PERCEPTIONS OF HEALTH CARE PROFESSIONALS REGARDING FACILITATION OF RESILIENCE IN THE WORKPLACE

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DECLARATION

I, Mr G Smith, hereby declare that this treatise submitted in partial fulfilment of the requirements for the degree of Magister Artium Health and Welfare Management is my own work and that it has not previously been submitted for assessment to another University or for another qualification.

__________________________________  ______________________________
Signature                               Date
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Abstract

A person’s career takes up a large portion of his or her life for a minimum of 8 hours per day. A large portion of their time is spent performing their duties which are often accompanied by various demands or pressure that can result in an employee experiencing stress. Over time this build-up of stress due to job demands affects their ability to perform at work. This study aimed to identify, explore and describe the factors that facilitate the resilience of healthcare professionals working at a Campus Health Service at a Higher Education Institution.

An exploratory descriptive study consisting of a qualitative nature was employed. Data was obtained from semi-structured interviews. The questions that were posed to participants read as follows: (1) “Tell me about the demands placed on you in your current work situation”, (2) “How do you cope with the demands placed on you?”, (3) “What can be done to assist you to cope better at work?”, and lastly (4) “Any additional questions/comments?”. The fourth question was added by the researcher in order for participants to have the opportunity to add to what they have said previously. Data was gathered until data saturation was reached. Tesch’s model of content analysis as well as Guba’s model of trustworthiness was employed, in order to analyse the data. An independent coder was subsequently employed to ensure the trustworthiness of the data. The findings revealed that all participants found workplace demands to be stressful, in terms of physical, emotional and time-related demands placed on them. Participants identified strategies that could help them cope with their demands such as open air activities, debriefing with colleagues or making use of a wellness line, maintaining a positive attitude, support from management and colleagues, the ability to practice initiative and autonomous decision-making, and lastly, religious practices. In addition, participants made recommendations on how employers can help relieve their stress. The recommendations included developing an in-house wellness programme, providing sufficient staff of the correct categories, providing adequate facilities and equipment to improve efficiency, providing developmental opportunities, scheduling training programmes for less busy times of the year, and lastly, introducing elements of structured flexi-time for employees.

Key words: resilience, workplace resilience, stress, coping, adjustment, job demands, job resources
CHAPTER 1
INTRODUCTION AND PROBLEM STATEMENT

1.1 Chapter Overview

This chapter serves as an overview of the theory underlying the research. The motivation for the study is outlined and a literature review against which the study can be viewed is presented. Following this is the aims of the study that will be discussed. The chapter will end with an outline of the chapters to follow.

1.2 Theoretical Overview

Having a job is one of the most important aspects of a person’s life. For many, their job is seen as something they need to do to provide for themselves and their families and to ensure their survival. For others, they see it as a chosen career in a field which they are interested in and attach meaning to. The job that an employee occupies makes up a large portion of his or her life, whereby they spend a large portion of their time performing the required tasks that are often accompanied by various demands or pressure that can result in an employee experiencing stress. Stress occurs when a person experiences various stimuli externally from the environment in the form of changing circumstances, as well as internal stimuli from the body such as physiological processes. The stress is caused by the fact that the body has to adjust and accommodate these stimuli (Brannon and Feist, 2009). It can also be stated that there are in fact positive as well as negative effects caused by stress. According to McGowan, Gardener and Fletcher (2006) the term “eustress” was coined by an author named Selye to differentiate the positive aspects of stress as opposed to ‘distress’ that represent the negative aspects. The authors further state that Eustress can be defined as a positive psychological response to a stressor indicated by the presence of positive psychological state. Distress (or ‘stress’ as it is traditionally known) is the negative psychological response to a stressor, indicated by the presence of negative psychological states. Employees respond to stress in various ways. As they are unique in the way they respond to stress, so they are also unique in their ways of coping with it (Brannon and Feist, 2009). The outcome of their resilience is based upon their skills of coping and adjustment.

1.3 Problem Statement
Life has become fast-paced. This has led to a culture of people who see instant gratification as the norm, whereby everything is fast, simple and instant. It thus comes as no surprise that the World Health Organisation has declared occupational stress to be a worldwide epidemic (Avey, Luthans and Jensen, 2009). Due to mounting pressure to perform, and constantly trying to improve their services, it remains difficult for employees to maintain high standards without experiencing increases in stress, thus making it harder for them to cope at work. This is especially true in the field of healthcare, where professionals often work in a field which requires great skill and expertise while forcing them to work within specific time constraints.

Bakker and Demerouti (2006) report that during the past three decades, various studies have shown that job characteristics can have a profound impact on the wellbeing of employees. Examples mentioned include job strain, burnout, as well as on the positive side, work engagement. Due to the fact that healthcare professionals work not only with human beings in need of their care, they are also expected to perform administrative functions as well as to conform to requirements stipulated by their employer which places them in a situation where time is limited. This places strain not only on the physical but also the emotional dimension of the healthcare professionals, thus making them more susceptible to stress, which can lead to burnout as well as illness. According to Wu (2009) when a person works in a stressful environment, work is usually associated with high demands. This may test the resilience or the arsenal of qualities, characteristics, or traits that the employee may possess, as stated by Jackson, Firtko and Edenborough (2007), which determine how well that person will be able to cope, and recover from such adverse circumstances.

Studies on the various factors that bring about a state of imbalance, such as job demands that lead to various negative states (Schaugeli, Bakker and van Rhenen, 2009) can also be confirmed by studies conducted by Korunka, Kubicek, Shaufeli and Hoonakker (2009). However, various research projects can be found that have been conducted on the subject of resilience and the workplace (Freeman and Carson, 2006). Authors who have conducted research in this area include Wilson and Ferch (2005), as well as Jackson, Firtko and Edenborough (2007). In terms of research in the field of personal resilience, Millear, Liossis, Shochet, Biggs and Donald (2008) as well as Myers and Sweeney (2005), have conducted research in this field, as have Wu (2009) and Jackson, Firtko and Edenborough (2007). Research by Van den Broeck, Vansteenkiste, De Witte and Lens (2008) speaks to
issues such as work engagement, which forms part of the positive aspects at work that assist in promoting resilience when an employee possesses the quality of resilience. The above-mentioned authors further explain that resilience occurs in individuals who possess the various skills that enable them to cope and adjust from adversities. Avey, Luthans and Jensen (2009) explore further by looking at psychological capital, a positive resource for combating employee stress and turnover, while McDonald, Vickers, Mohan, Wilkes and Jackson (2010) investigated how to maintain collaboration and build this capital.

Due to increases in patient numbers, as well as additional specialized services that have become a huge need since 2010, healthcare professionals have found themselves under additional pressure not only in terms of their acquisition of new skills through training but also stress that comes along with various new challenges at work. With the various demands placed on professional staff at their place of work on a daily basis, a buildup of various factors can lead to some sort of negative consequences for not only their psychological but also their physical health and wellbeing.

1.4 Objectives of the Study

Having set the stage for the motivation for this study, the primary objective of the study is to identify, explore and describe the perceptions of health care professionals (in this case registered nurses) regarding facilitation of resilience in the workplace. The secondary objective is to make recommendations to the head of the department to facilitate workplace resilience.

1.5 Chapter Overview of the Study

Upon stating the objectives of the current study, the overview of each chapter is provided which serves to guide the flow of information within the study.

Chapter 1 serves as an introduction to the present study and outlines the contextual background against which this study was conducted. The motivation for the study is also outlined.

Chapter 2 investigates the concepts of positive psychology and resilience. How employees relate to stress will be examined in conjunction with resilience, and more specifically, resilience in the workplace, as well as how employees deal with stress, coping
and adjustment. In addition to this, the researcher will report on research findings relating to resilience within various settings, including that of employees in the workplace.

Chapter 3 introduces the concept of job demands and job resources within the framework of the Job demands-Resources model, which allows the reader to gain insight into how the emotions of stress, coping and adjustment, relate to the experiences of employees in terms of job demands and resources.

Chapter 4 outlines the research design and methodology of the study. The sampling procedure, data analysis, and procedure followed in conducting the research are outlined.

Chapter 5 outlines the results of the present study. These results are discussed in relation to the Job demands-resources model.

Chapter 6 makes provision for conclusions, limitations and recommendations based on the results of this research.
CHAPTER 2
RESILIENCE

2.1 Introduction

With the various demands placed on professional staff at their place of work on a daily basis, a buildup of various factors can lead to some sort of negative consequences for not only their psychological but also their physical health and wellbeing. This chapter will investigate the concept of positive psychology and resilience. How employees relate to stress will be examined while investigating resilience, and more specifically, resilience in the workplace, as well as how employees deal with stress, coping and adjustment. In addition to this, the researcher will report on research findings relating to resilience within various settings, including that of employees in the workplace.

2.2 Positive Psychology

Historically, both health and social sciences focused on the causes of disease, deficits and behavioural problems as stated by Beeka (2008), with much emphasis being placed on this pathogenic paradigm. However, there has been a shift from the pathogenic approach towards a more positive salutogenic approach. According to Carruthers (2005, in Beeka, 2008) the positive (salutogenic) shift in focus is towards creating societal conditions that are more optimal for individuals, instead of attempting to contain or eradicate the pathology they are dealing with. Cherry (2011) explains positive psychology as being that particular area of psychology that focuses on human prospering. While many other branches of psychology tend to focus on dysfunction and abnormal behaviour, positive psychology is centered on helping people become happier. Cherry (2011) continues by mentioning Martin Seligman who she asserts is “widely viewed as the father of contemporary positive psychology”. Seligman and Csikszentmihalyi (2000) believe that positive psychology is a psychology of positive human functioning that will give rise to a scientific understanding and effective interventions that will build thriving in individuals, families, and communities. The above-mentioned authors further assert that the aim of positive psychology is to study, identify and amplify the strengths and capacities that individuals, families and societies require in order to thrive. A key concept which arises from the
salutogenic paradigm is that of resilience (Beeka, 2008), which is positive human functioning within the context of significant life challenges and adversity.

2.3 Resilience

Resilience can be defined as the ability to withstand and rebound from adversity. It has become an important concept in mental health theory and research over the past two decades. Resilience involves a dynamic process encompassing positive adaptation within the context of significant adversity (Luthar, Cicchetti, and Becker, 2000). Cherry (2009a) explains that resilience does not eliminate stress or erase life's difficulties but gives people the strength to tackle problems head-on, to overcome adversity and move on with their lives. Norman Garmezy, who is generally considered as the founder of the study of resilience (Robinson, 2007) describes resilience in an interview (in Glantz and Johnson, 1999) as manifested competence despite exposure to significant stressors. Newman (2002) defines resilience as the ability to adapt in the face of trauma, adversity, tragedy or even significant ongoing stressors, while Kelly, Berman-Rossi and Palombaro (2001) define resilience as the ability to bounce or spring back into shape or position. Researchers have found increasing evidence that the same adversity can result in different outcomes. For example, although many lives are shattered by childhood trauma, others emerge from similar high-risk conditions able to live and love well, evident in the finding that most abused children do not become abusive parents (Kaufman and Ziegler, 1987). Aguirre (2007) is of the opinion that resilience changes over time. It fluctuates depending on how much a person nurtures internal resources or coping strategies. The author states that while some people are more resilient in their work life, others may exhibit more resilience in their personal lives. Cherry (2009a) is of the opinion that resilient people are able to utilize their skills and strengths to cope and recover from problems and challenges, which may include job loss, financial problems, illness, natural disasters, medical emergencies, divorce or the death of a loved one. People who lack resilience may become overwhelmed by bad experiences. They may dwell on problems and use unhealthy coping mechanisms to deal with challenges. Generally, such individuals do not recover as quickly from setbacks and may experience more psychological distress as a result. Siebert (2005) describes highly resilient people as those who possess the quality of flexibility, are able to adapt to new circumstances quickly, thrive in constant change and, most importantly, they expect to bounce back and feel confident in their ability to recover from adversity. Such individuals
are also known to have a knack for creating good luck out of circumstances that others may perceive as bad luck. Siebert (2005) continues to describe attributes that resilient people utilise. Resilient people allow themselves to feel grief, anger, loss and confusion when hurt or distressed, and do not let such feelings become a permanent feeling state. Resilient individuals often have a “That which does not kill me makes me stronger” attitude to life. This accounts for why resilient people usually handle major difficulties more easily than others. This could be due to the fact that they expect to rebuild their disrupted lives in a way that works for them while they struggle to overcome adversity and develop new strengths within themselves. In examining the concept of resilience, it will be useful to consider the characteristics of resilience that cause a person to be more resilient and able to cope with challenges which life throws at them.

2.2.1 Characteristics of resilience

According to Cherry (2009b) while people may vary dramatically in the coping skills they use when confronting a crisis, researchers have identified some key characteristics of resilience. Many of these skills can be developed and strengthened, which can improve the ability of the individual to deal with life's challenges. The identified characteristics are:

- Awareness
- An understanding that setbacks are part of life
- An internal locus of control
- Strong problem-solving skills
- Having strong social connections
- Identifying as a survivor, not a victim
- Being able to ask for help.

Various studies on resilience, consisting of a mixture of both South African and international studies, have been conducted within different settings. The settings that follow include individual characteristics to enhance resilience, characteristics that promote individual resilience, resilience among families where a parent has accepted a voluntary retrenchment package, childhood cancer, diabetes type I, remarried families, schizophrenia, autism, HIV/AIDS and parental absence. This serves as introduction to the concept of resilience, demonstrating that the concept of resilience can be applied to varying settings, highlighting its importance.
Individual characteristics that Greeff and Ritman (2005) identified were those individual characteristics that appeared to enhance resilience in a family dealing with the loss of a parent. Participants were asked to state the qualities which helped the family adapt after their loss. The qualitative results indicated the following individual resilience characteristics, namely optimism, perseverance, faith, expression of emotions and self-confidence.

Greeff and Ritman (2005) believe that these characteristics are prominent individual characteristics of resilience that are considered to promote individual resilience. In the current challenging economic, organisational and workplace environment, Sherlock-Storey (2011) is of the opinion that resilience has become an increasingly important personal and organisational commodity for thriving in turbulent times. Therefore, individual employees who possess higher levels of personal/individual resilience are more likely to experience higher levels of well-being, sustain performance during challenges and be more open and thus willing to change at work.

Various studies have been conducted on resilience in general. In terms of South African studies, Greeff and der Kinderen (2002) examined resilience among families where a parent accepted a voluntary teacher's retrenchment package. They maintain that a strong relationship exists between family strains and distress. Essentially distress associated with a traumatic event or crisis situation can be intensified by an accumulation of family strain. They also state that the accumulation of these stressors affects the levels of family distress and thus impacts negatively on the level of adaptation. Greeff and Der Kinderen (2002) also saw financial stability as having a buffering role for the family. Financial management and sound economic decision-making was also seen as a protective factor and is seen as a family resilience resource.

A study conducted on family resiliency in childhood cancer by McCubbin, Bulling, Frierdich, and Bryne, (2002) revealed that other elements contributing greatly to resilience is the support enjoyed from the extended family, from friends and the community in which the family live, as well as support from the workplace.

Coetzee (2007) investigated the resilience in families living with a Type I diabetic child. In this study the aim was to explore and describe the factors that facilitate adjustment and adaptation in families that include a child living with Type I diabetes. The results of the quantitative analysis indicated three significant positive correlations. These variables were family hardiness, family problem-solving communication, and family time and routines. The results of the qualitative analysis revealed that social support, the caregivers’
acceptance of the condition, and spirituality and religion were the most important strength factors that contributed to the families’ adjustment and adaptation.

Robinson (2007) conducted a study on resilience in remarried families. This study aimed to identify, explore and describe the resiliency factors that enable families to adjust and adapt as a result of being a stepfamily. The results of the study indicated that there were significant variables that correlated positively, namely, family hardiness, family problem solving, communication and by spending time together and making use of routines within the family. The following themes emerged during the study and that were of great benefit were spirituality, boundaries, respect, love, understanding, compassion and acceptance, communication, flexibility and tolerance, and finally, social support.

A study conducted by Haddad (2007) on resilience in families where a member is living with schizophrenia comprised of a quantitative as well as a qualitative component. The results from the quantitative measures indicated that mobilisation (to access needed resources); social support in the form of friends and relatives; religious support; family time spent together; positive or affirming communication; and family hardiness, as seen through the families’ commitment to overcoming the crisis, and viewing it as a challenge, were all resources that the families used to adjust and adapt to the crisis of schizophrenia. In terms of the qualitative component, the findings revealed that spirituality and religion, understanding of the patient’s condition, social support, supportive family unit, and adherence to a treatment regime, as the most important resiliency factors. Other themes which emerged were communication, patience, treating the family members as normal, hope, avoiding conflict situations, and individual characteristics of the patient.

Hanekom (2008) conducted a study that examined resilience in families with a child living with autism spectrum disorder. The results from the quantitative analysis indicate three significant positive correlations. The variables were the family hardiness, family problem-solving communication, and family time and routines. The findings from the qualitative analysis indicated that social support, the spousal relationship and family time, togetherness and routines are the most important strength factors that contribute to the family’s adjustment and adaptation when faced with a diagnosis of autism spectrum disorder.

Beeka (2008) conducted a study on resilience in HIV/AIDS adolescent headed families. The collected data revealed that the family resilience factors that emerged included intrafamilial strengths (family cohesion, organisation, hardiness and adaptability); social support resources (especially from community projects, friends, community members);
family appraisal processes; and problem solving and coping strategies. Extended family support was partial and largely financial.

In a study conducted by Kana (2009) on resilience in children experiencing voluntary parental absence, the aim of the researcher was to enhance the understanding of children’s experiences of these voluntary parental absences and the factors that contributed to their resilience during this process. Four themes were derived from the study were (1) Children’s perception of a family, where the participants defined family according to characteristics of care and love; (2) Children’s experiences of living with a substitute family, where there was a process of detachment from biological parents, attachment to the substitute family and present experiences in the new family; (3) Resilience in children, where the participants revealed their ways of coping; and, lastly, (4) Suggestions from the participants on how other children in the same situation could cope. The findings revealed that many of the participants had never spoken to anyone about their experiences before, and the interview was their first time of exploring feelings and talking about their life and they felt that they were being heard and accepted. The children had also benefited from the support they had received, be it from their biological or substitute family, friends, or school. Their resilience was enhanced when there was a feeling of being supported. Greeff and Human (2004) studied resilience in families in which a parent has died. These researchers also found social support, in this case by extended family, to be an important resilience factor. The social support provided the family with practical assistance and companionship while adding a sense of security and solidarity. Their second most important recovery-enhancing resource was that of intrafamilial emotional and practical support. Religious and spiritual support was an important coping resource. The religious and spiritual beliefs gave meaning and purpose to the family's experiences and this led to an understanding and acceptance of their lives. Families have also noted that one of their most valuable resources within the family unit was that of open and honest communication and adequate financial resources.

While considering what resilience is, its characteristics and how it affects an individual, it will be of value in terms of the current study, to consider how the above-mentioned fits into resilience in the workplace, which is discussed below.

2.4 Workplace Resilience

Since resilience refers to the ability to withstand and rebound from adversity, one is able to say that in terms of employees in a working situation, they are constantly subjected to mounting pressure to perform, and constantly trying to improve their services, and thus it
remains difficult for employees to maintain high standards without experiencing increases in stress, thus making it harder for them to cope at work. According to Sherlock-Storey (2011) the current climate of constant organisational change means that employers require adaptive and resilient employees who are able to maintain adequate, if not high, levels of performance through significant change and re-organisation in addition to high levels of physical and psychological well-being. Resilient individuals are better equipped to deal with the stressors in a constantly changing workplace environment, because they are open to new experiences, flexible to ever-changing demands and display more emotional stability when faced with various challenges (Avey, Luthans and Jensen, 2009).

According to Wu (2009) when a person works in a stressful environment, work is usually associated with high demands, thus testing the resilience, or the arsenal of qualities, characteristics, or traits of the employee. Furthermore, Jackson, Firtko and Edenborough (2007) state that such qualities will determine how well a person will be able to cope, and recover from such adverse circumstances that cause them a great deal of stress. Siebert (2005) asserts that people with resiliency skills have a significant advantage over people who feel helpless. The author provides the following advantages of resilient people over those who are not:

- Organizations with highly resilient employees have an advantage over their less resilient counterparts.
- During downsizing, a resilient worker with a wide range of skills has a better chance of retaining their job.
- Resilient people are more likely to be successful when applying for new positions.
- When their job-skills are no longer required, resilient people are quick to learn a new way to earn an income.
- During economic hardships, resilient people give their families a better chance of pulling through and bouncing back.
- Resiliency is crucial when additional challenges occur and such people are less likely to become ill during difficult times.

A number of studies exist that report on the various factors that influence resilience. Wilson and Ferch (2005) did an investigation into enhancing resilience in the workplace through the practice of caring relationships. A study looking at personal resilience as a strategy for surviving and thriving in the face of workplace adversity was completed by Jackson, Firtko and Edenborough in 2007. In a study that focused on the role conflicts, Wu
(2009) investigated the relationship between role conflicts, emotional exhaustion and health problems based on the Job Demands-Resources model. Correlation analysis showed that role conflicts had a positive correlation to emotional exhaustion. Emotional exhaustion and health problems were also positively correlated. Results reported by Wu (2009), suggest that the positive effect of role conflicts on health problems was partially mediated by emotional exhaustion. This study also indicated an intrasender role conflict that resulted from incompatible expectations, that is, the dual image of being uncompromising and friendly.

In research conducted by Wilson and Ferch (2005) described how resilience in the workplace can be enhanced through the practice of caring relationships. They looked at the nature of change and the role that resilience plays in the change process as well as describing the dynamics of caring relationships. The authors also summarized the resilience characteristics such as a supportive environment, personal autonomy, emotional maturity, creativity as well as hope, and how these factors are enhanced through caring relational practices, as well as ways that these attributes can be applied in the world of work.

A study was conducted by Leach (2006) on job insecurity, resilience and general health of employees. The objective of this study was to investigate the relationship between job insecurity, resilience and general health of personnel and to examine differences in the job insecurity, resilience and general health levels of different demographic groups. Resilience was shown to play a moderating role in the relationship between job insecurity and social dysfunction (and not in any of the other general health dimensions), as results indicated that the social functioning of individuals measuring high on resilience was less affected by job insecurity than those individuals measuring low on resilience.

Pretorius (2007) conducted a study on resilience, self-efficacy and burnout of employees to determine whether ego-resilience and self-efficacy can be used to predict burnout levels of employees. A cross-sectional survey design was used. A significant statistical and practical correlation was found between state ego-resilience and burnout. Surveys on self-efficacy and burnout demonstrated a significant statistical and practical correlation. Regression analyses indicated that both state ego-resilience and state self-efficacy hold predictive value with regard to burnout.

Lamb (2009) conducted a study on personality traits and resilience as predictors of job stress and burnout. A total of four questionnaires were administered to participants. The results indicated that there was a high level of job stress and a high level of burnout with a
low sense of personal accomplishment and resilience among employees who participated in the study. In considering resilience in the workplace, factors such as how resilience can be enhanced as well as the qualities employees may need to be taken into account when considering workplace resilience; it will prove useful to examine workplace resilience in the field of healthcare.

2.4.1 Workplace resilience in the field of healthcare

Pipe, Buchda, Launder, Hudak, Hulvey, Karns and Pendergast (2012) are of the opinion that the key role of healthcare leaders is to create and sustain an organizational environment that optimizes high-quality, safe and effective patient-centred care. They believe that a leader's role is not confined only to ensuring the best possible physical environment but that the role also needs to extend towards creating an organizational culture that supports the healthcare team members in their stressful work environments. This is especially true since healthcare professionals often work in a field that requires great skill and expertise while forcing them to work within specific time constraints. Resilience according to Kornhaber and Wilson (2011) has been identified as an essential characteristic for nurses in their work environment. Healthcare professionals work with human beings who come with a range of physical as well as emotional complaints that will touch them to some extent, making their work much more complex, leading them to utilize their skills in order to cope and bounce back from the various work-related challenges which they encounter. During times of ambiguity and organizational change, resilience is a trait that helps employees effectively manage change – professionally and personally. Kornhaber and Wilson (2011) further state that resilience is able to assist nurses to bounce back and cope in the face of workplace adversity, sustaining them through difficult and challenging working environments.

South Africa’s health care system is dependent on caring, compassionate, professional nurses as its backbone. In current times professional nurses are very often the first point of contact for patients at primary healthcare facilities (Ntuli and Day 2004; Van Rensburg and Pelser 2004; Koen, van Eeden and Wissing, 2011) which places a considerable burden on professional nurses in terms of their daily workload. Although the challenges inherent to such a working environment can be rewarding and exciting, Pipe et al., (2012) maintain that if workers experience such intense challenges over a prolonged period, these challenges can deteriorate into stress, and performance can be negatively impacted. The
authors further assert that stress has negative impacts on physical and emotional health. They also say that creating and sustaining a work environment where employees could learn and use positive and effective coping skills, would result in benefits like a safe, effective and highly satisfying care environment for patients.

Jackson, Firtko and Edenborough (2007) reported on a study where personal resilience as a strategy for surviving and thriving in the face of workplace adversity, was examined. They also wanted to identify strategies to enhance personal resilience in nurses. They maintained that workplace adversity in nursing is associated with excessive workloads and lack of autonomy among other factors. Despite this many nurses choose to remain in the profession and survive, and even thrive despite a climate of adversity in their place of work. Following the investigation the authors concluded that nurses can actively participate in the development and strengthening of their own personal resilience thus reducing their vulnerability to workplace adversity which could improve the overall healthcare setting. Further recommendations flowing from their investigation was that of introducing resilience-based training to nursing education, as well as encouraging a mentorship programme for professional support outside the nurses’ immediate workplace.

Garcia and Calvo (2012) conducted a study that examined the influence of emotional annoyance and resilience on the emotional exhaustion levels of nursing staff. Emotional exhaustion is seen as one of the key factors in understanding both the performance and the quality of care that nurses provide. Emotional annoyance and resilience have been identified by the authors as variables that could help explain levels of emotional exhaustion. According to their findings emotional annoyance and resilience contribute to a better understanding of emotional exhaustion levels of nursing staff. They also reported that there was a significant association between emotional annoyance and emotional exhaustion, while resilience appeared to serve as a protective measure against emotional exhaustion.

In the South African context, Koen, van Eeden and Wissing (2011) conducted research on the prevalence of resilience in a group of professional nurses. The aim of the study was to determine whether private versus public contexts played a role in nurses’ resilience, and to obtain an indication of the participants’ views of their profession and resilience therein. Professional nurses working in public and private hospitals in South Africa voluntarily completed measures of psycho-social well-being as indicators of their degree of resilience. They also answered three open-ended questions relating to their profession. Results obtained from the study showed that nurses in private health care had significantly higher levels of resilience than nurses in public health care. The above-mentioned research
holds significant relevance for the current study due to the fact that they share similar sample populations as well as the subject of resilience, and thus also serve as motivation for the current study in terms of advancement of research within the field of workplace resilience.

Many employees are faced with the task of juggling work, children/elderly parents and postgraduate studies, amongst many other daily activities. Because life has become extremely fast-paced, there are times when employees feel stretched to the limit and become overwhelmed at the prospect of coordinating their lives, which leads to them experience stress (Ogden, 2007).

2.5 Stress

Stress occurs when a person experiences various stimuli externally from the environment in the form of changing circumstances, as well as internal stimuli from the body such as physiological processes. The stress is caused by the fact that the body has to adjust and accommodate these stimuli (Brannon and Feist, 2009). According to Elitharp (2005) stress may have different meanings for each individual, and even scientists have developed widely varying definitions. Hancock and Szalma (2008) define stress as a high threat, high demand situation that disrupts performance, thus referring to responses to high-risk, high-task situations. This author further asserts that stress is a multi-dimensional construct, meaning that it is a non-specific result of various stressors in a particular setting, whether it is noise, time pressures or fatigue among others. Seaward (2011) defines stress as the non-specific response of the body to any demand placed upon it to adapt, whether that demand produces pleasure or pain. This author further outlines stress as an absence of inner peace, in terms of Eastern philosophies, while in the Western culture stress could be described as a loss of emotional control. Tiwari (2009) defines job stress as an interaction of work conditions with worker’s characteristics that changes their normal psychological and/or physiological functions. Upon discovering that the pressures of work increase, employees are likely to be overwhelmed and will thus find themselves in a stressful situation. According to Ogden (2007) an increase in stress will negatively affect the individual. This has an impact not only on the relationship with the employee, but also with colleagues. Adjustments to job demands are often necessary and these may cause stress in the workplace. The resiliency of all parties involved will depend on the relationships which employees have with each other.
Kleinke (2002) maintains that various factors will play a role in the way that the employee will cope during a stressful period. Examples of factors that can assist an individual could be the relationship and cultural values of the employees, as well as that of external sources such as family and the community. Ogden (2007) is of the opinion that the effect that stress has on a person is based more on the person’s interpretation of the stressful event than on the stressful event itself. Each person interprets stimuli in the environment differently, and therefore what may be stressful to one person may not be stressful to another. In order to deal with stress, an individual needs to manage the specific stressors that are confronting him or her. This process is known as coping. Gillis (1972), Alberts (1993) as well as Ogden (2007) state that each individual is touched by their experience of stress in different ways and experience stress in their own unique way. This means that employees also have individual and unique ways of coping with stress. The outcome of their resilience is based upon their skills of coping and adjustment. The next section will discuss the concept of coping; various coping responses as well as coping resources.

2.6 Coping

Coping can be defined as the efforts that people make to manage situations that have been appraised as potentially harmful or stressful (Kleinke, 2002). Harrington (2012) describes Lazarus and Folkman’s (1984) model of stress as one that emphasizes the role of appraisal in determining whether demands become stressors. Their model, which has become widely accepted by researchers, was described by Somerfield and McCrea (2000) as “now-classic writings”. Lazarus and Folkman (1984) define coping as a constantly changing cognitive and behavioural effort to manage specific external and/or internal demands that are appraised as taxing or exceeding the resources of an individual. From this definition, one can draw certain conclusions regarding coping:

- Coping is a process, meaning that it takes place over time (Kleinke, 2002; Lazarus and Folkman, 1984, Harrington, 2012).
- Coping is not automatic – it is a learned pattern of responding to stressful situations (Brannon and Feist, 2009).
- Coping requires effort, even if the person who is confronted with the stressor is not entirely aware of his or her coping response (Lazarus and Folkman, 1984).
Coping is an effort to manage a situation, and does not necessarily imply a positive outcome (Kleinke, 2002), or that control and mastery of the situation will be achieved (Lazarus and Folkman, 1984).

Employees will all experience some stress, either individually, or collectively. According to Lazarus and Folkman (1984) the interpretation of stressful events is more important than the events themselves. It is neither the environmental event nor the person's response that defines stress, but the perception of the person's psychological perception. These perceptions may include potential harm, threats or their ability to cope with the challenges facing them. Lazarus and Folkman have identified two kinds of appraisal: primary appraisal and secondary appraisal in order to address this:

- **Primary appraisal**, as stated by Kleinke (2002) as well as Harrington (2012), refers to a situation whereby the individual is faced with a challenge or stress and asks himself whether they are in danger and whether the situation is upsetting to them. If the individual decides that the stressor does not imply any danger, the coping process is stopped. Primary appraisal can be summarized as an initial evaluation of whether an event is irrelevant, relevant but not threatening, or stressful. Should the individual perceive danger or threat, the individual moves to secondary appraisal.

- **Secondary appraisal** follows on from the primary appraisal. If the primary appraisal tells a person that there is a physical or psychological threat to them, they look for ways to intervene or deal with the situation. They ask themselves what they can do in the situation to help themselves. This refers to secondary appraisal and includes the individual’s evaluation of their coping resources and options for dealing with the perceived challenge or threat.

Lazarus and Folkman (1984, in Harrington, 2012) identified two general types of coping, namely problem-focused coping and emotion-focused coping. Problem-focused coping involves the attempt to understand and define a problem and to work out possible solutions. Emotion-focused coping is oriented towards managing emotional distress. Both of these methods are usually utilized when an individual is confronted with stress, and these processes may then either facilitate or impede each other. Following the description of the types of coping by Lazarus and Folkman (1984), coping responses, coping resources and adjustment needs further elaboration.

### 2.6.1 Coping Responses
An individual may make use of a number of different coping responses when experiencing stress. Some may be more effective than others. Kleinke (2002) is of the opinion that the most effective coping responses include seeking help, communicating feelings, taking rational action, drawing strength from adversity, using humour, and maintaining faith, self-confidence and feelings of control. Some of the least effective responses include hostility, indecisiveness, self-blame and attempting to escape or withdraw from the situation.

2.6.2 Coping Resources

How well people are able to cope depends on several factors (Brannon and Feist, 2009). One of these factors is the coping resources a person has available to him. According to Lazarus and Folkman (1984), some of the most important coping resources are health and energy, positive belief, problem-solving skills, social support and material resources. These coping resources are described as follows:

- Health and energy assists individuals in coping, since healthy, robust individuals are better able to manage external and internal demands than frail, sick people.
- Positive belief is an important coping resource. The ability to cope with stress is enhanced when people believe they can successfully bring about desired consequences.
- Closely allied to the previously mentioned resource, is problem-solving skills. Knowledge of a specific topic may assist an individual in understanding a problem he/she may be experiencing.
- Social skills refer to a person’s confidence in his or her ability to get other people to cooperate, and this can be an important source of stress management. This ability is closely related to the fifth coping resource.
- Social support is another important coping resource and refers to an individual’s feeling of being accepted, loved and prized by others.
- Material resources are also of vital importance in assisting coping. Having the financial means to purchase certain products and services can decrease the stress of other problems (Lazarus and Folkman, 1984).
The above-mentioned resources are essential to facilitate adjustment to various situations that an individual may face, which will now be discussed.

2.7 Adjustment

Weiten, Dunn and Hammer (2011) are of the opinion that the concept of adjustment originates in biology. The biological term usually used is “adaptation”, a concept that was the cornerstone of Darwin’s theory of evolution. Darwin believed that those species that are most fitted to adapt to the hazards of the physical world would survive. The authors maintain that the field of psychology has taken the term “adaptation” and renamed it “adjustment”. It becomes evident that psychology is more concerned with psychological survival or adjustment than with physiological survival or adaptation. Lazarus and Folkman (1984) define adjustment as the psychological processes by means of which an individual manages or copes with various demands or pressures. Hancock and Szalma (2008) state adjustment is a dynamic process by which a person strives to satisfy his/her inner needs through mature, efficient and healthy responses, while simultaneously striving to cope successfully with the demands of the environment in order to attain a harmonious relationship between the self and the environment. Weiten, Dunn and Hammer (2011) define adjustment as the psychological process through which people manage or cope with the demands and challenges of everyday life. Since employee adaptation becomes the central concept in understanding the employee’s resiliency and struggle to manage the crisis created by the initial stressor, the additional hardships associated with a work-related crisis may include ambiguous solutions, increased relationship strains and decreased emotional or financial resources, depending on the nature of the stressor. The authors further assert that hardships create additional burdens, above and beyond the initial stressor that started the process and propelled the employee into a crisis situation.

2.8 Conclusion

From the above discussion it becomes obvious that defining the terms resilience, workplace resilience as well as stress, coping and adjustment may not be as simple as one would have thought. The researcher has attempted to explain the concepts of stress, coping in addition to coping responses and coping resources, and adjustment and how they relate to resilience, and more specifically workplace resilience. The researcher has also reported
on research findings relating to resilience within various settings, including that of employees in the workplace. The following chapter will be devoted to the discussion of job demands and resources while allowing the reader to gain insight into how the emotions of stress, coping and adjustment, which have been discussed in this chapter, relate to the experiences of employees in the said situation.
CHAPTER 3

JOB DEMANDS AND JOB RESOURCES

3.1 Introduction

In the previous chapters the researcher has attempted to explain the concepts of resilience, workplace resilience, stress, coping, coping responses, coping resources, as well as adjustment. The current chapter presents a discussion of job demands and job resources within the framework of the Job demands-Resources model. This will allow the reader to gain insight into how the emotions of stress, coping and adjustment relate to the experiences of employees in terms of job demands and resources.

3.2 Job demands-Resources Model (JD-R model)

Various stress models are in existence that examine either the positive or negative aspects of employee wellbeing. However the JD-R model will be used in this study due to the fact that it encompasses the dual aspect of both the positive and negative aspects of employee wellbeing. According to Bakker and Demerouti (2006) the job demands-resources model was introduced as an alternative to other models of employee well-being, such as the demand-control model and the effort-reward imbalance model. Kain and Jex (2010) maintain that the main idea behind the demands-control model is that control buffers the impact of job demands on strain and can help enhance the job satisfaction that employees experience while the opportunity to engage in challenging tasks and learning new skills exists. These authors continue by mentioning the fact that research revealed inconsistencies with this model, citing that different variables have been used to measure demands, control, and strain. Furthermore, not enough longitudinal research had been done and the authors also made mention of the fact that the model does not take workers’ individual characteristics into account (Van Der Deof and Maes, 1999 in Kain and Jex, 2010).

In terms of the Effort-reward imbalance model, Bakker and Demerouti (2006) describe it as a model that places its emphasis on the reward, rather than the control structure of work. The authors further assert that the model assumes that job strain is the result of an imbalance between effort (extrinsic job demands and intrinsic motivation to meet these demands) and reward (salary, esteem reward or security). The authors of the job demands-
resources model argue that these models have been restricted to a given and limited set of predictor variables that may not be relevant for all job positions. Bakker and Demerouti (2006) further assert that, although in general one could argue the fact that the strength of both the above-mentioned models lies in their simplicity this could also be seen as a weakness because the complex reality of working organizations is reduced to a few variables and this does no justice to reality. These statements are echoed by Korunka, Kubicek, Schaufeli and Hoonakker (2009). These authors further critique the models saying that they are both static in character. Therefore, the job demands-resources model incorporates a wide range of working conditions into the analyses of organizations and employees. Furthermore, instead of focusing solely on negative outcome variables (e.g., burnout, ill health, and repetitive strain) the model includes both negative and positive indicators and outcomes of employee well-being, which is why the job demands-resources model is the preferred model of choice. The authors further assert that the model satisfies the need for specificity by including various types of job demands and resources, depending on the occupational context under study. Thus, the Job demands-resources model encompasses and extends both models and is considerably more flexible and rigorous, hence the decision to conduct this study within the theoretical framework of the Job Demands-Resources Model (Bakker and Demerouti, 2006) See Figure 1.

Bakker and Demerouti (2006) are of the opinion that different occupations will have their own set of risk factors specific to the profession associated with job stress. These factors can be divided into two general categories (i.e. job demands and job resources), thus constituting an overarching model that may be applied to various occupational settings, irrespective of the particular demands and resources involved. The second premise of the Job demands-Resources Model (JD-R) is that two different underlying psychological processes play a role in the development of job strain and motivation. The first being the health impairment process, poorly designed jobs or chronic job demands that exhaust employees’ mental and physical resources and may deplete their energy levels. Individuals use performance-protection strategies under the influence of environmental demands, which is achieved through the mobilization of autonomic and endocrine and/or increased subjective effort, hence the greater the effort, the greater the physiological costs for the individual. The second process is motivational in nature, whereby it is assumed that job resources have motivating potential and can thus lead to higher work engagement, lower cynicism and excellent performance. The interaction between job demands and job resources is important for the development of job strain and motivation. Job resources may
buffer the impact of job demands on job strain. Several different job resources play the role of buffer for several different job demands. Which job demands and resources play a role in a certain organisation depend upon the specific job characteristics that prevail. The final proposition of the JD-R model is that job resources particularly influence motivation or work engagement when job demands are high.

![Figure 3.1. The Job demands-Resources Model (Bakker and Demerouti, 2006).](image)

Various studies have been conducted using the job demands-resources model, which further strengthened the motivation to utilize it within the current study. In terms of the dual process of the model, evidence from a number of studies has supported the dual pathways to employee well-being proposed by the model. It has been shown that the model can predict important organizational outcomes (Bakker, Demerouti and Schaufeli, 2003a; Hakanen, Bakker and Schaufeli, 2006; Bakker, Demerouti, De Boer and Schaufeli, 2003b). In addition, research findings support the job demands-resources model’s claim that job demands and job resources initiate two different psychological processes, which eventually affect important organizational outcomes (Bakker, Demerouti, Taris, Schaufeli and Schreurs, 2003c; Schaufeli and Bakker, 2004; Schaufeli, Bakker and van Rhenen, 2009).

Studies conducted by Bakker, Demerouti, and Euwema (2005) as well as Xanthopoulou, Bakker, Demerouti, and Schaufeli, (2006) indicate strong support for the proposed interaction between job demands and job resources in their relationship with employee
well-being. Studies conducted while using the job demands-resources model also show that job resources in particular, impact on work engagement when job demands are high (Hakanen, Bakker and Demerouti, 2005; Bakker, Hakanen, Demerouti, and Xanthopoulou, 2007). Following the introduction to the job demands-resources model, the various aspects that comprise the model will be discussed below.

3.3 Job demands

Job demands refer to the physical, psychological, social or organizational aspects of the job that require sustained physical and/or psychological effort and are associated with certain physiological and/or psychological (cognitive and emotional) costs (Bakker, ten Brummelhuis, Prins and van der Heijden, 2010). According to Bakker and Demerouti (2006) the following categories of job demands, identified in terms of the Job demands-Resources Model, are mental demands, emotional demands, and physical demands. Examples of job demands are further outlined by the author as work pressure, dealing with demanding clients, or encountering situations that affect the employee emotionally. Although job demands are not necessarily negative, they may turn into job stressors when meeting those demands requires high effort from which the employee has not adequately recovered (Meijman and Mulder, 1998, in Drenth, Thierry and de Wolf, 1998). Podsakoff, LePine and LePine (2007) maintain that a distinction can be drawn between challenge stressors and hindrance stressors. Hindrance job stressors are job demands that involve excessive or undesirable constraints that interfere with or inhibit an individual’s ability to achieve valued goals - very similar to the definition of job demands within the job demands-resources model. Examples of hindrance job demands are role conflict, role overload, and role ambiguity. These job stressors are considered ‘bad’ stressors. Challenge stressors are high levels of workload, time pressure, and responsibility which represent examples of job demands within the job demands-resources model. These demands have the potential to be seen as rewarding work experiences well worth the discomfort involved, and are therefore considered ‘good’ stressors.

3.4 Job resources
Job resources refer to those physical, psychological, social or organizational aspects of the job that are either (1) Functional in achieving work goals, (2) Reduce job demands and the associated physical and/or psychological costs, or (3) Stimulate personal growth, learning and development (Bakker, ten Brummelhuis, Prins and van der Heijden, 2010). The authors cite the following as examples of job resources, namely, autonomy in scheduling work tasks, feedback from the supervisor, and social support from colleagues. This agrees with Hackman and Oldham’s Job Characteristics theory, also known as the Job enrichment theory model, which emphasizes the motivational potential of job resources at the task level, including autonomy, feedback, and task significance. Daft (2008) further cites that the model consists of three major parts: core job-dimensions, critical psychological states and employee growth-need strength.

3.4.1 Categories of Job resources

According to Bakker and Demerouti (2006) the following categories of job resources were identified in terms of the Job demands-Resources Model, namely support, autonomy, and feedback.

3.4.1.1 Support

Support within the working environment is vital, whether from a supervisor or from colleagues. Because work and how it is carried out within the organization is fundamentally about the relationships between not only the organization and its clients, but also between the organization and its employees, Leka and Houdmont (2010) assert that the people dimensions make all the difference. According to Scott (2010) while extensive research has been compiled regarding social support, four types of social support prove to be relevant in terms of what an employee would receive at work:

- **Emotional Support:** This refers to physical comfort such as a hug or pats on the back, as well as listening and empathizing.
- **Esteem Support:** This is shown in expressions of confidence or encouragement by pointing out strengths which the employee has forgotten, or just letting them know that one believes in them. This often leads to people believing in themselves more.
- **Informational Support:** Support offered in the form of advice-giving, or in gathering and sharing information.
- **Tangible Support**: Support that includes taking on responsibilities for someone else so they can deal with a problem. An example could be of a colleague offering to help brainstorm solutions, or in other ways help actively deal with the issue at hand.

### 3.4.1.2 Autonomy

Autonomy is defined by Daft (2008) as the degree to which the employee has the freedom, discretion and self-determination in planning and carrying out tasks at work. Bakker and Demerouti (2006) are of the opinion that job autonomy may be crucial for employee health and wellbeing because of the fact that greater autonomy is associated with more opportunities to cope with stressful situations. According to Nauert (2011) experts believe that workers who believe they are free to make choices in the workplace and be accountable for their decisions, are happier and more productive. Autonomy can take many different forms. Organizations may let employees set their own schedules, choose how to do their work or even elect to work from home. When people feel they have latitude, the results are impressive. Potential benefits include greater employee commitment, better performance, improved productivity and lower turnover. Autonomy is especially likely to lead to better productivity when the work is complex or requires more creativity. In a very routine job, autonomy does not have much impact on productivity, but it can still increase satisfaction, which leads to other positive outcomes (Nauert, 2011).

### 3.4.1.3 Feedback

Daft (2008) defines feedback as the extent to which doing the job provides information to the employee about his or her performance. This is important for the employees. Not only is feedback from colleagues relating to their performance important, but even more so from their superiors. In the case of new employees, or those who are embarking on new tasks or assuming new roles, coaching provides an effective means for feedback. Linley, Harrington and Garcea (2010) believe that coaching is a collaborative relationship formed with the aim of attaining professional or general development outcomes valued by the employee. The authors further assert that the coaching process essentially facilitates goal attainment by helping individuals to:

- Identify desired outcomes
- Establish specific goals
- Enhance motivation by identifying strengths and building self-efficacy
- Identify resources and formulate action plans
- Monitor and evaluate progress, and
- Modify action plans where necessary

An essential part of feedback is positive communication. Lewis (2011) believes that supportive and positive communication should be genuine, authentic and sincere when modeled by leaders to their employees. The author is of the opinion that once people are able to own their strengths, they will also be able to own their weaknesses. They can focus their energy where it brings them most reward as they are able to volunteer for tasks and challenges that fit their strengths, safe in the knowledge that these tasks will bring out the best in them. Lewis (2011) sums up by stating that the most important outcome is that people often experience an enhanced desire to live up to the positive image of themselves at their best.

It can thus be said that job resources may thus play either an intrinsic motivational role because they foster growth, learning and development, or they may play an extrinsic role in that they are instrumental in achieving work goals (Bakker and Demerouti, 2006). In the former case, job resources fulfill basic human needs such as autonomy, competence and relatedness. The authors further maintain that the presence of job resources lead to engagement, whereas the absence of these will evoke a cynical attitude towards work. Considering the above-mentions, it is important to take cognizance of the interactions between job demands and job resources.

3.5 Interactions between job demands and job resources

According to Bakker and Demerouti (2006), the job demands-resources model proposes that the interaction between job demands and job resources is important for the development of job strain and motivation. Inherent in the definition of job resources is the assumption that these resources may buffer the impact of job demands on job strain, including burnout. The authors further state that this assumption is consistent with the demand-control model (DCM; Karasek, 1979, 1998, in Bakker and Demerouti, 2006), but expands this model by claiming that several different job resources can play the role of buffer for several different job demands. Bakker and Demerouti (2006) further assert that determining which job demands and resources play a role in a certain organization depends
upon the specific job characteristics that prevail. Thus, whereas the demand-control model states that control over the execution of tasks (autonomy) may buffer the impact of work overload on job stress, the job demands-resources model expands this view and states that different types of job demands and job resources may interact in predicting job strain.

Bakker and Demerouti (2006) continue by reporting empirical evidence supportive of the idea that job demands and resources are responsible for two different processes. According to these authors, job demands are related to strain (including lack of energy and development of health problems) and job resources are related to motivation (including engagement with or disengagement from work, and commitment). Combining these processes leads to the following propositions (see Figure 3.2): when both job demands and resources are high, employees are expected to develop high strain and high motivation while when both are low, one can expect the absence of strain and motivation. Consequently, the high demands-low resources condition should result in high strain and low motivation while the low demands-high resources condition should have as a consequence low strain and high motivation.

![Figure 3.2](image)

Figure 3.2. Predictions of the Job Demands-Resources model based on additive effects. (Bakker and Demerouti, 2006).

Following the interaction of job demands and job resources, it will be useful to examine the concepts of burnout and engagement, as they interact, fitting into the job demands-resources mode.

### 3.6 Burnout and engagement

Burnout is a metaphor that is commonly used to describe a state of mental weariness (Schaufeli and Bakker, 2004). Burnout, as stated by Bakker, van Emmerik, and van Riet
(2008), was originally conceived as a work-related syndrome that most often occurs among individuals who work with other people. However, research of the past decade has shown that the two core burnout dimensions, emotional exhaustion and cynicism, can be observed in virtually any occupational group. However Schaufeli and Bakker (2004) continue by making mention of the Maslach Burnout Inventory (Maslach and Jackson, 1986) that was subsequently adapted to be called the MBI–General Survey (MBI-GS: Schaufeli, Leiter, Maslach, and Jackson, 1996). The survey consists of three dimensions. The first dimension, exhaustion—measures fatigue without referring to other people as the source of one’s tiredness. The second dimension, cynicism—reflects indifference or a distant attitude towards work in general, not necessarily with other people. Finally, professional efficacy encompasses both social and non-social aspects of occupational accomplishments.

Work engagement is assumed to be the positive antipode of burnout (Schaufeli and Bakker, 2004). According to Bakker (2011) engagement refers to focused energy that is directed toward organizational goals. Engaged employees are also more likely to work harder through increased levels of discretionary effort than are those who are disengaged. Engagement refers to an affective–cognitive state that is not focused on any particular object, event, individual or behaviour. Work engagement is different from job satisfaction in that it combines high work pleasure (dedication) with high activation (vigour, absorption). Job satisfaction is typically a more passive form of employee well-being. Work engagement is different from work-related flow in that it refers to a longer performance episode; flow typically refers to a peak experience that may last only 1 hour or even less. Finally, work engagement is different from motivation, in that it also refers to cognition (absorption) and affect (vigour) in addition to motivation (dedication). Notsurprisingly then, work engagement is a better predictor of job performance than are many earlier constructs.

The final proposition of the JD-R model is that job resources particularly influence motivation or work engagement, when job demands are high. Schaufeli and Bakker (2004) define motivation as a positive, fulfilling, work-related state of mind that is characterized by vigor, dedication, and absorption. Vigor is characterized by high levels of energy and mental resilience while working, the willingness to invest effort in one’s work, and persistence also in the face of difficulties. Dedication is characterized by a sense of significance, enthusiasm, inspiration, pride, and challenge. Vigour and dedication are the direct positive opposites of exhaustion and cynicism. Absorption is characterized by being fully concentrated and happily engrossed in one’s work, whereby time passes quickly and
one has difficulties with detaching oneself from work. Being fully absorbed in one’s work comes close to what has been called ‘flow,’ a state of optimal experience that is characterized by focused attention, clear mind, mind and body union, effortless concentration, complete control, loss of self-consciousness, distortion of time, and intrinsic enjoyment (Csikszentmihalyi, 1990, in Shaufeli and Bakker, 2004).

Bakker and Demerauti (2006) continue by referring to conservation of resources (COR) (Hobfoll, 2001) whereby people seek to obtain, retain and protect that which they value, (material, social, personal, energetic resources). The authors state that the theory proposes that stress experienced by individuals can be understood in relation to potential or actual loss of resources. Bakker and Demerouti (2006) continue by referring to Hobfoll and Shiron (2000) who have argued that:

- Individuals must bring in resources in order to prevent the loss of resources.
- Individuals with a greater pool of resources are less susceptible to resource loss.
- Those individuals who do not have access to strong resource pools are more likely to experience increased loss (“loss spiral”).
- Strong resource pools lead to a greater likelihood that individuals will seek opportunities to risk resources for increased resource gains (“gains spiral”).

The authors end by reporting that Hobfoll (2002) had additionally asserted that resource gain in turn and in itself has only a modest effect, instead acquiring its saliency in the context of resource loss. This thus implies that job resources gain their motivational potential particularly when employees are confronted with high job demands.

In a study that focused on the role conflicts, Wu (2009) investigated the relationship between role conflicts, emotional exhaustion and health problems based on the job demands-resources model. Correlation analysis showed that role conflicts, emotional exhaustion and health problems were positively correlated. The author further reports that results of the structural equation model further suggested that the positive effect of role conflicts on health problems was partially mediated by emotional exhaustion.

A study on job satisfaction, occupational stress, burnout and work engagement as components of work-related wellbeing, of which resilience was relevant, was conducted by Rothmann (2008) in South Africa. The results of this study confirm that work-related wellbeing is best represented by the four separate but related factors. The thoughts of depressed individuals revolve around loss and deprivation which trigger deactivated feelings. In this study, burnout (exhaustion and cynicism) had the highest loading (-0.91) on the second order factor (i.e. Work-related Wellbeing), followed by job satisfaction
(loading = 0.45), work engagement (loading = 0.43), and occupational stress (loading = -0.35). It seemed that, within the police context, burnout is the strongest component of work-related wellbeing.

Schaugeli, Bakker and van Rhenen (2009) studied how changes in job demands and resources predict burnout, work engagement, and sickness absenteeism. By making use of a longitudinal survey which supports the Job Demands-Resources model, the authors are of the opinion that a health impairment process and a motivational process revealed that (1) an increase in job demands (work overload or emotional demands) and a lack or decrease in job resources (social support or autonomy), predicts an increase in future burnout. Results also showed that an increase in job resources predict work engagement, meaning that burnout increases an absence from work while engagement sees a reduction therein. The results suggest a positive gain spiral in which initial work engagement predicts an increase in job resource, which further increases work engagement.

3.7 Conclusion

Through the information shared in this chapter, the researcher aimed to allow the reader insight into how the emotions of stress, coping and adjustment relate to the experiences of employees in terms of their perceptions of resilience in the workplace within the framework of the Job demands-Resources Model, while unpacking the various aspects of the model. This helps the reader achieve a greater understanding of the various components of the model. The following chapter describes how the study was conducted.
CHAPTER 4  
RESEARCH DESIGN AND METHODOLOGY

4.1 Introduction

This chapter provides a description of the research design and methodology employed in this study. The primary and secondary objectives of the study as well as the research methods that are employed are outlined. A description of the participants as well as the sampling procedure will be provided, in addition to the questions posed to participants that were used to gather the data. Lastly, the process of the research and the data analysis of the study will be explained.

4.2 Objectives of the study

The primary objective of the study was to identify, explore and describe the perceptions of health care professionals (in this case registered nurses) regarding facilitation of resilience in the workplace. The secondary objective was to make recommendations to the head of the department to facilitate workplace resilience. Considering the aforementioned objectives, it proved to be of great use to consider the following research design, in attempting to satisfy the objectives of the study.

4.3 Research design

Choosing a research design is an integral part of any study and should be approached with care. The research design is described as a detailed plan of how a research study should be conducted (Babbie, 2007).

The study is qualitative, exploratory and descriptive in nature due to the fact that interviews were conducted through which the participants were observed by means of their words and actions in order to reach an understanding of their situation, with the goal being that of finding common patterns or themes in their behaviour. The advantages of qualitative research are that the data is usually gathered using less structured research instruments. The findings are more in-depth since they make greater use of open-ended questions, essentially examining the subtle nuances of attitudes and behaviours (Rubin and Babbie, 2009). An open-ended question is designed to encourage a full, meaningful answer using
the subject’s own knowledge and/or feelings and the results provide much more detail on behaviour. Rubin and Babbie (2009) go so far as to say that the chief strength of the qualitative research method lies in the depth of understanding it provides. Rubin and Babbie (2009) maintain that the research is more flexible, allowing the researcher to adapt when to engage in qualitative research which is more difficult when using a survey or experiment. In this study the researcher conducted interviews in order to gain an in depth view of the subject.

The disadvantage of qualitative research lies in the fact that generalizability could prove problematic. Because qualitative researchers get a full in-depth view of their subject matter, they are able to gain a comprehensive understanding of it. The danger is that the very comprehensiveness of the understanding has the potential to be less generalisable than results that could have been obtained through other standardized measures, and the analysis of the results is thus much more subjective (Rubin and Babbie, 2009).

Exploratory-descriptive research sets out to observe, record, and describe the behaviour that is of interest. This is a primary and necessary goal for the development of scientific knowledge (Cozby, 2008). Furthermore, an exploratory research design aids in gaining familiarity with a phenomenon (Babbie, 2007). It can thus be said that the exploratory design aims at gaining awareness and understanding of the phenomena being studied. It is for this reason that the researcher made use of this method in the present study in order to understand the phenomena more clearly.

Descriptive research involves examining a phenomenon to more fully define it or to differentiate it from other phenomena (Babbie, 2007). The main advantage of the exploratory descriptive research design is that it increases the understanding of a particular field of interest and allows for the development of theory when the research question is vague or there is little theory available to guide the researcher in formulating hypotheses (Hair, Celsi, Money, Samouel and Page 2011). In this study the researcher wants to identify, explore and describe the perceptions of healthcare professionals regarding facilitation of resilience in the workplace. The main disadvantage of the exploratory descriptive research design is that there is no method for controlling extraneous variables. In addition, no cause-and-effect conclusion can be drawn (Babbie, 2007). When considering the research design, it is important to take cognizance of the participants and sampling methods employed in the study.

4.4 Participants and Sampling
For the purposes of this study, non-probability purposive sampling has been used. According to Cozby (2008), as well as Levy and Lemeshow (2011), in non-probability sampling we do not know the probability of any particular member of the population being chosen. With this type of sampling, individuals are selected who are considered to be most representative of the population as a whole, within the context of the chosen population for this study. Babbie (2010) echoes the sentiments of the above-mentioned authors, when selecting this particular sampling method. The advantages of this type of sampling technique, as stated by Levy and Lemeshow (2011), are that the investigator can obtain subjects without spending a great deal of money or time on selecting a specific sample group. This is also confirmed by Cozby (2008).

The method that the researcher employed in order to obtain the data for the study was of a qualitative nature. The researcher chose to make use of a semi-structured interview (Appendix 4), through which the participants were observed by means of their words, actions and records to reach an understanding of their situation to find common patterns or themes in their behaviour. For the purposes of this study, the sample that was selected consisted of the professional staff members (in this case registered nurses) who are employed at a primary healthcare facility at a Higher Education Institution. Professional staff members are those staff members who hold qualifications as Registered Nurses at Bachelor Degree level. This is one criterion selected by the researcher to introduce some homogeneity to the sample. The participants were thus equal in terms of their level of education, in line with Cozby’s (2008) assertion that in order to get expert opinions, the group should be homogenous in terms of their level of educational qualifications. The population size of participants for the study was n = 6 from which the researcher conducted interviews with participants until data saturation was reached that is, the content reflected by the participants was similar in nature and no new themes arose. In considering the above-mentioned, it is important to consider the participants and sample in terms of their utilisation in the research procedure. The disadvantages of using non-probability sampling technique is that even though one cannot generalise the results, it is however possible to explore new avenues.

4.5 Research Procedure
4.5.1 Data collection process

Following approval by the Faculty Research Technology and Innovation Committee (FRTI) of the relevant University, the researcher approached the Head of Department of the Campus Health Service at a Higher Education Institution in order to obtain the sample participants for the study. This was the first step in the research process. Step two entailed that the respondents were informed of the nature, procedure and outcomes of the research (Appendix 3). Consent forms (Appendix 2) were provided for each participant whereby they were able to provide the researcher with written informed consent to be interviewed, and that they agreed to the interview being recorded. Step 3 for the researcher was to conduct a Pilot Study prior to data collection, in the same manner as the main study, using one or two participants from the same population as the main study. This served as a trial run of the main study with the purpose of eliminating any problems that could be encountered during data gathering. According to Tachere (2011) the researcher may encounter problems relating to the participants’ responses to the open-ended research questions and thus be able to remedy the situation by making the necessary adjustments prior to the commencement of the main research project. The fourth step in the process, following receipt of their signed consent forms as well as clarification of any questions and/or concerns they may have had, was the data collection. Appointments lasting between 30 and 45 minutes were made with each staff member who indicated their willingness to participate, in order to conduct the recorded interview in a safe and secure environment, during a time that was most convenient for them so as not to negatively impact their workload. The accompanying cover letter (Appendix 3) also restated the nature, procedure and outcomes of the research which served as an additional opportunity for participants to gain further clarity if the need arose. The questions that were posed to participants read as follows: (1) “Tell me about the demands placed on you in your current work situation”, (2) “How do you cope with the demands placed on you?”, (3) “What can be done to assist you to cope better at work?”, and lastly (4) “Any additional questions/comments?”. The fourth question was added by the researcher in order for participants to have the opportunity to add to what they have said previously. Data collection continued until data saturation was reached.

4.5.2 Data analysis
In this study, use was made of Tesch's method of analysis for qualitative data which involves specific steps in order to analyse qualitative data (De Vos, 1998). The researcher acquired insight into the data as a whole by firstly examining the individual transcripts (Appendix 7) and then getting an overview of the combined feedback of all participants. This enabled the researcher to draw significant conclusions while drawing from his or her own experiences. The researcher was constantly aware of the impact of his personal judgment or perceptions regarding the material. In the transcript, the researcher noted his judgments and perceptions in brackets. After examining the transcripts the researcher was able to gain a holistic view of the data. Any thoughts that emerged were recorded. The researcher then listed all the topics and similar themes, thus clustering them together. The following step that was performed, was the coding of the transcripts, which was done by an independent coder to organise text into themes while identifying any new themes that were found, followed by literature control.

In order to establish the trustworthiness of the analysis in the study, use was made of Guba's (1981) model of trustworthiness which has been applied to this study. This would account for researcher bias and subjectivity. According to Krefting (1991, in Cramer, Hammond and Pottier, 2011), four aspects of trustworthiness exist. Firstly, trust value involves the researcher establishing confidence in the truth of the results for the participants and in terms of the context in which the study was undertaken. The second aspect is that of applicability, which refers to the extent to which the findings can be applied to other settings and contexts, referred to as reliability. The third aspect of trustworthiness outlined by Guba concerns that of data consistency and attempts to determine whether the findings would be similar if the study were to be replicated. The last aspect of the model involves neutrality. This aspect refers to the extent to which outside influences, biased perceptions and motivations impact on the findings of the study. In this study the researcher made use of the services of an independent coder thus ensuring that the above-mentioned has been fulfilled in this study in terms of trustworthiness.

Data was subsequently analysed after which a follow-up interview, step 5 in the process, was arranged with each participant in order to discuss their verbatim transcripts (Appendix 7). This step provided the respondents with the opportunity to verify their interview contents as correct, as well as afford them the opportunity to clarify any statements, thus further ensuring accuracy of the collected data. Upon accepting the transcript, participants signed an Interview Transcript Declaration (Appendix 6) wherein participants agreed that
they were satisfied with the content of their interviews, as well as restating their willingness to proceed with the research project, thus providing the researcher with further instruction to continue making use of their gathered data. To ensure confidentiality, the researcher has stored the transcripts and recordings of each participant in a safe environment and has made use of numbers for the purpose of identification of participants. This information will be kept for a period of 5 years after which it will be destroyed in an appropriate manner. Upon completion of the research study, a meeting was held whereby general feedback was disseminated to participants, and the study will be made available in the library for participants to access if they so wish.

While ensuring the reliability and validity of the study, it is important to take into account the following ethical considerations that have been employed for this study.

4.6 Ethical considerations

Ethical considerations are an essential element that cannot be ignored when conducting research. With this in mind, the researcher has also taken cognizance of the content disseminated in the Belmont Report. The Belmont Report (1979) attempts to summarize the basic ethical principles identified around conducting research with human subjects. With this in mind the researcher has included the following ethical considerations:

4.6.1 Informed consent

As stated by Cozby (2008), informed consent means that the participants are given an accurate description of the risks involved in participating in the study before consenting to participation. It is the duty of the researcher to inform participants that it is possible for them to withdraw from the study at any time, should they wish to do so, and that the option of removing their results at the end of the study exists.

4.6.2 Coercion

According to Cottrell and McKenzie (2010), coercion refers to the use of threats, force or any undue influence upon another. The author states that two types of coercion exist.
In overt coercion participants are given little or no option in their choice to participate. In subtle coercion, the participant chooses to participate as the choices put before them are of such a nature that the actual research process that was initially intended seems more desirable than the alternative. It was made clear to participants that participation was voluntary from the outset and that they were free to withdraw from the study at any stage if they so wished.

4.6.3 Privacy and confidentiality

Cozby (2008) maintains that researchers must take care to protect the privacy of participants as sensitive issues and topics of a private nature are often discussed. It is essential that all information provided by participants is kept anonymous and confidential. The letter that all participants were required to sign regarding informed consent (Appendix 1) also confirmed the issues of privacy and confidentiality.

4.6.4 Risk and Psychological Harm

The following precautions were taken during the study that helped ensure that participants were protected: (1) this research project has been supervised by an experienced, qualified supervisor, (2) participation was voluntary, (3) participants had to give their written informed consent before participating in the research, (4) participants were provided with contact details of the Faculty Research Technology and Innovation Committee (FRTI) should they have required any additional information regarding the study, and (5) participants were afforded the opportunity to verify their transcripts and sign an interview transcript declaration.

4.7 Conclusion

The research methodology and design used in this study was chosen on the basis of the objectives and purpose of this research. A qualitative, exploratory descriptive research design was employed for the purpose of this study. The data was gathered by making use of semi-structured interviews. In this study a non-probability purposive sample of Healthcare Professionals at a Higher Education Institution has been used to collect the data. The ethical guidelines outlined above were also taken into account when the researcher
secured the sample. The researcher thus kept the ethical issues in research, such as informed consent, coercion, privacy and confidentiality as well as risk and psychological harm, in mind. The researcher made appointments with the participants for the conducting of the interviews. The information gathered has been analysed and will be discussed in the following chapter.
CHAPTER 5
RESULTS AND DISCUSSION

5.1 Introduction

Chapter five describes the results of this study and discussions are also presented. It is important to revisit the objectives of this study before discussing the results obtained from the data collection and analysis. The primary objective of the study was to identify, explore and describe the perceptions of health care professionals (in this case registered nurses) regarding facilitation of resilience in the workplace, while the secondary objective was to make recommendations to the head of the department to facilitate workplace resilience.

5.2 Results of the analysis

The qualitative data was analysed using Tesch’s model of content analysis as well as Guba’s model of trustworthiness, in order to analyse the qualitative data. An independent coder was thus employed to ensure the trustworthiness of the data. The analysis process in terms of the study saw the following set of questions being put to the participants during their semi-structured interview process namely, (1) “Tell me about the demands placed on you in your current work situation”, (2) “How do you cope with the demands placed on you?”, (3) “What can be done to assist you to cope better at work?”, and lastly (4) “Any additional questions/comments?”. The fourth question was added by the researcher to provide the participants with the opportunity to add to what they have said previously. This was utilized by some of the participants during their interview process, thus ensuring a richer contribution towards the collected data.

Common themes emerged that include various subthemes which are presented (See Table 5.1) below.

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1. All participants experienced the demands made on them in the workplace as stressful

Participants categorised the demands made on them as:
1.1 Physical demands of a personal nature, related to the workplace and related to staffing
1.2 Emotional demands related to the work they do
1.3 Time related demands.

2. Participants identified strategies that help them cope with the demands in the workplace

Participants indicated that the following activities help to reduce their stress:
2.1 Open air activities
2.2 Talking about issues (debriefing/wellness line)
2.3 Maintaining a positive attitude
2.4 Support from management and colleagues
2.5 Ability to practice initiative and autonomous decision-making
2.6 Religious practices

3. Participants made recommendations on how employers can help relieve their stress

Participants identified a variety of issues that employers can address to help with stress relief:
3.1 Developing an in-house wellness programme
3.2 Providing sufficient staff of correct categories e.g. administrative staff, counsellors
3.3 Providing adequate facilities and equipment to improve efficiency e.g. each clinic room to be fully equipped
3.4 Providing developmental opportunities e.g. training in conflict resolution, team building.
3.5 Scheduling training programmes for less busy times of the year e.g. exams and recess times
3.6 Introducing elements of structured flexi-time

Table 5.1 Common themes and sub-themes

5.2.1 Demands within the workplace

As stated in chapter 3, job demands refer to the physical, psychological, social or organizational aspects of the job that require sustained physical and/or psychological effort and are associated with certain physiological and/or psychological (cognitive and emotional) costs (Bakker, ten Brummelhuis, Prins and van der Heijden, 2010). All participants experienced the demands made on them in the workplace as stressful. This is reflected in the various sub-themes that have emerged, to be discussed below.
5.2.1.1 Physical demands

According to Bakker and Demerouti (2006) physical demands are one of the categories of job demands that were identified in terms of the Job demands-Resources Model. Physical demands were experienced by the participants and emerged as a sub theme which is reflected in some of the statements made by participants:

- “In my office it’s challenging for me to walk up and down which is very tiring because of having to fetch some equipment that I need to use.”

- “It becomes difficult for me too because at other campuses the staff that come to relieve on this side, I feel that they regard this as a secondary site and the sites that they come from always take priority meaning that if somebody is off sick on that side, they will stay and relieve at the other site leaving this clinic short-staffed and that is a problem because we are extremely busy and the workload is quite high causing a huge demand on me physically…”

- “The facility is not conducive, not only because of the lack of sun, whereby my office does not get any natural sunlight, but also a lack of adequate ventilation, because if you open the window, you get the noise from outside and also for privacy one can only have the windows open for a certain time. Generally this facility and it is known to everybody that especially in winter this place is extremely cold and if you are cold, one needs to dress yourself in layers and layers of clothing and it becomes bothersome and it can be restricting when you are working at times. Another thing about the environment, is that there is no good airflow and this can influence the health of not only those who come here but also the staff who work here and so TB mycobacteria can be killed by sunlight and proper airflow and thus it does not get out of the building and can cause some risk to us. But since I have been here things are being looked at, but the wheels are turning very slowly. But at least it has been identified and something will be done.”

- “…I know it’s part of our job but at times we are usually called to go and attend to emergencies and that’s where we go all over the campus and that is one of the physical things that gets to us.”

Hancock and Szalma (2008) describe stress as a high threat, high demand situation that disrupts performance when under pressure in a particular setting, in this case the work environment. Whether it is noise, time pressures or fatigue, it affects the employee in a
negative way. Tiwari (2009) defines job stress as an interaction of work conditions with workers’ characteristics that changes their normal psychological and/or physiological functions. This was confirmed by the statements made by participants.

5.2.1.2 Emotional demands

Bakker and Demerouti (2006) assert that emotional demands form another category within the JD-R model. Emotional demands were identified as an additional sub-theme amongst some participants during the interview process. Some of the utterances made by participants included the following:

- “I get emotional, and sometimes I cry but I know I should not cry. I should be the one to be supportive to them but I do cry and it’s a situation that I do control, so you know it’s very difficult in terms of emotions but I can control it.”
- “…because we are extremely busy and the workload is quite high causing a huge demand on me physically, and also emotionally because there are those that you are not able to see and it is only natural for you to worry about them….. I don’t want them to come here and be turned away because there are not enough staff so I struggle with that also.”

According to research conducted by Johannessen, Tynes and Sterud (2013), employees who face high emotional demand and conflicting roles are more likely to report psychological distress which places them at a greater risk of mental health disorders and reduced productivity. Emotional demands are defined by Johannessen, Tynes and Sterud (2013) as dealing with strong feelings such as sorrow, anger, desperation, and frustration at work. Results in this study revealed that perceived role conflict and emotional demands were found to be the most important and most consistent risk factors for psychological distress. Furthermore, these authors assert that problematic levels of distress were 53% more likely for workers reporting role conflict and 38% more likely for those facing high emotional demands. These authors end by stating that psychological distress may represent early anxiety and depression, and has been linked to decreased job productivity and absenteeism.

5.2.1.3 Time related demands
Time was found to be of concern in terms of the experiences that participants had. Among the participants the concern appeared to be two-fold in that there was time pressure relating to the physical work, as well as time in terms of breaks and time off from duty. Some of the statements made by participants were as follows:

- “And it might happen that you are still rounding off your last client so you are not ready to start with the next one promptly on time so it causes a backlog to your next client until you find time to catch up and find a way to recover the lost time. So that is usually it about me, honestly. So that is the main demand I would say, sticking to time with clients.”

- “It’s the time per patient plus the patients that is walking in in-between, that is the thing that is the problem. And sometimes you find that the 20 minutes per patient is not enough because patients come with different problems and I mean the straight-forward ones that come, 20 minutes is fine but with the others, it takes more time…”

According to Putkonen (2009) these experiences mentioned by participants are not uncommon. The author states that despite many people reporting that they are able to perform well under pressure, it is a mistake to assume that a team can work effectively under constant time pressure and remain engaged and innovative with the work. Putkonen conducted a study in 2009 that investigated an approach to simulate and predict the dynamic effects of mental workload caused by time pressure. The results revealed that the mental workload of workers has a significant effect on their performance. The author further cites that potentially negative effects in the long term, resulting from time pressure eventually leads to delayed mental fatigue, which affects quality and productivity detrimentally in the long term and that mental fatigue decreases work engagement.

5.2.2 Coping strategies for workplace demands

Participants indicated that various activities help to reduce their stress, which in turn help them cope. As stated in chapter 2, coping can be defined as the efforts that people make to manage situations that have been appraised as potentially harmful or stressful (Kleinke, 2002).
5.2.2.1 Open air activities

Open air activities which expose an individual to fresh air, sunlight, physical movement or exercise contribute to the reduction of stress and is a contributing factor to coping. Participants made mention of the fact that they partook in various forms of physical activities which proved to be of benefit to them. Below are some of their statements:

- “Exercise is very important for me to relieve stress.”
- “I have started a hiking club and we do the most wonderful hikes and that is the best thing that ever happened to me because I am at a stage in my life where I am so happy because my kids are less dependent on me so I have more free time. So every weekend we hike on a Saturday from early morning to late afternoon or early evening and then we have a braai where you just meet lots of people and the most fantastic part of my hiking is going into the mountains and having a view that you can only get by walking to it, you cannot drive to such views. It’s something you cannot even capture on a picture so you have to be there to see it. So that’s one of the things I am doing.”
- “For me to cope, I like to go to the gym, like every day I mentioned that I like to go to the gym. Every day my lunch-time is when I go. So when I come to the gym I kind of feel like that weight off my shoulder for that day when I go. I’m releasing whatever pressure that came to me like in the morning to my lunch-time. So when I come back from gym I feel like I am a new person now and I can tackle work much better again, I have got more energy all over again.”
- “What I do to cope with life, is gardening. I love it, it is wonderful. I am able to relax and get rid of my frustration or just focus on nature and enjoy digging around in the soil and watching how the garden takes shape. I have even had some success with the bits of vegetables that grow in the vegetable garden at the clinic that we have.”
- “I also love aqua - swimming, that is so wonderful so that every time I walk into that warm water – I can’t tell you how wonderful and refreshing that is, so I swim which is good exercise. The aqua-aerobics is very nice in that you can get exercise and relieve stress.”

In chapter 2 in the discussion about stress, Brannon and Feist (2009) asserted that stress occurs when a person experiences various stimuli externally from the environment in the
form of changing circumstances, as well as internal stimuli from the body such as physiological processes. The stress is caused by the fact that the body has to adjust and accommodate these stimuli. Therefore the opinions expressed by the participants regarding how the outdoor or physical activities made them feel, confirms the assertions of the author.

5.2.2.2 Debriefing and wellness line

Employees are faced with various challenges in the workplace that culminate in demands placed on them. These lead to strain as stated in Chapter 3 within the framework of the Job demands-resources model (Bakker and Demariouti, 2006). Participants value the opportunity that presents itself in order for them to alleviate stress. Some statements reported read as follows:

- “I am site manager here for one year and it’s amazing how important it is to get feedback from the people who report back to you, be it positive or negative. I think that is what makes me cope a lot at work is the feedback that I get from the staff and I always say to the staff whether they come with feedback or a new idea or if it’s a challenge or a problem always think of how we can do better or how we can improve so if they come with a problem, also come with a solution so that we can also try to deal with it positively even though it’s a negative situation.”

- “Other strategies for me are that I use the wellness line. I call them if ever I’m stressed – maybe it’s not something here at work, I just call them and set up a meeting and I go there… Because whatever problem I have, let’s say at home, I can call them and somehow it affects you at work, and the wellness line can send you to counselling – I would love the other employees to use that because they tell you how to go about it.”

- “I believe in transparency, you talk about it, you make a platform where it can be addressed. So our site meetings are fine. If anything can’t wait for a site meeting on a Monday because the site meeting has also already passed by way of something that crops up during the week, say on a Friday, then you can either wait for the following Monday or else you politely address it.”

Pardey (2007) believes that in order for there to be effective communication in the workplace, there are a few essentials that should be in place. Firstly, all parties must want to communicate, secondly, all parties must understand that communication is always a top
priority and lastly that managers can only achieve their desired outcomes through others if they:

- State clearly what is required of their team members
- Provide all necessary information in order for the job to be completed
- Ensure that all parties have received the same message and that it is correct, and lastly
- Check that the message has been understood.

5.2.2.3 Maintaining a positive attitude

Maintaining a positive attitude is important at work. According to Sowers, Rowe and Rapp-Paglicci (2008) organisational culture and climate are two factors that are believed to influence attitudes. The authors define organisational culture as the organisational norms and expectations regarding how people behave as well as how things are done at work. They define organisational climate as a reflection of the perceptions of employees as well as their emotional responses to their work environment and the impact that potential changes could have on the workplace, workload and overall functionality. Responses from participants reflect their feelings as follows:

- “So when I get feedback from the staff regarding how things work its very encouraging to me. This feedback could also be from other staff or students that use the facility and I must say that I enjoy the positive feedback that comes from the staff, from the emails that they send so it is very encouraging to get the feedback.”
- “And also, what really motivates you is hearing that you have done something good, like when a student comes after giving her treatment and she came to me and says thank you very much, and that makes me very happy. That makes you want to work more when there are people who appreciate you.”
- “Something else that I do is motivating the students. Because I feel that if you can help that person with not only their treatment and to solve the problem that they have come for, you are also giving them education that can help them in the future. That way it helps me to also feel that what I do is really making a difference to them.”
• “I think what is also important is that feeling of accomplishment that one feels especially when you see a student at graduation that you know you have walked a long road with, and that you know that by being there for them and sharing knowledge with them, you have had a part in their success, in helping them reach their goals academically.”

In considering how participants feel, it is easy to concur with Sowers, Rowe and Rapp-Paglicci (2008) in that culture and climate are major contributing factors to attitudes in the workplace and that organisational culture influences staff attitudes such as job satisfaction, service quality, organisational commitment and morale of the organisation.

5.2.2.4 Support from management and colleagues

As stated in Chapter 2, when considering resilience in the workplace, Pipe, Buchda, Launder, Hudak, Hulvey, Karns and Pendergast (2012) assert that the key role of a leader is not confined only to ensuring the best possible physical environment but also needs to extend towards creating an organizational culture that supports the healthcare team members in their stressful work environments. In examining the above-mentioned, the researcher noted the following statements from participants:

• “We know that our line manager is supportive and the support that I have been getting from her during this time during which I have been site manager has been phenomenal.”

• “I also would like to think that I am very supportive of the staff here at this facility in supporting them when they are studying because they have been very supportive of me in this as well. For instance, when I need to do something or they need to fetch their child from school I am supportive in that way and it is the same kind of support I get from them in that situation. They would always say they would cover for me and that way so the support has been two-way in the clinic and then also getting support from my line manager. I feel that if you have the support from those closest to you what seemed impossible before is actually quite possible to achieve.”

• “I also get some support from my site manager, to me she has been very supportive of me if I want to do something, and she will say what you need from me to make your campaign a success.”
In Chapter 3 the researcher referred to support. Support within the working environment is vital, whether from a supervisor or colleagues. Work and how it is carried out within the organization is fundamentally about the relationships between not only the organization and its clients, but also between the organization and its employees (Leka and Houdmont, 2010). In examining the above-mentioned views held by participants, it is safe to conclude that these sentiments can be confirmed by literature.

5.2.2.5 Ability to practice initiative and autonomous decision-making

As stated in Chapter 3, autonomy is defined by Daft (2008) as the degree to which the employee has the freedom, discretion and self-determination in planning and carrying out tasks at work. Bakker and Demerouti (2006) are of the opinion that job autonomy may be crucial for employee health and wellbeing because greater autonomy is associated with more opportunities to cope with stressful situations. In terms of autonomy, participants revealed the following information about their experiences at work:

- “And also what I like is the fact that my job gives me the freedom to have the autonomy to make decisions. When I see a client, I do my own investigation, give them treatment myself. Let me make an example in that if you work in a hospital, the doctor will just tell you what to do so they will just say, give the panado now for example and you just follow what they tell you. Unlike here, I do everything by myself. I make a decision by myself and if I need a second opinion I will go to another nurse and ask them what do they think of this. So I can make that diagnosis and prescribe my own treatment.”

- “I think that when you work in a big group that we are, it’s about team work and the only way I see to make team work successful is healthy relationships and by that I don’t mean everybody just saying yes to everything but that we keep our autonomy and be able to keep our opinions and still agree to disagree and ultimately build a healthy relationships.”

- “I try and encourage the other people to come up with a positive suggestion to a problem to give them that autonomous mind-set and that they do not think that its only one person’s responsibility and by giving people autonomy you can encourage them and to empower people I believe you can only bring forth positive and better service.”
According to Nauert (2011) experts believe that workers who believe they are free to make choices in the workplace and be accountable for their decisions, are happier and more productive. Potential benefits include greater employee commitment, better performance, improved productivity and lower turnover. As seen in the responses of participants and the writings in Chapter 3, these confirm that autonomy is especially likely to lead to better productivity when the work is complex or requires more creativity.

5.2.2.6 Religious practices

Religion and spirituality mean various things to various people, and holds much value for participants, as seen in their responses below:

- “And something that is also very important to me is my religion, my spirituality. And I do find that if things do become too much for me in life I try my best to find what it is and if I need to I will go and speak to someone.”
- “Another thing that really works for me is prayer, because religion is such a central part of my life and it really helps me in whatever I am facing whether it is good or bad.”
- “And my learning, that is absolutely wonderful. I do love the theology course that I am doing but I do not like the assignments one bit. The learning gives you so much insight and allows you to stop and think about life and many other things.”

According to Hill and Dik (2012), for many employees religious coping plays an integral role in responding to and overcoming work-related stressors. The authors maintain that when employees attempt to engage in prayer and to make sense of stressors in terms of their religious and spiritual beliefs, these are directly related to desirable outcomes. Lastly the authors state that they are of the opinion that leaders should work to understand and possibly even facilitate religious coping in their organisations.

5.2.3 Participants’ recommendations on how employers can help relieve stress

During the interview process a question was posed to participants pertaining to how they could be helped to cope better at work. The following sub-themes emerged from the above-mentioned theme:
5.2.3.1 Developing an in-house wellness programme

Wellness appeared to be a very relevant topic for participants, whether in the form of physical, emotional or interpersonal wellness that is reflected in communication and/or interpersonal relationships. The following assertions emerged during the data collection process:

- “The challenge that I see here is that we do have staff who have weight problems and if we could have a smaller group thing those that are very self-conscious about going to a gym. So I think that even if we could have a treadmill and a bicycle and its available for us here only during our lunch break I think that would be a very good idea to improve the resilience of a lot of people with not only physical but also emotional problems that come with being overweight so if I could wave a magic wand I would get that and if staff see the other person doing it and getting results it would maybe encourage them. That would also cultivate a healthy relationship amongst the staff.”

- “The other thing I would like to see is an in-house wellness programme. We do have a wellness programme but its currently provided by a company outside and I think it should be in-house with the necessary confidentiality that people are concerned about and I think the gyming would be a part of that and positive reinforcement amongst the staff in the sense that it can benefit relationships. No matter how far a person is in their negativism, one could maybe change that person around and then be able to let the person attend workshops and work on interpersonal relationships.”

Above and beyond the fact that many employees spend the majority of their waking hours in the workplace which makes it the ideal venue for healthcare programmes, Baicker, Cutler and Song (2010) believe that there are several reasons why employers might benefit from investments in employee wellness. Firstly, such programmes may lead to reductions in health care costs and thus health insurance premiums. Second, healthier workers might be more productive and this will lead to a reduction in absenteeism. This was confirmed by a study conducted by Parts and Steelman (2008) which revealed that participation in an organizational wellness programme was associated with decreased absenteeism and increased job satisfaction.
5.2.3.2 Providing sufficient staff of correct categories

Working with a reduced staff complement can prove daunting. While this may be possible in the short term, this does not bode well for the long term due to the fact that the stress levels of employees rise which in turn affects their ability to cope at work. Participants had the following sentiments on the subject:

- “Something else is that the cards that are not filed. We really need to have a receptionist in that clinic, it is really important because it means that we are all running around trying to do the duties of a receptionist so that we are not able to see the students and this makes me very tired.”
- “I feel that one of the biggest challenges at my site is that there is no continuation of care. When the students need to talk to somebody they find new faces which is unsettling and that is why I feel that I definitely need a full time counsellor to provide for on-going personal counselling. I also feel that there is additional pressure that is placed on me because of sometimes having to perform the duties of the nurse and counsellor when there simply is not enough time and I feel as if the quality of care is not what I would like it to be.”
- “It becomes difficult for me too because at other campuses the staff that come to relieve on this side I feel that they regard this as a secondary site and the sites that they come from always take priority meaning that if somebody is off sick on that side, they will stay and relieve at the other site leaving this clinic short staffed and that is a problem because we are extremely busy and the workload is quite high causing a huge demand on me physically, and also emotionally because there are those that you are not able to see and it is only natural for you to worry about them.”

According to the study conducted by Bhaga (2010), it can be seen that the quality of patient care decreases as the workload of nurses increases. Furthermore, nurses who participated in the study became frustrated and disempowered when having to work under conditions where existing factors were out of their control, such as increased workload, and staff shortages.

5.2.3.3 Providing adequate facilities and equipment to improve efficiency
The working environment plays an important role in the working life of employees. If challenges are encountered these could lead to additional demands that workers need to face. Participants provided the following dialogue:

- “Something else that is lacking at this clinic is a designated debriefing room and tea room for the staff which other clinics have because one needs a place to be able to sit and have your tea and lunch in a space away from your desk and everything in your office because sometimes you feel you cannot stand in the kitchen but if you at your desk you are really not resting because there is something that you automatically start working with and you do not take a break which ends up making you even more tired. It is also useful to have for when there is a meeting or if there is group counselling that needs to be done and also that we can relax away from the students during tea or lunch.”
- “Generally this facility and it is known to everybody that especially in winter this place is extremely cold and if you are cold, one needs to dress yourself in layers and layers of clothing and it becomes bothersome and it can be restricting when you are working at times.”
- “Another thing about the environment, is that there is no good airflow and this can influence the health of not only those who come here but also the staff who work here and so TB mycobacteria can be killed by sunlight and proper airflow and thus it does not get out of the building and can cause some risk to us. But since I have been here things are being looked at, but the wheels are turning very slowly.”
- “So I would say that in my office it’s challenging for me to walk up and down which is very tiring because of having to fetch some equipment that I need to use. Let’s say I want to use the HB machine, we have got only one machine in the clinic so if I want to use it I must go out there, if I want to test urine I must go out there, if I want to do a dressing I must go out there. So that physical up and down drains me at the end of the day, I can feel it. So it’s not having everything nearby.”

In response to the above-mentioned utterances by participants, Barling, Kelloway and Frone (2005) confirm the statements by stating that factors such as noise, crowding, inadequate climatic conditions have the most obvious stress effects on office workers. In addition, certain ways in which work is organized have been found to be detrimental to mental and physical health and overall well-being, causing depression and burnout (Schnall, Dobson and Rosskam, 2009).
5.2.3.4 Providing developmental opportunities in communication and conflict resolution

In considering what employees felt the employer could do to benefit them at work, various topics emerged relating to developmental opportunities, conflict resolution and communication and team building. These aspects are reported as follows by participants:

- “If we can all communicate better, it will help between my colleagues. Whatever, let’s say I do something wrong, I would like another nurse or whoever, to me and say “you did this or that” ok. I don’t like it when someone goes to speak to someone else, but rather to come speak to me. If there is conflict at work, it’s not good.”
- “So if there is conflict for the manager to call both parties in and listen together, not just calling the one, listening and then the other one. So don’t come to me and then to him or her after but rather speak to us together to resolve it. So yes I think its communication, so there must be more open, honest and clear communication, as a team, and also a team building maybe?”
- “But the only thing that I would really request from my colleagues at work is to maintain better communication and better understanding of each other because we are all human and we all have our shortfalls…”

Smith and Wilson (2009) state that workplace relationships share characteristics with non-work friendships in that they are based on the presumption of progression and continuity and can be multidimensional. The authors continue by mentioning the fact that some organisational cultures encourage friendliness and informality while others encourage a formal, uniplex relationship while still others foster competitiveness and secrecy. These differing environments become the foundation for workplace interaction which in turn is part of workplace communication. According Cloke and Goldsmith (2011) every society, organisation, group and family creates a culture of conflict, a complex set of words, ideas, values, behaviours, attitudes, archetypes, customs and rules that influence how they think about and respond to conflict. People have thus developed entire ecosystems based on miscommunication and conflict avoidance in which people spend a large amount of time hiding from honest communication, trapped in unresolved disputes while others remain confused over unclear messages and unsuccessfully trying to make their needs and feelings heard and understood. This only contributes to the stress that employees face at work.
5.2.3.5 Scheduling training programmes for less busy times of the year

Training and maintenance of competencies is extremely important at work. This is even more so for qualified professionals. Besides the required professional competencies that require periodic updates, participants also made mention of the fact that they lacked other skills that they needed to function within their jobs in terms of the timing of training sessions. Their statements around training are as follows:

- “And again at work I would say if one really wants to go for any short course say for example a computer course, you really wish because you indicated on time that you have got any interest in that and you so wish that you could be allowed the time for it but sometimes you are not always able to go because by the time you realize it somebody else has also requested to do the same thing and since you are working in a team you cannot. So I think what needs to happen is that the site manager needs to look at all the requests that have come in and then it should be given on a first come first served basis to ensure fairness. And consistency for everybody.”

- “The only thing that I can tell you is that primary healthcare is not what primary healthcare used to be. Even 5 years ago, I won’t even say 10 years, now primary healthcare sends you to your books all the time, and you need to research, you need to read, you need to be up to date with everything. I also think is that we need to be up to date with all the new knowledge because that can also be a challenge on its own because if you still treat patients like you did 5 years ago you might run into trouble.”

- “And because we are working with students, by the time they are writing exams the flow of students coming to the clinic for service is not that much compared to when the term is still running and that would be the ideal time for you to go for your staff development so if somewhere somehow somebody would feel that yes there is less workload in that day so we can attend.”

It is important for managers to make the necessary time available to staff members in order for them to attend necessary training and staff development. Heathfield (2010) maintains that if the opportunity for continued growth and develop through training is afforded to employees, it can be accepted that such opportunities are one of the most important factors in employee motivation. Jones (2008) offers the following advantages to
employers in terms of training: (1) it is seen to boost morale since miserable workers do not perform their jobs well, (2) it limits employee turnover because by keeping employees content, motivated in addition to showing them respect makes it less likely for them to leave, (3) training increases productivity, (4) provides better vision which makes for better problem-solving and lastly, (5) fosters new ideas which ensure a dynamic and ever evolving working environment.

5.2.3.6 Elements of flexitime

Various factors can contribute towards the stress an employee experiences. This may be due to demands in terms of the workload, which relates to the physical work specifically, or else demands that stem from balancing work with personal life. These demands saw participants speak to this in the following responses during data collection:

- “…I personally feel that giving your time back when you need your time because you sacrifice your time when the service needs you so I strongly suggest that the site managers and the director gives your time back when you need your time.”
- “As a parent of young kids it has been sort of an emotional rollercoaster for me working here at the university. At all my previous jobs one of my pre-requisites were that even though I work specific hours, I could leave whenever I was needed to go for functions at my children’s school or matches or whatever if they needed me, and it has always been very important to me that my family and work life always accommodate each other. But I believe that if your family life is solid then everything around that will be ok.”
- “In my previous jobs it would be ok because I was the only nurse and I would arrange with my manager and it was never a problem. But then I would put in that extra bit because they accommodated me. So working at the University from an emotional point of view it has been taxing on me because not only are we far from where I live and my children go to school, but also from a distance point of view being very expensive to travel in and out.”
- “It’s not that you always want your time back sometimes it gets to you and you want your time back especially if you work through your tea and lunch time for more than 2 days in a row and sometimes you just need that break to recover your strengths again, and it’s a matter of you being able to accommodate the service –
not that I demand that the service accommodates me, but it makes you feel good, it
does not leave a bitter taste if you cannot be accommodated.”

In considering the various demands in terms of workload as well as work-life balance, employees are likely to experience increased levels of stress that in turn affects their coping at work. Losoncz and Bortolotto (2009) conducted a study on the experiences of Australian working mothers and work-life balance which suggest that there are some aspects that can impact negatively on work-life balance. These are work-life conflict which was associated with long working hours, work overload and lack of support from others. Just fewer than 30% of respondents had also experienced a high level of work-life conflict, and the strong association of work-life balance strain with poor physical and mental health and low satisfaction with work and family life was evident. Strategies by employers could be to let employees take leave or reduce their hours for a period of time and return without a penalty in earnings or job responsibility (Zeytinoglu, Cooke and Mann, 2010). Organizations can investigate how they can introduce such activities into their duties to support their workforce, while attempting to minimise disruption or cost to the organisation. Such examples, as defined by Zeytinoglu, Cooke and Mann (2010) are family leave, flexible work arrangements including part-time work, dependent care supports and organizational and supervisory support. The benefits gained by organisations who have introduced flexible employment practices include improved reputation and corporate image; flexibility to meet emergencies, crises or unpredictable demand; tasks organised around work rather than work around rigid job definitions and processes; strengthened loyalty; a more satisfied, happier team; reduced stress levels; less sickness and unscheduled absence; improved time keeping; and a better return on investment in training.

5.3 Conclusion

The results of this study have been discussed in relation to the aims set out for this study. Where possible the researcher has linked the findings to literature cited in previous chapters where various concepts have been discussed in more depth. The researcher has also linked the results to various studies that have been discussed in a previous chapter where possible, in addition to newer sources. The conclusions, limitations and recommendations for future research relating to this study will be outlined in the next chapter.
CHAPTER 6
RECOMMENDATIONS, LIMITATIONS AND CONCLUSIONS

6.1 Introduction

As the results of the study were presented and discussed in the previous chapter, it became necessary to draw certain conclusions based on those findings. It is for this reason that a summary of the main findings of this study will be provided in this chapter. The limitations and contributions of this study are also discussed. Recommendations for future research are also outlined.

6.2 Aims of the Study Revisited

In drawing conclusions based on the results of the study, it becomes necessary to structure the ensuing discussion according to the aims of the study. The aims and the results obtained will be discussed below.

6.2.1 Description of the perceptions of health care professionals regarding facilitation of resilience in the workplace

The primary objective of the study was to identify, explore and describe the perceptions of health care professionals (in this case registered nurses) regarding facilitation of resilience in the workplace. The perceptions of their resilience are reflected by the research participants in their discussions with the researcher during the data collection process. These perceptions were uncovered by means of a semi-structured interview (Appendix 4), that was conducted in order to capture the words, actions and feelings of participants with the aim of reaching an understanding of their situation from their unique perspectives at work. The semi-structured interview was based on questions that tapped the dual aspect of both the positive and negative elements of employee wellbeing, referred to in the Job demands-Resources Model (JD-R model) as job demands and job resources (Bakker and Demerouti, 2006). This model formed the framework in which this study was conducted.

The results of the study revealed that all participants experienced the demands made on them in the workplace as stressful. There were demands that could be divided into various categories such as physical, emotional or time-related demands. Participants referred to
their physical environment in terms of physical demands of a personal nature, related to the work place as well as to staffing. Some individuals maintained that due to the fact that the working environment was less conducive in terms of the physical layout or factors such as light, ventilation or concerns surrounding the maintenance of confidentiality, this contributed to their stress. One participant described the experience as a combination of both physical as well as emotional demands due to the fact that from a physical point of view, a feeling of being drained and tired due to the workload, which is accompanied by worrying about patients she is not able to help due to there being fewer staff members to assist with the volume of patients. Participants also reported that they experience emotional demands related to the work they do. This was reflected by statements from participants surrounding their emotions in terms of specific situations where, for example, they have helped students with an illness or situation that has touched them closely. In considering time related demands, a challenge faced by participants delivered a two-fold demand in that there was time pressure relating to the physical work, as well as time in terms of breaks and time off from duty. A combination of factors attributing to this demand was the specific time allocation for each patient in the form of a set appointment time which caused additional pressure in cases of more complicated cases where nurses would need additional time, resulting in a backlog with booked patients. The resulting backlog then resulted in staff members not being able to take their required tea or lunch break, or only receive a portion thereof. This compounded their stress in terms of the physical and emotional demands. Adding to the time related demand that emergency cases also presented themselves which placed an additional burden on staff members over and above their normal patient load.

Results in terms of the identified strategies that helped participants cope with the demands in the workplace revealed that various activities were used by the participants. Open air activities proved to be popular because they felt that exposure to fresh air, sunlight, physical exercise or similar activities reduced their stress levels thus allowing participants to cope. Participants reported a variety of activities that include gym, swimming and hiking. In addition, gardening was also one of the activities that brought a sense of calm and relaxation.

Another important strategy employed by participants was that of debriefing with colleagues or making use of the wellness line that is provided for staff members to assist them in times of need. Participants stated that it was important to discuss issues or concerns together in a timeous manner wherever possible in order to resolve them, of which feedback
appeared to be important, which ultimately fosters better communication. Making use of the wellness line proved to be a good option for some participants because it was easily accessible. The wellness line provided advice to participants not only in terms of work related issues but also personal issues that could possibly be contributing to the added stress that a participant was under.

When considering an additional factor, that of maintaining a positive attitude, participants revealed that it was very important to them. Receiving positive feedback from the community that they serve and knowing that what they do is valued and appreciated enhances their sense of accomplishment and coping. Besides the fact that this proved to be a motivating factor for participants, they reported that it encouraged them to motivate their patients and “go the extra mile” at work thus increasing their sense of job satisfaction.

Support from management and colleagues proved to be an additional positive factor to participants coping. Participants revealed that the support they experienced came not only from their immediate site manager but also from their head of department. It was also reported that participants believed that the support which they received from others was also given to them during times of need, thus creating a sense of reciprocity between all parties involved. This created a sense of cohesion for some staff, as one participant stated that when accomplishing something that seemed impossible before, became quite possible to achieve with the necessary support.

An additional coping factor identified by the researcher was the ability to practice initiative and autonomous decision-making. Participants make mention of the fact that an autonomous environment gives them the freedom and control they need to perform their tasks thus allowing them to take charge and be responsible while leaving them with a sense of accomplishment. In addition, participants are also of the opinion that even though they work together as a group, they enjoy the fact that the element of autonomy is present which allows them to take initiative as well as think independently, thus resulting in a more creative collaboration in terms of problem solving within the group.

Some participants report that one of their main coping factors stems from their religious practices. Participants reported that religion and/or spirituality forms a central portion of who they are as people. This lends to the fact that they will rely on the particular coping mechanism not only in their personal lives but especially in terms of work. An important aspect of their religious practices as proposed by participants is prayer, whether they are facing positive or negative aspects of their lives. Another participant asserted that theology,
the study of religion, provided additional insight and served as an additional resource due to the fact that it allows for contemplation about life.

6.2.2 Recommendations to the head of the department regarding facilitation of workplace resilience

The secondary objective of the present study was to make recommendations to the head of the department to facilitate workplace resilience. In conducting the study, a question was posed to participants regarding their perception of what they would need to do to facilitate better coping within their working environment. Participants made recommendations on how employers can help relieve their stress, which translates into recommendations that can be considered by the head of department for implementation where possible.

One of the first recommendations that emerged was that of developing an in-house wellness programme for staff members. Although provision has been made for staff members to attend an existing wellness programme, the drawback was that it is managed by an outsourced company. It was stated that an in-house wellness programme would potentially motivate people due to increased confidentiality. A respondent made mention of an example looking at weight-related issues among staff that could affect employees not only in terms of their physical but also their emotional health and which bears negative consequences for the individual. It has also been proposed that certain exercise equipment be dedicated to the facility so that staff are able to access it during their lunch breaks, in a more private and convenient way so as to motivate all staff members to optimize their health. This can also enhance interpersonal relationships and result in a more positive workforce, as concluded from the utterings of a participant.

A recommendation that evoked strong emotion from participants was that of the provision of sufficient staff of the correct categories e.g. administrative staff and counselors. While it was possible for nurses to function with a reduced staff complement for a short period of time, it affected them negatively as time passed. Participants revealed that they pride themselves on the quality of care that they provide and feel that they are not able to achieve this without the necessary support. An additional aspect relating to this is the continuation of care, which some participants assert is compromised. Especially in terms of counselling where psychological issues of a very sensitive nature are handled, patients are not willing to open up to a new counsellor and find it unsettling. The
participants also stress that it often means that they are performing the role of the counselling staff when nobody is available at their site which adds to their stress. Participants felt that a receptionist was invaluable because it meant that they were able to focus solely on the care of patients while not having to perform such administrative tasks. At certain sites participants revealed that it is necessary for staff to rotate by working at alternate sites. While it helps, some participants felt that it was unfair when certain sites arrange schedules to suit themselves while their site was neglected, leaving a gap in service delivery. The request for staff of the above-mentioned categories was seen by participants as vital in helping them in achieving their working goals.

In terms of providing adequate facilities and equipment to improve efficiency, participants had specific requests in mind. One participant felt that it is important that each consulting room be fully equipped with the necessary equipment. This would save time because the nurse would not have to move to other parts of the facility to retrieve equipment or supplies, leading to delays in an already limited consultation time per patient. Having a consultation room that was conducive to providing all the services in one place would lead to a better service to patients.

Another participant made mention of the fact that certain sites are not conducive to a good working environment due to the fact that there is very limited natural sunlight and problems with adequate airflow. This also raised a concern in terms of the health and safety of not only employees but also patients in terms of Tuberculosis (TB) infections. In addition to this, the temperature was an additional factor to be considered during winter. One participant did state that the challenges surrounding the physical building were being looked at, but that the process was extremely slow.

At some sites participants felt strongly that there was a need for a dedicated space for staff members in the form of a debriefing room where group counselling could be provided in addition to staff members being able to use such a room to retire to during their tea and lunch breaks to rest, in addition to providing them with a venue to have meetings at their site.

Another request from participants arose in terms of providing developmental opportunities in areas relating to training in conflict resolution and team building or communication. While participants recognize that each person is different and that conflict is bound to occur, they felt that there is a lack of honest, clear and open communication among colleagues. Some participants felt that team building would be beneficial. Participants revealed that it would be better to try and address issues directly with each
other in a respectful, open and honest manner, instead of talking with others rather than directly with the individual involved, which could be of use to all parties. Participants also stated that they want their manager to address all parties involved together in the event of conflict. They are of the opinion that it is not appropriate to talk to each party individually because talking to the parties involved together to resolve conflict will result in less friction in pursuit of a resolution.

Scheduling training programmes for less busy times of the year such as exams and recess times would also be appreciated by participants. Participants stated that due to their profession it is important to keep up to date with the latest knowledge, but also felt that they need to focus on other skills that assist them in performing their jobs are just as important. Participants felt that opportunities for staff development should be equal for all staff members and that requests should be granted on a first come first served basis for everybody. In terms of timing, participants felt that due to the fact that at certain times of the year the patient load was less and they should be provided with opportunities during those times to ensure everybody has an opportunity to update their professional skills.

The last recommendation by participants was related to the introduction of elements of structured flexi-time. Participants are of the opinion that due to their workload and the additional factors such as emergencies that they need to receive the time back that they have worked. One participant strongly suggested that this happens. The participant further asserted that it would be beneficial to receive the time back when it is required by them, since they were forced to accommodate the service during a particular time, it is only right that the service afford them the same opportunity. Participants made mention of the fact that due to family commitments, they would prefer to have more flexible times especially in terms of being there for their children when they need to be. Participants revealed that from previous experience, when there is a degree of flexibility it is much appreciated and this provides the motivation for that person to put in the additional time that they feel has been granted to them. An additional consideration by participants relating to this is the fact that their place of employment is sometimes far from where they live or where their children attend school, meaning that transportation costs need to be taken into consideration. The afore-mentioned recommendation stems from the need by participants to not only minimize their stress due to workload, but also to attempt to balance their work and family life which would bring more harmony to their lives.

6.3 Limitations of the Research
A limitation of this research is the fact that a non-probability sampling method has been used to collect the sample. With this type of sampling, individuals were selected who were considered to be most representative of the population as a whole, within the context of the chosen population for this study. While the particular sampling method proved to be a limitation in terms of the number of participants it yielded, the benefit of using this method in qualitative research is that the researcher can delve deeply into very rich data from a very specific sample of participants, which outweighs the limitation, thus providing greater benefit. Despite the fact that 10 participating healthcare professionals were identified for this study only 6 were willing to participate. This was due to the fact that some staff members did not feel comfortable with the idea and exercised their right to refuse to participate in the study. This low response rate resulted in a very small sample size. The small sample size also led to the fact that the findings of this research could not be generalized to the general population.

6.4 Recommendations

The researcher recommends that this study be replicated in the future with certain changes. In subsequent studies of this nature, the researcher recommends that a larger sample be used that is more representative so that the results can be made more generalizable to the larger population of healthcare at higher education institutions. Due to the fact that available studies relating to the perceptions of health care professionals (in this case registered nurses) regarding facilitation of resilience in the workplace are not available, the researcher states the need for additional research in this field.

6.5 Conclusion

This study was an attempt to explore and describe the perceptions of health care professionals (in this case registered nurses) regarding facilitation of resilience in the workplace. Although the results cannot be generalized, the researcher recommends that a larger sample sizes be used in subsequent studies on this topic. While an important contribution has been made to resilience research in general this study has also paved the way for resilience research in healthcare at higher education institutions in a South African context.
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Haddad, J. (2007). Resilience in families where a member is living With schizophrenia (Unpublished master's thesis). Nelson Mandela Metropolitan University, Port Elizabeth, South Africa


Appendix 1

Approval to conduct masters research

17 May 2013

Dear Mr Greg Smith

**Approval to conduct Masters Research:**

Approval is hereby granted for you to conduct your research within the Nelson Mandela Metropolitan University Campus Health Service by interviewing the randomly selected professional nurses.

I trust your research will contribute to the improvement of staff wellbeing and service delivery.

Yours truly

[Signature]

Sr. Antoinette P. Goosen
Deputy Director & HOD campus health service
Nelson Mandela Metropolitan University
PO Box 77000
Port Elizabeth
6031
Tel: 041- 504 3364
Fax: 041- 504 3104
# RESEARCHER’S DETAILS

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## A. DECLARATION BY PARTICIPANT

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## A.1 HEREBY CONFIRM AS FOLLOWS:

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<td>from</td>
<td>Faculty of Health Science</td>
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of the Nelson Mandela Metropolitan University.

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<td>I understand that after I have completed a consent form whereby I give written, informed consent and was provided with the opportunity for clarifying any information pertaining to this project, a semi-structured interview will be conducted between the researcher and me. I am aware that the interview will last between 30 and 45 minutes and that it will be recorded. Furthermore, I am aware of the fact that I will be presented with an opportunity to view the information given by myself for the sake of clarification prior to the data analysis as well as that I will receive general feedback following the completion of the research project.</td>
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<td><strong>2.3 Risks:</strong></td>
<td>None</td>
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<td><strong>2.4 Possible benefits:</strong></td>
<td>As a result of my participation in this study I will gain better insight into factors that contribute to my resilience in the workplace</td>
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<td><strong>2.5 Confidentiality:</strong></td>
<td>My identity will not be revealed in any discussion, description or scientific publications by the investigators.</td>
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<tr>
<td><strong>2.6 Access to findings:</strong></td>
<td>Any new information or benefit that develops during the course of the study will be shared with me.</td>
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<td><strong>2.6</strong></td>
<td>My participation is voluntary</td>
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### Voluntary participation / refusal / discontinuation:

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<th>My decision whether or not to participate will in no way affect my present or future employment</th>
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### 3. THE INFORMATION ABOVE WAS EXPLAINED TO ME/THE PARTICIPANT BY:

- **Mr G Smith** in:
  - Afrikaans
  - English
  - Xhosa
  - Other

I am in command of this language.

I was given the opportunity to ask questions and all these questions were answered satisfactorily.

### 4. No pressure was exerted on me to consent to participation and I understand that I may withdraw at any stage without penalisation.

### 5. Participation in this study will not result in any additional cost to me.

### A.2 I HEREBY VOLUNTARILY CONSENT TO PARTICIPATE IN THE ABOVE-MENTIONED PROJECT:

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Signature of witness:
B. STATEMENT BY OR ON BEHALF OF INVESTIGATOR(S)

1. Mr G Smith declare that:

1. I have explained the information given in this document to

2. He / she was encouraged and given ample time to ask me any questions;

3. This conversation was conducted in Afrikaans English Xhosa Other

Signed/confirmed at on 20

Signature of interviewer Signature of witness:

Full name of witness:

C. IMPORTANT MESSAGE TO PARTICIPANT

Dear participant

Thank you for your participation in this study. Should, at any time during the study:

- an emergency arise as a result of the research, or
- you require any further information with regard to the study,

Kindly contact Mr G Smith
| at telephone number | 041 504 3364 |
Dear Participant

**Re: Perceptions of Healthcare Professionals regarding facilitation of resilience in the workplace**

I am currently studying towards my Masters degree in Health and Welfare Management. As part of my degree I am required to complete a research project. Upon reviewing the research already conducted on the resilience of Healthcare Professionals working in a Higher Education Campus Health Service, it became clear that the need for further research in this area is present. Resilience refers to a person’s ability to withstand and rebound from adversity. The aim of the study is to identify, explore and describe the factors that facilitate resilience of healthcare professionals working at a Campus Health at a Higher Education Institution.

I would greatly appreciate your assistance in the participation in this project. The information for this study will be gathered in the form of a semi-structured interview and would last between 30 and 45 minutes. Interviews can also be scheduled around your work schedule so as to impose as minimally as possible on your work. Participation in this study is voluntary and all information will be treated with the strictest of confidentiality. As a participant you will also be asked to complete a consent form giving permission to participate in the study prior to participating. Should you require any more information regarding the study, please do not hesitate to call me at 041-5043170.

Thanking you in advance

Yours sincerely

Mr G Smith  
Researcher

Prof I Wannenburg  
Supervisor
Semi-structured interview questions

Semi-Structured Interview Questions

Are there any demands placed on you in your current work situation? If the answer is yes then:

1. Tell me about the demands placed on you in your current work situation.
2. How do you cope with the demands placed on you?
3. What can be done to assist you to cope better at work?
4. Any additional questions/comments?
Dear Prof Mayekiso

Re: Perceptions of Healthcare Professionals regarding facilitation of resilience in the workplace

I am currently studying towards my Masters degree in Health and Welfare Management. As part of my degree I am required to complete a research project. The title of my research is ‘Perceptions of Healthcare Professionals regarding facilitation of resilience in the workplace’. Upon reviewing the research already conducted on resilience of Healthcare Professionals working in a Higher Education Campus Health Service environment, it became clear that there is a need for further research in this area. The primary objective of the study is to identify, explore and describe the perceptions of health care professionals (in this case professional nurses) regarding facilitation of resilience in the workplace. The secondary objective is to make recommendations to the head of the department to facilitate workplace resilience. The final research project was approved by the Faculty Research, Technology and Innovation Committee (FRTI) on 30 October 2013. Reference no: H12-HEA-SDP-004.

Since the study is qualitative in nature, information for this study will be gathered by conducting semi-structured interviews with professional nurses at the Campus Health Clinics at the various campuses of the university. An interview will last between 30 and 45 minutes. Interviews will also be scheduled around the work schedule of participants so as not to impose on their work schedule. Participation in this study is voluntary and all information will be treated with the strictest of confidentiality. Participants will be made aware of the fact that they may withdraw from the study at any stage should they wish to do so. Participants will also be asked to complete an informed consent form giving permission to participate in the study.

Included is a copy of the research proposal.

Thanking you in advance

Yours sincerely

Mr G Smith
Researcher

Prof I Wannenburg
Supervisor
Appendix 6

Interview Transcript declaration

Mr G Smith
c/o Faculty of Health Sciences
Nelson Mandela Metropolitan University

Re: Perceptions of Healthcare Professionals regarding facilitation of resilience in the workplace

I, ………………………………… hereby declare that following my participation in a semi-structured interview in the above-mentioned study, that I was given the opportunity to view my verbatim transcript of the interview. This has been done in order for me to verify that the contents of my interview is correct, as well as affording me the opportunity to clarify any statements, thus further ensuring accuracy of the collected data. Furthermore, I agree that I am satisfied with the content of my interview transcript and grant permission for the researcher to proceed with the study, making use of my contribution by means of my transcript.

…………………………..
Signature (Research Participant)
1. **Tell me about the demands placed on you in your current work situation.**

   There are various demands but first I will focus on the physical which is the building, the facility that I am working in. since I started here I realized that the facility is not conducive, not only because of the lack of sun, whereby my office does not get any natural sunlight, but also a lack of adequate ventilation, because if you open the window, you get the noise from outside and also for privacy one can only have the windows open for a certain time. Generally this facility and it is known to everybody that especially in winter this place is extremely cold and if you are cold, one needs to dress yourself in layers and layers of clothing and it becomes bothersome and it can be restricting when you are working at times. Another thing about the environment, is that there is no good airflow and this can influence the health of not only those who come here but also the staff who work here and so TB mycobacteria can be killed by sunlight and proper airflow and thus it does not get out of the building and can cause some risk to us. But since I have been here things are being looked at, but the wheels are turning very slowly. But at least it has been identified and something will be done.

From a physical perspective from myself, I think that for anyone to work in a physical environment as it is now, it is not good for your physical health. So there is not much I can do about the building at the moment regarding all the issues that I have mentioned, there is not much I can do about that but what I do for myself and for the staff here, to me is of vital importance, in terms of our physical health, is to take our breaks regularly and preferably move out of your working environment and go where it is warmer outside for fresh air and that type of thing so it is very important that I take my tea and lunch breaks regularly walk. Not that I am old, but especially for the older people, it is important to move around and get that fresh air and sunlight.

From an emotional point, in terms of our emotional wellbeing, we are a servicing department we have set work times and then go off. As a parent of young kids it has been sort of an emotional rollercoaster for me working here at the NMMU. At all my previous jobs one of my pre-requisites were that even though I work specific hours, I could leave whenever I was needed to go for functions at my children’s school or matches or whatever if they needed me, and it has always been very important to me that my family and work life always accommodate each other. But I believe that if your family life is solid then everything around that will be ok. In my previous jobs it would be ok because I was the only nurse and I would arrange with my manager and it was never a problem. But then I would put in that extra bit because they accommodated me. So working at the NMMU from an emotional point of view it has been taxing on me because not only are we far from where I live and my children go to school, but also from a distance point of view being very expensive to travel in and out. But since
working here I did not have the freedom to come and go as my kids needed me so for the period that I have been here, around 6 or 7 years now that has always been an emotional strain on me because work is important and I cannot do without the income, but my children are also very important. It has not always been possible because here unfortunately I am not the only nurse, and that is something that is challenging for me and at times is very stressful. So how do I overcome that – what do I do about that? I then realized that you have to balance it all out. I had to say no to the kids for some things due to my work environment but I would make up at times by taking time off whether it be leave or overtime, whatever I could and then never, never ever miss anything of their s after hours to make sure that they know that the fact that I cannot be there during the day although it is not my choice, but due to work commitments. So I had to budget for tickets to musicals and functions etc. and had to set aside an amount of money every month depending on how busy they were at the time. I wanted to see them perform and I wanted to be there for them, but first and foremost for them to know that they are very special to me.

In terms of mental challenges that I face, it has been many years since I have done occupational health where in the industry you are the only nurse and really being pampered as such by everybody, from the people on the people on the floor to the manager so they really treat you well, not that I was not treated well here, but the big difference is that I am not the only nurse here so it’s a total different ball game so you are no more this one person working autonomously but now working as part of a team of nurses. So in a way I have really been sheltered in my work and that was really a big mental adjustment for me because what I want to do and when I want to do it and how I want to do it is not going to happen here. So what I have done regarding that, I have had to make a very conscious decision to say to myself to snap out of it and where I am now this is how it is and if I do not like it I will have to leave this job and go back to the industry but I think that the other things that the NMMU offers have overshadowed that. Things such as the benefit of being able to study, the benefit of being able to go on workshops, conferences and so on. At this stage in my life with my kids growing up I think it’s the perfect place for me to be for my own personal growth and development and I would likely stay with the nmmu for a very long time, if not until the end of my working career.

2. **How do you cope with the demands placed on you?**

   I think I have mentioned a few of them already, in terms of the physical, emotional and mental wellbeing, but I think that what I do besides what I have been saying now, I have one motto in life that is, be the change you want to see. And I live by that. I do complain but when I do complain I always have a plan B, a possible solution. But more specifically what I do, exercise is very important for me to relieve stress. So previously I went to gym very religiously but after a few years I do not gym anymore because I find it incredibly boring until last year when I cancelled my gym contract. And now I have started a hiking club and we
do the most wonderful hikes and that is the best thing that ever happened to me because I am at a stage in my life where I am so happy because my kids are less dependent on me so I have more free time. So every weekend we hike on a Saturday from early morning to late afternoon or early evening and then we have a braai where you just meet lots of people and the most fantastic part of my hiking is going into the mountains and having a view that you can only get by walking to it, you cannot drive to such views. It’s something you cannot even capture on a picture so you have to be there to see it. So that’s one of the things I am doing. Another thing that I do is that I have a wide friendship or social circle and we have coffees and lunches and movies and chats together. And something that is also very important to me is my religion, my spirituality. And I do find that if things do become too much for me in life I try my best to find what it is and if I need to I will go and speak to someone. Having being a single parent and not having a spouse or ex-husband to speak to regarding the kids I have always had someone to speak to regarding clarity if I have dealt with a particular situation correctly or not.

I am site manager here for one year and it’s amazing how important it is to get feedback from the people who report back to you, be it positive or negative. I think that is what makes me cope a lot at work is the feedback that I get from the staff and I always say to the staff whether they come with feedback or a new idea or if it’s a challenge or a problem always think of how we can do better or how we can improve so if they come with a problem, also come with a solution so that we can also try to deal with it positively even though it’s a negative situation. So when I get feedback from the staff regarding how things work its very encouraging to me. This feedback could also be from other staff or students that use the facility and I must say that I enjoy the positive feedback that comes from the staff from the emails that they send so it is very encouraging to get the feedback. And we also do have a suggestion box and it helps us in that we know where some of our shortfalls are. Another thing is that since I am site manager, I think the autonomy is great because I can use my own initiative in various situations. it gives me the freedom but also to show what I am capable of and to exercise those capabilities and even though I am the site manager here I try and encourage the other people to come up with a positive suggestion to a problem to give them that autonomous mindset and that they do not think that its only one person’s responsibility and by giving people autonomy you can encourage them and to empower people I believe you can only bring forth positive and better service.

3. **What can be done to assist you to cope better at work?**

   We know that our line manager is supportive and the support that I have been getting from her during this time during which I have been site manager has been phenomenal and it is something new to me but I think it’s because of the capacity that I am in so the support from her, and also the other support that is not directly
linked to my work, but the fact that I am passionate about studying gaining knowledge, learning new things in terms of support from the NMMU in general has been phenomenal and I think that is the one important thing that has a direct impact on my work because of what I am studying so in that sense the support that I have been getting is amazing. I also would like to think that I am very supportive of the staff here at this facility in supporting them when they are studying because they have been very supportive of me in this as well. For instance, when I need to do something or they need to fetch their child from school I am supportive in that way and it is the same kind of support I get from them in that situation. They would always say they would cover for me and that way the support has been two-way in the clinic and then also getting support from my line manager. I feel that if you have the support from those closest to you what seemed impossible before is actually quite possible to achieve and to improve the situation I think firstly for NMMU to look at the building which they are doing, and another thing that I have been talking about since I started here was that we should look at exercise facilities here for our staff. We know we have a gym around here but if it were in the facility it would complement the service that we are giving if we show the public that we are actually living up to our work. The challenge that I see here is that we do have staff who have weight problems and if we could have a smaller group thing those that are very self-conscious about going to a gym. So I think that even if we could have a treadmill and a bicycle and its available for us here only during our lunch break I think that would be a very good idea to improve the resilience of a lot of people with not only physical but also emotional problems that come with being overweight so if I could wave a magic wand I would get that and if staff see the other person doing it and getting results it would maybe encourage them. That would also cultivate a healthy relationship amongst the staff. The other thing I would like to see is an in-house wellness programme. We do have a wellness programme but its currently provided by a company outside and I think it should be in-house with the necessary confidentiality that people are concerned about and I think the gyming would be a part of that and positive reinforcement amongst the staff in the sense that it can benefit relationships. No matter how far a person is in their negativism, one could maybe change that person around and then be able to let the person attend workshops and work on interpersonal relationships. I think that when you work in a big group that we are, it’s about team work and the only way I see to make team work successful is healthy relationships and by that I don’t mean everybody just saying yes to everything but that we keep our autonomy and be able to keep our opinions and still agree to disagree and ultimately build a healthy relationships. So the bottom line is to create healthy working relationships and to cultivate that.

4. **Any additional questions/comments?**

   No, nothing more.
Transcript 2

1. **Tell me about the demands placed on you in your current work situation.**

   There are lots of different demands on me at work but let me start with the emotional demands that I feel at times, let me make an example, I find it very stressful. It’s part of my job, I know, but I find it very difficult. Sometimes I cannot cope. Actually, there’s a young student that is an 18 year old, a 20 year old, very young, who we have tested and now I have to start on ARV’s. I get emotional, and sometimes I cry but I know I should not cry. I should be the one to be supportive to them but I do cry and it’s a situation that I do control, so you know it’s very difficult in terms of emotions but I can control it. Ok. and so it’s mental and emotional.

   “So the one almost links to the other one?”

   Yes, they are definitely linking to each other and you will be affected like in terms of stress or maybe even depression, but also the student needs – but that’s when after the student leaves, I will sit here in the office and I will think of that now and also that although I am stressing at that moment, I know I will get over it. Although I think of physical demands that are there, I’m not sure about that….

   “Physical demands can be in terms of you doing stuff within the environment that you are in that you find demanding”.

   So I would say that in my office it’s challenging for me to walk up and down which is very tiring because of having to fetch some equipment that I need to use. Let’s say I want to use the HB machine, we have got only one machine in the clinic so if I want to use it I must go out there, if I want to test urine I must go out there, if I want to do a dressing I must go out there. So that physical up and down drains me at the end of the day, I can feel it. So it’s not having everything nearby. Also, it’s having to go up and down. Another thing that gets me is to go in front, I have to go now and then to check if my patient is there.

   “So the building is also maybe not conducive...”

   Yes it really is, I don’t know, I wish there could be some strategy cos especially after one, then afterwards I have to go and check for another one. So maybe I sit here then they come by the time I am coming back so it’s still up and down that gets to me and I know it’s part of our job but at times we are usually called to go and attend to emergencies and that’s where we go all over the campus and that is one of the physical things that gets to us. I don’t know, even though there is the ambulance services that go, a nurse should be there. So when you work here at the clinic you are also responsible for other emergencies that happen outside. Ok…

2. **How do you cope with the demands placed on you?**

   For me to cope, I like to go to the gym, like every day I mentioned that I like to go to the gym. Every day my lunch time is when I go. So when I come to the gym I kind of feel like that weight off my shoulder for that day when I go…

   “so you’re releasing that pressure...”
I’m releasing whatever pressure that came to me like in the morning to my lunch time. So when I come back from gym I feel like I am a new person now and I can tackle work much better again, I have got more energy all over again. Other strategies for me are that I use the wellness line. I call them if ever I’m stressed – maybe it’s not something here at work, I just call them and set up a meeting and I go there. Maybe they want to come here or I go to them.

“so the wellness line helps you with not only work but also personal issues, but the mere fact that you can use that wellness line to help you to reduce whatever the problem is, whether its personal or work, can then enable you to actually continue with work...”

Because whatever problem I have, let’s say at home, I can call them and somehow it affects you at work, and the wellness line can send you to counselling – I would love the other employees to use that because they tell you how to go about it …

“how to use some of the suggestions they make to you?”

yes.

“and are there some of these suggestions that you have found that work for you?”

Yes, for me the one thing is to talk, the one thing is that I do not talk. And if something happens here at work, I like to keep quiet, now what they showed me is that no, you must talk about your issues, you should go to that person, do not fight and you just tell them what it is that you want, to sort issues out with those colleagues around you. That’s the one thing they told me, that if I am not happy with you I must come and tell you, “it’s not that I hate you, but I do not like what you are doing to me”. So talking is also to remove those pressures that you are feeling around you. But I have not done much of that yet, but it is a start. I haven’t done much but I wish I could. When you talk here, they see you as, how can I say, a stirrer - yes, or a sarcastic person so yes, to work I just keep it quiet. I say that I work for my kids from 8am to 4pm and that’s all I care about, but I should be happy at work because if I am not happy at work I will not perform well up to standard here. I can also go and talk to the counsellors, and they have various resources that you can use. And also, what really motivates you is hearing that you have done something good, like when a student comes after giving her treatment and she came to me and says thank you very much, and that makes me very happy. That makes you want to work more when there are people who appreciate you. Even when you get the email it means a lot, like with the medical circumcision, they emailed and said thank you very much for doing this medical circumcision that gives me hope and that feeling of, ok I am going to do more because what I am doing is giving me a sense of satisfaction. I also get some support from my site manager, to me she has been very supportive of me if I want to do something, and she will say what you need from me to make your campaign a success. And also what I like is the fact that my job gives me the freedom to have the autonomy to make decisions. When I see a client, I do my own investigation, give them treatment myself. Let me make an example in that if you
work in a hospital, the doctor will just tell you what to do so they will just say, give the panado now for example and you just follow what they tell you. Unlike here I do everything by myself. I make a decision by myself and if I need a second opinion I will go to another nurse and ask them what do they think of this. So I can make that diagnosis and prescribe my own treatment.

“so that autonomy helps you to feel that you are in control and gives you the freedom to make decisions?”

Yes definitely.

3. **What can be done to assist you to cope better at work?**

I will think of communication. If we can all communicate better, it will help between my colleagues. Whatever, let’s say I do something wrong, I would like another nurse or whoever, to me and say “you did this or that” ok. I don’t like it when someone goes to speak to someone else, but rather to come speak to me. If there is conflict at work, it’s not good.

“so you want there to be something at work to help resolve that conflict?”

Yes, so if there is conflict for the manager to call both parties in and listen together, not just calling the one, listening and then the other one. So don’t come to me and then to him or her after but rather speak to us together to resolve it. So yes I think its communication, so there must be more open, honest and clear communication, as a team, and also a team building maybe? If you work together as a team, I think we will work much better.

4. **Any additional questions/comments?**

No.
Transcript 3

1. Tell me about the demands placed on you in your current work situation.

Firstly, these are the challenges that irritate me. The food parcels are not being given out as well as the payment policy and the education around that gets to me. I usually have nothing to do with them but sometimes I relent, and if I am there alone and I feel that a student needs some food I just give it. When the patient arrives they are immediately asked whether they are coming for a free or paid service and are immediately sent to go any pay which causes them to be late, or if they do not have any money then they just leave and this causes me great agitation. I do know where it comes from, and as the site manager is forced to follow the higher instructions with that so I do understand, but it is a case of all or nothing with that. Something else is that the cards that are not filed. We really need to have a receptionist in that clinic, it is really important because it means that we are all running around trying to do the duties of a receptionist so that we are not able to see the students and this makes me very tired. But I do like working at another campus one day per week because it is interesting, there are such a lot of students, I learn more and the change of scenery is good even if it is very busy there. I do enjoy it at my main campus but I have not always coped there because it must build up - there are so many that are needy and there is so much that we can still achieve there.

2. How do you cope with the demands placed on you?

In terms of what I do for myself, what I do to cope with life, is gardening. I love it, it is wonderful. I am able to relax and get rid of my frustration or just focus on nature and enjoy digging around in the soil and watching how the garden takes shape. I have even had some success with the bits of vegetables that grow in the vegetable garden at the clinic that we have. I also love aqua - swimming, that is so wonderful so that every time I walk into that warm water – I can’t tell you how wonderful and refreshing that is, so I swim which is good exercise. I never used to enjoy swimming but that was because the water was always cold. It was something that I could do and enjoy while having exercise at the same time and it really does not feel like exercise. The aqua aerobics is very nice in that you can get exercise and relieve stress. I am very fortunate that on one afternoon a week I can leave a few minutes earlier so that I can be on time for the class, as well as the aqua aerobics I attend on a Friday. Because some instructors are better than others so that you get to learn which ones are good, and so I choose to go to those who I feel do better. And the best part is that you can do things with the help of a pool noodle in the water that you cannot do out of the water. Another thing that really works for me is prayer, because religion is such a central part of my life and it really helps me in whatever I am facing whether it is good or bad. And my learning, that is absolutely wonderful. I do love the theology course that I am doing but I do not like the assignments one bit. The learning gives you so much insight and allows you to stop and think about life and many other things. But
what I also enjoy is when I am able to be there for the students and help them. Especially when they are just needing some support or encouragement or an ear to listen besides the health education that we give with the medication.

3. **What can be done to assist you to cope better at work?**
   
   What can help me – nothing really that I can think of. Maybe leaving at 12:30 twice a week so that I can go to aqua without being in a rush. I feel there should be a receptionist for the clinic I work at because that is the first person who is seen and there needs to be a face there. There should also be better communication between the staff about the food parcels and also to the students about who gets and when to get food.

4. **Any additional questions/comments?**
   
   No nothing.
1. **Tell me about the demands placed on you in your current work situation.**

   I feel that one of the biggest challenges at my site is that there is no continuation of care. When the students need to talk to somebody they find new faces which is unsettling and that is why I feel that I definitely need a full time counselor to provide for ongoing personal counseling. I also feel that there is additional pressure that is placed on me because of sometimes having to perform the duties of the nurse and counselor when there simply is not enough time and I feel as if the quality of care is not what I would like it to be. It becomes difficult for me too because at other campuses the staff that come to relieve on this side I feel that they regard this as a secondary site and the sites that they come from always take priority meaning that if somebody is off sick on that side, they will stay and relieve at the other site leaving this clinic short staffed and that is a problem because we are extremely busy and the workload is quite high causing a huge demand on me physically, and also emotionally because there are those that you are not able to see and it is only natural for you to worry about them. Besides seeing to the sick students, there are other duties as the site manager that I need to perform and the HOD expects me to answer for those, if for example a deadline was not met on time or if things take a bit longer to get done and this puts extra pressure on me. I feel that because we are one institution, the students need the same level of care and stability no matter what clinic they visit. I don’t want them to come here and be turned away because there are not enough staff so I struggle with that also. And then there are times when we are busy and also have to attend to emergencies over and above the other duties.

2. **How do you cope with the demands placed on you?**

   To cope is not always the easiest thing to do. The only time that you really do feel that you cope is during recess when the students are not here. That is also the time where one has a chance to catch up on various things that you would usually not get a chance to do during the term. I know that it is maybe not the best way to cope but to have some coffee with a lot of sugar, because you just want to feel that you are having that sweetness to help you cope when you become so stressed out. And sometimes you feel that you want to eat those unhealthy meals or fatty meats which are not that good. And you just want those comfort foods that make you feel better. But I also have to say that I do walk a lot to help relieve stress that comes from work. I do suffer from high blood pressure and for my health I do have to be careful and this is also a way to keep fit as well. But the walking really does help me a lot. Something that is very important to me is to be able to talk, I am not a person to hold back and I will talk when I have problems. So I will talk to my HOD and even though sometimes she is not able to do something about it I feel better because I was able to share the problem and also that she is made aware of the situation at work that we are facing. And I also talk at home with my relatives when necessary but I do talk with my colleagues especially to get advice...
from them if I need to. Something else that I do is motivating the students. Because I feel that if you can help that person with not only their treatment and to solve the problem that they have come for, you are also giving them education that can help them in the future. That way it helps me to also feel that what I do is really making a difference to them. Especially because there are not always time for the patients to be seen, at least I am able to talk to them and feel that I have given them some advice and not just turning them away helps so that they know what to do until they get to a place where I have referred them or until they can come the next day for a booking also helps. I think what is also important is that feeling of accomplishment that one feels especially when you see a student at graduation that you know you have walked a long road with, and that you know that by being there for them and sharing knowledge with them, you have had a part in their success in helping them reach their goals academically.

3. **What can be done to assist you to cope better at work?**

I do feel that I will be able to cope better with a full time counselor and a nurse that can be here consistently each day to share the workload and offer the stability I feel that this site needs. It also would help in terms of planning for when you need to take leave, and also to relieve if somebody needs to go off during an emergency at home or if they get sick. Sometimes I also feel that although I do get good support from my line manager, and she does know about the situation we face here in our work circumstances, I feel that it is important that the HOD can visit the site on a more regular basis, and also attend the site meeting. Although we do share at our general staff meetings where all staff from other campuses are present, I feel that it will be more beneficial if the HOD were to attend some of the site meetings where it focuses on the staff and the issues that affect my site directly so that she can gain a better sense of our situation we face. Something else that is lacking at this clinic is a designated debriefing room and tea room for the staff which other clinics have because one needs a place to be able to sit and have your tea and lunch in a space away from your desk and everything in your office because sometimes you feel you cannot stand in the kitchen but if you at your desk you are really not resting because there is something that you automatically start working with and you do not take a break which ends up making you even more tired. It is also useful to have for when there is a meeting or if there is group counseling that needs to be done and also that we can relax away from the students during tea or lunch.

4. **Any additional questions/comments?**

No, nothing more.
Transcript 5

1. **Tell me about the demands placed on you in your current work situation.**

   Ok, so what demands do I have in the workplace right? The main one I would say is when you are speaking to clients, because we work here with booked clients, because I am a nurse and everyone comes in for a booked slot, you are expected to be readily available to attend to them. And it might happen that you are still rounding off your last client so you are not ready to start with the next one promptly on time so it causes a backlog to your next client until you find time to catch up and find a way to recover the lost time. So that is usually it about me, honestly. Because I am new here, I am only like a year here since last year in July so I am trying to find ways to cope with that. So that is the main demand I would say, sticking to time with clients. I can say in terms of the demand of working in a team, it used to be just me working along with the secretary and I used to accommodate everybody – other two people on certain days of the week. So where I am now since July last year it’s all about working in a team and the team has got various members who have got various functions according to their disciplines. So there is a tendency for actions in the unit to overlap so whenever you have to make a change in your scenario you have to consider that you will have to make a change that will have a kickback to another person so the transparency and the communication is always a challenge when at times you just want to do things quickly because it’s not always according to your own will or wish that there is a change. It’s about the clients that we work with so if I change something to a client like a booking it will hit on another health professional that is going to be doing something else at a certain given time. So it’s about transparency and maintaining communication with your other colleagues – you can’t just run amok and make changes because you always have to consult and consider the other people. But let me say this – fixed lunches and tea times, you know, fixed lunches and teatimes - at times if you are finishing off something and it overlaps to you tea time or lunch time and you are not going to get that time back because it has already passed over to somebody else’s tea or lunch time….

   “So you are always short on your time?”

   Yes, and if I would say, the other day in our meeting, our site meeting, I said that in a way there is some lost autonomy you know, you decide on some things on your own but its seemingly now that you have to report each and every little thing – and I am being very true with that and it’s not anybody’s fault but it’s just that you are working in a team now and things you never used to report, you used to have a straight line to report only to the secretary but now there are issues because it’s not about you now.

   “And because you have to report each and every thing it takes up more time to report small things that take you away from what you are actually wanting to do?”

   Yes and it causes more stress. And also to be flexible, that could be another demand because you have to be flexible. If for example somebody else is going to run the Doctors clinic, it’s not you; you have got your assigned duties for the day. But if somebody else does not pitch up for work for any reason that makes you not to be available, then it has to be shifted over to me. And you then have to be flexible to that because at the end of the day the work has to be done. But for the
sake of benefitting the client you are always willing for any swops or changes that occur to the duty roster or tasks.

“So it makes it difficult when you have to drop your plans for the day to quickly accommodate somebody else because of somebody not being there or any changes that was out of your control?”

Very much, in as much as at times you would feel like this task that you are being summoned to do doesn’t really have a major impact on the days functioning but if you want to postpone to the next day, it doesn’t seem to be on that note with this other person who you are reporting to, she would wish it to be done as it was meant to be whereas in my past way of functioning, I would prioritize and know my major functions for the day and then I would lastly do the things that are not major and if I did not manage I would postpone them to the next day. But since we are all unique individuals, I never take team dynamics as a challenge because you are coming to work from home and you are very positive for the day so anything that comes up you are ready to take up – if I would say, to tackle it. If happens for the first time its ok but if you see its starting to be a pattern around that its then whereby you start to take action with that person about it. Fortunately we have departmental site meetings every Monday so that is where we air out anything that we are not comfortable with and at the same time new plans can come in for the week and we can work around them to see what works and what doesn’t work so that transparency helps so that things don’t become too complicated. But other than these there is nothing else I can mention.

2. How do you cope with the demands placed on you?
   It’s about how do I cope with the demands based on me – it’s about transparency again. In any situation where I feel like there is a challenge, where you call them demands that are based on me, I believe in transparency, you talk about it, you make a platform where it can be addressed. So our site meetings are fine. It anything can’t wait for a site meeting on a Monday because the site meeting has also already passed by way of something that crops up during the week, say on a Friday, then you can either wait for the following Monday or else you politely address it.

“What other things do you do for yourself that helps you cope throughout your day?”

I think it’s my lunch time – I always look forward to my lunch time and tea time but always my lunch time because my lunch time is my time to be doing something different. To read, or talk to somebody different more on a friendly note but to have that little “switch off” from your desk and work so that you are ready to face the last part of the day.

“So reading is one of the things that you can do to help relieve stress?”

Yes and emails also. Emails that come in because there is always new stuff, bringing in good news of stuff like business emails or emails from friends – and anything coming from there will always be coming to tell you something new. So they revive you also.
“What other things can you do for yourself?”

What I usually do in my lunch time is time for me to look at the paper. I am a property guide fanatic so I keep a current copy of the property guide and take it with me to the area where we sit and have lunch. Or if it’s not the property guide it will be the mid-week express newspaper and that keeps me revived also. Because at times when I am at home I do not have the time to look at the paper so lunchtimes at work are mostly for me to do that.

“So you also have responsibilities at home that keep you busy”

Oh yes, so, so much although they are starting to get a bit better now because my kids are growing. One is doing matric at 18 years and the other one is doing grade 9. At times its much better when schools are open because you know there is that constantly maintained routine where you know you only leave for work, you come back and they are doing their homework and so you have to fit yourself in by doing things for them as well as cleaning and tidying up, attending to their school needs knowing there are letters to sign, meetings to attend.

“So routine is very important to you to maintain that healthy balance in life?”

It’s very much important to me because when I don’t, I feel so much more stressed, honestly. If I miss on a school meeting then I feel like I have not achieved something for the day because they notify you long before the time, so if anything destabilizes me or puts me off the rail I usually feel like bad because I really try to keep everything in balance. And as people we tend to forget that it affects you at work also. The only time I could feel that I have passed that was the second term of last year and I think it’s about where I work now because I work with other people now so the moment I step in through the door I forget about everything because I’m now part of a team, whereas before where I was at my previous site, I leave home and enter work by myself and the secretary but here you meet everybody in the corridor and you just forget about it and you think about it when you go home again. And also, you know, I am a gym person. I enjoy going for exercises. I am not that regular lately but its winter, but once the beginning of summer arrives I will start again. The one thing that I do just to cover up for that – I am a very energetic person, I always do things, I am ever on the move like all the household work that I do in the house, but housework is not so enjoyable or fulfilling. But I do go to virgin active or I jog or walk.

“So that exercise helps you get rid of that frustration?”

Yes it’s because I know which really works; I NEED that because it all helps with the neck muscle spasms on the right side of my neck. And I know that if I don’t and then something comes up its really going to show me up, so I really do need that exercise instead of taking medication because exercise works the best for it. And also another thing now, since last June I have been registered with FPD for a management course. And it was really a manageable course and I am done with it now in mid-June because it started in mid-June last year. And then I am also registered with UNISA and I have got 4 assignments for this year where two were
due in April and May and two are due in July so one thing I am really busy with is my assignments and that keeps me busy, and with my kids being on leave in July that gives me time to focus on that. And these things help me for my personal growth and enrichment and help me to cope but I must say that I was so thrilled when my UNISA assignments came back and I could not believe the percentages I got because I got a 61 and a 69% whereas I didn’t even trust my performance in those assignments. So that on its own keeps me on the go and ready to keep working on these to coming ones. I never really thought studying would keep me on the go like that and I always thought how will I cope with this household with routine, chores and kids and stuff but it’s refreshing and it’s so good just to achieve from an assignment makes you to feel so different. And even in winter, you have a helper at your place but because of the weather she does not see her way to come during this time so things get hectic at home but I have in terms of organizing myself, have managed to limit shopping to one day per month at month end just to run around and pay bills but I don’t even have much money to spend so now with my kids growing up they are very fussy so I cannot be buying things for them so I am not buying clothes for them, they want to go and shop for themselves so that has also helped to cut off some time I can use for myself.

3. What can be done to assist you to cope better at work?

What can be done to cope better at work – nothing really that I believe. But the only thing that I would really request from my colleagues at work is to maintain better communication and better understanding of each other because we are all human and we all have our shortfalls – it’s just like it happens with ourselves as parents in our families with your kids, it’s always about when there are problems it’s about talking about it, ironing out differences each time we are having them not to let things pile up. And again at work I would say if one really wants to go for any short course say for example a computer course, you really wish because you indicated on time that you have got any interest in that and you so wish that you could be allowed the time for it but sometimes you are not always able to go because by the time you realize it somebody else has also requested to do the same thing and since you are working in a team you cannot. So I think what needs to happen is that the site manager needs to look at all the requests that have come in and then it should be given on a first come first served basis to ensure fairness. And consistency for everybody. And because we are working with students, by the time they are writing exams the flow of students coming to the clinic for service is not that much compared to when the term is still running and that would be the ideal time for you to go for your staff development so if somewhere somehow somebody would feel that yes there is less workload in that day so we can attend. And also if you had to miss out in June the course will be repeated at the end of the year again. But we are all adults working here and we have long been in the trade of being nurses, and we are always the ones who support and encourage people who are stressed, who are ill who are anxious, who are not coping so on that note I still believe my coping skills are really good. But you really try not to be this “breaking down” kind of a person all the time and before you realize that something is working on you, you even disbelieve at times there are things stressing you, you would have tried to make it less of an issue.

“As even though as nurses with these qualities, you would want these qualities to be practiced amongst each other”
Yes that is very true, that’s very true because somebody will assume that we are nurses and that we are supposed to understand each other and cope because of the skills that we have, but that does not always happen with our interactions with each other.

4. **Any additional questions/comments?**

   I would still like to say that I enjoy working as a nurse at campus health. In spite of all these whirlwinds, to me they are just whirlwinds or passing storms really and at the end of the day the moment I step in through that door I meet with people, I hear their problems and I always aim to solving them or assisting them and supporting them and you stretch your wings because you feel that you want to do your best for this person and make them happy, in as much as that you always feel that you have got less problems than this person – you have got none at all and you ignore your own because you want to make this very person happy. So on that note I am still very happy to be a nurse here and there is not a single day where I could not feel happy about anything for the day.
1. **Tell me about the demands placed on you in your current work situation.**

   The only thing I can basically think of at the moment is workload. Because of the patients profile that has changed now patients come to see us and they have more complex diseases and stuff so the workload has increased from what it used to be and that coupled with emergencies that makes it more hectic and it puts quite a strain on the staff – and on me sometimes. But I think it is also because of the fact that the patients disease profile has changed over the years. So that is basically the challenge I see but nothing major. Other than that besides the workload.

   “And there is nothing else perhaps that you can think of - physical or emotional, that could be a challenge in other areas?”

   No not that much to me, but I think over the years I have learnt to cope, with the emotional side of things and the physical side of things obviously that goes with workload and mentally with the work load that is such a lot. It does impact on your performance sometimes but I try not to let it get to me.

2. **How do you cope with the demands placed on you?**

   Like the one that I mentioned regarding workload, unfortunately I am just one of those that believe that quality is important. So it’s difficult for me. If a patient sits in front of me I need to give them quality care irrespective of what they come for so I am not one who will compromise on quality. So it actually puts you a bit behind with your patient schedule but at the end of the day we know that if a patient goes out here and that patient is satisfied and has been treated well, that patient might not come back but are satisfied. But the one thing I want to say is that I do not compromise on quality. I try not to.

   “So then the amount of time per patient is where you are having that challenge”

   No, the amount of time per patient is fine, but it’s the time per patient plus the patients that is walking in in between, that is the thing that is the problem. And sometimes you find that the 20 minutes per patient is not enough because patients come with different problems and I mean the straight-forward ones that come, 20 minutes is fine but with the others, like I said, the disease profile has changed over the past 10 years that I have been here and it has changed such a lot. And if it is that we see easy cases only, if I can mention, minor ailments, it’s easy then the 20 minutes is fine but it becomes a problem when you have to diagnose and you think of drug interactions, you think of side effects when you give drugs together then it becomes quite a struggle and that is why I say quality is one of the things that I do not compromise on.
3. **What can be done to assist you to cope better at work?**

   Yes, I think it’s time management, and unfortunately sometimes you have to work through your tea and lunch time but we are working with people’s lives here so one of the things that actually make you cope is to sacrifice, it may not be a full tea or lunch but to catch up you do that. But there is not much, we are working on a booking system and the patients profile has changed, and we can do nothing about it and emergencies are there, so I don’t think there is much that can be done to assist us to cope better with the workload and to me, if we should make the consultation time longer it means lots of patients won’t get seen and that is also not fair to our patients so unless we get more staff I suppose that would help but other than that like at one of our other campuses where they have someone that only sees to emergencies I think that could work but unfortunately at the campus where I work and at the other clinics we are only two, so you have to see everybody and more so on the other campus because there are lots of people who walk in that really need to be seen. And while we are fully booked we seen them because they are really sick and again, you have to sacrifice you time to help them. But what else can we do?

   “And in terms of sacrificing that time, is there any way that you feel that something can be done to help you in terms of that time, for tea and lunch times?”

   You mean by getting it back?

   “Yes that could be, it could be an example.”

   Yes, obviously giving your time back and I personally feel that giving your time back when you need your time because you sacrifice your time when the service needs you so I strongly suggest that the site managers and the director gives your time back when you need your time. It’s not that you always want your time back sometimes it gets to you and you want your time back especially if you work through your tea and lunch time for more than 2 days in a row and sometimes you just need that break to recover your strengths again.

   “so you might not necessarily be able to get your time back that same day but what you are saying is that if in the future you perhaps need that time to go and do something for yourself that you would be allocated that time back. So essentially recording the times that you have lost to be given back at another time?”

   Absolutely, I do. And it’s a matter of you being able to accommodate the service – not that I demand that the service accommodates me, but it makes you feel good, it does not leave a bitter taste if you cannot be accommodated.

   “So a give and take situation?”
Absolutely. And that give – and – take always makes a team function very well and if there is teamwork then everything goes well, like if there’s an emergency then it’s all hands on deck,

4. **Any additional questions/comments?**

No not really, nothing at the moment. The only thing that I can tell you is that primary healthcare is not what primary healthcare used to be. Even 5 years ago, I won’t even say 10 years, now primary healthcare sends you to your books all the time, and you need to research, you need to read, you need to be up to date with everything – it’s not what it used to be when a patient walks in here you and you finish with your examination and diagnosis and treatment it’s just now that it’s not like that anymore, primary healthcare has changed tremendously. And again, it’s with the population that we serve, the profile of the patients that we see that has changed and the one thing that I also think is that we need to be up to date with all the new knowledge because that can also be a challenge on its own because if you still treat patients like you did 5 years ago you might run into trouble.
TO WHOM IT MAY CONCERN

I, Aileen Gail Klopper, confirm that I proof read the Treatise of Mr G Smith and made the necessary grammatical and linguistic corrections on 01 December 2013. Other corrections that only the researcher can make have been highlighted for his attention. The treatise for the degree Magister Artium in Health and Welfare Management is titled: “PERCEPTIONS OF HEALTHCARE PROFESSIONALS REGARDING FACILITATION OF RESILIENCE IN THE WORKPLACE”.

Any further questions can be addressed to me at Gail.Klopper@nmmu.ac.za or on telephone 041-5042492

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