Prevalence of Depression and Anxiety among Zimbabwean Healthcare Professionals Who Migrated to United Kingdom between 2018 – 2022

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Abstract

This study sought to ascertain the prevalence of depression and anxiety amongst Zimbabwean health care workers that migrated to the United Kingdom between the years 2018 – 2022. A cross-sectional online survey research design was applied focusing on the quantitative method. Google forms were utilized to gather data. The survey employed the Shona Symptoms Questionnaire 14 which was inputted on the online google forms. Random sampling was applied, everyone in the target population had an even and independent probability of participation. Results from the study indicated a high prevalence of depression and anxiety symptoms, with 63.63% of the study participants having scores above 8/14 and 37.37% participants with scores below 8/14. A percentage comparison of gender indicated a 90% and 59% variation of depression and anxiety amongst males and females. In addition, findings from the current study suggested that depression and anxiety levels are not the same based on professional background. In conclusion, it is important that, before migrating into the United Kingdom, Zimbabwean healthcare workers together with their families, be psychologically prepared to adjust their lifestyles to fit in a new multi-cultural society. Furthermore, a comprehensive psychological tool kit, along with regular and intensive employee wellness programs must be introduced for newly arrived migrants in developed countries.

Keywords: depression, anxiety, migration.

Introduction

Globally, depression and anxiety prevalence amongst migrants, has been reported as varied based on country of orientation (Brunnet, 2017). Evidence from the meta-analytic reviews represent a significant prevalence of mental health challenges amongst immigrants. In a meta-analytic review including 25 studies of depression and migrants, Shea et al. (2018) reported a depression prevalence of 15.6% among migrants. A comparison of labour migrants and refugee migrants in a meta-analysis review of 35 studies, Lindert et al. (2022) indicated that the

combined prevalence rates for depression were 20 percent among labour migrants vs. 44 percent among refugees. Furthermore, anxiety combined estimates were 21 percent among labour migrants vs. 40 percent among refugees (Lindert et al., 2022). In addition, the severity of psychological challenges has been distinguished for labour migrants to refugee migrants with the later experiencing considerably lower levels of depression and anxiety when compared to the former. According to Brunnet et al (2017), Haitian migrants in southern Brazil experience a 9.1% prevalence of PTSD and reports of Depression and anxiety symptoms were in the clinical range of 10.6% -13.6% for all the participants.

According to the pull – push theory (Lee, 1966), people migrate from one place to another based on various pull and push factors. The concept of human migration dates to over 60,000 years ago. Over the past decade the world has witnessed a significant escalation in the numbers of international migrants towards developed countries. According to Levesque and Van Rossem (2010), migrants have been forming an increasing group in Europe, with a record percentage of about 8.7% of the population in 2010. Within the midst of human migration, individuals experience various degrees of adaptation and adjustment challenges. The psychological impact of migration is often underestimated and under reported, especially amongst newly arriving migrants (Lindert et al., 2009).

Less consideration and interventions on the relationship between migration and psychological vulnerability has globally contributed to higher incidents and cases of suicide, depression, and anxiety related symptoms amongst migrants in the host countries (James et al., 2022). Most international migrants who experience psychological difficulties at most times do not seek professional help due to fears of victimisation, stigma, and discrimination as well limited access to opportunities (Borho, 2022). The psychological impact of migration is dependent on variables such as gender, age, and race (Lindert et al., 2009).

African migrants contribute a substantial figure towards global migration statistics. According to Bai et al. (2022), in a meta-analytic study focusing on the prevalence of anxiety, depression, and post-traumatic stress disorder among African migrants, a 34.60% prevalence was reported.

Mwanri et al. (2022) described post-migration stressors in South Australia which precisely imposed difficulties in parenting, care provision and children's attitudes. In the same line of thought Breiner (2016) described the limited community collective responsibility in the welfare of children in some European countries as detrimentally impacting the psychological well-

being of African migrants. In German, post migration stressors impacting migrants emotional well-being have been reported amongst adolescents. Experiences of discrimination were reported on an individual basis as well at an institutional level (Borho, Morawa, Schug & Erim, 2022).

Over the past decade Zimbabwe has been witnessing a massive migration of skilled workers to the United Kingdom, United States of America, and Australia. The United Kingdom Home Office reported a total of 15041, Tier 2 and skilled worker visas having been issued between years 2019 – 2022 to Zimbabwean nationals. A comparison of Zimbabwean professionals who have migrated to the United Kingdom over the past 5 years suggests a high percentage amongst health professionals such as registered nurses, medical doctors and health care assistants when compared to other disciplines. According to the Zimbabwean government's Health Service Board (HSB, 2021), a total of 767 health professionals left the country in 2019, that is, a further increase from 756 who left in 2018.

The process of migrating and settling in a new country presents an array of socio - economic and psychological challenges, which at most times go unreported by those affected (James et.al, 2022). However, there has been limited evidenced based information to describe the psychological difficulties that Zimbabwean health care professionals encounter in foreign European countries. Describing some of these psychological difficulties being encountered by Zimbabwean health care professionals in foreign countries will enable psychological preparedness for those intending to migrate as well encourage those that will be experiencing psychological challenges to seek psychological support early.

Research objectives

Aim

This study sought to ascertain the prevalence of depression and anxiety disorders amongst Zimbabwean health care workers that migrated to the United Kingdom between the years 2018 – 2022.

Objectives

The specific objectives of this study are:

i) To identify prevalence of depression and anxiety.
ii) To compare the occurrence of depression and anxiety by gender.
iii) To demonstrate incidence of hallucinations and suicidal ideations.

iv) To detect frequency of depression and anxiety by occupation.

Methodology

Research design - Cross-sectional survey research

The study utilised the cross-sectional survey research design, focusing on the quantitative method. The variables of concern in the current survey study were measured using self-reports from the participants. The current study utilised survey research as it is instrumental in estimating the prevalence of various mental disorders, in addition survey provide extremely precise approximations of what is valid in the population (Converse, 1987).

Data collection

The survey research made use of google forms to gather data. Data was gathered between January 2023 and February 2023. A google form is a product in the form of a template or worksheet that can be used separately or simultaneously with an objective of acquiring data. This product functions in Google Drive cloud storage adjacent to other applications such as Google sheets, Google Docs, and other enhancements. It is very straightforward to distinguish and make use of and is easily accessible. Conditions for utilising involve creating or using an already existing Google account (Nurmahmudah & Nuryuniarti, 2019).

The survey utilised the Shona Symptoms Questionnaire 14 which was inputted on the online google forms template. It comprised 14 questions requiring a YES/NO response. SSQ 14 is one of the 3 validated screening tools for screening common disabling mental disorders. The instrument contains high contextual equivalence amongst Zimbabweans, in addition it is widely used as it is in vernacular (Shona) making it reasonably easy to comprehend (Patel et al., 1997). The sensitivity and specificity of the SSQ-14 against a diagnosis of either depression and/or general anxiety is 84% and 73%. Internal reliability is high with a Cronbach α=0.74 (Chibanda et al., 2016).

Data processing

The survey incorporated a variety of data processing stages which included editing, where regular checking and adjustments on the google form was done as needed by the research data. The SSQ14 questions were exported to the google form and a link was shared with all participants. Responses from the participants were classified into numeric scores and charts generated by the view sheets section of the google form.

Sample size, sampling procedure and technique

The online survey encompassed healthcare workers working in the United Kingdom from Zimbabwe, who arrived between the years 2018 up to 2022. The sample had a total of 71 participants. These were medical doctors, registered nurses, health care assistants, and other related health professionals. Random sampling was utilised, everyone in the target population had an even and independent probability of participation.

Ethical approval

The study was not conducted at any designated institution or health facility. Participation was voluntary, in addition, for a participant to meet the inclusion criteria, they were supposed to have completed an online consent form.

Results

Demographic characteristics of the study participants

Table 1: Summary Table

Characteristic	**(n =71) Participants %**
Gender	
Males	14%
Females	86%
Total	**100%**
Age	
45+ years	6%
41 - 45 years	23%
36 - 40 years	38%
31 - 35 years	27%
26 - 30 years	6%
20 - 25 years	1%
Total	**100%**
Profession	
Registered Nurse	28%
Health Care Assistant	59%
Medical Doctor	3%
Social Workers	6%
Psychologist	3%
Research support worker	1%
Total	**100%**

Table 1 indicates a summary distribution of the study participants by gender, age, and professional occupation. Females represented a high proportion of the total participants contributing eighty six percent (86%), when compared to fourteen percent (14%) for males. Thirty-eight percent (38%) of the participants were in the 36 – 40 years age band contributing a higher representation when compared to the 20 – 25 years age band which was represented by one percent (1%) of the study participants. Health care assistants provided a high population of study participants with fifty nine percent (59%), followed by registered nurses who were twenty-eight percent (28%). The lowest representation by professional occupation was from research support workers with a one percent (1%) participation.

Prevalence of depression and anxiety

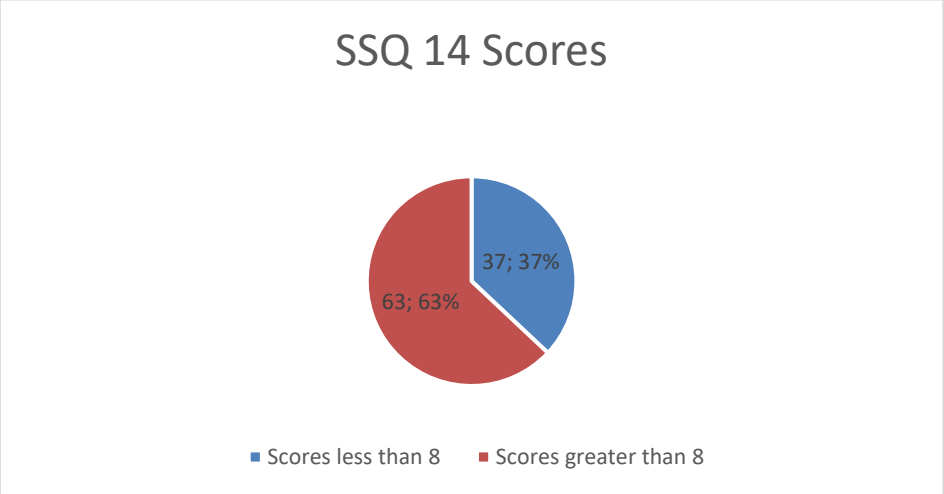

Figure 1: Shona symptoms questionnaire 14 scores

Figure 1 represents an all-encompassing summary of the Shona symptoms questionnaire 14 response scores for all participants guided by a threshold of above 8 **YES** responses. Results from the study indicated an overall depression and anxiety prevalence of 63.63%.

Depression and anxiety symptoms occurrence by gender

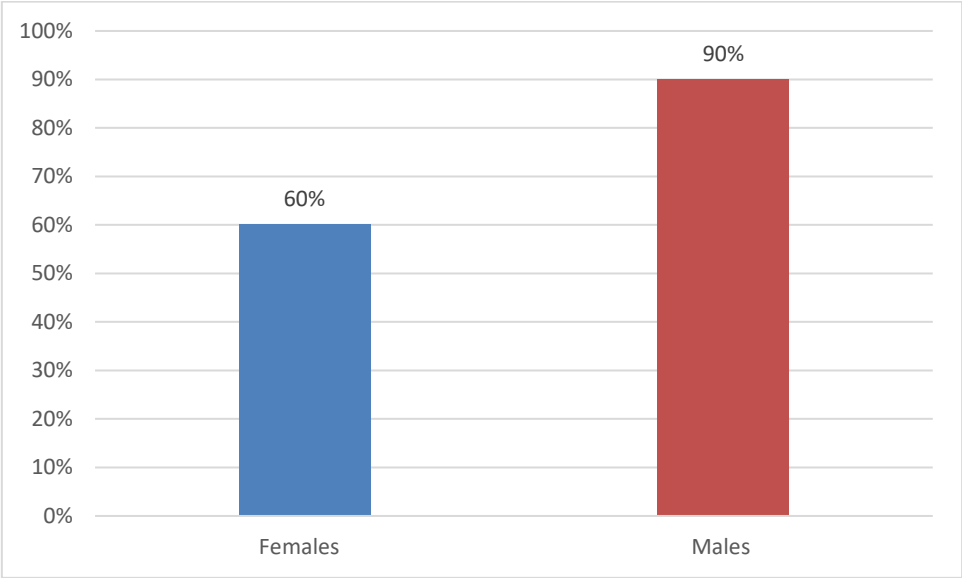

Figure 2: Participants with scores above 8/14

Figure 2 indicates the total number of participants with scores above 8 / 14 by gender. A percentage comparison of males and females indicated a 90% to 60% occurrence of depression and anxiety respectively.

a) *Incidence of hallucinations amongst health care workers*

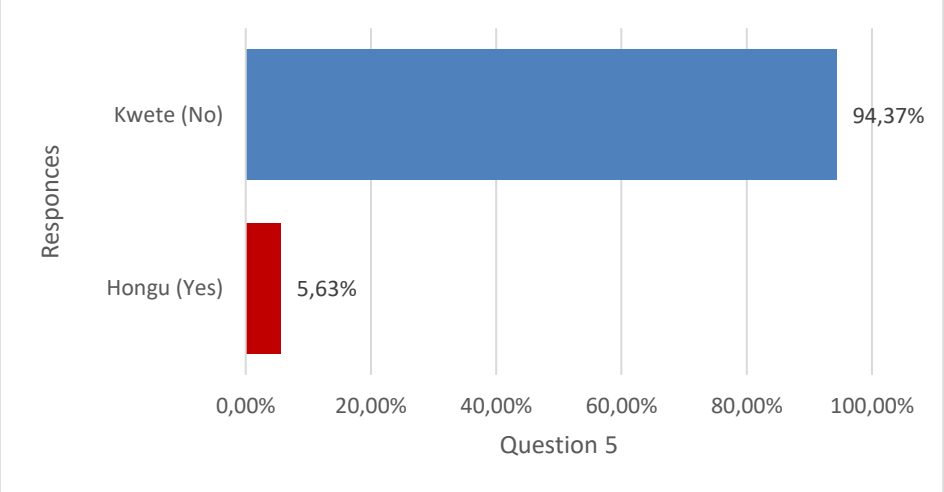

Figure 3: Percentage outline of hallucination YES responses

Figure 3 implies the percentage distribution of **YES** responses to hallucinating experiences, both auditory and visual. 94.37% of the participants revealed a 'NO' response, on the contrary, 5.63% answered 'YES' suggesting having been experiencing hallucinations.

b) *Suicidal ideations amongst health care workers*

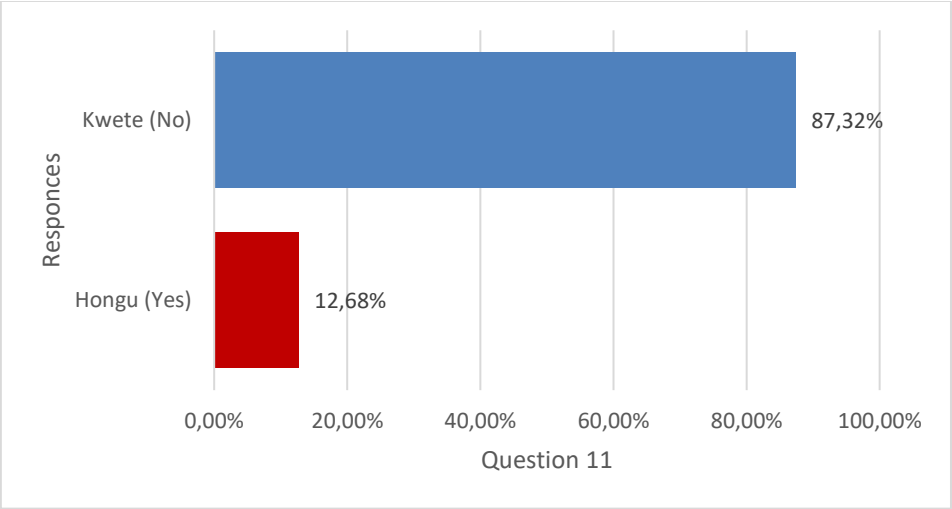

Figure 4: Percentage distribution of suicidal ideation responses

Figure 4 displays the percentage distribution of suicidal ideation responses by all the participants. The majority (87.52%) reported 'NO' suggesting having not been experiencing any suicidal ideation related symptoms when compared to 12.68% 'YES' respondents who reported having experienced active suicidal ideation thoughts over the past 14 days.

Frequency of depression and anxiety by occupation

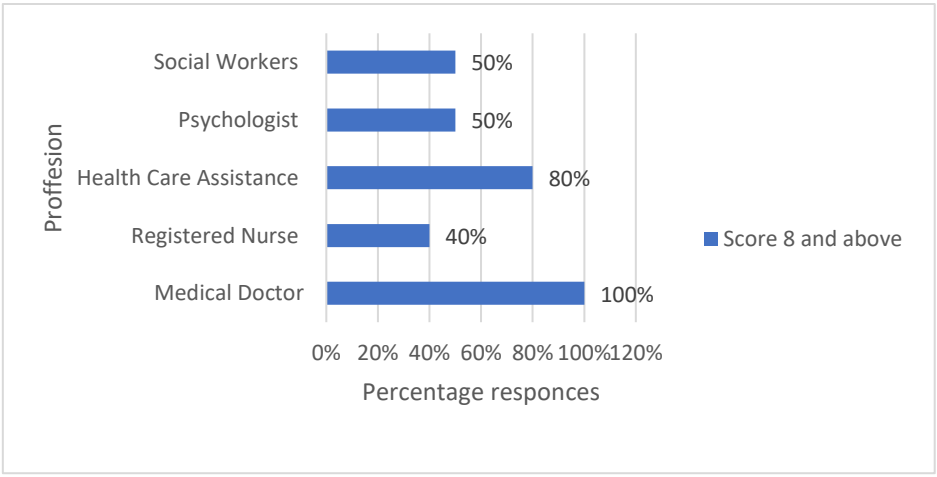

Figure 5: Score 8/14 and above by occupation

Figure 5 illustrates the percentage frequency of participants with scores above 8/14 by occupation. The study outcomes indicated a 50%, 50%, 80%, 40% and 100% frequency of depression and anxiety for social workers, psychologists, health care assistants, registered nurses, and medical doctors respectively.

Discussion

The benchmark of the current study was established based on the huge exodus of Africans, mainly those within the health and care professions, towards European countries over the past decade. Self-reports and existing literature suggest experiences of emotional and psychological difficulties amongst new migrants, which at most times exist at above moderate risk, within the first 5 years of stay in Europe (Mesa -Vieira, 2022). The number of foreign-born residents in the UK escalated from nearly 5.3 million in 2004 to over 9.5 million in 2021 (Vargas-Silva & Rienzo, 2022). Zimbabwean health care professionals have contributed a significant proportion of immigrants in United Kingdom, validating the migration trends by Vargas-Silva and Rienzo (2022). In the current study, the health care workers represented included medical doctors, registered nurses, heath care assistants, psychologists, social workers, and research support workers. A diverse representation of Zimbabwean healthcare workers in United Kingdom established in the current study aligns with the current statistics as provided by Deakin (2022) that, at present, more than 110 000 employment opportunities exist across NHS trusts in United Kingdom and numerous primary care institutions.

Existing literature suggests a prevalence of depression and anxiety amongst immigrants in European countries. According to Kirmayer et al., (2011), migration presents certain stresses, however, nearly all immigrants do well with changes towards resettlement residential status. Furthermore, not all immigrants experience depression and anxiety as personal vulnerabilities and experiences of the migration process contribute significantly to the genesis and perpetuation of symptoms (Gkiouleka et al., 2018). Results from the current study reported an overall 63.63% of the study participants as having scores above 8/14 indicating existence of depressive and anxiety related symptoms. The high prevalence of 63.63%, converge with outcomes of a systematic review and meta-analysis by Shea et.al. (2018) which established vulnerability factors such as cultural shock and different cultural identity as contributing to the genesis of anxiety and depression.

Findings of the current study suggests that depression and anxiety levels are not uniquely based on professional background. For registered nurses it was 18%, health care assistants 76%, medical doctors 4.44% and psychologists 2.22%. These results offer a different standpoint when compared to existing literature. In a meta-analytic study incorporating 57 studies from seventeen countries, Olaya et al. (2021) established that prevalence of depression and anxiety in healthcare workers was reported to be 24%, 25% for registered nurses, 24% for medical doctors and 43% for frontline professionals. In addition, a systematic review and meta-analysis based on seven cross-sectional studies conducted in China in 2020 reported a depression and anxiety prevalence of 12.2% amongst health care workers whilst amongst the sample of Zimbabwean health care workers in the United Kingdom who arrived between the years 2018 – 2022, the prevalence was 63%, which is significantly higher. The higher prevalence and manifestation of depression and anxiety amongst health care assistants is attributed to high work caseloads, unfavourable working conditions characterised by unpaid leave days and long working hours with minimum off days.

Outcomes of the current study indicated a higher occurrence of depression and anxiety related symptoms amongst males when compared to females, represented by 90% and 60%, respectively. The current study results offered a distinct point of view and understanding of depression and anxiety disintegrated by gender. During the COVID–19 pandemic the Roehampton University in United Kingdom published an article which explained that, being a female frontline worker was significantly associated with severe psychiatric symptoms. Female health care workers were more likely to display psychiatric symptoms when compared to their male counterparts as a high anxiety (35% vs 24%), depression (29% vs 22%) and stress (20% vs 11%) was reported (Gilleen, 2020). From the current study outcomes, a 90% prevalence of depression and anxiety amongst Zimbabwean men is attributable to minimal health seeking behaviours towards mental health support together with problem sharing. These factors, accompanied by extended family financial responsibilities, immensely exacerbated the exhibition of depression and anxiety amongst men when compared to females who are extra open to each other when affected by anxiety.

Results of the current study highlight the existence of severe symptoms of anxiety and depression amongst Zimbabwean health care professionals working in United Kingdom. Two items of the Shona symptoms questionnaire 14 were considered as a measure of severe symptoms, that is, experiences of hallucination together with suicidal ideations. From all the

participants, 5.63% reported to have been experiencing suicidal ideations vs 12.68% who reported to have experienced hallucination related symptoms. Amongst migrants, suicidal ideations are exacerbated by extreme feelings of loneliness, marital difficulties together with degrees of stigma and discrimination. The results of the current study are consistent with reports from other countries. When compared to other non-medical professionals, healthcare professionals in Germany shared high levels of depression and anxiety particularly during the COVID–19 pandemic. Severe degrees of depression symptoms were represented by a 9.3% and severe symptoms of anxiety by 5% of the participants (Skoda et al., 2021). In addition, a cross-sectional study of 737 participants conducted in Saudi Arabia discovered that 10.7%, 73.5%, and 15.7% of health care workers had a mild, moderate, and severe levels of generalised fear and anxiety, respectively (Mohsin et al., 2021).

Conclusion and recommendations

Majority of times when people get an opportunity to migrate and start a new life in Europe, they are full of high hopes and expectations. However, upon arrival a different reality presents itself, causing a psychological shock manifesting as depression and anxiety, as people will be trying to adjust and cope with the new reality. It is imperative that, before migrating into the United Kingdom and other European states, African families and individuals should be psychologically prepared to adjust their lifestyles to fit in a new multi-cultural society, as well not setting unreal goals for themselves. This can be achieved through listening to other people's stories as well utilising available NHS, mental health wellbeing toolkits together with psychological self-referral pathways.

It is important that United Kingdom companies recruiting international health and care skilled workers, enhance programs that offer satisfactory diversity and inclusion orientation collectively with psycho-social support for the newly arrived individuals and families. These programs must be specific targeting individual needs based on country of origin. To make the programs more effective, the author recommends that well-established and settled immigrants be actively included in orientation programs towards delivering mentorship by experienced services. This is essential as well-established and settled immigrants have first-hand understanding of how it is being in a new country.

Before commencing their roles in United Kingdom, Zimbabwean healthcare workers ought to be introduced to a comprehensive psychological tool kit, along with regular and thorough employee wellness training programs towards safeguarding their psychological well-being. The author recommends that depression and anxiety be routinely screened without victimisation of identified health care workers who are at great risk and requiring concentrated interventions to lower possible precipitating psychological and emotional difficulties.

Although 5.63% of the study participants reported experiences of hallucination, the nature of the hallucinations was unclear, whether auditory and or visual. Future studies therefore should introduce a qualitative methodological approach towards understanding experiences of hallucinations in detail.

The United Kingdom offers mental health support for all legal immigrants who would have paid the Immigration Health Surcharge which entitles them to free NHS mental health services. However, Zimbabwean healthcare workers are recommended to increase their health seeking behaviours whenever in times of psychological difficulties, utilising available online support programs as well finding out groups that exist in their place of residence towards getting linked to appropriate social support services. Social isolation and limited social engagement exacerbate incidents of depression and anxiety amongst Zimbabwean healthcare workers who would have recently arrived in United Kingdom. It is of paramount importance that individual, and families join social networks as this is helpful for improving mental health and wellbeing, in addition, it helps in increasing self-reliance, self-esteem, empowerment and communal connectivity.

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