



From the Editor . . .



**Gill Nelson,
Editor-in-chief**

It has been 15 months since I have seen some of my work colleagues, and the 'new normal' no longer feels new. No doubt, many of you feel the same. Two of the papers in this issue address topics that are, in some way, related to the world in which we now find ourselves. In the first paper, Ramroop et al. from Nelson Mandela University describe the prevalence of low back pain in truck drivers. In the second, Stein and Pioreschi, from the University of the Witwatersrand,

investigate sickness absenteeism in call centre employees.

But low back pain is not restricted to truck drivers. It is commonly reported in healthcare workers and other occupational groups where lifting, pushing and pulling of heavy objects is required. However, another very common risk factor for low back pain is sitting. One of the many consequences of the COVID-19 pandemic is prolonged periods of sitting. Not only were we isolated and house-bound for several months during the 2020 lockdown, but fast-tracked adaptation to convenient technology such as online shopping, and necessary technology such as online teaching and learning, resulted in us sitting for even longer periods. Outings to the grocery store are limited, and we no longer need to walk down the passage or up the stairs to attend a meeting with our work colleagues, or to another building to attend a lecture as a student. This is our new normal, and many predict that these changes will persist, even when SARS-CoV-2 has been conquered one way or another (we do, indeed, live in hope).

While the study on call centre employees did not address low back pain specifically, this is yet another group that is at high risk. Of course, musculoskeletal disorders (including low back pain) are also associated with sickness absenteeism, so we can anticipate that another unexpected consequence of the pandemic is increased absenteeism. Working from home exacerbates this problem, and has drawn attention to office ergonomics. Our working spaces are probably ergonomically designed in a way that our home environments are not. I am certain that very few 'home offices' have desks or tables at optimal heights for working, adjustable and comfortable chairs, and/or optimal lighting. Ehi Iden, OSHAfrica president, discusses this in more detail in his article 'Ergonomics management in remote working in the post-COVID-19 era'. I look forward to receiving a manuscript describing the musculoskeletal effects of working from home, and/or online teaching and learning.

While concentrating on the physical health effects of our new working conditions, we must not underestimate the mental health effects of the pandemic as a result of being isolated at home and also, to a lesser extent, at work. Working at home alone, or facing empty offices and corridors at work, or scatterings of students on campus, all take their toll on our mental wellbeing. Interaction with others is an important aspect of daily life, no matter the nature of the relationships.

"Ubuntu says not 'you are human because you think' but 'you are human because you participate in relationships.' It says a person is a person through other persons."

Archbishop Emeritus Desmond Tutu

The paper on food handlers and food-borne diseases, by Moyo and Moyo, reminds us that there are issues beyond COVID-19 that need the attention of occupational health practitioners in the region. In addition, Nachege, from Stellenbosch University, together with colleagues from several other countries in Africa, explain how the pandemic has added a burden to already overstretched health systems in sub-Saharan Africa, and that "modelling studies predict that the pandemic-related disruptions in TB and HIV services will result in significant increases in associated morbidity and mortality over the next five years".¹

In an opinion piece, Malema discusses his personal experiences of the working environments in coal mines of Malawi and India. Both this and the research paper on food-borne diseases come from outside of South Africa – Malawi and Zimbabwe, respectively. We welcome these contributions as it has always been our aim to reach beyond South Africa's borders into the sub-Saharan region.

I recently attended the series of workshops on research integrity, as part of the 7th World Congress on Research Integrity that will be held in Cape Town from 29 May to 1 June 2022. I regularly write about aspects of research integrity in my editorials, including the practice of 'guest authorship' (see 2017; 23(6)), but this is only one aspect of research integrity. Other topics of discussion during the webinars included 'Fostering research integrity through equity, fairness and diversity', 'Implementation of the Hong Kong Principles in low and medium income countries', and 'Research interpretation and data use with integrity in the COVID pandemic'. The recordings are available at <https://wcri2022.org/wcri-2021-virtual-sessions/>. I recommend that you watch them if this topic interests you (as I hope it does), and also to register for the Cape Town conference. Perhaps we will be in a position, next year, to attend this and other conferences in-person again.

Please participate in the occupational health community by sending me details of all events, news and other information related to occupational health, for posting on Twitter and our website. You can send these to me directly: gill.nelson@wits.ac.za.

The third wave of the pandemic is now upon us, and more friends and colleagues are falling ill and being hospitalised. I urge those of you who have not yet been vaccinated to do so as soon as possible – to protect yourselves, as well as your families, colleagues and the communities in which you live.

REFERENCE

1. Nachege JB, Kapata N, Sam-Agudu NA, Decloedt EH, Katoto PDMC, Nagu T, et al. Minimizing the impact of the triple burden of COVID-19, tuberculosis and HIV on health services in sub-Saharan Africa. *Int J Infect Dis*. 2021; doi: 10.1016/j.ijid.2021.03.038.