider for the internationally accepted Occupational Hygiene Training Association (OHTA) training modules, as well as a Southern African Institute for Occupational Hygiene (SAIOH) registered training provider for the AP101 module: The analysis of airborne asbestos fibres using phase contrast microscopy.





**Image 6:** Respirator fit testing.

Other in-house developed courses are Hazard Identification and Risk Assessment, Interpretation of Occupational Hygiene Reports and Respirator Fit Testing. These courses aim to capacitate Occupational Health and Safety (OHS) personnel who requires an introduction and basic understanding of occupational hygiene principles and practices in the workplace or mastering a specific skill. Other academic activities include guest lecturing, student supervision, protocol and abstract review at various universities.



**Image 7:** Occupational Hygiene staff with NHLS delegates during training on Hazard Identification and Risk Assessment

Occupational Hygiene staff address many occupational hygiene queries including asbestos-related issues, and requests for occupational hygiene services or advisory support for OHS matters. The section impacts OHS practice through various professional or technical platforms, such as the NIOH Task Team, SANAS, DoEL, SAIOH, and Workplace Health Without Borders (WHWB). Staff activities on these platforms include legislative review, technical material development, and expert advice, reflecting the NHLS's active participation and support towards OHS deliverables.

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# TEACHING AND TRAINING

In the training sector, the goals of the NIOH with regard to impact are: a healthy and safe work environment; a healthy worker whose work ability is good; and a work community that supports health and well-being.

## UPCOMING PLANNED TRAINING

### Waterborne Pathogens and the World of Work Webinar

The National Institute for Occupational Health's Immunology and Microbiology Section is facilitating a two-day virtual/online.

**Topic:** Waterborne Pathogens & the World of Work Webinar

**Dates:** 3 - 4 October 2024

**Venue:** Zoom online webinar

More details will be available at [www.nioh.ac.za](http://www.nioh.ac.za).

For enquiries e-mail "[ZubaydahK@nioh.ac.za](mailto:ZubaydahK@nioh.ac.za)" / "[info@nioh.ac.za](mailto:info@nioh.ac.za)".

**VENUE:** Online session  
**DATE:** 09-13 Sept 2024

- Duration: Five-day course.
- Online for theory (4 days) and practicals (1 day).
- Convenient Risk assessment at your workplace.
- HPCSA – 32 CPDs and SAIOH – 2.5 CPD.
- Certificate of attendance

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## WORKPLACE BIORISK MANAGEMENT WORKSHOP

### What is this training about?

- The training provides a framework for determining effective and appropriate occupational health strategies in workplaces with potential exposure to hazardous biological agents.
- This interactive course is designed to enhance participants' knowledge and skills in identifying the risk of hazardous biological agents in the workplace.
- The focus will be on preventing transmission and protecting workers from exposure.
- The course will consist of online lectures, practical demonstrations, case studies, problem-solving, and current best practices to prevent and control biological exposure in various work settings.
- Participants will have the opportunity to be hands-on and apply the Assessment, Mitigation and Performance (AMP) principle to identify and control the biosafety and biosecurity risks in the workplace and nearby communities.
- The course is intended to increase the competency based BioRisk Management in South Africa.
- Participants will be empowered with the skills, tools, and confidence to advise and guide on sustainable BioRisk management that will ultimately reduce the threat of disease in the workplace.

### Who is this training targeting?

Health and Safety officers, risk control officers and assistants, occupational health and safety professionals, safety managers, and infection prevention control managers

**Hosted by the NIOH Immunology & Microbiology Section**



### How do I enrol?

Complete an online application form or get the application form from the NIOH Training Section ([ashrafr@nioh.ac.za](mailto:ashrafr@nioh.ac.za)/[zubaydahk@nioh.ac.za](mailto:zubaydahk@nioh.ac.za)).

### Who are the trainers?

Trainers are experts in biological risk management and will include both NIOH and external stakeholders who will cover topics such as identification, monitoring, prevention, clinical manifestations and legislative requirements of biological risk in the workplace.

**COURSE REGISTRATION FEE:** Early bird (before 31/07/24): R2500 | Standard (before 03/09/24): R3000 |

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SAVE THE DATE

NIOH Biennial Research day

**Theme:** The Future of Work

**Date:** 28 November 2024

**Enquiries:** [Research.relations@nioh.ac.za](mailto:Research.relations@nioh.ac.za)



NATIONAL HEALTH  
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# NIOH SERVICES

Section	Services	Contact person
<b>Analytical Services</b>	Analytical Services makes available to a wide range of users analytical services in occupational hygiene, biological monitoring, and some clinical laboratory tests.	Head of Section Dr Boitumelo Kgarebe Tel: +27(0)11-712-6410 E-mail: boitumelok@nioh.ac.za
<b>Immunology &amp; Microbiology</b>	<b>Bioaerosols laboratory</b> Bio-risk management workshop to different professionals in the workplaces	Ms Onnicah Matuka Tel: 011 712 6487 Email: dikeledim@nioh.ac.za
<b>Information Services and Training</b>	<b>Archive</b> Documenting and preserving the institutional memory and create access points to the rare and unique information resources showcasing how the institute has evolved over time. These records stretch as far as 1912, they include personal papers, conference papers, registers, obsolete instruments, photographs etc.	Mr Simphiwe Yako Tel: 011 712 6518 Email: simphiwey@nioh.ac.za
<b>Pathology Division</b>	<b>Training laboratory technical staff:</b> The laboratory performs practical training of technical laboratory staff enrolled as medical laboratory scientists, and laboratory technologists in the histopathology discipline.	Ms Sharlene Naidoo Tel: 011 712 6595 Email: sharlenen@nioh.ac.za
<b>Toxicology and Biochemistry</b>	<b>United Nations Globally Harmonised System of Classification and Labelling of Chemicals (UNGHS)</b>  The Toxicology Department facilitates the UNGHS workshop to train individuals who handle hazardous chemicals in their workplaces in the identification and management of chemical hazards according to GHS classification criteria.	Dr Wells Utembe Tel 0117126741 Email: wellsu@nioh.ac.za
<b>Occupational Medicine</b>	<b>Advisory services</b> Advisory services on the prevention and management of occupational diseases and disorders offered to organizations within the SADC region.	<b>Occupational Medicine Specialist referral clinic:</b> Mr Jacob Senamolela Tel: 011 712 6462 Email: JacobSe@nioh.ac.za

Section	Services	Contact person
<b>Occupational Hygiene</b>	<b>Occupational Hygiene Training Association (OHTA) Modules</b>  The Occupational Hygiene Section is an approved OHTA trainer, and provide training on the following modules:  Foundation level: <ul style="list-style-type: none"><li>• OHTA201 Basic principles in Occupational Hygiene</li></ul> Intermediate level – core modules: <ul style="list-style-type: none"><li>• OHTA501 Measurement of Hazardous Substances</li><li>• OHTA503 Noise – Measurement and its effects</li><li>• OHTA505 Control of Hazardous Substances</li><li>• OHTA507 Health effects of Hazardous Substances</li></ul> Intermediate level – optional modules: <ul style="list-style-type: none"><li>• OHTA502 Thermal Environment.</li><li>• OHTA504 Asbestos and other fibres.</li><li>• OHTA506 Ergonomics Essentials.</li></ul>	Dr Jeanneth Manganyi Tel: 011 712 6406 Email: JeannethM@nioh.ac.za
<b>Toxicology</b>	United Nations Globally Harmonised System of Classification and Labelling of chemicals (UNGHS) The Toxicology Department facilitates the UNGHS workshop to train individuals who handle hazardous chemicals in their workplaces in the identification and management of chemical hazards according to GHS classification criteria.	Dr Wells Utembe Tel 0117126741 Email: wellsu@nioh.ac.za
<b>Epidemiology &amp; Surveillance</b>	<b>Training:</b>  Epidemiology and Biostatistics Training: <ul style="list-style-type: none"><li>• Basic and Advanced courses.</li><li>• How to use routine surveillance data to improve the health of workers.</li><li>• How to use REDCap Protocol development for research on Occupational exposures and Health outcomes.</li><li>• Development of REDCap tools and other data collection tools.</li><li>• Research on work exposures and health outcomes in the workplace.</li><li>• Analyses of routine medical surveillance data.</li><li>• Developing analysis plans for surveillance data.</li><li>• Literature Reviews on occupational health topics.</li><li>• Evaluation of Surveillance systems.</li><li>• Advice and guidance around developing a surveillance system or advice for selecting a service provider for surveillance tools.</li><li>• Designing or conducting occupational health screening surveys along with staff satisfaction and mental health surveys in your workplace.</li><li>• Evaluation of training programs in occupational hazards, health and safety.</li></ul>	Asanda Jekwa Email: AsandaJ@nioh.ac.za





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